LAW OF THE REPUBLIC OF INDONESIA
NUMBER 17 OF 2023
ON
HEALTH

BY THE BLESSINGS OF ALMIGHTY GOD

PRESIDENT OF THE REPUBLIC OF INDONESIA,

Considering:

a. that the state guarantees the right of every citizen to attain a good, healthy and prosperous life, both physically and mentally, in order to achieve the national objectives of protecting the entire Indonesian nation and their homeland in improving public welfare as mandated by the 1945 Constitution of the Republic of Indonesia;
b. that the development of public health requires health measures, health resources, and health governance to improve the level of public health to the highest attainable standard based on the principles of prosperity, equity, non-discrimination, participation and sustainability for the purposes of developing high quality and productive human resources, reducing disparity, strengthening quality health services, enhancing health resilience, ensuring a healthy life, and improving the welfare of all citizens and the competitiveness of the nation in achieving the objectives of national development;
c. that as health problems and issues in communities will lower productivity and bring loss to the state, health transformation is necessary to improve the level of public health;
d. that the development of public health has increasingly become better and more transparent, so as to create independence and promote the development of the national health industry at regional and global levels as well as promote the improvement of safe, high quality and affordable health services for communities in order to improve the quality of life of the people;
e. that in order to increase health capacity and resilience, it is necessary to adjust various policies to strengthen the health system in an integrated and holistic manner under 1 (one) comprehensive law;
f. that based on the considerations as referred to in point a, point b, point c, point d and point e above, it is necessary to establish a Law on Health;

Observing : Article 20, Article 21, Article 28H section (1), and Article 34 section (3) of the 1945 Constitution of the Republic of Indonesia;

With the Joint Approval of
THE HOUSE OF REPRESENTATIVES
and
THE PRESIDENT OF THE REPUBLIC OF INDONESIA

HAS DECIDED:

To enact : LAW ON HEALTH.

CHAPTER I
GENERAL PROVISIONS

Article 1

In this Law:

1. Health means the good state of health of an individual in physical, mental and social respects, and not just the state of being merely free from disease, to enable him/her to live a productive life.
2. Health Measures mean all forms of activities and/or series of activities which are conducted in an integrated and continuous manner to maintain and improve the level of public health in promotive, preventive, curative, rehabilitative and/or palliative forms by the Central Government, Local Governments and/or communities.
3. Health Services mean all forms of activities and/or series of service activities which are provided directly to individuals or communities to maintain and improve the level of public Health in promotive, preventive, curative, rehabilitative, and/or palliative forms.
4. Health Resources mean all matters required for the undertaking of Health Measures, as carried out by the Central Government, Local Governments and/or communities.
5. Human Resources for Health mean individuals working actively in the field of Health, irrespective of whether they had formal education in Health and who, for certain types of work, require authority to conduct Health Measures.
6. Medical Professional means any individual dedicated to the field of Health who possesses professionalism, knowledge and skills through medical or dental professional education, and who requires authority to conduct Health Measures.
7. Health Professional means any individual dedicated to the field of Health who possesses professionalism, knowledge and skills through higher education and who, for certain types of work, requires authority to conduct Health Measures.
8. Health Care Facility means any place and/or tool used to undertake Health Services for individuals or communities using promotive, preventive, curative, rehabilitative and/or palliative approaches, as conducted by the Central Government, Local Governments and/or communities.

9. Community Health Center (*Pusat Kesehatan Masyarakat*), hereinafter referred to as Puskesmas, means any first/primary level Health Care Facility that undertakes and coordinates promotive, preventive, curative, rehabilitative and/or palliative Health Services by prioritizing promotive and preventive services in its working area.
10. Hospital means any Health Care Facility that undertakes complete individual Health Services through promotive, preventive, curative, rehabilitative and/or palliative Health Services by providing inpatient, outpatient and Emergency services.
11. Health Supplies mean all materials and equipment needed to undertake Health Measures.
12. Pharmaceutical Preparations mean Drugs, Drug substances and Natural Medicinal Products, including substances for Natural Medicial Products, cosmetics, health supplements and quasi -medicines.
13. Medical Device means any instrument, apparatus, machine, appliance, implant, *in vitro* reagent and calibrator, software as well as materials or other similar devices to be used for human beings for medical purposes and which does not achieve its primary through a pharmacological, immunological or metabolic process.
14. Household Health Supplies (*Perbekalan Kesehatan Rumah Tangga*), hereinafter abbreviated as PKRT, mean any tool, material and/or any mixture of materials for treatment and care purposes that have an impact on human Health and are intended for use in households and public facilities.
15. Drug means an ingredient or combination of ingredients, including Biological Products, which is used to influence or investigate the physiological system or state of pathology in order to establish diagnosis, prevention, healing, recovery, and improvement of Health and contraception, for humans.
16. Drug Substances mean any efficacious or non-efficacious substances used in Drug processing with standards and qualities as pharmaceutical substances/raw materials.
17. Natural Medicinal Product means materials, ingredients, or products originating from natural resources in the form of plants, animals, microorganisms, minerals, or other materials from natural resources, or a mixture of those material which have been used from generation to generation, or have been proven efficacious, safe, and of good quality, used for health care, health improvement, disease prevention, treatment, and/or health recovery based on empirical and/or scientific evidence.
18. Health Technology means all forms of tools, products, and/or methods which are aimed at aiding in confirming diagnosis, preventing, and addressing human Health problems.

19. Health Information System means any system that integrates various stages of processing, reporting and utilization of information, as required to improve the effectiveness and efficiency of administering Health as well as to direct useful actions or decisions in supporting Health development.
20. National Health Information System means a Health Information System managed by the ministry administering government affairs in the field of health which integrates and standardizes all Health Information Systems in supporting Health development.
21. Telehealth means the provision and facilitation of Health Services, including public Health, Health information services, and self-service, through telecommunication and digital communication technology.
22. Telemedicine means the provision and facilitation of clinical services through telecommunication and digital communication technology.
23. Patient means any person who obtains Health Services from Medical Professionals and/or Health Professionals.
24. Emergency means any clinical condition whereby Patients require immediate medical and/or psychological action/procedure for life saving and disability prevention.
25. Council means an institution that independently conducts duties to improve the quality of professional technical practice and competence of Medical Professionals and Health Professionals, and to provide legal protection and certainty to communities.
26. Collegium means a collection of experts from every discipline of Health which manages the branches of such disciplines and independently carries out its duties and functions as an organ of the Council.
27. Registration means official records of Medical Professionals and Health Professionals who already have competency certificates and/or professional certificates.
28. Registration Certificate (*Surat Tanda Registrasi*), hereinafter abbreviated as STR, means written evidence granted to registered Medical Professionals and Health Professionals.
29. Medical License (*Surat Izin Praktik*), hereinafter abbreviated as SIP, means written evidence granted to Medical Professionals and Health Professionals as a token of their authority to practice.
30. Epidemic of Communicable Disease, hereinafter referred to as Epidemic, means any increase in an Extraordinary Event of communicable disease that is characterized by a rapid increase and spread in the number of cases and/or deaths on a wide scale.
31. Epidemic Precautions mean a series of activities serving as a response to the possible occurrence of an Epidemic.
32. Extraordinary Event (*Kejadian Luar Biasa*), hereinafter abbreviated as KLB, means any increase in incident, morbidity, death, and/or disability due to any disease and Health problems that are epidemiologically significant in an area at a certain period of time.

33. State Entry Point, hereinafter referred to as Point of Entry, means any place of entry and exit for means of transportation, people and/or goods to and from abroad, whether in the form of seaports, airports or cross-border posts.
34. Health Quarantine Officer means any Medical Professional or Health Professional who has competence and authority in Health quarantine affairs to conduct supervision and actions to control disease and/or disease-causing risk factors on means of transportation, people, goods and/or the environment.
35. Affected Area means an area where epidemiologically a spread of disease and/or disease risk factors having the potential to cause an Epidemic has occurred.
36. Health Quarantine Document means a Health certificate that is owned by means of transportation, people and goods that meet national and international requirements.
37. Any Person means an individual, including a corporation.
38. Central Government means the President of the Republic of Indonesia who holds governmental authorities in the Republic of Indonesia as referred to in the 1945 Constitution of the Republic of Indonesia.
39. Minister means the minister administering government affairs in the field of health.
40. Local Government means a head of a region as an element of regional administration who leads the conducting of government affairs falling under the authorities of an autonomous region.
41. Village Government means a head of a village or such other names who is assisted by village officials and is an element of village administration.

Article 2

This Law is undertaken based on the following principles of:

a. humanity;
b. balance;
c. benefit;
d. science;
e. equity;
f. ethics and professionality;
g. protection and safety;
h. respect of rights and obligations;
i. justice;
j. non-discrimination;
k. considerations of morals and religious values;
l. participation;
m. public interest;
n. integration;
o. legal awareness;
p. sovereignty;
q. environmental sustainability;
r. cultural wisdom; and
s. order and legal certainty.

Article 3

The undertaking of Health has the following objectives:

a. to promote a healthy lifestyle;
b. to improve access to and the quality of Health Services and Health Resources;
c. to improve the effective and efficient management of human resources;
d. to fulfill the community's need for Health Services;
e. to enhance Health resilience in facing any KLB or Epidemic;
f. to guarantee the availability of continuous and equitable Health Funding which is managed transparently, effectively, and efficiently;
g. to realize the development and utilization of sustainable Health Technology; and
h. to provide legal protection and certainty to Patients, Human Resources for Health, and communities.

CHAPTER II
RIGHTS AND OBLIGATIONS

Part One
Rights

Article 4

(1) Any Person has the right:
    a. to lead a physically, mentally, and socially healthy life;
    b. to obtain balanced and accountable information and education on Health;
    c. to obtain safe, high quality, and affordable Health Services in order to realize the highest level of Health;
    d. to obtain Health care in accordance with the standards of Health Services;
    e. to obtain access to Health Resources;
    f. to determine by themselves the Health Services required in an independent and accountable manner;
    g. to a healthy environment to achieve a high level of Health;
    h. to accept or reject parts or entire acts of aid to be provided to them upon fully receiving and understanding information on such acts;
    i. to confidentiality of their personal Health data and information;
    j. to obtain information on their Health data, including acts and treatments which have been or will be received from Medical Professionals and/or Health Professionals; and
    k. to acquire protection from Health risks.

(2) The independent right as referred to in section (1) point f is excluded for Health Services which are required during an Emergency condition and/or the control of KLB or Epidemic.

(3) The right as referred to in section (1) point h does not apply to:
   a. any individual whose disease may quickly spread to the public at large;
   b. the control of KLB or Epidemic;
   c. any individual who is unconscious or is in an Emergency condition; and
   d. any individual suffering from serious mental illness who is deemed incapable of making decisions, does not have any companions, and is in an emergency condition.

(4) The confidentiality of personal Health data and information as referred to in section (1) point i does not apply in the following events:
   a. the fulfilling of any request from law enforcement officials for law enforcement purposes;
   b. the control of KLB, Epidemic, or disaster;
   c. education and research purposes in a limited manner;
   d. protective measures against any danger threatening the safety of others, either individuals or communities;
   e. for the purposes of Health maintenance, treatment, healing, and care of Patients;
   f. the requests of the Patients themselves;
   g. for the purposes of administration, insurance payments or Health financing security; and/or
   h. such other purposes as regulated under the laws and regulations.

(5) The rights as referred to in section (1) are conducted in accordance with the laws and regulations.

Part Two
Obligations

Article 5

(1) Any Person is required:
   a. to realize, maintain, and improve public Health to the highest level possible;
   b. to maintain and improve the level of Health of other people forming part of their responsibility;
   c. to respect the rights of others in efforts of creating a healthy environment;
   d. to apply a healthy lifestyle and respect the Health rights of others;
   e. to comply with activities for the control of any KLB or Epidemic; and
   f. to participate in the health security program within the national social security system.

(2) The conducting of the obligations as referred to in section (1) point a covers:
   a. individual Health Measures;
   b. community Health Measures; and
   c. Health-oriented development.

(3) The obligation to participate in a health security program as referred to in section (1) point f is conducted in accordance with the laws and regulations.

CHAPTER III
RESPONSIBILITIES OF THE CENTRAL GOVERNMENT AND LOCAL GOVERNMENTS

Article 6

(2) The Central Government and Local Governments are responsible for planning, arranging, undertaking, guiding, and supervising the undertaking of high quality, safe, efficient, and evenly distributed Health Measures which are affordable/accessible to communities.
(3) The responsibilities as referred to in section (1) are conducted in accordance with the the provisions of legislation.

Article 7

(1) The Central Government and Local Governments are responsible for improving and developing Health Measures for the purpose of improving access to, and quality of, Health Services.
(2) The improving and developing of Health Measures as referred to in section (1) are carried out based on research and review.
(3) The research and review as referred to in section (2) are conducted in accordance with the provisions of legislation.

Article 8

The Central Government and Local Governments are responsible for undertaking KLB or Epidemic precautionary activities, KLB or Epidemic control, and post-KLB or Epidemic activities.

Article 9

The Central Government and Local Governments are responsible for the availability of a healthy environment for communities.

Article 10

(1) The Central Government and Local Governments are responsible for the availability of equitable and evenly distributed Health Resources for all communities.
(2) In order to guarantee the availability of Health Resources as referred to in section (1), the Central Government and/or Local Governments, in accordance with their respective authorities, may grant fiscal incentives and/or non-fiscal incentives based on the provisions of legislation.

Article 11

The Central Government and Local Governments are responsible for the availability of and access to Health Service Facilities as well as information and education on Health.

Article 12

The Central Government and Local Governments are responsible for:

a. arranging, guiding, supervising, and improving the quality and competence of Medical Professionals and Health Professionals;
b. planning, procuring, and empowering Medical Professionals and Health Professionals in accordance with the needs of communities and their areas based on the provisions of legislation;
c. the welfare of Medical Professionals and Health Professionals; and
d. the protection of Patients and Human Resources for Health.

Article 13

Local Governments are responsible for the planning, fulfilling, empowering, and welfare of health supporting or assistance personnel in accordance with the needs of communities and their areas.

Article 14

The Central Government and Local Governments are responsible for empowering and encouraging the participation of communities in the undertaking of Health Measures.

Article 15

In undertaking their responsibilities, Local Governments may stipulate regional policies and are required to refer to the norms, standards, procedures and criteria for Health development as stipulated by the Central Government.

Article 16

For the purpose of supporting the fostering, supervision, and improvement of quality and competence of Medical Professionals and Health Professionals as referred to in Article 12 point a, the Central Government is assisted by the Council and/or the Collegium.

CHAPTER IV
ADMINISTRATION OF HEALTH

Article 17

1. The administration of Health consists of:
   a. Health Measures;
   b. Health Resources; and
   c. Health management.
2. Health Measures as referred to in section (1) point a are aimed at realizing the highest possible level of Health for communities, in the form of individual Health Measures and public Health Measures.
3. Health Resources as referred to in section (1) point b are utilized to support the administration of Health Measures.
4. Health management as referred to in section (1) point c is carried out on Health Measures and Health Resources.

Article 18

(1) Individual Health Measures as referred to in Article 17 section (2) constitute promotive, preventive, curative, rehabilitative, and/or palliative Health Measures which only have an impact on individuals.
(2) Public Health Measures as referred to in Article 17 section (2) constitute promotive, preventive, curative, rehabilitative, and/or palliative Health Measures which have an impact on public.

Article 19

(1) The Central Government and Local Governments are responsible for the administration of individual Health Measures and public Health Measures.
(2) In administering the responsibilities as referred to in section (1), the Central Government carries out:
    a. national strategic planning;
    b. the stipulation of national policies;
    c. coordination on national programs;
    d. the management of Health Service referral systems;
    e. the stipulation of Health Service standards;
    f. the administration of registration and accreditation of Health Service Facilities;
    g. research and development on Health;
    h. the management and distribution of Health Resources; and
    i. the issuance of business licenses to Health Service Facilities in accordance with the provisions of legislation.
(3) In administering the responsibilities as referred to in section (1), Local Governments carry out:
    a. the stipulation of regional policies based on national policies;
    b. the planning, management, monitoring, supervision, and evaluation of programs;
    c. the management of Health Service referral systems at the regional level;
    d. research and development on Health;
    e. the management and distribution of Health Resources; and
    f. the issuance of business licenses to Health Service Facilities in accordance with the provisions of legislation.

Article 20

Health Resources as referred to in Article 17 section (3) cover:
a. Health Service Facilities;
b. Human Resources for Health;
c. Health Supplies;
d. Health Information Systems;
e. Health Technology;
f. Health funding; and
g. other necessary resources.

Article 21

(1) Health management as referred to in Article 17 section (4) is administered by the Central Government, Local Governments, and Village Governments in an integrated and mutually-supportive manner to guarantee that the highest level of Health is achieved.
(2) Health management as referred to in section (1) is carried out in stages at the central and regional levels in a national health system.
(3) Further provisions regarding Health management as referred to in section (2) are regulated in a Presidential Regulation.

CHAPTER V
HEALTH MEASURES

Part One
General

Article 22

(1) The administration of Health Measures covers:
    a. maternal, infant and child, adolescent, adult and elderly Health;
    b. Health of persons with disabilities;
    c. reproductive Health;
    d. family planning;
    e. nutrition;
    f. dental and oral Health;
    g. vision and hearing Health;
    h. mental Health;
    i. control of communicable diseases and control of non-communicable diseases;
    j. family Health;
    k. school Health;
    l. occupational Health;
    m. sports Health;
    n. environmental Health;
    o. migration and displacement Health in a changing environment (matra Health);
    p. disaster Health;
    q. blood services;
    r. organ and/or tissue transplantation, cell and/or stem cell-based therapy, as well as reconstructive and aesthetic plastic surgery;
    s. safety and use of Pharmaceutical Preparations, Medical Devices, and PKRT;
    t. safety of food and beverages;
    u. safety of addictive substances;
    v. medical services for legal purposes;
    w. traditional Health Services; and
    x. other Health Measures.
(2) Other Health Measures as referred to in section (1) point x are stipulated by the Minister in accordance with progress and needs of Health development.

Article 23

(1) The administration of Health Measures is conducted in an accountable, safe, high quality, evenly distributed, non-discriminatory, and fair manner.
(2) The administration of Health Measures must observe social functions, sociocultural values, morals, and ethics.

Article 24

(1) The administration of Health Measures is implemented in accordance with Health Service standards.
(2) Provisions regarding Health Service standards as referred to in section (1) are regulated in a Government Regulation.

Article 25

(1) The administration of Health Measures in the form of Health Services may utilize information and communication technologies.
(2) Utilization of information and communication technologies as referred to in section (1) may be conducted through Telehealth and Telemedicine which are integrated with the National Health Information System.
(3) Telehealth as referred to in section (2) consists of the provision of clinical services and non-clinical services.
(4) The provision of clinical services as referred to in section (3) is carried out through Telemedicine.
(5) Further provisions regarding the undertaking of Health Measures utilizing information and communication technology are regulated in a Government Regulation.

Article 26

Health Measures in the form of services are undertaken through:
a. primary Health Services; and
b. advanced Health Services.

Article 27

Primary Health Services and advanced Health Services are undertaken based on policies stipulated by the Central Government, with due observance of inputs from Local Governments and/or public.

Article 28

(1) The Central Government and Local Governments are obligated to provide access to primary Health Services and advanced Health Services throughout the territory of Indonesia.
(2) The obligation as referred to in section (1) is prioritized by optimizing the role of Local Governments.
(3) The provision of access to primary Health Services and advanced Health Services as referred to in section (1) may involve public.
(4) The provision of access to primary Health Services and advanced Health Services as referred to in section (1) covers vulnerable communities and is inclusive and non-discriminatory.

(5) The provision of access to primary Health Services and advanced Health Services as referred to in section (1) is carried out through:
   a. the development of facilities and infrastructures of first level Health Service Facilities and advanced level Health Service Facilities;
   b. the fulfillment of needs for human resources, Pharmaceutical Preparations, and Medical Devices; and
   c. the improvement of capacity and scope of services of Health Service Facilities.

Article 29

(1) Public may participate in the development of first level Health Service Facilities and advanced level Health Service Facilities.
(2) The development of first level Health Service Facilities and advanced level Health Service Facilities as referred to in section (1) includes the fulfillment of human resources, facilities, infrastructures, and Medical Devices.
(3) The development of first level Health Service Facilities and advanced level Health Service Facilities as referred to in section (1) must take into account the need for Health Services in remote areas, border areas, and archipelago, including the need for education infrastructures.
(4) The Central Government and/or Local Governments may assist in the fulfillment of human resources for the development of first level Health Service Facilities and advanced level Health Service Facilities in the regions as referred to in section (3).

Part Two
Primary Health Services

Article 30

The Central Government, Local Governments, and Village Governments are responsible for the administration and guidance of primary Health Services.

Article 31

(1) Primary Health Services administer individual Health Measures and public Health Measures.
(2) Primary Health Services as referred to in section (1) constitute Health Services that are closest to communities as their first point of contact.
(3) Primary Health Services as referred to in section (1) are administered in an integrated manner with the following objectives:
   a. fulfillment of Health needs in every life phase;
   b. improvement of Health determinants or factors that affect Health, which consist of social, economic, commercial and environmental determinants; and
   c. strengthening of individual, family, and public Health.

(4) Integrated primary Health Services as referred to in section (3) cover promotive, preventive, curative, rehabilitative, and/or palliative services for every life phase.
(5) Preventive services as referred to in section (4) are carried out to prevent disease, including screening and surveillance.
(6) Primary Health Services as referred to in section (3) strategically prioritize main/essential Health Services which are intended for individuals, families, and communities based on risk factors.
(7) The improvement of Health determinants or factors that affect Health as referred to in section (3) point b involves the relevant parties through the preparation of cross-sectoral policies and actions.
(8) The strengthening of individual, family and public Health as referred to in section (3) point c is aimed at optimizing the status of Health and strengthening their role as partners in Health developments and providers of care for both themselves and other people.
(9) The strengthening of individual, family and public Health as referred to in section (8) provides services which are centered on individuals, focused on families, and are community-oriented in accordance with their sociocultural backgrounds.

Article 32

(1) Primary Health Services are administered through a network system of Health Services which are coordinated and collaborative
(2) A Puskesmas coordinates the network system of primary Health Services in its working area.
(3) The network system of Health Services as referred to in section (1) is designed to reach entire public through:
    a. network structure based on administrative area;
    b. network structure based on educational unit;
    c. network structure based on workplace;
    d. network structure of referral systems; and
    e. cross-sectoral network structure.
(4) Network structure based on administrative area as referred to in section (3) point a ensures the availability of Health Services for entire public by guaranteeing the availability of Health Services to the rural village/urban village level, which cover:
    a. first level Health Service Facilities and supporting Health Service Facilities, whether they are owned by the Central Government, Local Governments or communities;
    b. Health Service units at the rural village/urban village level; and
    c. Health Measures based on community resources, within the working area of a Puskesmas.
(5) Health Service units at the rural village/urban village level as referred to in section (4) point b coordinate Health affairs in rural villages/urban villages, including the provision of Health Services and community participation.

(6) Health Service units at the rural villages/urban villages level as referred to in section (5) are at a minimum run by Health cadres assigned by rural villages/urban villages and Health Professionals.
(7) Network structure based on educational unit as referred to in section (3) point b covers all educational units within the working area of a Puskesmas.
(8) Network structure based on workplace as referred to in section (3) point c covers all workplaces within the working area of a Puskesmas.
(9) Network structure of referral systems as referred to in section (3) point d is carried out through vertical, horizontal, and back referrals.
(10) Cross-sectoral network structure as referred to in section (3) point e covers government networks at the subdistrict, rural villages/urban villages , hamlet, neighborhood block (*rukun warga*) and neighborhood ward (*rukun tetangga*) levels, as well as networks of Health partners to overcome Health determinants.
(11) Primary Health Services are supported by data interconnections in their network systems which are integrated with the National Health Information System.

Article 33

(1) The administration of primary Health Services is supported by Health laboratories.
(2) Health laboratories as referred to in section (1) cover medical laboratories, Public Health laboratories, and other laboratories as stipulated by the Minister.
(3) Public Health laboratories as referred to in section (2) are arranged in stages.
(4) The Central Government and Local Governments are responsible for providing and running Public Health laboratories.
(5) Further provisions regarding Health laboratories are regulated in a Government Regulation.

Article 34

(1) The Central Government, Local Governments, and Village Governments are responsible for the independency of Health Measures.
(2) For the purpose of independency as referred to in section (1), the Central Government, Local Governments, and Village Governments encourage the establishment of Health Measures based on community resources.

Article 35

(1) Health Measures based on community resources constitute the infrastructure for community empowerment in the field of Health as established based on public needs, and which is managed by, from, for and with communities, and may be facilitated by the Central Government, Local Governments and/or Village Governments by involving other relevant sectors.
(2) Health Measures based on community resources may be in the form of integrated service posts.

(3) Integrated service posts as referred to in section (2) may administer basic social services, including in the field of Health.
(4) Integrated service posts as referred to in section (2) are run by cadres and/or communities.
(5) For the purpose of basic social services in the field of Health at integrated service posts, technical guidance and upgrades of cadre capacity are carried out by Health units at rural villages/urban villages and Puskesmas.
(6) In administering basic social services in the field of Health at integrated service posts, the Central Government, Local Governments or Village Governments provide incentives to cadres.
(7) The Central Government, Local Governments, and Village Governments are responsible for the administration of integrated service posts.

Article 36

Further provisions regarding primary Health Services are regulated in a Government Regulation.

Part Three
Advanced Health Services

Article 37

(1) Advanced Health Services constitute specialist and/or sub-specialist services which prioritize curative, rehabilitative, and palliative services without disregarding promotive and preventive services.
(2) Advanced Health Services as referred to in section (1) are administered by Medical Professionals and Health Professionals in accordance with their competence and authority at Health Care Facilities of the advanced level.
(3) Advanced Health Services as referred to in section (1) are funded by recipients of Health Services or through Health security within the national social security system and/or commercial insurance.

Article 38

(1) In the development of advanced Health Services, the Central Government, Local Governments, and communities may develop national prime service centers with international standards.
(2) The development of national prime service centers as referred to in section (1) is intended to fulfill the needs for Health Services and to face regional and global competition.

Article 39

(1) Primary Health Services and Advanced Health Services as referred to in Article 26 are administered in a sustainable manner through a referral system of individual Health Services.

(2) The referral system of individual Health Services as referred to in section (1) is carried out based on the medical needs of Patients and the service capacities of every Health Service Facility.
(3) The referral system of individual Health Services covers vertical, horizontal, and back referrals.
(4) The referral system of individual Health Services is supported by information and communication technologies which are integrated with the National Health Information System.
(5) Information and communication technologies as referred to in section (4) contain up-to-date data and information on the service capacity of every Health Service Facility which is integrated into the referral system.
(6) In addition to containing up-to-date data and information on the service capacity of every Health Service Facility as referred to in section (5), information and communication technologies as referred to in section (4) are utilized in the process of transfer of medical data and information of the Patients required for the referral process.
(7) Further provisions regarding the referral system of individual Health Services are regulated in a Ministerial Regulation.

Part Four
Maternal, Infant and Child, Adolescent, Adult and Elderly Health

Paragraph 1
Maternal Health

Article 40
(1) Maternal Health Measures are aimed at the giving birth of healthy, smart and high-quality children and reducing the maternal mortality rate.
(2) Maternal Health Measures as referred to in section (1) are carried out during the periods of pre-pregnancy, pregnancy, childbirth, and post-natal.
(3) Every mother is entitled to access to Health Service Facilities and Health Services which adhere to standards, and are safe, high quality and affordable.
(4) The Central Government and Local Governments are responsible for providing maternal Health Services which adhere to standards, and are safe, high quality and affordable.
(5) Maternal Health Measures constitute the joint responsibility and obligation of families, communities, Local Governments, and the Central Government.
(6) Further provisions regarding Maternal Health Measures are regulated in a Government Regulation.

Paragraph 2
Infant and Child Health
Article 41

(1) Infant and child Health Measures are aimed at ensuring that infants and children grow up and develop in a healthy, smart and excellent manner and at reducing infant and child morbidity, mortality and disability rates.
(2) Infant and child Health Measures are carried out since before they are born, during childbirth, after childbirth, up until they reach 18 (eighteen) years of age.
(3) Infant and child Health Measures as referred to in section (2) include newborn screening and other health screenings.
(4) The Central Government, Local Governments, families, and communities are responsible for the administration of infant and child Health Measures which adhere to standards, are safe, high quality, and affordable/accessible.

Article 42

(1) All infants are entitled to exclusive breast milk since the day they are born up until they reach 6 (six) months of age, except for medical indications
(2) The provision of breast milk is continued until an infant reaches 2 (two) years of age, along with weaning food.
(3) During the provision of breast milk, families, the Central Government, Local Governments, and communities are required to fully support the mothers of infants by providing time and special facilities.
(4) The special facilities as referred to in section (3) are provided in workplaces and public places/facilities.

Article 43

(1) The Central Government and Local Governments are responsible for stipulating policies and carrying out supervision for ensuring the right of infants to obtain exclusive breast milk.
(2) Further provisions on exclusive breast milk as referred to in section (1) are regulated in a Government Regulation.

Article 44

(1) The Central Government and Local Governments are responsible for providing complete immunizations for every infant and child.
(2) Every infant and child is entitled to immunization to provide protection against any vaccine-preventable diseases.
(3) Families, the Central Government, Local Governments, and communities must support the immunization of infants and children.
(4) Further provisions regarding immunization and types of immunization are regulated in a Ministerial Regulation.

Article 45

The Central Government and Local Governments must guarantee that every child born obtains Health Services which adhere to standards so that they can live, grow, and develop optimally.

Article 46

(1) Every infant and child are entitled to be protected and spared from all forms of discrimination and violence which can disturb infant and child Health.
(2) The Central Government and Local Governments are required to guarantee the administration of protection of infants and children as referred to in section (1) and to provide Health Services in accordance with needs.

Article 47

(1) The Central Government stipulates the standards and/or criteria of infant and child Health.
(2) The standards and/or criteria as referred to in section (1) are administered in accordance with moral considerations and sociocultural values, and are based on the provisions of legislation.

Article 48

(1) The Central Government and Local Governments are responsible for providing playgrounds and other facilities necessary for children to play, which will allow them to grow and develop optimally and be able to socialize healthily.
(2) Playgrounds and other facilities necessary as referred to in section (1) are to be completed with facilities to protect against Health risks so as not to harm the children's Health.

Article 49

Further provisions regarding infant and child Health Measures are regulated in a Government Regulation.

Paragraph 3
Adolescent Health

Article 50

(1) Adolescent Health Measures are aimed at preparing adolescents to become healthy, smart, high quality, and productive adults.
(2) Adolescent Health Measures are carried out during adolescence.
(3) Every adolescent is entitled to access to Health Care Facilities and Health Services which adhere to standards, are safe, high quality and affordable/accessible.
(4) Adolescent Health Measures as referred to in section (1) include Health screening, adolescent reproductive Health, and adolescent mental Health.
(5) The Central Government, Local Governments, families, and communities are responsible for the undertaking of adolescent Health Measures which adhere to standards, are safe, high quality and affordable.
(6) Further provisions regarding adolescent Health Measures are regulated in a Government Regulation.

Paragraph 4
Adult Health

Article 51

(1) Adult Health Measures are aimed to keep someone's life healthy and productive.
(2) Every adult is entitled to access to Health Service Facilities and Health Services which adhere to standards and are safe, high quality and affordable.
(3) Health Services as referred to in section (2) include reproductive Health Services and periodic screening for the early detection of disease.
(4) The Central Government, Local Governments, families, and communities are responsible for the undertaking of adult Health Measures which adhere to standards and are safe, high-quality and affordable.
(5) Further provisions regarding adult Health Measures are regulated in a Government Regulation.

Paragraph 5
Elderly Health

Article 52

(1) Elderly Health Measures are aimed to keep the elderly's life healthy, high quality, and productive in accordance with human dignity.
(2) Elderly Health Measures are carried out since an individual reaches 60 (sixty) years of age or any other ages as stipulated in accordance with the provisions of legislation.
(3) Every elderly is entitled to access to Health Service Facilities and Health Services which adhere to standards and are safe, high quality and affordable.
(4) The Central Government, Local Governments, families, and communities are responsible for the undertaking of elderly Health Measures which adhere to standards and are safe, high quality and affordable.
(5) Further provisions regarding elderly Health Measures are regulated in a Government Regulation

Part Five
Health of Persons with Disability

Article 53

(1) Health Measures for persons with disability are aimed to keep persons' with disability life healthy, productive, and dignified.
(2) Health Measures for persons with disability are carried out throughout their lifetime.
(3) Every persons with disability is entitled to access to Health Service Facilities and Health Services which adhere to standards and are safe, high quality and affordable.
(4) The Central Government, Local Governments, families, and communities are responsible for ensuring that people with disability have equal rights as citizens.

(5) Health Measures for persons with disability as referred to in section (1) are carried out by the Central Government, Local Governments, and/or communities.
(6) Further provisions regarding Health Measures for persons with disability are regulated in a Government Regulation.

Part Six
Reproductive Health

Article 54

(1) Reproductive Health Measures are aimed at maintaining and improving the reproductive systems, functions, and processes of men and women.
(2) Reproductive Health Measures as referred to in section (1) cover:
    a. pre-pregnancy, pregnancy, childbirth, and post-natal periods;
    b. pregnancy arrangement, contraceptive services, and sexual Health; and
    c. reproductive system Health.

Article 55

Any Person is entitled:
a. to live a healthy and safe reproduction and sexual life which is free from discrimination, coercion and/or violence, by respecting core values that do not degrade human dignity in accordance with religious norms;
b. to obtain correct and accountable information, education, and counseling on Reproductive Health; and
c. to receive Health services and recovery due to sexual violence.

Article 56

The Central Government, Local Governments, and communities are responsible for the undertaking of reproductive Health Measures which adhere to standards and are safe, high quality and affordable.

Article 57

(1) Every reproductive Health Service, including assisted reproduction, is carried out in a safe and high quality manner with due observance of special aspects, specifically in female reproduction.
(2) Reproductive Health Services as referred to in section (1) are carried out in a manner not contrary to religious values and the provisions of legislation.

Article 58

Assisted reproduction may only be carried out by lawfully married couples with the following provisions:
a. the results of fertilization of sperms and ovum of the relevant married couple are put into the uterus of the wife from whom the ovum are originated;
b. it is carried out by Medical Professionals with expertise and authority; and
c. it is carried out at certain Health Service Facilities.

Article 59

Further provisions regarding reproductive Health Measures as referred to in Article 54 to Article 58 are regulated in a Government Regulation.

Article 60

(1) Any Person is prohibited from carrying out abortions, except for those with permitted criteria in accordance with the provisions of the criminal code.
(2) Abortions with the permitted criteria as referred to in section (1) may only be carried out:
    a. by Medical Professionals who are assisted by Health Professionals having competence and authority;
    b. at Health Service Facilities which meet the requirements as determined by the Minister; and
    c. with consents of the relevant pregnant women and consents of their husbands, except for rape victims.

Article 61

The Central Government, Local Governments, and communities are responsible for protecting and preventing women from unsafe abortions which are contrary to the provisions of legislation.

Article 62

Further provisions regarding the abortion as referred to in Article 60 and Article 61 are regulated in a Government Regulation.

Part Seven
Family Planning Health

Article 63

(1) Family planning Health Measures are aimed at arranging pregnancies, establishing healthy, smart and high quality generations, and lowering the mother and infant mortality rate.
(2) Family planning Health Measures as referred to in section (1) are carried out during the reproductive age.
(3) Any Person is entitled to access to family planning services.
(4) The Central Government, Local Governments, and communities are responsible for the undertaking of family planning which adheres to standards and is safe, high quality and affordable.
(5) Family planning services are conducted in accordance with the provisions of legislation.

