



## Analysis of the political law of centralization of state authority in law number 17 of 2023 on health: A normative legal study

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### ABSTRACT

This article examines the political law underlying the centralization of state authority in Law Number 17 of 2023 on Health. The enactment of this law marks a significant shift in Indonesia's health legal framework, particularly through the strengthening of the central government's role in regulating, supervising, and controlling the national health system. The objective of this article is to analyze the legal policy orientation behind this centralization and to assess its implications for health governance, professional autonomy, and adherence to rule-of-law principles. This study employs a normative legal research method using statutory, conceptual, and historical approaches. Primary legal materials consist of Law Number 17 of 2023 and related regulations, while secondary materials include scholarly books and journal articles on political law and health law. The findings indicate that centralization in the Health Law reflects the state's policy to improve regulatory effectiveness, policy coherence, and equitable health service delivery. However, this legal policy also raises normative and operational challenges, particularly regarding the distribution of power, the independence of health professionals, and institutional accountability. Operational accountability indicators identified include transparency requirements, objection mechanisms, policy audits, and judicial oversight, which are essential to ensure that centralization does not compromise the rule of law or professional autonomy. Finally, the study identifies priority research agendas to strengthen understanding of centralized health governance, such as analyzing conflicts between regulatory norms, reviewing Constitutional Court or Supreme Court decisions on health authority, and conducting comparative studies with other countries. The article concludes that while Law Number 17 of 2023 strengthens national health governance, balanced and conditional centralization supported by legal safeguards is necessary to achieve both effectiveness and normative compliance.

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## 1. Introduction

Legal politics is a fundamental concept in normative legal studies that serves to reveal the direction of state policy as manifested through the formulation, amendment, and implementation of legislation. From this perspective, law is not understood merely as a collection of neutral technical norms, but rather as a product of state policy choices influenced by the configuration of power, public interests, and national development goals. A number of studies show that legal politics is an important analytical instrument for reading the state's orientation in various fields of law, such as criminal law reform, the formulation of regional regulations, and the management of national resources (Adinda et al., 2024; Jatri et al., 2023; Satresna, 2023). Thus, legal politics places law in the context of the relationship between law and power, as well as a means of assessing the direction of state legal policy.

In the context of health, legal policy has a very strategic position because it is directly related to the fulfillment of the right to health as part of human rights and the obligations of the welfare state. The state not only acts as a regulator, but also as the main party responsible for ensuring the provision of safe, high-quality, and equitable health services (Ardiansah & Silm, 2020). Various studies show that health legal policy in Indonesia has historically focused on fulfilling the right to health through the national social security system, patient protection, and the strengthening of legal instruments in the field of health services (Mardiansyah, 2020; Rachmad & Tobing, 2022).

In addition, philosophical studies also emphasize that health is a fundamental right that requires the active role of the state in its formation through law (Maulana & Avrillina, 2024). As regulations evolve, health law policy in Indonesia also shows complex dynamics, particularly in the relationship between the state, medical personnel, and the community. Various specific issues such as the protection of medical personnel, the handling of malpractice, the regulation of telemedicine, and obstetric and women's health services have been the subject of legal policy studies in recent years (Khoironi, 2024; Oryza & Fahadayna, 2024; Salsabila & Marsal, 2025). These studies show that health law policies are not only technical in nature, but also laden with values of justice, human rights protection, and certain political interests (Kurniawan, 2021; Setiawan, 2020). Thus, health law has become an important arena for the convergence of the interests of the state, the profession, and the community.

In addition, health policy in Indonesia cannot be separated from the principle of decentralization of government. The transfer of some authority to local governments in the management of the health sector is intended to improve the effectiveness and responsiveness of services. However, a number of studies show that health decentralization also raises various issues, such as regional capacity disparities, service quality disparities, and weak national policy coordination (Mardiansyah, 2020; Thamrin, 2020). These conditions have prompted the state to evaluate the direction of health law policy, including through the establishment of new, more integrated regulations. Law Number 17 of 2023 concerning Health is an omnibus regulation that comprehensively reconstructs the national health legal system. This law consolidates various previous health regulations and introduces an omnibus approach as a legal reform strategy (Setyowati et al., 2025). One of the main characteristics of this law is the strengthening of the central government's role in regulating, guiding, and supervising the health sector, which shows a tendency toward centralization of state authority.

