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Determining Temporary Rates for Hospital Health Care Services: An Affirmative Policy Approach

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Abstract

This research examines the enforcement of the Hospital Director's decision regarding temporary service rates and the authority of the temporary regent to establish these rates within the hospital setting. Employing a normative legal research methodology, the study utilizes both statutory and case approaches at the Regional General Hospital dr. H. Bob Bazar, SKM, in South Lampung Regency, and analyzes the findings descriptively and analytically. The results indicate that the Hospital Director's decision concerning the determination of temporary tariffs is valid until a regional head regulation is issued. In cases where the regional head is unable to fulfill their duties, the temporary regional head is empowered by the Regional Government Law to implement policies related to hospital rates. These actions taken by hospital directors and temporary regional heads are considered affirmative policies aimed at serving the community. However, it is crucial to impose limits on this authority, as legislative approval is necessary to impose costs on the public.

A. Introduction

Law plays a crucial role in maintaining societal order, while simultaneously being shaped to address specific challenges that arise within a community. This concept aligns with the adage "Law for Humans, not Humans for Law," a key idea in Satjipto Rahardjo's theory of Progressive Law. The progressivity of law can be observed in its capacity to liberate the way legal thinking and practice evolve, allowing the law to fulfill its primary

duty of serving both people and humanity. Essentially, laws should provide solutions to the problems faced by society. However, there are instances where laws inadvertently create new challenges, underscoring the importance of ongoing internal and external reviews of legal frameworks to ensure the law fulfills its societal role effectively.

In the context of health services, numerous legal products have been enacted at both the central and regional levels to optimize the fulfillment of the right to health. A key legal instrument for improving health services pertains to the regulation of service fees. For example, the decision of the Director of the Technical Implementation Unit at the Regional General Hospital dr. H. Bob Bazar, SKM, outlined in Decision Number 821/469/VI.02/2022, establishes temporary service fees for the Medicolegal Forensic Installation and the Integrated Polyclinic for Women and Children Victims of Violence at the Regional General Hospital dr. H. Bob Bazar, SKM, South Lampung Regency. This decision serves as the legal basis for setting health service fees within the hospital.³

In practice, the services provided by the Medicolegal Forensic Installation at the Regional General Hospital dr. H. Bob Bazar extend beyond the traditional scope of doctor-patient or doctor-victim interactions. The hospital has been involved in drafting case reports, serving as expert witnesses in court proceedings, and entered into a memorandum of understanding (MoU) with the Witness and Victim Protection Agency of the Republic of Indonesia (*LPSK*) in February 2022. Additionally, operational procedures for medicolegal forensic services and the handling of corpses, including standard operating procedures and work programs, have been in place since 2019.⁴

The introduction of temporary service fees for these medical-legal services is guided by the aforementioned Director's decision, as this is a newly introduced service that is not yet covered under South Lampung Regency Regional Regulation No. 2 of 2017, which amended Regional Regulation No. 15 of 2011 on Health Service Retributions. This decision has, however, faced objections, notably from the Protection of Women and Children of South

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¹ Hasan Basri Waleny, Fina Maghfira, "Application of the Activity-Based Costing Method in Setting Inpatient Service Rates at Cut Meutia Langsa Hospital," *Scientific Journal of Accounting Economics Students* 1, no. 1 (2016): 47–59.

² H Dumaris, "Analysis of Differences in Hospital Rates and Ina-CBG's Rates for Outpatient Services at Budhi Asih Jakarta Hospital," *Journal of Indonesian Hospital Administration* 3, no. 1 (2015): 23–34.

³ Sherly Pinatik Pandey, Cristian M., Inggriani Elim, "Analysis of Determination of Inpatient Rates Based on Variable Costing at GMIM Siloam Sonder Hospital," *Going Concern: Journal of Accounting Research* 14, no. 1 (2019): 34–45.

