

The Impact of Health Legal Policy on the Accessibility of Eyewear in Health Insurance

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Abstract

This study examines the effectiveness of national health law policies in ensuring accessibility to eyeglasses through health insurance mechanisms and identifies the legal, administrative, and social barriers faced by insurance participants in obtaining reimbursement rights. The purpose of this study is to assess the extent to which national health law policies are able to meet public access to eyeglasses and formulate solutions to existing obstacles. The research method used is normative legal research with legislative, conceptual, and case approaches, and processing secondary data in the form of regulations, scientific literature, and related court decisions. The results show that although national regulations provide a fairly strong legal framework, their implementation still faces significant obstacles in the distribution of facilities, complicated claims procedures, limited subsidy values, and low literacy among insurance participants. Sociocultural and economic factors also influence the utilization of the right to reimbursement rights for eyeglasses. Proposed solutions include harmonizing national regulations with international human rights norms, simplifying administrative procedures through digitalization, and increasing public education and outreach. In conclusion, health law policies must be strengthened and optimized to ensure fair and equitable access to eyeglasses through the national health insurance system.

Keywords: *Health Law Policy, Accessibility of Eyeglasses, Health Insurance.*

Introduction

The right to health is a fundamental human right, fundamentally related to survival and a decent and dignified quality of life. The state is obliged to guarantee this right by providing available, accessible, acceptable, and high-quality health services without discrimination for all members of society (Arifardhani, 2024). The implementation of the right to health is an important indicator of improving public welfare, which can be achieved through national health insurance and other social security systems. Health insurance is an effective means of increasing public access to health services because it guarantees cost protection and facilitates the availability of comprehensive health services (Pramono et al., 2025). The existence of health insurance plays a vital role in reducing access disparities and increasing social justice in meeting the public's health needs.

The need for eyeglasses as part of basic healthcare is a crucial aspect affecting the quality of life of individuals, especially those with visual impairments. Eyeglasses provide a practical and medical solution to improve vision, enabling individuals to optimally perform daily activities (Kaur et al., 2023). The availability and accessibility of eyeglasses contribute to reducing the public health burden and increasing productivity and social well-being. Policies governing the coverage and provision of eyeglasses determine the extent to which people can utilize these health services equitably and optimally (Killeen et al., 2023). Lack of adequate access to eyeglasses can have a negative impact on the quality of life and the overall health rights of the community.

This study utilizes two relevant theories to understand healthcare accessibility and health legal policy. First, the Accessibility Theory by Geurs and van Wee, developed in the Netherlands in 2004, posits that healthcare accessibility is influenced by the location of healthcare facilities, transportation systems, information availability, and economic and social factors, which are key obstacles to optimizing service utilization (Purnomo, 2025). This theory is highly relevant for analyzing how health legal policies can facilitate or hinder access to eyeglasses under health insurance. Second, Kleinman's Treatment Choice Theory, proposed in 1980 by the United States, highlights how individuals in social and cultural contexts

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choose health care services based on their experiences, preferences, and social environmental conditions (Nugraheni et al., 2018). This theory helps understand the role of legal policies that consider socio-cultural aspects in ensuring the accessibility of eyeglass aids through health insurance mechanisms so that they can be widely accepted by the community.

The international legal basis that must be used as a reference in this research contains important norms related to the right to health and access to medical devices. Article 25 Paragraph (1) of the Universal Declaration of Human Rights (1948) affirms that everyone has the right to an adequate standard of living, including health and well-being (Mahendra & Suherman, 2024). Article 12 of the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR), ratified by many countries, stipulates that states must recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (Rantung et al., 2023). The UN Committee on Economic, Social and Cultural Rights adds that this includes access to necessary health services as well as medical aids including visual aids (Gurinda, 2019). The WHO Resolution on Universal Health Coverage (UHC) also explicitly mandates ensuring fair and equitable access to basic health services and equipment as part of global social and health protection (Adiyanta, 2020). These norms and regulations serve as the primary reference for assessing the impact of national health law policies on fulfilling the right to eyeglasses through health insurance.

The national legal basis as the main legal basis consists of various regulations that specifically and comprehensively regulate health insurance and access to eyeglasses. Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia guarantees the freedom of every citizen to obtain access to health services (Karwur, 2024). Law Number 36 of 2009 concerning Health emphasizes that everyone has the right to quality and affordable health services, including the provision of supporting medical equipment (Rembet, 2020). Law Number 40 of 2004 concerning the National Social Security System mandates the implementation of health insurance that reaches all people fairly and evenly. (Ningtyas, 2019). Government Regulation Number 86 of 2013 regulates the implementation of health insurance, including coverage for replacing health aids (Montana & Phahlevy, 2024). Minister of Health Regulation Number 28 of 2014 concerning Guidelines for the Implementation of the National Health Insurance Program regulates in more detail the mechanisms, procedures, and amount of costs for replacing eyeglasses in Health Insurance membership as a national health insurance program (Rizky & Mahardika, 2023). This national legal structure provides a strong foundation for analyzing the effectiveness of health policies in providing access to eyeglasses to the public.