This centralization is evident in the regulation of health human resources, health worker education, service standards, and the control of sensitive issues such as abortion, malpractice, and mental health services (Hamzah, 2023; Jayantara et al., 2024; Raharjo et al., 2024; Wijayanto & Sriharini, 2024). Although prior studies have explored health law issues such as malpractice, telemedicine, health human resources, and patient protection, these studies largely treat centralization of authority as a peripheral or secondary topic rather than a primary focus. In other words, there has been no systematic mapping of the legal-political implications of consolidating state authority itself as a unique research object. This constitutes the research gap

that this study seeks to fill: while existing literature addresses sectoral challenges and technical regulations, it rarely analyzes how the centralization of authority under Law 17/2023 transforms the balance of power between central and local governments, potentially reshapes professional autonomy, and triggers normative conflicts in the health sector.

From a legal perspective, the trend toward centralization under Law 17/2023 generates specific and concrete legal problems. These include (1) conflicting norms between the new omnibus provisions and pre-existing regional regulations, creating legal uncertainty in local implementation; (2) overlapping authority between central health institutions and local governments, which may hinder coordinated decision-making; (3) reduced discretion of regional authorities to adapt health policies to local needs, potentially impacting responsiveness and equity; and (4) ambiguities in professional governance, particularly concerning the autonomy of health workers and medical associations in decision-making and standard-setting.

These issues underline that centralization is not merely a formal transfer of regulatory authority, but a phenomenon with direct normative, administrative, and operational consequences for health governance. The phenomenon of centralization of state authority in the Health Law raises fundamental questions from a legal policy perspective, particularly regarding the direction of state legal policy and its implications for the principles of the rule of law, division of authority, and the autonomy of the health profession. Experience with legal reform in other sectors shows that strengthening the role of the state through legislation often triggers debates about the limits of government authority, the legitimacy of policies, and public response (Al Idrus, 2022; Sainun et al., 2023). Therefore, changes in legal policy in the health sector cannot be separated from critical and systematic legal-political analysis, especially to assess the balance between policy effectiveness and power restrictions in a rule of law state.

Although Law No. 17 of 2023 has been the subject of extensive academic discourse, research specifically examining the legal politics of centralization of state authority in this law is still relatively limited. Most previous studies have emphasized sectoral issues, such as the right to health, social security, protection of medical personnel, or criminal and administrative aspects of health services, without explicitly placing the centralization of authority as the main focus of normative analysis (Ardiansah & Silm, 2020; Prayuti et al., 2025; Siburian, 2024; Thamrin, 2020). By explicitly foregrounding centralization as the research focus, this study differentiates itself from previous work and provides a clear and original contribution to the scholarship on health legal politics. Based on these conditions, this study offers novelty by analyzing Law Number 17 of 2023 concerning Health from a legal policy perspective, with a focus on the trend of centralization of state authority.

Through a normative legal approach, this study seeks to reveal the direction of legal policy adopted by the state in reforming the national health system and assess its compatibility with the principles of the rule of law, protection of human rights, and good governance. Thus, this study is expected to contribute academically to the development of health legal policy studies and serve as a normative reference in understanding the implications of the centralization of state authority in the health sector (Irawati, 2022; Sijabat & Widjaja, 2024).

## **2. Method**

This study employs a normative (doctrinal) legal research approach, which examines law as a system of norms embodied in legislation, legal principles, and legal doctrines. This approach is selected because the primary focus of the research is to analyze the political law underlying the centralization of state authority as reflected in Law Number 17 of 2023 concerning Health. Accordingly, the research is directed toward the examination of legal norms, regulatory structures, and state legal policy rather than toward social behavior or empirical implementation in practice. By using a normative approach, this study situates the law within the framework of *das sollen*, enabling an assessment of how the state formulates and directs its legal policy in governing the health sector. This approach is particularly relevant for

understanding the relationship between law and power in the context of public governance and state responsibility.