⁴ Stanley Kho Walandouw Kaunang, Brando, "Application of the Activity-Based Costing System Method in Determining the Rate of Inpatient Services at Bethesda General Hospital. Tomohon City," *EMBA Journal: Journal of Economics, Management, Business and Accounting Research.* 3, no. 1 (2015): 67–78.

Lampung Regency, who have verbally expressed concerns to the South Lampung Regency Health Office regarding the imposition of these service fees ⁵

Based on Law Number 1 of 2022 on Financial Relations between the Central Government and Regional Governments, Article 88 classifies revenues from services, including those generated by health services in regional hospitals, as a form of retribution. This provision mandates that service tariffs in local government-managed hospitals, such as the Regional General Hospital (*RSUD*) dr. H. Bob Bazar, be regulated through Regional Regulations, in accordance with the law. However, certain new installations, like the Forensic Medicolegal Installation and the Women and Children Integrated Domestic Violence Polyclinic, have yet to be incorporated into the existing Regional Regulations governing health service fees. In response to this gap, the Director of *RSUD* dr. H. Bob Bazar enacted a policy setting temporary tariffs for these installations.

The critical question arises: can the Decree issued by the Director of the Technical Implementation Unit at *RSUD* dr. H. Bob Bazar regarding temporary service fees be legally enforced? Minister of Health Regulation No. 85 of 2015 on the National Hospital Tariff Pattern stipulates that hospitals classified as Regional Public Service Agencies (*BLUD*), such as *RSUD* dr. H. Bob Bazar, require a regional head regulation to set their service rates. Currently, the regional regulation in question remains under review, even as the hospital continues to serve patients in the Medicolegal Installation and Integrated Domestic Violence Polyclinic. This situation creates a dilemma, as there is an urgent need to establish service rates, but the necessary regional regulation has not yet been ratified, and approval from the regent or regional head is still on hold.

Questions concerning the authority of the Temporary Regent or Acting Regent of South Lampung to issue a Regional Head Regulation establishing temporary service fees for these new hospital installations have surfaced. South Lampung Regency Regional Regulation Number 2 of 2017, which amended Regional Regulation Number 15 of 2011 on Health Service Retribution, does not provide specific details regarding the amount of health service fees. Furthermore, the Regional Regulation concerning regional taxes and retributions has not been ratified, as required by Article 94 of Law Number 1 of 2022 on Financial Relations between the Central and Regional Governments, resulting in a legal vacuum that demands prompt resolution. In

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⁵ Niniek Lely Pratiwi Lestari Handayani, Suharmiati, "Hospital Unit Cost and Ina-Cbgs Rates," *Health Systems Research Bulletin* 21, no. 4 (2018): 219–27.

⁶ Aldi Geraldo Polyton, "Analysis of the Application of Activity-Based Costing in Determining Inpatient Rates at the Robert Wolter Monginsidi Hospital in Manado," *EMBA Journal: Journal of Economics, Management, Business and Accounting Research* 7, no. 1 (2019): 34–45.

this context, a comprehensive juridical analysis is needed to provide clarity on the legal standing of these issues.⁷

This research aims to address two key questions: 1) What is the legal validity of the Decree issued by the Director of *RSUD* dr. H. Bob Bazar in establishing temporary service rates? and 2) Does the Acting Regional Head possess the authority to set temporary service rates for the hospital?

The research adopts a normative approach, utilizing both statutory and case-based analysis. The statutory approach examines the laws and regulations governing health service rates in regional hospitals, focusing on the roles of both central and regional governments in tariff-setting. The case approach, on the other hand, explores the practical application of health service rates through a case study at *RSUD* dr. H. Bob Bazar. By analyzing these real-world scenarios, the research seeks to evaluate the implementation of these policies and assess the fairness and legality of the temporary tariffs imposed.

