

REGISTRATION OF THE BUYING AND SALE OF LAND RIGHTS POST IMPLEMENTATION OF THE PRESIDENTIAL INSTRUCTION NUMBER 1 OF 2022 CONCERNING OPTIMIZATION OF THE IMPLEMENTATION OF THE NATIONAL HEALTH SECURITY PROGRAM

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Abstract:

Land sales and purchases must be completed prior to the PPAT that intended to give legal clarity and protection to the owner of a land parcel or other registered right so that he may readily establish his ownership of the relevant right and for the efficient administration of property. Fundamental guidelines that must be followed when purchasing and selling land are the transaction procedure and the certificate document's validity. The government released Presidential Instruction of the Republic of Indonesia (Inpres) Number 1 of 2022 on Optimum Implementation of the National Health Insurance Program (JKN). The Presidential Instruction regulates the requirements for managing a number of public services such as buying and selling land, making SIM, STNK, SKCK, Haji and Umrah which must be registered as BPJS Health participants. In the Inpres Number 1 of 2022, the government instructed 30 ministries/agencies to require JKN-KIS for various purposes to ensure that all people are protected by health insurance. Some of these policies seem to have no relationship or connection, but they are actually very closely correlated. The government wants to ensure that all levels of society have health insurance, especially the upper middle class who have not been registered with the JKN-KIS program. BPJS Health participant cards is one of the requirements for buying and selling land. The BPJS Health participant card is a requirement in the application for registration services for the transfer of land rights or ownership rights to flat units due to buying and selling.

Keywords: Registration, Sale and Purchase, Land Rights, Guarantee Program National Health.

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INTRODUCTION

Since the enactment of Law Number 5 of 1960 concerning Basic Agrarian Regulations (UUPA), the definition of buying and selling land is no longer an agreement as stated in the Civil Code but a legal act of transferring rights forever in cash, and then regulated in Government Regulation Number 24 of 1997 concerning Land Registration, which stipulates that the sale and purchase of land must be proven by a deed drawn up by and before the Land Deed Maker Official commonly referred to as (PPAT) as implied in Article 37 paragraph (1) of Government Regulation

Number 24 of 1997 concerning Registration Soil. It is also reinforced by Government Regulation Number 37 of 1998 concerning the Regulations on the Position of Land Deed Making Officials (PPAT) jo. Government Regulation Number 24 of 2016 concerning Amendments to Government Regulations Number 37 of 1998 concerning Regulation of the Position of Deed Making Officials (hereinafter referred to as Government Regulation concerning PPAT) in the provisions of Article 2 paragraph (1), which states that: evidence that certain legal actions have been taken regarding land rights or ownership rights to flat units, which will be used as the basis for registering changes in land registration data resulting from such legal actions. (Adrian Sutedi, 2013)

Thus, based on the provisions above, the sale and purchase of land must be carried out before the PPAT. It aims to provide legal certainty and legal protection to the holder of rights to a parcel of land and other registered rights in order to easily prove himself as the holder of the right concerned, as well as for the orderly implementation of land administration. In the process of buying and selling land, there are 2 (two) basic rules that must be met, namely the transaction process and the validity of the certificate document. t

The process of buying and selling land should not be carried out under the hands. All transaction procedures must be carried out before a state official or the so-called Land Deed Maker (PPAT). Based on Government Regulation Number 37 of 1998, PPAT is referred to as a public official who is given the authority to do authentic deeds regarding certain legal actions related to land rights or Property Rights to Flat Units. However, not all regions have PPAT. For areas that do not yet have PPAT, the sub-district head can act as a temporary PPAT. It is also regulated in PP Number 37 of 1998 Article 1, paragraph 2, which reads, "Temporary PPAT is a Government official appointed because of his position to carry out PPAT duties by making PPAT deed in areas where there is not enough PPAT." The second rule is to bring the original files that can be accounted for. The land being traded must have an original land certificate, not being confiscated, and the PBB has been paid in full. If the certificate owner has died, make sure the certificate has changed its name to the name of the heir. (Urip Santoso, 2010)

The government some time ago, issued Presidential Instruction of the Republic of Indonesia (Inpres) Number 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program (JKN). The Presidential Instruction, among others, regulates the requirements for managing a number of public services such as buying and selling land, making SIM, STNK, SKCK, Haji and Umrah which must be registered as BPJS Health participants. Togetherness is the main key in the JKN-KIS program. In Presidential Instruction No. 1 of 2022, the government instructed 30 ministries/agencies to require JKN-KIS for various purposes to ensure that all people are covered by health insurance.

