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Legal Certainty of Intercontinental Traditional Health Workers in Indonesia

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Abstract

Intercontinental traditional health workers are health workers with a scientific basis in traditional Chinese health who perform traditional health services in Indonesia accordance with Health Law Number 17 of 2023. This research aims to conduct an in-depth study of the legal certainty of Intercontinental traditional health workers in Indonesia in relation to rights, authorities and sanctions in the provision of health services and support for National Health Network benefits through the Health Social Security Organizing Agency. The research is a qualitative research based on normative law in the form of a legal research process that focuses on legal rules or principles sourced from laws and regulations, court decisions, and doctrines from legal experts. The results of the study state that Intercontinental traditional health workers get legal certainty in accordance with the Law and Regulation of the Minister of Health as traditional health workers with authority and can practice in independent practices, community health centers, hospitals, traditional health service facilities and/or health service facilities (Griya Sehat). Intercontinental traditional health workers have not yet received benefit support from the National Health Network through the Social Security Organizing Agency. It is necessary to make regulations for Intercontinental traditional health practitioners that include internationally recognized competency standards, national registration and licensing mechanisms, and residency and work requirements.

Keywords

BPJS, Health Insurance Policy, Health Law, Intercontinental, Legal Certainty, Traditional Health Workers.

1. Introduction

Health is a fundamental human right and a cornerstone of national development, as it directly contributes to enhancing the quality of human resources, which is essential for sustainable progress (Renggong, 2021). The 1945 Constitution of the Republic of Indonesia, specifically Article 34 paragraph (3), mandates the state to provide adequate healthcare facilities and public services to ensure optimal health outcomes for its citizens. This obligation encompasses not only conventional medical services but also traditional health practices, which remain widely utilized across Indonesian communities (Utami & Alawiya, 2018).

According to the 2018 Basic Health Research (*Riset Kesehatan Dasar/Riskesdas*) data, traditional health services are prevalent, with 65.3% involving manual skills, 48% utilizing finished potions, 31.8% relying on self-made potions, and 4% employing mind and energy-based techniques (Ministry of Health RI, 2018). These statistics underscore the significant role of traditional healthcare in meeting public health needs. However, despite their widespread use, the integration of traditional health services into the formal healthcare system, particularly through the National Health Insurance (*Jaminan Kesehatan Nasional/JKN*) program managed by the Health Social Security Organizing Agency (*Badan Penyelenggara Jaminan Sosial/BPJS*), remains limited (Astuti, 2024). This creates a critical gap in ensuring equitable access to comprehensive healthcare services. The Law of the Republic of Indonesia Number 17 of 2023 on Health formally recognizes Intercontinental traditional health workers, particularly those practicing Traditional Chinese Medicine (TCM), as part of the traditional health worker category, aiming to integrate their services into the national healthcare framework (Oponu, 2023).

Nevertheless, challenges persist in standardizing and supervising the competencies of these practitioners, especially foreign practitioners, who must obtain temporary licenses and collaborate with official healthcare facilities, as stipulated by Government Regulation Number 103 of 2014 (Ministry of Health of the Republic of Indonesia, 2014). According to the Ministry of Health of the Republic of Indonesia (2014), the lack of explicit regulations governing the rights, obligations, and licensing of Intercontinental traditional health workers creates legal uncertainty, hindering their ability to fully contribute to the healthcare system. Furthermore, Purwadianto et al. (2019) emphasize that traditional health services require robust support, provided their benefits are empirically proven, yet the absence of clear competency standards and integration into the JKN system limits their impact. This research gap highlights the need for a comprehensive analysis of the legal framework governing Intercontinental traditional health workers, particularly concerning their rights, authorities, and sanctions, as well as their inclusion in the JKN system.

This study aims to examine the legal certainty of Intercontinental traditional health workers in Indonesia, focusing on their rights and authorities to practice, the legal sanctions applicable for non-compliance, and the extent to which their services are supported by the JKN program through BPJS. By addressing these issues, the study seeks to propose regulatory improvements to ensure that Intercontinental traditional health workers can operate within a clear legal framework, thereby enhancing their contribution to Indonesia's healthcare system while ensuring equitable access to traditional health services for the public.

