Disharmony in Regulations of Telemedicine Services During the Covid-19 Pandemic in Indonesia

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Abstract. The Circular Letter of the Minister of Health Number 303 of 2020 concerning the Implementation of Health Services through the Use of Information and Communication Technology in the Context of Preventing the Spread of Covid-19 has created a new norm that is contrary to the Regulation of the Minister of Health Number 20 of 2019 concerning Telemedicine Services between Health Service Facilities. The purpose of this research is to study the position of the circular letter legally-formally and also to examine the material substance of the circular letter through comparison with several related regulations. The research method used is normative juridical by researching legal principles, legal systematics, level of legal synchronization, legal history, and legal comparison. The result of this research indicates that the position of the circular in the positive legal system in Indonesia is not a regulation (regeling) or a state administrative decision (beschikking). There was disharmony of regulations between this Circular of the Minister of Health and several related laws and regulations above. Disharmony occurs because this circular has become a new norm that contradicts the Regulation of the Minister of Health as well as the Regulation of the Indonesian Medical Council which regulates telemedicine services between health facilities. Conflicts also occur with the law on medical practice, health law, the law on information and electronic transactions, .and the Civil Code

Keywords: circular, telemedicine, disharmony

Introduction

Health is one of the basic rights of all human beings. The right to live a healthy life is not obtained from any parties so that no one can take or revoke it. Officially, this recognition can be read in the Declaration of Universal Independent of Human Rights Issued by the United Nations General Assembly on December 10, 1948. The Universal Declaration of Independence of Human Rights consists of 30 articles and Article 25 paragraph (1) specifically states that an adequate standard of living for the fulfillment of health and welfare is the right of every human being. The Indonesian constitution has also explicitly stated in Article 28 letter (h) of the 1945 Amendment to the 1945 Constitution that every Indonesian citizen has the right to live a prosperous life physically and mentally, own a place to live, enjoy a clean environment and obtain health services (Adisasmito, 2016).

The fundamental meaning of obtaining health services is that every citizen has the right to demand the government to build a system that can guarantee their right to live a happy and healthy life. The government must ensure the availability of all necessary resources, starting from infrastructure, structure, and superstructure. Building and developing health service facilities, providing professional resources for health service providers, and ensuring the availability of supporting facilities for the services of health

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professionals to quality and safety assurance are some matters that must be provided by the central government. Another important aspect is the standardization of the health service system, starting from the standard of buildings and other physical facilities that must be able to create decent and quality health services, and ensure the safety of both users and service providers (Rachmat, 2019) (Ministry of Health, 2012) (Indonesian Health Policy Network (JKKI), 2019.

The widespread of the Covid-19 pandemic outbreak in Indonesia, which shows an upward trend to a very worrying point, has enforced the government implements a policy called Large-Scale Social Restrictions (PSBB) as an alternative to the lockdown (Kompas, nd) (Republika Online, 2020). The risk of transmitting the virus that causes Covid-19 will increase in some health service facilities such as practicing doctors, health centers, medical clinics, or hospitals. If the interaction between health workers working in health care facilities and patients is not restricted significantly, it will result in an uncontrolled increasing number of Covid-19 transmissions (Ministry of Health, 2021).

The potential risk of the Covid-19 virus transmission in health care facilities coupled with physical social interactions restriction has pushed *teleconsultation* services to become a choice favored by patients as well as doctors. This pandemic situation has prompted the government, vendors, and users to immediately implement *teleconsultation* more urgently, creating opportunities for *teleconsultation* services development in Indonesia (Mawuntu & Limato, 2020).

A study has been carried out on 22 general practitioners and specialists living in various regions in Indonesia. The results showed that 20 doctors had run *teleconsultation* services due to patients' demands and needs. A very popular communication means in supporting this *teleconsultation* is WhatsApp which is used to conduct medical consultations. Therefore, it is estimated that this service model will be more familiar and in demand because it is very efficient in terms of time flexibility and ease of access. However, doctors and other health providers must pay attention to some detailed aspects such as medical ethics, legality, and socio-technological sides (Mawuntu & Limato, 2020).

