

Legal Protection of Ownership of Hospital Land Rights Following the Issuance of Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 Concerning Classification and Licensing of Hospitals

Djarot Egro Susiawanto

Faculty of Law, Sultan Agung Islamic University, Semarang, Indonesia, E-mail:
djarotegros@gmail.com

Abstract. *The problem of the Hospital land ownership status began when the issuance of PERMENKES Number 56 of 2014, based on article 1 of PERMENKES Number 56 of 2014, namely "Hospital Establishment Permit, hereinafter referred to as Establishment Permit is a permit granted by an authorized official to a Government agency, Regional Government or private entity that will build a building or change the function of an existing building to become a hospital after meeting the requirements set out in the Ministerial Regulation. This makes the author interested in researching the Legal Protection of Ownership of Land Ownership Rights for Hospitals After the issuance of Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 Concerning Classification and Licensing of Hospitals. The author conducted this research with a doctrinal research type with a normative legal method carried out by means of a positive legal inventory, an effort to discover the principles and philosophical basis (dogma or doctrine) of positive law. qualitative data analysis. The Regulation of the Minister of Health governing the Classification and Licensing of Hospitals has undergone several changes. Regarding the requirements for licensing the establishment and extension of operational permits for Hospitals that specifically regulate the status of Hospital land ownership, this is only found in the Regulation of the Minister of Health Number 56 of 2014 concerning Classification and Licensing of Hospitals, while with the latest Regulation of the Minister of Health concerning Classification and Licensing of Hospitals in its Transitional Provisions, the Regulation of the Minister of Health Number 56 of 2014 concerning Classification and Licensing of Hospitals is no longer valid. This has an impact on the uncertainty of the provisions on the status of Hospital land ownership and has become a polemic in the Hospital. Meanwhile, in its implementation in the function of visitation and verification, related to the land ownership status of Karanggede Sisma Medika Boyolali Hospital, the Boyolali Health Office is still guided by the Regulation of the Minister of Health Number 56 of 2014 concerning Classification and Licensing of*

Hospitals, while the regulation has been declared no longer valid. From the description of the impact of the uncertainty of regulations regarding the licensing requirements for the establishment or extension of operational permits for Hospitals, specifically regarding the status of land ownership of Hospitals, it can be concluded that there is no legal protection for Hospitals or the Community who use Hospital services.

Keywords: Hospital; Land; Protection; Rights.

1. Introduction

In essence, land is a natural resource given by Allah SWT to humans, in life land is a very basic need for humans, where land is a natural resource that is important for human survival. Humans live and carry out activities on land so that humans are always in contact with land, it can be said that every activity carried out either directly or indirectly always requires land. Land is a place where humans live and develop which is the source of all human interests.

The importance of land for life makes humans want to own it, so that it can cause disputes over control or ownership of land. To prevent and/or resolve land disputes related to land ownership rights, the government needs to make definite and firm rules. According to E. Utrecht that: Conflicts between human interests can cause chaos in society, if in society there is no power, namely, a regulation of order that can balance (inevenwicht houden) the efforts made to meet the interests of the conflict.¹

Certainty of land ownership status also plays an important role in the smooth running of business activities, one of which is hospitals health care facilities. Regarding the regulations on Hospitals, they were initially specifically regulated in the Republic of Indonesia Law Number 44 of 2009 concerning Hospitals, then revoked and declared no longer valid with the enactment of Law Number 17 of 2023 concerning Health (hereinafter referred to as the Health Law). The Health Law is a legal regulation made for all aspects of health including hospitals. Article 1 number 10 of the Health Law explains that "what is meant by A hospital is a health service facility that provides comprehensive individual health services through promotive health services, preventive, curative, rehabilitative, and/or palliative with provides inpatient, outpatient, and Emergency". Then based on Article 6 paragraph (1) Health Law It is stated that "The Central Government and Regional Governments are responsible for planning, organizing, organizing, fostering, and supervising the implementation of quality, safe, efficient, equitable, and affordable health efforts for the community". Furthermore, it is stated in paragraph (2) that the responsibilities as referred to in paragraph (1) are implemented in accordance with the provisions of the Laws and Regulations.

¹Ali, Achmad, 2008, Unveiling the Veil of Law, 2nd Edition, Ghalia Indonesia, Bogor

Regarding the implementation of Hospitals, it is regulated in Article 185 of the Health Law that:

1. Hospitals can be organized by the Central Government, Regional Government, or the community.
2. Hospitals run by the Central Government or Regional Government in providing health services can apply the financial management pattern of public service agencies in accordance with the provisions of laws and regulations.
3. Hospitals established by the community must be in the form of a legal entity whose business activities are only in the field of health services.
4. The hospitals referred to in paragraph (3) are exempted from hospitals run by non-profit legal entities.

Hospitals in carrying out their health service functions for the community are required to meet the general requirements including location, building, infrastructure, human resources, pharmacy and equipment. Hospitals must obtain permission from the state in order to be established and operate. This is indicated by the fulfillment of administrative requirements by paying attention to the requirements, rules, legality in accordance with the established laws and regulations.²Article 189 paragraph (1) of the Health Law regulates the obligations of hospitals, namely that Every Hospital has the obligation to:

- a. provide correct information about Hospital services to the public;
- b. provide safe, quality, anti-discriminatory and effective health services by prioritizing patient interests in accordance with hospital service standards;
- c. provide emergency services to patients according to service capabilities;
- d. play an active role in providing health services during disasters according to their service capabilities;
- e. provide facilities and services for the underprivileged or poor;
- f. carrying out social functions, including by providing service facilities for underprivileged or poor patients, emergency services without down payment, free ambulances, services for disaster and emergency response victims, or social services for humanitarian missions;
- g. create, implement and maintain quality standards for Health Services in Hospitals as a reference in serving Patients;
- h. maintain medical records;

²Ali, Achmad, 2008, *Unveiling the Veil of Law*, 2nd edition, Ghalia Indonesia, Bogor.

- i. provide adequate public facilities and infrastructure, including places of worship, parking areas, waiting rooms, facilities for people with disabilities, breastfeeding women, children and the elderly;
- j. implementing a referral system;
- k. rejecting the patient's wishes which are contrary to professional and ethical standards and statutory provisions;
- l. provide correct, clear and honest information regarding patient rights and obligations;
- m. respect and protect Patient rights;
- n. implementing Hospital ethics;
- o. have an accident prevention and disaster management system;
- p. implementing government programs in the health sector, both regionally and nationally;
- q. create a list of Medical Personnel who practice medicine or dentistry and other Health Personnel;
- r. prepare and implement internal hospital regulations;
- s. protect and provide legal assistance to all Hospital staff in carrying out their duties; and
- t. enforce the entire Hospital environment as a smoke-free area.