B. Discussion

1. Validity of the Application of the Hospital Director's Decree in Determining Temporary Hospital Rates

As outlined in the background of this study, the determination of health service tariffs is mandated to be regulated by Regional Regulations concerning Regional Taxes and Levies, as specified in Article 94 of Law No. 1 of 2022 on Financial Relations between the Central and Regional Governments. However, as of the time of writing, the relevant Regional Regulation has yet to be ratified. While South Lampung Regency Regional Regulation Number 2 of 2017, which amended Regional Regulation Number 15 of 2011 concerning Health Service Levies, remains in effect, it does not comprehensively regulate health service tariffs, particularly for new installations such as the Medicolegal Forensic Installation and the Integrated Domestic Violence Polyclinic. This raises the question of the legal validity of the Decree issued by the Director of the Technical Implementation Unit at *RSUD* dr. H. Bob Bazar.

The validity of the Decree of the Director of *RSUD* dr. H. Bob Bazar, SKM, Number 821/469/VI.02/2022, concerning the determination of temporary service fees for the Medicolegal Forensic Installation and the Integrated Domestic Violence Polyclinic, must be evaluated in relation to Minister of Health Regulation No. 85 of 2015 on the National Hospital Tariff Pattern. Before assessing the decree's validity, it is important to consider the philosophical, sociological, and juridical foundations that underpin the

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⁷ Mildawati Jayanti, Neni, "Application of Activity Based Costing at Hospital Inpatient Service Rates," *Journal of Accounting Science & Research* 3, no. 9 (2014): 77–86.

formation of legal instruments such as this decision.⁸ An evaluation of these three pillars provides insight into the extent to which the Director's Decree is legally valid and can be used as the basis for determining health service tariffs.⁹

From a philosophical perspective, access to health services is a fundamental right guaranteed by the Constitution. Article 28H of the 1945 Constitution of the Republic of Indonesia asserts that every citizen has the right to live in physical and spiritual well-being, to reside in a healthy environment, and to receive health services. This right is reaffirmed in Article 4 paragraph (1)(c) of Law Number 17 of 2023 concerning Health, which guarantees the right of all citizens to receive health services, and mandates that this right be fulfilled through efforts aimed at promoting the highest possible standard of public health. In order to achieve this goal, both human and financial resources are essential. The imposition of hospital service tariffs reflects a policy designed to optimize the delivery of health services to all segments of society. This aligns with the broader objectives of hospitals, which include:

- a) ensuring that the public has access to health services;
- b) providing safety for patients, society, hospital personnel, and the hospital environment;
- c) enhancing the quality and ensuring adherence to hospital service standards; and
- d) providing legal clarity for patients, the community, the hospital, and hospital staff.

Through this philosophical lens, the Director's decision to establish temporary tariffs can be seen as a necessary step toward fulfilling the constitutional right to health services while awaiting formal regulatory approval.

As a strategic decision aimed at enhancing community health services, the Decree of the Director of the Technical Services Unit at the Regional General Hospital, dr. H. Bob Bazar, SKM, Number: 821/469/VI.02/2022, concerning the Determination of Temporary Service Fees for the Medicolegal Forensic Installation and the Integrated Violence Polyclinic for Women and Children in South Lampung Regency, can be implemented. This decision is grounded in both the constitutional mandate and the provisions of the Hospital Law.

Sociologically, the demand for health services, particularly in hospitals,

⁸ Martha Riananda Marlia Eka Putri, "Study of the Impact of the Implementation of Law No. 1 of 2022 Concerning Financial Relations between the Central Government and Regional Governments on the Collection of Regional Taxes and Levies in Bandar Lampung City," *LLPM Universitas Lampung*, 2022.

⁹ Ani Sri Rahayu, *Introduction to Regional Government: Theory, Law and Application Studies* (Sinar Grafika, 2022).

has been increasing, driven by the growing needs of the community. This aligns with the fundamental functions of hospitals, which include:

- a) organizing human asset instruction and preparing to extend capacity in giving wellbeing administrations;
- b) implementing restorative treatment and wellbeing recuperation administrations by clinic benefit benchmarks;
- c) maintaining and making strides person wellbeing through moment and third-level entire wellbeing administrations;
- d) implementing investigate and improvement as well as innovation screening within the wellbeing division.

