International Journal of Law
ISSN: 2455-2194; Impact Factor: RJIF 5.12
Received: 02-10-2020; Accepted: 17-10-2020; Published: 03-11-2020
www.lawjournals.org
Volume 6; Issue 6; 2020; Page No. 21-26

Law politics on regulation of hospital classification based on regulation of the minister of health number 30 of 2019 and number 3 of 2020 based on dignified justice

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Abstract
The Issuance of The Regulation of the Minister of Health number 3 of 2020 concerning Classification and Licensing of Hospitals in Indonesia raises many problems due to the prohibition of 9 (nine) types of specialist health services other than basic specialists to provide services in class C and class D public hospitals. This Problem Urged the Author to study further How the Political Law of Hospital Classification Based on the Regulation of the Minister of Health Number 3 of 2020 in Indonesia currently and what its Ideal Model should be based on dignified Justice Value. The method of research used in this research is juridical-empirical where the research type is qualitative research with a sociological juridical approach (Socio-Legal Approach).
The results showed that the Legal Politics of Hospital Classification Regulations in Indonesia Currently as stipulated in Law number 36 of 2009 concerning Health has not been able to support pharmaceutical personnel, therefore to overcome this it is necessary to arrange hospital classification based on dignified justice where hospital classification settings must pay attention to and place the values, norms and objectives of the organization of hospital services as the basis for formulating criteria for hospital classification arrangements to at least contain Medical Services and Medical Support, Nursing and Midwifery Services, Pharmaceutical Services and Non-Medical Services.

Keywords: law politics, hospital classification, justice value

Introduction
The Condition of Indonesian Hospitals when this article was written consists of public and private hospitals with a total number of 2,773. In Regional 1, which includes 5 Provinces, Special Capital Region, West Java, Central Java, Yogyakarta, East Java, and Banten, there are 46 type a hospitals, 245 type B hospitals, 674 type C hospitals, and 391 hospitals. Hospital type D, as well as 88 non-class Hospital. Meanwhile, in Central Java, there are 8 type a hospitals, 34 type B hospitals, 142 type C hospitals and 116 type D hospitals. Hospital categories based on class are still more dominated by Class C hospitals in all regions as referral hospital of primary health facilities, the largest are mostly concentrated in Regional 1 [1].
With the promulgation of Regulation of the Minister of Health number 3 of 2020 concerning Hospital Classification and Licensing is to answer developmental challenges and legal needs. This regulation seems to give fresh air to the world of hospitals, provides solutions for many professional organizations, and the demands of many hospital directors, as well as requests for revision from many hospital associations in Indonesia. This regulation makes many specialist doctors and subspecialists breathe a sigh of relief, making the hospital service users seem free from the weight of the heavy burden of long queues and the distance to the hospital is getting farther. This regulation will also have a positive impact because it brings people's access closer to types of health services in hospitals.
This regulation is indeed a breath of fresh air but not flawless because in this ministerial regulation there are no longer medical support services, which in the minister of health regulation no 30 of 2019 exist, namely specialist medical support services, subspecialty medical support services, and medical support services. Other. What is somewhat different is its pharmacy service. In this regulation, medical services are included in the non-medical service group, while in the health minister's regulation number 30, they are included in the medical support service group. This means that pharmacy services become one group with food/nutrition processing services, laundry services, maintenance of medical equipment facilities and infrastructure, information, and communication systems, Care for bodies, and other non-medical services.
With the prohibition of 9 (nine) types of specialist health services other than basic specialists from providing services in class C and class D public hospitals, this means that this regulation has violated Article 2 and Article 3 of law no 44 of 2009 or violates the principles and objectives of home

[1] Murti Bhisma.(2011).Keadilan Horizontal, KeadilanVertikal dan kebijakan Bidang Kesehatan, Horizontal Equity, Vertical Equiety and Health Policy, Jurnal i-lib UGM.

management. sick, namely acting discriminatively and alienating or not facilitating public access to health services, not providing protection for the safety of patients, the community, the hospital environment and human resources in the hospital, and not improving the quality and maintaining the hospital service standards; and provide legal certainty to patients, communities, hospital human resources, and hospitals.

