

# NETHERLANDS

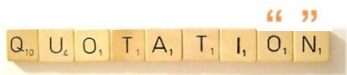
## Webinar

# The Dutch Healthcare system and market access for medical devices

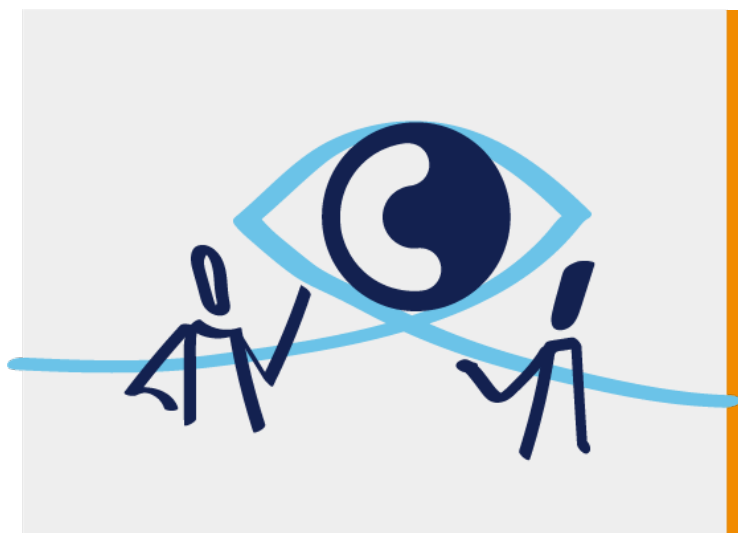
## About me...



- Pharmacist, MBA, LLB
- General Manager C3 consultancy
- Expertise:
  - Market access: medicines, medical devices, diagnostics
  - Dutch healthcare system and its funding
  - Health economics
- University Guest Lecturer
- Member Supervisory Board Elderly Care Organization
- Member Supervisory Board Welfare Organization
- Chair Council Humanistic Society



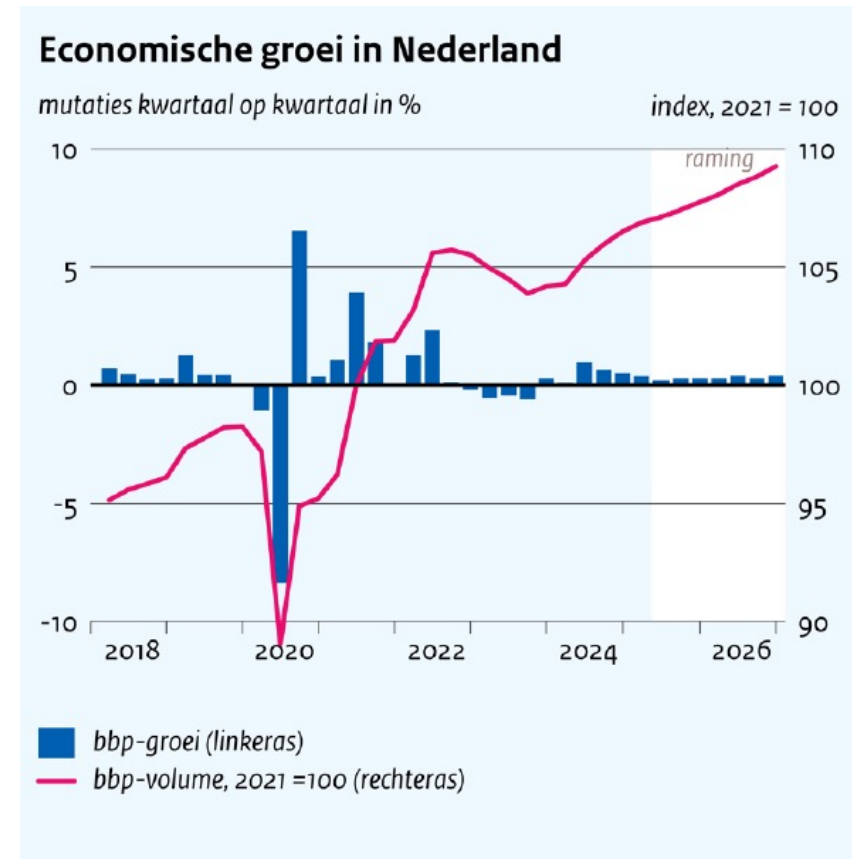




# Introduction and National MedTech Market

# The Netherlands: economic context

- The impact of the current geopolitical tensions on the Dutch economy has been absorbed for the time being, **uncertainty** remains.
- The **economy is growing moderately** thanks to increased purchasing power and government spending.
- The governmental budgetary deficit in 2025 was 1.9% of GDP, better than expected. This is mainly because **planned expenses have been postponed last year at a time of a (double-) demissionary government in 2025**. The deficit in 2026 will be 2.7% of GDP. The estimated deficit in 2030 is 2.5% of GDP.
- Inflation has decreased in 2026, wages will increase.
- The **growth in spending on health care and social security will continue to increase** in the coming years.
- The policy of recent years mainly stimulated consumption, but society is facing major challenges. This takes up scarce resources such as **labour, physical space/housing, the environment**.



# National income/expenditures

## Uitgaven (in miljarden euro's)



Social securities

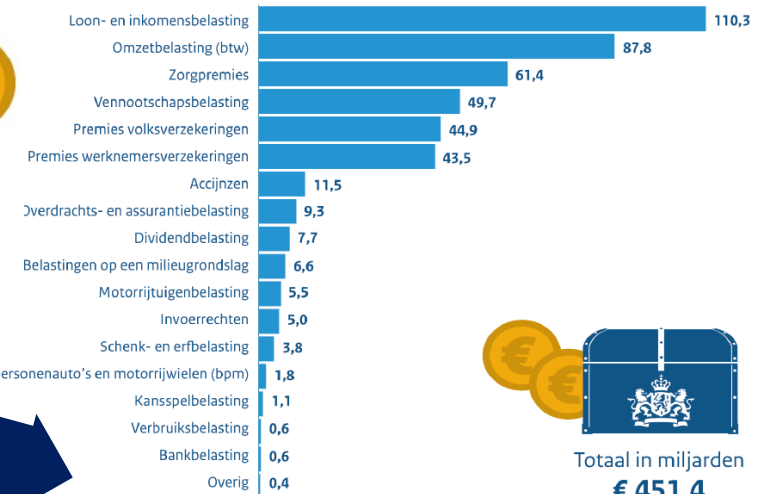
Healthcare

Healthcare expenditures are currently the second largest on the national budget



Totaal in miljarden  
€ 486,3

## in miljarden euro's)



Totaal in miljarden  
€ 451,4

Social security expenditures have emerged in the past decade, closely linked to the national economic performance.