2. Methods

This research is a qualitative research based on normative law, which means that the legal study process focuses on legal norms and principles. In this context, the law is understood as a set of norms derived from legislation, court decisions, as well

as thoughts or doctrines from leading jurists. Where this research method analyzes the two-way relationship between legal facts and social facts (Atikah, 2022).

The understanding of the results of the research is a guideline for the author and is used to answer the legal issues at hand, namely the legal certainty of licenses and the implementation of practices in health services and systematic explanations of the link between the implementation of Intercontinental health services in services in a number of health facilities and support for the benefits of the JKN through BPJS Health. Data is obtained through a literature review of relevant written sources, including scientific literature and legislation related to the research topic. The literature used is official and reliable sources such as official government documents such as laws, Government Regulations, Ministerial Decrees, Court Decisions, and Ministry publications.

3. Results and Discussion

Every legal product is built on fundamental principles that become its main pillars. According to Satjipto Rahardjo (2012), understanding a rule of law must begin with an introduction to the legal principles it contains. He even mentions that legal principles are the core or "heart" of a regulation. In the legislative process, a fundamental principle is applied to ensure the clarity of legal norms, namely the principle of legal certainty. According to Gustaf Radbruch's theory, law rests on three main values: justice, expediency and legal certainty.

A legal system can be interpreted in ideal conditions if it is able to integrate the values of justice, expediency and legal certainty harmoniously to achieve the welfare and prosperity of society. The justice in question refers to formal justice, namely the equal rights of every individual before the law and the judiciary. Meanwhile, expediency reflects the content of legal norms that are in line with the purpose of the law itself. Legal certainty indicates that the law must be able to function as a normative guideline that is binding and enforceable. Legal certainty is an important foundation in realizing justice and ensuring the principle of equality before the law without discrimination. Swantoro (2017) states that legal certainty can be achieved if a statutory regulation is compiled consistently, without contradictions in it, and uses clear terms so as not to cause various different interpretations.

Intercontinental traditional health workers in the implementation of health services have obligations, rights, and authorities that are legally regulated, including provisions regarding sanctions. All of these aspects are within the framework of positive law (*ius constitutum*), namely legal norms that apply actually at a certain time, place and situation (Priambudi et al., 2022). In terms of positive law, Interkontinental traditional health workers are subject to and comply with Government Regulation (*Peraturan Pemerintah/PP*) of the Republic of Indonesia (RI) Number 103 of 2014, Regulation of the Minister of Health (*Peraturan Menteri Kesehatan/Permenkes*) of the Republic of Indonesia Number 37 of 2017, Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2018, Regulation of the Minister of Health of the Republic of Indonesia Number 17 of 2021 and Law Number 17 of 2023 and Government Regulation of the Republic of Indonesia Number 28 of 2024.

Government Regulation Number 103 of 2014, this regulation regulates traditional health services and article 1 paragraph (1) divides traditional health workers into 3 types, namely, empirical, complementary and integrated traditional health workers. The World Health Organization (WHO) defines traditional health as a system that includes complementary and alternative medicine, which refers to knowledge, skills, and practices derived from theories, beliefs, and experiences developed in various cultural traditions. These practices are used in promotive, preventive, diagnostic, and rehabilitative measures of physical and mental disorders. Although Law No. 36/2014 has not regulated these traditional health workers in detail, PP 103/2014 serves to regulate this void by providing a legal framework for

the empowerment of traditional health workers who have been contributing to public health services.

Permenkes RI Number 37 of 2017, this regulation governs integrative traditional health services. Article 1 explains that these services are a combination of modern medical practices and traditional approaches as complementary or alternative therapies, tailored to the patient's condition. Furthermore, Article 3(1) stipulates that the provision of integrated traditional healthcare services must be carried out collaboratively between traditional healthcare practitioners and other healthcare professionals in providing treatment or care to patients. Additionally, the provision of these services must be conducted at facilities that have obtained the necessary permits, as specified in Article 8(1), namely hospitals and community health centers.