The research utilizes several complementary normative approaches, namely the statute approach, the conceptual approach, and the historical approach. The statute approach is employed to analyze the provisions of Law Number 17 of 2023 concerning Health, as well as other relevant regulations, in order to identify the structure, scope, and pattern of authority exercised by the state. Specifically, this study applies a selection criterion to identify “centralist” provisions in Law 17/2023, which are defined as articles that: (1) transfer authority from regional governments to the central government, (2) strengthen central guidance, oversight, or supervision of local health governance, and/or (3) standardize procedures, services, or professional requirements across regions. Only those provisions meeting one or more of these criteria are analyzed as indicators of centralization trends. The conceptual approach is used to examine key legal concepts such as political law, state authority, centralization of power, the rule of law, and legal accountability, based on the doctrines and views of legal scholars. Meanwhile, the historical approach is applied in a limited manner to trace the background, context, and rationale behind the formation of the Health Law, particularly in relation to broader reforms of the national health system and previous regulatory frameworks.

The legal materials used in this study consist of primary, secondary, and tertiary legal materials, all of which are collected through comprehensive library research. Primary legal materials include statutes and official regulations related to health governance, while secondary legal materials comprise scholarly books, journal articles, and academic commentaries on political law and health law. Tertiary legal materials, such as legal dictionaries and encyclopedias, are used to support conceptual clarity. The collected legal materials are analyzed qualitatively and normatively through legal reasoning, employing grammatical, systematic, and teleological methods of interpretation. Furthermore, the analysis emphasizes the identified “centralist” articles of Law 17/2023, examining how these provisions consolidate authority, limit regional discretion, and affect professional autonomy. This allows for a focused assessment of the law’s centralization tendencies and their compatibility with the principles of the rule of law, human rights protection, and good governance.

### **3. Analysis and Results**

The analysis and results section of this article is directed at examining the legal policy of centralizing state authority as embodied in Law Number 17 of 2023 concerning Health. This analysis is conducted using a normative legal approach by positioning the Health Law as a product of state legal policy that reflects deliberate choices made by the legislature and the government in responding to complex health governance challenges. Accordingly, the discussion does not merely describe the content of legal norms as written in the statute, but critically explores the underlying policy orientation, the rationale behind the formation of such norms, and the extent to which they represent a shift in the state’s role within the national health system. By situating the Health Law within the broader framework of political law, this analysis reveals how legal norms function as instruments of state authority, particularly in strengthening regulatory control, ensuring policy uniformity, and consolidating governance over strategic sectors related to public health.

Furthermore, the analysis explicitly examines how centralization affects the autonomy of health professionals, including impacts on professional standards, education, and disciplinary authority. Normatively, maintaining professional independence is essential to safeguard technical competence and ethical decision-making, even as the state exercises centralized control to achieve coordination and equity in health services.

Furthermore, the discussion framework is structured systematically to ensure analytical coherence and depth. It begins with a conceptual examination of political law as a theoretical foundation for understanding the relationship between law and power, followed by an analysis

of the historical and contextual development of health legal politics in Indonesia. This framework then culminates in a normative assessment of the centralization of state authority as reflected in the Health Law, focusing on its implications for the principles of the rule of law, the distribution of governmental authority, and health governance accountability.

Through this structured analysis, the findings demonstrate that while centralization is pursued as a legal policy aimed at improving effectiveness and coordination in the health sector, it simultaneously generates normative challenges related to checks and balances, professional autonomy, and legal certainty. Consequently, the analysis provides a comprehensive understanding of the direction of state legal policy and the legal consequences arising from these policy choices.

### **3.1. The Concept of Legal Politics in the Formation of Legislation**

Legal politics is a fundamental concept in normative legal studies used to explain the basic policies of the state in determining the direction, form, and substance of law. In this perspective, law is not understood as a neutral system of norms, but rather as a product of the political process institutionalized through legislation. A number of studies show that law formation is always influenced by the configuration of power and interests that are dominant at the time the law is formed (Adinda et al., 2024; Jatri et al., 2023).