NB: Defence! >>

Further deficit

# Current political course in healthcare

## Curative care

- Reducing workload of healthcare professionals
- Decrease of administration workload
- Use of (labour-saving) technology

## Long-term care

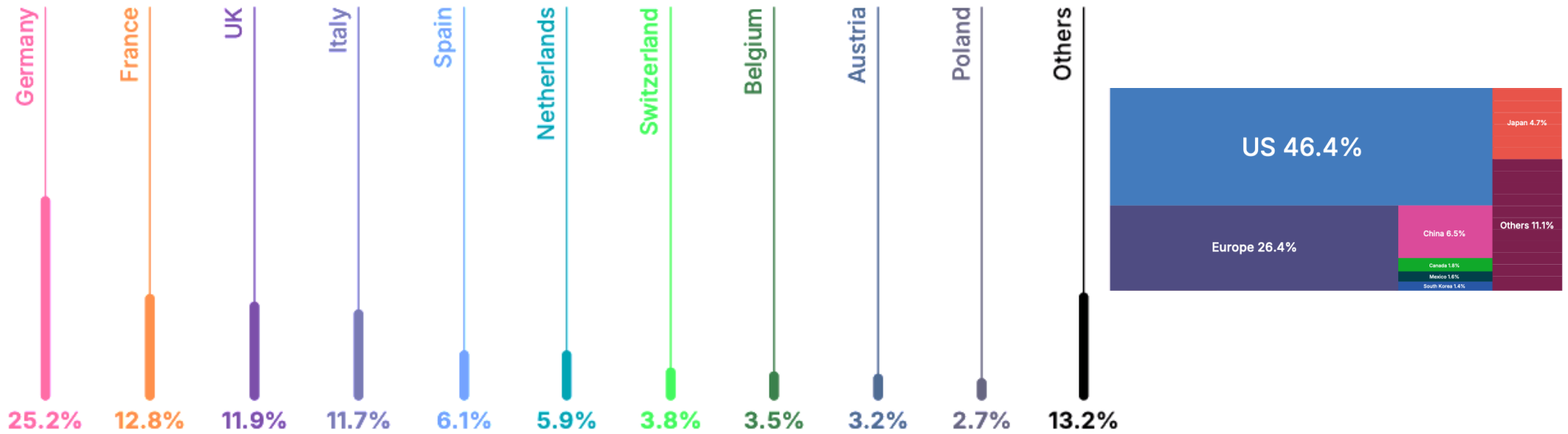
- Elderly care, curb increase in expenditures
- Possible return of ('historical') nursing homes

## Government

- Budget cuts into the Ministry and other governmental bodies
- Substantial reduction in hiring external workforce / self-employed personnel

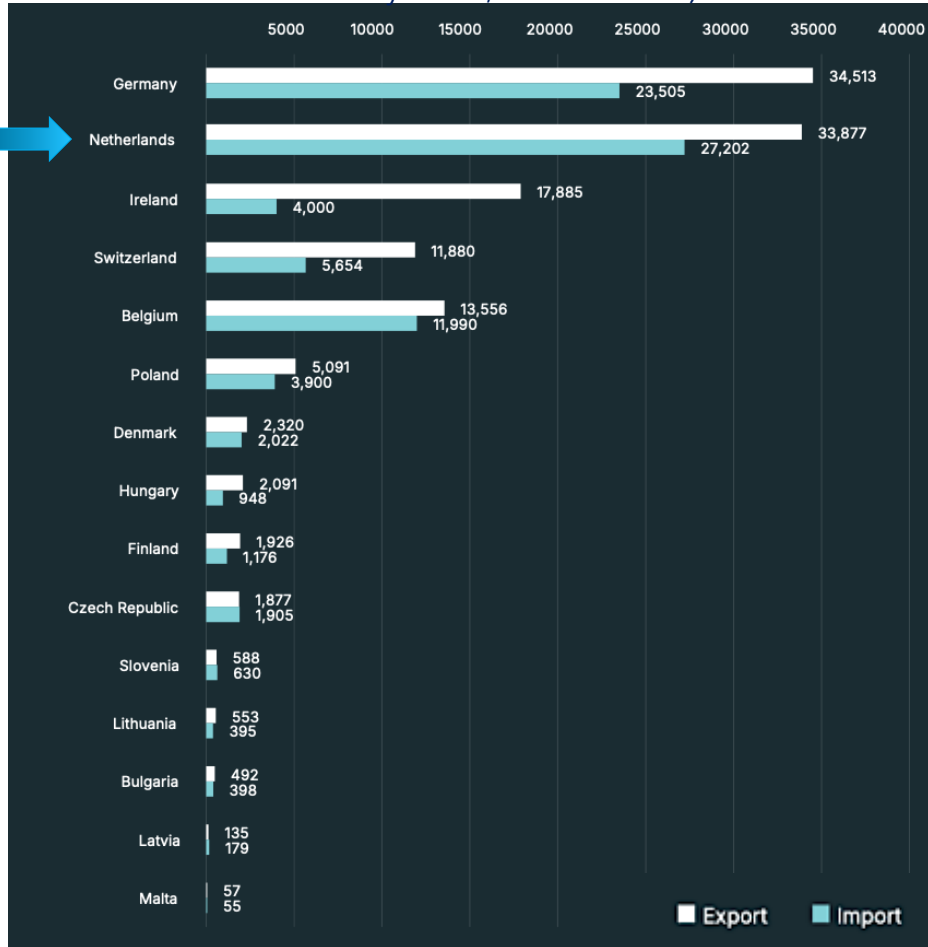
# NL in the European medical device market

Based upon manufacturer prices, 2024

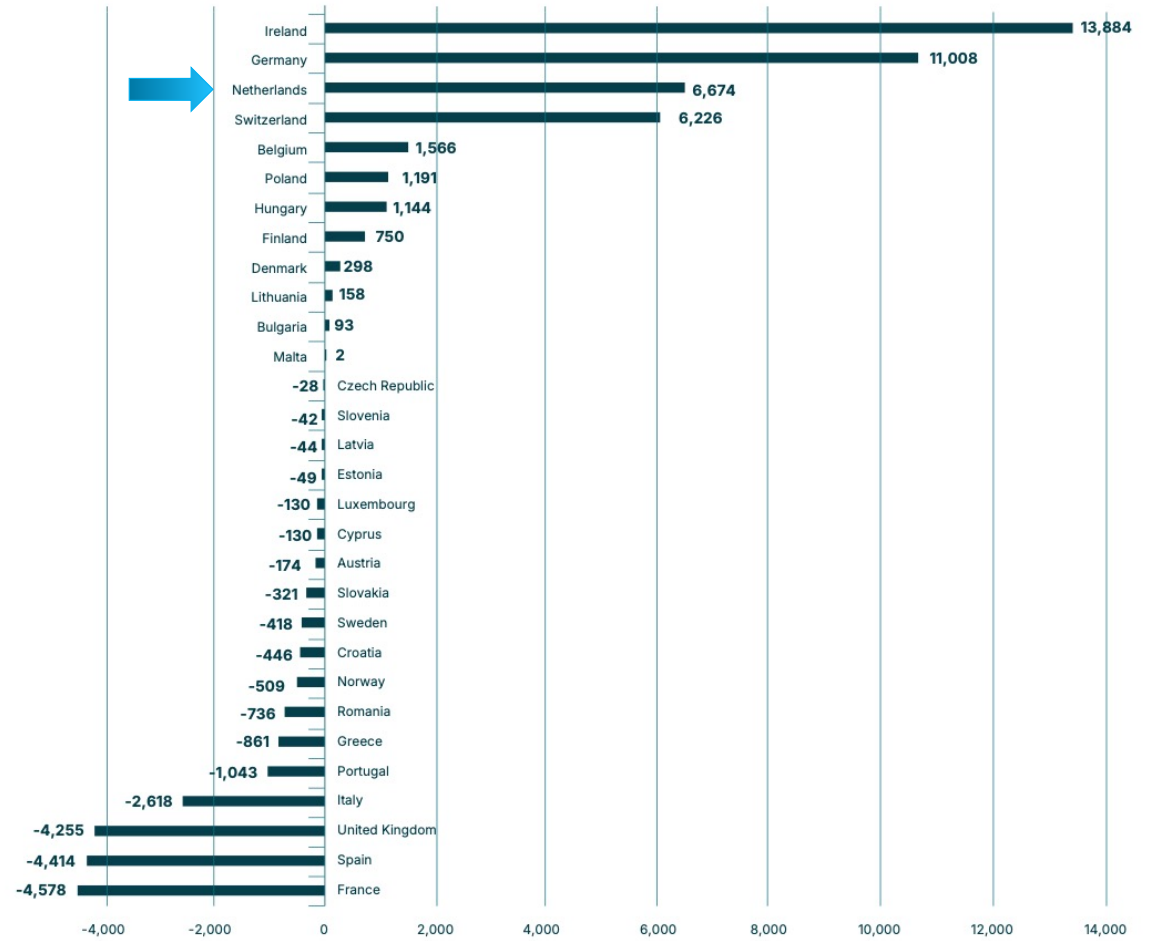


# NL in the European medical device market

TOP 15 Export & Imports by country (including European intra-community trade, million euros) 2024