This Permenkes RI Number 15 of 2018 regulates complementary traditional health services, Article 1 paragraph (1), explains that traditional health services are a form of treatment and/or care based on methods and the use of medicinal materials based on knowledge and skills passed down from generation to generation, has an empirical basis that can be accounted for, and is carried out in harmony with social provisions and norms that live in society. Furthermore, in Article 1 point (8), traditional medicine is defined as an ingredient or mixture of ingredients derived from plants, animals, minerals, and dosage forms (*galenik*), either singly or in combination, which have been used for generations in medicinal practices. This traditional medicine can be presented in various forms and its use must be in line with the norms prevailing in the community. According to Sapitri (2022), herbal plants are part of medicinal plants that have functional value and special benefits in traditional medicine. In accordance with Article 8 paragraph (4), complementary health workers must at least have a third diploma education in the field of traditional health. Furthermore, Article 22 paragraph (2) states that every traditional health worker must have a Registered Traditional Health Worker Letter (*Surat Tanda Registrasi Tenaga Kesehatan Tradisional/STRTKT*) and a Traditional Health Worker Practice License (*Surat Izin Praktik Tenaga Teknis Kefarmasian/SIPTKT*), as a form of legality of practice based on applicable legal norms. Article 1 point (7) introduces Griya Sehat as a traditional health worker practice facility, including for intercontinental practitioners. Nurhayati et al. (2019) emphasized the importance of socializing Griya Sehat standards to managers, as stated in the Ministry of Health's guidelines, including the need for education and training for traditional health workers.

Permenkes RI Number 17 of 2021, This regulation provides legitimacy for intercontinental traditional health workers to practice. Based on this Permenkes and Permenkes Number HK.01.07/MENKES/311/2020, these personnel are recognized as part of the traditional health worker category. This regulation is also strengthened by Permenkes Number HK.01.07/MENKES/310/2020 concerning the Association of Intercontinental Traditional Medicine (*Perkumpulan Pengobat Tradisional Interkontinental Indonesia/PPTII*), which states that PPTII is recognized as a professional organization for Intercontinental Traditional Medicine in Indonesia. The legality of this organization was then strengthened through the decision of the Supreme Court of the Republic of Indonesia Number.495/Pdt.P/2020/PN.Jkt.Utr, which granted the legal application of Hafna Rosyita and Suryawan Ang as the applicants. Intercontinental traditional healthcare, rooted in the practice of traditional Chinese medicine, has become a complement to the healthcare system in Indonesia where services are delivered by professionals who have previously undergone education and training abroad. Since 2007, Indonesia has initiated the implementation of formal education in this field through the opening of the Diploma IV Traditional Chinese Medicine study program, which is planned to be further developed to a professional level according to national needs. Currently, a number of educational institutions have organized the Diploma IV of Traditional

Chinese Medicine study program, among others: Institut Ilmu Kesehatan (IIK) Bhakti Wiyata Kediri, Khatolik Dharma Cendekia Universitas Surabaya and Universitas Medika Suherman Cikarang.

Intercontinental Traditional Health Services include various types of services, both promotive, preventive, curative, and rehabilitative (Article 1 paragraph 2). In Article 2 paragraph (1), it is stated that the educational qualifications for intercontinental traditional health workers include education diploma three, diploma four, applied undergraduate, and relevant professions, with a scientific basis derived from traditional Chinese health (Article 2 paragraph 1). The authority possessed by intercontinental traditional health workers is regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 17 of 2021 concerning Licenses and Implementation of Intercontinental Traditional Health Worker Practices. Article 16 letter e states that these health workers are authorized to perform therapeutic actions which include the use of herbs, moxibustion, tuīna, kop, guāshā (scraping), and acupuncture.

Acupuncture itself is a medical procedure by inserting needles into certain points on the body, accompanied by manipulation, to obtain therapeutic effects. The main purpose of acupuncture therapy is to overcome health problems through the smooth flow of qi and restore the balance of Yin and Yang energy in the body (Rukmono et al., 2019). Tuina is a Chinese manual massage therapy by performing soft tissue manipulation, which consists of manual techniques, such as pressing, pushing, and squeezing (Cheng et al., 2022). Moxibustion is a type of external treatment; it is based on the theory of traditional Chinese medicine by using moxibustion sticks or cones (a type of mugwort leaf) that are burned to produce a warm sensation and moxibustion smoke on acupoints with the aim of smoothing meridians and regulating Qi (Huang et al., 2017). In traditional Chinese medicine, kop therapy refers to the use of cupping cups, which can be made of glass, plastic, or other materials, and the suction is made using fire (for glass cups), pump (for plastic cups), or manual compression aimed at specific target areas or skin regions. The kop method is believed to promote blood flow and accelerate healing (Wang et al., 2023). Gua sha is a traditional Chinese medicine technique that involves scraping the skin to facilitate blood circulation and energy (qi) flow. Guasha is used to relieve pain by using tools for Guasha such as Chinese soup spoons, coins with sharpened edges, buffalo horn slices, cow ribs, stones (Lee et al., 2010). Herbs in traditional Chinese medicine refer to botanical, mineral, and zoological substances used by traditional Chinese medicine to prevent and treat diseases. A herb formula is a combination of a number of herbs selected and combined based on the unique properties and specific needs of the patient. They aim to balance the body's energy (Qi) and address imbalances in organs and systems (Xu et al., 2019).