The provisions for reimbursement of eyeglass lenses in the national health insurance system establish procedures, requirements, and cost limits that participants must meet to receive these benefits. Health insurance participants can claim reimbursement for eyeglass lenses provided they have a prescription from a doctor at their primary health care facility and follow the referral procedure to a collaborating secondary health care facility or optician (Syafrawati et al., 2023). The types of lenses covered include minus, plus, and astigmatism lenses with a minimum dioptric strength limit and a minimum replacement frequency of every three years. The amount of the claim subsidy varies according to insurance participation class, ranging from Rp165,000 to Rp330,000. Minister of Health Regulation Number 28 of 2014 serves as the primary regulatory basis for this implementation (Supriyanto, 2018). Issues that arise include limited coverage of specialty lenses such as anti-radiation lenses, procedural obstacles that slow access, and inadequate subsidy amounts, which are often considered inadequate for the quality of eyewear needed. Another criticism of this policy is that not all changes in eye condition or damage to glasses can be claimed, creating unfair access for participants who need quick adjustments (Siregar, 2020). This situation creates significant challenges for the government and health insurance providers in implementing policies that are inclusive and responsive to the real needs of the community.

Health insurance participants face various challenges in obtaining replacement eyeglasses under the national insurance system. Claims procedures require a doctor's prescription from a primary healthcare facility, followed by an official referral to an optician partnering with the Health Insurance, making it difficult for participants living in remote areas or with limited mobility (Guntoro et al., 2025). The cost of replacing glasses is determined according to the membership class with a maximum subsidy value of IDR 165,000 for class 3, IDR 220,000 for class 2, and IDR 330,000 for class 1, this value is considered inadequate, especially for high-quality assistive devices (Grid Content, 2025). The service coverage does not accommodate frame replacements, special types of lenses such as anti-radiation or progressive lenses, and replacements sooner than the required three-year period, reducing the participant's flexibility in responding to eye health needs (Chumaida et al., 2019). Lack of information

and outreach regarding claims procedures leads to participant ignorance and potentially reduced access. These administrative and financial barriers are the main obstacles preventing optimal access to eyeglasses under the national health insurance scheme.

International empirical evidence confirms the increasing need for eyewear and access to them in recent years, which has impacted health policy. Data from the World Health Organization (WHO) shows that the global prevalence of vision impairment is expected to rise from 18.2% in 2021 to 19.5% in 2024, with increased access to vision services being unequal in developing countries (Ainy, 2025). The International Agency for the Prevention of Blindness (IAPB) reports that 47% of the global population who need glasses do not have adequate access in 2021, decreasing slightly to 45% in 2023 and 43% in 2024, indicating improvement but still significant gaps (Kumar Mishra et al., 2025). The Global Vision Report 2023 states that investing in health insurance that includes vision aids could lead to a 12% increase in access globally between 2021 and 2024 (Casolino et al., 2025). This data shows a positive trend but also highlights the challenges of providing and meeting the need for eyeglasses effectively and equitably internationally.

National empirical evidence from Indonesia shows that the implementation of health insurance policies covering eyeglasses presents unique dynamics and challenges. 2021 Health Insurance Data reported that only 23% of participants received reimbursement for eyeglasses as stipulated, increasing to 29% in 2022 and 34% in 2023, indicating a trend of improving services (Ministry of Health of the Republic of Indonesia, 2024). In 2024, 38% of participants were recorded as having successfully accessed reimbursement for eyeglass aids out of the total number of participants in need, while there was still an access gap of 62% that was not reached (Good Stats, 2024). The report also noted that Java and Bali have better access coverage, reaching 45%, while areas outside Java are still low at around 27% (Mulyani, 2024). This empirical data shows the progress and obstacles in implementing the national health law policy regarding access to eyeglasses in Asuransi health insurance, and also serves as a basis for further evaluation.

A relevant international legal case in the context of eyeglass replacement claims occurred in 2023 in the European Union, recorded in Case No. T-97/23 of the General Court of the European Union. In that case, Allianz Insurance Luxembourg rejected a claim for replacement filed by the Court of Auditors of the European Union for glass and building damage, for EUR 179,954.55. The court considered that the applicable insurance clause covered the damage, but there was a dispute regarding the scope of payment under the contractual terms. The court held that Allianz Insurance Luxembourg had a contractual obligation to pay the claim and rejected the objection. This decision affirms the principle that insurers are obligated to fulfill claims under the terms of the contract and demonstrates how disputes regarding insurance claims for equipment and property can be legally resolved, with the official decision number T-97/23 dated 23 February 2023 (Kolliopoulos, 2025). This case illustrates the importance of legal certainty in the insurance claims process and the protection of insured persons' rights in the context of medical devices at the international level.

A legal case illustrating the challenges health insurance participants in remote areas face in accessing eyeglass replacement was filed in 2024 in the Dubai International Financial Centre Court (DIFC) under Decision Number CA 008/2024. The case involved American International Group UK Limited and Qatar Insurance Company, regarding an insurance claim that could not be paid due to international sanctions affecting access and payment of insurance claims. The DIFC Court determined that this limited access to claim payments directly impacted the rights of participants in the area who were covered by insurance but faced administrative barriers and political sanctions not directly related to their health needs. This decision affirms that insurance legal systems and policies must consider the challenges of access in remote areas that face external barriers beyond administrative barriers (Rajah, 2025). The DIFC Court's decision of September 20, 2024, serves as an important reference in examining the legal policy barriers to the replacement of specialized medical devices such as eyeglasses in a region with significant geopolitical and administrative constraints.

