



## Arrangement and Implementation of Fulfillment of Health Guarantee Rights for Persons with Disabilities in the Special Region of Yogyakarta

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### ABSTRACT

Human Rights (HAM) are rights given to humans simply because they are human. Not because of positive law, but because of their human dignity; So the great attention to people with disabilities, which is carried out by the DIY government, is motivated by awareness of human rights, for people with disabilities who are included in vulnerable groups. The number of people with disabilities in the Special Region of Yogyakarta (DIY) is also quite large, so this research will analyze how the regulation and implementation of fulfilling the right to health insurance for people with disabilities in DIY is regulated. The push to formulate regional level regulations for people with disabilities was carried out by the central government, the DIY regional government and disability advocates or activists as well as people with disabilities. DIY has 4 districts and 1 city, each of which has a disability regional regulation in order to fulfill the regulations for implementing health services for people with disabilities in their respective regions according to their potential. However, existing regional regulations must not conflict with higher regulations, including the DIY Regional Regulation. The implementation of these arrangements means that activities are carried out well. This can be seen from the efforts made by DIY in collaboration with City Districts in health programs and funding for people with disabilities, including assistance with assistive devices. Although obstacles are still encountered, in general it can be said to be going well. Improvement prioritizes valid data collection, coordination between stakeholders and simplifying requirements for people with disabilities who want to fulfill their rights in the health sector.

## INTRODUCTION

The Special Region of Yogyakarta (DIY), with all its privileges, continues to provide support for inclusive and civilized human development. This can be seen from various things, that Yogyakarta is often one step ahead of Indonesia's national policy. One of them is related to the regulation of fulfilling disability rights, which is regulated by Yogyakarta Special Region Regulation Number 4 of 2012 concerning Protection and Fulfillment of the Rights of Persons with Disabilities, which was born before Law Number 8 of 2016 concerning Persons with Disabilities. Although 10 years later Regional Regulation No. 4 of 2012 has been revised with Yogyakarta Special Region Regulation Number 5 of 2022 concerning the Implementation of Respect, Protection and Fulfillment of the Rights of Persons with Disabilities. This condition shows that DIY has been committed to providing various types of attention to people with disabilities for a long time.

The DIY government's great attention to people with disabilities is motivated by awareness of human rights for people with disabilities who are included in vulnerable groups. The number of people with disabilities in DIY is also large, as can be seen in the following table:

Table 1. Number of People with Disabilities in DIY

No	Type of Disability	2021	2022
1	Penyandang Tuna Netra (Blind)	2.192	1.938
2	Penyandang Tuna Rungu-Wicara (Deaf-Speech Impaired)	2.415	2.078
3	Penyandang Tuna Daksa (Disabled)	7.630	9.490
4	Penyandang Tuna Grahita (Mental Impairment)	8.336	3.601
5	Penyandang Disabilitas Mental (Mental Disabilities)	1.819	7.248
6	Penyandang Disabilitas Ganda (Multiple Disabilities)	1.468	1.975
7	Penyandang Difabilitas Miskin dan Rentan yang Menerima Bantuan Pemenuhan Kebutuhan Dasar (Poor and Vulnerable Persons with Disabilities Who Receive Assistance to Fulfill Basic Needs)	185	555
8	Tidak Diketahui Jenis Kecacatannya (Unknown Type of Disability)	2.021	2.222
<b>Total</b>		<b>26.866</b>	<b>28.137</b>

Source: <https://bappeda.jogjaprov.go.id/dataku/>, 2023

The DIY government has proven its commitment to providing public health insurance services, including for people with disabilities. Health insurance is provided through various schemes, both through public health insurance (Jamkesmas), universal health insurance (Jamkesta), social health insurance (Jamkesos), regional health insurance (Jamkesda) and special health insurance (Jamkesus) which are currently integrated with Guarantee National Health (JKN-Jaminan Kesehatan Nasional). Issues of accessibility, mobility and other

limitations are work that still needs to be improved. Specifically, the regulation of guaranteed rights to health services for people with disabilities is contained in Part Five (Articles 29 - 41) of DIY Regional Regulation No. 5 of 2022, which is currently the legal umbrella for DIY level. This article attempts to explain the regulation and implementation, fulfillment of the right to health insurance for people with disabilities in DIY. The regulations referred to are both provincial regulations and regional regulations at the city district level, as well as other more technical regulations such as gubernatorial regulations and gubernatorial decrees. These arrangements are of course accompanied by the implementation of the arrangements that have been made.