In line with these functions, *RSUD* dr. H. Bob Bazar has taken steps to address the growing healthcare needs of the South Lampung community. ¹⁰ The hospital has been actively providing services through its Medicolegal Forensic Installation, which includes cross-sectoral services beyond the traditional doctor-patient or victim services. These services have extended to forensic case reporting and court testimony, as evidenced by the hospital's MoU with the Witness and Victim Protection Agency (*LPSK*) of the Republic of Indonesia, established in February 2022. Additionally, formal documentation related to the Medicolegal Forensic Installation, including Letters of Determination, Standard Operating Procedures, and Work Programs, has been in place since 2019, further legitimizing the provision of these services.

To address the community's demand for specialized medical services, the Decree of the Director of the Technical Implementation Unit at the Regional (RSUD) dr. Bob Bazar, Hospital H. SKM. 821/469/VI.02/2022, can be justified and enforced, particularly regarding the provision of services at the Medicolegal Forensic Installation and Morgue at RSUD dr. H. Bob Bazar, South Lampung Regency. From a juridical standpoint, the legal foundation for establishing hospital service rates is grounded in the Minister of Health Regulation No. 85 of 2015 on the National Hospital Tariff Pattern. This regulation provides that hospital service fees are justified based on the services rendered, allowing hospitals to impose or adjust rates for service activities provided to users.¹¹

In this context, the Director's Decree on the temporary determination of service fees is aligned with, and does not conflict with, the higher legal provisions, specifically the Minister of Health Regulation No. 85 of 2015. The regulation affirms that hospitals are authorized to establish service fees for

¹⁰ Rustian Mushawirya, Amar Wahyudi, Fauzi Syam, "Authorities of Acting Substitute for Regional Heads in the Implementation of Regional Government from the Perspective of Legislation," *Mendapo: Journal of Administrative Law* 3, no. 3 (2022): 179–201.

¹¹ Rizari Rizari. Kurnia, Fabian Riza, "Juridical Review Of Authorities Of Temporary Official Regional Heads," *Journal of Government Management*, 2019, 79–97. 256

activities they provide, particularly where they meet community needs.

However, it is important to carefully examine the effective date and application of the Director's Decree on service fee determination. Article 2, Paragraphs (3), (4), and (5) of Minister of Health Regulation No. 85 of 2015 clearly stipulate that for hospitals managed by regional governments that have implemented financial management as regional public service agencies (*BLUDs*), hospital service rates must be set in accordance with regional government laws and regulations. Therefore, the enforcement of this Director's Decree must also comply with regional government legal frameworks, ensuring it is in harmony with broader governance provisions.

Based on Paragraph (2) of Minister of Health Regulation No. 85 of 2015, local governments are granted the authority to set service rates for hospitals under their management, especially those operating under the Regional Public Service Agency (*BLUD*) system, such as *RSUD* dr. H. Bob Bazar. In this case, the South Lampung Regency government is expected to regulate hospital service fees through regional regulations. However, if the regional head has not yet issued such a regulation, Paragraph (3) offers a solution, allowing the hospital director to set temporary service rates for new types of services, pending the issuance of the official regulation by the regional government.

The Decree of the Director of *RSUD* dr. H. Bob Bazar (SKM Number: 821/469/VI.02/2022) concerning the temporary service rates for the Medicolegal Forensic Installation and the Integrated Poly for Violence against Women and Children is therefore legally valid under the authority granted by Paragraph (3) of Minister of Health Regulation No. 85 of 2015. This temporary rate remains in force until the regional head enacts a definitive regulation.

Furthermore, Paragraph (4) stipulates that temporary service rates must be finalized by the relevant government authorities (Minister, financial minister, or regional head) within a maximum of six months from the date the hospital director's decree was issued. This six-month period provides a reasonable timeframe for the regional government to prepare and issue the necessary regulations, ensuring legal certainty and the continued provision of health services without undue delay.