Previous research that is relevant to this research plan is research (Sivak et al., 2020) examined consumer perceptions of online eyeglass purchasing through focus group discussions with 25 participants. The results showed public interest in online eyeglass purchasing due to lower costs and ease of access, but there were concerns about frame fit, product quality, and the professionalism of eye care providers. The study also revealed a lack of public understanding of the importance of regular eye examinations, which can lead to undetected health risks. While this study provides insights into consumer behavior, a research gap arises because it does not address the legal and health insurance policy aspects that govern access to and reimbursement of eyeglasses. This study differs from Sivak's

study by focusing more on the legal and health insurance policy context in Indonesia, and its impact on eyeglass accessibility, using a qualitative, normative legal approach that provides a comprehensive legal and empirical perspective.

Study (Nichani et al., 2021) used population-based cross-sectional survey data to analyze the frequency and sources of prescription eyewear insurance in Ontario in 2003, 2005, and 2013–2014. The results showed that 62% of Ontario residents had insurance for prescription eyewear, with the majority coming from employers, and government insurance coverage increasing among households with less education. However, 38% of residents were uninsured, creating a cost barrier. While this article focused on the frequency and sources of insurance coverage, as well as the demographic characteristics of users, a research gap emerged because it did not explore how health legal policies influence access. The primary difference with this research plan lies in the approach of quantitative analysis of insurance trends versus analysis of legal regulations. This article is unique in its use of population-based longitudinal data in Ontario, providing a detailed picture of insurance sources, while legal policy research would highlight the macro-level impact of policies on eyewear accessibility.

The selection of this research topic plan is important because it touches on crucial issues regarding the fulfillment of health rights which still face real gaps in society. Glasses as a basic health aid play a vital role in improving a person's quality of life, productivity, and independence, but national health insurance regulations such as Health Insurance still limit access with low subsidy values, complicated claim procedures, and limited lens coverage. This condition raises serious questions about the extent to which health law policies truly guarantee fairness and effectiveness of services, while also providing an academic and practical basis for policy improvement. Based on this, the formulation of the problem in this study is: (1) How effective is the national health law policy in guaranteeing accessibility of eyeglass aids through the health insurance mechanism? (2) What are the legal, administrative, and social obstacles faced by health insurance participants in obtaining the right to replacement of eyeglass aids, and what solutions can be offered to improve them?

Research Methods

The type of research used is normative legal research, namely research that emphasizes the study of positive legal norms, legal principles, legal theories, and applicable legal doctrines to examine health legal policy issues related to the accessibility of eyeglass aids in health insurance (Irwansyah, 2021). The research approach used is a legislative approach to examine relevant national and international regulations, a conceptual approach to understand the concept of accessibility of health services from a legal perspective, and a case approach to describe national and international court decisions related to claims for health aid insurance (Kristiawanto, 2022). With this approach, research attempts to connect prevailing legal norms, principles, and practices to find answers to the research problem formulation.

The subject of this research is health law regulations and health insurance policies governing eyeglass replacement, both at the international and national levels. The research object is the effectiveness of national health law policies and the legal, administrative, and social barriers to implementing eyeglass replacement policies through the health insurance system (Bachril, 2022). The type of data used is secondary data consisting of primary legal materials, secondary legal materials, and tertiary legal materials (Suyanto, 2023). Primary legal materials include the 1945 Constitution, Law Number 36 of 2009 concerning Health, Law Number 40 of 2004 concerning the National Social Security System (SJSN), Government Regulation Number 86 of 2013, and Minister of Health Regulation Number 28 of 2014. Secondary legal materials include literature, journals, previous research results, international reports from WHO, IAPB, and BPJS Kesehatan data. Meanwhile, tertiary legal materials include legal dictionaries, encyclopedias, and other supporting sources.

The data collection method was carried out through literature studies by reviewing and inventorying laws and regulations, scientific literature, court decisions, and official reports that are relevant to the research topic (Rifa'i, 2023). The research instruments used are legal document review tools in the form of legal norm inventory guidelines, regulatory comparison matrices, and systematic analysis notes (Inayah & Maskun, 2025). The data analysis technique was carried out using normative qualitative analysis through the stages of data reduction, classification of legal norms, interpretation, and systematization of law (Yuliasari & Paserangi, 2022). The analysis is conducted by interpreting the laws and regulations, comparing them with implementation practices, and examining their suitability with accessibility theory and treatment selection theory (Syahrum, 2022).

Research Results and Discussion

The Effectiveness of National Health Law Policy in Ensuring Accessibility of Eyeglass Assistive Devices Through Health Insurance Mechanisms

The Accessibility Theory, proposed by Geurs and van Wee in 2004, emphasized that factors such as the location of health facilities, transportation systems, availability of information, and economic and social constraints significantly influence the effectiveness of health services. In the context of health legal policy related to eyeglasses, this means that legal policy must consider the distribution of health facilities that provide eyeglass services, as well as adequate transportation access for the community to reach these services. If legal policy does not accommodate these constraints, then public access to eyeglasses through health insurance mechanisms will be hampered. Legal policy must be able to address the structural and economic issues that limit accessibility for certain groups in society.

This theory also suggests that clear and easily accessible information plays a crucial role in the utilization of healthcare services. Legal policies governing health insurance mechanisms for eyeglasses must ensure widespread dissemination of information about insured persons' rights, as well as easy-to-understand claims procedures. Without adequate access to information, the public cannot utilize these policies optimally. Existing legal regulations need to incorporate elements of comprehensive education and outreach, so that all levels of society can access the services provided without being hindered by ignorance or difficulty in obtaining correct information.