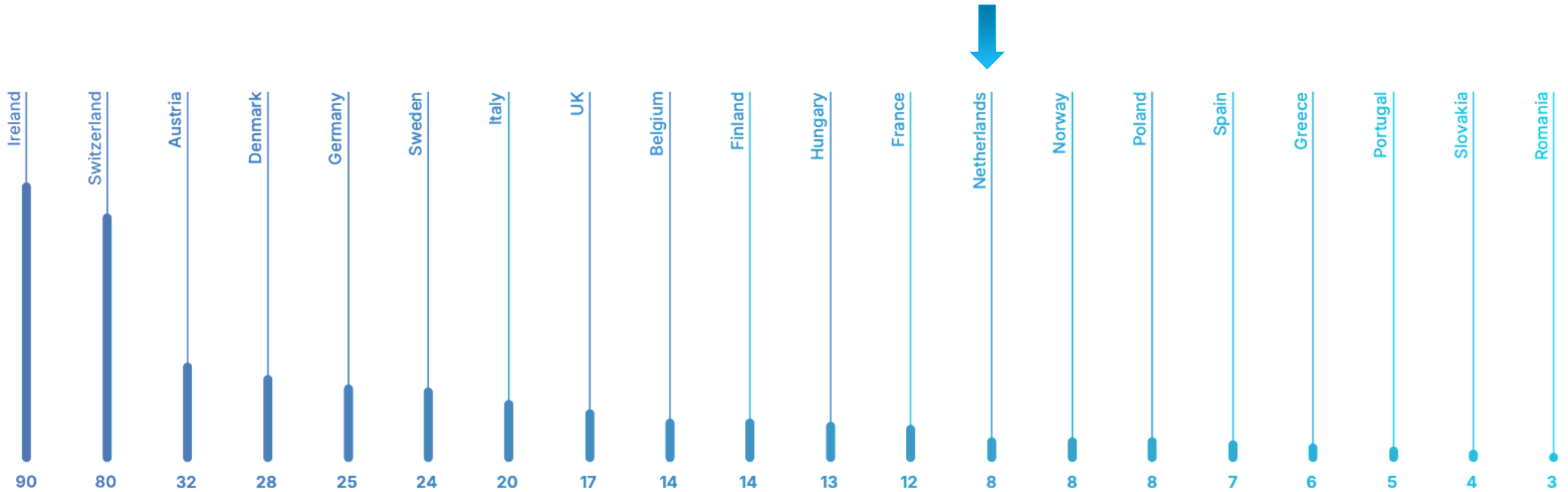
Medical device trade balance by country (including intra-community trade million euros) 2024



source: MedTech Europe Facts & Figures 2025

# NL in the European medical device market

Number of people directly employed in the medical technology industry per 10,000 inhabitants



# Dutch sector attractiveness

- The Dutch MedTech sector is a **relatively small but highly innovative** industry built around **strong healthcare institutions and advanced engineering capabilities**.
- Its competitive advantages lie in imaging, digital health, AI, diagnostics and medical devices.
- Policymakers and industry leaders see it as a sector **capable of delivering both better healthcare outcomes** and billions of euros in **additional exports** over the coming decade.

## MedTech growth plan\* (submitted to Health Ministry in Dec 2025\*\*)

If the preconditions of the MedTech Growth Plan are met, the sector can make a major social and economic impact in the next ten years by:

- ~11,000 new jobs in high-quality engineering, R&D and manufacturing.
- Approximately €5 billion of additional export value per year
- ~75 new start-ups and scale-ups
- And most importantly: a healthcare system that can meet the future demand for care

★ 4TU | AIKON HEALTH | AMSTERDAM UMC | BILIHOMÉ | BRAINPORT DEVELOPMENT | CVC CAPITAL PARTNERS | DEMCON | ELEKTA  
 ERASMUS MC | FME | FOUNDA | GILDE HEALTHCARE | HIGHTECHXL | HIGH TECH CAMPUS | IMEC | KPMG | LEIDEN BIO SCIENCE PARK  
 LOGEX | LUMC | MAASTRICHT UMC+ | MCKINSEY | MINISTERIE VAN EZ | MINISTERIE VAN VWS | MST | NICOLAB | NEDERLANDSE  
 VERENIGING VAN ZIEKENHUIZEN | OLVG | PHILIPS | PRODRIVE | RADBOUDUMC | REINIER DE GRAAF GASTHUIS | SARA ROBOTICS  
 SMARTQARE | ST. ANTONIUS ZIEKENHUIS | TNO | TU DELFT | TU EINDHOVEN | UMCNL | UMC GRONINGEN | UMC UTRECHT | USONO  
 UTRECHT SCIENCE PARK | UTWENTE | VDL | VNO-NCW / MKB NEDERLAND | ZORGVERZEKERAARS NEDERLAND | ZUYDERLAND

\*\* as an attachment to the Government-requested independent Advisory Report by  
 Wennenk "The Roadmap to Future Prosperity: A strong Netherlands in a relevant Europe"