Some of these policies seem to have no relationship or connection, but they are actually very closely correlated. The government wants to ensure that all levels of society have health insurance, especially the upper middle class who have not registered for the JKN-KIS program. There are 3 (three) reasons citizens must participate in JKN, and the first is protection. The government ensures that all citizens are protected under JKN. Second, sharing. There is a subsidy or a system of gotong royong, the rich help the poor, the healthy help the sick. Third, that according to existing regulations, people are required to participate in the JKN program.

JKN membership in BPJS Health has reached 235 million people, or 83% of the Indonesian population. Currently, 86% of Indonesia's population has received health insurance protection by participating in the JKN-KIS program. The scope of this participation includes the poor and underprivileged, financed by the government as participants in the Contribution Assistance (PBI). JKN-KIS is a joint program, not just for certain community groups. Therefore, participation from all parties is needed, not only from BPJS Health, the government or participants who only need

benefits so that this program can run sustainably. Several regulations confirm that every Indonesian citizen must participate in the JKN-KIS program: the 2004 National Social Security System Law, the 2011 BPJS Law, Government Regulation No. 86 of 2013, Presidential Regulation No. 82 of 2018 and the second amendment, namely Presidential Decree No. Number 64 of 2020, Presidential Instruction Number 8 of 2017, to Presidential Instruction Number 1 of 2022. (<https://www.suarasurabaya.net/kelanakota/2022/900>)

The Ministry of Agrarian and Spatial Planning/BPN requires BPJS Health participant cards as one of the requirements for buying and selling land. This policy will be implemented starting March 1, 2022. It is revealed in a letter from the Directorate General of Determination of Land Rights and Land Registration of the Ministry of ATR/BPN dated February 16, 2022. The letter states that the BPJS Health participant card is required in the application for registration services for the transfer of land rights. or ownership rights to the apartment unit due to sale and purchase. Furthermore, a Circular Letter of the Ministry of Agrarian Affairs and Spatial Planning/National Land Agency Number 5/SE-400.Hk.02/II/2022 concerning National Health Insurance (JKN) Participation in Applications for Registration of Transfer of Land Rights or Ownership Rights to Units has been issued. Flats for Sale and Purchase.

The issuance of this Circular Letter is based on the SECOND dictum number 17, Presidential Instruction Number 1 of 2022, concerning Optimizing the Implementation of the National Health Insurance Program. The Minister of Agrarian Affairs and Spatial Planning/Head of the National Land Agency is ordered to ensure that applicants for registration of transfer of Land Rights or Ownership Rights over Flat Units because buying and selling is an active participant in the National Health Insurance program. For this reason, to carry out the mandate in the Presidential Instruction Number 1 of 2022, it is necessary to have instructions as a guide in its implementation.

The letter from the Director General of PHPT dated February 14, 2022, Number HR.02/1S3-400/II/2022, states that: "Every application for registration services for the transfer of land rights or Ownership Rights to Rumah Susun Units due to sale and purchase must be accompanied by a photocopy of the BPJS Health Participant Card. . Further, in the Letter of the Director General of PHPT dated February 16, 2022, No. HR.02/164-400/II/2022, states several things that: 1) Implementation will take effect on March 1, 2022. 2) The application for registration of the transfer of HAT or HM SARUSUN due to the sale and purchase that has been received is complete and meets the requirements and shall be completed in accordance with the provisions prior to the enactment of this provision. 3) The Head of the BPN Regional Office and the Head of the Land Office actively socialize the implementation of this provision to related parties.