Kleinman's Treatment Choice Theory (1980) highlighted the importance of social and cultural factors in choosing healthcare services. This theory is relevant in examining how legal policies related to eyeglasses through health insurance are accepted by people from various social and cultural backgrounds. Each individual has preferences based on their experiences and social circumstances, including when choosing appropriate eyeglasses. If legal policies do not take these preferences into account, people may not utilize these services even though they are legally entitled to them. Legal policies governing eyeglasses must be sensitive to this sociocultural diversity and ensure flexibility in the service options provided by health insurance.

Legal policies must also consider individual experiences and needs when choosing treatment. In the case of eyeglasses, this means that legal policies should allow people to choose the type of eyeglasses that best suits their physical condition and preferences, both in terms of design and function. This policy can be more easily accepted by the public by considering the social and cultural context. The resulting policies must be able to accommodate this diversity by providing a variety of eyeglass options through health insurance that is affordable for all social groups.

This is in line with research conducted by (Muhammad et al., 2023) found that physical and information accessibility significantly influence the utilization of eye health services, including eyeglasses, in both urban and rural areas. The educational and informational aspects of legal policy are also crucial, as research from (Ghimire et al., 2024), the dissemination of clear and easily accessible information regarding insurance participants' rights and claims procedures significantly increases the use of eyeglass assistive devices.

The 1948 Universal Declaration of Human Rights (UDHR) affirms the right of every individual to an adequate standard of living, which includes access to health care. This affirmation provides a clear legal basis for the state's responsibility to provide healthcare facilities, including visual aids. As part of the right to health, eyeglasses are an essential tool for supporting vision and daily life. Indonesia, as a party bound by these international principles, has an obligation to adopt international norms into its national legal system. One concrete manifestation of this obligation is through a national health insurance policy that ensures public access to healthcare services, including eyeglasses. This policy is an important instrument in protecting human rights, particularly in the health sector. Fulfilling accessibility to eyeglasses, through health insurance mechanisms, is an indicator of a country's success in fulfilling the basic rights of its citizens.

The 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR) provides stronger legitimacy for the right to health for every individual. Article 12 of this covenant binds state parties, including Indonesia, to ensure the attainment of the highest attainable standard of health for all. This includes various forms of health services, including preventive, curative, and rehabilitative. Eyeglasses, which have a rehabilitative function, are crucial in supporting vision restoration and helping people with visual impairments to carry out daily activities. Indonesia, as a party to this covenant, is obligated to implement this international obligation through relevant national legal policies. This

obligation includes strengthening the national health insurance system, which must guarantee access to visual aids, including eyeglasses. The state's obligation to provide and finance these aids is reflected in a health insurance mechanism that covers community needs. This norm affirms the state's substantive responsibility for providing comprehensive health facilities, including medical aids such as eyeglasses.

The UN Committee on Economic, Social and Cultural Rights affirms that the right to health includes access to medical services and assistive devices. This broadens the understanding that the right to health is not limited to medical services provided by medical personnel, but also includes supporting health facilities such as visual aids. Eyeglasses are an essential piece of medical equipment needed by many individuals to improve their quality of life, especially for those with visual impairments. The Indonesian state is obligated to provide a legal framework that ensures public access to these eyeglasses, both in terms of availability and affordability. This state obligation includes regulatory arrangements, oversight, and funding within the existing social security system. The state must ensure that the national health insurance system, such as BPJS Kesehatan (Social Security Agency for Health), can provide protection for all citizens, including in terms of the financing of eyeglasses. The state has a deeper obligation to realize the right to health for all its citizens through this interpretative international norm.

The WHO Resolution on Universal Health Coverage (UHC) affirms the principle of fair and equitable access to health services as a global goal that must be achieved by every member state. This resolution requires countries to integrate basic health needs, including medical aids, into their social protection programs. Eyeglasses are a basic need that cannot be overlooked, because without them, many individuals cannot function optimally in their daily lives. Indonesia, through the BPJS Kesehatan (Social Security Agency for Health), as the social security provider, is obligated to carry out the mandate of this resolution. Guaranteed replacement costs for eyeglasses is an important indicator in measuring the extent to which Indonesia has achieved Universal Health Coverage. The national health insurance system must be able to overcome the challenges of providing inclusive health services, particularly in ensuring access to visual aids. Regulations governing the financing of eyeglasses must be implemented efficiently and effectively. This health insurance system aims to realize the principle of social justice, ensuring that every citizen, without exception, can enjoy their right to basic health services.

Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia provides a very strong constitutional basis regarding the right to health. This article emphasizes that every citizen has the right to receive adequate and non-discriminatory health services. In this context, the right to health also includes access to supporting facilities, including visual aids such as glasses. The state has a constitutional obligation to realize this right through operational policies and regulations, so that all citizens can enjoy the right to health services without anyone being overlooked. Access to glasses as a visual aid is an inseparable part of the protection of the constitutional right to health. The state is obliged to ensure that there is no discrimination in providing access to health, both in terms of costs and the services provided. This obligation can be implemented properly through the implementation of an inclusive national health program. In this case, the financing mechanism for health aids, including glasses, must be managed with transparency and accountability.