## LITERATURE REVIEW

Human Rights are rights granted to humans, simply because they are humans; not because of positive law, but because of their human dignity. In short, everyone has the same rights, even though they were born with different skin colors, genders, languages, cultures and nationalities. This is the universal nature of these rights. These rights cannot be separated and apply to all people because they are human, so they still have these rights because they are all human. (Wahono, L. N. F, 2018)

Human rights in the context of a state must be protected and respected by the state, and must be fulfilled in all circumstances by the government or state administrators. The protection and guarantee of human rights has been ratified by law as an Indonesian citizen. Article 25 paragraph (1) of the 1945 Constitution of the Republic of Indonesia stipulates that those who become citizens are people from the original Indonesian nation, and people from other nations who are legalized by law as citizens. The scope of being a citizen in this context is broad, namely covering anyone without exception and including people with disabilities. Affirmation of disability is important, because so far human rights for people with disabilities are still often ignored or violated by other individuals, certain groups or even the state. This trend in awareness of the importance of protecting and guaranteeing human rights for all members of the country (including people with disabilities), follows international trends in the post-Cold War period. (Nuridin, N. & Athahira, A.U., 2022) Article 3 of the Declaration of Human Rights shows the essence of recognizing a person's personal needs for life. This means that people with disabilities are also citizens, who have the same position, so they need to have the same rights in the nation and state as other citizens. (Hartanto, Noferani, R., Muhamad A.A., 2023 )

Persons with disabilities, or what was previously known as people with disabilities, are part of citizens who are in a condition where their physical or mental organs are disturbed or damaged or abnormal. Persons with disabilities are part of a vulnerable group, who need human rights protection and guarantees from the state, because they are often in a state of helplessness and are victims of discrimination. Fulfillment of rights has so far been regulated in Law Number 4 of 1997 concerning Persons with Disabilities, but this still does not have a human rights perspective and the approach is more charitable. In subsequent developments, Indonesia implemented a convention on the rights of persons

with disabilities (Convention on the Rights of Persons with Disabilities) through the passing of Law Number 19 of 2011 concerning Ratification of the Convention on the Rights of Persons with Disabilities. Consequently, the government must have a commitment and sincerity to protect, respect and fulfill the rights of persons with disabilities, with a broader and more comprehensive human rights perspective so as to improve their welfare. (Arthaputra, A., 2019)

Regulations regarding guaranteed health rights for people with disabilities in Indonesia have been widely regulated at the national level, especially in Law Number 39 of 1999 concerning Human Rights, Law Number 8 of 2016 concerning Persons with Disabilities and Law Number 17 of 2023 concerning Health. These three laws are the basis for implementing health insurance for people with disabilities by the state or government, although there are many sectoral laws that regulate disabilities in various fields.

In Law No. 39 of 1999 concerning Human Rights, especially in Articles 41 and 42. The State has regulated that there are inherent rights of citizens regarding social security for a decent life and personal development, including for vulnerable groups, namely people with disabilities, elderly, children and pregnant women, to receive convenience and special treatment. These vulnerable people have the right to receive health care at state expense in a dignified manner, so that they are able to participate in life. (Act No. 39/1999) tentang Hak Asasi Manusia Currently there is a change in the approach to disability services towards inclusiveness.

The next regulation is Law Number 8 of 2016 concerning Persons with Disabilities, which regulates disability health in Article 12 related to the right to health and section 8 health (Articles 61 to 74). Disability health rights include the right to access health information, equality and opportunity to access health resources, safe, quality and affordable health services, determining their own health services, obtaining health aids, medicines of good quality and low effect, and protection from trials or health research with human subjects. The health section regulates the obligations of the government, local governments and the private sector to accept disabled patients without discrimination. This includes the obligation to provide health insurance at the first to advanced levels, including supplies, medical equipment, medicine, assistive devices, professional staff and so on.