Part Eight
Nutrition

Article 64

(1) Nutrition fulfillment measures are aimed at improving the nutrition quality of individuals and communities.
(2) The improvement of nutrition quality as referred to in section (1) is carried out through:

a. improvements in food consumption patterns which are varied, of balanced nutrition, and safe;
b. improvements of access to and quality of nutrition services which are in accordance with advancements in science and technology; and
c. improvements of early warning alerts and response systems against food and nutrition scarcity.

(3) The Central Government and Local Governments are responsible for the even and affordable availability of foodstuff in accordance with the provisions of legislation.
(4) The Central Government and Local Governments are responsible for ensuring that the foodstuff fulfill nutrition quality standards in accordance with the provisions of legislation.
(5) The provision of foodstuff which fulfill nutrition quality standards is carried out on a cross-sectoral and inter-provincial, inter-regency, or inter-city basis.

Article 65

(1) Nutrition fulfillment measures are carried out throughout an entire life cycle, namely from pregnancy until old age.
(2) The nutrition fulfillment measures as referred to in section (1) are carried out by providing special attention to:
a. pregnant and breastfeeding women;
b. infants and toddlers; and
c. female teenagers.
(3) For the purpose of nutrition fulfillment measures as referred to in section (1), the Central Government determines recommended dietary allowance standards and nutrition service standards.
(4) The Central Government, Local Governments, and communities are responsible for the fulfillment of nutrition of poor families and in emergency situations in accordance with the provisions of legislation.
(5) The Central Government and Local Governments are responsible for the correct education and information on nutrition to communities.
(6) The Central Government, Local Governments, families, and communities carry out joint measures to achieve good nutrition status.

Article 66

(1) Nutrition improvement measures are carried out through nutrition surveillance, nutrition education, nutrition management, and nutrition supplementation.
(2) Nutrition surveillance as referred to in section (1) constitutes systematic and continuous analysis activities on nutrition problems and indicators of nutrition development so as to be able to carry out the effective and efficient response and handling of nutrition problems.
(3) Nutrition education as referred to in section (1) is conducted through communication, information, and education for the purpose of applying balanced nutrition behavior.

(4) Nutrition management as referred to in section (1) constitutes a series of acts which is aimed at making improvements on or recovery from growth faltering, underweight condition, malnutrition, marasmus, stunting, overnutrition, and micronutrient deficiency as well as nutrition problems due to disease.
(5) Nutrition supplementation as referred to in section (1) is aimed at fulfilling nutrition sufficiency of communities with priorities granted to infants and toddlers, school students, female teenagers, pregnant women, post-pregnancy women, breastfeeding women, and female workers.

Article 67

(1) For the purpose of integrated and accelerated nutrition fulfillment, the Central Government and Local Governments are responsible for carrying out intervention for nutrition fulfillment and improvements.
(2) The intervention as referred to in section (1) is carried out through coordination, synergy, and synchronization between ministries/agencies, Local Governments, Village Governments, and stakeholders.

Article 68

The Central Government and Local Governments are responsible for improving public knowledge and awareness on the importance of nutrition and its impact on nutrition status improvements.

Article 69

Further provisions regarding nutrition are regulated in a Government Regulation.

Part Nine
Dental and Oral Health

Article 70

(1) Dental and oral Health Services are carried out to maintain and improve the level of community Health.
(2) Dental and oral Health Services as referred to in section (1) are carried out in the form of improvements of dental Health, prevention of dental diseases, Health treatment of dental diseases, and recovery of dental Health.
(3) Dental and oral Health Services as referred to in section (1) are conducted by the Central Government, Local Governments, and/or communities.
(4) Dental and oral Health Services as referred to in section (1) are conducted through dental and oral Health Service units and/or school Medical rooms.

Part Ten
Vision and Hearing Health

Article 71

(1) Vision and hearing Health Measures are aimed at improving the level of vision and hearing Health of communities and lowering the disability rate.

(2) The Central Government, Local Governments, and communities are responsible for the undertaking of vision and hearing Health Measures which adhere to standards and are safe, high quality and affordable.
(3) Vision and hearing Health Measures as referred to in section (1) may be carried out through community empowerment.

Article 72

(1) Vision and hearing Health Measures are undertaken in an integrated, comprehensive, effective, efficient, and sustainable manner.
(2) In the undertaking of vision and hearing Health Measures as referred to in section (1), the Central Government and Local Governments may determine certain vision and hearing issues as national or regional priorities.

Article 73

Further provisions regarding vision and hearing Health Measures are regulated in a Government Regulation.

Part Eleven
Mental Health

Article 74

(1) Mental Health constitutes a condition where an individual is able to grow physically, mentally, spiritually, and socially so that he/she is aware of his/her own capacity, able to handle pressure, able to work productively, and able to contribute to his/her community.
(2) Mental Health Measures are undertaken:
    a. to ensure that any individual is able to achieve a good quality of life, enjoy a healthy mental life, is free from fear, pressure and other issues that may be detrimental to mental Health; and
    b. to ensure that every individual is able to develop various intelligence potentials and other psychological potentials.

Article 75

(1) Mental Health Measures are provided in a proactive, integrated, comprehensive and sustainable manner throughout the life cycle of man for vulnerable persons, persons with mental disorders, and communities.
(2) Mental Health Measures as referred to in section (1) include suicide prevention measures through the prevention of suicide risk factors, prevention of self-harm thoughts, and prevention of suicide attempts.

Article 76

(1) Any Person is entitled to:
    a. access to safe, high quality and affordable mental Health Services; and
    b. information and education on mental Health.

(2) Any Person is prohibited from carrying out shackling, abandonment, violence, and/or causing other people to carry out shackling, abandonment and/or violence against vulnerable persons or person with mental disorders, or such other actions which are in violation of the human rights of vulnerable persons and persons with mental disorders.

(3) Vulnerable persons and persons with mental disorders have the same rights as citizens.

Article 77

(1) The Central Government and Local Government are responsible for:
   a. creating the highest conditions of mental Health and ensuring the availability, accessibility, high quality, and equity of mental Health Measures;
   b. providing protection and ensuring mental Health Services for vulnerable persons and people with mental disorders based on human rights;
   c. granting opportunities to vulnerable persons and people with mental disorders so that they may obtain their rights as Indonesian citizens;
   d. handling persons with mental disorders who are abandoned, homeless, and threaten their own safety and/or other people;
   e. providing Health Service Facilities with mental Health Services, either at the first level or the advanced level throughout the territory of Indonesia, including services for Patients of narcotics, psychotropics and other addictive substances;
   f. developing community-based mental Health Measures as a part of mental Health Measures entirely;
   g. carrying out supervision on service facilities outside the sector of Health and community-based mental Health Measures; and
   h. arranging and ensuring the availability of human resources in the field of mental Health for the equity of mental Health Measures.

(2) Mental Health Measures are conducted by emphasizing the roles of family and community.

(3) The mental Health Measures as referred to in section (2) include rehabilitation measures for persons with mental disorders.

Article 78

(1) Mental Health Measures in the form of Health Services are conducted by Medical Professionals and Health Professionals having competence and authority in the field of mental Health, other professionals, and other personnel trained in the field of mental Health while still respecting the human rights of Patients.

(2) Mental Health Measures are conducted in families, communities, and service facilities in the field of Mental Health.

Article 79

(1) Service facilities in the field of mental Health cover:
    a. Health Service Facilities; and
    b. service facilities outside the sector of Health and community-based service facilities.
(2) Service facilities in the field of mental Health as referred to in section (1) must meet the standards in accordance with the provisions of legislation.

Article 80

(1) The inpatient treatment of persons with mental disorders requires a written informed consent from the relevant persons with mental disorders.
(2) In the event that persons with mental disorders are deemed incapable of making any decision, the informed consent may be provided by:
    a. husband or wife;
    b. parent;
    c. child or biological sibling who are at least 18 (eighteen) years of age;
    d. guardian; or
    e. relevant authorities in accordance with the provisions of legislation.
(3) In the event that persons with mental disorders are deemed incapable and in the absence of a party providing the informed consent as referred to in section (2), medical actions aimed at handling emergency conditions may be provided without such consent.
(4) Determination on the competence of persons with mental disorders as referred to in section (2) is carried out by a psychiatrist or a physician providing the medical treatment at the time.
(5) Person with mental disorders who have been healed are entitled to determine the medical action they will receive.

Article 81

(1) For the purpose of law enforcement, an individual suspected as a person with mental disorder committing a criminal act must receive a mental Health examination.
(2) The Mental Health examination as referred to in section (1) is carried out:
    a. to determine a person's competence in being held accountable for the criminal act he/she has committed; and/or
    b. to determine a person's legal capacity to undergo legal proceedings.

Article 82

For civil purposes, a person suspected to have lost his/her capacity to engage in a legal deed must undergo a mental Health examination.

Article 83

The Mental Health examination for legal purposes as referred to in Article 81 and Article 82 is carried out in accordance with mental Health examination guidelines.

Article 84

To undertake certain works or to hold certain positions, mental Health examinations are required.

Article 85

Further provisions regarding mental Health Measures are regulated in a Government Regulation.

Part Twelve
Control of Communicable Diseases and Control of Non-Communicable Diseases

Paragraph 1
General

Article 86

(1) The Central Government, Local Governments, and communities are responsible for the control of communicable and non-communicable diseases.
(2) The control of communicable and non-communicable diseases as referred to in section (1) is carried out through individual Health Measures and community Health Measures which are conducted in a coordinated, integrated, and sustainable manner.

Article 87

(1) In the event of certain communicable diseases and non-communicable diseases becoming community Health issues, the Central Government and Local Governments determine programs for the control of certain communicable and non-communicable diseases as a national or regional priority.
(2) In determining programs for the control of certain communicable and non-communicable diseases as a regional priority as referred to in section (1), Local Governments must refer to the criteria determined by the Central Government.
(3) Programs for the control of certain communicable and non-communicable diseases as referred to in section (1) must be supported by management which covers the set-up of targets and strategies of control as well as the provision of necessary resources.

Article 88

The Central Government and Local Governments, along with communities and relevant stakeholders, are responsible for communicating, informing and educating on the risk factors of communicable and non-communicable diseases to vulnerable communities.

Paragraph 2
Control of Communicable Diseases

Article 89

(1) The Central Government, Local Governments and communities are responsible for the control of communicable diseases through activities of prevention, control and eradication of communicable diseases, and are responsible for the consequences thereof.
(2) The control of communicable diseases as referred to in section (1) is carried out to protect communities from being infected by diseases to reduce the number of morbidity and disabilities and/or mortality, as well as to reduce the social and economic impact due to communicable diseases.
(3) In conducting the activities of prevention, control and eradication of communicable diseases as referred to in section (1), authorized Medical Professionals and/or Health Professionals may examine:
    a. any person or group of persons suspected of being infected by disease or having risk factors of an communicable disease; and/or
    b. any place being suspected of grown vectors and other sources of diseases.
(4) In conducting the activities of prevention, control and eradication of communicable diseases as referred to in section (1), the Central Government and Local Governments may engage in cooperation with other countries in accordance with the provisions of legislation.

Article 90

Communities, including persons suffering from communicable diseases, are obligated to carry out the prevention of communicable diseases through healthy lifestyle, control of Health risk factors and other preventive activities.

Article 91

The control of communicable diseases is conducted in a comprehensive and integrated manner with the sectors such as pet health, agriculture, environment and other sectors.

Article 92

Further provisions regarding the control of communicable diseases as referred to in Article 89 to Article 91 are regulated in a Government Regulation.

Paragraph 3
Control of Non-Communicable Diseases

Article 93

(1) The Central Government, Local Governments, and communities carry out the control of non-communicable diseases through preventing, controlling, and control non-communicable diseases as well as their consequences.

(2) The control of non-communicable diseases as referred to in section (1) is carried out to improve knowledge, awareness, willingness to lead a healthy lifestyle, and prevent the occurrence of non-communicable diseases as well as their consequences in order to reduce the number of morbidity and disabilities and/or mortality, as well as to reduce the social and economic impact due to non-communicable diseases.

Article 94

(1) The controlling of non-communicable diseases is supported by the activities of surveillance of risk factors, registry of diseases, and surveillance of deaths.
(2) The activities as referred to in section (1) are carried out to obtain essential information which may be used for decision making in the control of non-communicable diseases.
(3) The activities as referred to in section (1) are carried out through inter-sectoral cooperation, the relevant stakeholders and communities, and by establishing, either national or international networks.

Article 95

Further provisions regarding the control of non-communicable diseases as referred to in Article 93 and Article 94 are regulated in a Government Regulation.

Part Thirteen
Family Health

Article 96

(1) Family Health Measures are aimed at creating positive dynamic interactions between family members to allow each family member to have optimum physical, mental, and social welfare.
(2) The family as referred to in section (1) constitutes the smallest unit in a community, consisting of:
    a. husband and wife;
    b. husband, wife, and their children;
    c. father and his children; or
    d. mother and her children.
(3) Family Health Measures cover the following aspects:
    a. social and emotional processes within a family;
    b. healthy lifestyle within a family;
    c. family resources for a healthy life; and
    d. external social support for a healthy life.
(4) Family Health Measures apply a life cycle approach which are at least carried out through the following activities:
    a. positive parenting;
    b. developing a healthy lifestyle habit within a family, including the maintenance of Health within a house environment;
    c. provision of Health Services and family doctors;
    d. utilization of family-based Health information and data; and
    e. family visits.

(5) The Central Government, Local Governments, Village Governments, and communities are responsible for the undertaking of family Health Measures.
(6) Further provisions regarding family Health Measures are regulated in a Government Regulation.

Part Fourteen
School Health

Article 97

(1) School Health is undertaken to improve the ability of students, teachers, and education personnel for a healthy lifestyle in realizing high quality human resources and realizing a healthy school environment.
(2) School Health as referred to in section (1) is undertaken at formal and non-formal education units in accordance with the provisions of legislation.
(3) School Health is conducted through:
    a. Health education;
    b. Health Services; and
    c. development of a healthy school environment.
(4) The conducting of school Health as referred to in section (3) may be supported by school Health Care Facilities and infrastructures.
(5) School Health as referred to in section (3) is carried out by education units in collaboration with Health Service Facilities of the first level.
(6) Further provisions regarding school Health as referred to in section (1) to section (5) are regulated in a Government Regulation.

Part Fifteen
Occupational Health

Article 98

(1) The Central Government, Local Governments, employers, and management of workplace are responsible for the conducting of occupational Health Measures which are integrated with occupational Health and safety systems.
(2) The occupational Health Measures as referred to in section (1) are carried out to improve knowledge, awareness, and competence for a healthy lifestyle and prevent occupational diseases and employment injury.

Article 99

(1) Occupational Health Measures are aimed at protecting workers and other persons in the workplace for a lifestyle which is and free from Health issues as well as adverse influences due to work.
(2) Occupational Health Measures as referred to in section (1) are carried out at the workplaces of formal and informal sectors as well as at Health Service Facilities.
(3) Occupational Health Measures as referred to in section (1) and section (2) also apply to work in a changing environment.

(4) Occupational Health Measures as referred to in section (1) and section (2) are undertaken in accordance with occupational Health standards.
(5) Employers and workplace management are required to comply with occupational Health standards as referred to in section (4) and ensure a healthy work environment.
(6) Employers and workplace officers or management are responsible for occupational accidents occurring at the work environment and occupational diseases in accordance with the provisions of legislation

Article 100

(1) Employers are obligated to ensure the Health of workers through promotive, preventive, curative, rehabilitative and palliative measures, and are obligated to bear all costs to maintain the Health of their workers.
(2) Workers and Any Person at the workplace environment are obligated to create and maintain a healthy workplace environment and comply with occupational Health and safety regulations applicable at the workplace.
(3) Employers are obligated to bear the costs of occupational diseases, Health issues, and occupational injuries suffered by workers in accordance with the provisions of legislation.
(4) The Central Government and Local Governments provide encouragement and assistance for the protection of workers.

Article 101

Further provisions regarding occupational Health Measures as referred to in Article 98 to Article 100 are regulated in a Government Regulation.

Part Sixteen
Sports Health

Article 102

(1) Sports Health Measures are aimed at improving the levels of Health and physical fitness of communities through physical activity, exercise, and/or sports.
(2) The improvement of levels of Health and physical fitness of communities as referred to in section (1) constitute basic efforts in improving learning, work, and sports performance.

Article 103

The Central Government and Local Governments are responsible for the undertaking of sports Health Measures which are supported by the provision of necessary resources.

Part Seventeen
Environmental Health

Article 104
Environmental Health Measures are aimed at realizing environmental quality that is healthy physically, chemically, biologically, and socially, enabling every person to attain the highest level of Health.

Article 105
(1) The Central Government, Local Governments, and communities ensure the availability of a healthy environment through the implementation of environmental Health.
(2) The implementation of environmental Health as referred to in section (1) is carried out through sanitation, safeguarding, and control measures.
(3) The sanitation, safeguarding, and control measures as referred to in section (2) are conducted to fulfill environmental Health quality standards and Health requirements in environmental media.
(4) Environmental Health as referred to in section (1) is implemented at residential areas, workplaces, recreational areas, and public places and facilities.

Article 106
(1) In implementing environmental Health, the medical waste management process originating from Health Care Facilities is required to fulfill technical requirements determined by the Minister.
(2) The medical waste management process originating from Health Care Facilities as referred to in section (1) may be carried out by Health Care Facilities which fulfill technical requirements or are in cooperation with other parties in accordance with the provisions of legislation.

Article 107
Further provisions regarding environmental Health as referred to in Article 104 to Article 106 are regulated in a Government Regulation.

Part Eighteen
Matra Health

Article 108
(1) Matra Health as a special form of Health Measures is undertaken to realize the highest level of Health in the ever-changing *matra* environments.
(2) Matra Health as referred to in section (1) covers:
    a. land *Matra* Health;
    b. sea *Matra* Health; and
    c. air *Matra* Health.
(3) Matra Health is undertaken in accordance with the standards and requirements.
(4) Further provisions regarding Matra Health are regulated in a Government Regulation.

Part Nineteen
Disaster Health

Article 109

(1) The Central Government and Local Governments are responsible for the availability of resources, facilities, and the conducting of Health Services on disasters in a comprehensive and sustainable manner.
(2) Health Services on disasters as referred to in section (1) cover:
    a. pre-disaster Health planning;
    b. Health Services during disaster; and
    c. post-disaster Health Services.
(3) Health Services during disaster as referred to in section (2) point b are aimed at saving lives, prevent disability, and ensure that essential Health Services continue to operate in accordance with minimum service standards of Health Services.
(4) Health Services on disasters as referred to in section (2) involve all trained human resources, from the Central Government, Local Governments and communities.

Article 110

(1) In undertaking Health Services on disaster emergency response, the Central Government and Local Governments may receive Health Resource aids from overseas.
(2) Health Resource aids as referred to in section (1) may be in the form of Health funding, medical Emergency team, Drug aid, Medical Device, and other Health Supplies.
(3) The receipt of aids as referred to in section (1) is carried out in a coordinated manner through the Central Government.

Article 111

(1) In emergency conditions, every Health Service Facility, whether the Central Government, Local Governments or communities, is required to provide Health Services on disasters to save lives, prevent further disability and for the best interests of the Patients.
(2) In providing Health Services on disasters as referred to in section (1), Health Service Facilities are prohibited from rejecting Patients and/or asking for advance payments first.

Article 112

The Central Government and Local Governments ensure legal protection for Any Person and Health Service Facility providing Health Services on disasters.

Article 113

Further provisions regarding the undertaking of Health Services on disasters are regulated in a Government Regulation.

Part Twenty
Blood Services

Article 114

(1) Blood services constitute Health Measures which utilize human blood as a basic material for the purposes of humanity, curing diseases and Health recovery, and not for commercial purposes.
(2) Blood as referred to in section (1) is obtained from voluntary blood donors who are healthy, fulfill the selection criteria as donors, and consent to being donors.
(3) Blood obtained from the blood donors as referred to in section (2) must undergo laboratory examination so that its quality and safety are maintained.

Article 115

(1) Blood services as referred to in Article 114 section (1) consist of blood management and blood transfusion services.
(2) Blood management as referred to in section (1) covers:
    a. planning;
    b. mobilization and preservation of blood donors;
    c. selection of blood donors;
    d. blood drawing;
    e. blood testing;
    f. blood processing;
    g. blood storage; and
    h. blood distribution.
(3) In the blood processing as referred to in section (2) point f, blood is split into blood cells and plasma.
(4) Blood transfusion services as referred to in section (1) cover:
    a. planning;
    b. storage;
    c. pre-transfusion testing;
    d. blood distribution; and
    e. medical treatment for giving blood to Patients.
(5) Blood services as referred to in section (1) are supported by policies and coordination which are conducted by the Central Government to ensure the availability, safety, and quality of blood.
(6) Blood services are conducted by maintaining the safety and Health of blood donors, blood recipients, Medical Professionals and Health Professionals, in accordance with blood service standards.

Article 116

(1) Blood management as referred to in Article 115 section (2) is carried out by blood management units.
(2) Blood management units as referred to in section (1) may be organized by the Central Government, Local Governments, Health Service Facilities and/or humanitarian organizations, the main duties and functions of which are in the field of Indonesian red cross affairs in accordance with the provisions of legislation.

Article 117

The Central Government determines blood processing fees.

Article 118

(1) The Central Government and Local Governments ensure financing in the undertaking of blood services.
(2) The Central Government and Local Governments are responsible for the undertaking of blood services which are safe, easily accessible, and are in accordance with public needs.

Article 119

Human blood may not be traded for any reason whatsoever.

Article 120

(1) Plasma may be used for curing diseases and recovering Health through processing and production.
(2) The plasma as referred to in section (1) may be collected from donors for the purpose of producing plasma-derived Drug products.
(3) The donors as referred to in section (2) may be provided compensation.
(4) The collection of plasma as referred to in section (2) is carried out with the consents of the donors.
(5) Before being processed and produced, the plasma obtained from the donors as referred to in section (2) is required to undergo laboratory examination to maintain its quality and safety.
(6) The collection of plasma as referred to in section (2) is carried out by maintaining the safety and Health of donors, Medical Professionals, and Health Professionals.
(7) The collection of plasma as referred to in section (2) is carried out by plasma banks.
(8) Plasma banks as referred to in section (7) are run by the Central Government, Local Governments, Health Service Facilities, research institutions, and/or certain humanitarian organizations which acquired permits from the Central Government or Local Governments in accordance with the provisions of legislation.

Article 121

The Central Government controls costs for the processing of plasma and plasma-derived Drug products.

Article 122

Further provisions regarding blood services are regulated in a Government Regulation.

Part Twenty-One
Organ and/or Tissue Transplantation, Cell and/or Stem Cell-Based Therapy, and Reconstructive and Aesthetic Plastic Surgery

Paragraph 1
General

Article 123
For the purposes of curing diseases and recovering Health, organ and/or tissue transplantation, cell and/or stem cell-based therapy, and reconstructive and aesthetic plastic surgery may be carried out.

Paragraph 2
Organ and/or Tissue Transplantation

Article 124
(1) Organ and/or tissue transplantation is conducted for the purposes of curing diseases and recovering Health and only for humanitarian purposes.
(2) Organ and/or tissue transplantation as referred to in section (1) constitutes the treatment of transferring any organ and/or tissue from a donor to a recipient in accordance with medical needs.
(3) The organ and/or tissue as referred to in section (1) may not be commercialized nor traded for any reason whatsoever.

Article 125
(1) A donor in an organ and/or tissue transplantation consists of:
    a. living donor; and
    b. deceased donor.
(2) A living donor as referred to in section (1) point a constitutes a donor whose organ and/or tissue is taken when he/she is still alive with his/her consent.
(3) A deceased donor as referred to in section (1) point b constitutes a donor whose organ and/or tissue is taken when he/she has been declared dead by a Medical Professionals at a Health Service Facility and must be consented upon by his/her family in writing.
(4) In the event a deceased donor had declared his/her willingness to become a donor while still alive, an organ and/or tissue transplantation may be carried out upon his/her demise without the consent of his/her family.

Article 126
(1) An individual is declared dead as referred to in Article 125 section (3) if he/she fulfills the following provisions:
    a. criteria of diagnosis of clinical/conventional death or permanent halting of circulatory system functions; or
    b. criteria of brainstem/brain death diagnosis.
(2) Further provisions regarding the criteria of death diagnosis are regulated in a Government Regulation.

Article 127

(1) Organ and/or tissue transplantations may only be carried out at Health Service Facilities by Medical Professionals who have the expertise and authority.
(2) Health Service Facilities as referred to in section (1) must fulfill requirements as determined by the Minister.

Article 128

Organ and/or tissue transplantations as referred to in Article 127 must observe the following:
a. principle of justice;
b. principle of medical utility;
c. compatibility between the organ and/or tissue and the needing recipient;
d. order of priorities based on the medical needs of recipients and/or family relations;
e. timeliness of organ and/or tissue transplantation;
f. organ and/or tissue characteristics; and
g. Health of donors for living donors.

Article 129

Organ and/or tissue transplantations are conducted through the following activities:
a. registration of prospective donors and prospective recipients;
b. examinations on the eligibility of prospective donors based on treatment, psychological, and socio-juridical aspects;
c. examinations on the compatibility between organ and/or tissue donors and recipients; and/or
d. transplantation surgery and post-surgery management of organ and/or tissue transplantations.

Article 130

(1) Every person is entitled to become a recipient of an organ and/or tissue transplantation.
(2) The recipient of an organ and/or tissue transplantation as referred to in section (1) is carried out based on medical emergency and/or survival.
(3) Determination of the medical emergency and/or survival as referred to in section (2) is carried out in a fair, transparent, and accountable manner.

Article 131

(1) The Minister is authorized to manage organ and/or tissue transplantation services.
(2) The management authority as referred to in section (1) is carried out by:
    a. establishing an information system of organ and/or tissue transplantation which is integrated with the National Health Information System;
    b. disseminating and increasing public participation as organ and/or tissue donors for the sake of humanity and Health recovery;
    c. management of data of organ and/or tissue donors and recipients; and

d. education and research supporting the organ and/or tissue transplantation service activities.

(3) In conducting the management as referred to in section (1), the Minister cooperates with relevant ministries/institutions and Local Governments.

Article 132

The Central Government and Local Governments are responsible for improving organ and/or tissue transplantation measures.

Article 133

(1) The Central Government, Local Governments, and/or recipients may award organ transplantation donors.
(2) The award as referred to in section (1) is granted to donors and/or their heirs.

Article 134

Further provisions regarding the undertaking of organ and/or tissue transplantation as referred to in Article 124 to Article 133 are regulated in a Government Regulation.

Paragraph 3
Cell and/or Stem Cell-Based Therapy

Article 135

(1) Cell and/or stem cell-based therapy may be carried out if its safety and benefits are proven.
(2) Cell and/or stem cell-based therapy as referred to in section (1) is carried out to cure diseases and recover Health.
(3) Cell and/or stem cell-based therapy as referred to in section (1) may not be reproduced.
(4) The stem cell as referred to in section (1) may not originate from embryonic stem cell.

Article 136

Further provisions regarding cell and/or stem cell-based therapy as referred to in Article 135 are regulated in a Government Regulation.

Paragraph 4
Reconstructive and Aesthetic Plastic Surgery

Article 137

(1) Reconstructive and aesthetic plastic surgery may only be carried out by Medical Professionals who have the expertise and authority.
(2) Reconstructive and aesthetic plastic surgery may not be in violation of prevailing norms within communities and is not aimed at changing an identity.
(3) Provisions regarding requirements and procedures for reconstructive and aesthetic plastic surgery as referred to in section (1) and section (2) are regulated in a Government Regulation.

Part Twenty-Two
Safety and Use of Pharmaceutical Preparations, Medical Devices, and Household Health Supplies

Article 138

(1) Pharmaceutical Preparations, Medical Devices, and PKRT must be safe, efficacious/beneficial, high quality, and affordable as well as fulfill halal product guarantee requirements in accordance with the provisions of legislation.
(2) Any Person is prohibited from procuring, producing, storing, promoting, and/or circulating Pharmaceutical Preparations which fail to meet the standards and/or requirements of safety, efficacy/benefit, and quality.
(3) Any Person is prohibited from producing, storing, promoting, circulating, and/or distributing Medical Devices which fail to meet the standards and/or requirements of safety, efficacy/benefit, and quality.
(4) The procurement, production, storage, promotion, circulation and service of Pharmaceutical Preparations and Medical Devices must meet standards and requirements in accordance with the provisions of legislation.
(5) The production, promotion, and circulation of PKRT must meet standards and requirements in accordance with the provisions of legislation.
(6) The Central Government and Local Governments are obligated to foster, regulate, control and supervise the production, procurement, storage, promotion and circulation of Pharmaceutical Preparations, Medical Devices, and PKRT in accordance with their respective authority.

Article 139

(1) Any Person producing, procuring, storing, circulating, and using Drugs containing narcotics and psychotropics is required to meet certain standards and/or requirements.
(2) Drugs containing narcotics and psychotropics may only be used based on prescriptions from Medical Professionals and may not be misused.
(3) The production, procurement, storage, circulation, and use of Drugs containing narcotics and psychotropics as referred to in section (1) are carried out in accordance with the provisions of legislation.

Article 140

The safeguarding of Pharmaceutical Preparations, Medical Devices, and PKRT are undertaken to protect communities from dangers caused by the use of Pharmaceutical Preparations, Medical Devices, and PKRT failing to meet the requirements of safety, efficacy/benefit, and quality.

Article 141

(1) Drugs and Natural Medicinal Products must be used rationally.
(2) Medical Devices must be used efficiently.

(3) The use of Drugs, Natural Medicinal Product, and Medical Devices as referred to in section (1) and section (2) must observe the safety of Patients.

Article 142

(1) Pharmaceutical Preparations in the form of Drugs and Drug Substances must comply with the standards and requirements of the Indonesian pharmacopoeia and/or other recognized standards.
(2) Pharmaceutical Preparations in the form of Natural Medicinal Products must comply with standards and/or requirements set out in the Indonesian herbal pharmacopoeia and/or other recognized standards.
(3) Pharmaceutical Preparations in the form of health supplements and quasi-medicines must comply with standards and/or requirements set out in the Indonesian pharmacopoeia, the Indonesian herbal pharmacopoeia, and/or other recognized standards.
(4) Pharmaceutical Preparations in the form of cosmetics must comply with standards and/or requirements set out in the Indonesian cosmetic codex and/or other recognized standards.
(5) Raw materials used in Pharmaceutical Preparations in the form of Natural Medicinal Products, health supplements, quasi medicines, and cosmetics of certain preparations based on risk assessment must comply with quality standards and/or requirements as pharmaceutical raw materials.
(6) Medical Devices and PKRT must comply with determined standards and/or requirements.
(7) Provisions on the standards and/or requirements of Pharmaceutical Preparations and Medical Devices are determined by the Central Government.
(8) Standards and/or requirements for PKRT are conducted in accordance with the provisions of legislation.

Article 143

(1) Any Person producing and/or circulating Pharmaceutical Preparations, Medical Devices, and PKRT must fulfill business licensing from the Central Government or Local Governments in accordance with their respective authority based on norms, standards, procedures, and criteria in accordance with the provisions of legislation.
(2) Any Person producing and/or circulating Pharmaceutical Preparations, Medical Devices and PKRT which already obtained a business licensing but has been proven to fail to fulfil the requirements of safety, efficacy/benefit, and quality is subject to administrative sanctions in accordance with legislation in the field of business licensing.
(3) The business licensing as referred to in section (1) does not apply to the businesses of freshly-prepared *jamu* (*jamu gendong*), concocted *jamu* (*jamu racikan*), and production facilities of Medicines for special use.

(4) Business licensing related to Pharmaceutical Preparations, Medical Devices, and PKRT as referred to in section (1) and section (2) is conducted in accordance with the provisions of legislation.

Article 144

Further provisions regarding the safeguarding of Pharmaceutical Preparations, Medical Devices, and PKRT are regulated in a Government Regulation.

Article 145

(1) Pharmaceutical practices must be carried out by pharmaceutical professionals in accordance with the provisions of legislation.
(2) Pharmaceutical practices as referred to in section (1) cover production, including quality control, procurement, storage, distribution, research and development of Pharmaceutical Preparations, as well as pharmaceutical management and services.
(3) Under certain conditions, pharmaceutical practices as referred to in section (1) may be carried out on a limited basis by other Health Professionals instead of pharmaceutical Professionals.
(4) Provisions regarding pharmaceutical practices as referred to in section (1) and section (2) are regulated in a Government Regulation.

Part Twenty-Three
Safety of Food and Beverages

Article 146

(1) Any Person producing, processing, and distributing food and beverages are obligated to fulfill the standards and/or requirements of safety, quality, and nutrition in accordance with the provisions of legislation.
(2) In addition to the obligation to fulfill the standards and/or requirements as referred to in section (1), food and beverages produced, processed, distributed, and consumed must fulfill halal product guarantee requirements in accordance with the provisions of legislation.

Article 147

(1) Any Person producing food and beverages is prohibited from providing incorrect and/or misleading information or statement on product information.
(2) Any Person is prohibited from promoting food and beverage products which do not comply with product information.
(3) Any Person violating the provisions on prohibition as referred to in section (1) is subject to administrative and/or criminal sanctions in accordance with the provisions of legislation.

Article 148

The Central Government and Local Governments are responsible for regulating and supervising the production, processing, and distribution of food and beverages as referred to in Article 146 and Article 147.

Part Twenty-Four
Safety of Addictive Substances

Article 149

(1) The production, circulation, and use of addictive substances are directed so as not to disturb and harm the Health of individuals, families, communities, and environments.
(2) The addictive substances as referred to in section (1) include all tobacco products, the use of which may harm the relevant persons themselves and/or communities.
(3) Tobacco products as referred to in section (2) cover:
    a. cigarettes;
    b. cigars;
    c. leaf cigarettes;
    d. sliced tobacco;
    e. solid and liquid tobacco; and
    f. other products of tobacco processing.
(4) The production, circulation, and use of tobacco products as referred to in section (3) must meet determined standards and/or requirements by considering Health risk profiles.

Article 150

(1) Any Person producing, importing, and/or circulating addictive substances into the territory of the Unitary State of the Republic of Indonesia, in the form of tobacco products and/or electronic cigarettes as referred to in Article 149 section (3) is obligated to inform Health warnings.
(2) The health warnings as referred to in section (1) are in the form of writing and image.

Article 151

(1) A no-smoking area consists of:
    a. Health Service Facilities;
    b. places of learning;
    c. playgrounds;
    d. places of religious worship;
    e. public transports;
    f. workplaces; and
    g. public places and other stipulated places.
(2) Local Governments are obligated to stipulate and implement no-smoking areas in their jurisdictions.
(3) Management, organizers or persons in charge of workplaces, public places and other stipulated places as referred to in section (1) point f and point g are required to provide designated places for smoking.

Article 152

(1) Further provisions regarding the safety of addictive substances in the form of tobacco products are regulated in a Government Regulation.
(2) Further provisions regarding the safety of addictive substances in the form of electronic cigarettes are regulated in a Government Regulation.

Part Twenty-Five
Medical Services for Legal Purposes

Article 153

(1) The undertaking of medical services for legal purposes is aimed at obtaining facts and findings which may be used as basis in providing an expert testimony.
(2) Medical services for legal purposes as referred to in section (1) are undertaken at Health Service Facilities which fulfill requirements.
(3) Request and procedures for the provision of medical services for legal purposes are conducted in accordance with the provisions of legislation.

Article 154

Any Person is entitled to receive medical services for legal purposes.

Article 155

The Central Government and Local Governments are responsible for the undertaking of medical services for legal purposes.

