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Balinese Traditional Medicine under the Bali Governor Regulation No. 55/2019: Policy Implementation, Utilization Gaps, and Future Integration

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Abstract: This study evaluates the implementation of Bali Governor Regulation No. 55/2019 on Balinese Traditional Medicine (BTM) across traditional healers (*pengusada*), community health centers (*Puskesmas*), and hospitals. A quantitative descriptive survey was conducted in 2023 using structured online questionnaires distributed to 64 *pengusada*, 111 *Puskesmas* leaders, and 38 hospital directors. Data were analyzed using descriptive statistics. The regulation strengthened *pengusada* legitimacy, with 70% reporting improved recognition. While 91% of *Puskesmas* have integrated BTM services, hospital utilization remains low, with 70.6% reporting fewer than ten monthly visits. Key barriers include shortages of certified personnel, limited funding, weak infrastructure, and exclusion from National Health Insurance (BPJS) coverage. Nevertheless, 98.2% of facility leaders support integration with conventional healthcare and wellness tourism. Strengthening certification, financing mechanisms, and reimbursement inclusion is essential for sustainable integration within Bali's healthcare system

Keywords: Balinese traditional medicine; traditional healer; health policy; integration; wellness tourism

1. Introduction

The Bali Governor Regulation (BGR) 55/2019 has already integrated Balinese Traditional Medicine (BTM) into the conventional healthcare system in Bali by regulating practitioner certification, service facilities, and clinical applications in community health centers (*Puskesmas*) and hospitals, while positioning it as

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a cultural identity. Meanwhile, Law No. 17/2023 and Government Regulation No. 28/2024 formally integrate BTM into the national healthcare system through legal recognition, practitioner registration, service standardization, and financing mechanisms to expand equitable access while maintaining quality and safety (President of the Republic of Indonesia, 2023, 2024). However, some terminology and regulatory provisions require adjustments to align the provincial framework with national policy. As mandated by national law, such integration is expected to strengthen preventive care and reduce curative costs. Therefore, evaluating the implementation of BGR55/2019 is crucial to ensure policy harmonization, preserve cultural heritage, and enhance the contribution of traditional medicine to public health and wellness tourism (Pemerintah Provinsi Bali, 2020; Patwardhan et al., 2023; Suatama, 2021; Udiana & Bagiastra, 2024; Situmorang, 2018).

During the COVID-19 outbreak, the Bali Provincial Government utilized traditional health efforts in handling COVID-19, such as the use of traditional herbal remedies, namely the aromatherapy product *Usada Barak*, derived from *Usada Cukildaki*, which utilizes *arak* (Balinese spirit) to prevent flu and colds. *Usada Barak* aromatherapy is a traditional herbal product containing eucalyptus oil and kaffir lime ethanol extract. In addition to herbal remedies, Bali Mandara Hospital has demonstrated success in integrating conventional health services with traditional Balinese healing practices through the opening of a traditional health clinic. Since its inauguration on March 28, 2022, the clinic has received a positive community response, with a consistent growth in service utilization (detik.com, 2022). As of February 2024, the clinic reportedly served an average of 435 patients per month (RSUD Bali Mandara, 2024). This initiative exemplifies the operationalization of regional health regulations by systematically integrating traditional modalities—such as acupuncture, acupressure, and mind–body therapies—into conventional care (NusaBali.com, 2021). Its success is reinforced by ongoing program development and multi-stakeholder collaboration, highlighting the hospital's strategic commitment to positioning these services as credible primary health care options grounded in local wisdom and cultural heritage (RSUD Bali Mandara, 2023, 2025).

While national reforms provide a uniform framework, Bali represents a distinctive and underexplored case. Unlike other provinces where traditional health practices remain largely informal or only partially integrated, Bali has codified its indigenous healing system (*Usada Bali*) into a binding provincial regulation supported by institutional mechanisms such as certification, dedicated clinics, and integration into *Puskesmas* and hospitals. Moreover, the regulatory framework goes beyond cultural preservation to explicitly link traditional medicine with health tourism, positioning it simultaneously as a

public health service and an economic driver within the global wellness market. Internationally, whereas Ayurveda in India and Traditional Chinese Medicine in China are institutionalized at the national level, Bali offers a rare example of a subnational government actively embedding a localized medical tradition into a national health framework while projecting it globally through tourism. This dual positioning—local and global, cultural and economic—renders Bali a unique and underexplored case warranting systematic evaluation.

Based on focus group discussions regarding the performance of BGR 55/2019 until the end of 2023, the success of the policy throughout Bali and its potential for development, particularly in health tourism, has not been fully achieved, nor has its alignment with the mandates of higher-level national regulations. Therefore, this study aims to evaluate the implementation of Balinese traditional health (BTH) policies by local governments, community health centers, and hospitals by examining their effectiveness, challenges, and strategic potential in integrating BTM into the health care system, while also exploring opportunities for its application in health tourism.