In the new health law, namely Law Number 17 of 2023 concerning Health, health arrangements for people with disabilities are regulated in section 5 Health of Persons with Disabilities which is contained in article 53 paragraphs 1 to 6. Apart from that, disability is also often mentioned in the context of: other health contexts, such as Article 71 which provides guarantees for vision and hearing health for people with disabilities. Health efforts for people with disabilities in this Health Law regulates maintaining people with disabilities in healthy, productive and dignified living conditions throughout their lives. There is a guarantee of safe, quality and affordable health services as well as equal rights in health services.

At the DIY government level there has been an interesting change, where DIY Regional Regulation Number 4 of 2012 concerning Protection and

Fulfillment of the Rights of Persons with Disabilities has been revised with Yogyakarta Special Regional Regulation Number 5 of 2022 concerning Implementation of Respect, Protection and Fulfillment of the Rights of Persons with Disabilities. This is done in connection with changes in national legislation and the dynamics of people's lives, especially people with disabilities. Another awareness that underlies this revision is: the desire to guarantee rights, fulfill and protect disability rights to be better and more contextual. The provisions of these laws and regulations are very necessary and useful in organizing the life of the nation and society in a patriotic society.

The potential for disability or disabilities in Yogyakarta is relatively high because it is an area prone to natural disasters, where almost all types of natural disasters are very likely to occur, such as the eruption of Merapi, tectonic or volcanic earthquakes, tsunamis, hurricanes, floods and landslides. On the other hand, the living conditions of people with disabilities are still worrying because of their vulnerability to several conditions, for example poverty, lack of education, unhealthy environment and unfavorable social conditions. Poverty can be a trigger for disability, for example in children who are born due to malnutrition, for example in Gunungkidul Regency there is an area where many residents have disabilities.

## **METHODOLOGY**

Based on the background description above, the problem formulation of this article is how to regulate and implement the fulfillment of the right to health insurance for people with disabilities in DIY? In this writing, the author uses a normative writing method where the author uses an approach to law and also examines the nature of legal regulations, and the data used is secondary data. (Hartanto & Muhammad Afghan Ababil, 2023).

## **RESULTS**

When Regional Regulation no. 5 of 2022 was ratified on May 22 2022, for derivatives of previous regional regulations (Pergub and/or Governor's Decrees) which still remain in effect before being revoked by the new regulations. This is contained in the transitional provisions of Regional Regulation no. 5 of 2022. The main objective of the regional regulation revision is to increase the effectiveness and efficiency of implementing the fulfillment of rights, protection and respect for people with disabilities in Yogyakarta in accordance with national directions and the current conditions of society. However, several Governor Regulations have been revised, also in the following year, namely 2013. Technical regulations which are mandated by Regional Regulation No. 5 of 2022 and relate to disability health include:

- a. Governor's Regulation (PERGUB) of the Special Region of Yogyakarta Province Number 7 of 2023 concerning Universal Health Insurance which revokes PERGUB No. 47 of 2021 concerning Universal Health Insurance and PERGUB no. 50 of 2017 concerning the Special Health Insurance Implementation System for Persons with Disabilities. People with disabilities are Jamkesta beneficiaries who were previously recipients of special health insurance (Jamkesus). The benefit package for people with

disabilities is related to promotive and preventive Jamkestas, such as access to integrated development posts (Posbindu) along with early detection of disease, getting basic and rehabilitative services including assistance with assistive devices for people with disabilities Jamkesus. (Agustina, S. C., 2018).

- b. Governor's Regulation (PERGUB) of the Special Region of Yogyakarta Province Number 19 of 2023 concerning Price Standards for Health Services in the Universal Health Insurance Program at the Social Health Insurance Organizing Center of the Yogyakarta Special Region Health Service, which revokes PERGUB No. 21 of 2018 concerning Service Fee Standards and Universal Health Insurance Verifier Fees at the DIY Health Service's Social Health Insurance Administration for the 2018 Fiscal Year and PERGUB No. 51 of 2017 concerning Assistance for Health Aids for Persons with Disabilities who are Social Health Insurance Participants. This governor's regulation contains details of the highest prices for health services for people with disabilities and prices for assistive devices for people with disabilities. This regulation is up to date, from the previous regulation because prices and types of services are increasingly developing and changing. To expedite health services and the provision of assistive devices for people with disabilities, this reform is necessary.