Regarding the procedures for applying for a permit to establish and extend a hospital operational permit since the Regulation of the Minister of Health Number 56 of 2014 until now, there have been several changes, before its issuance. Government Regulation (PP) Number 24 of 2018 concerning Electronically Integrated Business Licensing Services (hereinafter referred to as PP Number 24 of 2018) permit applications are made manually at the Health Service according to the type of Hospital and/or through the One-Stop Integrated Service (PTSP) in the local City/Regency (for Karanggede Sisma Medika Boyolali Hospital type D was submitted to the Boyolali District Health Office through the One-Stop Integrated Service (PTSP) in Boyolali Regency), after the publication of PP Number 24 of 2018, then the application for a permit to establish or extend a Hospital operational permit is carried out on the Online Single Submission (OSS) platform.³

Then regarding the procedures and implementing regulations regarding Electronically Integrated Business Licensing System or Online Single Submission

³ Government Regulation (PP) Number 24 of 2018 concerning Electronically Integrated Business Licensing Services (hereinafter referred to as PP Number 24 of 2018)

(OSS) regulated in separate regulations regarding which has undergone several changes, the last being changed with regulation of the Minister of Health Number 14 of 2021 concerning Standards for Business Activities and Products in the Implementation of Risk-Based Business Licensing in the Health Sector.⁴

Based on the type of permit used in establishing a hospital, namely a permit to establish and extend a Hospital operational permit. The permit is obtained based on the type of Hospital according to their respective authorities, namely a permit from the Ministry of Health, a permit from the Provincial Health Office or a permit from the City/Regency Health Office through the Online Single Submission (OSS) Institution in accordance with the Regulation of the Minister of Health of the Republic of Indonesia No. 14 of 2021 concerning Standards for Business Activities and Products for the Implementation of Business Licensing based on the Health Sector.

Fulfillment of Hospital Licensing Standard Commitments with OSS in order to extend operational permits often encounters obstacles related to the legality of Hospital land ownership. This is because the status of the land used as hospital land which was previously in the name of an individual must be changed to the name of the legal entity that owns the hospital. This condition is an obstacle for hospital managers because changing land status in Indonesia requires a process, time and costs that are not small, including tax costs for the transfer of land rights (changes in land ownership status) as well as the cost of the registration process for the transfer of land rights in order to change the status of Hospital land ownership.

The phenomenon that the author encountered at Karanggede Sisma Medika Boyolali Hospital, namely a type D hospital run by a community with a legal entity of a Limited Liability Company (PT) whose business is only specifically engaged in the field of Health services (Hospital) whose hospital building is built on land with ownership status in the name of an individual (all shareholders of the Limited Liability Company (PT) that runs the Hospital.

The problem of the Hospital land ownership status began when the issuance of PERMENKES Number 56 of 2014, based on article 1 of PERMENKES Number 56 of 2014, namely "Hospital Establishment Permit, hereinafter referred to as Establishment Permit, is a permit granted by an authorized official to a Government agency, Regional Government or private entity that will construct a building or change the function of an existing building to become a hospital after fulfilling the requirements stipulated in this Ministerial Regulation".⁵

⁴ Regulation of the Minister of Health Number 14 of 2021 concerning Standards for Business Activities and Products in the Implementation of Risk-Based Business Licensing in the Health Sector

⁵ PERMENKES Number 56 of 2014, based on article 1 of PERMENKES Number 56 of 2014, namely "Permit to Establish a Hospital"

Furthermore, Article 2 states that "Hospital Operational Permit, hereinafter referred to as Operational Permit, is a permit granted by an authorized official according to the hospital class to the hospital organizer/manager to provide health services in the hospital after meeting the requirements and standards stipulated in this Ministerial Regulation". Articles 4 and 5 of PERMENKES Number 56 of 2014 state that "Hospitals established and managed by the Regional Government must be regional technical implementing units or regional technical institutions organized based on the financial management of regional public service agencies in accordance with the provisions of laws and regulations". Then in Article 67 paragraph (1) it is expressly regulated that "Owners or managers who will establish a Hospital submit an application for an Establishment Permit to the permit giver according to the classification of the Hospital to be established as referred to in Article 64 in writing by attaching:⁶

1. Photocopy of the deed of establishment of a valid legal entity in accordance with the provisions of laws and regulations, except for government agencies or regional governments;
2. Feasibility study;
3. Master plan;
4. Detailed Engineering Design;
5. Environmental management and monitoring documents;
6. Photocopy of land certificate/proof of land ownership in the name of the legal entity that owns the hospital;
7. Disturbance law permit (Hinder Ordonantie/HO);
8. Business Premises Permit (SITU);
9. Building Construction Permit (IMB);
10. Recommendations from authorized officials in the health sector at the provincial/district/city regional government according to the hospital classification.⁷

At that time, all Hospital permits related to the requirements for the Hospital's land ownership status were guided by the regulation. Hospitals that had been established were required to change their land ownership status to the name of the Legal Entity that owned the Hospital. However, when the Minister of Health

⁶ Article 67 paragraph (1) of the Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 concerning Classification and Licensing of Hospitals states that owners or managers who wish to establish a Hospital must submit an application for a permit.

⁷ Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 Classification and Licensing of Hospitals

Regulation Number 30 of 2019 was issued in Article 61 states that MINISTRY OF HEALTH REGULATION Number 56 of 2014 revoked and declared invalid.

However, in the Regulation of the Minister of Health of the Republic of Indonesia Concerning Classification and Licensing of Hospitals issued after PERMENKES Number 56 of 2014, there is nothing that explicitly regulates the licensing requirements for the status of Hospital land which must be in the name of a legal entity. However, in the OSS platform system and Health Service visits, they are still guided by PERMENKES Number 56 of 2014. PERMENKES Number 3 of 2020 only regulates the location of the Hospital, namely in Article 22 paragraph (1) The location as referred to in Article 21 paragraph (2) must be on land that is in accordance with the regional spatial plan and/or the local district/city environmental building plan, and the designation of land for Hospital functions.⁸

This makes the author interested in researching "Legal Protection of Ownership of Land Ownership Rights for Hospitals After the issuance of Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 Concerning Classification and Licensing of Hospitals".