2. Literature Review

The BGR 55/2019 on BTH services, enacted on December 5, 2019, provides a formal legal framework for the recognition and development of traditional healing practices. Rooted in the regional vision *Nangun Sat Kerthi Loka Bali*, the regulation underscores the role of local wisdom in fostering holistic well-being physical, mental, spiritual, and social while safeguarding the heritage of Balinese healing traditions. Its primary objectives are to ensure legal protection, enhance the quality of community health, and uphold *jana kertih*, or individual well-being. The scope of the regulation encompasses legal certainty and protection for *pengusada*, health workers, and patients, while also mandating service standardization, government supervision, and institutionalized development. Furthermore, it promotes research and innovation to improve service quality, guarantee the safety of traditional materials and instruments, and establish clear norms, standards, procedures, and criteria for sustainable integration (Pemerintah Provinsi Bali, 2019).

Health governance reform in Indonesia, marked by the enactment of Health Act No. 17/2023 and Government Regulation No. 28/2024, reflects the government's commitment to integrating traditional health services into the national system as a strategic response to the challenges of equitable access and universal health coverage (Farooq et al., 2023; Krah et al., 2018; Suharmiati et al., 2023). This policy shift is underpinned by the recognition of the inherent advantages of traditional medicine such as its holistic orientation, emphasis on prevention, and cost-effectiveness which can potentially complement

conventional biomedical approaches (Patwardhan et al., 2023; von Schoen-Angerer et al., 2023). However, the literature emphasizes that the success of this integration in strengthening preventive services and chronic disease management is highly dependent on fostering collaboration built on mutual trust, recognition, and effective communication between traditional and biomedical practitioners (Achan et al., 2021; Kessler et al., 2024; Mendive et al., 2023). Consequently, the process of regulating and institutionalizing traditional medicine presents a complex challenge, requiring a delicate balance between safeguarding public health through standardization and oversight, while preserving and respecting the unique value of the traditional practices themselves (Carè et al., 2021; Kessler et al., 2024).

The formal integration of traditional medicine into Indonesia's national healthcare system, driven by widespread public reliance (Pengpid & Peltzer, 2019), has been solidified through a robust regulatory framework. Key instruments in this framework, Health Act No. 17 of 2023 and its derivative, Government Regulation No. 28 of 2024, mandate the standardization of practitioners and facilities to ensure quality, safety, and efficacy (Asa et al., 2024; Presiden RI, 2024). This national strategy reflects a broader global trend, aligning with the World Health Organization's (WHO) Traditional Medicine Strategy 2014-2023 and its ongoing emphasis on leveraging traditional systems to achieve universal health coverage. This state-led formalization, however, is not merely a policy endpoint but rather the empirical starting point for this study. We will investigate how this top-down regulatory environment interacts with existing healthcare dynamics on the ground, specifically examining its influence through the theoretical lenses of medical pluralism, integrative health, and cultural hybridization. By analyzing the practical implementation of these regulations, this research moves beyond policy description to provide empirical evidence on how the state-sanctioned integration shapes collaboration, conflict, and synergy between biomedical and traditional healing paradigms in Indonesia.

The development of the wellness industry in Bali, exemplified by the Bali Maha Usadhi initiative, is intricately linked with the overarching vision and mission of Bali's 2018-2023 development plan, "*Nangun Sat Kerthi Loka Bali*." This vision, centered on maintaining the sanctity and harmony of Bali's environment, culture, and society, aims to promote the holistic well-being of the Balinese people in both physical and spiritual dimensions(Purnamawati et al., 2022; Suatama, 2021). *Sad Kerthi* refers to the six sources of life that must be protected, purified and preserved in order to achieve balance between human life and the universe and *Sang Hyang Widhi Wasa* (God). The *Sad Ker*thi principles integrate wellness, spirituality, and sustainability by preserving natural and

cultural resources. *Atma Kerthi* emphasizes soul purification through yoga and meditation; *Wana Kerthi* safeguards forests and biodiversity; *Danu Kerthi* protects water for healing; *Segara Kerthi* ensures sustainable marine use; *Jana Kerthi* empowers communities to sustain traditional health practices; and *Jagad Kerthi* upholds universal harmony through culturally grounded, eco-conscious health services. Collectively, they provide a philosophical foundation for a sustainable Balinese wellness industry (Mildawani et al., 2024; Mirta et al., 2023; Purnamawati et al., 2022; Suatama, 2021).