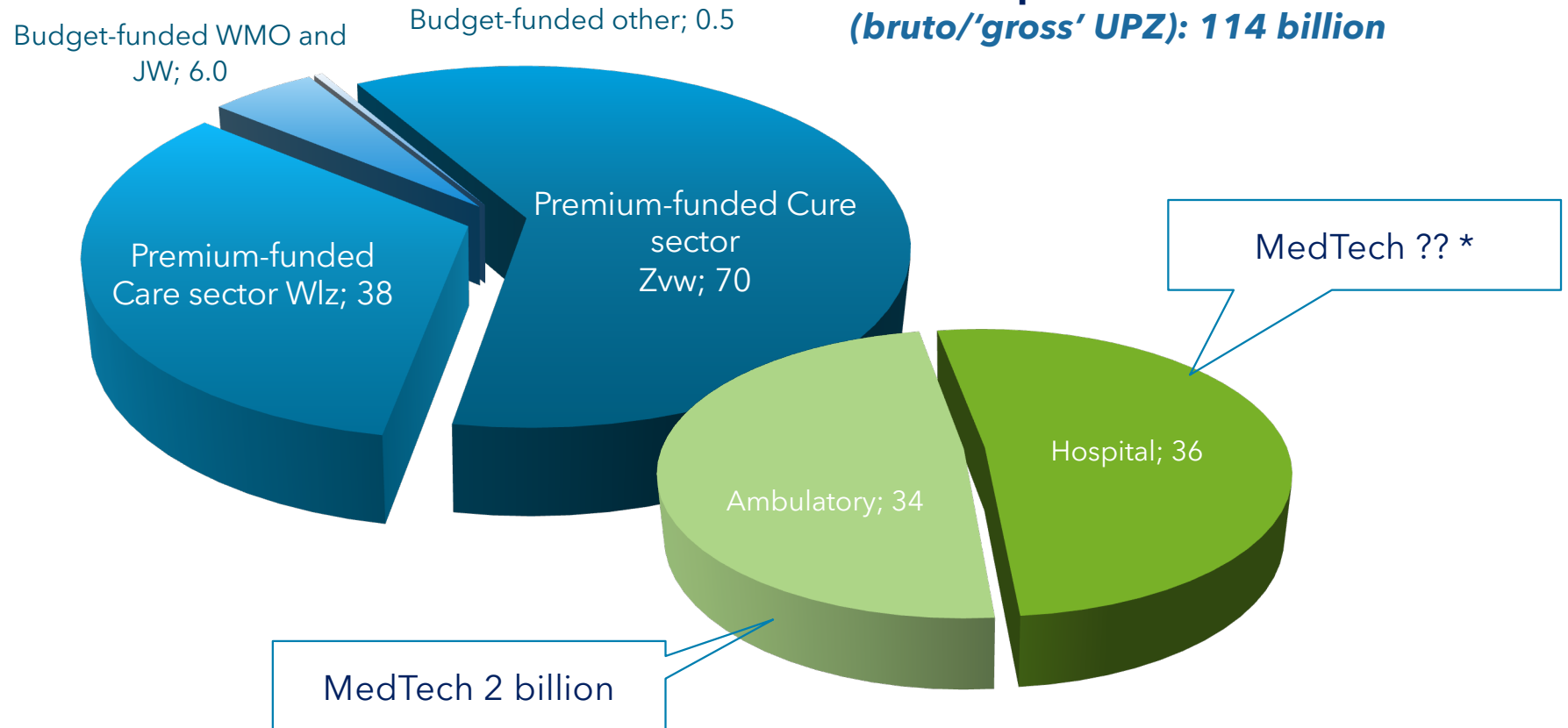


# National Healthcare System

# Netherlands

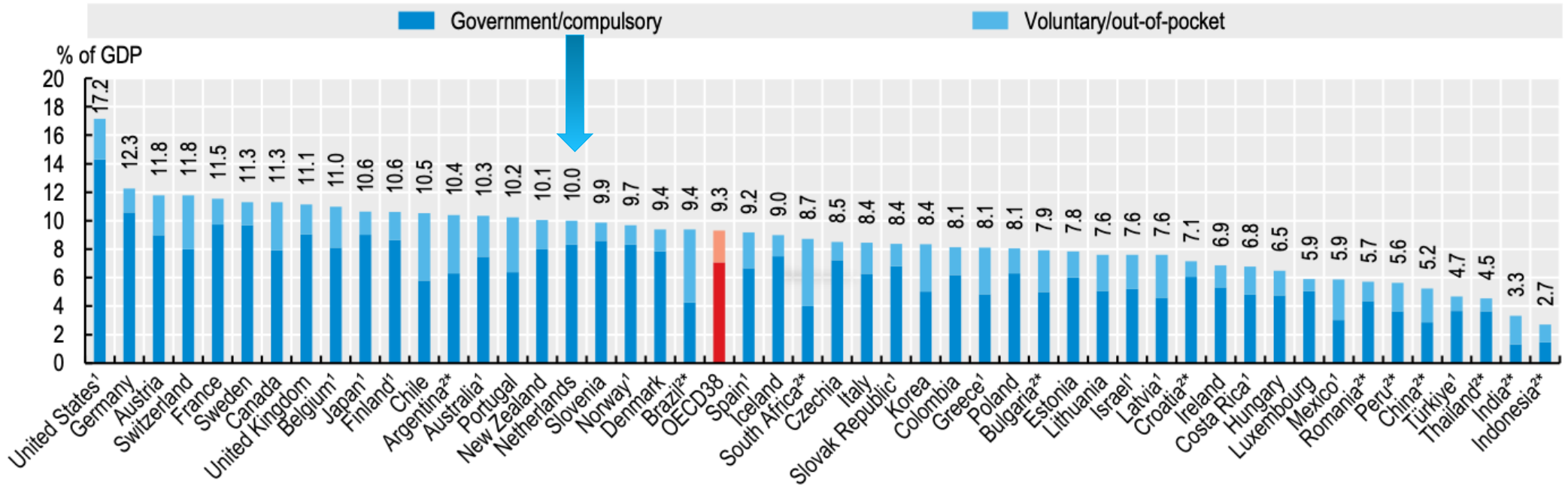
## Health expenditures 2026

**Health expenditures 2026**  
**(bruto/'gross' UPZ): 114 billion**

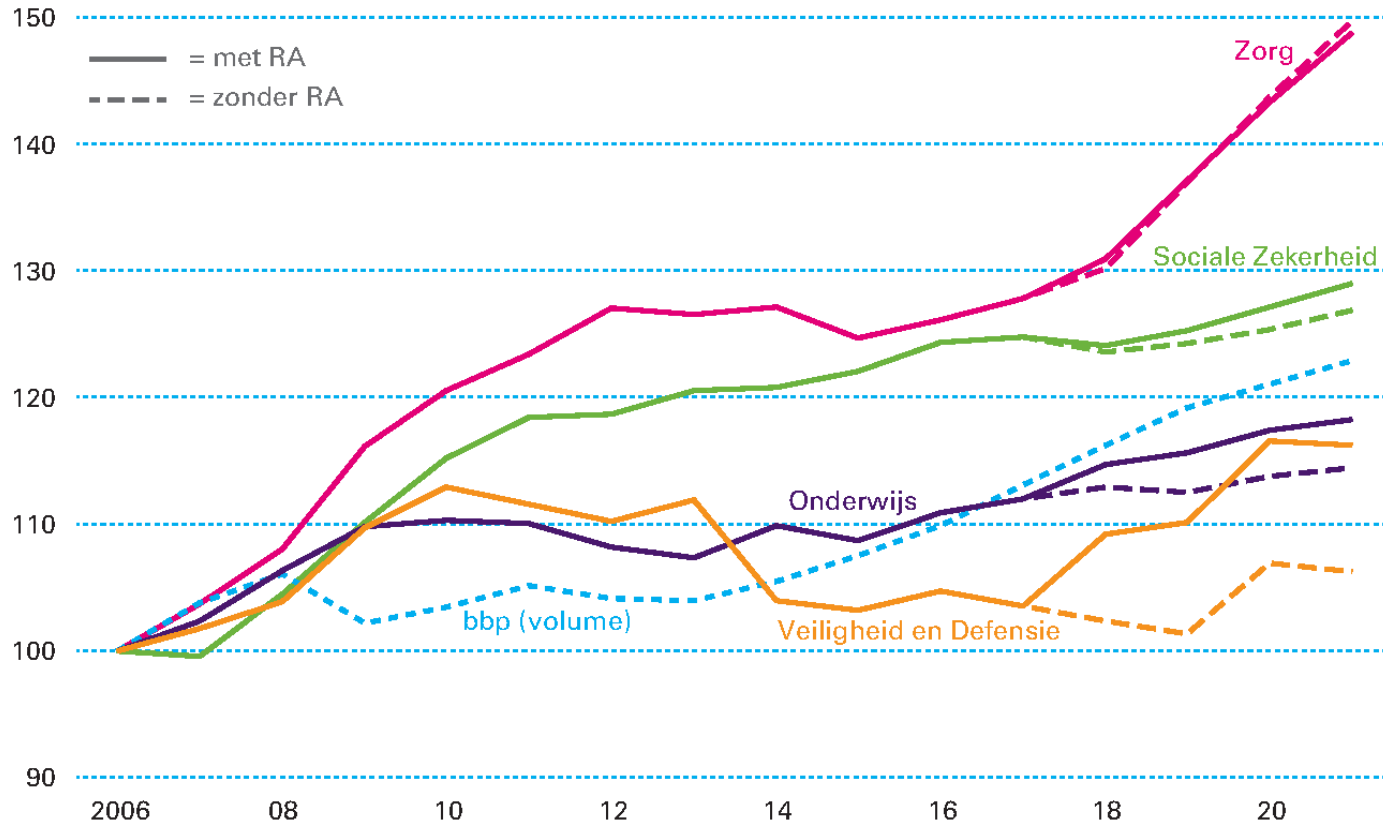


# Benchmark: health expenditures (%GDP)

*How does NL compare to other countries?*