Article 156

(1) Medical services for legal purposes consist of:
    a. medical services for living persons; and
    b. medical services for deceased persons.
(2) For the purpose of carrying out medical services for legal purposes as referred to in section (1), forensic autopsies in accordance with the provisions of legislation, laboratory examinations and/or virtual post-mortem autopsies may be performed.
(3) Medical services for legal purposes as referred to in section (1) and section (2) are carried out by Medical Professionals in accordance with their expertise and authority.

Article 157

(1) For the purposes of law enforcement and population administration, efforts must be made to determine the cause of death and identity of every deceased person.
(2) For the purpose of efforts to determine the cause of death of a person as referred to in section (1), mortality audits may be performed including verbal autopsy, clinical autopsy, forensic autopsy, and/or laboratory examination and virtual post-mortem autopsy.

(3) Clinical autopsy, forensic autopsy, and/or laboratory examination and virtual post-mortem autopsy as referred to in section (2) must be carried out with the consent of the relevant family.
(4) In efforts to determine the identity as referred to in section (1), corpse identification efforts must be carried out in accordance with the standards.
(5) The conducting of efforts to determine the cause of death as referred to in section (1) may be combined with research, education and training, including anatomical autopsy and/or clinical autopsy.

Article 158

Autopsy by Medical Professionals must be carried out in accordance with religious norms, sociocultural norms, morality, and professional ethics.

Article 159

Further provisions regarding medical services for legal purposes are regulated in a Government Regulation.

Part Twenty-Six
Traditional Health Services

Article 160

(1) Traditional Health Services based on Health treatment methods consist of:
    a. Traditional Health Services using skills; and/or
    b. Traditional Health Services using potions.
(2) Traditional Health Services as referred to in section (1) are carried out based on knowledge, expertise, and/or values originating from local wisdom.
(3) Traditional Health Services as referred to in section (1) are fostered and supervised by the Central Government and Local Governments so that their benefits and safety may be accounted for and not contradict with sociocultural norms.

Article 161

(1) Traditional Health Services cover promotive, preventive, curative, rehabilitative, and/or palliative services.
(2) Traditional Health Services may be carried out at independent practices, Puskesmas, traditional Health Service Facilities, Hospitals, and other Health Service Facilities.

Article 162

The Central Government and Local Governments are responsible for the availability of traditional Health Services.

Article 163

(1) Communities are granted optimum opportunities to develop, improve and use traditional Health Services, the benefits and safety of which may be accounted for.

(2) The Central Government and Local Governments regulate and supervise the traditional Health Services as referred to in section (1) based on safety, benefits, and protection of communities.

Article 164

Further provisions regarding traditional Health Services are regulated in a Government Regulation.

CHAPTER VI
HEALTH SERVICE FACILITIES

Part One
General

Article 165

(1) Health Service Facilities provide Health Services in the form of individual Health Services and/or public Health Services.
(2) Health Service Facilities cover:
    a. first level Health Service Facilities;
    b. advanced level Health Service Facilities; and
    c. supporting Health Service Facilities.
(3) Health Service Facilities as referred to in section (1) are required to provide Health Services to communities in accordance with Health Services standards.
(4) The Health Care Facilities as referred to in section (1) are conducted by the Central Government, Local Governments, and communities.
(5) Every Health Service Facility is required to fulfill business licensing requirements from the Central Government or Local Governments in accordance with its respective authority based on norms, standards, procedures, and criteria stipulated by the Central Government.

Article 166

Health Service Facilities based on its form consist of:
a. static Health Service Facilities; and
b. mobile Health Service Facilities.

Article 167

(1) First level Health Service Facilities undertake primary Health Services.
(2) First level Health Service Facilities as referred to in section (1) may be in the form of:
    a. Puskesmas;
    b. primary-level clinics; and
    c. independent practices of Medical Professionals or Health Professionals.
(3) In undertaking the Health Services as referred to in section (1), integration of services between Health Service Facilities may be conducted.
(4) The integration of primary Health Services is aimed at supporting the conducting of government programs, especially Health Services in promotive and preventive forms.

Article 168

(1) Advanced level Health Service Facilities undertake advanced Health Services which cover specialist and/or sub-specialist services.
(2) Advanced level Health Service Facilities as referred to in section (1) may be in the form of:
    a. Hospitals;
    b. principal clinics;
    c. Health centers; and
    d. independent practices of Medical Professionals or Health Professionals.

Article 169

In conducting first level Health Services and advanced level Health Services, first level Health Service Facilities as referred to in Article 167 and advanced level Health Service Facilities as referred to in Article 168 are supported by supporting Health Service Facilities.

Article 170

(1) Supporting Health Service Facilities as referred to in Article 165 section (2) point c undertake Health Services which support primary Health Services and advanced Health Services.
(2) Supporting Health Service Facilities as referred to in section (1) may be independent or may be in cooperation with first level Health Service Facilities and advanced level Health Service Facilities.

Article 171

Further provisions regarding the types and undertaking of Health Service Facilities are regulated in a Government Regulation.

Article 172

(1) Health Service Facilities as referred to in Article 165 may provide Telehealth and Telemedicine services.
(2) Health Service Facilities may independently undertake Telemedicine services or cooperate with registered electronic system providers in accordance with the provisions of legislation.
(3) Telemedicine services undertaken by Health Service Facilities as referred to in section (1) cover:
    a. services between Health Service Facilities; and
    b. services between Health Service Facilities and communities.
(3) Telemedicine services provided by Health Service Facilities as referred to in section (1) are carried out by Medical Professionals or Health Professionals with licenses to practice.
(4) Further provisions regarding the undertaking of Telemedicine services are regulated in a Government Regulation.

Article 173

(1) Health Service Facilities are required:
   a. to provide broad access for the needs of services, education, research, and development of services in the field of Health;
   b. to undertake Health Services which are high quality and prioritize the safety of Patients;
   c. to organize medical records;
   d. to deliver reports on results of services, education, research and development to the Central Government, with carbon copies forwarded to Local Governments through the Health Information System;
   e. to make efforts on the utilization of results of services, education, research, and development in the field of Health;
   f. to integrate services, education, research, and development within a system as an effort of handling Health problems in regions; and
   g. to establish standard operating procedures by referring to Health Services standards.

(2) During KLB or Epidemic, Health Service Facilities are required to provide Health Services as countermeasures in accordance with the provisions of legislation.

(3) Organizers of Health Service Facilities are prohibited from employing Medical Professionals and Health Professionals who do not have licenses to practice in accordance with the provisions of legislation.

Article 174

(1) Health Service Facilities owned by the Central Government, Local Governments, and/or communities are required to provide Health Services for individuals in Emergency conditions to prioritize the saving of lives and to prevent disability.

(2) During an Emergency condition as referred to in section (1), Health Service Facilities owned by the Central Government, Local Governments and/or communities are prohibited from rejecting Patients and/or asking for advance payments, and are prohibited from prioritizing all administrative affairs which results in the delay of Health Services.

Article 175

(1) Every head of Health Care Facilities must have the necessary Health management competence.

(2) Provisions regarding the necessary Health management competence as referred to in section (1) are regulated in a Government Regulation.

Article 176

(1) Health Service Facilities are required to apply safety standards for Patients.

(2) Safety standards for Patients as referred to in section (1) are conducted through risk identification and management, analysis and reporting, and problem solving in preventing and handling any occurrence which is harmful to the safety of Patients.
(3) Further provisions regarding the safety standards for Patients as referred to in section (1) are regulated in a Ministerial Regulation.

Article 177

(1) Every Health Service Facility must keep confidentiality of the personal Patients' Health.
(2) Health Service Facilities may refuse to disclose any information to the public related to the confidentiality of Patients' personal Health, except based on the provisions as referred to in Article 4 section (4).
(3) Further provisions regarding the confidentiality of Patients' personal Health are regulated in a Government Regulation.

Article 178

(1) Every Health Service Facility is required to improve the quality of Health Services, both internally and externally, in a continuous and sustainable manner.
(2) The internal improvement of quality of Health Services as referred to in section (1) is carried out through:
    a. measurement and reporting of quality indicators;
    b. reporting of safety incidents of Patients; and
    c. risk management.
(3) The external improvement of quality of Health Services as referred to in section (1) is carried out through:
    a. registration;
    b. licensing; and
    c. accreditation.
(4) The registration, licensing, and accreditation as referred to in section (3) is conducted with the orientation of fulfillment of quality standards, fostering and improvement of service quality, and fast, transparent and accountable processes.
(5) The accreditation of Health Service Facilities as referred to in section (3) point c is undertaken by the Minister or an accreditation agency stipulated by the Minister.
(6) Further provisions regarding the internal and external improvement of quality of Health Services as referred to in section (1) are regulated in a Government Regulation.

Article 179

(1) For the purpose of improving access and quality of Health Services, Health Service Facilities may develop:
    a. Health Service support networks;
    b. cooperation between 2 (two) or more Health Service Facilities;
    c. centers of excellence; and
    d. integrated Health Services.
(2) Further provisions regarding the development of Health Services as referred to in section (1) are regulated in a Government Regulation.

Part Two
Puskesmas

Article 180

(1) A Puskesmas has the duties of undertaking and coordinating promotive, preventive, curative, rehabilitative, and/or palliative Health Services by prioritizing promotive and preventive services in its operational area.
(2) In conducting the duties as referred to in section (1), a Puskesmas has the function of undertaking primary Health Services in its operational area.
(3) In addition to undertaking the function as referred to in section (2), a Puskesmas plays a role in realizing a healthy work area with a community which:
    a. has a healthy lifestyle;
    b. has easy access to high quality Health Services;
    c. lives in a healthy environment; and
    d. has the highest level of Health, for individuals, families, groups and the community.

Article 181

(1) Primary Health Services by a Puskesmas are undertaken through the coordination of Health Resources in its operational area.
(2) A Puskesmas carries out the fostering of primary Health Service networks in its operational area.

Article 182

(1) The undertaking of Puskesmas is supported by competent and professional human resources in the form of Medical Professionals, Health Professionals, and health supporting or assistance personnel.
(2) Medical Professionals and Health Professionals as referred to in section (1) include Medical Professionals who have competence in the field of family medicine and Health Professionals who have competence in the field of public Health.
(3) The heads of a Puskesmas must have competence in coordinating Health Resources and primary Health Service networks in its operational area.
(4) The Central Government and Local Governments ensure the fulfillment of number, types, and quality of human resources at Puskesmas.

Article 183

Further provisions regarding the undertaking of Puskesmas are regulated in a Government Regulation.

Part Three
Hospital

Article 184

(1) A Hospital undertakes the function of individual Health Services in the form of specialists and/or sub-specialists.
(2) In addition to individual Health Services in the form of specialists and/or sub-specialists, a Hospital may provide basic Health Services.
(3) In addition to undertaking individual Health Services as referred to in section (1), a Hospital may undertake education and research functions in the field of Health.
(4) Every Hospital must undertake good Hospital management and clinical management.

Article 185

(1) Hospitals may be operated by the Central Government, Local Governments, or communities.
(2) Hospitals operated by the Central Government or Local Governments in providing Health services may apply the financial management scheme of a public service agency in accordance with the provisions of legislation.
(3) Hospitals established by the community must be in the form of legal entities whose business activities are only operating in the field of Health Services.
(4) The Hospitals as referred to in section (3) are excluded for the Hospitals operated by non-profit legal entities.

Article 186

(1) The organizational structure of a Hospital at least consists of the leadership element, medical service element, nursing element, medical and non-medical supporting element, administrative implementation element, and operational element.
(2) The leadership element of a Hospital as referred to in section (1) is held by:
    a. Medical Professionals;
    b. Health Professionals; or
    c. professionals,

    having competence in Hospital management.

Article 187

(1) A Hospital may be stipulated as a teaching Hospital.
(2) A teaching Hospital as referred to in section (1) constitutes a Hospital which has function as a place of education, research and Health Services in an integrated manner in the field of education of Medical Professionals and Health Professionals, as well as a multi-profession continuing education.
(3) A teaching Hospital as referred to in section (1) cooperates with higher education institutions in undertaking the education of academic programs, vocational programs and professional programs, including specialist/sub-specialist programs.

(4) A teaching Hospital may undertake specialist/sub-specialist programs as the main organizer of education by continued cooperation with universities.
(5) In undertaking the education as referred to in section (3) and section (4), a teaching Hospital must fulfill requirements, standards and accreditations in accordance with its roles.
(6) The preparation of requirements and standards of a teaching Hospital as referred to in section (5) is carried out by the Minister and the minister in charge of government affairs in the field of education by involving the Collegium.
(7) A teaching Hospital is stipulated by the Minister upon the fulfillment of requirements.
(8) Education by a teaching Hospitals as referred to in section (4) is undertaken based on a permit from the minister undertaking government affairs in the field of education, upon fulfilling the requirements and standards of a teaching Hospital as referred to in section (6).
(9) Accreditation of a teaching Hospital is undertaken by the Minister and the minister in charge of government affairs in the field of education by involving the relevant accreditation agency.
(10) In undertaking a teaching Hospital, a network of teaching Hospitals may be established.
(11) Further provisions regarding teaching Hospitals are regulated in a Government Regulation.

Article 188

(1) In undertaking the research function, a Hospital may establish research centers for the development of Health services.
(2) A research center as referred to in section (1) must undertake prime and translational research.
(3) In undertaking the research as referred to in section (2), a Hospital may conduct research-based services.
(4) A Hospital conducting research-based services as referred to in section (3) through research innovations developed by Medical Professionals and/or Health Professionals must be provided support and freedom in an accountable manner.
(5) Hospitals implementing research function may cooperate with other institutions or parties.

Article 189

(1) Every Hospital is required:
    a. to provide correct information on Hospital services to communities;
    b. to provide safe, high quality, non-discriminatory, and effective Health Services by prioritizing the interests of Patients in accordance with the services standards of the Hospital;
    c. to provide Emergency services to Patients in accordance with their service capacities;
    d. to play an active role in providing Health Services on disasters in accordance with their service capacities;
    e. to provide facilities and services to underprivileged or poor communities;

f. to conduct social functions, among others by providing service facilities to underprivileged or poor Patients, Emergency services without advance payments, free ambulance services, services for victims of disasters and KLB or social services for humanitarian missions;
g. to prepare, conduct, and maintain the quality standards of Health Services in Hospitals as reference in providing services to Patients;
h. to organize medical records;
i. to provide appropriate general facilities and infrastructures, among others religious worship facilities, parking spaces, waiting rooms, facilities for persons with disabilities, breastfeeding women, children and the elderly;
j. to run referral systems;
k. to reject any wish of Patients which contradict with professional standards and ethics as well as the provisions of legislation;
l. to provide correct, clear, and honest information on the rights and obligations of Patients;
m. to honor and protect the rights of Patients;
n. to apply Hospital ethics;
o. to have in place accident prevention and disaster management systems;
p. to conduct government programs in the field of Health, both regional and national;
q. to prepare a list of Medical Professional conducting medical or dental practices and other Health Professionals;
r. to prepare and apply the internal regulations of the Hospital;
s. to protect and provide legal aid to all Hospital personnel in conducting their duties; and
t. to determine the entire Hospital environment as a no-smoking area.

(2) Any violation to the obligations as referred to in section (1) is subject to administrative sanctions in accordance with the provisions of legislation.

Article 190

A Hospital is required to apply a Hospital Health Information System which is integrated with the National Health Information System.

Article 191

A Hospital is entitled:
a. to determine the number, types, and qualifications of human resources in accordance with the classification of the Hospital;
b. to receive service fees, and determine remunerations, incentives and rewards in accordance with the provisions of legislation;
c. to engage in cooperation with other parties in developing services;

d. to accept assistance from other parties in accordance with the provisions of legislation;
e. to file a lawsuit against any party causing loss;
f. to obtain legal protection in conducting Health Services; and
g. to promote Health services made available at the Hospital in accordance with the provisions of legislation.

Article 192

(1) A Hospital is not legally responsible if a Patient and/or his/her family refuse or terminate any Health treatment which may result in the death of the Patient after a comprehensive medical explanation.
(2) A Hospital may not be sued in conducting its duties of saving human lives.

Article 193

A Hospital is legally responsible for all loss caused by the negligence of Human Resources for Health of the Hospital.

Article 194

(1) The stipulation of Hospital tariffs must be based on the national tariff scheme and the maximum tariff ceiling.
(2) The Minister stipulates the national tariff scheme based on the cost components of financing units, with due observance of regional conditions.
(3) A governor stipulates the maximum tariff ceiling based on the national tariff scheme as referred to in section (2), which applies to Hospitals in the relevant province.

Article 195

The revenues of Hospitals managed by the Central Government and Local Governments are directly used entirely for the operational costs of the Hospitals and may not be used as state revenues or Local Government revenues.

Article 196

Further provisions regarding the organizing of Hospitals are regulated in a Government Regulation.

CHAPTER VII
HUMAN RESOURCES FOR HEALTH

Part One
Classification of Human Resources for Health

Article 197

Human Resources for Health consist of:
a. Medical Professionals;
b. Health Professionals; and
c. health supporting or assistance personnel.

Article 198

(1) Medical Professionals as referred to in Article 197 point a are classified into:
    a. physicians; and

b. dentists.

(2) The physician type of Medical Professionals as referred to in section (1) point a consists of physicians, specialist physicians, and sub-specialist physicians.

(3) The dentist type of Medical Professionals as referred to in section (1) point b consists of dentists, specialist dentists, and sub-specialist dentists.

Article 199

(1) Health Professionals as referred to in Article 197 point b are classified into:
a. clinical psychology personnel;
b. nursing personnel;
c. midwifery personnel;
d. pharmacy personnel;
e. public health professionals;
f. environmental health professionals;
g. nutrition personnel;
h. physical therapy personnel;
i. medical technician personnel;
j. biomedical engineering personnel;
k. traditional health professionals; and
l. other Health Professionals as stipulated by the Minister.

(2) The type of Health Professionals included in the group of clinical psychology personnel as referred to in section (1) point a is clinical psychologists.

(3) The types of Health Professionals included in the group of nursing personnel as referred to in section (1) point b consist of vocational nurses, nurses, and specialist nurses.

(4) The types of Health Professionals included in the group of midwifery personnel as referred to in section (1) point c consist of vocational midwives and professional midwives.

(5) The types of Health Professionals included in the group of pharmacy personnel as referred to in section (1) point d consist of pharmacy vocational personnel, pharmacists, and specialist pharmacists.

(6) The types of Health Professionals included in the group of public health professionals as referred to in section (1) point e consist of Public health professionals, health epidemiologists, health promotion and behavioral science personnel, occupational health counselors, as well as health administrative and policy personnel.

(7) The types of Health Professionals included in the group of environmental health professionals as referred to in section (1) point f consist of environmental sanitation personnel and health entomologists.

(8) The types of Health Professionals included in the group of nutrition personnel as referred to in section (1) point g consist of nutritionists and dieticians.

(9) The types of Health Professionals included in the group of physical therapy personnel as referred to in section (1) point h consist of physiotherapists, occupational therapists, speech therapists, and acupuncturists.

(10) The types of Health Professionals included in the group of medical technician personnel as referred to in section (1) point i consist of health information and medical record personnel, cardiovascular technician, blood services technicians, optometrist, dental technicians, anesthesia personnel, dental and oral therapists, as well as audiologist.

(11) The types of Health Professionals included in the group of biomedical engineering personnel as referred to in section (1) point j consist of radiographers, electromedical personnel, medical laboratory technology personnel, medical physicists, and prosthetics and orthotics personnel.

(12) The types of Health Professionals included in the group of traditional health professionals as referred to in section (1) point k consist of traditional health professionals of potions or jamu, traditional health professionals of traditional healers, and intercontinental traditional health professionals.

Article 200

(1) Health supporting or assistance personnel as referred to in Article 197 point c work for Health Care Facilities or other Health institutions.

(2) Further provisions regarding health supporting or assistance personnel as referred to in section (1) are regulated in a Government Regulation.

Article 201

(1) In meeting developments in science and technology in the field of Health and Health Service needs, the Minister may stipulate:
   a. new types of Medical Professionals or Health Professionals in every group as referred to in Article 198 and Article 199; and
   b. new groups of Medical Professionals or Health Professionals.

(2) The stipulation as referred to in section (1) must first be jointly reviewed by the Council and the Collegium with due observance of the need for Health Service in communities and the fulfillment of competence of Medical Professionals or Health Professionals.

Part Two
Planning

Article 202

The Central Government and Local Governments are required to fulfill the need for Medical Professionals and Health Professionals in terms of number, type, competence, and even distribution to ensure sustainable Health development.

Article 203

(1) The Minister stipulates policies and prepares planning on Medical Professionals and Health Professionals in fulfilling the need for Medical Professionals and Health Professionals on a national scale.
(2) In preparing the planning on Medical Professionals and Health Professionals as referred to in section (1), the Minister involves Health Care Facilities, Local Governments of regencies/cities, Local Governments of provinces, and relevant parties based on the availability of Medical Professionals and Health Professionals and the need for undertaking Health development and Health Measures.
(3) The planning on Medical Professionals and Health Professionals as referred to in section (1) is carried out on Medical Professionals and Health Professionals conducting professional work in accordance with their competence and authorities at Health Care Facilities or work units of the Central Government, Local Governments, or communities.
(4) The planning on Medical Professionals and Health Professionals as referred to in section (1) is carried out with due observance of cooperation and synergy between stakeholders by utilizing information and communication technology which is integrated with the National Health Information System.

Article 204

In preparing the planning on Medical Professionals and Health Professionals, the Central Government and Local Governments are required to observe:

a. the types, qualifications, number, procurement, and distribution of Medical Professionals and Health Professionals;
b. the undertaking of Health Measures;
c. the availability of Health Care Facilities;
d. state or regional finance;
e. demographic, geographic, and sociocultural conditions; and
f. typology/types of diseases in regions or needs of communities.

Article 205

Policies on the planning on Medical Professionals and Health Professionals stipulated by the Minister on a national scale as referred to in Article 203 section (1) serve as guidelines for every institution utilizing Medical Professionals and Health Professionals, whether the Central Government, Local Governments and communities in the fulfillment and management of Medical Professionals and Health Professionals.

Article 206

Further provisions regarding the planning on Medical Professionals and Health Professionals are regulated in a Government Regulation.

Part Three
Procurement of Medical Professionals and Health Professionals

Article 207

(1) The procurement of Medical Professionals and Health Professionals is conducted in accordance with the planning and empowerment of Medical Professionals and Health Professionals.
(2) The procurement of Medical Professionals and Health Professionals is conducted through higher education, with due observance of:
    a. availability and spread of education institutions and/or study programs of Medical Professionals and Health Professionals in every region;
    b. balance between the need for the undertaking of Health Measures and/or the dynamics of domestic and overseas work opportunities;
    c. balance between the production capacities of Medical Professionals and Health Professionals and available resources;
    d. developments in science and technology; and
    e. priorities of Health development and Health Services.
(3) The higher education as referred to in section (2) is undertaken by the Central Government and/or communities in accordance with the provisions of legislation.

Article 208

(1) The fostering of higher education in the procurement of Medical Professionals and Health Professionals as referred to in Article 207 section (2) is carried out by the minister in charge of government affairs in the field of education in coordination with the Minister.
(2) The coordination as referred to in section (1) at least includes:
    a. preparation of national education standards in relation to Medical Professionals and Health Professionals;
    b. fulfillment of the need for Medical Professionals and Health Professionals; and
    c. human resources of educators for Medical Professionals and Health Professionals.
(4) The preparation of national education standards as referred to in section (2) point a involves the Collegium of every Health discipline.
(5) The national education standards as referred to in section (3) are stipulated by the minister in charge of government affairs in the field of education.

Article 209

(1) Health professional education as part of higher education is undertaken by higher education institutions in cooperation with Health Care Facilities, the ministry in charge of government affairs in the field of education, and the ministry in charge of government affairs in the field of health by involving the role of the Collegium in accordance with the provisions of legislation.
(2) In addition to being undertaken by higher education institutions as referred to in section (1), Health professional education for specialist and sub-specialist programs may also be undertaken by teaching Hospitals as the main organizer in cooperation with higher education institutions, the ministry in charge of government affairs in the field of education and the ministry in charge of government affairs in the field of health by involving the role of the Collegium.

Article 210

(1) Medical Professionals must have the minimum educational qualification of professional education.
(2) Health Professionals have the educational qualification of a minimum diploma three.

Article 211

(1) University/college students who have completed a Medical Professionals undergraduate education program acquire certificates in accordance with the provisions of legislation.
(2) University/college students who have completed the education as referred to in section (1) may only practice upon their graduating from professional education and being conferred certificates of profession.

Article 212

(1) Higher education students who have completed diploma, undergraduate, and applied undergraduate Health Professionals education programs acquire a certificate in accordance with the provisions of legislation.
(2) Higher education students who have completed the Health Professionals undergraduate program as referred to in section (1) may only practice upon their completing professional education and being conferred certificates of profession.

Article 213

(1) For the purpose of assessing the achievement of competence standards of Medical Professionals or Health Professionals, students of vocational programs and professional programs, whether they be Medical Professionals or Health Professionals, must take national competence tests.
(2) The competence tests as referred to in section (1) are undertaken by organizers of education in cooperation with the Collegium.

(3) Higher education students who have completed vocational program education as referred to in section (1) and passed the competence tests at the end of their academic term obtain certificates of competence.
(4) Higher education students who have completed professional program education as referred to in section (1) and passed the competence tests at the end of their academic term obtain certificates of profession and certificates of competence.

Article 214

Graduates of vocational programs or professional programs are conferred titles by higher education institutions upon completing their education.

Article 215

Graduates of the competence tests as referred to in Article 213 section (3) and section (4) are obligated to have their professional oaths taken by organizers of education in accordance with professional ethics.

Article 216

(1) Medical Professionals who had their professional oaths taken as referred to in Article 215 are obligated to participate in an internship program, which constitutes a mandatory temporary placement at first level and advanced level Health Care Facilities.
(2) The internship program as referred to in section (1) is aimed at strengthening, improving skills, and fostering independence.
(3) The internship program as referred to in section (1) is undertaken on a national scale by the Minister in coordination with the minister in charge of governmental affairs in the field of education and relevant parties.

Article 217

(1) Medical Professionals who have completed the internship program may continue their education to specialist programs.
(2) Medical Professionals who have completed specialist programs as referred to in section (1) may continue their education to sub-specialist programs.
(3) Students of specialist/sub-specialist programs as referred to in section (1) and section (2) are empowered by Health Care Facilities in the provision of Health Services as part of the education process.

Article 218

(1) Health Professionals may continue their education to specialist programs.
(2) Students of specialist programs as referred to in section (1) are empowered by Health Care Facilities in the provision of Health Services as part of the education process.

Article 219

(1) Students providing Health Services as referred to in Article 217 section (3) and Article 218 section (2) are entitled:
   a. to obtain legal aid in the case of any medical dispute during the education process;
   b. to obtain break times;
   c. to receive health security in accordance with the provisions of legislation;
   d. to receive protection from physical violence, mental violence, and bullying; and
   e. to receive service fees from Health Care Facilities in accordance with Health Services performed.

(2) Students providing Health Services as referred to in Article 217 section (3) and Article 218 section (2) are obligated:
   a. to maintain the Patient safety;
   b. to honor, protect, and fulfill the rights of Patients;
   c. to uphold professional ethics and practice disciplines of Medical Professionals and Health Professionals; and
   d. to uphold the ethics of Health Care Facilities and comply with the code of conduct applicable at organizers of education and Health Care Facilities.

Article 220

(1) For the purpose of assessing the achievement of competence standards of specialist/sub-specialist Medical Professionals or Health Professionals, students of specialist/sub-specialist programs, whether Medical Professionals and Health Professionals, are must take national-standard competence tests.
(2) The competence standards as referred to in section (1) are prepared by the Collegium and stipulated by the Minister.
(3) The competence tests as referred to in section (1) are undertaken by organizers of education in cooperation with the Collegium.
(4) Students who have completed the specialist/sub-specialist education programs as referred to in section (1) and passed the competence tests at the end of their academic term obtain certificates of competence and certificates of profession.
(5) The certificates of competence as referred to in section (4) are issued by the Collegium.
(6) The certificates of profession as referred to in section (4) are issued by organizers of education.

Article 221

Graduates from specialist/sub-specialist programs are conferred specialist/sub-specialist titles by organizers of education upon completing education.

Article 222

(1) Human resources in the education of Medical Professionals and Health Professionals consist of:
   a. educators and education personnel who are not Medical Professionals and Health Professionals;
   b. Medical Professionals and Health Professionals;

c. researchers and/or engineers; and
d. other personnel in accordance with the needs.

(2) Medical Professionals and Health Professionals as referred to in section (1) point b constitute education personnel or non-education personnel who may carry out education, research, community service, and/or Health Services.
(3) Human resources as referred to in section (1) receive equal acknowledgment for their work in the education process of Medical Professionals and Health Professionals in the development of their careers.
(4) Human resources as referred to in section (1) may be assigned to perform their work in a flexible manner between organizers of higher education and Health Care Facilities.
(5) Human resources subject to the assignment as referred to in section (4) receive acknowledgment for their work in the development of their careers.

Article 223

(1) Organizers of higher education and Health Care Facilities conducting the education of Medical Professionals and Health Professionals provide facilities and infrastructures in accordance with national education standards and Health Services standards.
(2) The facilities and infrastructures as referred to in section (1) are used jointly and/or in turns.

Article 224

(1) The Central Government and Local Governments provide support in the undertaking of education of Medical Professionals and Health Professionals, which covers human resources, facilities and infrastructures, education funding assistance, research and other forms of support.
(2) Education funding assistance as referred to in section (1) is provided in accordance with the policies on planning of Medical Professionals and Health Professionals as referred to in Article 205.
(3) Medical Professionals and Health Professionals who receive education funding assistance as referred to in section (1) are required to undergo terms of service at appointed Health Care Facilities upon completing their education.
(4) Medical Professionals and Health Professionals who received education funding assistance but did not undergo the term of service as referred to in section (1) are subject to administrative sanction in the form of revocation of STR.

Article 225

Medical Professionals and Health Professionals continuously improve their competence for the development of their professions.

Article 226

Further provisions regarding the procurement of Medical Professionals and Health Professionals as referred to in Article 207 up to Article 225 are regulated in a Government Regulation.

Part Four
Empowerment of Medical Professionals and Health Professionals

Section 1
General

Article 227

(1) The empowerment of Medical Professionals and Health Professionals is conducted in accordance with planning for the fulfillment of Medical Professionals and Health Professionals as referred to in Article 203.
(2) The empowerment of Medical Professionals and Health Professionals are carried out by the Central Government, Local Governments, and/or communities in accordance with their respective duties and functions based on the provisions of legislation.
(3) The empowerment of Medical Professionals and Health Professionals as referred to in section (1) are carried out with due observance of the aspects of equal distribution, utilization, and/or development.

Article 228

(1) Local Governments of regencies/cities are required to fulfill the need for Medical Professionals and Health Professionals for primary Health Services in Puskesmas and other first level Health Care Facilities owned by Local Governments based on the provisions of legislation.
(2) The Central Government may grant incentives or disincentives to Local Governments of regencies/cities to fulfill the need for Medical Professionals and Health Professionals as referred to in section (1).

Article 229

(1) Local Governments are responsible for the fulfillment of Medical Professionals and Health Professionals for advanced Health Services at their Health Care Facilities in accordance with the provisions of legislation.
(2) The Central Government may grant incentives or disincentives to Local Governments to fulfill the need for Medical Professionals and Health Professionals as referred to in section (1).

Article 230

Further provisions regarding the incentives or disincentives as referred to in Article 228 and Article 229 are regulated in a Government Regulation.

Paragraph 2
Empowerment of Domestic Medical Professionals and Health Professionals

Article 231

(1) For the purposes of even distribution of Health Services and fulfillment of public need for Health Services, the Central Government and Local Governments are responsible for the placement of Medical Professionals and Health Professionals after undergoing a selection process.
(2) The placement of Medical Professionals and Health Professionals by the Central Government or Local Governments as referred to in section (1) is conducted by:
    a. appointment as state civil apparatus;
    b. special assignment; or
    c. appointment of employees by other methods in accordance with the provisions of legislation.
(3) In addition to the placement of Medical Professionals and Health Professionals by the methods as referred to in section (2), the Central Government may place Medical Professionals and Health Professionals through their appointment as members of the Defence Forces of Indonesia or the Indonesian National Police.
(4) The appointment as state civil apparatus as referred to in section (2) point a and the placement through appointment as members of the Defence Forces of Indonesian or the Indonesian National Police as referred to in section (3) are conducted in accordance with the provisions of legislation.
(5) The placement of Medical Professionals and Health Professionals through special appointment as referred to in section (2) point b is carried out in accordance with national planning and is carried out by the Minister or governors/regents/mayors with due observance of the need for Health Services and the availability of Medical Professionals and Health Professionals, and with due observance of disadvantaged regions, state borders and archipelagoes.
(6) Further provisions regarding the special assignment as referred to in section (2) point b are regulated in a Government Regulation.

Article 232

The placement as referred to in Article 231 is followed by measures for the retention of Medical Professionals and Health Professionals.

Article 233

(1) For the purpose of even distribution of specialist medical services, the Central Government, teaching Hospitals and organizers of education may empower students of specialist/sub-specialist physician or specialist/sub-specialist dentist education programs.
(2) Further provisions regarding the empowerment of students of specialist/sub-specialist physician or specialist/sub-specialist dentist education programs as referred to in section (1) are regulated in a Government Regulation.

Article 234

(1) For the purpose of even distribution of Medical Professionals and Health Professionals in accordance with the need for Health Services, the Central Government and/or Local Governments may utilize Medical Professionals and Health Professionals who graduated from organizers of education undertaken by the Central Government or communities to participate in placement selection.
(2) Medical Professionals and Health Professionals who have passed the selection as referred to in section (1) are placed at Health Care Facilities owned by the Central Government and/or Local Governments for a specific period.
(3) Heads of Health Care Facilities as referred to in section (2) or heads of regions supervising Health Care Facilities must observe the fulfilling of the need for incentives, security guarantees, and occupational safety of Medical Professionals and Health Professionals in accordance with the provisions of legislation.
(4) Further provisions regarding the placement of Medical Professionals and Health Professionals as referred to in section (1) up to section (3) are regulated in a Government Regulation.

Article 235

(1) Medical Professionals and Health Professionals appointed by the Central Government or Local Governments may be transferred in between provinces, regencies, or cities due to the needs of Health Care Facilities and/or due to promotion in accordance with the provisions of legislation.
(2) Medical Professionals and Health Professionals assigned in underprivileged areas, borderlands, and outlying islands as well as areas with Health problems or areas of no interest obtain special allowances or incentives, security guarantees, support of facilities and infrastructures as well as Medical Devices, extraordinary promotions, and protection in their conducting of duties in accordance with the provisions of legislation.
(3) In the event of vacancy of Medical Professionals and Health Care Professionals, the Central Government or Local Governments provide replacement Medical Professionals and Health Professionals to guarantee the sustainability of Health Services at relevant Health Care Facilities.
(4) Further provisions regarding the transfer of Medical Professionals and Health Professionals as referred to in section (1), Medical Professionals and Health care Professionals assigned in underprivileged areas, borderlands and outlying islands as well as areas with Health problems or areas of no interest as referred to in section (2), and the provision of replacement Medical Professionals and Health Professionals as referred to in section (3) are regulated in a Government Regulation.

Article 236

(1) Under certain conditions, the Central Government is authorized to arrange for the placement of Medical Professionals and Health Care Professionals who graduated from organizers of education.
(2) Further provisions regarding the arrangement of placement of Medical Professionals and Health Care Professionals as referred to in section (1) are regulated in a Government Regulation.