2. Research Methods

The author conducted this research using a doctrinal research type with a normative legal method which was carried out by means of an inventory of positive law, an effort to discover the principles and philosophical basis (dogma or doctrine) of positive law.⁹ This research was conducted using a doctrinal legal approach, namely the Statute Approach and the Conceptual Approach, namely the approach of views and doctrines that develop in legal science and give rise to ideas, concepts, and legal principles that are relevant to the problems being studied.

3. Results And Discussion

3.1 Legal Consequences on Ownership of Hospital Land Rights after Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 Concerning Classification and Licensing of Hospitals

Regarding the regulations on Hospitals, they were initially specifically regulated in the Republic of Indonesia Law Number 44 of 2009 concerning Hospitals, then revoked and declared no longer valid with the enactment of Law Number 17 of 2023 concerning Health (hereinafter referred to as the Health Law). The Health Law is a legal regulation made for all aspects of health including hospitals. Article 1 number 10 of the Health Law explains that "what is meant by A hospital is a health service facility that provides comprehensive individual health services through promotive health services, preventive, curative, rehabilitative, and/or

⁸Regulation of the Minister of Health Number 3 of 2020 Concerning Hospital Licensing Classification

⁹Soetandyo Wignjosoebroto, Legal Research: A Typology, Indonesian Society Magazine, Year I No. 2, 1974, p. 5

palliative with provides inpatient, outpatient, and Emergency". Then based on Article 6 paragraph (1) Health Law, It is stated that "The Central Government and Regional Governments are responsible for planning, organizing, organizing, fostering, and supervising the implementation of quality, safe, efficient, equitable, and affordable health efforts for the community". Furthermore, it is stated in paragraph (2) that the responsibilities as referred to in paragraph (1) are implemented in accordance with the provisions of the Laws and Regulations. Regarding the implementation of Hospitals, it is regulated in Article 185 of the Health Law that:

- 1) Hospitals can be organized by the Central Government, Regional Government, or the community.
- 2) Hospitals run by the Central Government or Regional Government in providing health services can apply the financial management pattern of public service agencies in accordance with the provisions of laws and regulations.
- 3) Hospitals established by the community must be in the form of a legal entity whose business activities are only in the field of health services.
- 4) The hospitals referred to in paragraph (3) are exempted from hospitals run by non-profit legal entities.

Article 189 paragraph (1) of the Health Law regulates the obligations of hospitals, namely that Every Hospital has the obligation to:¹⁰

- a. provide correct information about Hospital services to the public;
- b. provide safe, quality, anti-discriminatory and effective health services by prioritizing patient interests in accordance with hospital service standards;
- c. provide emergency services to patients according to service capabilities;
- d. play an active role in providing health services during disasters according to their service capabilities;
- e. provide facilities and services for the underprivileged or poor;
- f. carrying out social functions, including by providing service facilities for underprivileged or poor patients, emergency services without down payment, free ambulances, services for disaster and emergency response victims, or social services for humanitarian missions;
- g. create, implement and maintain quality standards for Health Services in Hospitals as a reference in serving Patients;

¹⁰ Article 189 paragraph (1) of the Health Law regulates the obligations of hospitals, namely that Every hospital has obligations

- h. maintain medical records;
- i. provide adequate public facilities and infrastructure, including places of worship, parking areas, waiting rooms, facilities for people with disabilities, breastfeeding women, children and the elderly;
- j. implementing a referral system;
- k. rejecting the patient's wishes which are contrary to professional and ethical standards and statutory provisions;
- l. provide correct, clear and honest information regarding patient rights and obligations;
- m. respect and protect Patient rights;
- n. implementing Hospital ethics;
- o. have an accident prevention and disaster management system;
- p. implementing government programs in the health sector, both regionally and nationally;
- q. create a list of Medical Personnel who practice medicine or dentistry and other Health Personnel;
- r. prepare and implement internal hospital regulations;
- s. protect and provide legal assistance to all Hospital staff in carrying out their duties; and
- t. enforce the entire Hospital environment as a smoke-free area.

From the regulations above it can be concluded that a hospital is Health Service Facilities that provide complete individual Health Services have one of the obligations to provide safe, quality, anti-discriminatory, and effective Health Services by prioritizing the interests of Patients in accordance with Hospital service standards. This is also in line with the mandate of the 1945 Constitution of the Republic of Indonesia (hereinafter referred to as the 1945 Constitution) that the state guarantees the rights of every citizen to realize a good, healthy, and prosperous life physically and mentally in order to achieve the national goal of protecting all Indonesian people and all Indonesian blood to advance public welfare which is also stated in the considerations of the Health Law. According to the Big Indonesian Dictionary (hereinafter referred to as KBBI), the word "safe" means free from danger / free from disturbance / peaceful / not feeling afraid or worried.

The legal basis used in hospital permits is the Regulation of the Minister of Health of the Republic of Indonesia Concerning Hospital Classification and Licensing. The

Regulation of the Minister of Health of the Republic of Indonesia Concerning Hospital Classification and Licensing has undergone several changes, namely:

- 1) Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 concerning Classification and Licensing of Hospitals (hereinafter referred to as PERMENKES Number 56 of 2014);
- 2) Regulation of the Minister of Health Number 30 of 2019 concerning Classification and Licensing of Hospitals (hereinafter referred to as PERMENKES Number 30 of 2019);
- 3) Last amended by Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2020 concerning Classification and Licensing of Hospitals (hereinafter referred to as PERMENKES Number 3 of 2020).

Regarding the procedures for applying for a permit to establish and extend a hospital operational permit since the Regulation of the Minister of Health Number 56 of 2014 until now, there have been several changes, before its issuance. Government Regulation (PP) Number 24 of 2018 concerning Electronically Integrated Business Licensing Services (hereinafter referred to as PP Number 24 of 2018) permit applications are made manually at the Health Service according to the type of Hospital and/or through the One-Stop Integrated Service (PTSP) in the local City/Regency (for Karanggede Sisma Medika Boyolali Hospital type D was submitted to the Boyolali District Health Office through the One-Stop Integrated Service (PTSP) in Boyolali Regency), after the publication of PP Number 24 of 2018, then the application for a permit to establish or extend a Hospital operational permit is carried out on the Online Single Submission (OSS) platform.