3. Method and Theory

3.1 Method

This study employed a quantitative descriptive design to evaluate the implementation of BGR 55 of 2019 concerning BTH services. This approach was selected as the most appropriate method to systematically measure policy awareness, quantify the extent of service implementation, and identify common barriers across the three key stakeholder groups: *pengusada*, *Puskesmas*, and hospitals. A descriptive design is optimal for providing a broad, foundational overview of the current state of policy adoption and for identifying trends and patterns across these distinct groups.

The study population comprised all *pengusada* registered with the Balinese Gotra Pengusada (GTP), all leaders of *Puskesmas*, and all hospital directors in Bali. A census approach was initially adopted to achieve comprehensive coverage. However, the final sample consisted of respondents who voluntarily participated. The actual response rates were 64 out of 3,816 registered *pengusada*, 111 out of 120 *Puskesmas* leaders, and 38 out of 75 hospital directors. The low response rate, particularly from the *pengusada*, indicates a significant limitation regarding the representativeness of the findings for that group. Consequently, the results should be interpreted with caution, as the potential for non-response bias means the views of participants may differ systematically from those who did not respond.

Primary data were collected using three structured questionnaires, each tailored to the specific context of the stakeholder group. The instruments were designed to assess policy awareness, service implementation levels, operational challenges, and perceptions of integration potential. To ensure standardized data collection and efficiency, all questionnaires were administered electronically through Google Forms. Data collection was conducted online in 2023, with survey links disseminated through official WhatsApp groups managed by GTP and health authorities. While this digital strategy offered broad reach, it may have introduced a selection bias, limiting participation to individuals with digital literacy and active engagement in these online networks.

Data were exported from Google Forms and analyzed using descriptive statistical methods. Frequencies and percentages were calculated to summarize the data. This analytical approach directly aligns with the study's descriptive objective, enabling a systematic and quantifiable comparison of trends in policy awareness, service adoption, and perceived barriers across the three stakeholder groups. This method provides clear, empirical insights into the effectiveness and limitations of the regulation's implementation from the perspective of those directly affected.

3.2 Theory

The integration of BTM into conventional healthcare and the wellness industry can be understood through several theoretical perspectives. The theory of *medical pluralism* explains the coexistence of multiple healing systems, highlighting how *Usada Bali* and biomedical services are utilized simultaneously (Kleinman, 1980). This aligns with the theory of *integrative health* and complementary medicine, which emphasizes evidence-based integration of traditional practices with modern healthcare to achieve holistic outcomes, as endorsed by the WHO (von Schoen-Angerer et al., 2023).

The concept of *cultural hybridization* illustrates how Balinese healing traditions are not displaced by modernization but rather transformed and combined with global wellness trends to create hybrid practices that remain culturally authentic while meeting international standards (Pieterse, 2004). Within this global-local nexus, the Global Wellness Institute (GWI) defines wellness as an active, holistic process that resonates with Balinese philosophies such as *Tri Hita Karana* (Three Causes of Well-being / Prosperity), *Sat Kerthi* (Six Sanctifications / Six Acts of Purification), and *Moksartam Jagadhita Ya Ca Iti Dharma (The ultimate goal of liberation and worldly prosperity, thus is Dharma)*, which emphasize harmony among humans, nature, and the divine (Global Wellness Institute, 2023; Mildawani et al., 2024; Mirta et al., 2023; Purnamawati et al., 2022)). Together, these theories provide a coherent framework to analyze how BTM is institutionalized and positioned as both a healthcare resource and a foundation for sustainable wellness tourism.

Bali Traditional Medicine (BTM) holds significant potential for integration into health and wellness tourism, particularly within *Puskesmas* and hospitals. The integration of traditional medicine into national healthcare systems (NHS) is increasingly recognized as a pathway to achieving universal health coverage (UHC) and addressing unmet healthcare needs (Kessler et al., 2024; Park & Canaway, 2019). Traditional and complementary medicine (TCM) is being integrated into the NHS to improve healthcare quality, equity, and sustainability. This integration can address the needs of aging populations and

manage non-communicable diseases effectively. The WHO has emphasized the importance of integrating traditional medicine into primary healthcare to improve health outcomes and promote culturally sensitive healthcare practices (Kessler et al., 2024; Krah et al., 2018; Park & Canaway, 2019). In rural Indonesia, traditional health services are utilized across all socioeconomic levels, with higher usage among those with higher socioeconomic status. This indicates a broad acceptance and potential market for traditional medicine within health tourism (Subramaniam et al., 2024; Suharmiati et al., 2023). Traditional medicine is prevalent among chronic disease patients in Indonesia, with a significant portion of the population using it alongside conventional treatments. This suggests a readiness for integrating traditional practices into the NHS (Asa et al., 2024; Pradipta et al., 2023).