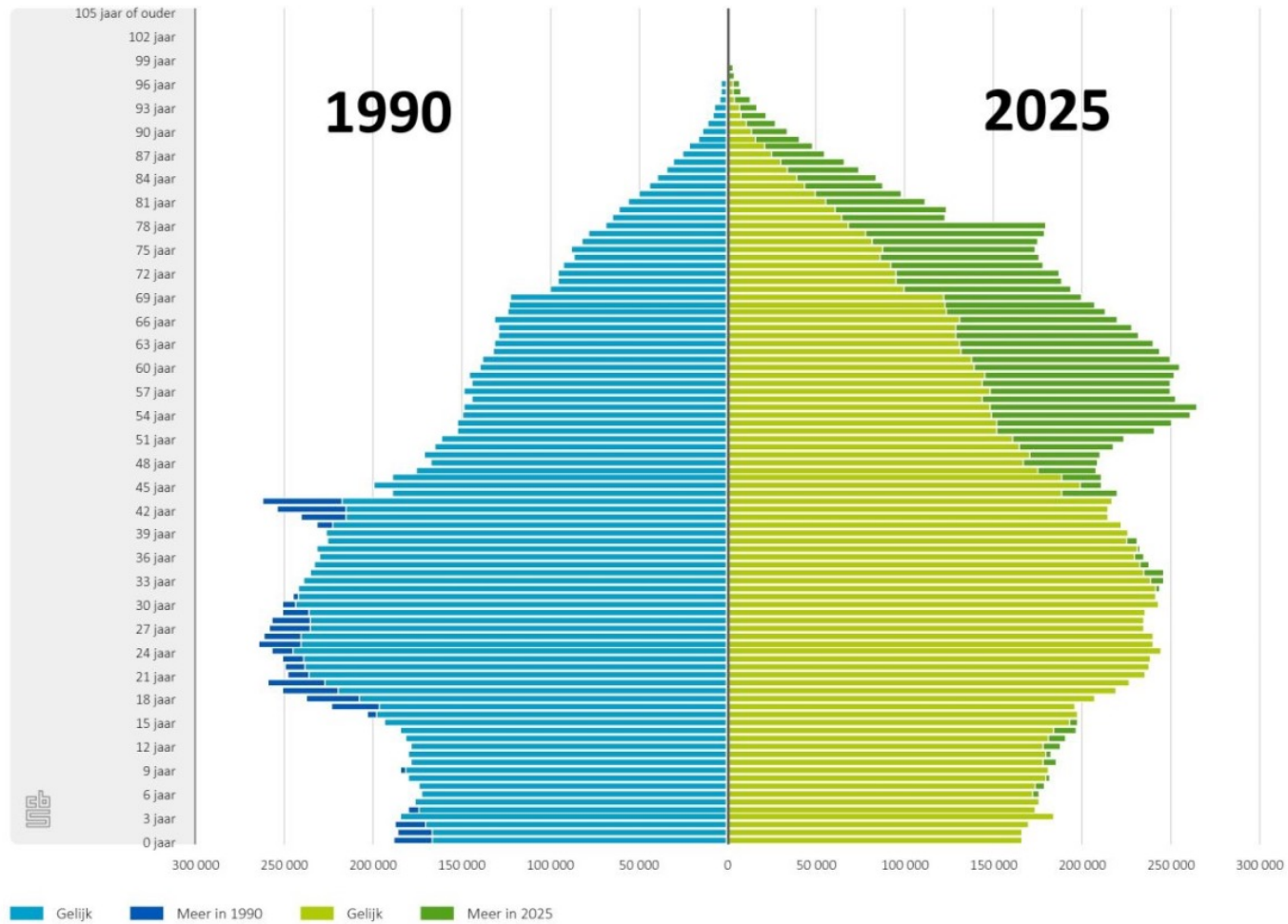


# Expenditures are rising: healthcare at the highest rate

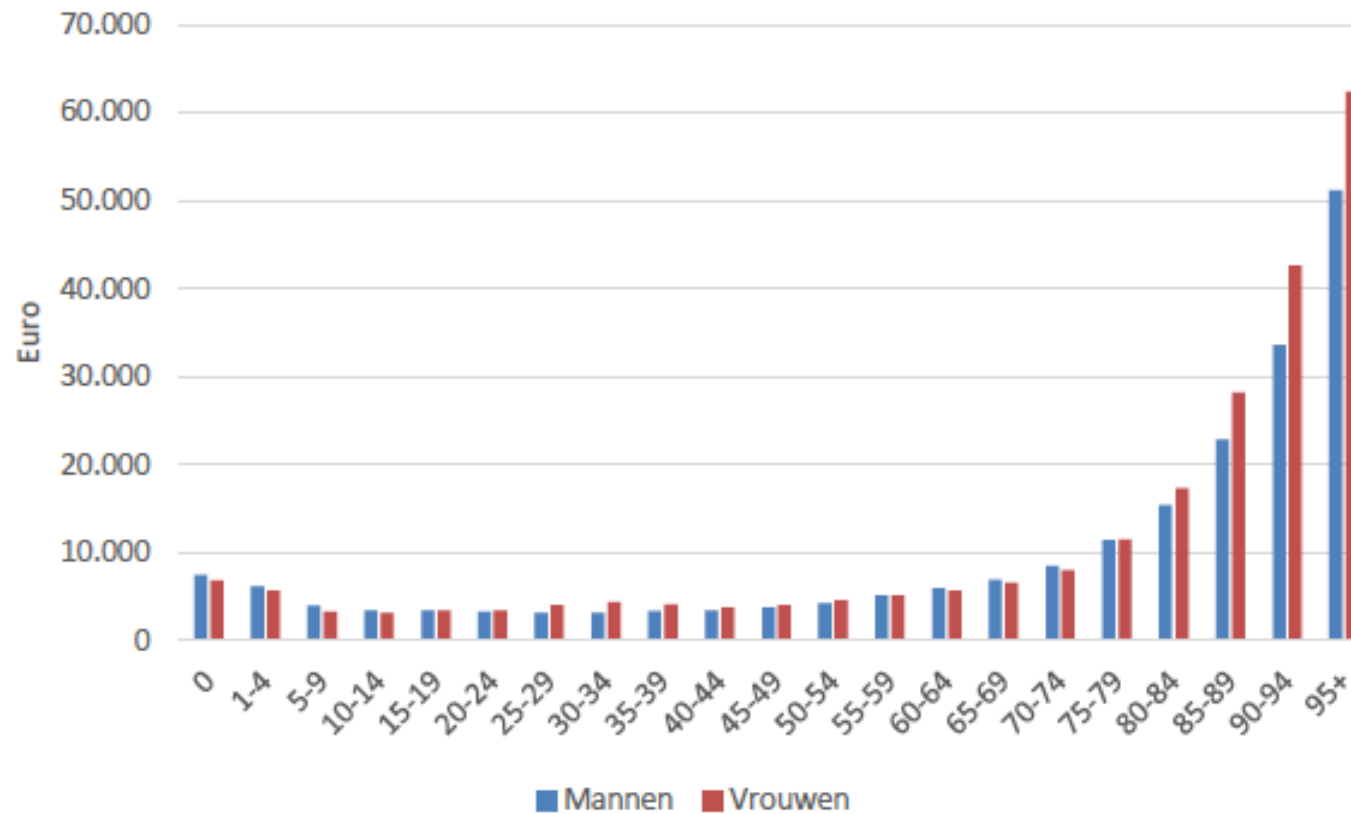


# NL Demographics

Nederland, 1990 (14,9 miljoen) en 2025 (18,1 miljoen)

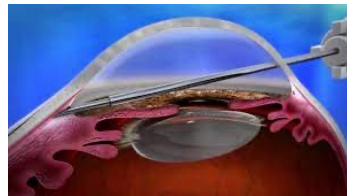
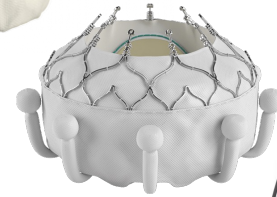
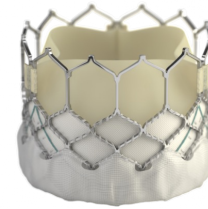