Then regarding the procedures and implementing regulations regarding Electronically Integrated Business Licensing System or Online Single Submission (OSS) regulated in separate regulations regarding which has undergone several changes, the last being changed with Regulation of the Minister of Health Number 14 of 2021 concerning Standards for Business Activities and Products in the Implementation of Risk-Based Business Licensing in the Health Sector.

Since the issuance of PERMENKES Number 56 of 2014 followed by PERMENKES Number 3 of 2020 and PP Number 24 of 2018 There have been several changes related to the requirements for the ownership status of Hospital Land Rights.¹¹ Based on Article 67 paragraph (1) of the Minister of Health Regulation Number 56 of 2014, the owner or manager who will establish a hospital must submit an application for an establishment permit to the permit giver in

¹¹Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 Classification and Licensing of Hospitals

accordance with the classification of the hospital to be established as referred to in Article 64 in writing by attaching:¹²

- a. Photocopy of the deed of establishment of a valid legal entity in accordance with the provisions of laws and regulations, except for government agencies or regional governments;
- b. Feasibility study;
- c. Master plan;
- d. Detailed Engineering Design;
- e. Environmental management and monitoring documents;
- f. Photocopy of land certificate/proof of land ownership in the name of the legal entity that owns the hospital;
- g. Disturbance law permit (Hinder Ordonantie/HO);
- h. Business Premises Permit (SITU);
- i. Building Construction Permit (IMB);
- j. Recommendations from authorized officials in the health sector at the provincial/district/city regional government according to the hospital classification.¹³

It can be seen in letter f above that it is strictly regulated that the status of Hospital land ownership must be in the name of the legal entity that owns the Hospital. So that at that time the status of Hospital land ownership became a requirement for a permit to establish or a permit to extend the operation of the Hospital. At that time the Health Service as the official authorized to grant a permit to establish or a permit to extend the operation of the Hospital was guided by the regulation. Even for Hospitals that have been operating and are about to process an extension of their operational permits that are not subject to these provisions, sanctions will be given in the form of a reduction in the status of the Hospital from a Type D General Hospital to a Clinic.

Regarding the process of changing the status of the Hospital's land ownership, it is not short, the Hospital must carry out a series of Land Rights transfer processes such as location permits, payment and validation of Land and Building Rights Acquisition Fees (BPHTB), payment and validation of Income Tax (PPH), making a deed of transfer of rights, registration of the transfer of land rights at the local

¹² Article 67 paragraph (1) of the Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 concerning Classification and Licensing of Hospitals states that owners or managers who wish to establish a Hospital must submit an application for a permit.

¹³ Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 Classification and Licensing of Hospitals

Land Office with the process of releasing ownership rights to Building Use Rights. It can be seen that the impact of the enactment of PERMENKES Number 56 of 2014 concerning the requirements for proof of hospital land ownership in the name of the hospital owner's legal entity includes:¹⁴

1. Impact of land ownership status.

The land ownership status that was previously Freehold Rights is released to Building Use Rights. This means that the released land becomes state property by paying compensation and the owner only has the right to build buildings on the land with a period of time according to applicable regulations. This means that the land from being owned by individuals is released to become state property.

2. Impact of tax payments.

Due to the release of the land ownership status, the Hospital is charged with the same tax obligation as the tax that arises in the legal act of buying and selling, even though it can be seen that there is actually no legal act of buying and selling in the process. This can be interpreted as an act of forced transfer of land ownership rights to the state.

As experienced by Karanggede Sisma Medika Boyolali Hospital, namely a type D hospital run by a community with a legal entity of a Limited Liability Company (PT) whose business is only specifically engaged in the field of Health services (Hospital) whose hospital building was built on land with ownership status in the name of an individual (all shareholders of the Limited Liability Company (PT) that organizes the Hospital. In 2018, the Hospital submitted an application for an extension of the Hospital's operational permit with the obligation to comply with the regulation. At that time, the ownership status was still Individual Ownership Rights (Hospital owner) and was still in the process of changing the ownership status. During the visitation, the Health Service which was authorized to grant permission to extend the Hospital's operational rights granted permission with an integrity pact that the Hospital was required to change the land ownership status and comply with the Regulation of the Minister of Health of the Republic of Indonesia.¹⁵

Currently, the Regulation of the Minister of Health of the Republic of Indonesia has been amended several times, most recently changing to PERMENKES Number 3 of 2020. Currently, the requirements for establishing a Hospital Permit or extending a Hospital Operational Permit are guided by PERMENKES Number 3 of 2020 and Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2020 concerning the Issuance of Electronically Integrated Business Licensing in the Health Sector in conjunction with Government Regulation

¹⁴*Ibid*

¹⁵Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2020 concerning Hospital Classification and Licensing.

Number 24 of 2018 concerning Electronically Integrated Business Licensing Services.¹⁶

Article 4 of the Minister of Health Regulation Number 3 of 2020 stipulates that:

1. Hospitals established by private companies as referred to in Article 2 must be in the form of legal entities whose business activities are only in the hospital sector.
2. Bodythe law as referred to in paragraph (1) consists of:
 - a. Non-profit legal entities; and
 - b. A legal entity with a profit objective in the form of a limited liability company or limited liability company, in accordance with the provisions of statutory regulations.

This means that the founder of the Hospital can be a Foundation or a Limited Liability Company, in this study we examined the Karanggede Sisma Media Hospital whose founder is a Limited Liability Company (PT).¹⁷

Regarding licensing requirements, Article 21 of PERMENKES Number 3 of 2020 states that:¹⁸

1. Every hospital is required to have a permit after fulfilling the requirements.
2. The requirements as referred to in paragraph (1) include location, buildings, infrastructure, human resources, pharmaceuticals and equipment.

Then in Article 22 it is regulated that:

1. Locationas referred to in Article 21 paragraph (2) must be located on land that is in accordance with the regional spatial planning and/or the local district/city environmental building planning, and the land designation for hospital functions.
2. The land as referred to in paragraph (1) must have clear boundaries and be equipped with separate access/doors from other functional buildings in accordance with the provisions of statutory regulations.

Regarding the type of hospital permit, it is regulated in Article 27MINISTRY OF HEALTH REGULATION Number 3 of 2020, that is :

1. Hospital Permits include:

¹⁶Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2020 concerning Hospital Classification and Licensing.