This policy has pros and cons in society. Those who agree consider that the community must be covered by health insurance through the BPJS program, so efforts are needed to increase their participation. The opposing parties considered that the sale and purchase of land had nothing to do with the health program and was considered burdensome to the community. The community itself complains a lot about BPJS services, so some people are still reluctant to register or join other private insurance programs that are more secure. Some consider it too early to make regulations like this. The BPJS program is chaotic. There are many weaknesses, many shortcomings that still need to be improved. Hospital services could be more friendly to BPJS patients, especially BPJS Class 3 participants. BPJS participants are considered underprivileged, so they are often underestimated. Claims management is also very complicated and convoluted. (Rahmad Hendra, 2022)

There is a conflict or discrepancy with legal norms in the implementation of buying and selling land which requires JKN participation. Land registration is carried out based on simple, safe, affordable, up-to-date and open principles. It is stated in Article 2 of Government Regulation

24 of 1997 concerning Land Registration. With the obligation to participate in JKN, people who have not been registered must register for JKN and pay membership fees which of course burdens and burdens the community, so it does not reflect the simple and affordable principle. In addition to paying the land registration fee, the community is also required to pay the JKN fee every month. Legal certainty regarding the registration of transfer of land rights in Article 45 paragraph (1) letter d of Government Regulation Number 24 of 1997 concerning Land Registration as stated that the Head of the Land Office may refuse to register land rights if the conditions specified in the legislation are not fulfilled invitation, but after the enactment of the Presidential Instruction of the Republic of Indonesia Number 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program, the procedure for applying for land sale and purchase registration services must attach a BPJS Health participant card. Based on the background description above, it creates an additional obligation for the community that wants to fulfill the buying and selling land requirements. On the one hand, the government's policy becomes something that burdens the community, so it needs to be reviewed because it does not reflect justice and legal certainty in the procedure for buying and selling land.

METHODS

The research method used in empirical legal research. Empirical legal research is used to examine the main problems related to aspects of the values that live in society. In this case, Legal research is used to generate arguments, theories or new concepts as prescriptions for solving problems at hand. Because in descriptive science, the expected answer is true or false. While the expected answers in legal research are correct, appropriate, inappropriate or wrong. Thus, the results that can be obtained in legal research already contain value. (Peter Mahmud Marzuki, 2016).

RESULT AND DISCUSSION

Registration Of Transfer Of Land Rights According To Inpres Number 1 Of 2022. The transfer of land rights is an event/legal act that results in the transfer of rights from one legal subject to another, thereby causing the loss of authority over the land. One way to control or own land rights is through a buying and selling process. The definition of buying and selling, according to the provisions of Article 1457 of the Civil Code, is an agreement in which one party promises to bind himself to deliver an object and the other party promises to pay the agreed price. In buying and selling, there are two subjects, namely the seller and the buyer, each of whom has obligations and various rights, so they are each in some respects, the authorities and in other cases, the entitled parties. It relates to the reciprocal nature of the sale and purchase agreement (Werdering overenkomst). (J. Andy Hartanto, 2009)

The object of the sale and purchase here is the land right to be sold. In practice, it is called buying and selling land. The rights to the land being sold, not the land. It is true that the purpose of buying land rights is so that the buyer can legally control and use the land, but what is bought (sold) is not the land but the rights to the land. The system of buying and selling land in customary law adheres to a cash/concrete/bright/real system, meaning that every relationship must look real. It is because indigenous peoples are still very simple so that in a land sale transaction, it is only binding if the transaction is seen in a concrete and tangible way, that is, evidenced by an exchange, in the form of surrendering land as an object at the same time handing over cash as payment. "The provision of Article 37 paragraph (1) of Government Regulation Number 24 of 1997 concerning Land Registration, states that every transfer of land rights through buying and selling, grants, the capital entry in companies and other legal acts of transfer of rights, can only be registered if it can be proven by a deed. Made by the Land Deed Making Official (PPAT) except

for auction. "The UUPA also stipulates that every transfer, its abolition and encumbrance with other rights must be registered according to the provisions of Article 19 paragraph (1) of the LoGA, which is strong evidence regarding the abolition of property rights and the validity of the transfer and imposition of consumer rights from the community". (Supriadi, 2012)