According to the Global Wellness Institute (GWI, 2024), wellness is an active process of awareness, informed choices, and lifestyle practices aimed at achieving holistic health, encompassing not only the absence of disease but also the balance of physical, mental, emotional, social, and spiritual dimensions. This dynamic journey requires individual commitment to optimal quality of life and the capacity to adapt to life's challenges. A parallel can be drawn with the Balinese philosophy of *Moksartam Jagadhita Ya Ca Iti Dharma*, which emphasizes attaining spiritual liberation (*moksha*) and worldly prosperity (*jagadhita*) through adherence to truth (*dharma*). As highlighted by Mirta et al., 2023 and Octaviani et al., (2024) this philosophy reflects a worldview that harmonizes spiritual and material well-being, resonating strongly with the wellness paradigm that seeks balance and integration across multiple aspects of human life. Together, these perspectives underscore that wellness and *moksartam* are not static conditions but ongoing, value-driven pursuits of harmony, resilience, and fulfillment in both personal and collective contexts.

The philosophy of *Moksartam Jagadhita Ya Ca Iti Dharma* teaches that true happiness arises from a life balanced in truth and harmony. It functions not only as individual guidance but also as the foundation of Balinese culture and social structure, fostering harmony with nature and spirituality. This concept is vital for preserving Balinese identity and cultural continuity amid societal change (Hisyam et al., 2024; Mirta et al., 2023; Octaviani et al., 2024).

4. Results and Discussion

4.1 Result

4.1.1 Impact of BGR 55/2019 on Legitimacy and Practice of Pengusada

The number of *pengusada* decreased from 4,530 in 2019 to 3,816 in 2023 (Figure 1). Fifty-seven percent of *pengusada* considered traditional healers their primary occupation, while 42.2% considered it not a profession but rather an

ancestral obligation to continue cultural heritage and devotion to the Creator. Seventy one point five percent of *pengusada* believed the Governor's Regulation had improved the quality of traditional health professions and their well-being. This BGR was considered to have had a significant impact on the legitimacy of their practice.

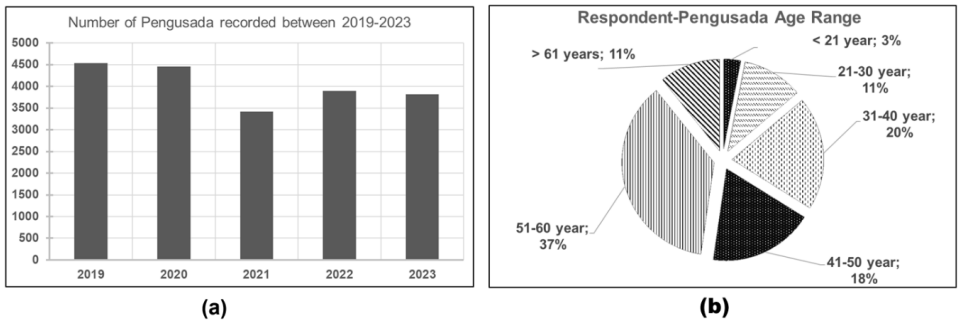

Figure 1. The number of *pengusada*, whom recorded by Bali Government between 2019-2023 (a) and the respondent age range (b)

Interviews revealed that although awareness of the BGR is high, its implementation remains uneven. Most respondents (28%) were aware of the regulation but had not observed its application, 23% noted the involvement of *pengusada* in socialization, 19% reported its influence on preparing professional practice, 16% had applied it in their own practice, and 14% experienced tangible benefits for professional activities and well-being. Consistently, the perceived impact of the regulation on professional practice and well-being was strong for the majority (61.9%–68.9%), while 21.5%–22.2% considered the impact limited, and the remainder expressed moderate views.

The majority of *pengusada* (46%) served fewer than 10 clients per month, while 34.9% served 10–25, 14.3% served 26–100, and only 4.8% served more than 100. Over half (52.4%) had referred clients to conventional healthcare, and most (77.7%) reported government support and oversight. This strengthened trust, ensured regulatory compliance, and granted them formal recognition and legal status, alongside capacity-building programs to enhance competence and service quality. The regulation thus provided legal protection and reinforced their role, while most *pengusada* believed integrating traditional health services into Bali's health tourism industry would improve income and well-being. The practical embodiment of BTM at the community level is reflected in the daily therapeutic activities of *pengusada*, as illustrated in Figure 2.