# Cost distribution by age

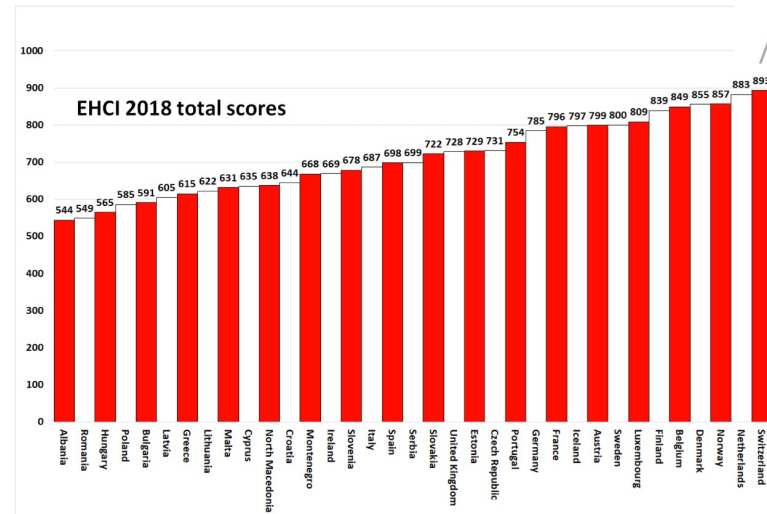
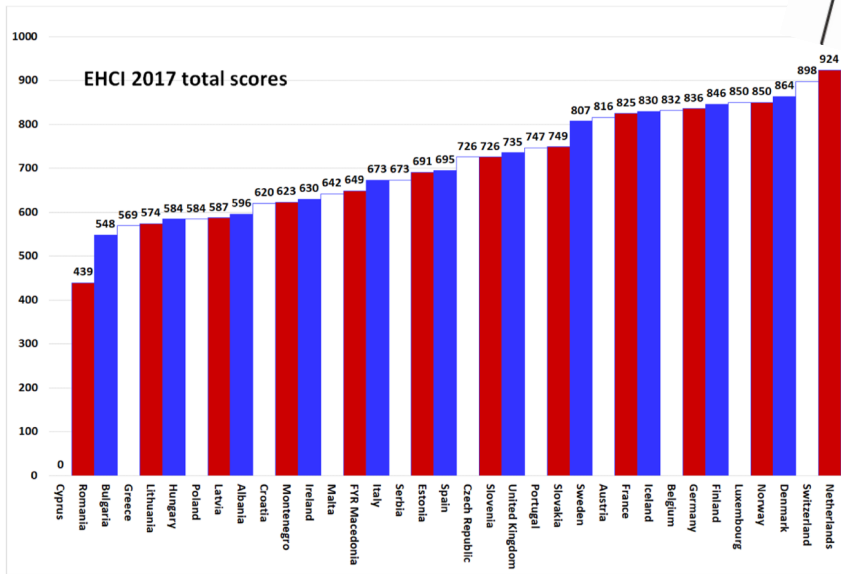


Source: RIVM Toekomstverkenning zorguitgaven 2015-2060

# Rapidly advancing technologies



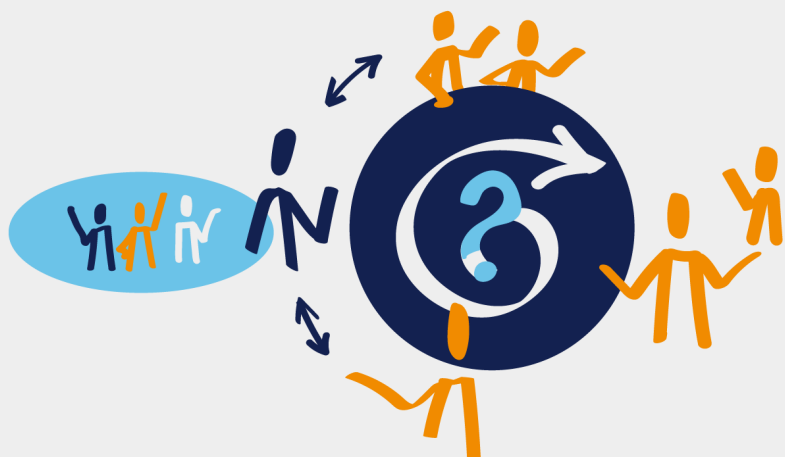
# Dutch Healthcare consistently high quality of care in the past decades



## 6 Countries with the Highest Euro Health Consumer Index Score

2026:

<b>Switzerland</b> 893	<b>Netherlands</b> 883	<b>Norway</b> 857
<b>Denmark</b> 855	<b>Belgium</b> 849	<b>Finland</b> 839