Some situations above have made the Minister of Health finally on April 29, 2020, issue a Circular Letter (SE) of the Minister of Health number 303 of 2020 concerning the Implementation of Health Services through the Utilization of Information and Communication Technology in Preventing the Spread of Corona Virus Disease 2019 (Covid-19). This circular contains references to all doctors and dentists in utilizing the development of information and communication technology in health services during the Covid-19 pandemic through telemedicine.

Broadly speaking, this circular gives very broad authority to all doctors to provide health services using telemedicine methods for their patients, such as clinical consultations, history taking, physical and supporting examinations, diagnosis to therapeutic actions, and even issuing electronic prescriptions. There is no requirement to go through a health facility so that the practice of medical services can be done from anywhere. Also, there is no requirement for a Practice Permit (SIP) and only requires that the doctors who provide services must have a Registration Certificate (STR) so that medical services does not have to be carried out under health care facilities (Ministry of Health, 2020 (Point 2)).

The issuance of this circular has caused legal problems from its substantial material and formal legal aspects, although it is explained that this provision only applies during a public health emergency (Covid-19 pandemic outbreak) in Indonesia. Substantially, it has created a new legal norm that is not yet regulated by the above legislation, namely the Regulation of the Minister of Health Number 20 of 2019 concerning Telemedicine Services among Health Facilities. Likewise, legally formally, the circulars as the products of internal administrative policies cannot contradict or be in contrast to the regulations of the Minister of Health (*regeling*) (Ministry of Health, 2020 (Point 5)).

Based on the above background, this article tries to examine the position of the circular letter legally and formally and the material substances of the circular letter through comparison with several related regulations. So, the questions formulated in this article are: first, what is the position of circulars in the positive legal system of laws and regulations in Indonesia?; second,

how is the harmonization of legal suitability between the circular letter of the Minister of Health Number 303 of 2020 and other laws and regulations related to telemedicine services in Indonesia?

Research Methodology

This article uses a normative juridical approach which technically researches the principles, systematic, synchronization, and comparative law. The research uses secondary data sourced from books, diaries, laws and regulations, court decisions, legal theories, and opinions of legal experts (Efendi & Ibrahim, 2016) (Marzuki, 2005) (Soekanto, 2008). The secondary data are grouped into primary legal materials, secondary legal materials, and non-legal materials. The data will be analyzed using a qualitative technique with a deductive method, i.e. grouping and filtering the data obtained from the field based on quality and truth level. The results of this deductive method study will generate useful conclusions in answering the formulation of the problems or research question (Fajar & Achmad, 2005) (Efendi & Ibrahim, 2016).

Results and Discussions

The Position of Circular Letters in the Indonesian Legislation System

One of the theories in legislation creation is the norm level theory proposed by Hans Nawiasky. In his book entitled "Allgemeine Rechtslehre", Hans Nawiasky argued that a state legal norm is always layered and tiered. The norms below apply, are based on and sourced from higher ones, and so on until the highest norm is called the basic norm (Berry, 2018).

The formation of laws and regulations must also consider and pay attention to several juridical requirements, namely: 1) the legislation must be made by an official or agency that has the authority to do so; 2) the establishment of legislation must go through the procedures and steps that have been set; 3) the legislation contains legal norms that are hierarchical so that they may not conflict with higher-level laws and regulations. The higher-level legislation is the *grundnorm* (basic norm) for the lower level one. Therefore, the lower-level legislation may not violate the legal rules contained in the higher-level position (Al Atok, 2015).

The formal definition of a circular letter is contained in the guidelines for the administration of official texts in the Regulation of the Head of the National Archives of the Republic of Indonesia Number 2 of 2014. We can see that a circular letter is a form of directive official text that is regulating and contains notifications about certain important and urgent matters. The Regulation of the Minister of Home Affairs number 54 of 2009 concerning Administration of Service Scripts in Local Government in Article 1 number 30 states that circulars are official texts containing notifications, explanations, and/or instructions for procedures in carrying out specific, important, and urgent programs (Cahyadi, 2014) (Widyani, 2018).

Referring to the definition above, it is clear that the circular is included in the product of the official document system. Circulars are the only official communication instruments containing notifications internally, so they are prohibited from regulating things that go beyond the authority, let alone contradict the laws and regulations (Bastary, 2017) (Ragawino, 2006). The definition from PSHK or the Center for Law and Policy Studies states that the circular is not a statutory regulation because it is only an internal administrative office document. It serves to provide instructions regarding a general rule of law (Anggono, 2015) (Kurniawaty, 2016). This definition is in line with some legal experts' opinions who state that a circular is not a statutory regulation. It is only for internal circles to provide clarity or procedures for a regulatory norm that must be carried out. The nature of the circular has the consequence that it must not violate or contradict other laws and regulations (Indrati, 2020).