In addition to the incompatibility with the laws and regulations on it and the existing Health Ministerial Decree, there have been various kinds of public responses related to the promulgation of the Minister of Health Regulation number 30, the suffering of the Indonesian people who are participants of the Indonesian Social Health Insurance Agency (BPJS) seems to be endless, because the Minister of Health has issued Minister of Health Regulation No. 30 of 2019 concerning Hospital Classification and Licensing. These regulations mean that a number of services in type C hospitals are removed and transferred to type B hospitals. For example, services for heart disease and hemodialysis, as a result, ensure that people have to travel long distances and queue long to get these services, as stated by Susi Setiawati MARS [2], chairman of the Association of Indonesian Private Hospital (ARSSI). To reduce queues, the hospital must add hemodialysis equipment. Of course, to add this equipment, the hospital has to spend a large amount of money. For areas that do not have a type B hospital, the patient must move to another area to get this service, which is a burden for some of the patient.

Things that might happen related to the 9 types of specialist services that are not allowed in the hospitals, are [3]

1. Cases related to the 9 types of specialist services that are routed to Type C General Hospital that are not handled properly will increase.
2. Will Cause the high cost of health services and caused a long referral system in provincial cities and districts, especially in Type C and D Hospitals
3. Will Cause services related to 9 types of specialized services to be further away from the community
4. There will be accumulation and long queues of patients related to the 9 types of specialist services in Type A and B Hospitals as they dont want to be admitted to Type C Hospitals.
5. There will be large urbanization of human resources, in this case, specialist doctors associated with 9 types of specialist services from regions to major cities so that it does not guarantee equal distribution of services in accordance with the mandate of the law.
6. 6.Most of Indonesia has a geographic location that makes it difficult for type C hospitals to refer to type B and A hospitals as the distance is quite far and of course, requires more cost and time
7. Submission of policies to each Provincial Health Office to follow up on arrangements in accordance with Permenkes No. 30 will cause differences in implementing policies and implementation of each region and will lead to ineffectiveness of these policies which leads to low primary disease services in the community.

This problem is, according to the author need to be researched further where the author studied it with the following issues:

1. How is the Law Politics of Hospital Classification Regulations Based on the Regulation of the Minister of Health Number 3 of 2020 in Indonesia Currently?
2. What is the Ideal Law Politics Model for Regulating Hospital Classification after the Legalization of Minister of Health Regulation Number 3 of 2020 Based on the Dignified Justice Value?

Method of Research

The paradigm that is used in the research this is the paradigm of constructivism which is the antithesis of the understanding that lay observation and objectivity in finding a reality or science knowledge [4]. Paradigm also looked at the science of social as an analysis of systematic against *Socially Meaningful Action* through observation directly and in detail to the problem analyzed.

The research type used in writing this paper is a qualitative research. Writing aims to provide a description of a society or a certain group of people or a description of a symptom or between two or more symptoms.

Approach method used in this research is *Empirical-Juridical* [5], which is based on the norms of law and the theory of the existing legal enforceability of a law viewpoint as interpretation.

As for the source of research used in this study are

1. Primary Data, is data obtained from information and information from respondents directly obtained through interviews and literature studies.
2. Secondary Data, is an indirect source that is able to provide additional and reinforcement of research data. Sources of secondary data in the form of: Primary Legal Material and Secondary Legal Materials and Tertiary Legal Material.

In this study, the author use data collection techniques, namely literature study, interviews and documentation where the researcher is a key instrument that is the researcher himself who plans, collects, and interprets the data [6]. Qualitative data analysis is the process of searching for, and systematically compiling data obtained from interviews, field notes and documentation by organizing data into categories, describing it into units, synthesizing, compiling into patterns, selecting important names and what will be studied and make conclusions.

Research Result and Discussion

1. The Law Politics of Hospital Classification Regulations Based on the Regulation of the Minister of Health Number 3 of 2020 In Indonesia Currently

The issuance of Regulation of the Minister of Health

[2] Susi Setiawati MARS. (2019, 31 October).Personal Interview as the Chairman of the Indonesian Private Hospital Association (ARSSI).