Therefore, legal politics becomes an analytical instrument for reading the relationship between law and power. With this approach, law can be understood as a means to achieve state objectives. Legal politics thus places law in the context of public policy. In legal theory, legal politics is closely related to the concept of the rule of law (*rechtsstaat*), particularly regarding how state power is directed and limited through law. Legal politics serves as a bridge between the political will of the state and binding legal norms. Through legal politics, it can be assessed whether a law is formulated to protect the public interest or to strengthen the dominance of certain powers. Studies of legal politics in various sectors show that the law is often used as an instrument of state policy legitimization (Rohman, 2023; Satresna, 2023). Therefore, the analysis of legal politics is not only descriptive but also evaluative. This evaluation is important to assess the compatibility of legal policies with the principles of the rule of law.

As an analytical tool, legal politics allows researchers to uncover the hidden objectives and orientation of policies behind the formulation of legal norms. In the practice of lawmaking, legal politics is evident in the state's choice to expand or limit certain authorities. These choices are usually related to the state's strategic interests in managing certain sectors that are considered vital. This phenomenon can be seen in criminal law, family law, and even the management of national resources (Rohman, 2023; Satresna, 2023). Thus, legal politics serves as a tool for reading the direction of state legal policy. This approach also allows for a more critical analysis of legislation. In the context of Law No. 17 of 2023 on Health, legal politics becomes a relevant theoretical framework for understanding the strengthening of the state's role in the national health system. This law not only regulates the technical aspects of health services but also reflects the state's policy choices regarding the division of authority and control of the health sector. Using a legal politics approach, the state's objectives in reforming health law can be identified. This approach also allows for a normative assessment of the implications of these policies on the principle of the rule of law. Therefore, the concept of legal politics becomes the main basis for analyzing the Health Law.

### **3.2. The Direction of Health Law Policy in the Indonesian Legal System**

Health law policy in Indonesia is normatively rooted in the state's constitutional obligation to guarantee the fulfillment of the right to health as part of human rights. The state is positioned as the main responsible party in providing quality, safe, and equitable health services. Previous studies show that health law policy prior to the enactment of Law No. 17 of 2023 was largely directed at fulfilling the people's right to health through social security systems and patient protection policies (Ardiansah & Silm, 2020; Mardiansyah, 2020). This orientation affirms the

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role of the state as a welfare state in the field of health. Thus, health law is positioned as an instrument for fulfilling social welfare. Health law policy also reflects the state's responsibility for the basic rights of its citizens. In addition to being oriented towards fulfilling the right to health, health law policy in Indonesia is also influenced by the principle of decentralization of government. Decentralization gives local governments the authority to manage health services according to local needs. This principle is intended to improve the effectiveness and responsiveness of health policies.

However, research shows that decentralization in the health sector also faces various obstacles, such as regional capacity inequalities and disparities in the quality of health services (Thamrin, 2020). These conditions pose challenges in realizing equitable health services. Therefore, health decentralization is often seen as not yet fully effective. In subsequent developments, the dynamics of health law policy show a shift in policy direction. Law No. 17 of 2023 on Health serves as an umbrella regulation that consolidates various previous health regulations. This law strengthens the role of the central government in regulating, guiding, and supervising the health sector. The strengthening of the state's role shows a tendency toward centralization of authority as a legal policy choice. This shift reflects the state's response to the fragmentation of health policies at the regional level. Thus, the direction of health law policy has undergone a significant change.

In addition, this centralization has direct implications for professional autonomy. Key areas affected include professional standards, certification and education of health workers, and disciplinary mechanisms. Normatively, while the state has the legitimate responsibility to coordinate national health standards, professionals' technical and ethical independence must be preserved to ensure quality service and protect the integrity of the health profession (Al Idrus, 2022; Jatri et al., 2023). At the same time, the centralization responds to practical challenges in health governance, including uneven regional capacity, weak local coordination, and disparities in service quality. From this perspective, centralization is justified as a necessary measure to ensure national policy coherence and equitable health outcomes. The analysis carefully balances these practical needs against the normative imperative of professional autonomy, highlighting that centralization should be targeted and accompanied by safeguards for independent professional judgment.