The existence of the Regional Regulation and Governor's Regulation gave rise to the Jamkesus program, which is a program under the DIY health service in collaboration with the District City health service and social service. So people with disabilities who have been registered in the Governor's Decree will receive health insurance from DIY (with DIY's budget), those without insurance (people with disabilities who do not have any insurance) but who have been registered in the Governor's Decree will receive health insurance from DIY. In this regard, district and/city social services provide data on people with disabilities who do not have health insurance, which will be guaranteed by DIY. If there are people with disabilities who have not been registered, their health will still be guaranteed by DIY. This can happen because in the data collection process there is bound to be data that is scattered, or has not been recorded/submitted. If you can't get the funds from DIY, then you will get it from Jamkesda, district and city. Moreover, from the DIY health service through Bapeljamkesos there are integrated Jamkesus (special health insurance) service activities, including health examinations, services for procuring assistive equipment. In each city district, a schedule will be scheduled, if people with disabilities have not yet received the Governor's Decree, but are poor people, they will still be served. Currently it is strengthened by the existence of Universal Health Insurance.

Programs from DIY related to health insurance and assistive devices for people with disabilities can go hand in hand, complementing each other. The implementation of providing special guarantees is a program of Bapeljamkesos DIY. The benefits of the implementation so far have been felt by city or district governments, and also by people with disabilities, especially the less fortunate. Every activity held is always in demand by people with disabilities, usually

members of the public who come in full. There is also a pick-up service for people with disabilities who cannot come alone. The social service collaborates with partners including community health centers, TNI, Tagana (social service). For example, activities carried out in buildings belonging to the TNI (Indonesian National Army). So Bapeljamkesos DIY has the program, has the budget, while the city districts just have to support whatever is within the capabilities of each city district. For example, helping with food or providing accommodation.

Regarding assistive devices, there are programs from the DIY health service. The City Regency social service is a user of Bapeljamkesos services, and also a collaboration partner, because it can register city residents to receive services from the DIY health service. Regarding the use of any tools that are guaranteed, the budget is all from the Social Health Security Administration (Bapeljamkesos). From the City Regency social service itself, there is actually social assistance for people with disabilities, but the amount is still limited, so if there is support from DIY, it can increase the scope of the program. The implementation of DIY health insurance can be differentiated from the provision of existing disability health services. Provision of services based on regulations applicable in DIY includes:

- a. Preventive Services, preventive services prioritize providing education and information about ways to prevent babies born with disabilities; and socialization regarding the risks of secondary diseases. Preventive services can be promotive, through various public education related to disability prevention issues, through various personal health and environmental health efforts. The implementation of preventive activities is carried out more by the Yogyakarta city health service through public health efforts and clean and healthy living behavior through service programs or Community Health Centers.
- b. Curative Services, curative health service packages include basic health services; class III hospital referral health; emergency; midwifery (new birth) and Family Planning (KB); and supporting health services including medical support, ambulances and blood needs. Curative services are provided by all PPK and hospitals that partner with Bapeljamkesos or those that partner with BPJS or Jamkesda. Curative services are carried out using a tiered principle according to the conditions and health needs of people with disabilities, including reproductive health services and health services caused by accidents or falls.
- c. Rehabilitative Services, rehabilitative health service packages include post-hospital psychotic rehabilitative homecare health insurance services; and rehabilitative health insurance for severe disabilities. Rehabilitative services are needed by people with disabilities to quickly recover from traumatic situations, both physical and mental.
- d. Health aid assistance, health aid benefit packages, in the form of aids recommended by medical personnel who practice at PPK and collaborate with Bapel Jamkesos DIY. The health aids benefit package includes aids repair. Related to assistive devices include hearing aids, vision aids, mobility aids and other functional aids. Conditions for hearing aids

include a limit of providing hearing aids 1 (one) time in 2 (two) years unless conditions are based on medical indications, and the guarantee is valid for 4 (four) months according to applicable provisions. Vision Aids are provided with the condition that glasses and Low Vision Devices are given 1 (one) time in 2 (two) years unless conditions are based on medical indications. The mobility aids provided include: Prosthesis mobility/mobilization aids, orthosis mobility/mobilization aids, wheelchair mobility/mobilization aids, cruch, walker and cane mobility aids. Other Functional Aids such as Dental Protheses/False Teeth.