¹⁷Ibid

¹⁸Article 21 of the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2020 concerning Classification and Licensing of Hospitals

- a. Establishment Permit; and
 - b. Operational Permit.
2. The Building Permit as referred to in paragraph (1) letter a is a permit submitted by the Hospital owner to construct a building or change the function of an existing building to become a Hospital.
 3. The Operational Permit as referred to in paragraph (1) letter b is a permit submitted by the Hospital management to carry out health service activities including determining the Hospital class by fulfilling the requirements and/or commitments.
 4. The Establishment Permit as referred to in paragraph (2) is valid as long as the Hospital provides health services.
 5. The Operational Permit as referred to in paragraph (3) is valid for a period of 5 (five) years and can be extended as long as the requirements and classification of the Hospital are met.

Regarding the authority to grant permits, it is regulated in Article 29 of PERMENKES Number 3 of 2020:¹⁹

1. Establishment Permit and Operational Permit are business permits in the health sector issued by the Minister, governor, or regent/mayor based on their respective authorities through the OSS Institution in accordance with the provisions of laws and regulations.
2. The Minister, governor or regent/mayor in issuing permits as referred to in paragraph (1) must consider the even distribution of hospitals in each provincial and district/city area based on mapping, taking into account the number and distribution of the population, the ratio of the number of beds, and public access in accordance with the provisions of laws and regulations.
3. Establishment Permits and Operational Permits for Class A Hospitals and Foreign Investment Hospitals are granted by the Minister through the Director General.
4. The Establishment Permit and Operational Permit for Class B Hospitals are granted by the governor after receiving notification from the head of the authorized health department at the provincial government.
5. Establishment Permits and Operational Permits for Class C and Class D Hospitals are granted by the regent/mayor after receiving notification from the head of the authorized health department at the district/city government.

¹⁹Ibid

Regarding the requirements for obtaining a hospital permit, these are regulated in MINISTRY OF HEALTH REGULATION Number 3 of 2020:

Article 31 states that the requirements for obtaining a Hospital Establishment Permit include:

1. Building study and planning documents consisting of Feasibility Study (FS), Detail Engineering Design, and master plan; and
2. Fulfillment of medical device services.

Article 32

1. Requirements for obtaining an Operational Permit include:
 - a. The Hospital Profile at least includes the vision and mission, scope of activities, strategic plan, and organizational structure;
 - b. *Self assessment* includes types of services, human resources, equipment, and Hospital buildings and infrastructure with reference to the Attachment which is an integral part of this Ministerial Regulation;
 - c. Certificate or permit for the suitability or use and calibration of medical devices;
 - d. Accreditation certificate; and
 - e. A statement letter stating the commitment to the number of beds for foreign investment hospitals based on international agreements/cooperation in accordance with the provisions of laws and regulations.
2. The accreditation certificate as referred to in paragraph (1) letter d is required for the extension of the Operational Permit.

The author examines several provisions in Minister of Health Regulation Number 3 of 2020 does not explicitly regulate the requirements for land ownership status for hospitals.

Regarding existence Minister of Health Regulation Number 56 of 2014 became unclear when it was issued Regulation of the Minister of Health Number 30 of 2019 concerning Hospital Classification and Licensing (hereinafter referred to as PERMENKES Number 30 of 2019) which in Article 61 states that **MINISTRY OF HEALTH REGULATION Number 56 of 2014** revoked and declared invalid but in MINISTRY OF HEALTH REGULATION Number 3 of 2020 mentioned in Article 59²⁰

1. At the time this Ministerial Regulation comes into effect:

²⁰Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 Classification and Licensing of Hospitals

- a. Hospitals that have an Establishment Permit and Operational Permit based on the provisions of the Minister of Health Regulation Number 56 of 2014 concerning Hospital Classification and Licensing, the Minister of Health Regulation Number 26 of 2018 concerning Electronically Integrated Business Licensing Services in the Health Sector, or the Minister of Health Regulation Number 30 of 2019 concerning Hospital Classification and Licensing, remain valid until the expiration of the permit;
- b. Hospitals that are in the process of applying for a new Establishment Permit and/or Operational Permit or extension of an Operational Permit based on the Regulation of the Minister of Health Number 26 of 2018 concerning Electronically Integrated Business Licensing Services in the Health Sector or the Regulation of the Minister of Health Number 30 of 2019 concerning Hospital Classification and Licensing, will still be granted an Establishment Permit and/or Operational Permit in accordance with the provisions of the Regulation of the Minister of Health Number 26 of 2018 concerning Electronically Integrated Business Licensing Services in the Health Sector or the Regulation of the Minister of Health Number 30 of 2019 concerning Hospital Classification and Licensing;
- c. Hospitals that have an Establishment Permit and Operational Permit based on the Regulation of the Minister of Health Number 56 of 2014 concerning Hospital Classification and Licensing, Regulation of the Minister of Health Number 26 of 2018 concerning Electronically Integrated Business Licensing Services in the Health Sector, or Regulation of the Minister of Health Number 30 of 2019 concerning Hospital Classification and Licensing must comply with the provisions in this Ministerial Regulation no later than 1 (one) year since this Ministerial Regulation is enacted;
- d. Review of Hospital classes that already have Operational Permits based on the provisions of the Minister of Health Regulation Number 56 of 2014 concerning Hospital Classification and Licensing and/or the Minister of Health Regulation Number 26 of 2018 concerning Electronically Integrated Business Licensing Services in the Health Sector, is still carried out using the Hospital classification regulated in the Minister of Health Regulation Number 56 of 2014 concerning Hospital Classification and Licensing or the Minister of Health Regulation Number 340/Menkes/Per/III/2010 concerning Hospital Classification; and
- e. Review of the class of Hospitals that already have an Operational Permit based on the provisions of the Minister of Health Regulation Number 30 of 2019 concerning Hospital Classification and Licensing, is still carried out using the Hospital classification regulated in the Minister of Health Regulation Number 30 of 2019 concerning Hospital Classification and Licensing.

2. The provisions for reviewing hospital classes as referred to in paragraph (1) letters d and e are only for a maximum period of 1 (one) year since this Ministerial Regulation was enacted. (3) The provisions for the time period as referred to in paragraph (1) letter c do not apply to Hospitals that already have an Operational Permit but the buildings are not integrated and not interconnected as referred to in Article 23 paragraph (2).