In some literature, it is stated that the circular is neither a statutory regulation (regeling) nor a state administrative decision (*beschikking*). The circulars are policy (*beleidsregel*) or pseudo-legal regulations (*pseudo wetgeving*). However, their existence does not include legislation because there is no authority to make them the statutory regulations (Belinfante & Batoeah, 1983) (Asshidiqi, 2011).

Circulars are one type of government tool policy to uphold government actions. Policies based on discretionary authority are often referred to as *Freies Ermessen*. Government officials have discretionary authority to conduct government functions

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in the official environment or other administrators (Kawan Hukum, 2020). The nomenclature of discretion is defined in Law Number 30 of 2014 concerning Government Administration. Article 1 point 9 of the law regulates the limits of discretion, which is a decision and action that is set and/or carried out by authorized government officials to resolve real problems that occur and are being faced when conducting government administration. The existing laws and regulations turned out to be providing choices, not regulating, incomplete or unclear arrangements, and government stagnation.

The purposes of discretion, as stated in Article 22 paragraph (1) of Law Number 30 of 2014 concerning Government Administration, are to facilitate the government's administrative process, fill regulatory voids, provide legal certainty, and overcome the problem of stagnation in certain circumstances. Meanwhile, the discretionary requirements regulated in Article 24 of Law Number 30 of 2014 concerning Government Administration are as follows: must be adjusted to the purposes and objectives of discretion as regulated in Article 22 paragraph (2), do not violate the provisions of laws and regulations, based on the principles of The General Principles of Good Governance (AUPB), are based on objective arguments, do not cause a conflict of interest, and must be carried out with an attitude of good faith. If the use of discretion has gone beyond its authority or violates the laws and regulations, then the discretion is declared invalid and or can be revoked and canceled as regulated in Articles 30, 31, and 32 of Law Number 30 of 2014 concerning Government administration.

It can be concluded that the formulation of circulars that can be equated with discretion must still refer to the General Principles of Good Governance (AUPB) as regulated in Law Number 30 of 2014 concerning Government Administration. Circulars must refer to the provisions of the principles of establishing good laws and regulations (*beginselen van behoorlijke regelgeving*). Although they are internal so they do not bind the public matters directly, they still have the potential to arise problems if their creation process is not formally and materially based on the principles of the establishment of laws and regulations.

Viewed the perspective of the hierarchy or sequence of laws and regulations in Indonesia as regulated by Law Number 12 of 2011 concerning the Establishment of Legislations, it is clear that there is no mention of the terminology of circular letters. Although in Article 8 paragraph (1) and paragraph (2) it is stated that in addition to the laws and regulations contained in Article 7, there are also several legal products of laws and regulations whose existence is still recognized and has binding legal force as long as they are ordered by the higher-level Laws and Regulations or established by authority. However, the nomenclature of the circular letter is still not a form of legislation

Circulars are not statutory regulations because they do not contain behavioral norms like prohibitions, orders, permits, or releases, and do not contain authority (authorized or not authorized) nor are they a determination so that there are no sanctions. A circular letter is a form of official text regarding explanations, notifications, and/or instructions on procedures for carrying out an important and urgent matter. The circulars cannot be used as a legal basis to cancel a ministerial-level regulation, let alone annul a presidential or government regulation.

Nevertheless, a circular letter has a higher position than any other ordinary letter because it contains instructions or explanations regarding some aspects that must be carried out under the orders of existing regulations. The binding power out of a circular letter does not exist because it is a policy regulation issued solely based on independent authority so that the official who issues it does not need a legal basis. The conclusion is that the circular contains orders or explanations that have no legal force so that there are no legal sanctions when there are parties who do not comply with it (Anam & Partners, 2013).