[3] Muhammad Gurruh Nuary. (2019).Permenkes Ini Ditunda Walau Baru Diteken, Ada Apa?, Taken from https://www.gatra.com/detail/news/454897/politik/permenkes-ini-ditunda-walau-baru-diteken-ada-apa on 30 December 2020.

[4] Faisal, (2010), *Menerobos Positivisme Hukum*, Rangkang Education, Yogyakarta.

[5] Johnny Ibrahim, (2005), *Teori dan Metodologi Penelitian Hukum Normatif*, Bayumedia, Surabaya.

[6] L. Moleong, (2002), *Metode Penelitian Kualitatif*, PT Remaja Rosdakarya, Bandung.

Number 3 of 2020 concerning Hospital Classification and Licensing on January 16, 2020 seemed to provide a solution related to 'polemics' in the implementation of hospital services, meaning that with this rule, the Minister of Health Regulation Number 30 of 2019 concerning Home Classification and Licensing Sick is declared to have been revoked and is not valid anymore. Finally, the specialists and subspecialists who were previously prohibited from practicing in Class C and Class D General Hospitals can breathe freely. Hospital requirements related to the fulfillment of facilities and infrastructure that were previously required Compulsory to exist, given the choice, it might or might not be available.

According to Ferguso [7], the placement of pharmacy services in one group of non-medical services with laundry services is an arbitrariness for the state and government and will only benefit certain parties. The government should have seen more about the role of pharmacy services which are very vital in a hospital. Pharmacy services are an inseparable part of the services provided by medical personnel, both specialist medical personnel, and other medical personnel. This is a step back from the government because it has suppressed the pharmacy profession that has lofty aspirations and is present in order to ensure the recovery, care, and recovery of patients in hospitals.

Anwar, chairman of the Faculty of Pharmacy alumni association at the University of Indonesia argues that the regulation of the minister of health number 3 of 2020 injures the morale of the pharmacist profession, as one of the health workers, as stated in law number 36 of 2014 concerning Health Workers must be rejected and revised as it Places pharmacy services in one group of non-medical servants with laundry services, food/nutrition processing, maintenance of infrastructure and medical devices, information and communication, monitoring of corpses, and other non-medical services, is inappropriate.

The placement of pharmacy services in non-medical service groups is inappropriate because, in the Minister of Health regulation number 72 of 2016 concerning Standards for Pharmaceutical Service in Hospitals, it is stated that Pharmacy Service Standards include the following standards: a. management of Pharmaceutical Preparations, Medical Devices, and Medical Consumables; and b. clinical pharmacy service. Management of Pharmaceutical Preparations, Medical Devices, and Medical Consumables includes: selection, planning of needs, procurement, receipt, storage, distribution, destruction and withdrawal, control; and administration. Clinical Pharmacy Services include assessment and Prescription services; tracing the history of drug use; Drug reconciliation; Drug Information Services (PIO); counseling; visite; Drug Therapy Monitoring (PTO); Drug Side Effects Monitoring (MESO); Drug Use Evaluation (EPO); dispensing of sterile preparations; and Monitoring Drug Levels in Blood (PKOD) in contrast to the regulation of the minister of health number 19 of 2019, where it is included in another group of medical support services.

Setiawan [8]. The Chairperson of the Indonesian National Pharmacist Union Presidium is of the opinion that Pharmaceutical services in Hospitals are an integral part of the Hospital health service system which is oriented towards patient care, the provision of quality and affordable Pharmaceutical Preparations, Medical Devices, and Medical Materials for all levels of society. Including clinical pharmacy services, so it is not appropriate if pharmacy services are included in the non-medical service group. Furthermore, he also argues that for this reason, The Indonesian Pharmacists Union would take concrete steps both politically and institutionally, namely by proposing the annulment of this regulation, by overseeing the Draft Law on Pharmaceuticals up to conducting a judicial review to the Supreme Court.