Based on the provisions above, the existence of MINISTRY OF HEALTH REGULATION Number 56 of 2014 becomes unclear and is only used as a guideline regarding the review of Hospital classes and Operational Permits that have been granted by the Health Service are still valid. Oddly enough, in the Closing Provisions of Article 60 MINISTRY OF HEALTH REGULATION Number 3 of 2020 it is emphasized that when this Ministerial Regulation comes into force, MINISTRY OF HEALTH REGULATION Number 30 of 2019 (State Gazette of the Republic of Indonesia 2019 Number 1107), revoked and declared invalid. Meanwhile, Article 61 of the Regulation of the Minister of Health Number 30 of 2019 concerning Hospital Classification and Licensing states that when this Ministerial Regulation comes into effect:

1. Regulation of the Minister of Health Number 659/Menkes/Per/VIII/2009 concerning World Class Indonesian Hospitals;
2. Regulation of the Minister of Health Number 340/Menkes/Per/III/2010 concerning Hospital Classification 2019, No.1107;
3. Regulation of the Minister of Health Number 56 of 2014 concerning Classification and Licensing of Hospitals (State Gazette of the Republic of Indonesia 2014 Number 1221); and
4. Regulation of the Minister of Health Number 26 of 2018 concerning Electronically Integrated Business Licensing Services in the Health Sector (State Gazette of the Republic of Indonesia 2018 Number 887), insofar as it regulates hospital requirements and licensing,

revoked and declared invalid.

In an interview with the Boyolali Health Office as the official authorized to grant permits for the establishment or extension of operational permits for Type D Hospitals, regarding the requirements for land ownership status of the Hospital, the Boyolali Health Office is still guided by the Regulation of the Minister of Health Number 56 of 2014 concerning Classification and Licensing of Hospitals mentioned above because several recent regulations do not explicitly mention it as regulated in the Regulation of the Minister of Health Number 56 of 2014 concerning Classification and Licensing of Hospitals. Whereas if referring to the latest Regulation of the Minister of Health, the Regulation of the Minister of Health Number 56 of 2014 concerning Classification and Licensing of Hospitals has been declared no longer valid.

From the description of the phenomena and regulations above, it can be concluded that regarding the status of ownership of Hospital Land Rights which is a requirement for the establishment permit or extension of the Hospital operational permit, there is no legal certainty. This must be taken into account by the Government so as not to cause problems for the Hospital as a public health service facility.

In the formation of legal regulations, a primary principle is established to create clarity regarding legal regulations, this principle is legal certainty.²¹The idea of the principle of legal certainty was initially introduced by Gustav Radbruch in his book entitled "einführung in die rechtswissenschaften". Radbruch wrote that in law there are 3 (three) basic values, namely:

- 1) Justice (Justice);
- 2) Benefit (Zweckmassigkeit); and
- 3) Legal Certainty (Rechtssicherheit).

Regarding legal certainty, Radbruch put forward 4 (four) basic things related to the meaning of legal certainty, namely:

- 1) Law is a positive thing, meaning that positive law is legislation.
- 2) Law is based on facts, meaning it is based on reality.
- 3) Law must be formulated in a clear manner so as to avoid errors in interpretation, in addition to being easy to implement
- 4) Law positives should not be easily changed.²²

The opinion regarding legal certainty was also put forward by Jan M. Otto, namely that legal certainty in certain situations requires the following:²³

1. There are clear, consistent and easily accessible legal regulations issued by state authorities;
2. That the governing bodies (government) implement these legal regulations consistently and also submit to and obey them;
3. That the majority of citizens in principle agree with the content of the rules and therefore adjust their behavior to those rules;
4. That independent and impartial judges (courts) apply these legal rules consistently when they resolve legal disputes; and

²¹Mario Julyano, Aditya Yuli Sulistyawan, Understanding the Principle of Legal Certainty Through the Construction of Legal Positivism Reasoning, *Cepido Journal*, Volume 01, Number 01, July 2019, Page 14

²²Satjipto Rahardjo. 2012. *Legal Science*, Citra Aditya Bakti, Bandung, p. 19

²³Shidarta, *Law of Reasoning and Legal Reasoning*. Genta Publishing: Yogyakarta. 2013, page 85

5. That the court's decision is concretely implemented.

The five conditions put forward by Jan M. Otto show that legal certainty can be achieved if the substance of the law is in accordance with the needs of society. Legal rules that are able to create legal certainty are laws that are born from and reflect the culture of society. This kind of legal certainty is called real legal certainty (realistic legal certainty), which requires harmony between the state and the people in orienting and understanding the legal system.

Nurhasan Ismail argues that the creation of legal certainty in legislation requires requirements relating to the internal structure of the legal norms themselves. These internal requirements are as follows:

1. Clarity of the concept used. Legal norms contain descriptions of certain behaviors which are then combined into certain concepts;
2. Clarity of the hierarchy of authority of the institution that forms the legislation. Clarity of this hierarchy is important because it concerns the validity or otherwise and binding or otherwise of the legislation it makes. Clarity of the hierarchy will provide direction to the law makers who have the authority to form a particular legislation;
3. There is consistency in legal norms. This means that the provisions of a number of laws and regulations related to a particular subject do not contradict each other.²⁴

From several legal theories on legal certainty, the elements of positive legal certainty are that it should not be easily changed, is consistent (the provisions of a number of laws and regulations related to a particular subject do not contradict each other). This is contrary to the phenomenon that occurs in the provisions regarding the licensing requirements of Hospitals related to the status of ownership of Hospital Land Rights. So it can be concluded that these provisions do not contain the principle of legal certainty.

3.2 Legal Protection of Ownership of Hospital Land Rights after the Issuance of Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 Concerning Hospital Classification and Licensing.