Harmonization of the Circular of the Minister of Health Number 303 of 2020 with Other Legislations

The disharmony of statutory regulations can be interpreted as an event when there are two or more regulations that regulate the same substances, but in technical terms, the regulations do not have similarities. The disharmony of laws and regulations can also be defined as the overlap between one regulation and another which results in vertical or horizontal conflicts. This is due to too many applicable laws in Indonesia (Arifin & Satri, 2020)

There are some issues that may trigger and push the emergence of disharmonious legal practices in Indonesia, such as: (1) there are substantial differences among various laws and regulations that make it very difficult to harmonize them well; (2) there are many material conflicts among the laws and regulations; (3) there are differences among the laws and regulations and the practice of government executive policies in the implementation of guidelines and technical guidelines which are actually contrary to the substance of the relevant laws and regulations; (4) there are differences between statutory regulations as written law and jurisprudence including the Circular Letter of the Supreme Court; (5) there are various contradictions and unsynchronization between the policies of the central government organic agencies and regional government institutions; (6) the existence of policies that are not in line between the central government and local governments; (7) there are substantial differences between the legal provisions and the formulation of the definitions of certain terminology or nomenclature; and (8) there are frictions and conflicts among the authorities of government agencies caused by the unclear compartmentalization (Sidharta, 2006).

The first regulatory disharmony is between the Circular of the Minister of Health Number 303 of 2020 and the Regulation of the Minister of Health Number 20 of 2019 concerning the Implementation of Telemedicine Services across Health Service Facilities. One of the basic references for the issuance of the circular is the Minister of Health Regulation Number 20 of 2019. However, in this regulation, it is clearly stated that telemedicine is a consultation activity among doctors under health facilities, so it can be interpreted that the telemedicine process occurs among health care facilities, not between the doctors and the patients directly.

In reality, the substance of the circular of the Minister of Health has created a new legal norm, namely regulating telemedicine services between doctors and patients, which are contrary to the provisions as stipulated in the Regulation of the Minister of Health Number 20 of 2019 as the main reference. Whereas viewed from the position of the circular which aims to clarify the regulations that must be implemented or explain clear procedures, the circular must not conflict or be contrary, let alone ignore the laws and regulations as regulated by Law Number 12 of 2011 concerning the Establishment of Legislation in Article 7 paragraph (1). The conflicting and colliding regulations certainly cause regulatory disharmony.

The second disharmony is between the circular of the Minister of Health Number 303 of 2020 is Law Number 30 of 2014 concerning Government Administration. According to the circular of the Minister of Health, Law Number 30 of 2014 concerning Government Administration has been used as one of the legal bases for making discretion as one component of government authority that must be based on the General Principles of Good Governance (AUPB). Meanwhile, the discretionary translation authority must not conflict with higher legal norms. In the case of the issuance of this circular from the Minister of Health, it is very clear that it is contrary to higher regulations so that if there is a test carried out to examine this circular, it may be canceled.

Because circulars are a form of *beleidsregel* and are one type of government's policy, they must comply with the principles of establishing a good statutory regulation and formulating good policy regulations (*beginselen van behoorlijke regelgeving*). Some characteristics of policy regulations are: (1) they are directly or indirectly based on the provisions of formal laws; (2) the regulations are unwritten and issued by the government based on specific authority in carrying out certain tasks and duties; and (3) the regulations must provide general guidelines (Hanum & Sharia, 2020).

The characteristics of policy regulation, as stated by Bagir Manan, are: (1) a policy regulation is not statutory; (2) the principles of limitation and testing that apply to legislation cannot be applied to policy regulations; (3) a policy regulation cannot be tested in *wetmatigheid* (the test stone for the rule of law); (4) the policy regulations are formulated and compiled based on the function of *Freies Ermessen*; (5) the policy regulations examination must emphasize *doelmatigheid* (the touchstone of AAUPB); and (6) in practice, the policy regulations take the form of instructions, decisions, circulars, announcements, and so on (Hanum & Sharia, 2020).

Likewise, the policy regulations making must be following some elements: (1) the regulations must not conflict with the basic

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regulatory norms; (2) the regulations must not contradict common reason or sense; (3) the policy regulations must be carefully drawn up and prepared; (4) the regulation contents must provide clear obligations and rights of the citizens; (5) there must be a clear and strong basis for consideration and objectives; and (6) they must meet the requirements of legal certainty (Indroharto, 2003).

