



**Healthcare
Providers
Admission Act**
(in Dutch: *Wet toetreding
zorgaanbieders*)

Since September 2017, the legislative proposal of the new Healthcare Providers Admission Act (in Dutch: *Wet toetreding zorgaanbieders*) ("**HPAA**") and the related legislative proposal on the HPAA Adaptation Act have been published. With the entry into force of both legislative proposals, the current admission procedure of the Healthcare Institutions Accreditation Act (in Dutch: *Wet toelating zorginstellingen*) ("**HIAA**") will be replaced by a reporting obligation and an admission permit. In this Law Alert we inform you about the intended changes.

Reporting obligation

The HPAA introduces a reporting obligation with regard to, among other things, the quality of healthcare. The purpose of the reporting obligation is to design better risk supervision regarding the quality of healthcare on the level of new healthcare providers and to ensure that new healthcare providers are informed in advance of the requirements that apply to the provision of healthcare.

The reporting obligation will apply to all new healthcare providers who are going to provide healthcare (or cause it to be provided) as referred to in the Quality, Complaints and Disputes Care Act (in Dutch: *Wet kwaliteit, klachten en geschillen zorg*) ("**QCDC**A"). This includes both the healthcare provider who starts providing healthcare as referred to in the QCDC A after the HPAA comes into force, and the already existing healthcare provider that extends its activities to the provision of healthcare which falls under the QCDC A. The reporting obligation will also apply to (health)care providers who provide alternative and cosmetic care, but explicitly does not apply to healthcare providers who provide care on the basis of the Social Support Act (in Dutch: *Wet maatschappelijke ondersteuning*) or the Youth Act (in Dutch: *de Jeugdwet*).

The new healthcare provider meets its reporting obligation by answering a few questions via a digital portal. In anticipation of the reporting obligation, voluntary reporting is already being used by the Dutch healthcare-related government agency CIBG.

Admission permit

In addition, an admission permit must be requested from the minister by institutions that:

- provide medical specialist healthcare (or cause it to be provided) and/or;
- have more than ten healthcare providers and who provide healthcare or another care-related service that falls under either the Long-Term Healthcare Act (in Dutch: *Wet langdurige zorg*) or the Healthcare Insurance Act (in Dutch: *Zorgverzekeringswet*).

The requirements for the admission permit only consists of the existing obligations with regard to quality, governance and employee participation.

The admission permit will, however, have more grounds for refusal and withdrawal than the current HIAA-admission procedure.

The responsibility for applying for an admission permit rests with the healthcare provider itself. The costs applying for an admission permit are determined by ministerial regulation and are at the expense of the applicant.

For the healthcare provider who is in possession of a HIAA-admission at the time the HPAA comes into force, that admission applies as an admission permit within the meaning of the HPAA. Existing healthcare providers who become part of the target group of the permit obligation after the HPAA comes into force and who are not yet in possession of a HIAA-admission must apply for an admission permit. There is a transitional period of two years for applying for an admission permit.

New role Dutch Healthcare Authority

Under the HPAA, compliance with the requirements with regard to the governance of healthcare providers and the profit distribution prohibition will be supervised by the Dutch Healthcare Authority (in Dutch: *Nederlandse Zorgautoriteit*) ("**DHA**"). The Dutch Healthcare and Youth Inspectorate (in Dutch: *Inspectie Gezondheidszorg en Jeugd*) remains a supervisor in the field of quality and safety of (health)care.

In our view, the introduction of the DHA as a supervisor of these subjects is a logical step. After all, the DHA now also supervises healthcare providers in the field of market regulation and declarations. We expect that this change will make the supervision of economic-legal subjects more intensive and also more distant from the ministry.

We keep a close eye on the legislative process and keep you updated.

For further information and questions you can contact us.

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