To examine the legal protection of the ownership of Hospital Land Rights after the issuance of PERMENKES Number 56 of 2014, we need to describe the intent and purpose of the issuance of the regulation. It is stated in the considerations of the Health Law, that health services are the right of every person guaranteed in the 1945 Constitution which must be realized by efforts to improve the highest level of public health. Furthermore, based on Article 1 number 10 of the Health Law, "what is meant by A hospital is a health service facility that provides comprehensive individual health services through promotive health services,

²⁴Nurhasanah Ismail, *The Development of Land Law Using a Political Economic Approach*, (Yogyakarta: Gajah Mada University), p. 39.

preventive, curative, rehabilitative, and/or palliative with provides inpatient, outpatient, and Emergency ".It can be concluded that the hospital is one of the health services that organizes health service activities, medical and non-medical services that must have health service standards, which are the main choice for the community, which means that the hospital is a public service institution. As a public service institution that accommodates the needs and interests of the community, of course the hospital has legal obligations and legal protection rights. While explained in Article 4 paragraph (1) of the Health Law states that "Everyone has the right to:

- (1) Living healthy physically, mentally and socially;
- (2) Get information and education about balanced and responsible health;
- (3) Get safe, quality and affordable health services to achieve the highest level of health.;
- (4) Get health care according to health service standards;
- (5) Gaining access to Health Resources;
- (6) Determine the health services needed for oneself independently and responsibly;
- (7) Getting a healthy environment for achieving health levels;
- (8) Accept or reject some or all of the assistance measures to be provided to him/her after receiving and understanding complete information regarding such measures;
- (9) Obtain confidentiality of personal health data and information;
- (10) Obtain information about his/her health data, including actions and treatments that he/she has received or will receive from medical personnel and/or health workers; and
- (11) Get protection from health risks.

Based on the provisions above, the Hospital infrastructure as referred to in Article 1 number 10 of the Health Law must be able to be used to meet the needs of comprehensive health services, education and training, as well as research and development of health science and technology. According to the Big Indonesian Dictionary (KBBI) comprehensive means complete. It can be interpreted that one of the criteria for comprehensive is a building on land with a definite, permanent and unchanging owner.²⁵In Article 5 Minister of Health Regulation Number 3 of 2020 stipulates that:

²⁵ibid

- (1) Hospitals can be in the form of static hospitals, mobile hospitals, or field hospitals.
- (2) A static hospital as referred to in paragraph (1) is a hospital that is established in a location and is permanent for a long period of time in providing comprehensive individual health services that provide inpatient, outpatient and emergency services.

Regarding the requirements for hospital permits, these are regulated in Article 21 MINISTER OF HEALTH REGULATION Number 3 of 2020, that:

- (1) Every hospital is required to have a permit after fulfilling the requirements.
- (2) The requirements as referred to in paragraph (1) include location, buildings, infrastructure, human resources, pharmaceuticals and equipment.

Observing the provisions above, it is concluded that the location and building of a static hospital must be permanent. If the hospital building is located on land whose ownership is uncertain, it is possible that in the future there will be legal problems related to disputes over ownership of the land on which the hospital building stands, which will also have an impact on health services for the community. Of course, this also contradicts the regulations and considerations of the Health Law, namely that the right to health services is the right of every person guaranteed in the 1945 Constitution which must be realized by efforts to improve the highest level of public health.²⁶

The government plays a role in providing legal protection for both hospitals and the community based on the government's function as a protector of hospitals and the community who use hospital services as stated in Article 6 paragraph (1) of the Republic of Indonesia Law Number 44 of 2009 concerning Hospitals, which reads: The government and regional governments are responsible for:

1. Providing hospitals based on community needs;
2. Guaranteeing financing of health services in hospitals for the poor or disadvantaged in accordance with statutory regulations;
3. Developing and supervising the operation of the Hospital;
4. Providing protection to hospitals so that they can provide health services professionally and responsibly;
5. Providing protection to the public who use hospital services in accordance with the provisions of laws and regulations;
6. Mobilizing community participation in the establishment of hospitals according to the types of services needed by the community;

²⁶The 1945 Constitution of the Republic of Indonesia

7. Providing health information needed by the community;
8. Guaranteeing funding for emergency services in hospitals due to disasters and extraordinary events;
9. Providing the required human resources; and
10. Regulating the distribution and dissemination of high-tech and high-value medical devices.

Then the regulation was revoked and changed with The Health Law, which in Article 6 paragraph (1) states that "The Central Government and Regional Governments are responsible for planning, regulating, organizing, fostering and supervising the implementation of quality, safe, efficient, equitable and affordable health efforts for the community." Furthermore, paragraph (2) states that the responsibilities referred to in paragraph (1) are implemented in accordance with the provisions of statutory regulations.

One form of legal protection from the government is by making clear and firm regulations regarding the status of hospital land ownership. It has been explained in the previous sub-chapter in this chapter that there is legal uncertainty regarding the Regulation of the Minister of Health which regulates the requirements for the establishment or extension of operational permits for hospitals specifically regarding the status of hospital land ownership. Of all the changes to the regulations of the Minister of Health regarding Hospital Classification and Licensing, only PERMENKES Number 56 of 2014 clearly regulates the status of hospital land ownership, but this regulation is no longer valid with the existence of the amending regulations.²⁷

In the legislative hierarchy of the Republic of Indonesia, based on Article 7 paragraph (1) of the Republic of Indonesia Law Number 12 of 2011 concerning the Formation of Legislation, the types and hierarchy of Legislation consist of:

1. The 1945 Constitution of the Republic of Indonesia;
2. Decree of the People's Consultative Assembly;
3. Law/Government Regulation in Lieu of Law;
4. Government regulations;
5. Presidential decree;
6. Provincial Regional Regulations; and
7. Regency/City Regional Regulations.

²⁷Ibid

And referring to the Stufenbau Theory on the legal system by Hans Kelsen, the lowest legal norms must adhere to higher legal norms, and the highest legal rules (such as the Constitution) must adhere to the most basic legal norms (grundnorm). According to Kelsen, the most basic legal norms (grundnorm) are not concrete (abstract).²⁸So the government needs to change Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2020 concerning Hospital Classification and Licensing regulates more clearly and firmly regarding the status of hospital land ownership based on the legal certainty stated in Article 28D paragraph (1) of the 1945 Constitution, stating that: "Everyone has the right to recognition, guarantees, protection and fair legal certainty and equal treatment before the law."

Regarding land ownership status, Article 33 paragraph (3) of the 1945 Constitution states that: "The land, water and natural resources contained therein are controlled by the State and used for the greatest prosperity of the people". The term control is used in both physical and legal forms, control in legal form is a form of control based on the right to obtain protection granted by law and there is a right to an authority granted to the rights holder to control and be responsible for the land to which he has the right.

