Question for written answer E-004616/2013
to the Commission
Rule 117
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Subject: Inconsistencies between the Dutch Health Insurance Act and the free movement of patients

The Dutch Government has tabled a bill[1] which will make it possible for Dutch health insurers (health insurance funds) to stop providing compensation for the costs of medical treatments, including those carried out abroad, if an insured person is treated by a healthcare professional (doctor etc.) with whom the insurer does not have a contract. Statutorily insured patients have the right of access, without prior consent, to outpatient treatment in another Member State on the basis of, *inter alia*, the judgments in cases Kohl (C120/95) and Decker (C158/96).

1.   How does the Dutch bill square with Community law on the free movement of services/patients?

2.   How does the Dutch bill square with the provisions of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, which must be implemented by October 2013 at the latest?

3.   Is a health insurer allowed to refuse compensation for a treatment abroad when it is carried out by a healthcare professional with whom the insurer does not have a contract?

4.   If the health insurer is required to cover the costs of a planned medical treatment in another Member State, how high is the amount that the Dutch insurer must cover? Can that be 80 % of the costs that would be covered in the Netherlands?

5.   Can the amount of compensation which a health insurer pays for treatment abroad vary, based on whether or not it is carried out by a healthcare professional with whom the insurer does not have a contract?

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[1]   Amendments inter alia to the Dutch Healthcare Market Regulation Act in connection with the timely identification of risks to the continuity of care and in connection with the tightening of procedures in order to ensure the quality and accessibility of care (Dutch Lower House Document No 33 253)