Intercontinental traditional health workers must have an Intercontinental Traditional SIPTKT as a legal requirement in carrying out practice (Article 6 paragraph 1) issued by the Regency/City Regional Government as a form of legality and authorization to carry out legal practice. Prior to the SIPTKT application process, Intercontinental traditional health workers must have an Intercontinental STRTKT, which is given as written evidence by the Intercontinental traditional health council registered (Article 3 paragraph 1). The Intercontinental STRTKT, which is the official written evidence from the Traditional Health Council to the registered personnel. To obtain an Intercontinental STRTKT, applicants are required to have a certificate of competence or professional certificate and fulfill other requirements as stipulated in the applicable laws and regulations (Article 3 paragraph 2). In this regard, the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/1998/2022 concerning Professional Standards for Intercontinental Traditional Health Workers sets competency standards and professional code of ethics as a reference for intercontinental

traditional health workers. This document was prepared as a guideline to ensure that traditional Intercontinental health services are carried out systematically, standards-based, and with maintained quality in health care facilities.

In accordance with Article 15 paragraph 1, Intercontinental traditional health workers have the authority to practice in various types of facilities, including independent practices, health centers, hospitals, traditional health care facilities, and other forms of health care facilities. For Intercontinental traditional health workers who open independent practices, the minimum educational qualifications that must be possessed are diploma four or applied bachelor's degree (Article 15 paragraph 3). The involvement of Intercontinental traditional health workers in Community Health centers (*Pusat Kesehatan Masyarakat/Puskesmas*) is stipulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 19 of 2024 concerning the Implementation of Community Health Centers, article 21 paragraph (3) point (g) which states that: 'Puskesmas can add other health workers including: traditional health workers'.

Provisions regarding the rights of intercontinental traditional health workers are explicitly regulated in article 20, which provides legal protection to fundamental aspects of the practice of their profession. These rights include access to accurate, comprehensive, and honest information from clients and families as a basis for making service decisions; carrying out responsibilities based on professional competence and authority; receiving awards or compensation for services provided; and obtaining guarantees of legal protection for potential work risks, in accordance with legal norms contained in valid and applicable regulations.

The authority of Intercontinental traditional health workers is regulated in article 21, among others: upholding client rights and maintaining confidentiality in accordance with applicable legal provisions, conveying clear information about the client's health condition and the services required, guaranteeing the confidentiality of client data as stipulated in laws and regulations, obtaining client consent before carrying out health service actions, referring clients to authorized personnel or facilities if conditions are beyond the limits of their competence, as stipulated in regulations, complying with all professional standards, service guidelines, standard operating procedures, and professional ethical principles; and for Intercontinental traditional health workers who open independent practices, are required to include a practice nameplate in accordance with the provisions stipulated in statutory regulations.

Law Number 17 of 2023 is the latest legal milestone that comprehensively regulates the national health system, including formal recognition of the intercontinental traditional health worker profession. Article 1 point (7) states that health workers are individuals who perform duties in the field of health services with professionalism standards, equipped with knowledge and skills obtained from higher education, and have authority in health service efforts. More explicit recognition can be found in Article 199 paragraph (12), which explicitly includes Intercontinental traditional health workers as part of the family of traditional health workers, along with herb or herbal medicine workers. This provision also corrects the lacuna in Law No. 36/2014, which previously only implicitly referred to them as other health workers based on the Minister's determination.