The Indonesian Pharmacy Student Senate Association (ISMAFARSI) argues that pharmacy services entering the realm of non-medical services are a form of harassment against the existence of hospital pharmacy services. Pharmaceutical services should stand alone as a special service together with medical and other services as the nursing and midwifery professions are also independent, because the pharmaceutical profession is the same as other health professions which are dignified professions, and are accompanied by the ability of scientific competences that can be accounted for and have special competencies that are different from other health professions this means that with pharmaceutical services grouped into non-medical services will result in an decrease in the quality of life of patients in contrary to Government Regulation number 51 of 2009.

According to Noviani [9], Regulation of the Minister of Health number 3 of 2020 is not in line with Government Regulation No. 51 concerning Pharmacy Work and Regulation of the Minister of Health number 72 of 2016 concerning Pharmaceutical Service Standards and PKPO standard of SNARS. According to this Ministerial Regulation in Article 25 states that Pharmacy is a pharmaceutical service that guarantees the availability of safe, quality, useful, and affordable pharmaceutical preparations, medical devices, and consumable medical materials. This regulation does not include Clinical Pharmacy Services whereas, in PP No. 51 of 2016 and Minister of Health Regulation number 72 of 2016, clinical pharmacy services are an integral part of pharmacy services. Furthermore, it is said that Pharmaceutical service is one of the elements in comprehensive health services including the management of pharmaceutical supplies and clinical pharmacy services.

Chairman of the Association of Indonesian Pharmacists Association in Central Java, Nurul Falah [10], is of the opinion that this ministerial regulation must be evaluated because it is detrimental to pharmacists, because it categorizes pharmaceutical services as non-medical action as if pharmacists are not detrimental to the chain of medical

[7] Ferguso. (2020).permenkes nomor 3 tahun 2020, Pelayanan Kefarmasian setara dengan laundry?, taken from https://www.kompasiana.com/sonyruben/5e3444f6097f3611465aa6d2/permenkes-no-3-tahun-2020-pelayanan-farmasi-setara-dengan-laundry? On 21 January 2020.

[8] Fidi Setyawan. (2020).FIB akan lakukan Langkah Strategis Hingga lakukan Judicial Reviev PMK no 3 th 2020, Taken From https://farmasetika.com/2020/02/01/fib-akan-lakukan-langkah-strategis-hingga-judicial-review-pmk-no-3-th-2020/ on January 2020.

[9] Lucy Noviani. (2020). Dampak PMK no 3 th 2020 Terhadap Pelayanan Kefarmasian di Rumah Sakit. Taken from https://farmasetika.com/2020/02/01/dampak-pmk-no-3-th-2020-terhadap-pelayanan-kefarmasian-di-rumah-sakit on February 2020.

[10] Nurul falah. (2020). Apoteker se-Jawa Tengah Tolak PMK no 3 tahun 2020 Taken From https://kumparan.com/bengawannews/apoteker-se-jawa-tengah-tolak-pmk-no-3-tahun-2020-1snlzeAvSmf on March 2020.

action. This will cause the pharmacist profession to be disturbed and disadvantaged and eventually the pharmacist profession will become unpopular.

Situmorang [11] considers that the Minister of Health Regulation number 3 of 2020 has many misleading rules. Including one group pharmacy service with laundry service in a non-medical service group is an inappropriate and misleading rule. This is because this regulation is not in line with the regulations above and the previous minister of health regulations, namely Law No. 36/2009 concerning Health, Government Regulation No. 51/2009 concerning Pharmaceutical Work and Minister of Health Regulation No. 72/2016 on Medical Standards and Pharmaceutical services and health ministerial regulation number 30 of 2019. The government should be aware that the issuance of a ministerial regulation is in order to operationalize a public policy that begins with a law. Therefore, ministerial regulations must be able to elaborate on the wishes of the law without deviating, contradicting, or even not being ordered to make technical regulations because they are quite clear in the norms of law.

Furthermore, it is explained that Law number 36 of 2009 concerning Health has detailed in detail the complete set of pharmaceutical duties ranging from pharmaceutical preparations and supplies, medical devices, drug services to patients on doctor's prescription including drug development and providing drug information. In this law, it is clear that there are no articles or paragraphs or phrases that stipulate that pharmacy services are part of medical or non-medical support. Pharmaceutical services are like having a separate room in hospital services among other rooms in the health service.