The third regulatory disharmony contained in the circular of the Minister of Health Number 303 of 2020 is the Regulation of the Indonesian Medical Council Number 74 of 2020 concerning Clinical Authorities and Medical Practices through Telemedicine during the Corona Virus Diseases (Covid-19) Pandemic in Indonesia. Surprisingly, it was released on the same day and date as the issuance of the Circular of the Minister of Health Number 303 of 2020 (on March 29, 2020). In substance, this regulation gives additional clinical authority to the doctors and the dentists in holding health services and practices using digital application software in the form of telemedicine, which was not limited to *teleconsultation* alone, but could also be used for the diagnosis and management process. Indeed, the telemedicine services stated in this regulation provide space for doctors to interact directly with their patients. However, according to the Indonesian Medical Council, it is clearly stated in the scope of clinical authority of doctors in the hospital environment. Also, this regulation strictly prohibits clinical consultation telemedicine services between doctors and patients without going through health service facilities.

The fourth disharmony of the regulation of the Minister of Health Number 303 of 2020 is related to the authority of telemedicine services from legal aspects and responsibilities of medical ethics, and legal protection for doctors and dentists as providers of telemedicine services and patients as the recipients of the services. The authorities of telemedicine services, as explained in the Circular Letter of the Minister of Health, are contrary to some legislative provisions. These regulations include Law Number 29 of 2004 concerning Medical Practice, Law Number 36 of 2009 concerning Health, and Law Number 44 of 2009 concerning Hospitals. It also collides with the 2012 Indonesian Medical Code of Ethics (KODEKI) and violates the Civil Code (*Burgerlijk Wetboek*) Article 1320 regarding the legal requirements of an agreement, and finally contradicts Law Number 11 of 2008 concerning Electronic Information and Transactions which has been amended with the Law Number 19 of 2016.

Law Number 29 of 2004 concerning Medical Practices in Article 29 and 38 expressly requires that every doctor who carries out health services must have a Registration Certificate (STR) and a Practice License (SIP). Besides, Law Number 44 of 2009 concerning Hospitals in Article 13 also demands every doctor who is working at hospitals to have an STR (Registration Certificate) and SIP (Practice License). Meanwhile, the Circular of the Minister of Health Number 303 of 2020 does not require every doctor to have a SIP, but it is enough to only have a Registration Certificate (STR). Therefore, we can say that the substance of the regulation in the circular is contrary to the higher-level laws and regulations.

Regarding the guarantee of the confidentiality of electronic medical records, Article 57 Paragraph (1) of the Health Law Number 36 of 2009 ensure that every individual has the right to the confidentiality of his health conditions. Also, the 2012 Indonesian Medical Ethics Code (KODEKI) requires every doctor to keep medical secrets. On the other hand, if we look at the materials from the Circular of the Minister of Health Number 303 of 2020, the medication may be vulnerably leaked because there is no reliability and security of electronic data as mandated in Article 15 paragraph (1) of the Law on Information and Electronic Transactions Number 11 of 2020. 2008. Therefore, there is no assurance for individual rights to keep their medical records confidential as mandated in the Law of Health number 36 of 2009.

Another substantial issue is related to the legal requirements of a therapeutic agreement between a doctor and a patient as mandated in Article 1320 of the Civil Code (*Burgerlijk Wetboek*). Remote interactions are not yet regulated properly to fulfill the elements of a therapeutic contract in the rules of engagement law as stipulated in Article 1320 of the Civil Code (*Burgerlijk Wetboek*). It means that direct telemedicine services between doctors and patients without going through health care facilities in Indonesia have not had a strong legal basis yet to be implemented. Thus, it can be concluded that the establishment of new legal norms in the

Circular of the Minister of Health number 303 of 2020 is very much against the Civil Code (*Burgerlijk Wetboek*), especially in Article 1320 which regulates the legal conditions for the occurrence of an agreement in the law of engagement.

Some regulatory disharmonies that have been studied above show that there are very broad authorities in telemedicine, starting from history taking, audiovisual physical examination, diagnosis, education, pharmacological and non-pharmacological management to electronic prescription printing. These powers go far beyond the limits of telemedicine services as regulated in the Minister of Health Regulation Number 20 of 2019 and the Indonesian Medical Council Regulation Number 74 of 2020.