## DISCUSSION

Efforts to fulfill the right to health for people with disabilities have been raised several times through research in many regions. In Bantul Regency, the provision of health insurance for people with disabilities as an implementation of DIY Regional Regulation Number 5 of 2022, has been maximally pursued by the Health Service and Social Service. The good intentions of the Regional Government are sometimes misused by people with disabilities by claiming to be economically disadvantaged in order to receive health insurance whose fees are paid by the government. The Regional Government's lack of thoroughness when collecting data is also one of the causes of the inappropriate targeting of recipients. Obstacles faced in implementing the provision of guarantees to people with disabilities in Bantul include families of people with disabilities hiding disabled family members (for reasons of shame); the person with a disability in question does not fight for the rights he or she should receive; accessibility for people with disabilities is given less attention; and socialization of regulations relating to persons with disabilities to the community and government is still very lacking. (Sari, M. A. A. P., 2014)

The Yogyakarta Special Region Government has issued a Special Health Insurance (Jamkesus) policy for people with disabilities as an implementation of the DIY Regional Regulation on Disabilities through the Social Welfare Security Services Agency (Bapel Jamkesos). However, in its implementation there are still many obstacles. One of the results of quantitative research shows that the level of effectiveness of the implementation of the Jamkesus program in DIY is 57.89%, which means that the implementation of the Jamkesus program has not been effective, even though there has been a difference (increase) in the level of health of Jamkesus participants before and after receiving Jamkesus program services, in the form of health services and provision of health aids. (Nariswari, A., 2017).

**Regulations in Districts and/Cities;** The push to formulate regional level regulations for people with disabilities was carried out by the central government, DIY regional government and disability activists, as well as people with disabilities. DIY has regions: 4 districts and 1 city, each of which has a local disability regulation in order to fulfill the regulations for implementing health services for people with disabilities in their respective regions according to their potential. However, existing regional regulations must not conflict with higher regulations, including the DIY Regional Regulation.

- a. Bantul Regional Regional Regency (Perda) No. 3 of 2021 concerning Amendments to Regional Regulation No. 11 of 2015 concerning Fulfillment of the Rights of Persons with Disabilities. The regulatory focus in this regional regulation is related to fulfilling disability rights in accordance with the law. Also related to local government responsibilities and other supporting policies.
- b. Gunungkidul Regency Regional Regulation (Perda) Number 9 of 2016 concerning the Implementation of Protection and Fulfillment of the Rights of Persons with Disabilities. The regulatory focus in this regional regulation is related to fulfilling disability rights in accordance with the law. Also related to local government responsibilities and other supporting policies.
- c. Kulon Progo Regency Regional Regulation (Perda) Number 3 of 2016 concerning Implementation of Protection for Persons with Disabilities. The regulatory focus in this regional regulation is related to fulfilling disability rights in accordance with the law. Also related to local government responsibilities and other supporting policies.
- d. Yogyakarta City Regional Regulation (Perda) Number 4 of 2019 concerning the Promotion, Protection and Fulfillment of the Rights of Persons with Disabilities. The regulatory focus in this regional regulation is related to fulfilling disability rights in accordance with the law. Also related to local government responsibilities and other supporting policies.
- e. Sleman Regency Regional Regulation (Perda) Number 11 of 2021 concerning Amendments to Regional Regulation Number 1 of 2018 concerning Implementation of the Protection and Fulfillment of the Rights of Persons with Disabilities.