With this legal recognition, Intercontinental traditional health workers must comply with all administrative requirements as stipulated in Article 260 paragraph (1), namely having a Registration Certificate (*Surat Tanda Registrasi/STR*) as a condition for practicing. Furthermore, Article 263 paragraphs (1) and (2), stipulates that a license to practice in the form of a (*Surat Izin Praktik/SIP*) is also mandatory so that professional activities can be carried out legally and legally. If these administrative provisions are violated, the sanctions imposed are strict. Based on Article 313 paragraph (1), practices without STR and/or SIP are subject to

administrative sanctions in the form of fines. Not only that, Article 442 stipulates criminal consequences in the form of imprisonment for a maximum of five years or a fine of up to Rp500,000,000.00 for health workers who continue to practice without an official license. In fact, people who do not have qualifications as medical or health personnel but deliberately practice as if they are authorized are subject to similar criminal penalties. This is enshrined in Article 439, which strengthens the protection of the public while maintaining the honor of the profession.

On the other hand, to guarantee patients' rights, Article 305 paragraph (1) provides space for individuals who feel aggrieved to file a complaint with the Tribunal. This complaint is then processed for follow-up based on a written request from an investigator, either from a government agency or police apparatus. Despite the possibility of criminal sanctions, Article 310 provides that in the event of alleged professional misconduct that results in patient harm, dispute resolution must first go through non-litigation channels, including mediation.

Non-litigation resolution, such as mediation, is considered more effective and efficient, because it brings together the disputing parties in a more open and dialogical atmosphere, with the help of a neutral mediator (Prayuti et al., 2024). Thus, peaceful conflict resolution becomes a priority before formal legal channels are pursued.

In addition to dispute resolution mechanisms, provisions regarding administrative sanctions are also included in Article 306 paragraph (1), which states that disciplinary violations by medical personnel or health workers may be subject to sanctions in the form of written warnings, mandatory training or education at an authorized institution, temporary suspension of STR, and recommendation for revocation of SIP. If the violation involves negligence that causes serious injury to a patient, Article 440(1) provides for criminal penalties of up to three years' imprisonment or a fine of up to Rp250,000,000.00. Furthermore, paragraph (2) explains that if such negligence results in death, the perpetrator may face more severe criminal penalties, including a maximum prison sentence of five years or a fine of up to Rp500,000,000.00.

Government Regulation No. 28 of 2024 serves as a derivative regulation that provides guidelines for the implementation of Law Number 17 Year 2023 on Health. This regulation expands the scope of legal norms regarding the organization of health services, management of medical and health personnel, regulation of health service facilities and health information systems and technology. Article 4 paragraph 1 point (w) states that the scope of health efforts includes traditional health services'. This provision emphasizes that traditional health has a legal position in the structure of the national health system, equivalent to other conventional medical services. Furthermore, Article 491 regulates that traditional forms of health services that have been integrated with modern health services can be included in the benefits guaranteed by the JKN program. This is both normative and progressive because it opens space for legal legitimacy for traditional health services to enter the state financing system through BPJS Health. This provision strengthens the legal basis of previous regulations, such as Permenkes No. 37 of 2017 and Permenkes No. 15 of 2018, which encourage the integration of traditional health practices into formal health services, both hospitals and health centers. In addition, Law Number 17 of 2023 where Intercontinental traditional health workers as part of Traditional health workers who have been integrated with conventional get benefits from being covered in the JKN program through BPJS Health.

JKN Benefit Support is part of a social protection policy based on Law No. 40 of 2004 concerning the National Social Security System (*Sistem Jaminan Sosial Nasional*/SJSN), with its implementation entrusted to BPJS Health as a public legal entity. Under Law No. 24 of 2011, BPJS is responsible for ensuring the fulfillment of basic needs for a decent life through a health insurance scheme for all Indonesian

citizens. However, to date, traditional medical services, including cross-continental traditional health services, have not been fully accommodated within the scope of the JKN program. This is due to a provision in Presidential Regulation (*Peraturan Presiden/Perpres*) No. 19/2016 (the second amendment of Perpres No. 12/2013), specifically Article 25 paragraph (1) letter (k), which states that the types of health services not covered by BPJS include complementary, alternative, and traditional medicine that have not been declared effective through a Health Technology Assessment (HTA) mechanism. A similar regulation is contained in Permenkes Number 28 of 2014 on Guidelines for the Implementation of the Health Insurance Program, which states that services such as acupuncture by non-medical personnel, traditional Chinese medicine (*shinse*), and chiropractic therapy, are not guaranteed if they have not been declared effective through HTA.