The management of the Indonesian Pharmacists Association is of the opinion that with the issuance of the minister of health regulation number 3 of 2020 may cause many action in the medical personnel in addressing it. For example, IAI Purbalingga [12] uses black ribbons in carrying out its duties at pharmacy service establishments, in Banyumas and East Java conducting peaceful demonstrations on the streets with props for pharmacists' banners and posters, the Central Java IAI Rakerda in Solo was also enlivened with rejection posters. This rejection is based on the fact that pharmacy services are grouped into non-medical services. The consequence is that there is a narrowing of the meaning of pharmaceutical services in hospitals. That is only limited to managing pharmaceutical preparations, medical devices, and consumable medical materials. Meanwhile, clinical pharmacy service, which is one of the pharmacists' competences, was not accommodated. Even though as stipulated in ministerial regulation number 72 of 2016, clinical pharmacy services are precisely the responsibility of pharmacists, with the aim of patient safety and security.

As a result of this, many parties are at disadvantage as not only pharmacists who are castrated with their competence, but also the public will lose their right to receive clinical confirmation services as part of patient safety, or patient safety and security. Because academically, the most competent in drug availability, explains the importance of taking medication on time, how to dispense drugs, how to use drugs, and understand the potential side effects of drugs then the answer will be given by the pharmacists. This Fact further strenghtened the author's finding that by including pharmaceutical services in the non-medical service group is tantamount to eliminating the pharmacist profession which has an impact on the role, career, and remuneration of pharmacists. So that it can cause a decrease in the quality of pharmaceutical services and the quality of management of pharmaceutical preparations in hospitals, in the end it will harm the community itself.

2. The Ideal Law Politics Model for Regulating Hospital Classification After the Legalization of Minister of Health Regulation Number 3 of 2020 Based on the Dignified Justice Value

According to the principle of dignified justice, hospital classification arrangements cannot be separated and leave the values that have been amended by Law number 36 of 2009 concerning Health. This law mandates that health is a human right and an element of welfare that must be realized in accordance with the ideals of the Indonesian people. So that every activity in an effort to maintain and improve the highest degree of public health is carried out based on non-discriminatory, participatory, and sustainable principles in the framework of forming Indonesia's human resources, as well as increasing the nation's resilience and competitiveness for national development.

Apart from that, this law also mandates that anything that causes health problems to the Indonesian people will cause huge economic losses to the country, and any effort to improve public health also means investment in the country's development. That development efforts must be based on a health perspective in the sense that national development must pay attention to public health and is the responsibility of all parties, both Government and society.

Furthermore, as a representation of the presence of the state in the health sector, it is mandated that the government is responsible for planning, regulating, organizing, developing, and supervising the implementation of health efforts that are evenly distributed and affordable to the people. The government is responsible for the availability of the environment, structure, health facilities both physically and socially for the community to achieve the highest health standard. The government is responsible for the availability of resources in the health sector that is fair and equitable for all people to obtain the highest health standard.

In addition, the Government is responsible for the availability of access to information, education, and health service facilities to improve and maintain the highest health status. The government is responsible for empowering and encouraging the active role of the community in all forms of health efforts. The government is responsible for the availability of all forms of quality, safe, efficient, and affordable health efforts [13].

It is thus clear, that the hospital classification arrangement must not be different from, or not in line with or even in contrary to the mandate of the law as mentioned above. The

[11] Chazali situmorang. (2020). Pasal dan Ayat Menyesatkan pada Permenkes Nomor 3 tahun tahun 2020, Mantan Ketua DJSN 2011-2015. Taken From https://www.kompasiana.com/chazali/5e39a0ebd541df4afd260942/pasal-dan-ayat-menyesatkan-pada-permenkes-nomor-3-tahun-2020 on 20 August 2020.

[12] Krisharyanto, Edi. (2006). Beberapa Aspek Hukum Rumah Sakit Dalam Menyelenggarakan Pelayanan Kesehatan. Perspektif. 6. 188. 10.30742/perspektif.v6i3.541.