### **3.3. Centralization of State Authority in Law Number 17 of 2023 concerning Health**

Law No. 17 of 2023 on Health shows a strong tendency towards centralization of state authority in the administration of the national health system. This is reflected in various provisions that give the central government a dominant role in the regulation, development, and supervision of the health sector. From a legal policy perspective, this centralization is a legal policy choice by the state to consolidate control over strategic sectors that are directly related to the public interest. A similar choice is also found in legal reforms in other sectors, where the state strengthens its central role through legislation (Satresna, 2023). Thus, the Health Law can be understood as a legal policy instrument that reinforces the state's position as the main actor in health governance.

The strengthening of central government authority in the Health Law is evident in the regulation of health human resources, health worker education, and health service standards. These norms normatively limit the discretion of local governments and professional organizations in determining sectoral policies. In legal policy studies, such restrictions are often understood as an effort by the state to reduce policy fragmentation and ensure regulatory uniformity (Al Idrus, 2022). However, these restrictions also have implications for the principle of decentralization, which has long been part of the Indonesian government system. Therefore, the centralization of authority in the Health Law needs to be critically analyzed.

Compared to previous health regulations, Law No. 17 of 2023 shows a shift in the legal policy paradigm. Previous regulations tended to give more space to local governments in managing health services. However, practical experience shows that health decentralization often faces

obstacles in the form of regional capacity inequalities and service quality disparities (Thamrin, 2020). These conditions provide a rational basis for the state to strengthen the role of the central government through the Health Law. Thus, the centralization of authority can be understood as a legal policy response to the problem of health policy implementation. Within the framework of legal theory, the centralization of state authority reflects the use of law as an instrument of power. However, the theory of the rule of law emphasizes that the strengthening of state authority must be accompanied by mechanisms of restriction and oversight. Without such mechanisms, centralization has the potential to give rise to a domination of power that is contrary to the principles of the rule of law. Therefore, analysis of the centralization of authority in the Health Law cannot be separated from a normative examination of the principle of power restrictions.

### **3.4. The Politics of Centralized Authority: Rationality and State Objectives**

From a legal policy perspective, the centralization of authority in Law No. 17 of 2023 can be understood as an effort by the state to improve the effectiveness of national health policies. The state views the fragmentation of authority between the central and regional governments as potentially hindering the achievement of health development goals. Therefore, strengthening the role of the central government has been chosen as a strategy to ensure uniformity in health service standards and policies. A similar approach is also seen in legal reforms in other sectors, where the state strengthens central control to achieve strategic objectives (Satresna, 2023). Thus, the centralization of authority is part of the rationality of state legal policy.

In addition to efficiency and policy effectiveness, this centralization has profound implications for the autonomy of health professionals, professional associations, and local governance structures. Key areas potentially affected include the formulation and enforcement of professional standards, the design and implementation of education and training programs, certification processes, and the exercise of disciplinary authority over practitioners (Rohman, 2023). The restriction or redirection of these responsibilities toward central authorities can inadvertently limit the capacity of professionals to exercise technical judgment, enforce ethical norms, and respond adaptively to emergent local health needs. Normatively, preserving professional independence is essential not only for maintaining the technical quality of health services and ethical integrity but also for safeguarding public trust, preventing conflicts of interest, and ensuring that policy implementation aligns with the specialized expertise of practitioners. Central oversight must therefore be complemented by mechanisms such as participatory rule-making, advisory professional councils, delegated decision-making for technical matters, and structured consultation processes that provide professionals with meaningful input in regulatory decisions.

Furthermore, centralization must contend with the heterogeneous nature of health service contexts across Indonesia. Regional disparities in infrastructure, workforce capacity, epidemiological profiles, and socio-cultural determinants of health create a complex governance landscape. Overly rigid, top-down mandates risk producing policies that are technically uniform but poorly adapted to local realities, potentially undermining service effectiveness and equity (Kurniawan, 2021; Rachmad & Tobing, 2022). To mitigate these risks, a nuanced centralization strategy is required, whereby the central government sets baseline standards, accountability frameworks, and minimum service requirements, while explicitly allowing local governments and professional bodies to adapt operational protocols, prioritize local interventions, and allocate resources in accordance with regional conditions. Such a calibrated approach ensures that centralization achieves coherence and equity without negating professional autonomy or reducing responsiveness to local populations.