Article 237

(1) The Central Government and/or Local Governments may stipulate government service commitment schemes for prospective Medical Professionals and Health Professionals to fulfill Health development interests.
(2) In addition to the government service commitment scheme organized by the Central Government and/or Local Governments as referred to in section (1), business entities or communities may also stipulate government service commitment schemes for the purpose of fulfilling Health Service interests.
(3) The conducting of government service commitment schemes by business entities or communities as referred to in section (2) is followed by the placement of prospective Medical Professionals and Health Professionals in remote, disadvantaged areas, archipelagos as well as areas with Health problems or areas of no interest to support the even distribution of Medical Professionals and Health Professionals.
(4) Further provisions regarding the government service commitment schemes for prospective Medical Professionals and Health Professionals as referred to in section (1) to section (3) are regulated in a Government Regulation.

Paragraph 3

Empowerment of Health Reserve Personnel for the Handling of Extraordinary Event, Epidemic, and Disaster Emergency

Article 238

(1) The Central Government establishes Health reserve personnel to increase the capacity of Human Resources for Health and support Health resilience.
(2) Health reserve workforce as referred to in section (1) consists of Medical Professionals, Health Professionals, and non-Health Professionals who are prepared to be mobilized during the handling of KLB, Epidemic, and disaster emergency.
(3) Health reserve workforce in the form of non-Health Professionals as referred to in section (2) is derived from non-Health Professionals who have undergone training in relation to the control of KLB, Epidemic, and disaster emergency.

(4) Health reserve workforce as referred to in section (2) is subject to management through:
   a. registration and credentials through the utilization of information technology, which is integrated with the National Health Information System;
   b. the fostering and improvement of their capacities; and
   c. the conducting of mobilization.

Article 239

Further provisions regarding the empowerment of Health reserve workforce for the control of KLB, Epidemic, and disaster emergency as referred to in Article 238 are regulated in a Government Regulation.

Paragraph 4
Empowerment of Indonesian Medical Professionals and Health Professionals Overseas

Article 240

(1) The empowerment of Indonesian Medical Professionals and Health Professionals overseas may be carried with due observance of the balance between the need for Medical Professionals and Health Professionals in Indonesia and work opportunities for Indonesian Medical Professionals and Health Professionals overseas.
(2) Further provisions regarding the empowerment of Indonesian Medical Professionals and Health Professionals overseas are regulated in a Government Regulation.

Paragraph 5
Empowerment of Indonesian Medical Professionals and Health Professionals who Graduated from Overseas

Article 241

(1) Indonesian Medical Professionals and Health Professionals who graduated from overseas intending to practice in Indonesia must participate in competence evaluations.
(2) The competence evaluations as referred to in section (1) are carried out by the Minister by involving the minister administering government affairs in the field of education, the Council, and the Collegium.
(3) The competence evaluations as referred to in section (1) cover:
   a. assessment of complete administrative requirements; and
   b. assessment of ability to practice.
(4) The assessment of the ability to practice as referred to in section (3) point b is carried out after the assessment of complete administrative requirements as referred to in section (3) point a.
(5) For the assessment of the ability to practice as referred to in section (3) point b, competence testing is carried out.
(6) Result of the competence testing as referred to in section (5) is:
   a. competent; or
   b. not competent.

(7) In the event the competence testing declares Indonesian Medical Professionals and Health Professionals who graduated from overseas as competent as referred to in section (6) point a, they undergo adaptation at Health Care Facilities.

(8) In the event the competence testing declares Indonesian Medical Professionals and Health Professionals who graduated from overseas as not competent as referred to in section (6) point b, they must participate in competence enhancement.

Article 242

Indonesian Medical Professionals and Health Professionals who graduated from overseas that will undergo adaptation at Health Care Facilities must own STR and SIP.

Article 243

The provisions as referred to in Article 241 are excluded for Indonesian Medical Professionals and Health Professionals who graduated from overseas that:

a. graduated from recognized overseas organizers of education and have been practicing overseas for a minimum 2 (two) years; or
b. are experts in certain prime fields in Health Services, as evidenced by certificates of competence.

Article 244

Indonesian Medical Professionals and Health Professionals who graduated from overseas that have completed competence evaluations and will practice in Indonesia must have STR and SIP in accordance with the provisions as referred to in this Law.

Article 245

Further provisions regarding the empowerment of Indonesian Medical Professionals and Health Professionals who graduated from overseas are regulated in a Government Regulation.

Paragraph 6

Empowerment of Foreign Medical Professionals and Health Professionals who are Domestic Graduates

Article 246

(1) Foreign Medical Professionals and Health Professionals who are domestic graduates that practice in Indonesia must:
    a. have STR; and
    b. have SIP,
    in accordance with the provisions of legislation.

(2) Foreign Medical Professionals and Health Professionals who are domestic graduates as referred to in section (1) may only practice upon the requests of Health Service Facility users under certain time limits.

Article 247

Further provisions regarding the empowerment of foreign Medical Professionals and Health Professionals who are domestic graduates are regulated in a Government Regulation.

Paragraph 7
Empowerment of Foreign Medical Professionals and Health Professionals who Graduated from Overseas

Article 248

(1) Foreign Medical Professionals and Health Professionals who graduated from overseas that may practice in Indonesia only apply to specialist and sub-specialist Medical Professionals and Health Professionals who possess a certain level of competence after undergoing competence evaluations.
(2) The competence evaluations as referred to in section (1) are carried out by the Minister by involving the minister administering governmental affairs in the field of education, the Council, and the Collegium.
(3) The competence evaluations as referred to in section (1) cover:
    a. assessment of complete administrative requirements; and
    b. assessment of ability to practice.
(4) Assessment of the ability to practice as referred to in section (3) point b is carried out after the assessment of complete administrative requirements as referred to in section (3) point a.
(5) Assessment of the ability to practice as referred to in section (3) point b covers competence equalization and competence testing.
(6) The competence equalization as referred to in section (5) is aimed at ensuring conformity with the standard competence of Medical Professionals and Health Professionals in Indonesia.
(7) Result of the competence testing as referred to in section (5) is:
    a. competent; or
    b. not competent.
(8) In the event that the result of the competence testing declares foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who graduated from overseas as competent, they must undergo adaptation at Health Care Facilities.
(9) In the event that the result of the competence testing declares foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who graduated from overseas as not competent, they must return to their countries of origin in accordance with the provisions of legislation.

Article 249

Foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who are overseas graduates undergoing adaptation at Health Service Facilities must have STR and SIP.

Article 250

The provisions as referred to in Article 248 are excluded for foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who are overseas graduates that:

a. graduated from recognized overseas organizers of education and have practiced as specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence overseas for a minimum of 5 (five) years, as evidenced by certificates or any other document issued by an authorized agency in the relevant country; or
b. are experts in certain prime fields in Health Services as evidenced by certificates of competence, and have been practicing overseas for a minimum 5 (five) years.

Article 251

(1) Foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who graduated from overseas may practice at Health Service Facilities in Indonesia with the following provisions:
    a. upon the requests of Health Service Facility users for foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who graduated from overseas in accordance with needs;
    b. for the transfer of science and technology; and
    c. for a maximum period of 2 (two) years and may be extended 1 (one) time and only for the next 2 (two) years.
(2) The requests of Health Service Facility users as referred to in section (1) point a must prioritize the use of Indonesian Medical Professionals and Health Professionals who meet competence standards.
(3) Provisions on the period as referred to in section (1) point c are excluded for the empowerment of foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who graduated from overseas in special economic zones.

Article 252

(1) Foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who graduated from overseas that have completed the process of competence evaluations and who will be practicing in Indonesia are obligated to own STR and SIP.

(2) STR and SIP for foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who graduated from overseas graduates as referred to in section (1) are valid for a period of 2 (two) years and may be extended 1 (one) time and only for the next 2 (two) years.

Article 253

Health Care Facility using foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who graduated from overseas are required to facilitate Indonesian language education and training for foreign Medical Professionals and Health Professionals who graduated from overseas.

Article 254

(1) Foreign Medical Professionals and Health Professionals who graduated from overseas who will become participants of specialist/sub-specialist education programs in Indonesia are obligated to own STR.
(2) STR as referred to in section (1) is valid throughout the education period.

Article 255

(1) Foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who graduated from overseas that will provide education and training for the transfer of science and technology or other activities for a certain period do not require STR.
(2) Foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who graduated from overseas as referred to in section (1) must be approved by the Minister.
(3) The approval as referred to in section (2) is provided for a certain period through organizers of education and training or other activities.

Article 256

In addition to the provisions as referred to in Article 248 to Article 255, foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who graduated from overseas must fulfill other requirements in accordance with the provisions of legislation.

Article 257

Further provisions regarding the empowerment of foreign specialist and sub-specialist Medical Professionals and Health Professionals of a certain level of competence who graduated from overseas as referred to in Article 248 to Article 255 are regulated in a Government Regulation.

Part Five
Training of Medical Professionals and Health Professionals for the Maintenance and Improvement of Quality

Article 258

(1) For the purposes of maintaining and improving the quality of Medical Professionals and Health Professionals, competence trainings and/or improvement activities are carried out to support the continued conducting of practice.
(2) Competence trainings and/or improvement activities as referred to in section (1) are undertaken by the Central Government and/or training agencies accredited by the Central Government.
(3) The maintenance and improvement of quality as referred to in section (1) are conducted in accordance with professional standards, competence standards, service standards, and developments in science and technology.
(4) The competence improvement trainings and/or activities as referred to in section (1) may be used for the certification process through conversion into profession credit units.
(5) Further provisions regarding the undertaking of competence improvement trainings and/or activities for the purposes of maintaining and improving the quality of Medical Professionals and Health Professionals as referred to in section (1) are regulated in a Government Regulation.

Article 259

For the purposes of maintaining and improving the quality of Medical Professionals and Health Professionals as referred to in Article 258, heads of regions and heads of Health Care Facilities must grant equal opportunities to Medical Professionals and Health Professionals with due observance of assessments on performance and behavior.

Part Six
Registration and Licensing

Paragraph 1
Registration

Article 260

(1) Every Medical Professionals and Health Professionals intending to practice are obligated to own STR.
(2) STR as referred to in section (1) is issued by the Council on behalf of the Minister upon the fulfillment of requirements.
(3) The requirements as referred to in section (2) are at least as follows:
    a. having certificates of education in the field of Health and/or certificates of profession; and
    b. having certificates of competence.
(4) STR as referred to in section (1) is valid for a lifetime.

Article 261

STR as referred to in Article 260 is not valid if:
a. the person concerned has passed away;

b. it is deactivated or revoked by the Council on behalf of the Minister; or
c. it is revoked based on a court decision having permanent legal force.

Article 262

Further provisions regarding the Registration of Medical Professionals and Health Professionals are regulated in a Government Regulation.

Paragraph 2
Licensing

Article 263

(1) In conducting their professional practice, certain types of Medical Professionals and Health Professionals are obligated to own a license.
(2) The license as referred to in section (1) is granted in the form of SIP.
(3) SIP as referred to in section (2) is issued by regency/municipal Government where the relevant Medical Professionals or Health Professionals conduct their practice.
(4) In certain conditions, the Minister may issue SIP.
(5) For the issuance of SIP as referred to in section (3), the Central Government involves regency/municipal Government in stipulating quotas for each type of Medical Professionals and Health Professionals, with due observance of the following minimum criteria:
    a. availability and spread of Medical Professionals and Health Professionals in the relevant region;
    b. ratio between the number of population and number of active Medical Professionals and Health Professionals as stipulated by the Minister; and
    c. workload of Medical Professionals and Health Professionals.

Article 264

(1) In order to obtain SIP as referred to in Article 263 section (2), certain Medical Professionals and Health Professionals must have:
    a. STR; and
    b. place of practice.
(2) SIP remains valid as long as the place of practice is still in accordance with what is contained in such SIP.
(3) SIP as referred to in section (1) is valid for 5 (five) years and may be extended as long as it fulfills the requirements.
(4) Requirements for the extension of SIP as referred to in section (3) cover:
    a. STR;
    b. place of practice; and
    c. fulfillment of sufficient profession credit units.
(5) Management of the fulfillment of sufficient profession credit units as referred to in section (4) point c is carried out by the Minister.

(6) SIP as referred to in section (2) and section (3) is not valid in the following events:
   a. it has expired;
   b. the relevant person has passed away;
   c. STR is revoked or deactivated;
   d. SIP is revoked; or
   e. place of practice has changed.

Article 265

Under certain conditions, Medical Professionals and Health Professionals providing Health Services do not require SIP in certain places.

Article 266

Further provisions on the licensing as referred to in Article 263 up to Article 265 are regulated in a Government Regulation.

Article 267

(1) For the purpose of fulfilling the need for medical services, the Minister may issue a letter of assignment to a certain specialist physician or specialist dentist already owning SIP to work at a certain Health Care Facility without requiring SIP in such a place.
(2) The letter of assignment as referred to in section (1) is issued with the following provisions:
   a. a request is made from the health service office of the relevant regency/city based on needs;
   b. no specialist physician or specialist dentist with the same expertise and competence is not available in the relevant regency/city; and
   c. the specialist physician or specialist dentist with the letter of assignment already have SIP.
(3) If during the period of validity of a letter of assignment another specialist physician or specialist dentist with the same expertise and competence is available in the relevant region, such letter of assignment becomes invalid.
(4) Further provisions regarding the letter of assignment are regulated in a Government Regulation.

Part Seven
Council

Article 268

(1) In order to improve the professional quality and technical competence of Medical Professionals and Health Professionals and to provide legal protection and certainty to communities, the Council is established.
(2) The Council as referred to in section (1) is placed under and is responsible to the President through the Minister and is independent in playing its roles.

Article 269

The Council has the following roles:
a. to formulate internal policies and standardization in the conducting of duties of the Council;

b. to carry out the Registration of Medical Professionals and Health Professionals; and
c. to carry out the professional technical fostering of Medical Professionals and Health Professionals.

Article 270

Members of the Council derive from elements of:
a. the Central Government;
b. Medical Professionals and Health Professionals;
c. the Collegium; and
d. communities.

Article 271

Further provisions regarding the Council, including its duties, functions and authority are regulated in a Government Regulation.

Part Eight
Collegium

Article 272

(1) In order to develop branches of discipline and educational standards of Medical Professionals and Health Professionals, every group of experts of every Health discipline may establish a Collegium.
(2) The Collegium as referred to in section (1) constitutes an organ of the Council and is independent in playing its roles.
(3) The Collegium has the following roles:
    a. to prepare the competence standards of Medical Professionals and Health Professionals; and
    b. to prepare curriculum standards for the training of Medical Professionals and Health Professionals.
(4) Members of the Collegium derive of professors and experts in the field of Health.
(5) Further provisions regarding the Collegium, including its duties, functions and authority, are regulated in a Government Regulation.

Part Nine
Rights and Obligations

Paragraph 1
Rights and Obligations of Medical Professionals and Health Professionals

Article 273

(1) In conducting their practice, a Medical Professionals and a Health Professionals are entitled:
    a. to receive legal protection while conducting their duties in accordance with professional standards, professional service standards, standard operating procedures and professional ethics, and the Health needs of Patients;
    b. to receive complete and correct information from Patients or their families;

c. to receive proper salaries/wages, service fees, and performance allowance in accordance with the provisions of legislation;
d. to receive protection for their safety, occupational Health, and security;
e. to receive health security and employment security in accordance with the provisions of legislation;
f. to receive protection from any treatment which is not in accordance with human dignity and values, good morals, social norms, and sociocultural values;
g. to be awarded in accordance with the provisions of legislation;
h. to be granted opportunities to develop themselves through the development of competence, science, and careers in their professions;
i. to reject the wishes of Patients or other parties which contradict with professional standards, service standards, standard operating procedures, code of ethics or the provisions of legislation; and
j. to acquire other rights in accordance with the provisions of legislation.

(2) Medical Professionals and Health Professionals may terminate Health Services if they are subject to any treatment which is not in accordance with human dignity and values, good morals, social norms and sociocultural values as referred to in section (1) point f, including any violence, abuse and bullying.

Article 274

In conducting their practice, a Medical Professionals and a Health Professionals are obligated:

a. to provide Health Services in accordance with professional standards, professional service standards, standard operating procedures and professional ethics, and the Health needs of Patients;
b. to obtain consents from Patients or their families for treatments to be provided;
c. to keep the Health secrets of Patients confidential;
d. to prepare and store records and/or documents on examinations, care, and treatments carried out; and
e. to refer Patients to other Medical Professionals or Health Professionals having appropriate competence and authority.

Article 275

(1) A Medical Professionals and a Health Professionals who conduct practice at Health Care Facilities are required to provide first aid to Patients in Emergency conditions and/or disasters.
(2) A Medical Professionals and a Health Professionals providing Health Services for the purpose of saving lives or preventing the disability of individuals in Emergency conditions and/or on disasters are excluded from any claim for indemnity.

Paragraph 2
Rights and obligations of Patients

Article 276

A Patient is entitled:
a. to receive information on his/her Health;
b. to receive adequate explanations on Health Services received;
c. to receive Health Services in accordance with medical needs, professional standards, and quality services;
d. to refuse or consent to any medical treatment, except for medical treatments needed to prevent communicable diseases and KLB or Epidemic control;
e. to receive access to information as contained in medical records;
f. to ask for the opinions of other Medical Professionals or Health Professionals; and
g. to acquire other rights in accordance with the provisions of legislation.

Article 277

A Patient is obligated:
a. to provide complete and honest information on his/her health problems;
b. to follow the advice and instructions of Medical Professionals and Health Professionals;
c. to comply with the prevailing provisions of Health Service Facilities; and
d. to pay service fees for services received.

Article 278

Further provisions regarding the rights and obligations of Medical Professionals, Health Professionals, and Patients are regulated in a Government Regulation.

Part Ten
Undertaking of Practice

Paragraph 1
General

Article 279

Medical Professionals and Health Professionals are morally responsible for:
a. dedicating themselves in accordance with their respective disciplines;
b. behaving and acting in accordance with professional ethics;
c. prioritizing the interests of Patients and communities over their personal or group interests; and
d. increasing their knowledge and keeping up with developments in science and technology.

Article 280

(1) In conducting their practice, Medical Professionals and Health Professionals providing Health Services to Patients must make best efforts.
(2) The best efforts as referred to in section (1) are carried out in accordance with the norms, services standards and professional standards, and the Health needs of Patients.
(3) The best efforts as referred to in section (1) do not guarantee the success of the Health Services provided.
(4) The practice of Medical Professionals and Health Professionals is undertaken based on the agreement between Medical Professionals or Health Professionals and Patients based on the principles of equality and transparency.

Article 281

Under certain conditions, the practice as referred to in Article 280 may utilize information and communication technology which is integrated with the National Health Information System.

Article 282

(1) Medical Professionals or Health Professionals who are unable to undertake practice may be replaced by substitute Medical Professionals or Health Professionals.
(2) The substitute Medical Professionals or Health Professionals as referred to in section (1) constitute Medical Professionals or Health Professionals who have SIP.
(3) The substitute Medical Professionals or Health Professionals as referred to in section (1) must inform the matter to the Patient and/or their families.

Article 283

(1) Medical Professionals and Health Professionals undertaking individual practice are required to inform their clear identities, including their SIP and STR numbers, at their individual places of practice.
(2) In the event Medical Professionals and Health Professionals conduct their practice at Health Care Facilities, heads of Health Care Facilities are obligated to inform the list of their names, SIP and STR numbers and practice schedules.
(3) Any Medical Professionals, Health Professionals, and head of Health Service Facility not conducting the provisions as referred to in section (1) and section (2) are subject to administrative sanctions.
(4) The administrative sanctions as referred to in section (3) may be in the form of:
    a. verbal reprimand;
    b. written reprimand;
    c. administrative fine; and/or
    d. revocation of license.
(5) The administrative sanctions as referred to in section (4) are imposed by the Central Government, provincial Governments, and regency/municipal Government in accordance with their authority.

(6) Further provisions regarding procedures for the imposition of administrative sanctions are regulated in a Government Regulation.

Article 284

Heads of Health Care Facilities are prohibited from empowering Medical Professionals or Health Professionals who do not have SIP to conduct practice at such Health Care Facilities.

Paragraph 2
Authority

Article 285

(1) The practice of Medical Professionals and Health Professionals must be conducted in accordance with their authority based on their competence.
(2) Medical Professionals and Health Professionals having more than one level of education have authority in accordance with the scope and the highest levels of competence and qualifications.
(3) Further provisions regarding the authorities as referred to in section (1) are regulated in a Government Regulation.

Article 286

(1) Under certain conditions, Medical Professionals and Health Professionals may provide services outside of their authorities.
(2) The certain conditions as referred to in section (1) at least cover:
    a. absence of Medical Professionals and/or Health Professionals in a region where the Medical Professionals or Health Professionals are assigned;
    b. need for government programs;
    c. handling of medical emergencies; and/or
    d. KLB, Epidemic, and/or disaster emergency.
(3) Medical Professionals and Health Professionals as referred to in section (1) cover:
    a. physicians/dentists providing medical and/or pharmaceutical services within a certain limit;
    b. nurses or midwives providing medical and/or pharmaceutical services within a certain limit; or
    c. pharmaceutical vocational personnel providing pharmaceutical services which constitute the authority of pharmacists within a certain limit.

Article 287

(1) The absence of Medical Professionals and/or Health Professionals as referred to in Article 286 section (2) point a is stipulated by a Local Government.
(2) The Medical Professionals and Health Professionals as referred to in Article 286 section (3) have already participated in trainings with due observance of their competence.
(3) The trainings as referred to in section (2) are carried out by the Central Government and/or Local Governments.

(4) In undertaking the trainings as referred to in section (3), the Central Government and/or Local Governments may involve relevant parties.

Article 288

(1) The conducting of Health Services for the need for government programs as referred to in Article 286 section (2) point b is carried out through the assignment of Medical Professionals and/or Health by the Central Government or Local Governments.
(2) The government programs as referred to in section (1) are conducted in accordance with the provisions of legislation.
(3) The Medical Professionals and Health Professionals as referred to in section (1) have already participated in trainings with due observance of their competence.
(4) The trainings as referred to in section (3) are undertaken by the Central Government and/or Local Governments.
(5) In undertaking the trainings as referred to in section (4), the Central Government and/or Local Governments may involve relevant parties.

Article 289

Further provisions regarding the provision of services outside of authority are regulated in a Government Regulation.

Paragraph 3
Delegation of Authority

Article 290

(1) Medical Professionals and Health Professionals may be subject to a delegation of authority in carrying out Health Services.
(2) The delegation of authority as referred to in section (1) consists of delegation of authority based on mandate and delegation of authority in a delegative manner.
(3) The delegation of authority as referred to in section (1) is carried out by Medical Professionals to Health Professionals, among Medical Professionals, and among Health Professionals.
(4) Further provisions regarding the delegation of authority are regulated in a Government Regulation.

Paragraph 4
Professional Standards, Service Standards, and Standard Operating Procedures

Article 291

(1) In undertaking Health Services, every Medical Professionals and Health Professionals are obliged to comply with professional standards, services standards, and standard operating procedures.
(2) The professional standards as referred to in section (1) for each type of Medical Professionals and Health Professionals are prepared by the Council and the Collegium and determined by the Minister.

(3) The services standards as referred to in section (1) are regulated in a Ministerial Regulation.
(4) The standard operating procedures as referred to in section (1) are determined by heads of Health Care Facilities.

Article 292

(1) In conducting their practice, Medical Professionals and Health Professionals may conduct research and development.
(2) The research and development as referred to in section (1) are aimed at supporting Health development in the fields of science, expertise, policies, and technology through Health Measures and Health Resources.
(3) The research and development as referred to in section (1) and section (2) are conducted in accordance with the provisions of legislation.

Paragraph 5
Consent for Measurement in Health Services

Article 293

(1) Every measurement in individual Health Services carried out by Medical Professionals and Health Professionals must obtain a consent.
(2) The consent as referred to in section (1) is provided upon a Patient receiving adequate explanations.
(3) The explanations as referred to in section (2) at least cover:
    a. diagnosis;
    b. indications;
    c. Health Service treatment to be carried out and its purpose;
    d. potential risks and complications;
    e. other alternative treatments and their risks;
    f. risks if the treatment is not carried out; and
    g. prognosis after receiving the measurement.
(4) The consent as referred to in section (1) may be provided in writing or verbally.
(5) The written consent as referred to in section (4) must be acquired before conducting any invasive and/or high-risk measurement.
(6) The consent for measurement as referred to in section (4) and section (5) is provided by the relevant Patient.
(7) In the event that the relevant Patient as referred to in section (6) is incapable of providing consent, the consent for measurement may be provided by an individual representing him/her.
(8) The written consent for the carrying out of treatment in Health Services as referred to in section (1) up to section (7) is signed by a Patient or his/her representative and witnessed by a Medical Professionals or a Health Professionals.
(9) In the event that the Patient as referred to in section (6) is incapable and in need of Emergency measurement but no one is available to provide consent, then consent for such measurement is not required.

(10) The measurement as referred to in section (9) is carried out based on the best interests of the Patient, as decided upon by Medical Professionals or Health Professionals providing services to the Patient.
(11) The measurement as referred to in section (10) is informed to the Patient after he/she is capable or his/her representative is present.
(12) Provisions regarding procedures for the providing of consent for measurement by Medical Professionals and Health Professionals as referred to in section (1) up section (11) are regulated in a Ministerial Regulation.

Article 294

(1) In addition to receiving the explanations as referred to in Article 293 section (3), a Patient also receives explanations on the costs of Health Services received.
(2) Explanations on the costs of Health Services as referred to in section (1) are provided by the relevant Health Care Facility.

Article 295

(1) Public Health Services which constitute government programs do not require consents for measurement.
(2) The Health Services as referred to in section (1) must remain to be informed to communities receiving them.

Paragraph 6
Medical Records

Article 296

(1) Every Medical Professional and Health Professional providing individual Health Services are obligated to make medical records.
(2) In the event that an individual Health Service as referred to in section (1) is conducted at a Health Service Facility other than an independent place of practice, the undertaking of medical records constitutes the responsibility of the Health Service Facility.
(3) The medical records as referred to in section (1) must immediately be completed after a Patient finishes receiving a Health Service.
(4) Every medical record entry must state the name, time, and signature of the Medical Professional or Health Professional providing the service or treatment.
(5) The medical records as referred to in section (3) must be stored and kept confidential by Medical Professionals, Health Professionals, and heads of Health Care Facilities.

Article 297

(1) Documents of the medical records as referred to in Article 296 constitute the property of Health Care Facilities.
(2) Every Patient is entitled to access information which is available in the medical record documents as referred to in section (1).

(3) Health Care Facilities are required to maintain the security, intactness, confidentiality, and availability of data in the medical record documents as referred to in section (1).

Article 298

(1) The ministry administering government affairs in the field of health is responsible for the undertaking of management of medical record data for the management of national Health data.
(2) The management of medical record data as referred to in section (1) covers policy formulation, data collection, processing, storage, security and transfer, and supervision.

Article 299

Further provisions regarding medical records are regulated in a Government Regulation.

Article 300

(1) In undertaking public Health Measures, Medical Professionals and Health Professionals are obligated to make Health Service records.
(2) The Health Service records as referred to in section (1) may be integrated with the data system of Patients which is integrated with the National Health Information System.

Paragraph 7
Health Confidentiality of Patients

Article 301

(1) In conducting Health Services, every Medical Professional and Health Professional are obligated to keep the personal Health confidentiality of Patients.
(2) Disclosure of the personal Health confidentiality of Patients as referred to in section (1) may be conducted for certain purposes as referred to in Article 4 section (4).
(3) Further provisions regarding the personal Health confidentiality of Patients are regulated in a Government Regulation.

Article 302

(1) In the event that Medical Professionals and Health Professionals are aware or reasonably suspects of any criminal offense of a Patient being provided Health Services, such Medical Professionals and Health Professionals are entitled to report on the matter to law enforcement authorities.
(2) The provisions as referred to in section (1) are excluded from Health confidentiality.
(3) A Medical Professionals and Health Professionals filing a report on the suspected criminal offense of a Patient being provided Health Services as referred to in section (1) are obligated to receive legal protection.

Paragraph 8
Quality Control and Cost Control

Article 303

(1) In conducting Health Services, every Medical Professional and Health Professional are obligated to undertake quality control and cost control and observe the safety of Patients.
(2) For the purpose of conducting the activities as referred to in section (1), Health Service audits may be undertaken.
(3) Quality control and cost control at Health Care Facilities constitute the responsibility of Health Care Facilities.
(4) Development and supervision of the quality control and cost control as referred to in section (1) up to section (3) are conducted by the Central Government and Local Governments.

Part Eleven
Enforcement of Discipline of Medical Professionals and Health Professionals and Dispute Settlement

Paragraph 1
Enforcement of Discipline of Medical Professionals and Health Professionals

Article 304

(1) For the purpose of supporting the professionality of Medical Professionals and Health Professionals, the enforcement of professional discipline needs to be applied.
(2) For the purpose of the enforcement of professional discipline as referred to in section (1), the Minister establishes an assembly to conduct duties in the field of professional discipline.
(3) The assembly as referred to in section (2) determines whether or not a violation of professional discipline committed by a Medical Professionals and Health Professionals.
(4) The assembly as referred to in section (2) may be permanent or ad hoc in nature.
(5) Further provisions regarding the duties and functions of the assembly as referred to in section (2) are regulated in a Government Regulation.

Article 305

(1) A Patient or his/her family whose interests are being harmed by the measurement of a Medical Professional or Health Professional in providing Health Services may file a complaint to the assembly as referred to in Article 304.
(2) The complaint as referred to in section (1) must at least include:
    a. identity of the complainant;
    b. name and address of the place of practice of the Medical Professional or Health Professional and the measurement time; and
    c. reason for the complaint.

Article 306

(1) Any violation of discipline by a Medical Professionals or Health Professionals as referred to in Article 304 section (3) is subject to disciplinary sanctions in the form of:
   a. written reprimands;
   b. mandatory participation in education or trainings at nearest organizers of education in the field of Health or teaching Hospitals having the competence to hold such trainings;
   c. temporary deactivation of STR; and/or
   d. recommendation for the revocation of SIP.
(2) Results of the examination as referred to in section (1) are binding on the Medical Professionals and Health Professionals.
(3) The Medical Professionals or Health Professionals who have undergone the disciplinary sanctions as referred to in section (1) are allegedly committing criminal offense , law enforcement authorities prioritize settlement of the dispute by the mechanism of restorative justice in accordance with the provisions of legislation.

Article 307

A decision of the assembly as referred to in Article 304 may be subject to judicial review to the Minister in the following events:
a. new evidence is found;
b. a mistake is made in the application of disciplinary violation; or
c. a conflict of interest of the party conducting the examination and the party being examined is allegedly found.

Article 308

(1) For a Medical Professional or Health Professional alleged to commit an unlawful act in carrying out Health Services which may be subject to criminal sanction, a recommendation must first be obtained from the assembly as referred to in Article 304.
(2) Medical Professionals and Health Professionals being held accountable for any act/deed in relation to the conducting of Health Services causing civil harm to a Patient, a recommendation must be requested from the assembly as referred to in Article 304.
(3) The recommendation from the assembly as referred to in section (1) is provided after Civil Service Investigators or investigators of the Indonesian National Police file an application in writing.
(4) The recommendation from the assembly as referred to in section (2) is provided after the Medical Professionals, Health Professionals or any person being conferred a power of attorney by the Medical Professionals or Health Professionals fille an application in writing on the lawsuit filed by the Patient, his/her family or any person being conferred a power of attorney by the Patient or his/her family.
(5) The recommendation as referred to in section (3) is in the form of a recommendation on whether or not an

investigation may be carried out because the professional practice carried out by the Medical Professionals or Health Professionals is or is not in accordance with professional standards, services standards, and standard operating procedures.

(6) The recommendation as referred to in section (4) is in the form of a recommendation on whether or not the conducting of professional practice by the Medical Professionals or Health Professionals is in accordance with professional standards, services standards, and standard operating procedures.

(7) The recommendation as referred to in section (5) and section (6) is provided not later than 14 (fourteen) workdays as of the receipt of the application.

(8) In the event the assembly does not provide the recommendation within the period as referred to in section (7), the assembly is deemed to have provided the recommendation to hold a crime investigation.

(9) The provisions as referred to in section (1), section (3), section (5), and section (7) do not apply to the investigations of Medical Professionals or Health Professionals who may be held accountable for an alleged criminal offense not related to the conducting of Health Services.

Article 309

Further provisions regarding the enforcement of professional discipline of Medical Professionals and Health Professionals are regulated in a Government Regulation.

Paragraph 2
Dispute Settlement

Article 310

In the event a Medical Professional or Health Professional is alleged to make a mistake in carrying out his/her profession which causes loss to a Patient, the dispute arising due to such mistake is first settled through alternative dispute settlements outside a court of law.

Part Twelve
Professional Organizations

Article 311

(1) Medical Professionals and Health Professionals may establish professional organizations.

(2) The establishment of professional organizations as referred to in section (1) is conducted in accordance with the provisions of legislation.

Part Thirteen
Prohibitions

Article 312

Any Person is prohibited from:

a. without right, using any identity in the form of titles or other forms giving an impression to communities that such a person is a Medical Professionals or Health Professionals who already has STR and/or SIP;
b. using any equipment, method, or other means to provide services to communities giving the impression that the relevant person is a Medical Professional or Health Professional who already has STR and/or SIP; and
c. carrying out practice as a Medical Professional or Health Professional without having STR and/or SIP.

Article 313

(1) Every Medical Professional or Health Professional carrying out practice without having STR and/or SIP as referred to in Article 312 point c is subject to administrative sanction in the form of administrative fine.
(2) Provisions regarding procedures for imposition of the administrative sanction as referred to in section (1) are regulated in a Government Regulation.

CHAPTER VIII
HEALTH SUPPLIES

Article 314

(1) The Central Government and Local Governments are responsible for the availability, even distribution, and affordability of Health Supplies needed for the undertaking of Health Measures.
(2) Responsibility for the availability, even distribution, and affordability as referred to in section (1) is conducted through the management of Health Supplies.
(3) The management of Health Supplies as referred to in section (2) covers planning, provision, and distribution.
(4) The management of Health Supplies as referred to in section (3) for Health Services is conducted with due observance of safety, benefit/efficacy, quality, and price.
(5) In undertaking the responsibility as referred to in section (2), the Central Government and Local Governments may establish pharmacy management facilities.
(6) In emergency conditions, the Central Government and Local Governments may determine and implement special policies for the procurement and utilization of Pharmaceutical Preparations, Medical Devices, and other Health Supplies.
(7) Further provisions regarding the availability, even distribution, and affordability of Health Supplies as referred to in section (1) are regulated in a Government Regulation.

Article 315

(1) The Central Government and Local Governments plan the need for Health Supplies.
(2) Planning of the need for Health Supplies by Local Governments as referred to in section (1) refers to the norms, standards, procedures, and criteria stipulated by the Central Government.
(3) Planning of the need for Health Supplies as referred to in section (1) may use information technology which is integrated with the National Health Information System.

Article 316

(1) Provision of Health Supplies is aimed at fulfilling the need for Health Services.
(2) The provision of Health Supplies as referred to in section (1) may be conducted through procurement.
(3) The procurement of Health Supplies is conducted in accordance with the provisions of legislation.

Article 317

(1) The Central Government prepares a list and types of essential Drugs that must be made available for the interests of communities.
(2) The list and types of essential Drugs as referred to in section (1) are reviewed and improved for a maximum every 2 (two) years in accordance with developments in need and technology.
(3) The Central Government and Local Governments are responsible for ensuring that the essential Drugs as referred to in section (1) are made available on an even and affordable basis by communities.

Article 318

The Central Government is authorized to arrange and control the prices of Health Supplies, specifically Medicines and Medical Devices.

Article 319

(1) Distribution of Health Supplies is carried out by pharmaceutical management facilities, producers, or distributors of Health Supplies in accordance with the provisions of legislation.
(2) The distribution of Health Supplies must be carried out in accordance with good distribution practices.
(3) Pharmacy management facilities, producers, or distributors of Health Supplies must submit reports on distribution activities in accordance with the provisions of legislation.