[13] Wahyudi, Wahyudi. (2018). Kedudukan Badan Hukum Rumah Sakit Privat Dihubungkan Dengan Fungsi Sosio Ekonomi. Istinbath: Jurnal Hukum. 15. 231. 10.32332/istinbath.v15i2.1209.

arrangement of hospital classification must be in line with, in tune with, the mandate of the law governing hospitals as it further strengthens the values of The Hospital as the law mandated.

In Article 7 paragraph (2) Regulation of the Minister of Health Number 3 of 2020 states that, health services provided by the General Hospital as referred to in paragraph (1) must at least consist of:

a. Medical services and medical support
b. Nursing and Midwifery Services
c. Non-medical Services

As referred in Article 10, Non-medical services as referred to in Article 7 paragraph (2) letter c, consist of pharmaceutical services, laundry / laundry services, food / nutrition processing, maintenance of medical infrastructure and equipment, information and communication, monitoring of the bodies, and other non-Medical Services.

According to the principle of dignified justice, the two Articles above are not in accordance with the value of dignified justice, because these two Articles are not in line with the mandate of Law No. 44 of 2009 concerning hospitals, namely article 7 paragraph (1) which reads, Hospitals must meet the requirements for location, building, infrastructure, human resources, pharmaceuticals, and equipment, and Article 12 paragraph (1) which reads, the requirements for human resources as referred to in Article 7 paragraph (1), namely, the Hospital must have permanent personnel including personnel medical, medical support, nursing staff, pharmaceutical personnel, hospital management personnel, and non-health workers.

How dignified justice views conditions like this so that the classification arrangement can be in tune, in harmony, and in line with the philosophy, values, and norms as well as the purpose of regulating the administration of a hospital is to apply the principle of dignified justice which seeks to place everything as everything should be seated. They received what they should have received, and they got what they should have. Likewise with the hospital classification setting. Hospitals that are entitled to get a class a position can let them get a class a position and those that should be in a class B position let them be in class B and the same also applies in Class C and Class D.

In order for this to happen, there needs to be a class A public hospital in a province, there must also be a supporting hospital in each city/district in the province, a class B, class C, and class D public hospital and all these hospitals must support each other, according to their respective classes, Each with a clean referral system and it does not always have to be tiered, but must work in harmony, in tune and synergy and must stop everyone competing each other to become class A or class B hospitals and so on as there must be class A, class B, class C and class d, with the core objective of administering the hospital, namely bringing community access closer to affordable, quality and sustainable health facilities so that a high degree of public health can be achieved and can achieve national goals to improve the general welfare.

As the mandate that has been written in the existing laws and regulations and, seeing the conditions and dynamics that develop in society, especially the hospital community in Indonesia, the author offer a hospital classification arrangement based on dignified justice, namely, in addition to setting hospital classification based on the number of places. Sleep owned, hospital classification arrangements also include building criteria, infrastructure, service capabilities, human resources, and equipment namely:

a. Class A public hospital as referred to in Article 16 paragraph (1) letter a, is a public hospital that has a number of beds of at least 400 (four hundred).
b. Class B public hospital as referred to in Article 16 paragraph (1) letter b, is a public hospital that has a number of beds of at least 200 (two hundred).
c. Class C public hospital as referred to in Article 16 paragraph (1) letter c, is a public hospital that has a number of beds of at least 100 (one hundred).
d. Class D public hospital as referred to in Article 16 paragraph (1) letter d, is a public hospital that has a number of beds of at least 50 (fifty).

Just as the principle of justice with dignity seeks to place the problem at the heart of the matter, so too must the arrangement of hospital classification be. In Indonesia, a hospital classification arrangement is offered in addition to the number of bed ownership, but also according to the hospital's capabilities which include building criteria, infrastructure, service capabilities, human resources, and equipment.

This means that if a class B public hospital already has ownership of more than 400 beds, it cannot immediately turn into a class a public hospital. Service capabilities, human resources, and equipment. Even though the ownership of the hospital beds has more than 400 units, if the capacity of the hospital in terms of building criteria, infrastructure, service capabilities, human resources and equipment is not sufficient then the hospital cannot become a class a public hospital. And so on for the classification setting of class C and class D public hospitals.