All regencies and cities in DIY already have regional regulations that regulate the fulfillment of the rights of people with disabilities. This means that the central, provincial and regional governments already have regulations. This is to strengthen commitment to implementation. Coordination, cooperation and synergy are opportunities and challenges between the district and city governments and DIY. Several factors that support the implementation of fulfilling the health insurance rights of people with disabilities in DIY include:

- a. Regulatory support from the DIY and City Regency governments which from the start have regulated disability rights, because the Yogyakarta area is a disaster-prone area which has a high risk of becoming disabled. five city districts. The existence of a DIY regional regulation which is followed up with a regional regulation in the district will provide a strong legal footing in the implementation of its programs at the regional level.
- b. Support for activity programs and budgets from the DIY government in coordination with district/city governments, so that health insurance programs for people with disabilities can run well and complement each other. Legal umbrella support is very influential on the operational level of programs. Every program issued by the DIY government will usually be followed up by the district/city government, although it is not uncommon for districts/cities to also have their own programs related to people with

disabilities with regional funding sources. Programs and budgets for people with disabilities can be carried out in a complementary manner between the DIY government and the district/city government. For example, DIY has assistance with tools through integrated services, but the amount is sometimes lacking; then this shortfall can be covered with disability funds through district and/city offices. This becomes very effective if and complements each other regarding program implementation.

- c. Support from the private sector, NGOs and non-governmental organizations for handling disabilities in Yogyakarta is very good, through initiating activities, strengthening rights or strengthening roles and empowerment carried out as a group. Support from private community groups and NGOs can provide additional energy for handling people with disabilities in the city of Yogyakarta. The pro-disability NGO network often gathers and carries out assessments of local governments regarding disability-related policies. Activities to raise awareness of the rights of persons with disabilities, both to the wider community and internally, for disabled people are often carried out both directly and through the media.

The things we have described above will increase support from the wider community for people with disabilities. It is believed that this activity can change the way society views disabilities, as well as the way people with disabilities view themselves. Private support is also needed, apart from social financial support, as well as support for the acceptance of people with disabilities in the world of work. Because people with disabilities also have the right to work as in general.

Apart from supporting factors, there are still inhibiting factors encountered in the field, related to the implementation of health insurance for people with disabilities, including: (Arthaputra, A., 2019)

- a. There are still families who hide family members who have disabilities, so data collection experiences difficulties. This results in policies towards people with disabilities not reaching/not hitting the target. Lack of awareness among family members regarding the rights of people with disabilities means that many families still consider disabled family members to be a "disgrace" that must be hidden. This has actually been anticipated by socializing disability rights and family obligations towards disabled family members. However, socialization is still lacking so that people with disabilities are still hidden.
- b. People with disabilities are less aware of their rights so they tend to withdraw. For people with disabilities who are still mentally normal, socialization of disability rights can still be implemented, but for people with mental disabilities the family usually requires a more active role. People with disabilities' awareness of their rights is very important to provide a positive perspective on their lives in the future. When people with disabilities are aware of their rights, they will have the power to fight for their fate, not just depending on the help of other people, there is a lot of evidence that people with disabilities are capable and successful in life.

- c. There are also those who take excessive advantage of disability programs, resulting in them getting their rights several times, while there are others who have not received their rights at all. For people with disabilities and their families who already know their rights, they often take advantage of them without considering other people with disabilities. Of course, based on regulations, this is actually limited, but implementation tends to be difficult, especially for health services or social funds. There are clear regulations for assistive devices. There are also those who can get it from the Yogyakarta City government and also get it from the DIY government. This is also because the data is still not good.
- d. There is still a need to synchronize programs from the DIY government with the Yogyakarta City government so that they can complement each other and be sustainable. Health insurance programs for people with disabilities must be implemented on an ongoing basis. This is because many people with disabilities require health care for a long time. Sustainable programs can also be interpreted as meaning that people with disabilities must receive preventive programs including promotive, curative and rehabilitative programs as well as assistive equipment assistance programs. Apart from health programs, by synchronizing the program it can also be taken with other programs such as empowerment programs or other social assistance programs. Synchronization is carried out for the purposes of justice, optimal benefit and humanity.