Article 320

(1) Drugs consist of:
    a. prescribed Drugs; and
    b. non- prescribed Medicines.
(2) Medicines with prescription as referred to in section (1) point a are classified into:
    a. prescription Drugs;

b. narcotics; and
c. psychotropics.

(3) Medicines with prescription are given by pharmacists at pharmaceutical service facilities in accordance with the provisions of legislation.

(4) Non-prescription Medicines as referred to in section (1) point b are classified into:
a. over-the-counter Medicines; and
b. limited over-the-counter Medicines.

(5) In addition to over-the-counter Drugs and limited over-the-counter Drugs, certain prescription-only Medicines may be given by pharmacists without prescription in accordance with the provisions of legislation.

(6) Non-prescription Medicines are acquired from pharmaceutical services facilities or other facilities in accordance with the provisions of legislation.

(7) In the event of developments in science and technology, the Central Government may stipulate classifications of Drugs and/or make changes to classifications of Medicines other than the classifications as referred to in section (2) and section (4).

(8) Further provisions regarding the classification of Medicines, Medicines with prescription, and non-prescription Medicines are regulated in a Government Regulation.

Article 321

(1) Natural Medicinal Products are classified into:
a. *jamu*;
b. standardized herbal medicines;
c. phytopharmaca; and
d. other Natural Medicinal Products.

(2) The Central Government may determine classifications of Natural Medicinal Products other than the classification as referred to in section (1) and/or make changes to classifications of Natural Medicinal Products due to developments in science and technology.

(3) Further provisions regarding the classification of Natural Medicinal Products as referred to in section (1) are regulated in a Government Regulation.

CHAPTER IX
RESILIENCE OF PHARMACEUTICALS AND MEDICAL DEVICES

Article 322

(1) Sources of Pharmaceutical Preparations deriving from nature and already proven to be efficacious, fulfilling the provisions on halal product guarantee in accordance with the provisions of legislation, and safe for use in prevention, Health treatment, and/or healthcare as well as Health maintenance, must be preserved.

(2) Communities are granted optimum opportunities to conduct research, develop, produce, distribute, improve, and use Pharmaceutical Preparations and Medical Devices, the benefits and safety of which may be accounted for.

(3) The research, development, production, distribution, improvement, and use of Pharmaceutical Preparations and Medical Devices as referred to in section (2) are undertaken in accordance with the provisions of legislation.
(4) The Central Government and Local Governments ensure the conducting of research and developments of Pharmaceutical Preparations and active pharmaceutical ingredients of Medical Devices deriving from nature by maintaining their preservation.

Article 323

(1) The Central Government and Local Governments promote and direct research and developments of Pharmaceutical Preparations and Medical Devices by utilizing available national potentials.
(2) Research and development of Pharmaceutical Preparations and Medical Devices are carried out with due observance of and by maintaining environmental preservation, natural resources, religious norms, and sociocultural norms.
(3) The research and development as referred to in section (1) may be carried out by Pharmaceutical Preparation industry, Medical Device industry, research institutions, and education institutions.

Article 324

(1) The Central Government and Local Governments are responsible for the conducting of research, development, utilization and maintenance of substances of Natural Medicinal Products.
(2) The Central Government and Local Governments promote the utilization of natural resources for research and development of Natural Medicinal Products, with due observance of and by maintaining environmental preservation and sociocultural norms.
(3) In promoting the utilization of natural resources for the research on and development of Natural Medicinal Products as referred to in section (2), the Central Government and Local Governments must create a conducive business climate for communities and business actors.
(4) Further provisions regarding the conducting of research, development, utilization and maintenance of Natural Medicinal Products are regulated in a Government Regulation.

Article 325

Research and development of Natural Medicinal Products are aimed at:
a. realizing an independent national pharmaceutical industry to support pharmaceutical resilience;
b. utilizing natural resources and traditional potions in a sustainable manner for the advancement of science and the undertaking of Health Services;
c. ensuring the management of natural potentials so that they have high competitiveness as an economic source for communities; and

d. providing Natural Medicines for maintaining Health with assured quality, efficacy, and safety, which have been scientifically tested and are widely utilized for the purposes of disease prevention, treatment, care, and/or health maintenance.

Article 326

(1) In order to realize the resilience of Pharmaceutical Preparations and Medical Devices, the Central Government and Local Governments are responsible for independency in the fields of Pharmaceutical Preparations and Medical Devices.

(2) The independency of Pharmaceutical Preparations and Medical Devices is carried out through the development and strengthening of supply chain management of Pharmaceutical Preparations and Medical Devices from upstream to downstream in an integrated manner, by prioritizing the use and fulfillment of domestically produced Pharmaceutical Preparations and Medical Devices for national Health resilience and advancements.

(3) Fulfillment of the need for national Health resilience as referred to in section (2) is gradually carried out in accordance with national priorities.

(4) The development and strengthening of supply chain management of Pharmaceutical Preparations and Medical Devices as referred to in section (2) are at least carried out by:
   a. issuing policies, including granting incentives to business actors attempting to realize Pharmaceutical Preparation and Medical Device resilience;
   b. increasing the competitiveness of the Pharmaceutical Preparation and Medical Device industries;
   c. providing support for the mastery and utilization of technology and innovations as well as research and development in the fields of Pharmaceutical Preparations and Medical Devices, including through international cooperation, as carried out multilaterally, regionally and bilaterally by the government and/or communities in accordance with the provisions of legislation;
   d. producing domestic Pharmaceutical Preparations and Medical Devices for the fulfillment of domestic needs and export, and increasing industrial activities/utilization of industrial capacity;
   e. ensuring the use of domestically produced Natural Medicinal Products and Medical Device raw materials by domestic pharmaceutical and Medical Device industries;
   f. optimizing the roles of academics, business actors, the Central Government, Local Governments, and communities; and
   g. ensuring the sustainability of supply chains through voluntary licenses, mandatory licenses or execution of patents by the government, mainly during a disaster, KLB, or Epidemic.

(5) In order to ensure national resilience, generic Medicines of international nonproprietary names marketed in Indonesia may only be produced by the domestic pharmaceutical industry.

Article 327

(1) The Central Government, Local Governments, communities, and Health Care Facilities must prioritize the use of domestic Pharmaceutical Preparations and Medical Devices, while still observing their quality, grade, safety, and benefits.
(2) The Pharmaceutical Preparations and Medical Devices as referred to in section (1) which are produced by Pharmaceutical Preparation and Medical Device industries must prioritize the use of domestic raw materials for production.

Article 328

(1) In the procurement of Medicines and Medical Devices, the Central Government, Local Governments and Health Care Facilities must prioritize Medicines and Medical Devices using domestic raw materials for production.
(2) The prioritization of using domestic raw materials for production as referred to in section (1) is conducted with due observance of their quality, safety, and benefits.

Article 329

(1) The Central Government and Local Governments facilitate the undertaking of down-streaming of national research to improve the competitiveness of Pharmaceutical Preparation and Medical Device industries.
(2) The Central Government and Local Governments build a research ecosystem which consists of research infrastructure, ease of licensing for research and research support, and human resources.
(3) The research infrastructure as referred to in section (2) is built by the Central Government, Local Governments, and/or communities.
(4) The Central Government and Local Governments facilitate the licensing for research and research support as referred to in section (2), without reducing the protection of research values.
(5) The Central Government and Local Governments may provide support to institutions and/or communities making investments in pharmaceutical and Medical Device research.

Article 330

Provisions on the acceleration of development and resilience of Pharmaceutical Preparation and Medical Device industries are regulated in a Government Regulation.

Article 331

(1) In order to support the independence of Pharmaceutical Preparation and Medical Device industries, the Central Government grants incentives to such industries.

(2) The incentives as referred to in section (1) are also granted to every Pharmaceutical Preparation and Medical Device industry conducting activities of research, development and innovation domestically, as well as those carrying out production using domestic raw materials.
(3) The incentives as referred to in section (1) and section (2) are in the form of fiscal and non-fiscal incentives.
(4) The granting of incentives to Pharmaceutical Preparation and Medical Device industries is conducted in accordance with the provisions of legislation.

Article 332

(1) The Central Government and Local Governments carry out risk mitigation on Pharmaceutical Preparations, Medical Devices, and other Health Supplies needed in an emergency condition, disaster, KLB, or Epidemic.
(2) In carrying out risk mitigation as referred to in section (1), the Central Government and Local Governments stipulate policies, standards, systems and management of Pharmaceutical Preparations, Medical Devices and other Health Supplies.

Article 333

Further provisions on the standards, systems and management of Pharmaceutical Preparations, Medical Devices and other Health Supplies in an emergency condition, disaster, KLB or Epidemic are regulated in a Government Regulation.

CHAPTER X
HEALTH TECHNOLOGY

Article 334

(1) Health Technology is undertaken, produced, distributed, developed and evaluated through research, development and review to improve Health Resources and Health Measures.
(2) The Health Technology as referred to in section (1) includes hardware and software.
(3) The Central Government and Local Governments promote the utilization of products of domestic Health Technology.
(4) The Health Technology as referred to in section (1) must fulfill standards in accordance with the provisions of legislation.

Article 335

(1) In developing the Health Technology as referred to in Article 334, laboratory research, research utilizing experimental animals, plants, microorganisms and stored biological materials, or research involving humans as subjects may be carried out.
(2) The research as referred to in section (1) must fulfill the principles of ethics, science, scientific methodology and consent from relevant authorities in accordance with the provisions of legislation.

(3) The research as referred to in section (1) must observe benefits, risks, human safety, and environmental preservation.
(4) The research involving humans as its subjects as referred to in section (1) must be consented to by the parties being the research subjects.
(5) A research involving humans as its subjects is carried out by respecting the rights of the research subjects, including a guarantee that such research does not harm the humans made to be its subjects.
(6) A research utilizing an experimental animal must observe the welfare of animals and prevent any indirect adverse impact on human Health.
(7) Procedures for the research as referred to in section (1) are conducted in accordance with the provisions of legislation.

Article 336

(1) Every research, development, review, and utilization of Health Technology must consider potential risks and benefits to public Health.
(2) The research, development, review, and utilization of Health Technology as referred to in section (1) are conducted in accordance with the provisions of legislation.

Article 337

(1) The Central Government and Local Governments are responsible for promoting and facilitating sustainable innovations of Health Technology, and for ensuring the safety, benefits, efficacy and quality of products of Health Technology innovations for the purpose of protecting communities.
(2) In undertaking the responsibility as referred to in section (1), the Central Government stipulates policies on Health Technology innovations.
(3) Further provisions on conducting Health Technology innovations are regulated in a Government Regulation.

Article 338

(1) For the purpose of supporting Health Services, the Central Government and Local Governments promote the utilization of Health Technology, including biomedical technology.
(2) The utilization of biomedical technology as referred to in section (1) covers genomic, transcriptomic, proteomic, and metabolomic technology related to organisms, tissues, cells, biomolecules, and other biomedical technology.
(3) The utilization of biomedical technology as referred to in section (1) is conducted as from the activities of collection, long-term storage, and management and utilization of materials in the form of clinical specimens and biological materials, information content and related data which are intended for the interests of science and Health Technology and Health Services, including precision medical services.

(4) The collection, long-term storage, and management and utilization of materials in the form of clinical specimens and biological materials, information content and related data for the utilization of biomedical technology require the consents of Patients and/or donors.

(5) The obligation to obtain the consents of Patients and/or donors in the management and utilization of materials in the form of clinical specimens and biological materials, information content, and related data as referred to in section (4) is excluded if:
   a. materials in the form of clinical specimens and biological materials, information content, and data whose identity can be tracked or in the form of aggregate data;
   b. materials in the form of clinical specimens and biological materials, information content, and data for legal purposes; and/or
   c. materials in the form of clinical specimens and biological materials, information content, and data for public interests in accordance with the provisions of legislation.

Article 339

(1) The storage and management of materials in the form of clinical specimens and biological materials, information content, and data for the long term must be carried out by biobanks and/or biorepositories.

(2) The biobanks and/or biorepositories as referred to in section (1) are organized by Health Care Facilities, education institutions and/or Health research and development institutions, whether they are owned by the Central Government, Local Governments or private parties.

(3) The organizing of biobanks and/or biorepositories as referred to in section (2) requires a stipulation from the Central Government.

(4) The organizing of biobanks and/or biorepositories requires the application of the following principles:
   a. biosafety and biosecurity;
   b. confidentiality or privacy;
   c. accountability;
   d. benefit;
   e. public interests;
   f. respect of human rights;
   g. ethics, legal, and medicolegal; and
   h. sociocultural.

(5) Biobank and/or biorepository organizers are required to store specimens and data domestically.

(6) Data and information in organizing biobanks and/or biorepositories must be integrated into the National Health Information System.

Article 340

(1) Transfer and use of materials in the form of clinical specimens and biological materials, information content, and/or data out to the territory of Indonesia are carried out with due observance of the principle of maintenance of wealth of biological and genetic resources in Indonesia.
(2) The transfer and use of materials in the form of clinical specimens and biological materials, information content, and/or data out to the territory of Indonesia as referred to in section (1) may only be carried out if:
    a. the methods of achieving the examination purposes and objectives may not be carried out in Indonesia;
    b. the examination may be carried out in Indonesia but in order to achieve the main purpose of the research, it is necessary to carry out the examination outside the territory of Indonesia; and/or
    c. for the purpose of quality control in updating the accuracy of diagnostic and therapeutic standard capacities.
(3) The transfer and use of materials in the form of clinical specimens and biological materials, information content, and/or data out to the territory of Indonesia must be completed with transfer of material agreements prepared based on the benefit sharing principle which meets a sense of justice, safety and benefit.
(4) The transfer and use of materials in the form of clinical specimens and biological materials, information content, and/or data out to the territory of Indonesia as referred to in section (1) may only be carried out upon being approved by the Central Government.

Article 341

(1) Collection and delivery of materials in the form of clinical specimens and biological materials may only be carried out by Medical Professionals, Health Professionals, health supporting personnel or assistance personnel having expertise and authority.
(2) Requirements and procedures for the collection and delivery of materials in the form of clinical specimens and biological materials as referred to in section (1) are conducted in accordance with the provisions of legislation.

Article 342

(1) Any Person is prohibited from carrying out discrimination on the results of genetic examinations and analysis of an individual.
(2) Any Person violating the provisions as referred to in section (1) is subject to administrative sanctions by the Central Government or Local Governments in accordance with their respective authority in the form of the imposition of administrative fines until license revocation.
(3) Provisions on procedures for the imposition of administrative sanctions as referred to in section (2) are regulated in a Government Regulation.

Article 343

The use of materials in the form of clinical specimens and biological materials, information content, and/or biomedical data by industry or for commercial purposes requires a permit from the Central Government.

Article 344

Further provisions on Health Technology are regulated in a Government Regulation.

CHAPTER XI
HEALTH INFORMATION SYSTEM

Part One
General

Article 345

(1) In order to carry out effective and efficient Health Measures, a Health Information System is organized.
(2) The Health Information System as referred to in section (1) is organized by:
    a. the Central Government;
    b. Local Governments;
    c. Health Care Facilities; and
    d. communities, namely individuals and groups.
(3) The organizers as referred to in section (2) are required to integrate the Health Information System with the National Health Information System.
(4) The ministry administering governmental affairs in the field of health may provide support to the organizers as referred to in section (2) in the management of the Health Information System.

Part Two
Data Governance of Health Information System

Article 346

(1) Health Information System administrators conduct data governance of Health Information System supporting services in the field of Health.
(2) Management of the Health Information System as referred to in section (1) constitutes a series of activities to guarantee the quality and reliability of the system.
(3) Management of the Health Information System as referred to in section (2) is conducted in accordance with the architecture of the Health Information System.
(4) The architecture of the Health Information System as referred to in section (3) is prepared in accordance with guidelines determined by the Minister.
(5) In addition to the purpose of supporting services in the field of Health as referred to in section (1), the organizing of the Health Information System is also aimed at developing an information system in the field of Health biotechnology.
(6) Health Information System organizers are required to process Health data and information in the territory of Indonesia.

(7) Health Information System organizers may process Health data and information outside the territory of Indonesia, to be conducted in accordance with the provisions of legislation.

Article 347

(1) Health Information System organizers are required to ensure the reliability of the Health Information System, including:
   a. its availability;
   b. security;
   c. maintenance; and
   d. integration.

(2) Reliability of the Health Information System as referred to in section (1) is conducted by:
   a. testing the compatibility of the system;
   b. maintaining data confidentiality;
   c. determining policies on the right to access data;
   d. having system reliability certifications; and
   e. conducting periodic audits.

Article 348

(1) Health Information System organizers are required to provide high quality Health data and information.

(2) Communities may access public data and/or their Health data through organizers of the Health Information System which is integrated into the National Health Information System in accordance with the provisions of legislation.

(3) The processing of Health data and information is conducted in accordance with the provisions of legislation.

Article 349

(1) Health Information System organizers are required to conduct the processing of Health data and information, which covers:
   a. planning;
   b. collection;
   c. storage;
   d. examination;
   e. transfer;
   f. utilization; and
   g. destruction.

(2) Planning as referred to in section (1) point a is aimed at determining the list of data and information to be collected.

(3) Collection as referred to in section (1) point b is conducted in accordance with the results of data planning.

(4) Storage as referred to in section (1) point c is conducted on a safe database, which is neither easily damaged nor lost, by using electronic and/or non-electronic storage media.

(5) Examination as referred to in section (1) point d is conducted to guarantee the quality of data and information.

(6) Transfer as referred to in section (1) point e is conducted between Health Information System organizers through the National Health Information System.

(7) Data and information managed by Health Information System organizers may be transferred out to the territory of Indonesia for specific and limited purposes, with the approval of the Central Government.
(8) Utilization as referred to in section (1) point f is conducted for:
    a. individual Health;
    b. public Health;
    c. Health development; and
    d. policy making.
(9) Destruction as referred to in section (1) point g may be conducted by Health Information System organizers after the end of the storage period in accordance with the provisions of legislation.
(10) Health Information System organizers may destroy data and information after the end of the storage period.
(11) Health Information System organizers are required to record the history of the processing of data and information.
(12) Further provisions on the processing of Health data and information are regulated in a Government Regulation.

Article 350

(1) The Health Information System contains data and information deriving from:
    a. Health Care Facilities;
    b. agencies of the Central Government and Local Governments;
    c. agencies/institutions administering national social security programs;
    d. other agencies/institutions administering activities in the field of Health;
    e. public activities other than Health Care Facilities;
    f. individual independent reports; and
    g. other sources.
(2) The data and information as referred to in section (1) consist of personal data and information as well as public data and information.

Article 351

(1) Health Information System organizers are required to ensure the protection of Health data and information of every individual.
(2) The processing of Health data and information using individual Health data requires the approval of data owners and/or the fulfillment of other provisions constituting the basis of personal data processing in accordance with the provisions of legislation in the field of personal data protection.
(3) Owners of the data as referred to in section (2) are entitled:
    a. to receive information on the purpose of individual Health data collection;
    b. to access and correct data and information through Health Information System organizers;

c. to request Health Information System organizers to deliver their data to other organizers of the Health Information System;
d. to request Health Information System organizers to delete incorrect data upon the approval of their owners; and
e. to obtain other rights of a personal data subject in accordance with the provisions of legislation in the field of personal data protection.

(4) The rights of a data owner as referred to in section (3) are excluded for certain interests as regulated in legislation in the field of personal data protection.

(5) Health Information System organizers are required to inform data owners in the event of any failure to protect individual Health data and information in accordance with the provisions of legislation in the field of personal data protection.

(6) The protection of Health data and information of every individual is conducted in accordance with the provisions of legislation.

CHAPTER XII
EPIDEMIC AND EPIDEMIC

Part One
Epidemic

Article 352

(1) In order to protect communities from KLB, Local Governments and the Central Government are responsible for conducting KLB awareness, KLB control, and post-KLB activities.

(2) KLB awareness, KLB control, and post-KLB activities as referred to in section (1) are conducted in a coordinated, comprehensive and sustainable manner in areas, Entry Points, and seaports or airports serving domestic traffic.

(3) In conducting KLB awareness, KLB control and post-KLB activities as referred to in section (1), the elements of Medical Professionals, Health Professionals, academics or experts, the Defence Force of Indonesia, the Indonesian National Police, cross-sectors, and/or public/religious figures are involved.

Article 353

(1) Regents/mayors, governors, or the Minister must determine KLB in the event that a disease or Health problem fulfilling the criteria of KLB occurs in a certain region.

(2) The criteria of KLB as referred to in section (1) consist of the following:
a. occurrence of a disease or Health problem that previously did not exist or was unknown;
b. a continued increase of occurrences within 3 (three) periods of time, namely consecutive hours, days or weeks;

c. an increased occurrence of disease of 2 (two) times or more if compared to the previous period;
d. the average number of occurrences of disease per month for 1 (one) year showing an increase of 2 (two) times or more;
e. the mortality rate due to the disease or Health problem at 1 (one) certain period of time showing an increase of 50% (fifty percent) or more;
f. the proportional rate of new sufferer within one period showing an increase of 2 (two) times or more if compared to one previous period within the same period; and/or
g. other criteria as determined by the Minister.

(3) A regent/mayor, governor, or the Minister must revoke a KLB determination if a region no longer fulfills the criteria of KLB.

(4) Further provisions on the criteria of KLB, determination and revocation of KLB are regulated in a Government Regulation.

Article 354

(1) Regents/mayors, governors, or the Minister determining KLB are required to immediately conduct KLB control activities.

(2) The KLB control activities as referred to in section (1) cover:
a. epidemiologic investigation;
b. surveillance;
c. control of risk factors;
d. destruction of causes of KLB;
e. prevention and immunity;
f. Health promotion;
g. risk communications;
h. case management;
i. handling of corpses due to KLB; and
j. other necessary handling measures in accordance with causes of KLB.

Article 355

Further provisions on KLB awareness, KLB control, and post-KLB activities are regulated in a Government Regulation.

Part Two
Epidemic

Paragraph 1
General

Article 356

In order to protect communities from Epidemic, the Central Government and Local Governments conduct Epidemic Awareness, Epidemic control and post-Epidemic activities.

Paragraph 2
Determination of Types of Diseases Having the Potential to Cause Epidemic

Article 357

(1) For the purpose of Epidemic Awareness, the types of diseases having the potential to cause Epidemic are determined.
(2) The types of diseases having the potential to cause Epidemic as referred to in section (1) are categorized into:
    a. endemic diseases;
    b. new-emerging infectious diseases; and/or
    c. re-emerging infectious diseases.
(3) The types of diseases having the potential to cause Epidemic as referred to in section (1) are determined based on the following criteria:
    a. diseases caused by biological agents;
    b. diseases which may be transmitted from human being to human being and/or from animal to human being;
    c. diseases having the potential to cause serious illness, disability, and/or death; and
    d. diseases having the potential to increase and spread rapidly.
(4) The types of diseases having the potential to cause Epidemic as referred to in section (1) are determined by the Minister.
(5) The Minister may determine changes to the types of diseases having the potential to cause Epidemic as referred to in section (4) by considering developments in disease epidemiology as well as sociocultural, security, economic, and science and technology aspects.

Paragraph 3
Epidemic Awareness in Regions

Article 358

(1) For the purpose of Epidemic Awareness in regions, Local Governments of regencies/municipalities and Local Governments of provinces must conduct the following activities:
    a. observing the occurrence of types of diseases having the potential to cause Epidemic, and mapping risk factors on the occurrence of Epidemic;
    b. response to diseases having the potential to cause Epidemic and their risk factors;
    c. determination of KLB Affected Areas and KLB control; and
    d. readiness of resources in the occurrence of Epidemic at any time.
(2) The activities as referred to in section (1) are conducted in a comprehensive and sustainable manner

Paragraph 4
Epidemic Vigilance at Entry Points

Article 359

For the purpose of Epidemic Precautions at Entry Points and inter-regional crossings, the Central Government conducts activities for the observing of diseases and/or disease risk factors having the potential to cause Epidemic, namely at Entry Points and seaports or airports serving domestic traffic.

Article 360

(1) For the purpose of observing diseases and/or disease risk factors having the potential to cause Epidemic, supervision is carried out on means of transportation, people, goods and/or the environment.
(2) Supervision on means of transportation as referred to in section (1) is carried out on ships, aircrafts and land vehicles serving civil transportation, both on arrival and departure.
(3) In addition to ships, aircrafts and land vehicles serving civil transportation as referred to in section (2), supervision is also carried out on non-civil ships, airplanes and land vehicles for the needs of war transportation, state officials and/or state guests, the undertaking of which is coordinated with relevant ministries/agencies.
(4) In the event that a disease and/or disease risk factors having the potential to cause Epidemic at Entry Points or seaports and airports serving domestic traffic are found, handling actions are immediately carried out.
(5) The handling actions as referred to in section (4) may be in the form of:
    a. screening, referral, isolation or quarantine, immunization, prophylaxis, disinfection, and/or decontamination of people in accordance with indications;
    b. disinfection, decontamination, disinfection, and/or deratization of means of transportation and goods; and/or
    c. other handling actions.
(6) The handling actions as referred to in section (5) are conducted in accordance with the types of disease agents and the methods of its spread.
(7) In the event of people being unwilling to be subject to the handling actions as referred to in section (6), the ministry administering governmental affairs in the field of health is authorized to issue recommendations to airlines, shipping agents or agents of land transportation to delay departures, or to issue recommendations to immigration officers to make rejections.
(8) In conducting the handling activities as referred to in section (5), the ministry administering governmental affairs in the field of health may involve cross-sectoral parties and Local Governments.
(9) Further provisions on the handling actions as referred to in section (4) are regulated in a Government Regulation.

Article 361

(1) In the event that the ministry administering governmental affairs in the field of health obtains information on the occurrence of an increased transmission of diseases and/or disease risk factors having the potential to cause Epidemic in another country, it must increase vigilance and take necessary steps for disease prevention and restriction of entry at Entry Points.
(2) In the event the Epidemic has already spread in various countries, the Minister issues regulations on procedures for supervision and/or handling actions on means of transportation arriving from or departing overseas in accordance with characteristics of the causes/agents of the disease and the methods of its spread, including the possibility of restricting the mobility of people and goods at Entry Points.
(3) For the prevention and restriction of diseases at Entry Points as referred to in section (1), the Minister may recommend the closing of Entry Points to the President.

Article 362

Any ship, airplane, and land vehicle which are:
a. arriving from or departing overseas; or
b. arriving from an Affected Area,
are under the supervision of the ministry administering governmental affairs in the field of health.

Article 363

(1) At the time of arrival or when passing through cross-border posts, any shipmaster, pilot or driver is required to inform Health Quarantine Officers if any ill and/or deceased person is strongly suspected due to there are persons who are ill and/or deceased and are strongly suspected of having been affected by a disease and/or disease risk factors having the potential to cause an epidemic.
(2) The submission of information by any shipmaster, pilot or driver as referred to in section (1) is carried out by the delivery to Health Quarantine Officers of health declaration documents for ships, airplanes and land vehicles at the time of arrival.
(3) Every shipmaster, pilot, or driver as referred to in section (1) is prohibited from dropping off or picking up passengers and/or cargo before obtaining a letter of approval from the ministry administering governmental affairs in the field of health.

Article 364

(1) For the transportation containing an individual who is strongly suspected of becoming ill and/or having passed away due to disease and/or disease risk factors having the potential to cause Epidemic, Health Quarantine Officers are authorized to carry out inspection and handling actions as referred to in Article 360 section (5).

(2) Provisions on the activities of inspection and handling actions on land vehicles at cross-border posts are regulated in bilateral agreements.

Article 365

Further provisions on the supervision of ships, airplanes, and land vehicles are regulated in a Government Regulation.

Article 366

(1) Every conveyance, person, and/or goods which are:
   a. arriving from or departing overseas; or
   b. arriving from or departing to endemic or affected areas/countries,

   must be accompanied by Health Quarantine Documents.
(2) The Health Quarantine Documents as referred to in section (1) are intended as a means of supervision and prevention of the entry and/or exit of diseases and/or disease risk factors having the potential to cause Epidemic.

Article 367

Provisions on procedures for filing, issuing, and cancelling Health Quarantine Documents are regulated in a Government Regulation.

Paragraph 5
Epidemic Areas

Article 368

(1) The Minister determines or revokes the designation of certain areas as Epidemic Affected Areas.
(2) In order to designate certain areas as Epidemic Affected Areas as referred to in section (1), the Minister considers the following aspects:
   a. disease etiology;
   b. case and mortality situations;
   c. capacity of Health Services; and/or
   d. community condition.
(3) Further provisions on the determination and the revocation of designation of Epidemic Affected Areas as referred to in section (1) and section (2) are regulated in a Government Regulation.

Article 369

In the event that Epidemic has the impact of threatening and potentially disturbing the lives and livelihood of communities which results in a number of victims, economic loss, a wide range of areas hit by the Epidemic, socioeconomic impact and environmental damage, the Minister proposes the determination of such Epidemic as a non-natural national disaster to the President.

Article 370

In the occurrence of the Epidemic situation as referred to in Article 369, the President determines such Epidemic as a non-natural national disaster in accordance with the provisions of legislation.

Paragraph 6
Epidemic Control

Article 371

Epidemic Control is conducted immediately after the determination of Epidemic Affected Areas, with due observance of humanity, social, cultural, economic and environmental principles.

Article 372

Epidemic control is carried out through the following activities:
a. investigation of disease;
b. strengthening of surveillance;
c. handling of sufferers;
d. control of risk factors;
e. handling of at-risk population;
f. communication of risks; and/or
g. other handling actions.

Article 373

(1) The investigation of disease as referred to in Article 372 point a is carried out to obtain information on disease etiology, sources of disease, and methods of transmission or spread of the Epidemic disease.
(2) Information on disease etiology, sources of disease, and methods of transmission or spread of the Epidemic disease as referred to in section (1) is used as consideration in determining the handling actions.

Article 374

(1) The strengthening of surveillance as referred to in Article 372 point b is carried out for case finding and in-depth identification on characteristics of disease etiology/agents and risk factors based on laboratory and/or scientific research.
(2) The surveillance as referred to in section (1) is carried out through systematic and continuous observation activities on the event of disease and conditions affecting its increase and transmission, in order to obtain and provide information to direct the effective and efficient handling of such disease.

Article 375

(1) For the handling of sufferers as referred to in Article 372 point c, management measures of sufferers are carried out in accordance with medical needs.
(2) The handling of sufferers as referred to in section (1) covers:
    a. isolation;
    b. quarantine; and/or
    c. medical treatment and care.
(3) Isolation as referred to in section (2) point a is conducted at Health Care Facilities or such other places which allow sufferers to receive access to Health Services to save their lives.

(4) Quarantine as referred to in section (2) point b may be conducted at home, Hospitals, workplaces, conveyance, hotels, guesthouses, dormitories, and such other places or areas with due observance of the aspect of epidemiology.
(5) Quarantine as referred to in section (2) point b may be carried out on people, goods, and conveyance.
(6) Medical treatment and care as referred to in section (2) point c are conducted at Health Care Facilities in accordance with standards and the provisions of legislation.
(7) The Central Government and Local Governments, along with communities, are responsible for facilitating the conducting of isolation and quarantine.
(8) In the event that the suffers as referred to in section (2) fulfill the criteria for isolation or quarantine actions, isolation or quarantine needs to be carried out to reduce the spread of the Epidemic disease.

Article 376

(1) The control of risk factors as referred to in Article 372 point d is carried out to break the chain of disease transmission from risk factors in accordance with provisions and developments in technology and the characteristics of risk factors, including the possibility of their destruction.
(2) The control of risk factors as referred to in section (1) covers:
    a. sanitation, safeguarding, and control intended to improve environmental risk factors and/or destroy biological agents causing the disease;
    b. infection prevention and control; and/or
    c. handling of corpses.

Article 377

(1) The handling of at-risk population as referred to in Article 372 point e is carried out to prevent and reduce the risk of spread of disease.
(2) The handling of at-risk population as referred to in section (1) covers:
    a. immunization;
    b. prophylaxis; and/or
    c. restriction of social activities.
(3) The restriction of social activities as referred to in section (2) point c covers:
    a. closing of schools and workplaces;
    b. restriction of religious activities;
    c. restriction of activities in public places or facilities; and/or
    d. restriction of other activities.

Article 378

(1) The communication of risks as referred to in Article 372 point f is carried out to provide understanding to communities and increase their role in Epidemic control efforts.
(2) The communication of risks as referred to in section (1) are carried out through:
    a. provision of information and/or education to communities; and/or

b. social mobilization.

Article 379

(1) Epidemic control activities are conducted in an integrated, comprehensive and on-target manner by involving relevant ministries/agencies and Local Governments.
(2) In Epidemic control, the Central Government may cooperate with other countries or international agencies.

Article 380

Further provisions on the conducting of Epidemic control activities as referred to in Article 371 to Article 379 are regulated in a Government Regulation.

Paragraph 7
Post-Epidemic Activities

Article 381

(1) For post-Epidemic recovery, normalization activities are carried out with regard to:
    a. Health Services; and
    b. social, economic, and cultural lives of communities.
(2) In addition to the recovery as referred to in section (1), measures are still made to prevent the re-occurrence of Epidemic through the following activities:
    a. strengthening of Health surveillance; and
    b. control of risk factors.
(3) The activities as referred to in section (1) and section (2) are conducted by Local Governments of regencies/municipalities, Local Governments of provinces and the Central Government in an integrated, comprehensive, on-target and sustainable manner in accordance with their respective authority.
(4) Further provisions on the conducting of post-Epidemic activities are regulated in a Government Regulation.

Part Three
Laboratories

Article 382

(1) In the event that it is necessary to have samples and/or specimens for laboratory confirmation in the control of KLB and Epidemic, the collection of samples and confirmations is carried out at a nearest laboratory which has capacity.
(2) The confirmation as referred to in section (1) prioritizes national sovereignty and interests, utilization for communities, and advancements in science and technology.
(3) In the event that the laboratory confirmation as referred to in section (1) needs to be carried out with other countries, such confirmation must be carried out in accordance with the provisions of legislation on agreement for the transfer of materials.

Part Four
Waste Management

Article 383

(1) The Central Government, Local Governments, and/or Health Care Facilities are responsible for waste management from KLB and Epidemic handling activities.
(2) Waste management as referred to in section (1) is conducted in accordance with the provisions of legislation.

Part Five
Reporting

Article 384

(1) Local Governments of regencies/cities and Local Governments of provinces are required to submit periodic reports on the conducting of KLB and Epidemic awareness, KLB and Epidemic handling activities and/or post-KLB, and post-Epidemic activities to the Minister.
(2) The reports as referred to in section (1) at least contain developments on KLB and Epidemic situations and conducted handling activities.

Article 385

(1) The Minister is required to report every development on KLB and Epidemic situations as well as KLB and Epidemic control activities to the President.
(2) Based on the reports as referred to in section (1), the Minister announces developments on KLB and Epidemic with due observance of social, economic, cultural, political and security impact possibly occurring.

Part Six
Resources

Article 386

Resources in KLB and Epidemic control measures cover:
a. human resources;
b. technology;
c. means and infrastructures;
d. Health Supplies; and
e. funding.

Article 387

Human resources as referred to in Article 386 point a constitute Medical Professionals, Health Professionals, and health supporting or assistance personnel in accordance with needs.

Article 388

(1) Every Medical Professionals and Health Professionals are required to participate in KLB and Epidemic control activities.

(2) In the event that Medical Professionals and Health Professionals as referred to in section (1) are insufficient, the Central Government and Local Governments may mobilize Health reserve personnel as referred to in Article 238.
(3) Further provisions on the mobilization of Health reserve personnel as referred to in section (2) are regulated in a Government Regulation.