The regulation of telemedicine in Indonesia should start from a legal product at the level of the law. It is necessary to make changes to Law number 36 of 2009 concerning the Health and Law number 44 of 2009 concerning Hospitals. The two laws must be legally open to alternative telemedicine services by providing general arrangements and mandating more detailed technical arrangements through the regulation of the Minister of Health. Therefore, the Minister of Health then revoked the Regulation of the Minister of Health Number 20 of 2019 concerning Telemedicine Services between Health Facilities to then issue a new health ministerial regulation related to telemedicine services with a wider scope and cover various types of services. The issuance of the new minister of health regulation must be followed by the issuance of technical guidelines for telemedicine services through a decree of the Minister of Health.

Conclusions

The circulars in the positive legal system in Indonesia are part of the administrative service scripts that should be informative and clarify the regulations that must be implemented in internal circles. They are not allowed to create new norms or regulate things that go beyond the authority and contradict or even conflict with existing laws.

There has been direct regulatory disharmony between the Circular of the Minister of Health Number 303 of 2020 and the Regulation of the Minister of Health Number 20 of 2019, with the Indonesian Medical Council Regulation Number 74 of 2020 related to the scope and type of telemedicine services and STR requirements. Indirectly, this circular is also inconsistent with the 2012 Indonesian Medical Ethics Code (KODEKI), the Medical Practice Law number 29 of 2004, the Law of Health number 36 of 2009, and Article 1320 of the Civil Code which demands all doctors to have an STR and a Permit Practice (SIP) and guarantee the patients' health conditions confidentiality as well as the legal terms of an agreement

The telemedicine regulations should start from the legal aspect with the same level of a law which then mandates more detailed arrangements through the regulation of the minister of health and followed by technical guidelines stipulated by the decree of the Minister of Health.

References

Adisasmito, W. (2016). *Sistem kesehatan (Edisi 2 Cetakan Ke-6)*. Raja Grafindo Persada, Jakarta.

Al Atok, R. (2015). *Konsep Pembentukan Peraturan Perundang-undangan : Teori, Sejarah dan Perbandingan Dengan Beberapa Negara Bikameral*. Setara Press. Malang.

Anam, S, & Partners. (2013). *Kedudukan Surat Edaran Menteri Dalam Sistem Hukum Indonesia*. 1–38. https://www.saplaw.top/kedudukan-surat-edaran-menteri-dalam-sistem-hukum-indonesia/

Anggono, B. D. (2015). *Surat Edaran, 'Kerikil' dalam Perundang-Undangan - hukumonline.com*. Hukumonline. https://www.hukumonline.com/berita/baca/lt54b1f62361f81/surat-edaran-kerikil-dalam-perundang-undangan/

Arifin, Z., & Satri, A. P. (2020). Disharmonisasi Peraturan Perundang-Undangan Di Indonesia: Antara Bentuk, Penyebab dan Solusi. *Journal Pro Hukum Universitas Gresik*, *Vol. 9*(No. 2).

Asshidiqi, J. (2011). *Perihal Undang-Undang*. Penerbit Rajawali Press, Jakarta.

Bastary, A. S. (2017). *Mengukur Kekuatan Hukum Surat Edaran*. Pengadilan Tinggi Agama (PTA) Palembang. https://www.pta.palembang.go.id/v2/index.php/berita/berita-pengadilan/artikel/956-mengukur-kekuatan-hukum-surat-edaran

Belinfante, & Batoeah, B. S. (1983). *Pokok-Pokok Hukum Tata Usaha Negara*.

ISSN 0215-8175 | EISSN 2303-2499

Binacipta, Bandung.

Berry, M. F. (2018). Teori Pembentukan Peraturan Perundang-Undangan. *Muhamadiyah Law Review*, *2*(2).

Cahyadi, I.A. (2014). Kedudukan Surat Edaran Mahkamah Agung (SEMA) Dalam Hukum Positif Di Indonesia. *Fakultas Hukum Universitas Brawijaya Malang*.

Efendi, J., & Ibrahim, J. (2016). *Metode Penelitian Hukum Normatif Dan Empiris* (Edisi Pert). Penerbit Kencana, Jakarta.

Fajar, M., & Achmad, Y. (2005). *Dualisme Penelitian Hukum Normatif Dan Empiris*. Bayumedia Publishing, Malang.