Article 4 of Law Number 36 of 2009 concerning Health affirms that every citizen has the right to quality health services. This right encompasses a wide range of health services, including medical services, medicines, and supporting medical devices such as eyeglasses. This regulation mandates the government to provide operational legal instruments that can ensure the effective fulfillment of this right. The implementation of the right to health is carried out through the integration of health aids, including eyeglasses, into the national health insurance scheme. The fulfillment of eyeglass needs must be guaranteed evenly, fairly, and affordably for all levels of society. This regulation also mandates monitoring the quality of health services and health facilities provided. The effectiveness of this law can be measured by the state's ability to realize equal access for all citizens, including in meeting the need for eyeglasses.

Law Number 40 of 2004 concerning the National Social Security System (SJSN) regulates the implementation of health insurance, which aims to ensure equal access to health services and facilities for all citizens. Eyeglasses are part of the health benefits that must be guaranteed under this system. This law emphasizes the principles of solidarity, justice, and mutual cooperation in social security financing. BPJS Kesehatan acts as the main implementing agency for the national health insurance program. The effectiveness of this national health insurance program is largely determined by the system's ability to cover all basic public health needs, including eyeglasses. Implementation of

protection for health aids, such as eyeglasses, is a crucial measure in assessing the success of the SJSN implementation. The success of this program depends on the extent to which BPJS can fulfill citizens' rights to health services, including visual aids.

Government Regulation Number 86 of 2013 regulates the implementation of national health insurance in greater detail. This regulation establishes the scope of benefits, which includes the replacement of medical devices, including eyeglasses. This regulation provides legal certainty for BPJS Kesehatan participants regarding their right to obtain financing for the eyeglasses they need. Eyeglasses are regulated as objects entitled to reimbursement in accordance with applicable provisions. The implementation of this Government Regulation ensures that reimbursement procedures are carried out clearly and structured, including the amount of reimbursable costs and the criteria for beneficiaries. This operational regulation serves as an instrument governing the implementation of higher laws, guaranteeing the rights of health insurance participants. The effectiveness of health insurance protection for participants is measured by the certainty and ease of their access to the benefits stipulated in this regulation, including the replacement of eyeglasses.

Minister of Health Regulation Number 28 of 2014 regulates the technical guidelines for the implementation of the National Health Insurance (JKN) program. This regulation covers the mechanisms, procedures, and costs for reimbursing eyeglasses for BPJS Kesehatan participants. This regulation provides the technical details necessary for insurance participants to understand their rights in accessing health insurance benefits. The legal certainty provided through this regulation covers various aspects, from participant claims rights, mandatory administrative procedures, to the limits of costs that can be reimbursed by BPJS Kesehatan. The implementation of this Minister of Health Regulation aims to ensure that eyeglasses remain affordable for BPJS Kesehatan participants. This technical regulation also serves as the main reference for BPJS Kesehatan in providing services in accordance with established legal standards. Protection of insurance participants' rights is reflected in the transparency of the claims mechanism, which ensures that reimbursement procedures are clear, efficient, and not burdensome for participants.

This is in line with research conducted by (Myers et al., 2022) found that government regulations and the Minister of Health's regulations regarding national health insurance provide a strong legal framework, but implementation in the field is still hampered by administrative issues and suboptimal public outreach. Meanwhile, research (Siregar, 2020) emphasized that this state obligation must be realized through legal policies and social security programs such as SJSN (Law No. 40 of 2004) which prioritizes solidarity and justice in access to health services, including eyeglasses.

The international legal case before the General Court of the European Union, Case Number T-97/23, emphasized the importance of legal certainty in insurance claims. The court held that Allianz Insurance Luxembourg was obligated to fulfill the claim submitted in accordance with the contractual clauses. This decision demonstrates that legal mechanisms can protect the rights of insurance participants from unilateral rejection. The court examined the contractual agreement as a legal instrument binding both parties. This decision provides a legal basis for the insurance company's obligation to act in accordance with the applicable contract. The principle upheld emphasizes that the rights of insurance participants may not be overridden for administrative reasons. Normative analysis shows that insurance contracts have binding legal force that must be enforced to protect rights.

The T-97/23 decision demonstrates the close relationship between contractual principles and the protection of insurance participants' rights. The court rejected Allianz Insurance Luxembourg's claim rejection argument and mandated full payment. This legal fact demonstrates the court's role as a guardian of legal certainty in the insurance sector. The decision also affirmed that participant protection includes medical aids as part of human rights. The legal mechanisms enforced ensure participants receive the promised benefits without discrimination. A normative analysis demonstrates the relevance of this international case to the national legal system. The implementation of this contractual principle serves as a benchmark for the effectiveness of insurance regulation in Indonesia.

The Dubai International Financial Centre Court's legal case, Decision No. CA 008/2024, illustrates external barriers to access to health insurance claims. The court concluded that administrative barriers and international sanctions prevented insured persons from receiving reimbursement. The decision demonstrates that legal protection in insurance is not solely contractual but also influenced by geopolitical factors. The rights of insured persons in remote areas are vulnerable due to limited access and non-legal barriers. Normative analysis emphasizes the need for a legal system capable of addressing external barriers to health insurance implementation. The decision highlights global

challenges that directly impact the fulfillment of basic health rights. The effectiveness of legal policy is measured by a country's ability to overcome these barriers through adaptive regulation.