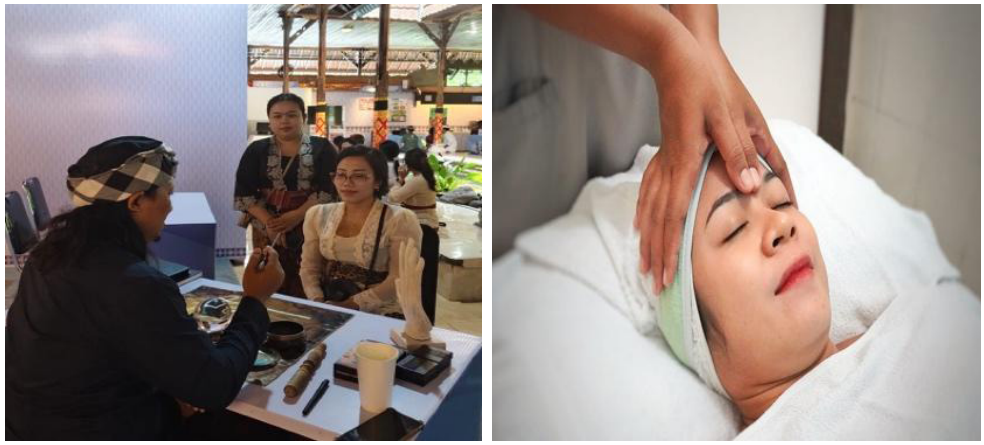

Figure 2. A *pengusada* providing traditional therapy in a community setting in Bali (Source: I Wayan Wiasthana Ika Putra, 2025).

Proposals from *pengusada* for improving this regulation emphasized the simplification and exemption of fees in the issuance and renewal of the traditional health practice license. They highlighted the need for strengthened cross-sectoral socialization, continuous training, and government support in providing operational resources. The integration of traditional and conventional services was considered essential to achieving holistic healthcare, with explicit recognition of local methods such as *taru premana* and other Balinese *Usada* Lontar. Practitioners further called for stronger legal protection, stricter oversight of unlicensed practices, and the establishment of an organizational structure extending to the village level. *Usada* Bali was positioned as a strategic cultural asset that should be preserved and developed within the framework of traditional health tourism. The government was expected to implement the regulation consistently and provide tangible support to ensure effective, sustainable application with direct benefits for community well-being.

4.1.2 Impact of BGR 55/2019 on BTH services in Puskesmas

Figure 3. describes awareness and Implementation and Implementation Types of BTH services policy in *Puskesmas*. Among 120 *Puskesmas* surveyed, 84% were aware of the integration policy, 16% were not, 83% had implemented it, and 17% had not. A total of 99% of *Puskesmas* leaders proposed integrated BTH services, while they would combine them with medical wellness services (10%, wellness tourism (8%), respectively. The readiness for policy implementation, as illustrated in Figure 4. Survey results show that 71% of *Puskesmas* have established SOPs for BTH services, 24% employ certified traditional health workers, and 28% maintain integrated patient records. While administrative

readiness is evident, implementation remains limited by shortages of certified personnel, incomplete medical records, and inconsistent patient care.

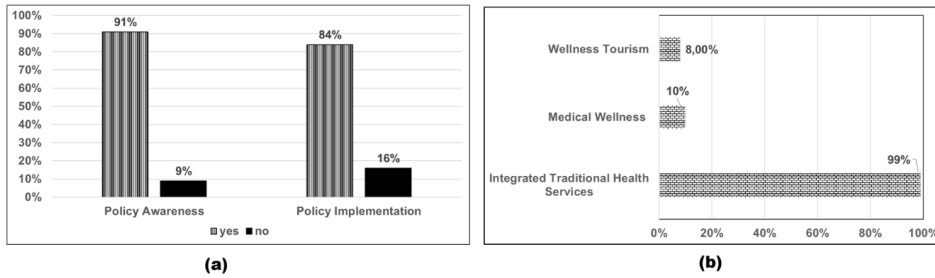

Figure 3. Awareness and Implementation (a) and proposed implementation types (b) of BTH services policy in *Puskesmas*

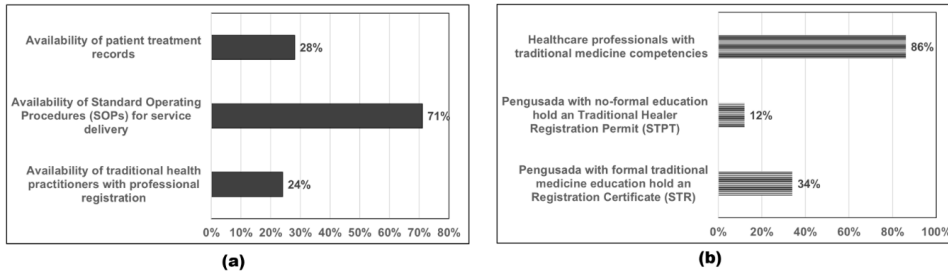

Figure 4. Readiness indicators for the implementation (a) and types of health Practitioners (b) of BTH services in *Puskesmas*

Utilization of BTH services at *Puskesmas* remains low, with 81.7% reporting fewer than 10 patient visits per month and 16.1% recording 11–50 visits, indicating that such services are not yet a primary choice for the community despite potential for broader reach. The majority favored cultural bodywork therapies such as massage and reflexology (63%), followed closely by herbal-based traditional remedies (62%), while only 4% opted for indigenous energy healing methods (Figure 5).