If the six-month deadline is exceeded and the regional head has not yet issued a regulation, the situation may hinge on the good faith of the regional head. Although the regulation mandates a six-month period, it does not explicitly address the legal consequences if this timeframe is not met. This leaves the matter open to interpretation, potentially creating uncertainty regarding the enforceability of the temporary service rates beyond the six-month period. 12

However, it is crucial to recognize that these temporary service fees are a

¹² Philipus M. Hadjon, "Concerning Authority," *Juridical Journal of the Faculty of Law Airlangga University* 5, no. 6 (1997).

stopgap measure. They must be aligned with broader legal standards to prevent potential conflicts or legal disputes in the future. Once the regional head formalizes the regulation on service rates, the hospital must promptly adjust its fees to comply with the new policy. This ensures long-term legal certainty and consistency in service delivery. ¹³

Ultimately, the cooperation between hospital management and regional authorities is vital in establishing clear and legally sound frameworks that protect both public rights and institutional governance. Therefore, the hospital can continue to provide essential services while ensuring its compliance with higher legal standards.

1. Authority of Temporary Regional Head in Setting Hospital Service Tariffs

The interim acting regent possesses the authority to sign regional regulations, including those pertaining to the determination of health service tariffs. To understand this authority, it is essential to first clarify the concept of authority and how it applies to the acting regent as a temporary substitute for the definitive regent. According to Article 1, number 6 of the Regulation of the Minister of Home Affairs of the Republic of Indonesia Number 1 of 2018, which addresses Leave Outside the State's Dependents for Governors, Deputy Governors, Regents, Deputy Regents, Mayors, and Deputy Mayors, the term "Temporary Acting" (hereafter referred to as "Acting") refers to high-ranking officials or officials of equivalent status appointed by the Minister to perform the duties of the governor, deputy governor, regent, deputy regent, mayor, and deputy mayor during periods when these officials are on unpaid leave for campaigning purposes. 14

Authority is a fundamental concept in constitutional and administrative law, often characterized as the power conferred by the Constitution. In the realm of public law, authority is inherently linked to the notion of power. Black's Law Dictionary defines authority as the right or permission to act lawfully on behalf of another individual, which encompasses the ability of one person to impact another's legal relationships through actions taken with the latter's consent. This authority is typically delegated from a principal to an agent. Van Maarseveen, as cited by Philips M. Hadjon, identifies three essential components of authority:

- a) Influence; authority is intended to control the actions of legal entities.;
- b) legal basis; the authority must have a legal basis;
- c) conformity; there is a standard of authority.

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¹³ Krishna D. Darumurti, *Government Discretionary Power, Bandung* (Bandung: PT. Citra Aditya Bakti, 2012).

¹⁴ Dio Ekie Ramanda, "Rearranging Authority to Appoint Acting Regional Heads," *JISIP (Journal of Social Sciences and Education)* 6, no. 3 (2022): 67–78. ²⁵⁸

Authority inherently has limits; however, there are circumstances that may arise which are not explicitly regulated by laws and regulations, even when government intervention is necessary. This limitation occurs because laws cannot account for every possible scenario. In such instances, the concept of discretion, or Ermessen, becomes crucial. According to Darumurti, discretion refers to a form of authority granted to governmental bodies or officials, enabling them to make decisions and take legal and factual actions within the framework of governmental operations.

The state exercises discretionary powers to play an active role in the social and economic aspects of community life. This responsibility grants the government the authority to intervene in the lives of citizens, necessitating proactive engagement amid the dynamics of societal changes. Additionally, granting autonomy to regions is essential for accelerating progress and fulfilling the public interest through the effective administration of governmental affairs.¹⁵

The concept of authority is further clarified by Law Number 30 of 2014 concerning Government Administration, which delineates authority as follows:

- a) Authority is a right owned by a government agency and official or other state administrators to make decisions and take actions in administering government, whereas
- b) Government Authority is the authority of Government Agencies, officials, or other state administrators to act in the realm of public law.