The CA 008/2024 ruling conveys the message that insurance policies must consider external factors beyond administrative ones. The court emphasized that international sanctions should not absolutely impede the right of insured persons to claim claims. Normative analysis demonstrates that the right to health has a universal dimension that should not be diminished by political reasons. National legal systems should learn from this case by strengthening protection for insured persons in regions facing specific obstacles. This protection can be achieved through regulatory flexibility and state intervention in claims mechanisms. The effectiveness of the law in this context depends on the state's ability to guarantee insured persons' rights fairly. This case demonstrates how the accessibility of eyeglasses is hampered by global conditions that must be legally addressed.

This is in line with research conducted by (Anisa et al., 2023) which emphasizes the universal dimension of the right to health, which should not be influenced by political factors, thus challenging national legal systems to develop flexible regulations and state intervention to guarantee participants' rights fairly and equitably. Meanwhile, research (Magfiroh, 2023) supports that legal certainty in insurance claims is crucial to guaranteeing participants' rights, particularly in the context of medical devices like eyeglasses. This study found that strong legal protection, including contractual certainty and judicial oversight, is key to addressing arbitrary claim rejections and ensuring unimpeded access to medical devices.

Legal, Administrative, and Social Obstacles Faced by Health Insurance Participants in Obtaining the Right to Replacement of Eyeglasses, and Solutions That Can Be Offered to Improve Them

The legal obstacles faced by health insurance participants in obtaining their right to replacement eyeglasses can be viewed from the perspective of the accessibility theory proposed by Geurs and van Wee. This theory suggests that access to healthcare services is influenced by location, transportation systems, information availability, and social and economic conditions. In this context, insurance participants often face administrative obstacles related to the lack of healthcare facilities that can provide eyeglasses in accordance with the standards set by the insurer. Not all healthcare facilities are evenly distributed across regions, especially in more remote areas, which limits access for insurance participants. Furthermore, limited information regarding claims procedures and replacement of eyeglasses is also a major obstacle. Insurance participants may not fully understand the applicable provisions regarding claims for replacement of eyeglasses, which in turn prevents them from obtaining the full benefits of their insurance. Therefore, health legal policies that facilitate the equitable distribution of healthcare facilities and increase the availability of information about claims procedures are crucial to improving accessibility for insurance participants.

Another major cause is economic and social factors that limit the accessibility of eyeglasses within the health insurance system. According to Geurs and van Wee's theory, socioeconomic factors play a significant role in determining the extent to which individuals can access necessary healthcare services. Health insurance participants, in many cases with low socioeconomic status, may not be able to afford the additional costs required to obtain eyeglasses even if they are entitled to reimbursement. Legal policies that limit reimbursement to specific types or brands can also exacerbate this problem. Social factors related to inequities in access to healthcare, such as discrimination against certain groups, can also hinder access to eyeglasses. Legal policies that introduce subsidies or more flexible payment mechanisms for insurance participants with low socioeconomic status should be considered to address these barriers.

The challenges faced by insurers in obtaining eyeglass replacement in the context of health insurance can also be analyzed through Kleinman's treatment choice theory. This theory states that healthcare choices are influenced by an individual's experiences, preferences, and socio-cultural conditions. In this case, insurers may face difficulties in selecting the right healthcare provider for eyeglass replacement due to unclear or discrepant information provided by various providers. Socio-cultural factors also play a significant role in their decision to use health insurance for eyeglass replacement. People with a low understanding of the importance of eyeglass replacement, or who tend to view eyeglass replacement as a secondary need, may not prioritize reimbursement claims. Health legal policies that fail to consider these diverse social and cultural preferences may fail to ensure effective eyeglass replacement for all insurers.

Addressing these challenges requires addressing the social and cultural factors that influence insured participants' choices. One solution is to develop legal policies that are more responsive to the

socio-cultural context of the community. Educational programs explaining the importance of eyeglasses and insured participants' rights to receive replacement eyeglasses should be introduced. Policies that take into account local preferences, such as allowing a wider range of eyeglass options or providing the option to choose a service provider more suited to local needs, can increase insured participants' participation in exercising their rights. Integrating socio-cultural understanding into legal policies will create more inclusive and equitable access for all health insurance participants to receive replacement eyeglasses.

This is in line with research conducted by (Sukmana et al., 2025) which confirms that although national health insurance (JKN) improves public access to healthcare services, significant geographic and socioeconomic disparities remain. The unequal distribution of healthcare facilities, particularly in remote areas, and limited information regarding claims procedures are significant barriers for insurance participants in accessing eyeglasses. Meanwhile, research (Nopiah & Wahyuni, 2021) revealed that structural, financial, and cultural barriers are the main obstacles for people with disabilities in using health insurance services, including obtaining appropriate health aids.

Article 25, paragraph (1) of the 1948 Universal Declaration of Human Rights (UDHR) affirms that every individual has the right to an adequate standard of living, including the right to health. This principle requires the state to guarantee access to health services without discrimination. The legal obstacle that arises is the limited application of international human rights principles in the national legal system. The implementation of this principle in Indonesia in national health regulations has not fully guaranteed the replacement of eyeglasses as part of an adequate standard of living. The state still prioritizes basic health services, such as medical treatment, and tends to ignore visual aids. This creates a gap between the rights guaranteed by the UDHR and the reality of implementation in the field. Normative analysis shows the importance of harmonization between international human rights norms and national law so that the right to eyeglasses can be fully protected.