Hanum, C., & Syariah, F. (2020). *Analisis Yuridis Kedudukan Surat Edaran*. *10*(2), 138–153.

Indonesian Health Policy Network/Jaringan Kebijakan Kesehatan Indonesia (JKKI). (2019). *Memahami Sistem Kesehatan*. https://kebijakankesehatanindonesia.net/20-sistem-kesehatan/79-Memahami-Sistem-Kesehatan

Indrati, M. F. (2020). *Ilmu Perundang-Undangan Edisi Revisi 2020*. Kanisius, Yogyakarta.

Indroharto. (2003). *Usaha Memahami Undang-Undang Tentang Peradilan Tata Usaha Negara*. Pustaka Sinar Harapan. Jakarta.

Kawan Hukum. (2020). *Surat Edaran Menaker di Masa COVID-19, Bagaimana Kedudukannya Sebagai Produk Hukum? | Kawan Hukum Indonesia*. Kawanhukum. Id. https://kawanhukum.id/surat-edaran-menaker-di-masa-covid-19-bagaimana-kedudukannya-sebagai-produk-hukum/

Kompas. (n.d.). *UPDATE: Bertambah 1.687, Total Ada 127.083 Kasus Covid-19 di Indonesia Halaman all - Kompas.com*. Retrieved October 16, 2020, from https://nasional.kompas.com/read/2020/08/10/15004201/update-bertambah-1687-total-ada-127083-kasus-covid-19-di-indonesia?page=all

Kurniawaty, Y. (2016). "Penggunaan Diskresi Dalam Pembentukan Produk Hukum." *Jurnal Legislasi Indonesia*, *13*(1), 53–62.

Marzuki, P. M. (2005). *Penelitian Hukum*. Penerbit Kencana, Jakarta.

Mawuntu, A., & Limato, R. (2020). *Telekonsultasi medis meningkat pesat saat pandemi COVID-19, tapi muncul tiga masalah baru*. The Conversation And University of Oxford UK. https://theconversation.com/telekonsultasi-medis-meningkat-pesat-saat-pandemi-covid-19-tapi-muncul-tiga-masalah-baru-140228

Ministry of Health/Departemen Kesehatan. (2012). *Sistem Kesehatan Nasional 2012*. Depatemen Kesehatan RI. Jakarta.

Ministry of Health/Kementerian Kesehatan. (2020). Surat Edaran Menteri Kesehatan Nomor HK.02.01/MENKES/303/2020 Tahun 2020 tentang Penyelenggaraan Pelayanan Kesehatan Melalui Pemanfaatan Teknologi Informasi Dan Komunikasi Dalam Rangka Pencegahan Penyebaran Corona Virus Disease 2019 (COVID-19). In *Kementerian Kesehatan RI*.

Ministry of Health/Kementerian Kesehatan. (2021). *Cegah Penyebaran Covid-19, Pelayanan Kesehatan Dilakukan Melalui Telemedicine – Sehat Negeriku*. SehatNegeriku Kemkes. https://sehatnegeriku.kemkes.go.id/baca/umum/20200430/5133780/cegah-penyebaran-covid-19-pelayanan-kesehatan-dilakukan-melalui-telemedicine/

Rachmat, H.H. (2019). *Pembangunan Kesehatan dengan Menguatkan Sistem Kesehatan Nasional*. Gadjah Mada University Press, Yogyakarta.

Ragawino, B. (2006). Hukum Administrasi Negara. *Fakultas Ilmu Sosial Dan Ilmu Politik Universitas Padjadjaran*. https://doi.org/10.31219/osf.io/uzqwy

Republika Online. (2020). *Corona Mewabah, 15 Juta Orang Gunakan Layanan Telemedicine | Republika Online*. https://republika.co.id/berita/q8e1zf414/corona-mewabah-15-juta-orang-gunakan-layanan-emtelemedicineem

Sidharta, A. (2006). *Hukum dan Logika*. Alumni, Bandung.

Soekanto, S. (2008). *Pengantar Penelitian Hukum*. UI Press, Jakarta.

Widyani, I. D. A. (2018). Kebebasan Bertindak Administrasi Negara Dalam Negara Hukum Modern. *To-Ra*, *4*(1), 39. https://doi.org/10.33541/tora.v4i1.1172