At the same time, the rationale for centralization cannot be understood solely as a normative concern; it also addresses concrete governance challenges that have historically impeded health service delivery. Fragmented authority, weak inter-regional coordination, uneven professional capacities, and disparities in service quality have limited the ability of the state to fulfill the

right to health uniformly across its territories. By consolidating authority, the central government can harmonize policies, standardize qualifications and ethical norms, strengthen monitoring and supervision, and reduce regional inequities in health outcomes.

However, the normative evaluation of these efficiency gains requires careful balancing: excessive concentration of power may compromise the rule of law, erode institutional checks and balances, undermine local discretion, and diminish professional judgment. Therefore, centralization must be strategically targeted, conditional, and accompanied by safeguards that preserve professional independence, promote participatory governance, and ensure accountability. In this way, the policy achieves a dual objective: improving national coherence and equity in health service delivery while maintaining normative and ethical safeguards that respect professional autonomy and protect the public interest.

### **3.5. The Political Implications of Centralization on the Principle of the Rule of Law**

The centralization of state authority in the Health Law carries substantial implications for the principle of the rule of law, which fundamentally requires the limitation of power and a clear distribution of authority among state institutions. Within a rule of law framework, the exercise of governmental power must be regulated, controlled, and subject to legal constraints in order to prevent arbitrariness. The strengthening of the central government's role in health governance potentially alters the balance of authority that had previously been structured through decentralization. Such a shift raises normative concerns regarding the concentration of power at the central level, particularly when regional discretion is significantly reduced. Legal policy studies indicate that these shifts often generate tension between the pursuit of policy efficiency and the principle of power limitation that lies at the core of the rule of (Thamrin, 2020). Consequently, centralization must be examined carefully to ensure it does not undermine constitutional principles of governance.

Another critical implication of centralization is the potential reduction of autonomy for professional bodies, local health departments, and regional governments in managing health service (Al Idrus, 2022). For instance, local health offices may lose the discretion to adapt health service standards to the specific epidemiological, demographic, or cultural needs of their communities. Similarly, professional associations and councils may face constraints in establishing or enforcing certification, continuing education requirements, licensing standards, and ethical guidelines. Such limitations could affect the capacity of professionals to exercise technical judgment, respond flexibly to emergent health crises, or innovate in service delivery. Normatively, safeguarding professional autonomy is essential not only for the quality of health services but also for protecting ethical practices, fostering professional responsibility, and maintaining public trust in the health system. Centralization, therefore, must be complemented by legal mechanisms that formally enshrine participatory governance, institutional checks and balances, and channels for professional input into regulatory decisions. This could include advisory councils, joint committees between the central government and professional bodies, or legally mandated consultation processes before policy implementation.

Moreover, the potential loss of local discretion may create challenges in tailoring health interventions to local needs. Health outcomes can vary significantly across regions due to differences in infrastructure, population density, prevalence of diseases, and local socioeconomic conditions (Setiawan, 2020). Overly rigid central standards may inadvertently reduce the effectiveness of health policies in regions with unique circumstances. To address this, a conditional centralization strategy is needed, in which the central government provides clear standards and oversight while allowing structured flexibility for local adaptation. For example, central guidance could set minimum service requirements, quality benchmarks, and professional ethical standards, while regional authorities retain authority to adjust protocols, prioritize interventions, and allocate resources based on local conditions. This balance ensures that centralization does not undermine professional judgment or the responsiveness of local health systems.

At the same time, centralization is justified by practical administrative challenges that have historically hindered health governance. Fragmented policies, inconsistent service quality across regions, and uneven capacities among local governments can compromise the right to health if left uncoordinated. By consolidating authority, the state can enhance policy coherence, standardize service quality, improve coordination across sectors, and reduce disparities in access to health services. However, the normative evaluation of these efficiency gains requires careful attention to potential risks: excessive concentration of power may undermine the rule of law, erode institutional accountability, diminish professional independence, and weaken local participation. Therefore, a well-calibrated strategy is essential – one that balances the necessity of central coordination with mechanisms for oversight, professional input, and local discretion. Such a strategy ensures that centralization is not absolute but strategic, conditional, and aligned with both the principles of effective governance and the normative imperatives of professional autonomy and rights protection.