# The (financial) system of Dutch healthcare

## Solidarity: four types at the basis of our system

Income  
Solidarity

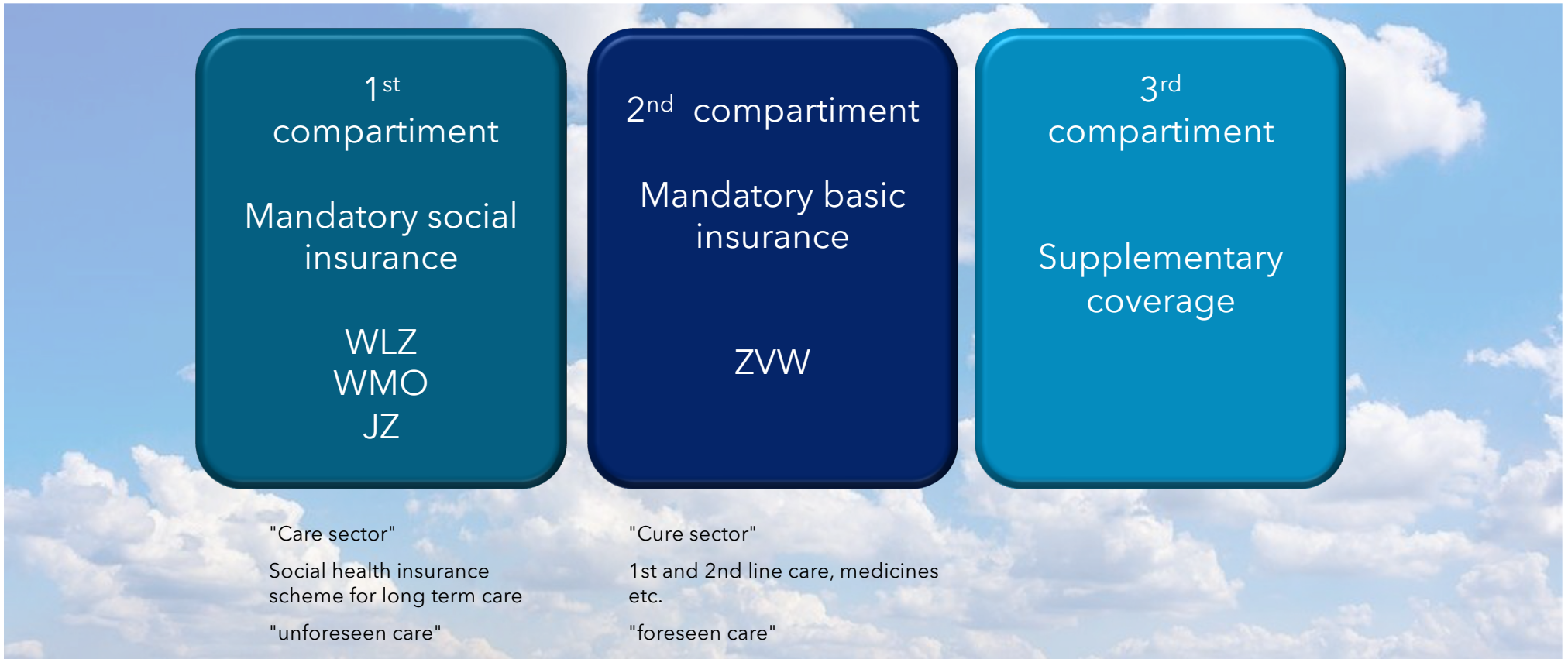
Risk  
Solidarity

Age and  
Generation  
Solidarity

Gender  
Solidarity

# Topline view of Dutch Healthcare system: 3 compartments

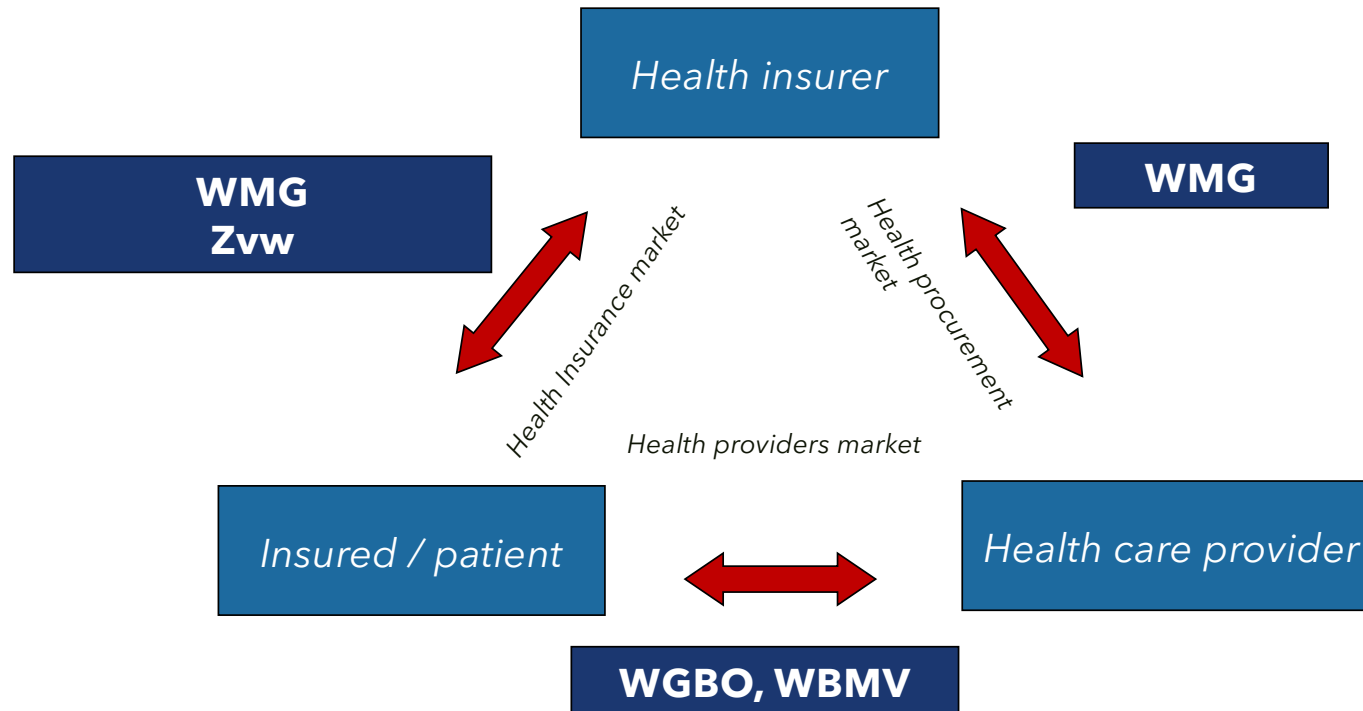
*historically a "Bismarckian" social insurance system*



Wlz: Wet Langdurige Zorg  
WMO: Wet Maatschappelijke Ondersteuning  
Jw: Jeugdwet  
Zvw: Zorgverzekeringswet

# Triangular market

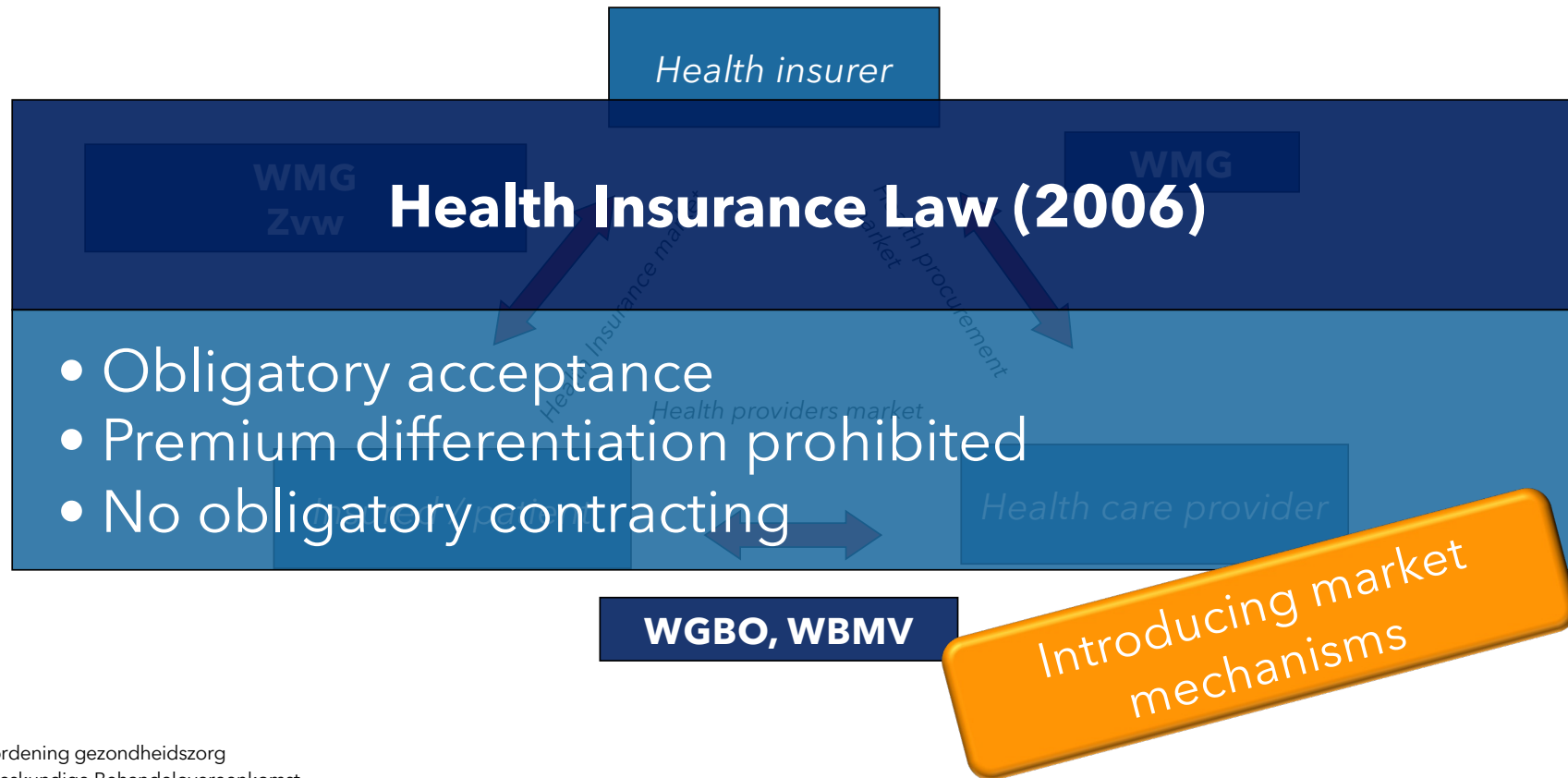
## *Submarkets and legal framework*



WMG: Wet Marktordering gezondheidszorg  
WGBO: Wet Geneeskundige Behandeloovereenkomst  
WBMV: Wet Bijzondere Medische Verrichtingen