In the case of Class C public hospitals, although the ownership of the hospital beds is more than 200 units, but if the capacity of the hospital in terms of building criteria, infrastructure, service capabilities, human resources and equipment is not sufficient then the hospital cannot become Class B General Hospital. Class D public hospitals, although the ownership of the hospital beds is more than 100, but if the capacity of the hospital in terms of building criteria, infrastructure, service capabilities, human resources and equipment is inadequate then the hospital cannot become Class C General Hospital.

In principle, the special hospital classification arrangement is already in line with the principle of dignified justice, this is evidenced by almost no or not many negative public responses to the special hospital classification arrangement except from the community for dental and oral hospitals.

In the Regulation of the Minister of Health Number 3 of 2020, the hospital classification arrangement is based on the number of beds owned by the hospital. As written in Article 18, which states that:

a. Class a Special Hospital as referred to in Article 18 paragraph (1) letter a, is a special hospital that has a number of beds at least 100 (one hundred).
b. Class B Special Hospital as referred to in Article 18 paragraph (1) letter b, is a special hospital that has a number of beds at least 75 (seventy five).
c. Class C Special Hospital as referred to in Article 18 paragraph (1) letter c, is a special hospital that has a number of beds of at least 50 (fifty).

Furthermore, at present, all dental and oral hospitals in Indonesia have no more than 20 beds for inpatient care. Whether it's a special hospital for class A or a class B because so far, the hospital patients for the teeth and mouth are dominated by outpatients. Meanwhile, there are still very few hospitalized patients. This is because dental and oral patients who require inpatient care are almost always treated in public hospitals. So that all dental and oral hospitals only provide beds for hospitalization with a very limited number.

If the special hospital classification arrangement must be in accordance with the minister of health regulation number 3 of 2020, then there will not be a single dental and oral hospital in the whole country that meets the criteria even for the criteria for a special class C hospital. Because ownership of the number of beds for the criteria for special hospital class C is at least 50 units. This means that there is not a single dental and oral hospital in Indonesia that meets the criteria for class C.

Patients admitted to Special dental hospitals have been dominated by outpatients because almost all dental and oral patients who require inpatient care are always treated in public hospitals. This means that all dental and oral hospitals in Indonesia do not provide large numbers of inpatient beds. Because it is dominated by outpatients, all dental and oral hospitals pay more attention to the number of owners of dental units for patient care needs. So that the number of dental unit ownership in each special dental and oral hospital becomes the reference criteria for the classification regulation of dental and oral hospitals.

In accordance with the principles of dignified justice which try to place everything as the essence of everything, this is also the case for the classification of special dental hospitals. In fact, all dental and oral hospitals in Indonesia do not have more than 15 beds, for both class A, class B and class C dental and oral hospitals that can fulfill the dignified value of justice which according to the author is as follows:

a. Class a Special Hospital as referred to in Article 18 paragraph (1) letter a, is a special hospital that has at least 100 (one hundred) Dental Units, and has a number of beds at least 20 (twenty).
b. Class B Special Hospital as referred to in Article 18 paragraph (1) letter b, is a special hospital that has a number of Dental Units of at least 75 (seventy-five) units and has a number of beds at least 10 (ten).
c. Class C Special Hospital as referred to in Article 18 paragraph (1) letter c, is a special hospital that has at least 50 (fifty) Dental Units and has a number of beds at least 5 (five).

Conclusion

1. The Legal Politics of Hospital Classification Regulations in Indonesia Currently as stipulated in Law number 36 of 2009 concerning Health has not been able to support pharmaceutical personnel.
2. There need to be a reconstruction of law governing the Hospital Classification based on dignified justice where hospital classification settings must pay attention to and place the values, norms and objectives of the organization of hospital services as the basis for formulating criteria for hospital classification arrangements to at least contain Medical Services and Medical Support, Nursing and Midwifery Services, Pharmaceutical Services and Non-Medical Services

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