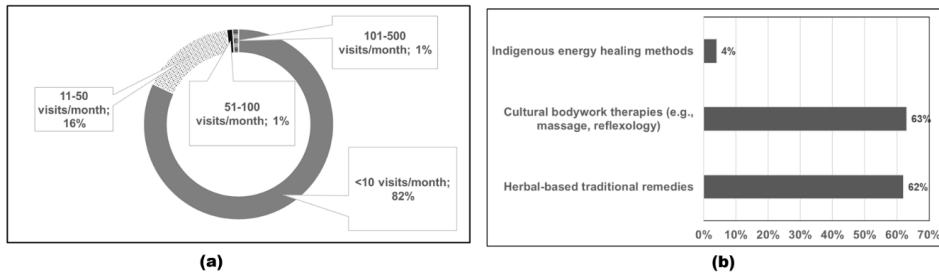

Figure 5. Visiting per-month (a) and BTH services most preferred by visitors (b) at *Puskesmas*

The implementation of BTH services in *Puskesmas* has been actively pursued through an integrated approach. Dominant services, such as acupressure, herbal remedies (*jamu/loloh*), and massage and the *Posyandu* (integrated health post) plays a crucial role in delivering primary maternal and child health services in rural Indonesia. These efforts are reinforced by community empowerment initiatives, including self-care groups (Asthma), the utilization of Family Medicinal Plants (*TOGA*), and routine supervision of local traditional healers. Overall, while not yet optimal, the integration of these services into the conventional health system is continually encouraged to achieve holistic care grounded in local wisdom. Integration of BTM within formal healthcare facilities is exemplified by the establishment of dedicated traditional health clinics, as shown in Figure 6.

Figure 6. Traditional health clinic integrating BTM within a hospital setting in Bali (Source: I Wayan Wiasthana Ika Putra, 2025)

Implementation of this BGR in *Puskesmas* has provided diverse benefits, though uneven across regions. Services such as herbal medicine, massage, acupressure, and health education offer affordable care, relieve minor ailments, speed recovery, and promote self-care. They also preserve culture, strengthen community ties, and enhance institutional innovation. Economically, some centers report modest income gains and reduced drug costs, underscoring health, cultural, and financial value. Implementation of BTH services at *Puskesmas* is constrained by limited funding, inadequate staff training, and high turnover. Low public awareness, weak village support for medicinal plant programs, and lack of BPJS coverage further restrict integration with medical care and limit access for lower- and middle-income patients.

Key obstacles include complex licensing, limited trained personnel, insufficient funding and infrastructure, low public awareness, and weak regulatory support. Addressing these challenges requires coordinated action by provincial and local governments to optimize traditional health services and enhance their community impact. To improve BHT services, 98.2% of *Puskesmas* leaders prioritized strengthening integrated traditional health services as the most relevant model, while 18% mainly in tourist areas suggested wellness or wellness tourism. Leaders emphasized that regulatory frameworks provide legitimacy and security, enabling sustained practice and encouraging investment in service improvement and growth.

4.1.3 Impact of BGR55/2019 on BTH services in in Hospitals

In an assessment of adherence to this BGR, participating hospitals were categorized using the official Indonesian classification of service capacity and referral function, with type C facilities constituting the largest group (50%), followed by type B (23.7%), type D (18.4%), and type A (7.9%), respectively. Findings from a survey of 38 hospitals indicate that while a vast majority (90%) were aware of this policy, less than half (45%) have proceeded with its implementation. The majority 66% of hospital leaders planned to integrate BTH services into conventional healthcare. In addition to integrated services, 40% proposed combining them with medical wellness services, while 32% incorporated them into wellness tourism initiatives (Figure 7).

Patient utilization rates for the services were predominantly low. A substantial majority of the hospitals (71%) documented fewer than 10 patient visits on a monthly basis. In contrast, 12% of hospitals received 11–50 visits, and 18% recorded between 51 and 100 visits per month. An analysis of demand for specific therapies reveals that physical therapy and energy therapy were equally the most requested services (52.9%). Herbal medicine ranked as the subsequent preference, with a demand rate of 35.3%. Integrated traditional health services in hospitals include acupuncture, hypnotherapy, acupressure and baby massage, yoga, prana therapy, herbal medicine, hyperbaric therapy, cupping, pregnancy exercise, and health consultations. These are mainly delivered by certified doctors, nurses, and pharmacists within conventional facilities. However, limited human resources and infrastructure continue to hinder optimal implementation.