As a result, despite being legally recognized and having a valid license to practice, intercontinental traditional health workers still face structural barriers in obtaining financial support from the state. This happens because JKN through BPJS Health still uses Presidential Regulation Number 19 of 2016 as the basis for making decisions. This condition creates a regulative imbalance that has implications for not fulfilling the principle of formal justice for the profession.

Although there are regulations governing the practice of traditional medicine, there are policy gaps related to Intercontinental Traditional Health Workers. There is no explicit regulation regulating the existence, rights, obligations, and practice licenses for Intercontinental Health Workers in Indonesia, causing legal uncertainty. In addition, the *perkaja* are not recognized in the BPJS system, thus hindering the process of clarity of the applicable law.

If this happens, traditional intercontinental health workers may be denied their rights such as legal certainty, access to insurance, and professional awards. Law Number 24 of 2011 concerning BPJS and Law Number 17 of 2023 concerning Health have not explicitly included foreign traditional health workers in the scheme of social security participants. In practice, many intercontinental traditional health workers do not have formal employment status, are not reported by employers, and may even work illegally or semi-formally. This means they don't get work accident, old-age, retirement, or death insurance like other formal workers.

Compared to other countries, healthcare workers in Thailand must undergo national training, certification, and registration. It is regulated by the Department of Thai Traditional and Alternative Medicine through the Traditional Thai Medicine Profession Act B.E. 2556 2013. In Malaysia, foreign practitioners can only work if they are registered with the T&CM Council and this is regulated in the Traditional and Complementary Medicine (T&CM) Act 2016.

Substantial discrepancies between the various regulations governing traditional health services - especially in terms of integration into the JKN financing scheme - create significant legal uncertainty. For example, although PP Number 28 of 2024 has opened up space for integrated traditional services to be covered under the JKN program, BPJS Health still refers to Presidential Regulation No. 19 of 2016 and Permenkes Number 28 of 2014, which exclude traditional, complementary and alternative medicine from covered benefits. This condition creates legal and administrative imbalances, because the social security implementing agency still adheres to regulations with a lower hierarchical level, and tends to ignore the latest government regulations that have substantially recognized traditional health services as part of the national health system. In this context, the principle of *lex superior derogat legi inferiori* becomes important to refer to. This principle states that if there is a conflict between two legal norms, the norm with the regulatory hierarchy, where PP have a higher position than Presidential Regulations and Ministerial Regulations. BPJS Health has tended to set policies based on Presidential Regulations because they are considered stronger than Ministerial Regulations.

However, in the current situation, BPJS should adjust its policy basis by referring to PP Number 28 of 2024 which explicitly states the integration of traditional health services into the JKN scheme. This harmonization step is urgent to ensure legal certainty and answer the norm imbalance that has been going on. In addition to being a form of compliance with legal principles and regulatory hierarchy, this harmonization will also strengthen the legitimacy of the intercontinental traditional health worker profession in the national health care system. That way, they are not only recognized from an administrative and professional perspective, but also in terms of financing and continuity of practice.

4. Conclusion

The Law of the Republic of Indonesia Number 17 of 2023 on Health accommodates the existence of Intercontinental traditional health workers as part of the Traditional Health Worker category. The results of the study state that Intercontinental traditional health workers get legal certainty in accordance with the Law and Regulation of the Minister of Health as traditional health workers with and can practice in independent practices, community health centers, hospitals, traditional health service facilities and/or health service facilities (Griya Sehat). Based on the results, it is necessary to make regulations for Intercontinental traditional health practitioners that include internationally recognized competency standards, national registration and licensing mechanisms, and residency and work requirements. In addition, there is a need for strict supervision and certification. Foreign practitioners need to take part in nationally regulated training and certification. There is a need to harmonize existing regulations to ensure that workers' rights are guaranteed by law.

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Ethical Approval and Originality Statement

Ethical approval was obtained for this study. The manuscript represents original work and has not been previously published, nor is it under consideration by another journal.

Data Disclosure Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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