Article 389

(1) Technology as referred to in Article 386 point b is in the form of applications and developments of:
    a. appropriate technology;
    b. laboratory test methods;
    c. treatment methods;
    d. information and communication management technology; and
    e. research.
(2) Research as referred to in section (1) point e prioritizes service-based research.

Article 390

Means and infrastructures as referred to in Article 386 point c constitute all facilities needed to support KLB and Epidemic vigilance, KLB and Epidemic control, and post-KLB and post-Epidemic activities.

Article 391

Health Supplies as referred to in Article 386 point d cover Medical Devices, Medicines, vaccines, disposable medical materials, and other supporting materials/equipment needed to undertake KLB and Epidemic vigilance, KLB and Epidemic control, and post-KLB and post-Epidemic activities.

Part Seven
Rights, Obligations, and Prohibitions

Paragraph 1
Rights

Article 392

Any Person who is ill or suspected of being ill due to any disease or Health problem causing KLB or due to any disease-causing Epidemic for which KLB or Epidemic status has been determined is entitled to receive Health Services, the funding of which is derived from the Central Government and/or Local Governments.

Article 393

(1) Medical Professionals and Health Professionals conducting KLB and Epidemic control measures are entitled to legal protection and security as well as health security in conducting their duties.

(2) The legal protection and security as referred to in section (1) include the protection conferred upon Medical Professionals and Health Professionals in conducting investigation activities and entering into areas or obtaining access to certain communities suspected of being ill due to any disease or Health problem having the potential to cause KLB, or due to any disease having the potential to cause Epidemic.

(3) Health security as referred to in section (1) includes protection against the risk of transmission.

Paragraph 2
Obligations

Article 394

Any Person is required to comply with all KLB and Epidemic control activities conducted by the Central Government and Local Governments.

Article 395

(1) Any Person who knows of any person who is ill or suspected of being ill due to any disease or Health problem having the potential to cause KLB or due to any disease having the potential to cause Epidemic is required to immediately report on the matter to a rural/urban village government and/or the nearest Health Service Facility.

(2) The rural/ urban village government apparatus and/or the nearest Health Service Facility receiving the report as referred to in section (1) or who is aware of any person who is ill or suspected of being ill due to any disease or Health problem having the potential to cause KLB or due to any disease having the potential to cause Epidemic are required to report on the matter to a regional apparatus administering local government affairs in the field of health.

(3) Any rural/ urban village government apparatus and/or Health Service Facility violating the provisions as referred to in section (2) are subject to administrative sanctions by Local Governments or the Central Government in accordance with their respective authority in the form of:
   a. verbal reprimand;
   b. written reprimand; and/or
   c. proposal for the dismissal of their positions.

(4) Further provisions on procedures for the imposition of administrative sanctions as referred to in section (3) are regulated in a Government Regulation.

Article 396

In KLB and Epidemic conditions, all Health Care Facilities, whether they are owned by the Central Government and Local Governments and communities, are required to provide Health Services to any person who is ill or suspected of being ill due to any disease or Health problem having the potential to cause KLB or due to any disease having the potential to cause Epidemic.

Article 397

(1) Any Person managing materials containing the cause of and/or biological agents causing any disease and Health problem having the potential to cause KLB and Epidemic is required to fulfill management standards.
(2) Provisions on standards for the management of materials containing the cause of and/or biological agents causing any disease and Health problem having the potential to cause KLB and Epidemic are regulated in a Government Regulation.

Article 398

(1) Health Care Facilities which do not provide Health Services to any person who is ill or suspected of being ill due to any disease or Health problem having the potential to cause KLB or due to any disease having the potential to cause Epidemic as referred to in Article 396, and Any Person managing materials containing causes of and/or biological agents causing any disease and Health problem having the potential to cause KLB and Epidemic which does not fulfill the management standards as referred to in Article 397 are subject to administrative sanctions by the Central Government or Local Governments in accordance with their respective authority in the form of:
    a. verbal reprimand;
    b. written reprimand; and/or
    c. administrative fine.
(2) Further provisions on procedures for the imposition of administrative sanctions as referred to in section (1) are regulated in a Government Regulation.

Paragraph 3
Prohibitions

Article 399

Any Person is prohibited from:
a. carrying out the activities of disseminating materials containing the cause of any disease and Health problem having the potential to cause KLB; and/or
b. carrying out the activities of disseminating biological agents causing any disease having the potential to cause KLB and Epidemic.

Article 400

Any Person is prohibited from hindering the conducting of KLB and Epidemic handling measures.

CHAPTER XIII
HEALTH FINANCING

Article 401

(1) Health financing is aimed at sustainably financing health development in sufficient amounts, with fair allocations, for effective and efficient utilization to increase the level of public Health to the highest attainable standard.

(2) The elements of Health financing as referred to in section (1) consist of revenue sources, allocation, and utilization.
(3) Sources of Health funding are derived from the Central Government, Local Governments, and other legitimate sources in accordance with the provisions of legislation.

Article 402

(1) The Central Government monitors health financing, both nationally and regionally, to ensure the achievement of Health funding objectives as referred to in Article 401 section (1).
(2) In order to support the monitoring of Health funding as referred to in section (1), the Central Government develops a Health financing information system which is integrated with the National Health Information System.
(3) The Health funding information system as referred to in section (2) constitutes a set of integrated system including data, information, indicators and performance achievements of health financing, as managed in an integrated manner to direct actions or decisions in Health development.
(4) Every Health Service Facility, agency of the Central Government and Local Governments, agency administering a social security program in the field of health, agency administering a social security program in the field of employment, state-owned enterprise, Local Government-owned enterprise, private agency, and development partner conducting Health functions report the realization of Health expenditures and achievements each year in accordance with the provisions of legislation through the Health funding information system.
(5) Further provisions regarding the development and implementation of the Health funding information system are regulated in a Government Regulation.

Article 403

(1) The Central Government and Local Governments are responsible for providing funds, to be utilized for the entire activities of:
    a. Health Measures;
    b. disaster management, KLB, and/or Epidemic;
    c. strengthening of Health Resources and community empowerment;
    d. strengthening of Health governance;
    e. research, development, and innovations in the field of Health; and
    f. other strategic Health programs in accordance with national development priorities in the Health sector.
(2) Funding for the entire activities as referred to in section (1) may derive from other legitimate sources in accordance with the provisions of legislation.

Article 404

The Central Government and Local Governments are responsible for funding examinations of and Health Services for crime victims and/or corpse autopsies for legal purposes.

Article 405

(1) The Central Government, Local Governments, and/or relevant private parties are responsible for funding arising from any adverse events following the administration of mass preventive Drugs and immunizations in the control of diseases, including the handling of KLB and Epidemic.
(2) The funding as referred to in section (1) is at least used for:
    a. causality audits;
    b. Health Services, including medical rehabilitations; and
    c. compensation for victims.

Article 406

The funding of Hospitals may be derived from Hospital revenues, budget from the Central Government, budget from Local Governments, and/or other legitimate sources in accordance with the provisions of legislation.

Article 407

(1) The Central Government, Local Governments, and/or communities may provide funding assistance for the purposes of improving and providing Health Services to communities.
(2) Funding assistance from the Central Government, Local Governments, and/or communities as referred to in section (1) is conducted in accordance with the provisions of legislation.

Article 408

Further provisions regarding the utilization of Health funding are regulated in a Government Regulation.

Article 409

(1) The Central Government, Local Governments of provinces, and Local Governments of regencies/municipalities prioritize Health budgets for programs and activities in the preparation of state budgets and regional budgets.
(2) Health budgets for the programs and activities as referred to in section (1) constitute non-salary budgets intended to improve Health Services for communities, with due observance of the welfare of Human Resources for Health.
(3) The Central Government allocates a Health budget from the state budget in accordance with the needs of national programs as set forth in the health master plan, with due observance of performance-based budgeting.
(4) Local Governments allocate Health budgets from regional budgets in accordance with regional Health needs with reference to national Health programs as set forth in the masterplan in the field of Health, with due observance of performance-based budgeting.
(5) The allocation of Health budgets as referred to in section (3) and section (4) includes taking into account the settlement of Health problems based on the burden of disease or epidemiology.

(6) In the preparation of the Health budgets of Local Governments, the Central Government is authorized to synchronize budget allocation needs for the activities as referred to in Article 403.

Article 410

(1) In order to improve health financing performance, the Central Government may grant incentives or disincentives to Local Governments in accordance with the performance achievements of Health programs and Health Services as stipulated by the Central Government.
(2) The granting of incentives or disincentives as referred to in section (1) is conducted in accordance with the provisions of legislation.

Article 411

(1) The financing of individual health measures is conducted through a health insurance scheme by an agency administering a social security program in the field of health.
(2) The health security program as referred to in section (1) is mandatory for all residents.
(3) The health security program as referred to in section (1) is administered to ensure that communities obtain the benefits of Health maintenance and protection in order to fulfill the basic needs of Health.
(4) The basic needs of Health as referred to in section (3) constitute essential needs related to individual Health Services, namely promotive, preventive, curative, rehabilitative and palliative in accordance with life cycle and epidemiology, regardless of social-economic status and causes of Health problems.
(5) Residents wishing to obtain additional benefits may participate in supplementary health insurances and/or make out-of-pocket payments.
(6) Additional benefits through supplementary health insurances as referred to in section (5) may be paid by employers and/or out-of-pocket payments, to be conducted in coordination between other health insurers.

Article 412

The health security program is administered in accordance with the provisions of legislation.

CHAPTER XIV
COORDINATION AND SYNCHRONIZATION ON THE STRENGTHENING OF THE HEALTH SYSTEM

Article 413

(1) For the purpose of Health development, coordination and synchronization of policies in the field of Health among ministries/agencies and relevant parties are required.
(2) The coordination and synchronization as referred to in section (1) are carried out with the following objectives:
    a. to conduct the prevention and handling of policy problems in the field of Health;

b. to synergize and consolidate the conducting of policies in the field of Health between ministries/agencies and relevant parties; and
c. to accelerate the development and strengthening of the Health system.

Article 414

The coordination and synchronization as referred to in Article 413 are carried out with due observance of transparency, continuity, accountability, professionalism and integration of services, and by prioritizing public interests.

Article 415

The coordination and synchronization as referred to in Article 413 are at least conducted through:
a. review of various information and data which are relevant or have an effect on the acceleration process of Health development;
b. preparation of achievement strategies and prioritized programs and activities of Health development;
c. stipulation of criteria and indicators to assess the conducting of programs and activities on Health development;
d. assessment of conditions on the stability and resilience of the Health system;
e. stipulation of coordination steps to prevent a Health crisis and strengthen the resilience of the Health system; and
f. coordination for the improvement of public Health programs, particularly those that are promotive and preventive in nature.

Article 416

Further provisions on coordination and synchronization on the strengthening of the Health system are regulated in a Presidential Regulation.

CHAPTER XV
COMMUNITY PARTICIPATION

Article 417

(1) Communities participate, both individually and in an organized manner and in all forms and stages of Health development, for the purpose of assisting in the accelerated achieving of the highest level of public Health.
(2) The participation as referred to in section (1) covers active and creative participation.
(3) The Central Government and Local Governments coordinate the participation as referred to in section (1).
(4) Further provisions on community participation are regulated in a Government Regulation.

CHAPTER XVI
FOSTERING AND SUPERVISION

Part One
Development

Article 418

(1) The Central Government and Local Governments carry out the fostering of communities and every undertaking of activities related to Health Resources and Health Measures.
(2) The Health Measures as referred to in section (1) include KLB and Epidemic vigilance, KLB and Epidemic handling, and post-KLB and post-Epidemic activities in an integrated and sustainable manner.

Article 419

(1) The fostering as referred to in Article 418 is directed at:
   a. increasing access to and fulfilling the needs of Any Person for Health Resources and Health Measures;
   b. encouraging and undertaking of Health Measures;
   c. improving the quality of Health Services as well as the capacities of Medical Professionals and Health Professionals; and
   d. protecting communities against all possibilities which may be harmful to Health.
(2) The fostering as referred to in section (1) is conducted through:
   a. communication, information, education, and empowerment of communities;
   b. dissemination and advocacy;
   c. strengthening of capacities and technical guidance;
   d. consultation; and/or
   e. education and training.

Article 420

(1) For fostering purposes, the Central Government and Local Governments may grant awards to people or agencies that have contributed to any activity of realizing Health development objectives, including KLB and Epidemic vigilance, KLB and Epidemic handling and post-KLB and post-Epidemic activities.
(2) Further provisions on the granting of awards as referred to in section (1) are conducted in accordance with the provisions of legislation.

Part Two
Supervision

Article 421

(1) The Central Government and Local Governments conduct supervision on every Health undertaking.
(2) The scope of the supervision as referred to in section (1) covers:

a. compliance with the provisions of legislation, including compliance with the conducting of norms, standards, procedures and criteria as stipulated by the Central Government;
b. compliance with professional standards, services standards, standard operating procedures, and professional ethics and disciplines;
c. impact of Health Services by Medical Professionals or Health Professionals.
d. public satisfaction assessment evaluations;
e. accountability and feasibility in the undertaking of Health Measures and Health Resources; and
f. other objects of supervision in accordance with needs.

(3) The supervision as referred to in section (1) may involve communities.

Article 422

For the purpose of supervision as referred to in Article 421, the Central Government or Local Governments may be assisted by supervisory personnel, and supervision is conducted in accordance with the provisions of legislation.

Article 423

Further provisions on the conducting of supervision are regulated in a Government Regulation.

CHAPTER XVII
INVESTIGATION

Article 424

(1) Investigators of the Indonesian National Police are authorized and responsible for carrying out investigations of crimes in the field of Health based on the Indonesian Criminal Procedure Code.
(2) In addition to investigators of the Indonesian National Police as referred to in section (1), certain civil service officers in charge of governmental affairs in the field of health are also conferred special authority as investigators, as referred to in legislation on Indonesian Criminal Procedures, to investigate crimes in the field of Health.
(3) A Civil Service Investigation Officer as referred to in section (2) is authorized:
a. to receive reports, and examine the truthfulness of the reports as well as information on crimes in the field of Health;
b. to summon, examine, or conduct searches in relation to suspected crimes in the field of Health;
c. to take first actions at crime scenes;
d. to prohibit Any Person from leaving or entering crime scenes for investigation purposes;
e. to order people suspected of committing crimes in the field of Health to stop;
f. to examine the identities of people suspected of committing crimes in the field of Health;

g. to search for and ask for information and evidence from people or legal entities in connection with crimes in the field of Health;
h. to arrest, examine, and confiscate letters, documents and/or other materials/evidence in criminal cases in the field of Health;
i. to conduct examinations in certain places suspected of storing letters, documents or other objects related to crimes in the field of Health;
j. to summon individuals to be examined and heard as a suspect or a witness;
k. to request the help of experts in conducting investigative duties on crimes in the field of Health;
l. to terminate investigations in the event of insufficient evidence of crimes in the field of Health; and
m. to take other actions, upon coordination, in requesting for assistance in investigations from investigators of the Indonesian National Police.

(4) A Civil Service Investigator provides notification on the commencement of an investigation and conveys the results of such investigation to a public prosecutor through investigators of the Indonesian National Police.
(5) The authority as referred to in section (3) are conducted in accordance with the provisions of the Indonesian Criminal Procedure Code.
(6) In conducting the authorities as referred to in section (3), Civil Service Investigation officers are under the coordination and supervision of the Indonesian National Police in accordance with the provisions of legislation.

Article 425

In the event that a suspected crime in the field of Health is committed by a member of the Defence Forces of Indonesia or a member of the Defence Forces of Indonesia together with a civilian, investigation is carried out in accordance with the provisions of legislation.

Article 426

Requirements, procedures for the appointment of Civil Service Investigators, and investigation administration are conducted in accordance with the provisions of legislation.

CHAPTER XVIII
CRIMINAL PROVISIONS

Article 427

Any woman undergoing abortion which is not in accordance with the excluded criteria as referred to in Article 60 is sentenced with imprisonment of a maximum 4 (four) years.

Article 428

(1) Any Person carrying out abortion which is not in accordance with the provisions as referred to in Article 60 on any woman:

a. with the approval of the woman concerned is sentenced with imprisonment for a maximum of 5 (five) years; or
b. without the approval of the woman concerned is sentenced with imprisonment for a maximum of 12 (twelve) years.

(2) If the deed as referred to in section (1) point a results in the death of the woman concerned, he/she is sentenced with imprisonment for a maximum of 8 (eight) years.
(3) If the deed as referred to in section (1) point b results in the death of the woman concerned, he/she is sentenced with imprisonment for a maximum of 15 (fifteen) years.

Article 429

(1) Medical Professionals or Health Professionals committing the crimes as referred to in Article 428 may have their sentences added by 1/3 (one-third).
(2) Medical Professionals or Health Professionals committing the crimes as referred to in section (1) may be subject to additional sentence in the form of revocation of certain rights, namely:
a. the right to hold public office in general or certain positions; and/or
b. the right to undertake certain professions.
(3) Medical Professionals or Health Professionals carrying out abortion due to indications of medical emergency or on victims of rape or other crimes of sexual violence resulting in pregnancy as referred to in Article 60 are not subjects to any sentence.

Article 430

Any Person obstructing the exclusive breastfeeding program as referred to in Article 42 is sentenced with imprisonment for a maximum of 1 (one) year or fine for a maximum of Rp50,000,000.00 (fifty million rupiah).

Article 431

Any Person buying and selling human blood for any reason as referred to in Article 119 is sentenced with imprisonment for a maximum of 3 (three) years or fine for a maximum of Rp200,000,000.00 (two hundred million rupiah).

Article 432

(1) Any Person commercializing the conducting of organ or tissue transplantation as referred to in Article 124 section (3) is sentenced with imprisonment for a maximum of 5 (five) years or fine for a maximum of Rp500,000,000.00 (five hundred million rupiah).
(2) Any Person buying and selling organs or tissues for any reason as referred to in Article 124 section (3) is sentenced with imprisonment for a of maximum 7 (seven) years or fine for a maximum of Rp2,000,000,000.00 (two billion rupiah).

Article 433

Any Person carrying out reconstructive and aesthetic plastic surgery in violation of norms prevailing within communities and with the aim of changing the identity of an individual as referred to in Article 137 section (2) is sentenced with imprisonment for a maximum of 10 (ten) years or a fine of a maximum Rp2,000,000,000.00 (two billion rupiah).

Article 434

Any Person conducting shackling, abandonment, violence, and/or ordering another person to conduct shackling, abandonment and/or violence against an individual with mental illness, or other actions which violate his/her human rights as referred to in Article 76 section (2) is sentenced with imprisonment fora maximum of 2 (two) years and 6 (six) months or a fine for a maximum of Rp10,000,000.00 (ten million rupiah).

Article 435

Any Person producing or distributing Pharmaceutical Preparations and/or Medical Devices not fulfilling the standards and/or requirements of safety, efficacy/benefit, and quality as referred to in Article 138 section (2) and section (3) is sentenced with imprisonment for a maximum of 12 (twelve) years or fine for a maximum of Rp5,000,000,000.00 (five billion rupiah).

Article 436

(1) Any Person not having the expertise and authority but carries out pharmaceutical practices as referred to in Article 145 section (1) is sentenced with fine for a maximum of Rp200,000,000.00 (two hundred million rupiah).
(2) In the event the pharmaceutical practice as referred to in section (1) relates to Pharmaceutical Preparations in the form of Prescription- Drugs, he/she is sentenced with imprisonment of for a maximum of 5 (five) years or fine for a maximum of Rp500,000,000.00 (five hundred million rupiah).

Article 437

(1) Any Person producing, importing cigarettes into the territory of the Unitary State of the Republic of Indonesia, and/or distributing them without affixing Health warnings in the form of writing and image as referred to in Article 150 is sentenced with imprisonment for a maximum of 5 (five) years or fine of for a maximum of Rp500,000,000.00 (five hundred million rupiah).
(2) Any Person violating the non-smoking area as referred to in Article 151 section (1) is sentenced with fine for a maximum of Rp50,000,000.00 (fifty million rupiah).

Article 438

(1) Heads of Health Care Facilities, Medical Professionals, and/or Health Professionals not providing first aid to Patients in Emergency conditions at Health Care Facilities as referred to in Article 174 and Article 275 section (1) are sentenced with imprisonment for a maximum of 2 (two) years or fine for a maximum of Rp200,000,000.00 (two hundred million rupiah).
(2) In the event that the deed as referred to in section (1) resulted in disability or death, heads of Health Care Facilities are sentenced with imprisonment for a maximum of 10 (ten) years or fine for a maximum of Rp2,000,000,000.00 (two billion rupiah).

Article 439

Any Person who is not a Medical Professionals or Health Professionals conducting practice as a Medical Professional or a Health Professional owning SIP is sentenced with imprisonment of a maximum 5 (five) years or fine of a maximum Rp500,000,000.00 (five hundred million rupiah).

Article 440

(1) Any Medical Professional or Health Professional committing negligence which resulted in a Patient sustaining serious injury is sentenced with imprisonment for a maximum of 3 (three) years or fine fora maximum of Rp250,000,000.00 (two hundred and fifty million rupiah).
(2) In the event that the negligence as referred to in section (1) resulted in death, any Medical Professional or Health Professional is sentenced with imprisonment for a maximum of 5 (five) years or fine for a maximum of Rp500,000,000.00 (five hundred million rupiah).

Article 441

(1) Any Person using identity in the form of titles or other forms which gives the impression to communities that he/she is a Medical Professional or Health Professional owning STR and/or SIP as referred to in Article 312 point a is sentenced with imprisonment for a maximum of 5 (five) years or fine for a maximum of Rp500,000,000.00 (five hundred million rupiah).
(2) Any Person using equipment, methods, or other ways in providing services to communities which gives the impression that he/she is a Medical Professional or Health Professional owning STR and/or SIP as referred to in Article 312 point b is sentenced with imprisonment for a maximum of 5 (five) years or fine for a maximum of Rp500,000,000.00 (five hundred million rupiah).

Article 442

Any Person employing Medical Professionals and/or Health Professionals not owning SIP as referred to in Article 312 point c is sentenced with imprisonment for a maximum of 5 (five) years or fine for a maximum of Rp500,000,000.00 (five hundred million rupiah).

Article 443

Any shipmaster, pilot, or driver of land vehicle dropping off or picking up passengers and/or cargo before obtaining a letter of approval from the ministry administering government affairs in the field of health as referred to in Article 363 section (3) with the intention of spreading disease and/or disease risk factors which may cause Epidemic is sentenced with imprisonment for a maximum of 10 (ten) years or fine for a maximum of Rp2,000,000,000.00 (two billion rupiah).

Article 444

Any Person forging Health Quarantine Documents or using Health Quarantine Documents as referred to in Article 366, the contents of which are incorrect or falsified is sentenced with imprisonment for a maximum of 5 (five) years or fine for a maximum of Rp500,000,000.00 (five hundred million rupiah).

Article 445

Any Person disseminating materials containing causes of disease and/or biological agents causing disease and Health problems having the potential to cause KLB and Epidemic as referred to in Article 399 is sentenced with imprisonment for a maximum 12 of (twelve) years or fine for a maximum of Rp5,000,000,000.00 (five billion rupiah).

Article 446

Any Person not complying with the conducting of KLB and Epidemic handling measures and/or deliberately obstructing the conducting of KLB and Epidemic handling measures as referred to in Article 400 is sentenced with fine for a maximum of Rp500,000,000.00 (five hundred million rupiah).

Article 447

(1) In the event that the crimes as referred to in Article 428, Article 430 to Article 435, Article 437, Article 442, Article 444, Article 445 and Article 446 are committed by a corporation, criminal liability is imposed on the corporation, its management having functional positions, parties issuing orders, controlling parties, and/or its beneficiaries.

(2) In addition to imprisonment and fine on the management having functional positions, parties issuing orders, controlling parties and/or beneficiaries of such corporation, the corporation may also be subject to sentence in the form of fine for a maximum of:
    a. Rp2,000,000,000.00 (two billion rupiah), in the event that the crime committed is subject to imprisonment of under 7 (seven) years;
    b. Rp5,000,000,000.00 (five billion rupiah), in the event that the crime committed is subject to imprisonment for a maximum 7 of (seven) years up to a maximum of 15 (fifteen) years; or
    c. Rp50,000,000,000.00 (fifty billion rupiah) in the event that the crime committed is subject to death sentence, life imprisonment or imprisonment for a maximum of 20 (twenty) years.

(3) The corporation is subject to criminal liability for any deed committed for and/or on its behalf if such deed is included in its scope of business, as determined in the articles of association or other provisions applicable to the relevant corporation.

(4) Sentence is imposed on a corporation if a crime:
   a. is committed for fulfilling its purposes and objectives;
   b. is accepted as its policies; and/or
   c. is used to benefit the corporation unlawfully.

Article 448

In the event that the crimes as referred to in Article 428, Article 430 to Article 435, Article 437, Article 442, Article 444, Article 445 and Article 446 are committed by a corporation, in addition to being subject to a fine, the corporation is also subject to additional sentences in the form of:

a. payment of damages;
b. revocation of certain licenses; and/or
c. closing of all or parts of its places of business and/or activities.

CHAPTER XIX
TRANSITIONAL PROVISIONS

Article 449

At the time this Law comes into force:

a. issued STR, Temporary STR, Conditional STR, and SIP are declared to remain effective up to their expirations;
b. issued STR, Temporary STR, Conditional STR, and SIP that have completed verification process and fulfilled requirements are immediately completed and declared effective up to their expirations; and
c. issued STR, Temporary STR, Conditional STR, and SIP that are still undergoing initial process prior to verification process are adjusted to the provisions of this Law.

Article 450

At the time this Law comes into force, the Indonesian Medical Council, the Medical Council, the Dental Council, the Indonesian Health Professionals Council, each Council of Health Professionals, secretariat of the Indonesian Medical Council, secretariat of the Indonesian Health Professionals Council, and the Indonesian Medical Disciplinary Board continue to conduct their duties, functions and/or authority up to the establishment of the Council as referred to in Article 268 and the assembly referred to in Article 304 as established based on this Law.

Article 451

At the time this Law comes into force, the Collegium established by every professional organization remains to be acknowledged up to the stipulation of the Collegium referred to in Article 272 as established based on this Law.

Article 452

At the time this Law comes into force, complaints on breach of discipline against Medical Professionals or Health Professionals that:

a. are still being processed in the Indonesian Medical Disciplinary Board or each council of Health Professionals and have completed the processes of verification, clarification and/or examination, are settled based on applicable procedures prior to the promulgation of this Law; and
b. have just commenced processing in the Indonesian Medical Disciplinary Board or each council of Health Professionals that have not undergone the processes of verification, clarification, and/or examination are settled based on the provisions of this Law.

CHAPTER XX
CLOSING PROVISIONS

Article 453

At the time this Law comes into force, all legislation constituting the implementation regulations of:

a. Law Number 4 of 1984 on Epidemic of Communicable Disease (State Gazette of the Republic of Indonesia of 1984 Number 20, Supplement to the State Gazette of the Republic of Indonesia Number 3273);
b. Law Number 29 of 2004 on Medical Practice (State Gazette of the Republic of Indonesia of 2004 Number 116, Supplement to the State Gazette of the Republic of Indonesia Number 4431);
c. Law Number 36 of 2009 on Health (State Gazette of the Republic of Indonesia of 2009 Number 144, Supplement to the State Gazette of the Republic of Indonesia Number 5063);
d. Law Number 44 of 2009 on Hospital (State Gazette of the Republic of Indonesia of 2009 Number 153, Supplement to the State Gazette of the Republic of Indonesia Number 5072);
e. Law Number 20 of 2013 on Medical Education (State Gazette of the Republic of Indonesia of 2013 Number 132, Supplement to the State Gazette of the Republic of Indonesia Number 5434);
f. Law Number 18 of 2014 on Mental Health (State Gazette of the Republic of Indonesia of 2014 Number 185, Supplement to the State Gazette of the Republic of Indonesia Number 5571);
g. Law Number 36 of 2014 on Health Professionals (State Gazette of the Republic of Indonesia of 2014 Number 298, Supplement to the State Gazette of the Republic of Indonesia Number 5607);
h. Law Number 38 of 2014 on Nursing (State Gazette of the Republic of Indonesia of 2014 Number 307, Supplement to the State Gazette of the Republic of Indonesia Number 5612);

i. Law Number 6 of 2018 on Health Quarantine (State Gazette of the Republic of Indonesia of 2018 Number 128, Supplement to the State Gazette of the Republic of Indonesia Number 6236); and
j. Law Number 4 of 2019 on Midwifery (State Gazette of the Republic of Indonesia of 2019 Number 56, Supplement to the State Gazette of the Republic of Indonesia Number 6325),

are declared to remain effective to the extent not contrary to the provisions of this Law.

Article 454

At the time this Law comes into force:

a. Law Number 419 of 1949 on Ordinance of Prescription Drugs (Staatsblad 1949 Number 419);
b. Law Number 4 of 1984 on Epidemic of Communicable Disease (State Gazette of the Republic of Indonesia of 1984 Number 20, Supplement to the State Gazette of the Republic of Indonesia Number 3273);
c. Law Number 29 of 2004 on Medical Practice (State Gazette of the Republic of Indonesia of 2004 Number 116, Supplement to the State Gazette of the Republic of Indonesia Number 4431);
d. Law Number 36 of 2009 on Health (State Gazette of the Republic of Indonesia of 2009 Number 144, Supplement to the State Gazette of the Republic of Indonesia Number 5063);
e. Law Number 44 of 2009 on Hospital (State Gazette of the Republic of Indonesia of 2009 Number 153, Supplement to the State Gazette of the Republic of Indonesia Number 5072);
f. Law Number 20 of 2013 on Medical Education (State Gazette of the Republic of Indonesia of 2013 Number 132, Supplement to the State Gazette of the Republic of Indonesia Number 5434);
g. Law Number 18 of 2014 on Mental Health (State Gazette of the Republic of Indonesia of 2014 Number 185, Supplement to the State Gazette of the Republic of Indonesia Number 5571);
h. Law Number 36 of 2014 on Health Professionals (State Gazette of the Republic of Indonesia of 2014 Number 298, Supplement to the State Gazette of the Republic of Indonesia Number 5607);
i. Law Number 38 of 2014 on Nursing (State Gazette of the Republic of Indonesia of 2014 Number 307, Supplement to the State Gazette of the Republic of Indonesia Number 5612);
j. Law Number 6 of 2018 on Health Quarantine (State Gazette of the Republic of Indonesia of 2018 Number 128, Supplement to the State Gazette of the Republic of Indonesia Number 6236); and
k. Law Number 4 of 2019 on Midwifery (State Gazette of the Republic of Indonesia of 2019 Number 56, Supplement to the State Gazette of the Republic of Indonesia Number 6325),

are repealed and declared ineffective.

Article 455

The provisions of Article 427, Article 428, Article 429, Article 431, and Article 432 remain effective until Law Number 1 of 2023 on Criminal Code comes into force (State Gazette of the Republic of Indonesia of 2023 Number 1, Supplement to the State Gazette of the Republic of Indonesia Number 6842).

Article 456

Implementing regulations of this Law must be enacted not later than 1 (one) year as of the promulgation of this Law.

Article 457

The Central Government must report on the implementation of this Law to the House of Representatives through the relevant complementary organ of the House of Representatives.

Article 458

This Law comes into force on the date of its promulgation.

In order that every person may know hereof, it is ordered to promulgate this Law by its placement in the State Gazette of the Republic of Indonesia.

Enacted in Jakarta
on 8 August 2023

PRESIDENT OF THE REPUBLIC OF INDONESIA,

signed

JOKO WIDODO

Promulgated in Jakarta
on 8 August 2023

MINISTER OF THE STATE SECRETARIAT OF
THE REPUBLIC OF INDONESIA,

signed

PRATIKNO

STATE GAZETTE OF THE REPUBLIC OF INDONESIA OF 2023 NUMBER 105

Jakarta, 11 February 2026
Has been translated as an Official Translation
on behalf of the Minister of Law
of the Republic of Indonesia
DIRECTOR GENERAL OF LEGISLATION,

DIREKTUR JENDERAL PERATURAN PERUNDANG-UNDANGAN KEMENTERIAN HUKUM PENGAYOMAN

DHAHANA PUTRA

ELUCIDATION
OF
LAW
NUMBER 17 OF 2023
ON
HEALTH

I. GENERAL

Indonesia as a state of law under Pancasila (the State Philosophy) and the 1945 Constitution of the Republic of Indonesia has a national objective, namely to protect the entire Indonesian nation and all the independence and their homeland that has been struggled for, and to improve public welfare, to educate the life of the people and to participate toward the establishment of a world order based on freedom, perpetual peace and social justice. In order to achieve such a national objective, sustainable development is implemented, which constitutes a series of comprehensive, directed, and integrated development, including Health development.

Health is a human right and one of the elements of welfare which must be realized in accordance with the national objective as referred to in Pancasila and the Preamble of the 1945 Constitution of the Republic of Indonesia. Therefore, every activity and effort to improve the degree of public Health as high as possible is implemented based on the principles of welfare, equity, non-discrimination, participation and sustainability, which are very important for the establishment of Indonesian human resources, the improvement of national resilience and competitive power, as well as national development.

The achievement of national Health development experienced significant disruption with the start of Corona Virus Disease 2019 (COVID-19) pandemic in 2020 at a global scale. COVID-19 pandemic which had widespread impact on the entire social order brought about additional burden on the efforts to improve the quality of public Health, thus forcing the world, including Indonesia, to adjust to the conditions.

The pandemic brought awareness on the importance of strengthening the national Health system, thus it is necessary to conduct comprehensive transformation as an effort of improvement with the purpose of improving the degree of public Health in Indonesia and increasing the competitive power of the Indonesian people.

Based on the identification of various Health problems, such as Health Services which are still dominated by curative approach, availability and distribution of Health Resources, readiness to face Health crisis, independence aspect of pharmaceuticals and Medical Devices, financing aspect, and utilization of Health Technology, Health system transformation is implemented.

The implementation of Health system transformation needs strong and comprehensive regulation foundations to overcome various health problems. Improvement of Health regulations is also necessary to ensure that the structure of Health Law is not overlapping and contradictory to each other.

Therefore, it is necessary to synchronize various Laws by using the omnibus method.

This Law contains substances which support the implementation of Health system transformation, including:

a. strengthening of duties and responsibilities of the Central Government and Local Government in the implementation of Health development;
b. synchronization of Health management implemented by the Central Government, Local Government, and/or the community;
c. strengthening of the implementation of Health Measures in promotive, preventive, curative, rehabilitative and/or palliative forms, by prioritizing the rights of the community and the responsibilities of the government;
d. strengthening of primary Health Services by prioritizing promotive and preventive approaches, providing services which are focused on the Patients based on the life cycle of human, and improving services in remote areas, underprivileged areas, border areas, and archipelagoes as well as for the vulnerable community;
e. equitable distribution of Health Service Facilities to ease of access to the community through the development of Health Service Facilities of the first level and Health Service Facilities of the advanced level by the government and the community;
f. provision of Medical Professionals and Health Professionals through the improvement of organizing of specialist/sub-specialist education, transparency in the Registration and licensing processes, as well as improvement of the mechanism of acceptance of Medical Professionals and Health Professionals of Indonesian citizens who are overseas graduates through transparent competence test;
g. strengthening of the role of the Central Government and Local Government in ensuring the availability, equitable distribution, and affordability of Health Supplies;
h. strengthening of resilience of pharmaceuticals and Medical Devices through the organizing of supply chain from upstream to downstream;
i. utilization of Health Technology including biomedical technology for the interest of Health science and technology as well as Health Services towards precision medicine;
j. strengthening of Health Information System including the government's authority to manage and utilize Health data by integrating various Health Information Systems into the National Health Information System;
k. strengthening Health emergency through the improvement of management of awareness, handling, and post-KLB and Epidemic activities, including the distribution of roles and coordination among stakeholders as well as strengthening of anticipation of emergency conditions by conducting registration, development, and mobilization of Health reserve personnel;
l. strengthening of Health funding, specifically the utilization of funding originating from state budget and local budget through the preparation of budget allocation based on the principles of performance-based budgeting, implementation of Health financing information system, as well as guarantee of the benefits of health security program based on basic needs of Health; and
m. coordination and synchronization of policies in the field of Health among ministries/agencies and the relevant parties for the strengthening of Health system.