Legal certainty of land rights objects consists of certainty regarding technical fields that include physical aspects, namely certainty regarding the location, area and boundaries of the land in question. The location and area of land are one of the elements that determine legal certainty. Legal certainty is absolute in a state of law, namely that every government action must be based on law. This concept is found both in the concept of *rechstaat*, namely the existence of the principle of legality, and in the concept of the rule of law, namely the existence of the supremacy of law. Legal certainty as a guarantee that the law is implemented, that those who are entitled according to law can obtain their rights, based on the provisions of Article 19 paragraph (1) and (2) of the UUPA states that; (1) "To guarantee legal certainty, the Government shall carry out land registration throughout the territory of the Republic of Indonesia according to the provisions regulated by Government Regulation; (2) The registration in paragraph (1) of this article includes: a. land mapping and bookkeeping; b. registration of land rights and the transfer of these rights; c. provision of proof of rights, which serve as strong evidence."

Based on the provisions of Article 3 of PP 24/1997, the objectives of land registration are; a. To provide legal certainty and legal protection to the rights holders of a plot of land, apartment units and other registered rights so that they can easily prove themselves as the rights holders concerned; b. To provide information to interested parties including the Government so that they can easily obtain the data needed to carry out legal acts regarding plots of land and apartment units that have been registered; c. To ensure orderly land administration."

²⁸Kelsen,

Certainty and legal protection are aimed at the relevant rights holders who are given land rights certificates, in order to carry out the information function, physical data and legal data from land plots and apartment units that have been registered are open to the public with the aim of achieving orderly administration, every land plot and apartment unit including the transfer, burden, and elimination of rights to land plots and ownership rights to apartment units must be registered.²⁹

The strongest and most complete land ownership status is Ownership Rights, according to Article 20 paragraph (1) of Law Number 5 of 1960 concerning Basic Agrarian Principles, the definition of ownership rights is: hereditary rights, the strongest and most complete that can be owned by a person over land, taking into account the provisions in Article 6. The provisions of Article 6 state that all rights to land have a social function. And in Article 21 paragraph (2) of the UUPA it is written that the Government determines legal entities that can have ownership rights and their requirements.³⁰

Based on these provisions, the characteristics of ownership rights distinguish them from other rights. Ownership rights are hereditary, strongest and most complete rights that a person can have over land. The granting of this characteristic does not mean that the right is an absolute, unlimited and inviolable right. The words hereditary mean that ownership rights to land do not only last during the life of the rights holder, but if a legal event occurs, namely the death of the rights holder, it can be continued by his heirs. The word strongest means that ownership rights to land can be burdened with other land rights, for example burdened with Building Use Rights, Usage Rights, and other rights. This land ownership right must be registered. While the word most complete means that ownership rights to land have given broad authority to the rights holder in terms of using his land.

From the description of the regulations above, it can be concluded that the Government can regulate more clearly regarding the licensing requirements for Hospitals regarding the status of Hospital land ownership. It should have freehold status with the provision of special conditions so as not to conflict with other regulations.

In making regulations on the requirements for establishing permits or extending operational permits for hospitals, specifically related to the status of hospital land ownership, the government should coordinate with the ministries related to changes/transfers of ownership status, namely the Ministry of Agrarian Affairs and Spatial Planning/National Land Agency of the Republic of Indonesia regarding land registration, with the Ministry of Finance of the Republic of Indonesia regarding taxes arising from changes in land status, and the Indonesian

²⁹Herlien Budiono, 2021. *General Teachings of Contract Law and Its Application in the Notary Sector*, Citra Aditya Bakti, Bandung

³⁰Ibid

Hospital Association (PERSI) so that the applicable regulations do not conflict with the interests of the government, hospitals and the community using hospital services. This is in line with what is regulated in the Health Law. Article 413 of the Health Law:

- (1) In the context of health development, coordination and synchronization of health policies between ministries/institutions and related parties are required.
- (2) Coordination and synchronization as referred to in paragraph (1) are carried out with the aim of:
 - a. implementing prevention and handling of policy problems in the health sector;
 - b. synergizing and implementing policies in the health sector between ministries/institutions and related parties; and
 - c. development and strengthening of health systems.

Article 414 emphasizes that "Coordination and synchronization as referred to in Article 413 are carried out by paying attention to transparency, continuity, accountability, professionalism, and integration of services and prioritizing the interests of the community.

4. Conclusion

The Regulation of the Minister of Health governing the Classification and Licensing of Hospitals has undergone several changes. Regarding the requirements for licensing the establishment and extension of operational permits for Hospitals that specifically regulate the status of Hospital land ownership, this is only found in the Regulation of the Minister of Health Number 56 of 2014 concerning Classification and Licensing of Hospitals, while with the latest Regulation of the Minister of Health concerning Classification and Licensing of Hospitals in its Transitional Provisions, the Regulation of the Minister of Health Number 56 of 2014 concerning Classification and Licensing of Hospitals is no longer valid. This has an impact on the uncertainty of the provisions on the status of Hospital land ownership and has become a polemic in the Hospital. Meanwhile, in its implementation in the function of visitation and verification, related to the land ownership status of Karanggede Sisma Medika Boyolali Hospital, the Boyolali Health Office is still guided by the Regulation of the Minister of Health Number 56 of 2014 concerning Classification and Licensing of Hospitals, while the regulation has been declared no longer valid. From the description of the impact of the uncertainty of regulations regarding the licensing requirements for the establishment or extension of operational permits for Hospitals, specifically regarding the status of land ownership of Hospitals, it can be concluded that there is no legal protection for Hospitals or the Community who use Hospital services.

4. References

1945 Constitution of the Republic of Indonesia

Ali, Achmad, 2008, *Unveiling the Veil of Law*, 2nd Edition, Ghalia Indonesia, Bogor

Article 67 paragraph (1) of Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 Hospital Classification and Licensing that Owners or managers who will establish a Hospital submit an application for a License

Government Regulation (PP) Number 24 of 2018 concerning Electronically Integrated Business Licensing Services (hereinafter referred to as PP Number 24 of 2018)

Herlien Budiono, 2021. *General Teachings of Contract Law and Its Application in the Notary Sector*, Citra Aditya Bakti, Bandung

Regulation of the Minister of Health Number 14 of 2021 concerning Standards for Business Activities and Products in the Implementation of Risk-Based Business Licensing in the Health Sector

Regulation of the Minister of Health Number 3 of 2020 Concerning Hospital Licensing Classification

Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014 Hospital Classification and Licensing

Soetandyo Wignjosoebroto, *Legal Research: A Typology*, Indonesian Society Magazine, Year I No. 2, 1974