From the above provisions, an understanding can be drawn that every time there is a transfer of land rights, a deed must be made by and in the presence of the Land Deed Making Official (PPAT). It is intended to provide guarantees of legal protection and certainty for the parties. If a sale and purchase agreement is not made in the presence of a Land Deed Making Officer (PPAT), the sale and purchase agreement remains valid for the parties. However, without a sale and purchase deed, the land cannot be registered or renamed to the name of the new owner at the land office. . The government has issued Presidential Instruction of the Republic of Indonesia (Inpres) Number 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program (JKN). The Presidential Instruction, among others, regulates the requirements for managing a number of public services such as buying and selling land, making SIM, STNK, SKCK, Haji and Umrah which must be registered as BPJS Health participants. Togetherness is the main key in the JKN-KIS program. In Presidential Instruction No. 1 of 2022, the government instructed 30 ministries/agencies to require JKN-KIS for various purposes to ensure that all people are covered by health insurance. Some of these policies seem to have no relationship or connection, but they are actually very closely correlated. The government wants to ensure that all levels of society have health insurance, especially the upper middle class who have not registered for the JKN-KIS program.

The Ministry of Agrarian and Spatial Planning/BPN requires BPJS Health participant cards as one of the requirements for buying and selling land. This policy will be implemented starting March 1, 2022. This is revealed in a letter from the Directorate General of Determination of Land Rights and Land Registration of the Ministry of ATR/BPN dated February 16, 2022. The letter states that the BPJS Health participant card is a requirement in the application for registration services for the transfer of land rights. or ownership rights to the apartment unit due to sale and purchase. Furthermore, a Circular Letter of the Ministry of Agrarian Affairs and Spatial Planning/National Land Agency Number 5/SE-400.Hk.02/II/2022 concerning National Health Insurance (JKN) Participation in Applications for Registration of Transfer of Land Rights or Ownership Rights to Units has been issued. Flats for Sale and Purchase. The issuance of this Circular Letter is based on the SECOND dictum number 17, Presidential Instruction Number 1 of 2022, concerning Optimizing the Implementation of the National Health Insurance Program. The Minister of Agrarian Affairs and Spatial Planning/Head of the National Land Agency is ordered to ensure that applicants for registration of transfer of Land Rights or Property Rights over Flat Units because buying and selling is an active participant in the National Health Insurance program. For this reason, in order to carry out the mandate in the Presidential Instruction Number 1 of 2022, it is necessary to have instructions as a guide in its implementation. (<http://www.jamsosindonesia.com/>)

Letter of the Director General of PHPT dated February 14, 2022, No. HR.02/1S3-400/II/2022 states, "Every application for registration service for the transfer of land rights or Ownership Rights to Flat Units due to sale and purchase must be accompanied by a photocopy of the BPJS Health Participant Card. Furthermore, in the Letter of the Director General of PHPT dated February 16, 2022, Number HR.02/164-400/II/2022, it states several things that: 1) Implementation will take effect on March 1, 2022. 2) The application for registration of the transfer of HAT or HM SARUSUN due to the sale and purchase that has been received is complete and meets the requirements and shall be completed in accordance with the provisions prior to the enactment of this provision. 3)

The Head of the BPN Regional Office and the Head of the Land Office actively socialize the implementation of this provision to related parties.

Legal Certainty Of Registration Of Transfer Of Land Rights Through Buy And Sale Based On Inpres Number 1 Of 2022. The government has issued Presidential Instruction of the Republic of Indonesia (Inpres) Number 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program (JKN). The Presidential Instruction, among others, regulates the requirements for managing a number of public services such as buying and selling land, making SIM, STNK, SKCK, Haji and Umrah which must be registered as BPJS Health participants. Togetherness is the main key in the JKN-KIS program. In Presidential Instruction No. 1 of 2022, the government instructed 30 ministries/agencies to require JKN-KIS for various purposes to ensure that all people are covered by health insurance. The Ministry of Agrarian and Spatial Planning/BPN requires BPJS Health participant cards as one of the requirements for buying and selling land. This policy will be implemented starting March 1, 2022. This is revealed in a letter from the Directorate General of Determination of Land Rights and Land Registration of the Ministry of ATR/BPN dated February 16, 2022. The letter states that the BPJS Health participant card is a requirement in the application for registration services for the transfer of land rights. or ownership rights to the apartment unit due to sale and purchase. Furthermore, a Circular Letter of the Ministry of Agrarian Affairs and Spatial Planning/National Land Agency Number 5/SE-400.Hk.02/II/2022 concerning National Health Insurance (JKN) Participation in Applications for Registration of Transfer of Land Rights or Ownership Rights to Units has been issued. Flats for Sale and Purchase.