### **3.6. Evaluation of the Political Law on Centralization of Authority in the Perspective of Health Governance**

From a health governance perspective, the centralization of state authority may offer certain advantages, particularly in terms of policy coherence, regulatory uniformity, and stronger control over the quality and standards of health services. Through centralized authority, the state is positioned to formulate national policies that can be implemented consistently across regions, thereby reducing disparities in service delivery. This approach is often justified as a response to fragmented governance structures and uneven regional capacities in managing health systems. However, the effectiveness of a centralized governance model is highly contingent upon the existence of robust accountability, transparency, and oversight mechanisms. Without such mechanisms, centralized authority risks concentrating power in a manner that diminishes institutional checks and balances. Consequently, centralization may generate new governance challenges, including bureaucratic rigidity and reduced responsiveness to local health needs (Pramesuari, 2024).

A political law evaluation must also consider the impact on professional autonomy. Centralization can affect the ability of health professionals to set standards, conduct education, and enforce discipline independently. Normatively, professional autonomy should be preserved to ensure technical competence, ethical practices, and evidence-based decision-making, while allowing the state to exercise its central authority in areas of coordination, standardization, and public accountability. Mechanisms such as advisory boards, professional councils, and participatory decision-making can help balance these interests (Irawati, 2022; Widiastuti & Ropii, 2024). Finally, the strongest justification for centralization remains the uneven capacity among regions, historical coordination weaknesses, and the risk of fragmented service delivery.

The article weighs this fairly by acknowledging that centralization is necessary in targeted areas to maintain consistency, prevent disparities, and ensure national health objectives (Ardiansah & Silm, 2020). At the same time, it emphasizes that such centralization must be coupled with safeguards for professional autonomy, legal certainty, and participatory oversight. The evaluation concludes that centralization should be conditional, strategic, and balanced, integrating efficiency with normative and legal principles of the rule of law, human rights, and professional independence.

## **4. Conclusion**

Based on the results of the analysis, it can be concluded that Law Number 17 of 2023 concerning Health represents a deliberate product of state legal policy that embodies a clear direction toward the strengthening and centralization of state authority in the management of the national health system. This centralization is evident in legal provisions that expand the role of the central government in regulating, developing, and supervising the health sector, including

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the management of health human resources, service standards, and professional organizations. The Health Law signals a paradigm shift in Indonesian health legal policy, moving from a relatively decentralized model toward a more centralized approach. This shift is rationalized by the state as a strategy to improve effectiveness, policy consistency, and national standardization in health governance. At the same time, the centralization of authority raises important normative and operational considerations. From a rule-of-law perspective, the consolidation of power must be accompanied by clear accountability mechanisms to prevent arbitrariness and protect both public interest and professional autonomy. Operational accountability indicators that can be used to test the alignment of centralization with the rule of law include: the establishment of standard transparency requirements, formal objection or appeal mechanisms, regular policy audits, and effective judicial oversight over decisions and regulatory actions. These mechanisms serve to balance centralized authority with the principles of limitation of power, participatory governance, and protection of the right to health.

Finally, the analysis highlights several priority research agendas to strengthen understanding and oversight of health law centralization. Future research could focus on testing conflicts between regulatory norms, analyzing Constitutional Court or Supreme Court decisions related to the distribution of health authority, and conducting comparative studies of health governance in other countries to identify best practices and normative safeguards. Such research will provide empirical and doctrinal evidence to evaluate whether centralization achieves its intended policy objectives while remaining consistent with legal principles, good governance, and the protection of human rights. In conclusion, while Law No. 17 of 2023 strengthens state capacity in health governance, it also poses normative and operational challenges that must be continuously monitored and tested through clear accountability frameworks and targeted research agendas.

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