In general, this Law contains principal materials which are prepared systematically and which include general provisions, rights and obligations, responsibilities of the Central Government and Local Government, implementation of Health, Health Measures, Health Service Facilities, Human Resources of Health, Health Supplies, resilience of pharmaceuticals and Medical

Devices, Health Technology, Health Information System, KLB and Epidemic, Health financing, coordination and synchronization of the strengthening of Health system, community participation, development and supervision, investigation, criminal provisions, transitional provisions, and closing provisions.

II. ARTICLE BY ARTICLE

Article 1

Sufficiently clear.

Article 2

Point a

The term "principle of humanity" means that Health development must be based on humanity on the basis of belief in the One and only God and not discriminating between groups, religions, and races.

Point b

The term "principle of balance" means that Health development must be implemented in a balanced manner between the interests of individuals and the interests of the community, between physical and mental Health, as well as between material and spiritual Health.

Point c

The term "principle of benefit" means that Health development must provide the maximum benefits for humanity and healthy life for every citizen.

Point d

The term "principle of science" means that the implementation of Health Measures is based on science and technology.

Point e

The term "principle of equitable distribution" means that the arrangement of Health Resources is intended to provide Health Services which are affordable by all levels of the public in order to achieve the highest level of public Health.

Point f

The term "principle of ethics and professionality" means that the provision of Health Services by Medical Professionals and Health Professionals must be able to achieve and improve professionalism in conducting practice and have professional code of ethics as well as professional attitude.

Point g

The term "principle of protection and safety" means that the implementation of Health Measures must be able to provide protection and safety for the providers of Health Services and the recipients of Health Services by prioritizing the safety of the Patients, the community, and the environment.

Point h

The term "principle of respect to rights and obligations" means that Health development must be implemented by respecting rights and obligations of the community as a form of equality before the law.

Point i

The term "principle of justice" means that the implementation of Health Measures must be able to provide fair and equitable distributed services for all levels of the community with affordable costs.

Point j

The term "principle of non-discrimination" means that Health development does not give different treatments based on religions, genders, races, ethnicities, skin colors, physical conditions, social status, and groups.

Point k

The term "the principle of considerations of morals and religious values considerations" means the policies of Health development in accordance with the principle of Belief in the One and only God and the principle of just and civilized humanity as referred to in the Preamble of the 1945 Constitution of the Republic of Indonesia.

Point l

The term "principle of participation" means Health development involving active community participation.

Point m

The term "principle of public interest" means Health development must prioritize public interest over the interests of individuals or certain groups.

Point n

The term "principle of integration" means Health development is implemented in an integrated manner by involving various sectors.

Point o

The term "principle of legal awareness" means that Health development demands legal awareness and compliance of the community.

Point p

The term "principle of sovereignty" means that Health development must prioritize national interest and improve Health Measures to develop Health resilience system.

Point q

The term "principle of environmental sustainability" means that Health development must be able to ensure environmental quality preservation efforts for the current and future generations for the interest of the nation and the state.

Point r

The term "principle of cultural wisdom" means that Health development must observe and respect sociocultural values adhered to by the community.

Point s

The term "principle of order and legal certainty" means that the implementation of Health Measures must be able to realize order and legal certainty in the public in accordance with the provisions of legislation.

Article 3

Sufficiently clear.

Article 4

Section (1)

Point a

The term "lead a physically healthy life" means physical conditions without any illnesses where the body organs are functioning normally, the body is able to adjust the functions of body organs in physiological limits to the environmental conditions, and the body is able to perform physical works without being overly exhausted.

The term "lead a mentally healthy life" means mental and spiritual welfare which allows a person to be aware of his/her self capacity, to overcome life pressures, to be able to learn and work well, and to contribute to his/her community.

The term “lead a socially healthy life” means the conditions of a person who is able to establish interpersonal relations with other people in a healthy and beneficial manner.

Point b

Sufficiently clear.

Point c

Sufficiently clear.

Point d

The term “standards of Health Services” means the guidelines for Medical Professionals and Health Professionals in implementing Health Services.

Point e

Sufficiently clear.

Point f

Sufficiently clear.

Point g

Sufficiently clear.

Point h

Sufficiently clear.

Point i

Sufficiently clear.

Point j

Sufficiently clear.

Point k

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Point a

Sufficiently clear.

Point b

Sufficiently clear.

Point c

The term “the education purpose in a limited manner” means without disclosing the identities of the Patients or the data the identities of which may be tracked, except in the clinical handling of Patients.

The term “the research purpose in a limited manner” means without disclosing the identities of the Patients or the data the identities of which may be tracked.

Point d

Sufficiently clear.

Point e

Sufficiently clear.

Point f

Sufficiently clear.

Point g

Sufficiently clear.

Point h

Sufficiently clear.

Section (5)

Sufficiently clear.

Article 5

Section (1)

Sufficiently clear.

Section (2)

Point a

Sufficiently clear.

Point b

Sufficiently clear.

Point c

The term “Health-oriented development” means development which is based on healthy paradigm implemented by applying Health mainstreaming strategy in the development, strengthening of Health Measures prioritizing promotive and preventive efforts, and community empowerment.

Section (3)

Sufficiently clear.

Article 6

Section (1)

In order to ensure effective and efficient Health Measures, it is necessary for the Central Government to plan, arrange, organize, as well as develop and supervise the implementation of Health Measures as well as its resources in a harmonious and balanced manner by involving active community participation.

Section (2)

Sufficiently clear.

Article 7

Sufficiently clear.

Article 8

Sufficiently clear.

Article 9

Sufficiently clear.

Article 10

Section (1)

In order to implement equitably distributed Health Measures for the community, it is necessary to have Health Resources available, among other things, Medical Professionals, Health Professionals, Health Service Facilities, Health Supplies, Health Information System, as well as Health Technology equitably distributed throughout the territory down to the remote areas, thus facilitating the community in obtaining Health Services.

Section (2)

The term “fiscal incentive” means among other things, the facilities provided by the Central Government and/or Local Government in accordance with the provisions of legislation in the field of taxation.

The term “non-fiscal incentive” means among other things, the ease in business licensing process which is implemented in accordance with the provisions of legislation.

Article 11

Availability of and access to Health Service Facilities as well as Health information and education including for the outermost, remote, and poorest community.

Article 12

Sufficiently clear.

Article 13

Sufficiently clear.

Article 14

Sufficiently clear.

Article 15

Sufficiently clear.

Article 16

Sufficiently clear.

Article 17

Section (1)

Sufficiently clear.

Section (2)

The term “the highest possible level of Health” means Health conditions which are better than previously which may be achieved in accordance with the maximum capacity of every person or community.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Article 18

Section (1)

The term “promotive individual Health Measures” means any activity and/or series of activities to enable individuals to control and improve their health. Promotive individual Health Measures may be in the form of provision of explanation and/or education on healthy lifestyle, risk factors, and Health problems.

The term “preventive individual Health Measures” means any activity and/or series of activities intended to prevent diseases or to stop diseases and prevent complications which occur after the diseases. Preventive individual Health Measures may be in the form of immunization, early detection, and early intervention.

The term “curative individual Health Measures” means any activity and/or series of activities of Health treatment intended to cure diseases and/or lessen the suffering due to diseases.

The term “rehabilitative individual Health Measures” means any activity and/or series of activities intended to optimize the functions and reduce disability of individuals with Health problems in their interaction with their environment. Rehabilitative individual Health Measures may be in the form of speech therapy or physiotherapy.

The term “palliative individual Health Measures” means Health Measures which are intended to improve the life quality of Patients and their family who face problems related to life-threatening diseases. Palliative individual Health Measures may be in the form of early

identification, correct assessment, treatment of pain, and handling of other problems, namely physical, psychosocial, as well as spiritual.

Section (2)

The term “promotive public Health Measures” means any activity and/or series of activities to enable the community to control and improve their health. Promotive public Health Measures may be in the form of effective communication to educate the community on Health and the influencing factors as well as the methods to improve Health status, strengthening of community movement, as well as preparation of policies and regulations which support and protect public Health.

The term “preventive public Health Measures” means any activity to prevent any Health problem/disease to avoid or reduce risks, problems, and adverse impacts of diseases. Preventive public Health Measures is conducted through surveillance, monitoring of public Health status and problems, as well as handling of the problems found. Preventive public Health Measures may be in the form of restriction of the consumption of cigarettes, salt, food and beverages with too much sugar content, as well as in the form of mass vaccination, screening of diseases and control of environmental Health, including prevention of environmental pollution and control of vectors.

The term “curative public Health Measures” means any activity and/or series of activities of Health treatment intended to stop or control the transmission and burden of diseases in the community. Curative public Health Measures may be in the form of mass drug administration, the provision of presumptive drugs, and the provision of drugs for communicable diseases as well as certainty of effective system to provide fair access to curative individual Health Measures.

The term “rehabilitative public Health Measures” means any activity and/or series of activities to help survivors get back to the community. Rehabilitative public Health Measures may be in the form of social training for people suffering from spectrum of autism, intellectual disability, or schizophrenia.

The term “palliative Public Health Measures” means any activity and/or series of activities to enable public and the community to provide support in order to improve the life quality of Patients and their family who face problems related to life-threatening diseases. Palliative public Health Measures may be in the form of establishment of mutually supportive community.

Article 19

Sufficiently clear.

Article 20

Point a

Sufficiently clear.

Point b

Sufficiently clear.

Point c

Sufficiently clear.

Point d

Sufficiently clear.

Point e

Sufficiently clear.

Point f

Sufficiently clear.

Point g

Other resources, among other things, are Health industry and Health education institutions.

Article 21

Sufficiently clear.

Article 22

Sufficiently clear.

Article 23

Sufficiently clear.

Article 24

Sufficiently clear.

Article 25

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

The form of Health Services through Telemedicine, among other things, are in the form of medical/clinical care and/or Health consultation services.

Section (5)

Sufficiently clear.

Article 26

Point a

The term “primary Health Services” mean Health Services which are nearest to the community as the first contact (gate keeper) which are implemented in an integrated manner to fulfill Health needs in every phase of life intended for individuals, family, and community.

Point b

The term “advanced Health Services” mean individual Health Services which are specialistic and/or sub-specialistic which are implemented in a comprehensive manner between multiple disciplines and professions on every disease of the Patients.

Article 27

Sufficiently clear.

Article 28

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Vulnerable community, among other things, are:

a. individuals who do not have access to adequate Health Services and health insurance;

b. individuals with low class social-economic status;
c. community with comorbidities (chronic diseases);
d. women, including pregnant and breastfeeding women, infants, under-five children, adolescent, and the elderly;
e. individuals with disability;
f. individuals suffering from mental disorder;
g. individuals who are socially marginalized due to their religions/belief, races or ethnicities, sexual orientation, gender identities, diseases, as well as citizenship status;
h. individuals who live in underprivileged areas, remote areas, outermost areas and border areas, including customary community;
i. individuals who live in households without access to clear water and adequate sanitation; or
j. individuals who live in cramped houses or social institutions with limited private space.

Section (5)

Sufficiently clear.

Article 29

Section (1)

The community who participates include private sector.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Article 30

Sufficiently clear.

Article 31

Section (1)

Sufficiently clear.

Section (2)

The term “first contact” means first Health Services received by the community to overcome basic Health problems.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Section (5)

Sufficiently clear.

Section (6)

Sufficiently clear.

Section (7)

Sufficiently clear.

Section (8)

The term “Health status” means description and/or measurement of individual or population Health at a certain point of time against identifiable standards, and implemented by referring to Health indicators.

Section (9)

Sufficiently clear.

Article 32

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Point a

Sufficiently clear.

Point b

Educational units, among other things, are early childhood education, schools/Islamic schools, Islamic boarding schools, higher education institutions, or in any other names similar to formal education.

Point c

Sufficiently clear.

Point d

Sufficiently clear.

Point e

Sufficiently clear.

Section (4)

Sufficiently clear.

Section (5)

Sufficiently clear.

Section (6)

Sufficiently clear.

Section (7)

Sufficiently clear.

Section (8)

Sufficiently clear.

Section (9)

Sufficiently clear.

Section (10)

Health partners, among other things, are non-governmental organizations, religious figures, important figures among the young adults, female figures, public figures, Health awareness community, and business entities.

Section (11)

Sufficiently clear.

Article 33

Section (1)

Sufficiently clear.

Section (2)

The term “other laboratories” means Health laboratories which are adjusted to the development of Health needs and Health Technology.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Section (5)

Sufficiently clear.

Article 34

Sufficiently clear.

Article 35

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Section (5)

The term “basic social services in the field of Health” means services to fulfill the needs of individuals, groups, or the community in order to handle problems or shortages in their health needs.

Section (6)

Sufficiently clear.

Section (7)

Sufficiently clear.

Article 36

Sufficiently clear.

Article 37

Section (1)

Advanced Health Services include services of screening and early detection, homecare, Telemedicine, mobile Health Care Services, Health Services at Health posts, Health Services using the newest technology, and research-based services.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Article 38

Section (1)

The term “with international standards” means national prime services using new methods which are internationally recognized.

Section (2)

Sufficiently clear.

Article 39

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

The term “vertical referral” means referral conducted from the referring Health Service Facilities to the Health Service Facilities receiving the referral which have higher level of service capacity in accordance with the medical needs of the Patients.

The term “horizontal referral” means referral conducted from the referring Health Service Facilities to the Health Service Facilities receiving the referral of the same type of Health Service Facilities, but which have certain types of competence which the referring Health Service Facilities do not have.

The term “back referral” means the referral of Patients whose treatment at the Health Service Facilities receiving the referral has been completed and who still need follow-up treatment at the Health Service Facilities with lower competence.

Section (4)

Sufficiently clear.

Section (5)

The term “service capacity” means competence based on the types of Health Services, types of Medical Professionals and Health Professionals, means and infrastructure, Health equipment, Pharmaceutical Preparations and Medical Devices, as well as capacity of Health Service Facilities.

Section (6)

Sufficiently clear.

Section (7)

Sufficiently clear.

Article 40

Sufficiently clear.

Article 41

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

The term “other health screenings” means Health screenings conducted regularly in accordance with the standards after the period of childbirth. Other Health screenings may be in the form of monitoring of growth and development, early detection of disability, and etc.

Section (4)

Responsibility in infant and child Health Measures, among other things, is in the form of provision of Health Services at schools which receive students with disabilities, namely special schools as well as inclusive schools, so as not to disturb infant and child Health in participating in education and no discrimination or violence which may be harmful to infant and child Health.

Article 42

Section (1)

The term “medical indications” means the Health conditions of the mothers which make it impossible to breastfeed in accordance with the stipulation of Medical Professionals .

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Article 43

Section (1)

The policies, among other things, are in the form of preparation of norms, standards, procedures, and criteria.

Section (2)

Sufficiently clear.

Article 44
Sufficiently clear.

Article 45
Sufficiently clear

Article 46
Sufficiently clear.

Article 47
Sufficiently clear.

Article 48
Sufficiently clear.

Article 49
Sufficiently clear.

Article 50
Section (1)
Sufficiently clear.
Section (2)
The term “adolescence” means the age of 10 (ten) years until before 18 (eighteen) years.
Section (3)
Sufficiently clear.
Section (4)
The term “Health screening” means any activity which is implemented to detect diseases early so as to be able to conduct intervention to cure or prevent the diseases from continuing.
The term “adolescent reproductive Health” means Health Measures which are implemented so as to be free from various Health problems which may obstruct the ability to live a healthy reproductive life.
The term “adolescent mental Health” means Health Measures which are implemented to prepare the conditions of adolescents so as to be able to develop physically, mentally, spiritually, and socially so that the adolescents are aware of their own capacity, are able to handle pressure, and are able to contribute to the community.
Section (5)
Sufficiently clear.
Section (6)
Sufficiently clear.

Article 51
Sufficiently clear.

Article 52
Sufficiently clear.

Article 53
Section (1)
Sufficiently clear.

Section (2)

Health Measures of persons with disabilities include Health Measures for disabled women who are expecting mothers and mothers, Health Measures for children who are detected to experience disabilities or who were born disabled, as well as support for families that have disabled members.

Health Measures for children who are detected to experience disabilities or who were born disabled include early disability detection and intervention efforts.

Health Measures of persons with disabilities who are entering productive age include reproductive Health.

Section (3)

The term “access” includes the availability of Health Services which may be used by persons with disabilities independently without the help from any other people and Health Services which are provided proactively for persons with disabilities.

Section (4)

Sufficiently clear.

Section (5)

Sufficiently clear.

Section (6)

Sufficiently clear.

Article 54

Sufficiently clear.

Article 55

Sufficiently clear.

Article 56

Sufficiently clear.

Article 57

Sufficiently clear.

Article 58

Sufficiently clear.

Article 59

Sufficiently clear.

Article 60

Sufficiently clear.

Article 61

Sufficiently clear.

Article 62

Sufficiently clear.

Article 63

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Family planning services, among other things, are consultation of family planning services and contraceptive services.

Section (4)

Sufficiently clear.

Section (5)

Sufficiently clear.

Article 64

Section (1)

Sufficiently clear.

Section (2)

Point a

The term “balanced nutrition” means nutritional intake which is in accordance with the needs of a person in order to prevent the risks of overnutrition and malnutrition.

Point b

Sufficiently clear.

Point c

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Section (5)

Sufficiently clear.

Article 65

Sufficiently clear.

Article 66

Sufficiently clear.

Article 67

Section (1)

The term “intervention” means any activity which is implemented to overcome direct or indirect causes of various nutrition problems.

Section (2)

Stakeholders, among other things, are individuals, the community, academicians, enterprises, mass media, civil society organizations, higher education institutions, public figures, female figures, important figures among the young adults, religious figures, and development partners.

Article 68

Public knowledge and awareness on the importance of nutrition and its impacts on the improvement of nutrition status may be obtained through Telehealth services.

Article 69

Sufficiently clear.

Article 70

Section (1)

Dental and oral Health Services include the phases of embryo, pregnant woman, child, adolescent, adult, and the elderly.

Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.
Section (4)
Sufficiently clear.

Article 71
Section (1)
Sufficiently clear.
Section (2)
Sufficiently clear.
Section (3)
Community empowerment, among other things, is in the form of activities of cornea donation and cataract surgery.

Article 72
Sufficiently clear.

Article 73
Sufficiently clear.

Article 74
Sufficiently clear.

Article 75
Sufficiently clear.

Article 76
Section (1)
Point a
Sufficiently clear.
Point b
Information and education on mental Health is intended to prevent any risk of mental problems or mental disorder as well as to prevent any violation of human rights against people with risks and people with mental disorder.
Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.

Article 77
Sufficiently clear.

Article 78
Sufficiently clear.

Article 79
Sufficiently clear.

Article 80
Section (1)
Sufficiently clear.
Section (2)
Sufficiently clear.

Section (3)

Medical treatment intended to handle emergency conditions, among other things, is conducted to people with mental disorder who show any thought and/or behavior which may be harmful to themselves, other people, and/or their surroundings.

Section (4)

Sufficiently clear.

Section (5)

Sufficiently clear.

Article 81

Sufficiently clear.

Article 82

Sufficiently clear.

Article 83

Sufficiently clear.

Article 84

Sufficiently clear

Article 85

Sufficiently clear.

Article 86

Sufficiently clear.

Article 87

Section (1)

Sufficiently clear.

Section (2)

Criteria for stipulating program for control of certain communicable diseases as national or regional priorities, among other things, are in the form of:

a. local endemic diseases;
b. communicable diseases having the potential to cause Epidemic;
c. high number of fatalities/high mortality rate;
d. having widespread social, economic, political, and resilience impacts; and
e. constituting the targets of global reduction, elimination, and eradication.

Criteria for stipulating program for handling of certain non-communicable diseases as national or regional priorities, among other things, are in the form of:

a. high mortality or disability rate;
b. high morbidity rate or high costs of treatment; and
c. having risk factors which may be changed.

Section (3)

Sufficiently clear.

Article 88

Sufficiently clear.

Article 89

Section (1)

Activities of prevention, control, and eradication of communicable diseases are implemented, among other things, through:

a. Health promotion;
b. Health surveillance;
c. control of risk factors;
d. case findings;
e. case handling;
f. immunization; and
g. administration of mass preventive Drugs.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Article 90

Clean and healthy lifestyle for people suffering from communicable diseases, among other things, is not taking any action which may facilitate transmission of the diseases to other people.

Other preventive efforts, among other things, are in the form of immunization, quarantine, and isolation.

Article 91

Sufficiently clear.

Article 92

Sufficiently clear.

Article 93

Section (1)

Activities of prevention, control, and handling of non-communicable diseases are implemented, among other things, through:

a. Health promotion;
b. early detection of risk factors;
c. control of risk factors;
d. special protection;
e. early case findings;
f. early management; and
g. case handling, in the form of curative, rehabilitative, and/or palliative Health Services.

Section (2)

Sufficiently clear.

Article 94

Section (1)

Risk factors, among other things, in the form of obesity, over-consumption of sugar, salt, and fat, smoking, drinking alcoholic beverages, and lack of physical activities.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Article 95
Sufficiently clear.

Article 96
Sufficiently clear.

Article 97
Section (1)
Sufficiently clear.
Section (2)
Sufficiently clear.
Section (3)
Point a
Health education includes intracurricular, cocurricular, and extracurricular education.
Point b
Health Services, among other things, are in the form of the immunization and Health screening.
Point c
Sufficiently clear.
Section (4)
Sufficiently clear.
Section (5)
Sufficiently clear.
Section (6)
Sufficiently clear.

Article 98
Sufficiently clear.

Article 99
Section (1)
The term “bad influences” means the influences which may be caused by the work process, equipment, materials, or environment which may cause incident, nearmiss, accident, or environmental pollution affecting Health.
Section (2)
Sufficiently clear.
Section (3)
The term “changing environment” means the environment of all aspects of dimension which are ever-changing and which have impact on the life sustainability and implementation of activities of human living in such environment.
Section (4)
Sufficiently clear.
Section (5)
Sufficiently clear.
Section (6)
Sufficiently clear.

Article 100
Sufficiently clear.

Article 101
Sufficiently clear.

Article 102

Sufficiently clear.

Article 103

Sufficiently clear.

Article 104

Sufficiently clear.

Article 105

Section (1)

The term “healthy environment” means environment which does not have any adverse risks to Health including as a result of the conditions of dimension and global threats of climate change.

Environment which does not have any adverse risks to Health constitutes environment which is free from the elements causing Health problems, among other things in the form of:

a. liquid waste, solid waste, gas waste which are not processed properly;
b. waste which is not processed in accordance with the requirements stipulated by the Central Government and Local Government;
c. vectors and animals carrying diseases;
d. hazardous chemicals;
e. noise exceeding the threshold;
f. radiation of ionizing and non-ionizing rays;
g. polluted water;
h. polluted air; and
i. contaminated food.

Section (2)

Sufficiently clear.

Section (3)

Environmental media, among other things, are in the form of water, air, soil, food, facilities and buildings, as well as vectors and animals carrying diseases.

Section (4)

Sufficiently clear.

Article 106

Sufficiently clear.

Article 107

Sufficiently clear.

Article 108

Section (1)

The term “matra Health” means Health Measures in specific forms which are implemented to improve the physical and mental capacity in order to adjust to the signifimaytly ever-changing environment, namely land, sea, and air environment.

Section (2)

Point a

The term “land matra Health” means matra Health related to works or activities on land of temporary nature in changing environment, such as transmigration, soldiers of the Defence Force of Indonesia, special assignment of members of the Indonesian National Police.

Point b

The term “sea matra Health” means matra Health related to works or activities in the sea and related to high-pressure environment (hyperbaric), such as divers.

Point c

The term “air matra Health” means matra Health related to aviation and space Health with low-pressure environment (hypobaric), such as pilots and soldiers of the Defence Force of Indonesia.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Article 109

Section (1)

The term “disasters” means events or series of events threatening and disturbing the lives and livelihood of the community, caused by natural and/or non-natural factors as well as human factors thus causing human victims, damage to the environment, loss of properties and assets, and psychological impacts.

Section (2)

Point a

Pre-disaster Health planning, among other things, is in the form of risk mitigation, preparation of Health Resources, planning, and coordination.

Point b

Health Services during disasters, among other things, are activities of disaster emergency response.

Point c

Post-disaster Health Care Services includes physical and mental recovery.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Article 110

Sufficiently clear.

Article 111

Sufficiently clear.

Article 112

Sufficiently clear.

Article 113

Sufficiently clear.

Article 114

Sufficiently clear.

Article 115

Sufficiently clear.

Article 116
Sufficiently clear.

Article 117
Sufficiently clear.

Article 118
Sufficiently clear.

Article 119
Sufficiently clear.

Article 120
Section (1)
The term “production” means the sorting of plasma into individual protein fractions continued by the process of purification, inactivation or eradication of infectious agent transmitted by blood, and packing to become plasma-derived Drugs products.
Section (2)
Sufficiently clear.
Section (3)
Compensation, among other things, is in the form of reimbursement of costs of transportation and/or Health maintenance costs.
Section (4)
Sufficiently clear.
Section (5)
Sufficiently clear.
Section (6)
Sufficiently clear.
Section (7)
Sufficiently clear.
Section (8)
Sufficiently clear.

Article 121
Sufficiently clear.

Article 122
Sufficiently clear.

Article 123
Sufficiently clear.

Article 124
Section (1)
The term “transplantation” means the transfer of organ and/or tissue from the donor to the recipient to cure diseases and recover the Health of the recipient.
Section (2)
Sufficiently clear.
Section (3)
The term “commercialized” means commercialization in the implementation of human organ or tissue transplantation, excluding the process of Health Services in the implementation of transplantation at Health Care Facilities.

Article 125
Sufficiently clear.

Article 126
Sufficiently clear.

Article 127
Sufficiently clear.

Article 128
Sufficiently clear.

Article 129
Sufficiently clear.

Article 130
Sufficiently clear.

Article 131
Sufficiently clear.

Article 132
Sufficiently clear.

Article 133
Section (1)
Award is given because the organ transplantation donors are not able to perform activities or works optimally during the process of transplantation and Health recovery.
Section (2)
Sufficiently clear.

Article 134
Sufficiently clear.

Article 135
Section (1)
The term “stem cell” means cell in a human body which has a special ability to renew or regenerate itself and able to differentiate into another specific cell.
Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.
Section (4)
Sufficiently clear.

Article 136
Sufficiently clear.

Article 137
Section (1)
Sufficiently clear.

Section (2)

Changing identities, among other things, are to change face, sex, and/or fingerprints, thus causing a change of identities and removing traces of identities, and used unlawfully or to commit crimes.

Reconstructive and aesthetic plastic surgery are not intended to change sex, but to adjust the genitals to the actual sex. Sex change may only be implemented under a court decision in accordance with the provision of legislation.

Section (3)

Sufficiently clear.

Article 138

Sufficiently clear.

Article 139

Sufficiently clear.

Article 140

Sufficiently clear.

Article 141

Sufficiently clear.

Article 142

Section (1)

Other standards, among other things, are in the form of other internationally applicable pharmacopoeia or method of analysis/monography stipulated by the Central Government in the event that there is no Indonesian pharmacopoeia.

Section (2)

Other standards, among other things, are in the form of method of analysis used in the event that it is not yet regulated in Indonesian herbal pharmacopoeia.

Section (3)

Sufficiently clear.

Section (4)

Other standards, among other things, are in the form of method of analysis used in the event that it is not yet regulated in Indonesian cosmetic codex.

Section (5)

The term “certain preparations based on risk assessment” means preparations of Natural Medicinal Products, Health supplements, quasi medicines, and cosmetics which based on review by the Central Government have the potentials to cause harmful effects to Health if not using pharmaceutical raw materials.

Section (6)

Sufficiently clear.

Section (7)

Sufficiently clear.

Section (8)

Sufficiently clear.

Article 143

Sufficiently clear.

Article 144

Sufficiently clear.

Article 145

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

The term “certain conditions” means the absence of pharmaceutical personnel, the needs of government programs, and/or during conditions of KLB, Epidemic, and other disaster emergencies.

Other Health Professionals , among other things, are in the form of physicians and/or dentists, midwives, and nurses.

Section (4)

Sufficiently clear.

Article 146

Section (1)

The term “food and beverages” means processed food in accordance with the provision of legislation.

Standards and/or requirements of safety, quality, and nutrition includes the provision of information on nutrition value, such as sugar, salt, and fat content.

Section (2)

Sufficiently clear.

Article 147

Section (1)

The term “incorrect and/or misleading information or statement on the product information” means information or statement which is not in accordance with those indicated on the label or conveyed on the products’ advertisement.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Article 148

Sufficiently clear.

Article 149

Section (1)

The term “addictive substances” means products which contain tobacco or do not contain tobacco, namely in the form of cigarettes or other forms which are addictive, the use of which may be harmful to the relevant persons themselves and/or the surrounding community and may be in the form of solid, liquid, and gas.

Other forms which are addictive, among other things, are in the form of electronic cigarettes and maydies containing nicotine.

Section (2)

The term “tobacco products” means every product entirely or partly made from tobacco leaves as the raw materials, processed to be used by being burned, heated, vaporized, smoked, inhaled, chewed, or by any methods of consumption.

Section (3)

Point a

Sufficiently clear.

Point b

Sufficiently clear.

Point c

Sufficiently clear.

Point d

Sufficiently clear.

Point e

Solid and liquid tobacco, among other things, may be used for electronic cigarettes and shisha.

The term “electronic cigarettes” means tobacco products in the form of liquid, solid, or in other forms originating from the processing of tobacco leaves made by extraction or by other methods in accordance with the development of technology and the consumers’ tastes regardless of the substitute materials or auxiliary materials in its production provided for end consumers in retail packaging and consumed by being heated using electronic heaters and then smoked.

Point f

Sufficiently clear.

Section (4)

Stipulation of standards and/or requirements is intended to reduce and prevent the use of addictive substances which disturb or which are harmful to Health.

Article 150

Sufficiently clear.

Article 151

Section (1)

Sufficiently clear.

Section (2)

In stipulating and implementing non-smoking areas, Local Governments are required to consider all aspects holistically.

Section (3)

Sufficiently clear.

Article 152

Sufficiently clear.

Article 153

Sufficiently clear.

Article 154

Sufficiently clear.

Article 155

Sufficiently clear.

Article 156

Section (1)

Point a

Medical services for legal purposes on living people are intended to identify the conditions and nature of injuries, causes of injuries,

presence of violence/sexual intercourse, impacts on physical and mental Health, a person's legal capacity, and other findings related to the crimes and the perpetrators.

Point b

Medical services for legal purposes on deceased people constitute medical services conducted on corpses whose death is suspected of being caused by or related to any crime or for other legal purposes.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Article 157

Section (1)

Sufficiently clear.

Section (2)

The term " mortality audits" means a series of activities of tracking the cause of death and determining the factors contributing to a person's death.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Section (5)

Sufficiently clear.

Article 158

Sufficiently clear.

Article 159

Sufficiently clear.

Article 160

Sufficiently clear.

Article 161

Sufficiently clear.

Article 162

Sufficiently clear.

Article 163

Sufficiently clear.

Article 164

Sufficiently clear.

Article 165

Sufficiently clear.

Article 166

Sufficiently clear.

Article 167
Section (1)
Sufficiently clear.
Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.
Section (4)
Government programs, among other things, are in the form of programs for handling tuberculosis, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), and stunting.

Article 168
Sufficiently clear.

Article 169
Sufficiently clear.

Article 170
Section (1)
Supporting Health CareFacilities, among other things, are in the form of Health laboratories, pharmacies, cell processing laboratories, as well as cell banks and/or tissue banks.
Section (2)
Sufficiently clear.

Article 171
Sufficiently clear.

Article 172
Sufficiently clear.

Article 173
Section (1)
Point a
Sufficiently clear.
Point b
Sufficiently clear.
Point c
The term “medical records” means documents which contain data on the identities of Patients, examinations, medications, treatments, and other services which have been given to the relevant Patients which are made by using electronic system which is designated to organize medical records. In the event that Health Care Facilities maynot organize medical records electronically due to technical obstacles, non-electronic medical records may be used until the obstacles are over, and the data of medical records are re-inputted into the electronic medical records system.
Point d
Sufficiently clear.
Point e
Sufficiently clear.
Point f
Sufficiently clear.
Point g
Sufficiently clear.

Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.

Article 174
Sufficiently clear.

Article 175
Sufficiently clear.

Article 176
Sufficiently clear.

Article 177
Section (1)
The term “confidentiality of Patient’s personal Health ” means anything which is related to the findings of Medical Professionals and Health Professionals in the context of medication and recorded on the medical records of the relevant Patients and which is confidential.
Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.

Article 178
Sufficiently clear.

Article 179
Section (1)
Point a
The term “Health Services support network” means the support conducted by Health Service Facilities with higher competence at Health Service Facilities with lower competence with the purpose of improving the competence of such Health Service Facilities and handling Health problems in such area.
Point b
The term “cooperation between 2 (two) or more Health Care Facilities” means cooperation between 2 (dua) Health Care Facilities, namely between Health Care Facilities in Indonesia and Health Care Facilities overseas, as well as between Health Care Facilities in Indonesia, among other things in the form of cooperation in the fields of services and research.
Point c
The term “center of excellence” means Health Services with main characteristics at Hospitals with international services standards, high technology, excellent human resources competence, and which cooperate with education institutions in order to improve the learning culture, innovations, and development.
Point d
The term “integrated Health Services” means integrated Health Services which are organized at Health Care Facilities in an integrated and multidisciplinary manner, and focused on the Patients’ needs (patient-centered care).
Section (2)
Sufficiently clear.

Article 180

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Point a

The term “leads a healthy lifestyle” means having the awareness, will, and capacity to live healthily.

Point b

Sufficiently clear.

Point c

Sufficiently clear.

Point d

Sufficiently clear.

Article 181

Sufficiently clear.

Article 182

Sufficiently clear.

Article 183

Sufficiently clear.

Article 184

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

The term “good Hospital management” means the application of functions of Hospital management based on the principles of transparency, accountability, independence, responsibility, equality, and fairness.

The term “good clinical management” means the application of functions of clinical management including clinical leadership, clinical audit, clinical data, evidence-based clinical risks, improvement of performance, complaint management, mechanism of monitoring the results of services, professional development, and Hospital accreditation.

Article 185

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

The term “the field of Health Services” means the field which provides Health Services directly to the public, among other things in the form of clinics, pharmacies, and laboratories.

Section (4)
Sufficiently clear.

Article 186
Sufficiently clear.

Article 187
Section (1)
Sufficiently clear.
Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.
Section (4)
Teaching Hospitals are prioritized as teaching Hospitals serving as the main organizers.
Section (5)
The term “requirements, standards, and accreditation in accordance with its roles” mean the requirements, standards, and accreditation which must be fulfilled by teaching Hospitals, namely as Hospitals cooperating with higher education institutions in organizing higher education and as Hospitals serving as the main organizers of higher education by remain cooperating with higher education institutions.
Section (6)
Sufficiently clear.
Section (7)
Sufficiently clear.
Section (8)
Sufficiently clear.
Section (9)
Sufficiently clear.
Section (10)
Sufficiently clear.
Section (11)
Sufficiently clear.

Article 188
Section (1)
Sufficiently clear.
Section (2)
Sufficiently clear.
Section (3)
The term “research-based services” means services conducted on Patients as the subjects of research, mainly on translational research with the purpose of proving effectivity.
Section (4)
The term “accountable freedom” means research that is implemented in accordance with scientific principles based on the code of ethics, moral values, religions norms, as well as legislation.
Section (5)
Other parties, among other things, are agencies or individuals having the duties and functions of conducting research or having the competence to conduct research.