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Furthermore, in the Letter of the Director General of PHPT dated February 16, 2022 Number HR.02/164-400/II/2022, it states several things that: 1) Implementation will take effect on March 1, 2022. 2) The application for registration of the transfer of HAT or HM SARUSUN due to the sale and purchase that has been received is complete and meets the requirements, shall be completed in accordance with the provisions prior to the enactment of this provision. 3) The Head of the BPN Regional Office and the Head of the Land Office actively socialize the implementation of this provision to related parties. JKN membership is mandatory according to Law Number 24 of 2011 concerning BPJS. This Law has been reviewed by the Constitutional Court in accordance with Decision Number 7/PUU-XVII/2019, dated March 26, 2019, with the decision to reject the Petitioner in its entirety. With restrictions on public services, if the obligations as a JKN participant are not carried out, there is a legal basis. The above provisions aim to ensure access for all people who need health services regardless of class/economic status and age, to create social solidarity through mutual cooperation between rich and poor, old and young and healthy and sick people. The regulation regarding BPJS Participant Card requirements in the transition service is not made

up. Regarding the discussion in this chapter, it can be stated that JKN participation is a mandatory requirement in the registration procedure for transferring land rights due to sale and purchase. The provisions in Presidential Instruction Number 1 of 2022 were issued based on the consideration that in the context of optimizing the implementation of the National Health Insurance program, increasing access to quality health services, and ensuring the sustainability of the National Health Insurance program, hereby instructs: First, Take steps according to the duties, functions, and their respective authorities to optimize the National Health Insurance program. Second, specifically to (point 17), namely: Minister of Agrarian Affairs and Spatial Planning/Head of the National Land Agency to ensure that applicants for registration of transfer of land rights due to sale and purchase are active participants in the National Health Insurance program.

BPJS Health is a policy issued by the Indonesian government, originally a health insurance managed by PT. ASKES is now changing its name to JKN (National Health Insurance), implemented by BPJS. Social security is an effort by the government so that people get justice in the health sector. In practice, the JKN-BPJS is part of the SJSN. SJSN itself is implemented through mandatory (mandatory) national health insurance for every Indonesian as regulated in Law Number 40 of 2004 concerning the National Social Security System. Health focuses on the poor and underprivileged. In this case, the state bears the cost of contributions carried out regularly every month, in looking at these criteria using integrated data in the field. In the JKN policy, it can be seen that there is an increase both in terms of budget and in terms of the number of JKN-BPJS users.

The JKN-BPJS policy can be a central policy in realizing justice in society. We can see that these policies tend to benefit the community or only a few people, and know the tendency to use the theory of justice in the BPJS Health system. In the JKN policy, it can be seen that there is an increase both in terms of budget and in terms of the number of JKN-BPJS users. The JKN-BPJS policy can be a central policy in realizing justice in society. We can see that these policies tend to benefit the community or only a few people, referring to the policy's objectives and the use of the theory in the policy. The government's policy regarding the obligation to participate in BPJS in terms of buying and selling land has pros and cons because the policy seems to force people to become BPJS participants, who consider that BPJS Health has nothing to do with these permits.

On the other hand, the government and those who are pro said that this must be done immediately as an optimization of the National Health Insurance program so that it is hoped that all people will become participants so that health services can be fully covered without exception. BPJS membership is an obligation regulated in the 1945 Constitution of the Republic of Indonesia. Health is the main thing that is basic need of every human being. As we know, the cost of getting health services is not cheap. Therefore, the government tricked the public into using the facilities provided, namely BPJS. In practice, BPJS facilities have advantages and disadvantages. Both explore services and public opinion about BPJS more deeply.