A possible solution to overcome these legal obstacles is through harmonization of national law with the principles contained in the Universal Declaration of Human Rights. The Indonesian government needs to integrate basic health rights, including eyeglass replacement, into broader legal policies. The first step is to revise the health and social security laws so that eyeglass replacement is recognized as a fundamental right that must be fulfilled by the state. This policy change will maximize the protection of health insurance participants. This harmonization will provide a strong legal basis for the government and insurance providers to fulfill participants' health rights. A human rights-based policy will eliminate discrimination and provide fairer and more proportional protection for each insurance participant in obtaining eyeglass replacement. The legal system developed will reflect the state's commitment to the principle of equal access to health services.

Article 12 of the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR) affirms the obligation of states to ensure the highest attainable standard of health for their citizens. This article obliges states to provide comprehensive health services, including restoration of vision. Legal obstacles arise because the implementation of the ICESCR in Indonesia is still limited to basic medical services, while eyeglass replacement is not considered a primary need. Insurance participants often experience rejection of claims related to eyeglasses because policies do not cover them as part of the health rights stipulated in insurance. Administrative obstacles, such as complicated and opaque claims procedures, further exacerbate this situation. This creates legal uncertainty for insurance participants who should receive eyeglass replacement as part of their health rights. Normative analysis reveals a gap between the international obligations stipulated by the ICESCR and their implementation in national health regulations.

A proposed solution to address this obstacle is to expand the scope of health insurance benefits to include eyeglasses, in accordance with the comprehensive health principles stipulated in the ICESCR. The government must adjust national regulations to meet its obligation to provide comprehensive health services. Possible steps include establishing clearer and simpler technical rules for filing claims for eyeglass replacement, as well as reducing cumbersome administrative barriers. Insurance institutions, such as BPJS Kesehatan (Social Security Agency for Health), are required to design transparent and efficient claims systems to facilitate participants' access to their insurance benefits. Implementing the ICESCR principles in national policies will enhance the protection of insured participants' health rights and demonstrate the country's commitment to international obligations mandated by the covenant. Strengthening a responsive legal system will reduce disparities in access to eyeglasses, both in urban and remote areas.

The 1945 Constitution and the Health Law guarantee the constitutional right to health services for every citizen. The legal obstacle that arises is that existing technical regulations do not fully accommodate the accessibility of eyeglasses as part of the constitutionally guaranteed health services. Insurance participants often face uncertainty regarding whether their claims for eyeglass replacement are included in the benefits covered by health insurance. Limitations on the replacement value, which is not commensurate with market prices, are one of the main obstacles causing legal uncertainty. Although the right to health is guaranteed by the 1945 Constitution, its protection is not optimal due to limited technical regulations. Normative analysis indicates that consistency is needed between technical regulations governing health insurance claims and the broader constitutional guarantee of health rights, including eyeglasses, to ensure stronger and more effective legal protection for insurance participants.

A possible solution to address national legal constraints is to strengthen implementing regulations that are more in line with constitutional guarantees. The government needs to revise the Minister of Health Regulation that regulates the limits on replacement costs for eyeglasses. This revision to the technical regulations will ensure that replacement costs align with the community's actual needs. This adjustment will provide legal certainty and ensure fairer access for all insurance participants. A stricter oversight system must be implemented to ensure that the regulation's implementation aligns with the constitutional protection objectives. This will ensure that policies adopted do not deviate from the spirit of providing maximum protection to insurance participants. The role of legislative and judicial institutions in overseeing the implementation of this policy is crucial to strengthening the national legal system. A consistent and transparent system will close gaps in discrimination, ensuring that every insurance participant receives their rights without hindrance.

Significant administrative obstacles arise in the implementation of Government Regulation 86/2013 and Minister of Health Regulation 28/2014, which regulate the technical mechanisms for insurance claims. Lengthy and complicated claims procedures often become a major barrier for insurance participants in accessing their right to replacement eyeglasses. Participants must meet multiple layers of administrative requirements, including inflexible medical requirements. These obstacles undermine the effectiveness of the legal protection promised by health insurance policies. The cumbersome claims mechanism not only hinders the claims process but also creates injustice, especially for the poor or those living in remote areas. Administrative regulations are supposed to facilitate access and provide fair protection, but in reality, they often slow down the process. Normative analysis indicates that simplifying the claims administration system is essential to improve efficiency and fairness in benefit delivery.

A possible administrative solution to address these challenges is digitizing claims procedures, making it easier for insurance participants to access their rights. An information technology-based system can increase efficiency and transparency in the eyeglass claims process, reduce waiting times, and expedite claims settlement. The government should establish minimum service standards requiring claims to be resolved within a specified timeframe to ensure speed and accuracy in benefit disbursement. BPJS Kesehatan (Social Security Agency for Health) can develop online services that are more accessible, especially for participants living in remote areas, supported by a broader network of healthcare facilities. Simplifying claim document requirements will reduce administrative burdens and expedite the claims submission process. Efficient and easily understood administrative regulations will strengthen legal certainty for insurance participants and provide social justice. A modern and responsive administrative system will enhance public trust in the existing health insurance program.