Obstacles in implementing health insurance for people with disabilities in DIY need to be resolved so that disability problems can run well. Health insurance for people with disabilities in DIY is generally relatively good due to support from various parties. The existence of existing problems related to the implementation of fulfilling health insurance for people with disabilities in DIY certainly creates obstacles. Therefore, there needs to be resolution efforts implemented by the DIY government or the community: (Syafi'ie, M., 2014)

- a. Increasing inclusive sub-district programs that provide awareness to families with disabilities and the disabilities themselves, sub-district and sub-district governments and changing community perceptions of disabilities. The concept of an inclusive sub-district should be a sub-district that considers people with disabilities as members of society in general, who are treated like normal members of society. For public services, access and assistance must also be provided because their rights are the same as the rights of other citizens.
- b. Data collection is an important step to start good planning. With good and detailed data collection, good planning will be created and programs will be right on target. Data collection is not only related to numbers, but data collection on types of disabilities, distribution, socio-economic conditions, physical limitations, family background and so on can be the basis for good and targeted policies.

## **CONCLUSIONS AND RECOMMENDATIONS**

The Special Region of Yogyakarta has become an interesting image regarding its attention, concern, protection and respect for people with disabilities. Since 2012, efforts to legally regulate the fulfillment of disability rights have been made with DIY Regional Regulation No. 4 of 2012 concerning Protection and Fulfillment of the Rights of Persons with Disabilities, was born before Law Number 8 of 2016 concerning Persons with Disabilities. Even though 10 years later Regional Regulation no. 4 of 2012 has been revised with Yogyakarta Special Region Regulation Number 5 of 2022 concerning the Implementation of Respect, Protection and Fulfillment of the Rights of Persons with Disabilities. Technical regulations that support the fulfillment of health insurance include: 1) Governor's Regulation (PERGUB) of the Yogyakarta Special Region Number 7 of 2023 concerning Universal Health Insurance which revokes PERGUB No. 47 of 2021 concerning Universal Health Insurance and PERGUB no. 50 of 2017 concerning the Special Health Insurance Implementation System for Persons with Disabilities. 2) Governor's Regulation (PERGUB) of the Yogyakarta Special Region Province Number 19 of 2023 concerning Price Standards for Health Services in the Universal Health Insurance Program at the Social Health Insurance Organizing Center for the Yogyakarta Special Region Health Service, which revokes PERGUB No. 21 of 2018 concerning Service Fee Standards and Universal Health Insurance Verifier Fees at the DIY Health Service's Social Health Insurance Administration for the 2018 Fiscal Year and PERGUB No. 51 of 2017 concerning Assistance for Health Aids for Persons with Disabilities who are Social Health Insurance Participants. Regionally, the support for city district regulations can be seen from 1) District Regional Regulations. Bantul No. 3 of 2021 concerning Amendments to Regional Regulation No. 11 of 2015 concerning Fulfillment of the Rights of Persons with Disabilities, 2) Regional Regulation (PERDA) of Gunungkidul Regency Number 9 of 2016 concerning Implementation of Protection and Fulfillment of the Rights of Persons with Disabilities. 3) Kulon Progo Regency Regional Regulation (PERDA) Number 3 of 2016 concerning Implementation of Protection for Persons with Disabilities. 4) Yogyakarta City Regional Regulation (PERDA) Number 4 of 2019 concerning the Promotion, Protection and Fulfillment of the Rights of Persons with Disabilities. 5) Sleman Regency Regional Regulation (PERDA) Number 11 of 2021 concerning Amendments to Regional Regulation Number 1 of 2018 concerning the Implementation of Protection and Fulfillment of the Rights of Persons with Disabilities.

The implementation of these arrangements means that activities are carried out well. This can be seen from the efforts made by DIY in collaboration with City Districts in health programs and funding for people with disabilities, including assistance with assistive devices. Although obstacles are still encountered, in general it can be said to be going well. Improvement prioritizes valid data collection, coordination between stakeholders and simplifying requirements for people with disabilities who want to fulfill their rights in the health sector.

The suggestion is that the problems of people with disabilities, who in fact are fellow human beings with us, always have a philosophical basis, namely

human rights (HAM), and then they are translated into the preparation of laws and derivative regulations. In the context of "positive law" the legal substance has been fulfilled, but what must continue to be monitored, improved and evaluated is at the level of legal application (implementation in the field), which cannot be separated from the professionalism of state civil servants as public servants.

#### **FURTHER STUDY**

Future research can be developed to focus more on implementation and observation as well as surveys on the implementation of various regulations regarding disability services/protection in the special region of Yogyakarta which includes 1 city and 4 districts.

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