The Social Security Administering Body (BPJS) is a public legal entity established to administer health insurance programs for all Indonesians. The function of BPJS is to provide social health insurance for its users and guarantee that they will get rights in BPJS. BPJS has 4 programs offered, namely Work Accident Insurance (JKK), Old Age Security (JHT), Pension Security (JP), and Death Insurance (JKm). In this case, BPJS has duties including conducting or receiving participant registration, collecting BPJS participant contributions, receiving government contributions, managing social security funds, and financing user need in terms of health. BPJS guarantees health services for all its users with the promised facilities, helping users handle health service costs. The facilities guaranteed by BPJS include first-level health services, namely non-specialist health services, which include service administration, promotive and preventive services, examinations, treatment and medical consultations, non-specialist medical actions, drug

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ENVIRONMENTAL LAW**

Indexed By :



services and medical consumables, and blood transfusions. In accordance with medical needs, supporting examinations for laboratory diagnoses of the first level and first-level hospitalization according to indications. Not only that, but BPJS also guarantees advanced level referral health services covering outpatient treatment, including service administration, examination, treatment and specialist consultation by specialists and sub-specialists, specialist medical actions in accordance with medical indications, drug services and medical consumables, Implant medical device services, advanced diagnostic support services according to medical indications, medical rehabilitation, blood services, forensic medical services, and corpse services.

Furthermore, there are also inpatient services which include non-intensive inpatient care, inpatient care in the intensive room, as well as other health services that have been determined by the Indonesian Ministry of Health. Glancing at the results of a survey conducted on BPJS users regarding the analysis of health services, 100% of respondents said that BPJS helps the community obtain health facilities and services. In fact, 85% said they received good service when they received treatment using BPJS facilities. It means that the presence of BPJS has affected improving the quality and quantity of health services in Indonesia. However, 15% of them admitted that they received poor service when seeking treatment with BPJS. There were several complaints by respondents including BPJS patients being differentiated and not being prioritized, BPJS patients being rejected by the hospital, and the length of handling and administration.

The distinction and lack of priorities make the public judge that BPJS services have not fulfilled Pancasila's fifth principle, namely the justice principle. The justice referred to in this case is the equality of health services provided to every patient, whether BPJS users or not. If a health agency discriminates against a patient, then the agency has violated the provisions of the Regulation of the Ministry of Health of the Republic of Indonesia Number 28 of 2014 Chapter 4, which states that the guarantee benefits provided to participants are in the form of comprehensive (comprehensive) health services based on the necessary medical needs. BPJS must be applied by considering the value of social justice so that there is no inequality in health services. Regarding this, the Director of BPJS has also appealed to hospital agencies not to discriminate against health services. The Ministry of Health asked the entire community to be more patient. It emphasized that it needed time to tidy up the management of health facilities in order to provide the best service for BPJS users. The Ministry of Health also urges the public to prioritize efforts to prevent disease and early detection rather than choosing treatment options. BPJS Health is obliged to provide complete information regarding the rights and obligations of the community to its officers in the field so that they can immediately respond and provide answers if residents come to ask questions at any time. Therefore, BPJS Kesehatan needs to develop a mechanism for handling complaints in a systematic and standardized manner. After that, BPJS Kesehatan is obliged to socialize the new procedure to all its officers and the public as well as possible. By making the procedure transparent, BPJS Kesehatan has made it easier for the community to help themselves solve their problems.

The National Health Insurance Program, whose implementation is entrusted to the Health Social Security Administering Body (BPJS), is still far from the meaning of justice. Some people think that BPJS Health's implementation still has many problems. First, the issue of BPJS Kesehatan has emerged since the card activation process. BPJS applies a rule that BPJS user cards can only be active a week after registration is received, even though the pain struck unexpectedly and could not possibly be postponed.

Furthermore, referrals to health service institutions appointed by BPJS Health are also limited and inflexible. BPJS participants may only choose one health facility to obtain a referral and cannot go to another health facility even though they work together with BPJS. This limitation makes it difficult for people who frequently travel and work in distant places. Another problem is the

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complexity of the BPJS Health service flow because it applies a tiered service flow. Before going to the hospital, participants must first go to the first level of health facilities, namely the puskesmas. The fourth problem, many BPJS participants complain that BPJS does not fully cover the payment of medical expenses. In accordance with Article 2 of Law Number 24 of 2011, BPJS should implement a social security system based on the principles of humanity, benefits, and social justice for all Indonesian people. Laws that are not appropriately enforced will lead to social injustice. Counselors as professionals have an essential role in defending the rights of individuals or minority groups to assist political or social development in increasing responsibility for the needs of individuals or minority groups. In Indonesia, the BPJS cases that emerged are one of the cases that are still happening to this day. As usual, injustice always attacks the lower-class society and is inversely proportional to the upper-class society. So the role of counseling in the unfairness of the BPJS case is to ensure that each individual or group has the opportunity to reach potential free from unnecessary obstacles. This perspective stems from the belief that every individual/group (patient) has the right to obtain health services regardless of race, gender, sexual orientation, gender identity, gender expression, economic status and belief.