Authority primarily emphasizes the decision-making and actions necessary for the administration of government, while it refers to the power held by state administrators to operate within the realm of public law. Concerning the authority of the Acting Governor, Article 65, Paragraph (2) of Law Number 23 of 2014 regarding Regional Government stipulates that the Acting Regional Head possesses the same authority as the definitive Regional Head. This includes the following responsibilities:

- a) Submitting a draft regional regulation;
- b) Enacting regional regulations that have been jointly approved by the Regional People's Representative Assembly;
- c) Establishing regional head regulations and regional head decisions;
- d) Taking specific actions required by the community or society during emergencies; and
- e) Executing other authorities as provided by existing laws and regulations.

Meanwhile, the duties of the acting regional head, as referred to in Article 65 Paragraph (1), include:

¹⁵ Ade Arif Firmansyah, Evendia, Malicia, "Legal Redesignation of Central and Regional Authorities to Strengthen Sinergity in Public Services," *Kanun Jurnal Ilmu Hukum* 23, no. 1 (2021): 23–48.

- a) Leading the implementation of government affairs within the region, in accordance with applicable laws and policies established jointly with the Regional People's Representative Council:
- b) Maintaining peace and public order;
- Preparing and submitting drafts of regional regulations related to long-term development plans to the Regional People's Legislative Council for discussion and formulating regional work plans;
- d) Preparing and submitting drafts of regional regulations concerning regional revenue and expenditure budgets, amendments to these budgets, and accountability for the implementation of regional income and expenditure budgets to the Regional People's Representative Council for joint discussion;
- e) Representing the region in legal matters, both within and outside the court, and having the authority to appoint a legal representative as stipulated by relevant laws and regulations;
- f) Proposing the appointment of deputy regional heads; and
- g) Carrying out other tasks as mandated by applicable laws and regulations.

Although the Acting Regional Head holds the same duties and authorities as the definitive Regional Head, elected through a direct popular vote, there are inherent limitations to their authority. The Acting Regional Head's position is based on an appointment from the government rather than the outcome of an electoral process.

These limitations are articulated in Government Regulation No. 6 of 2005 concerning the Election, Ratification, Appointment, and Dismissal of Regional Heads and Deputy Regional Heads, which has undergone several amendments, the most recent being Government Regulation Number 78 of 2012, which constitutes the Fourth Amendment to Government Regulation No. 6 of 2005. The specific restrictions on the authority of Acting Regional Heads include: ¹⁶

- a) Implementing employee rotation;
- b) Revoking permits issued by previous officials and issuing permits that contradict those previously granted;
- c) Enacting policies related to regional expansion that are inconsistent with prior policies;
- d) Developing policies that deviate from established government administrative policies and training programs for former employees.

¹⁶ Mazdan Maftukha Assyayuti, "The Urgency of Rearranging the Mechanism for Filling the Positions of Acting Regional Heads from the Perspective of Constitutional Democracy," *Lex Renaissance* 7, no. 2 (2022): 281–95.

The restrictions on authority for Acting Regional Heads can be waived upon obtaining written approval from the Minister of Home Affairs. Additionally, according to Article 15 of the Regulation of the Minister of Home Affairs Number 4 of 2023 concerning Acting Governors, Acting Regents, and Acting Mayors, the Acting Regent holds the same duties, authorities, obligations, and prohibitions as the Definitive Regent, in accordance with relevant laws and regulations governing regional administration. In performing their duties and exercising their authorities, Acting Regents are explicitly prohibited from the following actions:

- a. Implementing changes to staff positions that lack appropriate justification;
- b. Canceling licenses that have been issued by previous officials or issuing licenses that contradict those granted by prior officials;
- c. Pursuing territorial development initiatives that are inconsistent with the policies established by former authorities; and
- d. Developing policies that deviate from the administrative and advancement programs of previous officials.