Article 189

Section (1)

Point a

Sufficiently clear.

Point b

The term “services standards of the Hospital ” mean all services standards which are applicable at Hospitals, among other things in the form of standard operating procedures, medical services standards, and nursing care standards.

Point c

Sufficiently clear.

Point d

Sufficiently clear.

Point e

The term “underprivileged or poor community” means Patients who fulfill the underprivileged or poor criteria in accordance with the provisions of legislation.

Point f

Sufficiently clear.

Point g

Sufficiently clear.

Point h

The term “organize medical records” means to organize medical records in accordance with the standards which are gradually attempted to reach international standards.

Point i

Sufficiently clear.

Point j

Sufficiently clear.

Point k

Sufficiently clear.

Point l

Sufficiently clear.

Point m

Sufficiently clear.

Point n

Sufficiently clear.

Point o

Hospitals is constructed and completed with facilities, infrastructure, and equipment which may be operated and maintained in such a way to obtain security, prevent fire or disaster by ensuring the security, safety and Health of the Patients, officers, visitors, and environment of the Hospitals.

Point p

Sufficiently clear.

Point q

Sufficiently clear.

Point r

The term “internal regulations of the Hospitals” means regulations which are prepared for internal use of the Hospitals in the context of organizing good Hospital management and good clinical management.

Point s

Sufficiently clear.

Point t
Sufficiently clear.
Section (2)
Sufficiently clear.

Article 190
Sufficiently clear.

Article 191
Sufficiently clear.

Article 192
Sufficiently clear.

Article 193
Sufficiently clear.

Article 194
Sufficiently clear.

Article 195
Sufficiently clear.

Article 196
Sufficiently clear.

Article 197
Sufficiently clear.

Article 198
Sufficiently clear.

Article 199
Sufficiently clear.

Article 200
Section (1)
Health supporting or assistance personnel, among other things, are in the form of biological personnel, administrative personnel, waiter, finance personnel, corpse handling personnel, and ambulance personnel.
Section (2)
Sufficiently clear.

Article 201
Sufficiently clear.

Article 202
Sufficiently clear.

Article 203
Section (1)
Sufficiently clear.

Section (2)

Relevant parties, among other things, are in the form of association of Health Service Facilities and association of Health education institutions as well as other parties in accordance with the needs.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Article 204

Sufficiently clear.

Article 205

Sufficiently clear.

Article 206

Sufficiently clear.

Article 207

Sufficiently clear.

Article 208

Sufficiently clear.

Article 209

Sufficiently clear.

Article 210

Sufficiently clear.

Article 211

Sufficiently clear.

Article 212

Sufficiently clear.

Article 213

Section (1)

The term “competence tests” means the measurement of knowledge, skills, and behavior of students to achieve standard competence.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Article 214

Sufficiently clear.

Article 215

Sufficiently clear.

Article 216

Sufficiently clear.

Article 217
Sufficiently clear.

Article 218
Sufficiently clear.

Article 219
Section (1)
Point a
Sufficiently clear.
Point b
The right to receive adequate break times is to be obtained by students during the clinical education process at Health Care Facilities.
Point c
Sufficiently clear.
Point d
Sufficiently clear.
Point e
Sufficiently clear.
Section (2)
Point a
The term " Patient safety" means a framework in the form of organized activities to develop a culture, process, procedure, behavior, technology, and environment in Health Care Services consistently and continuously which is aimed at minimizing risks, reducing preventable hazards, preventing the possibility of mistakes, as well as minimizing impacts in the event of incidents to Patients.
Point b
Sufficiently clear.
Point c
Sufficiently clear.
Point d
Sufficiently clear.

Article 220
Section (1)
The term "national-standard competence tests" means the measurement of knowledge, skills, and behaviors of students at the organizers of Health higher education organizing the tests in accordance with the national standards and is applicable nationally.
Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.
Section (4)
Sufficiently clear.
Section (5)
Sufficiently clear.
Section (6)
Sufficiently clear.

Article 221
Sufficiently clear.

Article 222

Section (1)

Point a

The term “educators and education personnel who are not Medical Professionals and Health Professionals ” mean lecturers, instructors, and facilitators having non-medical and Health educational background who are assigned to transform, develop, and disseminate medical and Health-supporting science, and technology.

The term “educators and education personnel who are not Medical Professionals and Health Professionals ” means community members having non-medical and health educational background who devote themselves and are appointed to perform duties that support the organization of education.

Point b

Sufficiently clear.

Point c

Sufficiently clear.

Point d

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Section (5)

Sufficiently clear.

Article 223

Sufficiently clear.

Article 224

Sufficiently clear.

Article 225

Sufficiently clear.

Article 226

Sufficiently clear.

Article 227

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

The term "aspect of equal distribution” means the distribution of Medical Professionals and Health Professionals in accordance with the needs through recruitment, selection, and placement processes.

The term "aspect of utilization” means the utilization of Medical Professionals and Health Professionals in accordance with their competencies and authority.

The term "aspect of development” means the development of Medical Professionals and Health Professionals which is multidisciplinary and cross-sectoral as well as cross-program in nature in order to equally

distribute and improve the quality of Medical Professionals and Health Professionals.

Article 228

Sufficiently clear.

Article 229

Sufficiently clear.

Article 230

Sufficiently clear.

Article 231

Section (1)

The placement of Medical Professionals and Health Professionals is intended to utilize Medical Professionals and Health Professionals in regions requiring them, especially remote, underprivileged areas, borderland, and outlying islands, as well as regions having Health problems.

The selection is conducted by taking into account various factors so that the Medical Professionals and Health Professionals may be beneficial for people and are able to develop in accordance with the development of science and technology.

Section (2)

Point a

Sufficiently clear.

Point b

The term "special assignment" means a special utilization of Medical Professionals and Health Professionals within a certain period of time in order to improve access to and quality of Health Services at Health Care Facilities in underprivileged areas, borderland, and outlying islands, as well as regions having Health problems and government Hospitals requiring specialist medical services, as well as to fulfill the needs for other Health Services by Medical Professionals and Health Professionals.

Point c

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Section (5)

Sufficiently clear.

Section (6)

Sufficiently clear.

Article 232

The term "retention efforts" means the efforts to retain Medical Professionals and/or Health Professionals in a certain place for a certain period of time in order to maintain the continuity of Health Services.

Retention efforts, among others, are in the form of the extension of assignment, the granting of incentives, the application of career levels, and the application of remuneration system.

Article 233

Sufficiently clear.

Article 234
Sufficiently clear.

Article 235
Section (1)
Sufficiently clear.
Section (2)
The term “areas of no interest” means areas facing difficulties in the provision of Medical Professionals and Health Professionals in a certain period of time.
Section (3)
Sufficiently clear.
Section (4)
Sufficiently clear.

Article 236
Sufficiently clear.

Article 237
Sufficiently clear.

Article 238
Section (1)
Sufficiently clear
Section (2)
Sufficiently clear
Section (3)
Health reserve personnel in the form of non-Health Professionals who have been trained related to the management of KLB, Epidemics, and disaster emergencies, among others, is students, lecturers, and personnel who is no longer practicing as Medical Professionals and Health Professionals.
Section (4)
Sufficiently clear.

Article 239
Sufficiently clear.

Article 240
Sufficiently clear.

Article 241
Section (1)
Sufficiently clear.
Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.
Section (4)
Sufficiently clear.
Section (5)
Sufficiently clear.
Section (6)
Sufficiently clear.

Section (7)

The term “adaptation” means a series of activities for the adjustment of competencies and capabilities of Medical Professionals and Health Professionals of Indonesian citizens who are overseas graduates to be conducted at Health Care Facilities.

Section (8)

Sufficiently clear.

Article 242

Sufficiently clear.

Article 243

Sufficiently clear.

Article 244

Sufficiently clear.

Article 245

Sufficiently clear.

Article 246

Sufficiently clear.

Article 247

Sufficiently clear.

Article 248

Sufficiently clear.

Article 249

Sufficiently clear.

Article 250

Point a

Sufficiently clear.

Point b

The term “certain prime fields in Health Services” means priority or required fields of Health Services, but the number of the workers is still limited and/or has not been available in Indonesia, such as robotic surgery.

Article 251

Sufficiently clear.

Article 252

Sufficiently clear.

Article 253

Indonesian language education and training for foreign Medical Professionals and Health Professionals is intended to ensure that they are able to communicate well with Patients.

Article 254

Sufficiently clear.

Article 255

Section (1)

Other activities, among others, are in the form of joint training, social service, international sporting activities, and disaster response activities.

Section (2)

Sufficiently clear.

Section (3)

The term “certain period” means for a maximum of 3 (three) months and may be extended.

Article 256

The provisions of legislation, among others, are in the form of legislation on manpower and immigration.

Article 257

Sufficiently clear.

Article 258

Sufficiently clear.

Article 259

Sufficiently clear.

Article 260

Sufficiently clear.

Article 261

Sufficiently clear.

Article 262

Sufficiently clear.

Article 263

Section (1)

The term “certain types of Medical Professionals and Health Professionals” means Medical Professionals and Health Professionals providing Health Services directly to Patients.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Certain conditions, among others, are in the form of circumstances requiring accelerated fulfillment of requirements for Medical Professionals and Health Professionals at Health Care Facilities.

Section (5)

Sufficiently clear.

Article 264

Sufficiently clear.

Article 265

Certain conditions, among others, are in the form of:

a. social/humanitarian services;
b. state duties;

c. management of KLB, Epidemics, or other disasters;
d. provision of other emergency assistance; and/or
e. provision of other Health Services which are incidental and temporary in nature.

Article 266
Sufficiently clear.

Article 267
Sufficiently clear.

Article 268
Sufficiently clear.

Article 269
Sufficiently clear.

Article 270
Sufficiently clear.

Article 271
Sufficiently clear.

Article 272
Sufficiently clear.

Article 273
Sufficiently clear.

Article 274
Sufficiently clear.

Article 275
Sufficiently clear.

Article 276
Point a
Sufficiently clear.
Point b
The term “adequate” means the provision of complete information in easily understandable language.
Point c
Sufficiently clear.
Point d
Sufficiently clear.
Point e
Sufficiently clear.
Point f
Sufficiently clear.
Point g
Sufficiently clear.

Article 277
Sufficiently clear.

Article 278
Sufficiently clear.

Article 279
Sufficiently clear.

Article 280
Sufficiently clear.

Article 281
Sufficiently clear.

Article 282
Sufficiently clear.

Article 283
Sufficiently clear.

Article 284
Sufficiently clear.

Article 285
Sufficiently clear.

Article 286
Sufficiently clear.

Article 287
Sufficiently clear.

Article 288
Sufficiently clear.

Article 289
Sufficiently clear.

Article 290
Section (1)
Sufficiently clear.
Section (2)
The term “delegation based on mandate” means the delegation of authorities from Medical Professionals to certain Medical Professionals or Health Professionals or among certain Health Professionals whereby the responsibility and liability remains to be borne by the mandator.
The term “delegation of authority in a delegative manner” means the delegation of authority from Medical Professionals to certain Medical Professionals or Health Professionals or among certain Health Professionals whereby the responsibility and liability istransferred fully to the the delegate.
Section (3)
Sufficiently clear.
Section (4)
Sufficiently clear.

Article 291
Sufficiently clear.

Article 292
Sufficiently clear.

Article 293
Section (1)
Principally, the party entitled to give approval in the Patients concerned. If the Patients are incapable or under curatele, the consent or refusal of Health Services are given by their closest relatives, among others, by husband/wife, biological father/mother, biological child, or biological sibling who have reached the legal age. In the event of an Emergency, in order to save the Patients' life, such constent is not required.
Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.
Section (4)
Sufficiently clear.
Section (5)
Sufficiently clear.
Section (6)
Sufficiently clear.
Section (7)
The term "a person representing them" means, among others, husband/wife, capable biological child, biological father/mother, or biological sibling.
Section (8)
Sufficiently clear.
Section (9)
Sufficiently clear.
Section (10)
Sufficiently clear.
Section (11)
Sufficiently clear.
Section (12)
Sufficiently clear.

Article 294
Sufficiently clear.

Article 295
Sufficiently clear.

Article 296
Section (1)
Sufficiently clear.
Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.
Section (4)
Signature, among others, is in the form of manual signature, electronic signature, or other similar forms in accordance with the legislation.

Section (5)
Sufficiently clear.

Article 297
Section (1)
Sufficiently clear.
Section (2)
Information accesses to medical record documents, among others, are in the form of medical records or verbal explanations from Medical Professionals and/or Health Professionals or Health Care Facilities.
Section (3)
Sufficiently clear.

Article 298
Sufficiently clear.

Article 299
Sufficiently clear.

Article 300
Sufficiently clear.

Article 301
Section (1)
The term "Health confidentiality" means history, condition and treatment, medication of a person's physical and psychological Health, including personal data of Patients.
Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.

Article 302
Sufficiently clear.

Article 303
Section (1)
Sufficiently clear.
Section (2)
The term "Health Service audits" means a systematic evaluation process on the quality of Health Services in order to ensure that the Health Services provided are in accordance with the standards.
Section (3)
Sufficiently clear.
Section (4)
Sufficiently clear.

Article 304
Sufficiently clear.

Article 305
Sufficiently clear.

Article 306
Sufficiently clear.

Article 307
Sufficiently clear.

Article 308
Sufficiently clear.

Article 309
Sufficiently clear.

Article 310
Sufficiently clear.

Article 311
Sufficiently clear.

Article 312
Sufficiently clear.

Article 313
Sufficiently clear.

Article 314
Section (1)
Sufficiently clear.
Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.
Section (4)
Sufficiently clear.
Section (5)
The term “pharmacy management facilities" means Central Government-owned facilities managing Pharmaceutical Supplies and Medical Devices, including Defence Forces of Indonesia and Indonesian National Police, Local Governments, State-owned Enterprises, and Local Government-owned Enterprises, in order to ensure the availability, equal distribution, as well as affordability of Pharmaceutical Supplies and Medical Devices.
Section (6)
Special policies, among others, are the application of a special access scheme and exemption from patent regulations based on the legislation on patent.
Section (7)
Sufficiently clear.

Article 315
Sufficiently clear.

Article 316
Sufficiently clear.

Article 317
Section (1)
The term “essential Drugs” means the most required Drugs in Health Services, including generic Medicines, generic Medicines with trademarks, and originator Drugs.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Article 318

Sufficiently clear.

Article 319

Section (1)

Sufficiently clear.

Section (2)

Health Supplies that must be distributed in accordance with good distribution practices, among others, are Drugs, Drug Substances, and Medical Devices.

Section (3)

Distribution activity reports, among others, are reports on the availability, prices, and amounts of Health Supplies distributed by using an information system which is integrated to the National Health Information System.

Article 320

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Section (5)

The term “certain prescription-only Medicines” means types of prescription-only Medicines which are subject to limitations of indications and/or amount that may be given to pharmacists without prescription.

Section (6)

The term “other facilities” means facilities other than pharmaceutical service facilities, such as hypermarkets, supermarkets, and minimarkets.

Section (7)

Sufficiently clear.

Section (8)

Sufficiently clear.

Article 321

Section (1)

Point a

The term “*jamu*” means Natural Medicinal Productsin the form of ingredients or concoction originating from Indonesian traditional knowledge or cultural heritage used for maintaining Health, improving Health, prevention of illnesses, medication, and/or Health recovery.

Point b

The term “standardized herbal medicines” means Natural Medicinal Products which have been used for generations in Indonesia for maintaining Health, improving Health, preventing

illnesses, medication, and/or recovery of Health which safety and efficacy have been proved scientifically by pre-clinical tests as well as standardized raw materials.

Point c

The term “phytopharmaca” means Natural Medicinal Products used for maintaining Health, improving Health, preventing illnesses, medication, and/or recovery of Health which safety and efficacy have been proved scientifically by pre-clinical and clinical tests and their raw materials and finished products have been standardized.

Point d

Natural Medicinal Products, in the form of, among others, new innovation products of Natural Medicinal Products, imported Natural Medicinal Products, and licensed Natural Medicinal Products in accordance with the developments of science and technology.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Article 322

Sufficiently clear.

Article 323

Sufficiently clear.

Article 324

Sufficiently clear.

Article 325

Sufficiently clear.

Article 326

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Point a

The term “incentives” means fiscal and non-fiscal support or facility from the Central Government and Local Governments granted to business players or activities.

Fiscal incentive may be, for example, in the forms of tax reduction and abolition of import duties.

Non-fiscal incentive may be, for example, in the forms of facilitation in obtaining business licensing, prioritization of the use of domestic products in the government procurement of goods/services, and ease in trade governance.

Point b

Sufficiently clear.

Point c

Sufficiently clear.

Point d

Sufficiently clear.

Point e

Domestic pharmaceutical and Medical Devices industry includes pharmaceutical and medical devices industries with foreign investment having domestic production facilities.

Point f

Sufficiently clear.

Point g

Sufficiently clear.

Section (5)

Sufficiently clear.

Article 327

Sufficiently clear.

Article 328

Sufficiently clear.

Article 329

Section (1)

The term “down-streaming of national research” means the measures to enhance added value of research results which are in line with national security priorities from initially at the scale of laboratory research to commercial scale so as to allow them to be used by the public.

Section (2)

Sufficiently clear

Section (3)

Sufficiently clear

Section (4)

Sufficiently clear.

Section (5)

The support may be in the forms of, among others, policy support in order to facilitate research on pharmaceuticals and Medical Devices and financial support as required.

Article 330

Sufficiently clear.

Article 331

Sufficiently clear.

Article 332

Section (1)

Sufficiently clear.

Section (2)

Policies stipulated, includes those for the procurement and utilization of Pharmaceutical Supplies, Medical Devices, and other Health Supplies.

Article 333

Sufficiently clear.

Article 334

Section (1)

Sufficiently clear.

Section (2)

The software is integrated to the National Health Information System.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Article 335

Section (1)

The term “research" means the activities conducted according to scientific principles and methods systematically in order to obtain information, data, and particulars related to the understanding and substantiation of truth or falsity of an assumption and/or hypothesis in science and technology as well as to draw scientific conclusion for the advancement of science and technology.

Section (2)

The term “the principle of ethics” means research requirement governing the behavior and actions of researchers in conducting research.

The term “the principle of science” means a requirement of research which is analytical, rational, objective, empirical in nature, and resulting in the same results when it is performed by other persons with the same methods.

The term “scientific methodology” means a systematic method used to solve problem faced. This method applies systematic, regular and controlled steps and is conducted in accordance with the analytical, logical, objective, conceptual and empirical principle of science.

Section (3)

Sufficiently clear.

Section (4)

Research involving humans must be conducted by taking into account the Health and safety of the persons concerned. Research and development activities using humans as subjects must obtain their informed consent. Prior to asking for the consent of research subjects, researchers must provide information regarding the objectives of the Health research and development activities as well as the use of the results, confidentiality assurance regarding identity and personal data, the methods used, potential risks, and other matters which need to be known by the persons concerned in the context of Health research and development activities.

Section (5)

All researches involving humans as research subjects must be based on 3 (three) general principles of ethics, namely respect for persons which is intended to respect the autonomy and protect people whose autonomy is disrupted, to do good (beneficence) and not to cause harm (nonmaleficence), and justice.

Section (6)

The term “observe the welfare of animals” means the researches involving animals are conducted by applying 5 (five) principles of animal freedom in animal welfare, namely:

a. free from hunger and thirst;
b. free from pain, injury, and illness;
c. free from discomfort, abuse, and misuse;

d. free from fear and depression; and
e. free to express their natural behaviors.

Test animals must be selected by prioritizing animals with the lowest neurophysiological sensitivity (nonsentient organism) and the lowest animals in the scale of evolution. Reasonable prudence must be applied in researches which may affect the environment and the health of animals used in research must be respected.

Section (7)

Sufficiently clear.

Article 336

Sufficiently clear.

Article 337

Section (1)

Sufficiently clear.

Section (2)

The policies stipulated, includes, among others, are policies on registration, testing, and supervision.

Section (3)

Sufficiently clear.

Article 338

Section (1)

The term “biomedical technology” means the application of science and biological system engineering in the effort for the improvement of Health Services.

Section (2)

The term “genomic" means analysis related to DNA (deoxyribonucleic acid).

The term “transcriptomic” means analysis related to RNA (ribonucleic acid).

The term “proteomic” means analysis related to protein.

The term “metabolic” means analysis related to metabolite.

Section (3)

The term “related data" includes primary, secondary and tertiary analysis data in accordance with the legislation on research and development.

The term “precision medicine services” means a new approach to the prevention and treatment of illnesses by considering genes, environment, and lifestyle of a Patient.

Section (4)

Sufficiently clear.

Section (5)

Point a

The term “whose identity can not be tracked ” means materials in the form of clinical specimens and biological materials, information contents, and stored data which identity is not known from the beginning and is not unidentified (deidentified) stored materials.

Point b

Sufficiently clear.

Point c

Sufficiently clear.

Article 339

Section (1)

The term “biobanks or biorepositories” means a facility for the collection, long-term storage, and management of specimens originating from humans or specimens related to Health as well as related data systematically indented for research, development, and Health Services.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Point a

The term “biosecurity” means an effort to maintain the safety of workers and users of laboratory facilities as well as the environment from biological agents which may be potentially harmful.

Point b

The term “confidentiality of privacy” means that the party managing biobanks and/or biorepositories ensures the confidentiality of the identity of individuals from which the specimens are originating.

Point c

The term “accountability” means the party managing biobanks and/or biorepositories that are responsible for the collection, long-term storage, and management of specimens and data.

Point d

The term “benefit” means the specimens being collected, stored, and managed may be used for the greatest benefit for the improvement the quality of Health.

Point e

The term “public interest” means biobanks and/or biorepositories that are managed for public interest.

Point f

The term “respect of human rights” means the collection, long-term storage, and management of specimens and data that do not contradict to the maintenance of human rights.

Point g

The term “ethics, legal, and medicolegal” means biobanks and/or biorepositories that are managed by observing applicable ethics, legal, and medicolegal.

Point h

The term “sociocultural” means biobank and/or biorepository that is implemented by observing the empirical practices applicable in other countries by taking into account the sociocultural aspects in Indonesia.

Section (5)

Sufficiently clear.

Section (6)

Sufficiently clear.

Article 340

Section (1)

Sufficiently clear.

Section (2)

Point a

Sufficiently clear.

Point b

The term “main purpose of the research” means the main reasons for which the research is conducted in order to answer the research main questions either in the form of identification and explanation of concepts or prediction of situation/solution to certain problems.

Point c

Sufficiently clear.

Section (3)

The term “transfer of materials agreements” means an agreement on the transfer of a material, information content, and/or data between two administrators or institutions, in which the first party acts as the transmitter, provider, carrier, or country of origin and the second party acts as the receiver, user, processor, which constitutes an inseparable part of a research cooperation and/or other cooperation agreements.

Section (4)

Sufficiently clear.

Article 341

Section (1)

The term “health supporting or assistance personnel” means personnel having higher education background in natural sciences, such as biology.

Section (2)

Sufficiently clear.

Article 342

Sufficiently clear.

Article 343

Sufficiently clear.

Article 344

Sufficiently clear.

Article 345

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

The term “support” means technical assistance provided to the organizer of a Health Information System, among others, in the form of training and software facilitation.

Article 346

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

The term “architecture” means the basic framework which describes, among others, the business process, data and information, infrastructure, application, security, and integrated services which is applied nationally.

Section (4)

Sufficiently clear.

Section (5)

Sufficiently clear.

Section (6)

The term “to process” means activities which include:

a. acquisition and collection;
b. processing and analysis;
c. storage;
d. improvement and update;
e. display, announcement, transfer, dissemination, or disclosure; and/or
f. deletion or destruction.

Section (7)

The processing of Health data and information outside Indonesian territory, among others, is in the form of transfer and storage.

The legislation, among others, means legislation on electronic information and transactions, the organization of electronic systems and transactions, and protection of personal data.

Article 347

Sufficiently clear.

Article 348

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

The term “legislation” means legislation on data management, among others, regulations related to the protection of personal data, Health Information System, dan satu data Indonesia.

Article 349

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

Sufficiently clear.

Section (5)

Sufficiently clear.

Section (6)

Transfer includes display, publication, dissemination, or disclosure.

Section (7)

The term “specific and limited” means that the reasons for the transfer of Health data and information is for certain purposes such as in the context of the management of KLB, Epidemic, hajj pilgrimage, material transfer agreement, or international cooperation on Health.

Section (8)

Sufficiently clear.

Section (9)

The term “destruction” means the action to eliminate, eradicate, or destroy personal Health data and information so that they may no longer be used for identifying the subjects of personal Health data and information.

Section (10)

Sufficiently clear.

Section (11)

Sufficiently clear.

Section (12)

Sufficiently clear.

Article 350

Sufficiently clear.

Article 351

Sufficiently clear.

Article 352

Sufficiently clear.

Article 353

Sufficiently clear.

Article 354

Sufficiently clear.

Article 355

Sufficiently clear.

Article 356

Sufficiently clear.

Article 357

Sufficiently clear.

Article 358

Sufficiently clear.

Article 359

The term “diseases risk factors having the potential to cause Epidemic” means any matter, condition, and/or incident which may affect the potential occurrence of diseases having the potential to cause Epidemic.

Article 360

Section (1)

The term “means of transportation” means ships, aircrafts, and land vehicles used for transportation in accordance with the legislation.

The term “goods” means tangible products, animals, plants, and corpses or corpse ashes transported and/or sent through transportation, including the objects/tools used in the means of transportation.

Section (2)

The term “ships” means a water vehicle with certain shapes and types which is propelled by wind power, mechanical power, other energy, towed or tugged, including vehicles with dynamic supporting power, submersible vehicles, as well as immovable floating objects and floating constructions.

The term “aircrafts” means any machine or device capable of flying in the atmosphere due to lifting power from air reaction, but not because of air reaction to land surface, which is used for flight.

The term “land vehicles” means on-land transportation comprising of motor vehicles, including vehicles moving on rails and non-motor vehicles.

The term “civil transportation” means transportation carrying people and goods.

Section (3)

The term “relevant ministries/agencies” means ministries/agencies the functional duties of which are related to foreign affairs, defense and security, as well as intelligence.

Section (4)

Sufficiently clear.

Section (5)

Point a

The term “isolation” means separation between sick people and healthy people in order to obtain medication and treatment.

The term “quarantine” means limitation of activities and/or separation of infected people even though they have not shown any symptom or being in incubation period and the separation of containers, means of transportation, or any objects suspected as having been contaminated from people and/or objects containing the cause of disease or other contaminants in order to prevent any possible spread of disease to people and/or objects around them.

Point b

Sufficiently clear.

Point c

Sufficiently clear.

Section (6)

Sufficiently clear.

Section (7)

The term “rejection” means the exclusion of the persons concerned from being passengers in the means of transportation to be departing.

Section (8)

Sufficiently clear.

Section (9)

Sufficiently clear.

Article 361

Sufficiently clear.

Article 362

Sufficiently clear.

Article 363

Section (1)

The term “shipmaster” means one of the ship’s crew who is the highest leader on the ship and who has certain authority and responsibilities in accordance with the legislation.

The term “pilot” means the pilot who is assigned by the airline or airplane owner to lead the flight and who is fully responsible for for the flight safety during the operation of the airplane in accordance with the legislation.

The term “cross-border posts” means the Entry Point of people, goods, and means of transportation through cross-border roads.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Article 364

Sufficiently clear.

Article 365

Sufficiently clear.

Article 366

Sufficiently clear.

Article 367

Sufficiently clear.

Article 368

Sufficiently clear.

Article 369

Sufficiently clear.

Article 370

Sufficiently clear.

Article 371

Sufficiently clear.

Article 372

Sufficiently clear.

Article 373

Sufficiently clear.

Article 374

Sufficiently clear.

Article 375

Sufficiently clear.

Article 376

Sufficiently clear.

Article 377

Section (1)

Sufficiently clear.

Section (2)

Point a

Sufficiently clear.

Point b

The term “prophylaxis” means any medical treatment of administration of certain Drugs to give protection from certain communicable diseases in a certain period of time.

Point c

The term “restriction of social activities” means strict restriction or supervision of any gathering of people suspected of being a potential source of the spread of diseases, such as religious activities, carnivals, traditional ceremonies, and celebrations.

Section (3)

Sufficiently clear.

Article 378

Sufficiently clear.

Article 379

Sufficiently clear.

Article 380

Sufficiently clear.

Article 381

Sufficiently clear.

Article 382

Sufficiently clear.

Article 383

Section (1)

Waste from KLB and Epidemic handling activities is in the form of medical waste and non-medical waste.

Medical waste such as blood, serum, packages of Medicines used, used syringes, used vaccine bottles, used blood bags, used gauzes, and used masks of Medical Professionals and Health Professionals serving the Patients, or the Patients’ masks.

Non-medical waste such as remaining food from visitors, masks used by healthy people, as well as used bottles and plastic bags of domestic activities.

Section (2)

Sufficiently clear.

Article 384

Sufficiently clear.

Article 385

Sufficiently clear.

Article 386

Sufficiently clear.

Article 387

Sufficiently clear.

Article 388

Sufficiently clear.

Article 389
Sufficiently clear.

Article 390
Sufficiently clear.

Article 391
Sufficiently clear.

Article 392
Sufficiently clear.

Article 393
Sufficiently clear.

Article 394
Sufficiently clear.

Article 395
Sufficiently clear.

Article 396
Sufficiently clear.

Article 397
Sufficiently clear.

Article 398
Sufficiently clear.

Article 399
Point a
The term " activities of disseminating " means the activities which are intended to cause KLB and Epidemic and not including activities of dissemination in the context of establishment of diagnosis or laboratory confirmation.
The term "materials containing the cause of any disease and Health problem having the potential to cause KLB" means chemical, physical, and radioactive elements or substances with level above the reasonable limit or normal limit allowed, thus it may cause diseases and Health problems having the potential to cause KLB.
Point b
The term "activities of disseminating " means the activities which are intended to cause KLB and Epidemic and not including activities of dissemination in the context of establishment of diagnosis or laboratory confirmation.
The term "biological agents causing any disease having the potential to cause KLB and Epidemic" means virus, bacteria, fungi, and parasites, both living and dead, which may cause/transmit any disease having the potential to cause KLB and Epidemic, for example, samples and/or specimens managed by Hospitals, laboratories, and research institutions, as well as animals or meat containing biological agents causing any disease.

Article 400

Hindering the implementation of KLB and Epidemic handling efforts, among other things, is in the form of not complying with the stipulated provisions in the context of implementation of KLB and Epidemic handling, such as unwilling to be subject to quarantine or isolation, or not allowing the handling and/or destruction of risk factors on the exposed transportation, goods, and environment, including cattle/pets.

Article 401

Sufficiently clear.

Article 402

Sufficiently clear.

Article 403

Sufficiently clear.

Article 404

Sufficiently clear.

Article 405

Section (1)

The relevant private party, among other things, is a Pharmaceutical Preparations industry producing Pharmaceutical Preparations used in the activity of administration of mass preventive Drugs and immunization.

Section (2)

Point a

The term “causality audit” means systematic review on adverse events following the mass administration of Drugs and immunization in the handling of diseases reported based on medical data and literature from the experts in the relevant fields as well as those conducted by independent agencies to determine any possible relation between the adverse events and the Drugs and/or vaccines given.

Point b

Health Services, including medical rehabilitation, among other things, are in the form of medication and care conducted on adverse events following the mass administration of Drugs and immunization in accordance with medical indications and treatment protocols.

Point c

The term “compensation for the victims” means compensations in the form of disability compensation or death compensation given to any person who experiences adverse events following the administration of mass preventive Drugs and immunization based on the results of causality audit.

Article 406

Sufficiently clear.

Article 407

Section (1)

Funding assistance, among other things, is in the form of:

a. assistance or compensation for the community affected by KLB or Epidemic handling activities; and

b. Hospital funding assistance in accordance with the needs.

Section (2)

Sufficiently clear.

Article 408

Sufficiently clear.

Article 409

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Health sector master plan is stipulated by the Central Government the preparation of which is coordinated by the Minister after consultation with the organs of the House of Representatives of the Republic of Indonesia in charge of health.

The term “performance-based budgeting” means the principles of budgeting in accordance with the legislation in the field of state finance.

Section (4)

Allocation of Health budget from the local budget is implemented in accordance with regional financial policies and synchronization of financial relations between the central and local governments.

The term “performance-based budgeting” means the principles of budgeting in accordance with the legislation, including in the field of financial balance between the central and local governments.

Section (5)

Sufficiently clear.

Section (6)

Sufficiently clear.

Article 410

Sufficiently clear.

Article 411

Sufficiently clear.

Article 412

Sufficiently clear.

Article 413

Sufficiently clear.

Article 414

Sufficiently clear.

Article 415

Sufficiently clear.

Article 416

Sufficiently clear.

Article 417

Section (1)

Sufficiently clear.

Section (2)
Sufficiently clear.
Section (3)
Sufficiently clear.
Section (4)
Community participation, including in the implementation of Health Measures to realize the highest degree of Health, among other things:
a. participation in the implementation of Health Measures;
b. support in the provision of Health Resources;
c. research and development of Health Technology;
d. planning and stipulation of policies of national strategies of Health Development;
e. development and supervision; and/or
f. other community participation.

Article 418
Sufficiently clear.

Article 419
Sufficiently clear.

Article 420
Sufficiently clear.

Article 421
Sufficiently clear.

Article 422
Sufficiently clear.

Article 423
Sufficiently clear.
Article 424
Section (1)
Sufficiently clear.
Section (2)
Sufficiently clear.
Section (3)
Point a
Sufficiently clear.
Point b
Sufficiently clear.
Point c
Sufficiently clear.
Point d
Sufficiently clear.
Point e
Sufficiently clear.
Point f
Sufficiently clear.
Point g
Sufficiently clear.
Point h
Sufficiently clear.
Point i
Sufficiently clear.

Point j
Sufficiently clear.
Point k
Sufficiently clear.
Point l
Sufficiently clear.
Point m
Taking other actions, among other things, are in the form of arrest, detention, as well as the taking of photographs and fingerprints. Assistance in investigation, among other things, is in the form of technical assistance, tactical assistance, and assistance in coercive measures.

Section (4)
Sufficiently clear.
Section (5)
Sufficiently clear.
Section (6)
Sufficiently clear.

Article 425
Sufficiently clear.

Article 426
Sufficiently clear.

Article 427
Sufficiently clear.

Article 428
Sufficiently clear.

Article 429
Sufficiently clear.

Article 430
Sufficiently clear.

Article 431
Sufficiently clear.

Article 432
Sufficiently clear.

Article 433
Sufficiently clear.

Article 434
Sufficiently clear.

Article 435
Sufficiently clear.

Article 436
Sufficiently clear.

Article 437
Sufficiently clear.

Article 438
Sufficiently clear.

Article 439
Sufficiently clear.

Article 440
Section (1)
Negligence causing serious injury includes lifelong disabilities.
Section (2)
Sufficiently clear.

Article 441
Sufficiently clear.

Article 442
Sufficiently clear.

Article 443
Sufficiently clear.

Article 444
Sufficiently clear.

Article 445
Sufficiently clear.

Article 446
Sufficiently clear.

Article 447
Sufficiently clear.

Article 448
Sufficiently clear.

Article 449
Sufficiently clear.

Article 450
Sufficiently clear.

Article 451
Sufficiently clear.

Article 452
Sufficiently clear.

Article 453
Sufficiently clear.

Article 454
Sufficiently clear.

Article 455
Sufficiently clear.

Article 456
Sufficiently clear.

Article 457
Sufficiently clear.

Article 458
Sufficiently clear.

SUPPLEMENT TO THE STATE GAZETTE OF THE REPUBLIC OF INDONESIA NUMBER 6887