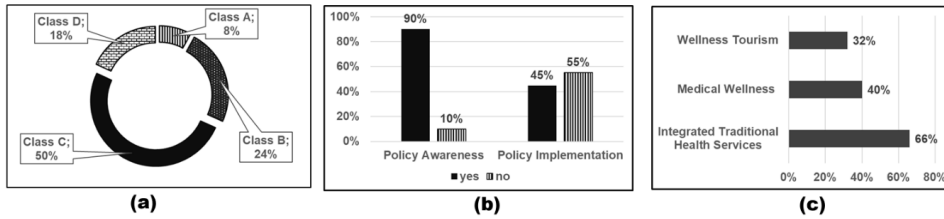

Figure 7. Categorization of hospitals involved in the survey (a), awareness and implementation (b) and proposed implementation types (c) of BTH services policy in hospitals

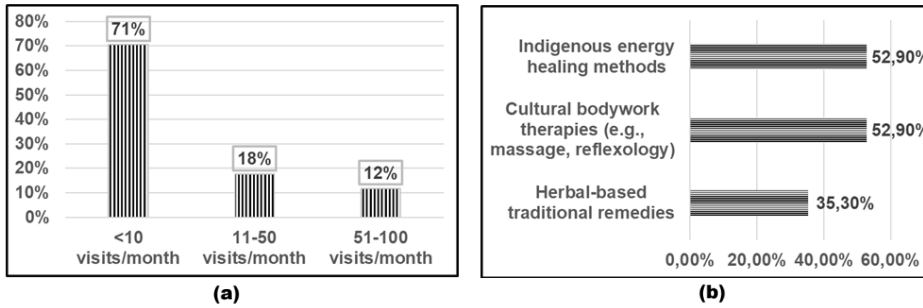

Figure 8. Hospital utilization patterns of BTH services in Bali

Implementing BTH services in hospitals provides economic, clinical, and social benefits, including modest revenue gains from patient care and herbal product distribution, broader holistic treatment options that support recovery, and preservation of local wisdom. However, implementation remains suboptimal due to limited resources, scarce evaluation data, and low patient volumes, leaving significant potential in herbal product development and holistic services underutilized.

Implementation of BGR 55/2019 in hospitals remains limited, yet 89.5% of hospital leaders recognize its revenue potential. Expected contributors include integrated BTH services (65.8%), medical services (39.5%), and medical tourism (31.6%). Beyond economic benefits, the policy fosters innovation, enhances cultural integration in healthcare, and positions traditional services as both a health resource and tourism asset. Hospital leaders highlight medical wellness as a key revenue strategy, integrating modern therapies with BTM such as reflexology, herbal therapy, yoga, and detox programs. Yoga is an evidence based mind body practice that supports stress reduction and holistic well-being. In integrative healthcare, it bridges prevention and therapy. Its roots in *Tri Hita Karana* and *Moksartam Jagadhita* strengthen its cultural relevance in wellness tourism (Sugata et al., 2025; Surpi et al., 2025; Madan et al., 2022). These services

target both chronic disease patients and wellness oriented clients, with markets spanning local and international tourists as well as corporate health programs. Facilities like medical spas, yoga studios, and herbal clinics, supported by certified staff, can enhance service quality and appeal. Properly developed, medical wellness offers sustainable revenue growth while strengthening Bali's position as a culturally rooted health tourism destination.

Hospital visits for BTH services remain low relative to overall volumes, underscoring the need for stronger promotion and innovation. With an estimated 2.5% of Bali's international and domestic tourists projected to purchase health tourism packages, the island's potential revenue is valued at US$2–4 billion within the US$6.2 trillion global wellness economy (GWI, 2023). Hospital leaders believe that establishing integrated Balinese medicine clinics could boost revenues by up to 20%, while simultaneously attracting tourists and meeting local community needs.

4.2 Discussion

This study examined the institutionalization of BTM under BGR 55/2019, revealing progress in cultural validation but ongoing systemic challenges. The discussion is organized around four central themes: cultural legitimacy, service readiness, financing and insurance, and wellness tourism.

BTM remains deeply rooted in local culture and spirituality, with *pengusada* serving as trusted caregivers. Regulatory measures such as licensing and oversight have enhanced their legitimacy and fostered collaboration with biomedical practitioners, for example through patient referrals. Similar trends have been observed in other Asian traditions like Ayurveda in India and Kampo in Japan, where practitioner attrition persists despite strong institutional support (Patwardhan et al., 2023; Kim et al., 2020). Addressing this requires structured capacity-building, youth engagement initiatives, and integration into formal healthcare education.