In carrying out their duties, authorities, and obligations, Acting Regents possess financial and protocol rights equivalent to those of definitive regional heads, in accordance with applicable laws and regulations. From this understanding, it can be concluded that, in addition to the aforementioned prohibitions, the Acting Regent is authorized to establish regional regulations related to the determination of hospital health service tariffs, as outlined in Article 65, Paragraph (2), point 2 of the Regional Government Law, which pertains to the enactment of regional regulations and regional head decisions.¹⁷

However, this authority to set hospital service rates must be constrained to ensure legal certainty and to prevent potential abuse of power. Such limitations are essential, given that regional hospitals, as public institutions operated by local governments, have a responsibility to establish fair and transparent pricing. Any modifications or adjustments to these rates should be grounded in comprehensive studies and adhere to relevant regulations to avoid disadvantaging the public.

To facilitate this, oversight and control mechanisms should be instituted, one of which is the involvement of the Regional House of Representatives (*DPRD*) in approving proposed rate policies put forth by the local government. The participation of the *DPRD* serves as a critical component of checks and balances, ensuring that rate policies do not unduly burden the public and remain compliant with applicable laws and regulations. As representatives of the populace, the *DPRD* has the authority to review, evaluate, and endorse the service rates proposed by the local government. This process helps ensure that

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¹⁷ Ferry Nahdian Furqan. Mahardika, Ahmad Gelora, Sun Fatayati, "Judicial Problems Of Filling For Temporary Positive Regional Heads In The Indonesian State System," *Legacy: Journal of Law and Legislation* 2, no. 2 (2022): 22–36.

adopted policies uphold the principles of transparency and accountability. With the *DPRD*'s approval, regional hospital service rates gain greater legitimacy, protecting public rights and preventing arbitrary rate setting.

C. Conclusion

To fulfill the right to public services and ensure legal certainty, the Decree of the Director of the Hospital regarding the determination of temporary service fees remains enforceable because neither the regional head nor decisions related to the establishment of temporary service rates have been issued by the definitive regent. Consequently, the Decree of the Regional Technical Implementation Unit Director of the Regional General Hospital is valid for six months from the date of the determination of the temporary service tariff, rather than from the establishment of the Medicolegal Forensic Installation Service and the Women's and Children's Integrated Violence Polyclinic.

After six months, the rate setting by the hospital director must be formalized into a regional head regulation. If no regional regulation is established after this period, there is no further requirement for the hospital director to decide on service rates. The determination of rates based on the hospital director's decision will continue to be valid.

According to the Regional Government Law, the temporary regional head has the authority to establish policies, including those related to the setting of hospital service fees, when the definitive regional head is unable to perform their duties. This authority is intended to ensure that vital public services provided by hospitals continue to operate efficiently in the absence of the permanent regional head. Such policies may be implemented immediately in response to community needs, with the interim regional head collaborating with the hospital director to guarantee uninterrupted healthcare services for the public. These measures, viewed as affirmative policies, aim to preserve access to healthcare services and address urgent medical needs within the community.

However, to avoid arbitrary decision-making, this authority must be exercised judiciously and within the legal framework. Additionally, any charges imposed on the general public must receive the approval of the Regional House of Representatives (DPRD). The legitimacy of temporary hospital rates may be subject to challenge, and there is a potential risk of abuse of power without DPRD approval. Therefore, to maintain public trust and legal certainty, the involvement of the legislative body is essential, even when prompt action is necessary.

D. Suggestion

It is recommended to establish a transparent review process that involves including medical professionals, patient relevant stakeholders, representatives, and legal experts, to regularly evaluate and update hospital 262

service rates. This collaborative approach ensures that the rates remain equitable and accurately reflect actual costs and community needs, thereby fostering public trust and compliance with established tariffs. By engaging a diverse group of stakeholders, the process not only enhances accountability but also facilitates the incorporation of various perspectives, leading to more informed decision-making.

In addition, it is crucial to develop clear guidelines and boundaries for acting regional heads regarding the setting of hospital service rates. These guidelines should delineate the scope of their authority, outline the rate-setting process, and specify the necessary approvals required to ensure that their decisions align with legal and policy frameworks.

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