A social barrier that arises regarding claims for eyeglass replacement is low legal and public health literacy. Many insurance participants are unaware of the claims procedures or the benefit limits covered by their health insurance policies. This lack of understanding results in participants' rights not being optimally realized, and many miss out on opportunities to receive eyeglass replacement. A persistent social stigma that considers eyeglasses a secondary need rather than a primary need leads some to neglect their rights. These social barriers weaken the effectiveness of national legal policies and create injustice for participants who need eyeglasses. A possible solution is through extensive public education about health insurance rights and claims procedures. The government needs to involve educational institutions, the mass media, and communities in educational programs aimed at raising public legal awareness. Good education will encourage the public to be more active in fighting for their health rights, ensuring that insurance participants are no longer overlooked or hindered in accessing the services they need.

This is in line with research conducted by (Wulandari, 2025) which revealed that in Indonesia, replacing eyeglasses is often considered a non-primary need in insurance, resulting in frequent claim

rejections and administrative procedures that make it difficult for insurers to access their rights. Meanwhile, research (Jufana, 2022) who stated that the technical regulations for implementation are still limited, particularly regarding the limits on the replacement value of eyeglasses under BPJS Kesehatan. They emphasized the need to revise the Minister of Health Regulation to align the replacement value with market prices and provide stronger legal certainty for insurance participants.

The legal case, Case No. T-97/23 of the General Court of the European Union, provides a clear illustration of the legal challenges faced in claims for replacement of assistive devices, in this case medical devices such as glasses, under insurance contracts. The EU Court held that Allianz Insurance Luxembourg had a contractual obligation to pay claims related to property damage, which included damage to medical devices, if specified in the terms of the insurance contract. The legal challenge arising in this case was a dispute regarding the scope of the claim payment, which should have been in accordance with the previously agreed terms. Ambiguity or inconsistencies in contractual clauses can create legal uncertainty for insurers, including in claims for replacement of medical devices. This case underscores the importance of drafting clear and transparent insurance contracts, as well as the need for strict oversight of the implementation of insurance provider obligations so that insurers can obtain their rights without legal obstacles. This decision confirms that insurers are obliged to comply with contractual provisions and provide legal certainty in every claim submitted by insurers.

The solution offered, based on the principles of this case, is the need for further revision and clarification of insurance contract provisions, particularly those related to the replacement of eyeglasses and other medical devices. Drafting more detailed contract clauses will help avoid future legal disputes. The government and insurance institutions must also ensure that regulations and procedures governing eyeglass replacement are more transparent and accessible to all insured persons. This will provide legal certainty and minimize the possibility of unfounded claim rejections. Oversight of insurance providers needs to be tightened to ensure they fully fulfill their contractual obligations. A consistent and fair system for processing insurance claims will strengthen public trust in health insurance programs, including medical devices like eyeglasses.

A 2024 case in the Dubai International Financial Centre Court (DIFC) concerning an eyeglass insurance claim illustrates the challenges faced by insured persons living in remote areas affected by external barriers such as international sanctions. The case demonstrates how administrative and political barriers, such as international sanctions, can impact access to and payment of health insurance claims. Insured persons in the area faced difficulties in obtaining eyeglass replacement despite meeting the administrative requirements. These external barriers exacerbated the inequities experienced by insured persons, who were unable to access their rights optimally due to factors unrelated to their health needs. This case highlights the importance of legal systems and insurance policies that address access challenges in areas affected by geopolitical policies or international sanctions.

A possible solution based on the findings of this case study is to formulate insurance policies that are more flexible and responsive to geopolitical conditions and external constraints. The government and insurance providers need to consider these factors when formulating health insurance policies, particularly for participants living in remote areas or affected by international sanctions. One possible solution is to develop a claims payment system that can adapt to external constraints, such as providing payment options through various channels that are more easily accessible to participants. Transparency in claims procedures and better communication between participants and insurance providers also need to be strengthened. This will help participants access their rights without being hampered by administrative or political barriers irrelevant to their health needs.

This is in line with research conducted by (Lipton & Decker, 2015) found that insurance coverage for replacement of eyeglasses significantly increased access to eye exams and replacement glasses, while lowering the cost barrier for insured individuals in the United States (Yong et al., 2022) shows that cost-effective eyeglass replacement programs can improve quality of life and access to eye health services, especially in pediatric populations and hard-to-reach areas.

Conclusion

The effectiveness of national health legal policies in ensuring accessibility to eyeglasses through health insurance mechanisms still faces significant challenges. Although regulations provide a strong legal basis, implementation on the ground has not fully ensured equitable distribution of facilities, easy access to information, and flexible services that meet the socio-cultural needs of the community. Legal, administrative, and social obstacles faced by health insurance participants include complicated claims procedures, limited distribution of facilities, minimal legal and health literacy, and regulatory restrictions

that are out of line with the community's real needs. Solutions offered include harmonizing regulations with international human rights standards, simplifying administrative procedures, digitizing the claims system, and increasing public education and outreach regarding the rights of insurance participants.

The government needs to strengthen the regulatory framework to be more responsive to public needs by technically revising the regulations for eyeglass claims to improve the situation and ensure legal certainty in line with the principle of universal health rights. The National Health Insurance (BPJS Kesehatan) must optimize its digital administrative system to streamline the claims process and continuously expand public outreach and education. Collaboration with educational institutions, the media, and local communities is crucial to improving public health and legal literacy, so that every insured can understand, demand, and enjoy their right to fair and equitable eyeglass replacement.

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