The discrepancy cases between BPJS patients and general patients are not just mere perceptions. Because perceptions are not entirely factual, the community's experience is sufficient as evidence that this case is real and requires an immediate response. The author realizes that general comments are very influential on culture and perception. So the influence of culture on perception can capture the absolute truth of our culture compared to other cultures. Discrimination and injustice seem to have become a culture in Indonesia. Of course, it is a tragic thing that we should have to clean up and start from ourselves. If the injustice is in the form of suppression of the social rights of the community, then the counselor as a professional also clearly has a moral and ethical responsibility to address the psychological problems of the oppressed patient as an individual who has rights. If depression, anxiety and feelings of inferiority in BPJS patients stem from limited opportunities and discrimination, the counselor tries to eradicate racism for social justice. Fighting for social justice can be done through multicultural counseling in order to get equal treatment in society. Counselors as professionals have an important role in defending the rights of individuals or minority/oppressed groups with the aim of assisting political or social development in order to increase responsibility for the needs of individuals or minority groups. From the writing of this article, it can be concluded that BPJS services are still far from patient expectations and often cause deep disappointment for patients using BPJS. It is due to the government's unfinished homework from year to year, both from the system and the public servants involved. From the perspective of multicultural counseling which views culture as a condition, this problem is not far from the habit of our nation which is less able to empathize with pain, suffering, distrust in social groups.

This policy has pros and cons in society. Those who agree consider that the community must be covered by health insurance through the BPJS program, so that efforts are needed to increase their participation. The opposing parties considered that the sale and purchase of land had nothing to do with the health program and was considered burdensome to the community. The community itself complains a lot about BPJS services so that some people are still reluctant to register or join other private insurance programs that are more secure. Some consider it too early to make regulations like this. The BPJS program is chaotic. There are many weaknesses, many shortcomings that still need to be improved. Hospital services are not friendly to BPJS patients, especially BPJS Class 3 participants. BPJS participants are considered poor people, so they are often underestimated. Claims management is also very complicated and convoluted.



Basically, there is a conflict or discrepancy with legal norms in the implementation of buying and selling land which requires JKN participation. Land registration is carried out based on simple, safe, affordable, up-to-date and open principles. It is stated in Article 2 of Government Regulation 24 of 1997 concerning Land Registration. With the obligation to participate in JKN, people who have not been registered must register for JKN and pay membership fees which of course burdens and burdens the community, so it does not reflect the simple and affordable principle. In addition to paying the land registration fee, the community is also required to pay the JKN fee every month. Legal certainty regarding the registration of transfer of land rights in Article 45 paragraph (1) letter d of Government Regulation Number 24 of 1997 concerning Land Registration as stated that the Head of the Land Office may refuse to register land rights if the conditions specified in the legislation are not fulfilled. Invitation, but after the enactment of the Presidential Instruction of the Republic of Indonesia Number 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program, the procedure for applying for land sale and purchase registration services must attach a BPJS Health participant card. The National Health Insurance Program for the Healthy Indonesia Card (JKN-KIS) is a state program that embodies the values of Pancasila, namely social justice for all Indonesian people. Social justice, in terms of fulfilling the right to improve the quality of human life, is built through social security, in which there is the JKN-KIS Program. It is hoped that social security will pave the way for change for an Indonesia that is politically sovereign, economically independent and has a personality in culture. The JKN-KIS Program improves Indonesian people's quality of healthy life by providing financial access to all Indonesians to meet their basic needs in Indonesian health.

CONCLUSION

The suggestions that can be submitted are as follows: First, the government should review the existence of BPJS membership obligations in the registration of transfer of land rights by establishing special regulations that are more specific regarding the mechanism for the community's obligation to become BPJS participants. Second, implementing the National Health Insurance program should improve the quality of services provided to the community as BPJS participants. With good service quality, the community will automatically have the awareness to become a participant. Based on the evaluation of the National Health Insurance program, there are still many people who are participants who receive poor and less than optimal health services. Hence, people who have not been registered are reluctant to become participants.

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