An analysis of *pengusada* registration data in Bali between 2019 and 2023 indicates a significant downward trend, despite minor fluctuations. The total number of practitioners recorded in 2023 shows a decrease of approximately 16% compared to the initial data in 2019. This decline is strongly correlated with the existing demographic structure of the practitioners. Data reveal that the profession is dominated by senior age groups, with 48% of practitioners over the age of 50 (37% in the 51-60 age range and 11% over 61). Conversely, the participation of younger generations is severely limited, with only 14% of practitioners under the age of 30. This imbalanced demographic composition leads to natural attrition due to retirement or mortality that is not offset by an adequate rate of succession, thereby creating a critical regeneration gap.

Furthermore, the sharp decline observed specifically in 2021 can be attributed to an exogenous factor, namely the COVID-19 pandemic, which likely accelerated this downward trend through restrictions on in-person practices. Thus, it can be concluded that the dwindling number of *pengusada* is the result of an interaction between long-term, structural demographic challenges and short-term, situational shocks.

At the primary care level, *Puskesmas* show preparedness: many have established SOPs for BTM services. Yet, operational gaps such as limited certified staff and poor record keeping hamper utilization, with most centers receiving fewer than 10 monthly visits. Hospitals more readily incorporate modalities like acupuncture, yoga, and hypnotherapy, while herbal medicine remains underutilized due to regulatory and standardization challenges. Comparable situations exist in China and South Korea, where acupuncture has been more successfully mainstreamed than herbal therapies (Park & Canaway, 2019; Shim & Lee, 2017). Bali could narrow this gap by enhancing certification pathways, documentation systems, and local service promotion. Despite modernization, many Balinese still consult *pengusada* due to deep cultural trust and spiritual meaning in healthcare. Their personalized, ritual based care addresses both physical and non-physical illness, sustaining traditional healing in Bali's modern health system (Kleinman, 1980)

A major barrier is the absence of sustainable financing. Without BPJS coverage for traditional services, utilization remains limited. In contrast, South Korea's inclusion of acupuncture and cupping into national insurance facilitated widespread institutional adoption (Chung et al., 2021). Bali could adopt a phased approach, integrating select evidence based BTM services into BPJS, allocating local funds, and exploring cross subsidization through tourism generated revenues.

Bali's global reputation as a spa and wellness destination presents unique opportunities. Compared with other Asian countries where traditional systems are nationally institutionalized, Bali offers a distinctive subnational integration of *Usada* Bali into health services and tourism. Qualitative studies demonstrate that practices like yoga, meditation, and purification rituals such as *melukat* contribute significantly to cultural wellness offerings (Meikassandra et al., 2020; Darmawijaya et al., 2019). Empirical research confirms that wellness motivation, tourist value, and pull factors strongly predict domestic wellness tourism visits (Subawa et al., 2023). Over 160% growth in Bali's spa sector since 2003 underscores its potential (Utama & Nyandra, 2021). To fully harness this, Bali must ensure certification, standardization, and coordinated promotion while safeguarding cultural authenticity and equitable community benefits.

The institutionalization of BTM is constrained by financing, workforce shortages, regulatory ambiguities, healer decline, and low public awareness. A strategic response should involve: phased BPJS inclusion; robust workforce training and certification; regulatory reforms to simplify licensing; active community engagement to build awareness and trust; and leveraging wellness tourism revenues to sustain public health services. Cross-sector collaboration (health, culture, tourism) is critical to advancing these solutions.

Limitations of this study include low response rates, reliance on descriptive cross-sectional data, and lack of causal inference. Future research should involve qualitative designs to deepen understanding of healer and patient perspectives, longitudinal studies to assess impact over time, and comparative research across Southeast Asian contexts to refine policy learning.

5. Conclusion

The evaluation of BGR 55/2019 shows that while BTM has gained legal recognition and expanded across *pengusada, Puskesmas,* and hospitals, implementation remains uneven, with limited financing, low patient uptake, workforce shortages, and minimal insurance coverage. To strengthen integration and harness its dual cultural and economic value, four strategic actions are recommended: (1) include BTM services in the BPJS to ensure access and sustainability; (2) establish structured training and certification for *pengusada* alongside simplified licensing to secure quality and continuity; (3) expand hospital-based BTM units linked with comprehensive care and wellness packages; and (4) promote BTM as a distinctive wellness tourism offering within Bali's established global wellness market. Advancing these measures would not only enhance service delivery and public health outcomes but also position *Usada* as a unique model of integrative healthcare rooted in cultural heritage and contributing to Bali's health tourism economy.

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The authors declare that generative artificial intelligence tools were used solely for limited language editing and refinement to improve clarity and readability of the manuscript. All research design, data collection, analysis, interpretation, and scholarly arguments were conducted independently by the authors. No AI tools were used to generate research data, fabricate references, manipulate findings, or create visual materials. Generative AI tools are not listed as authors, and full intellectual responsibility for the content of this article remains with the human authors.

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