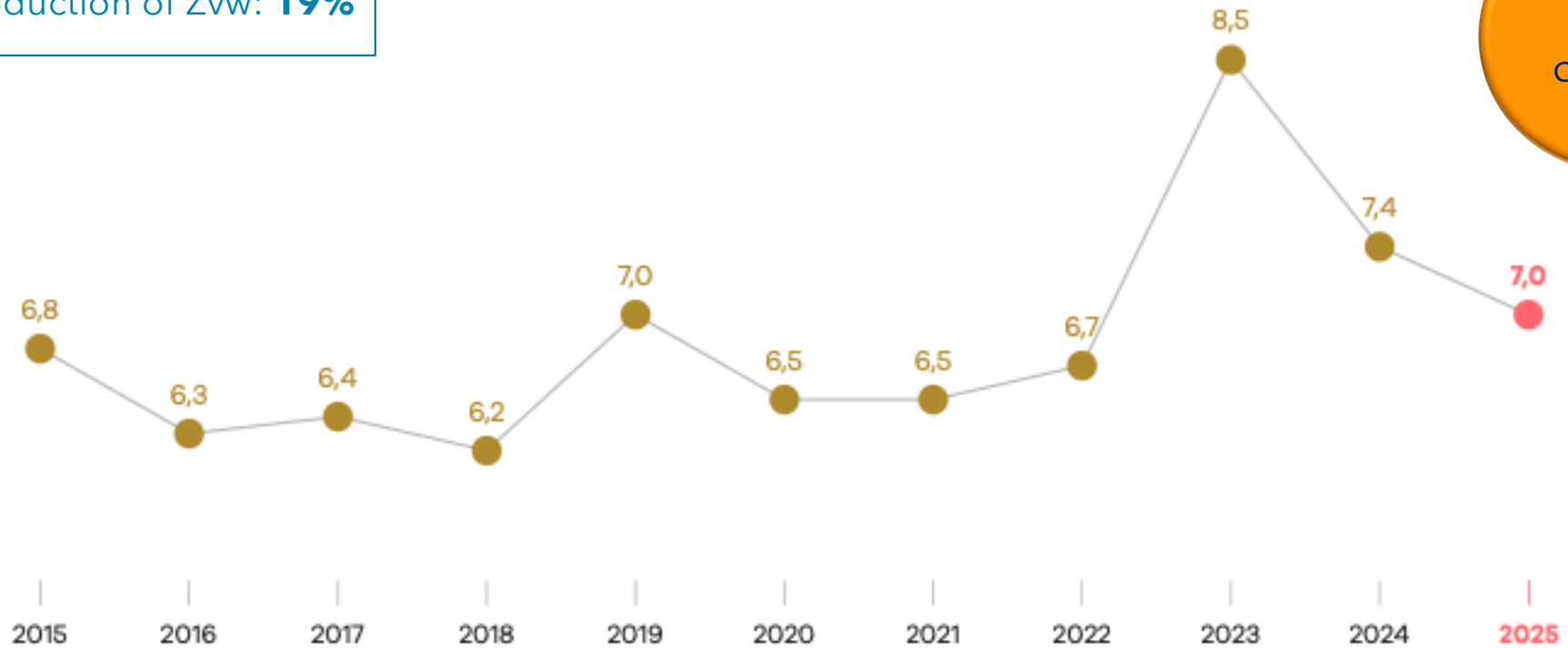
# Triangular market

## Submarkets and legal framework



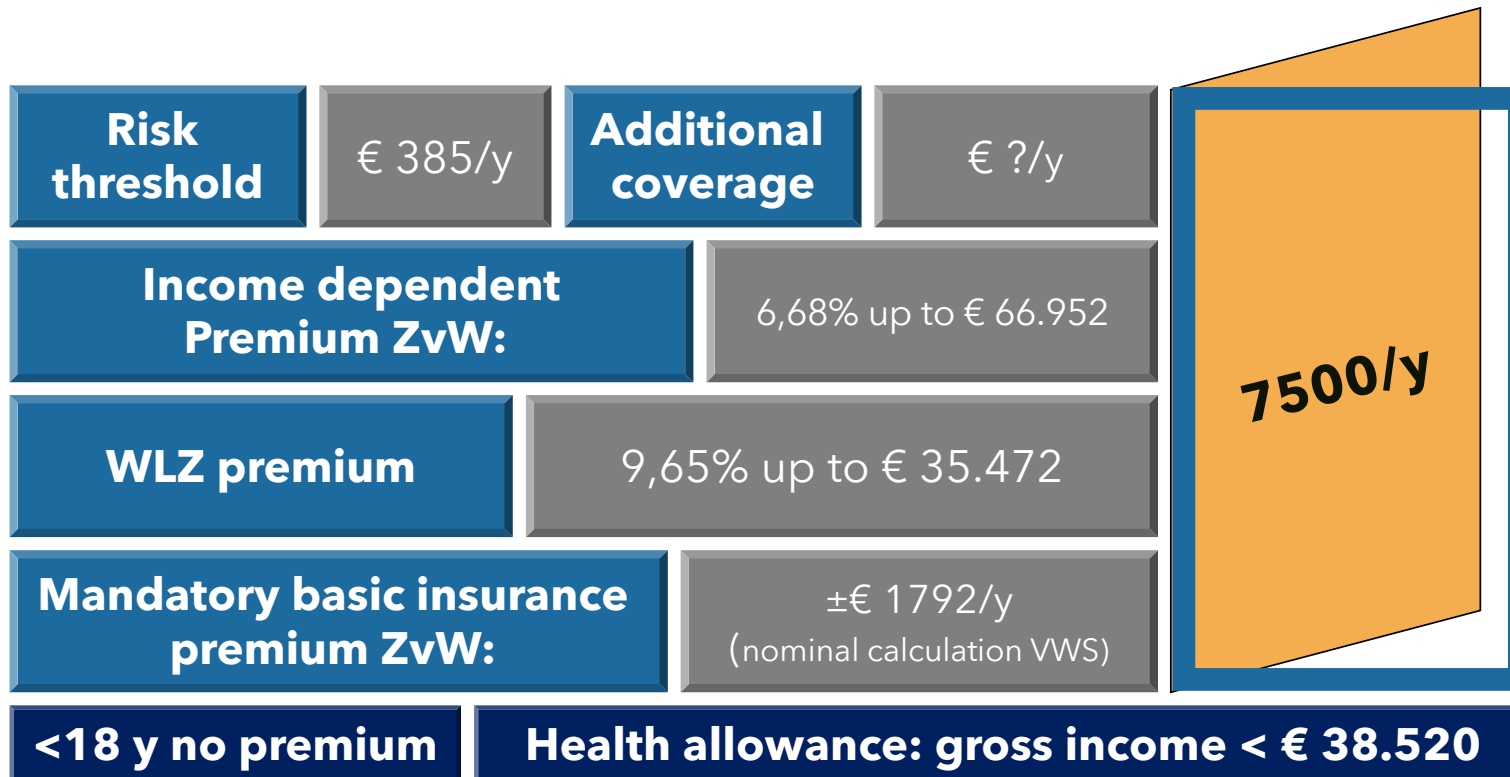
# Do we really choose? Mobility of insured

2006/2007 upon  
introduction of Zvw: **19%**



## The Dutch inhabitants free to choose health insurer:

*How much does a Dutch inhabitant pay for health insurances?*



# The Dutch inhabitants free to choose health insurer:

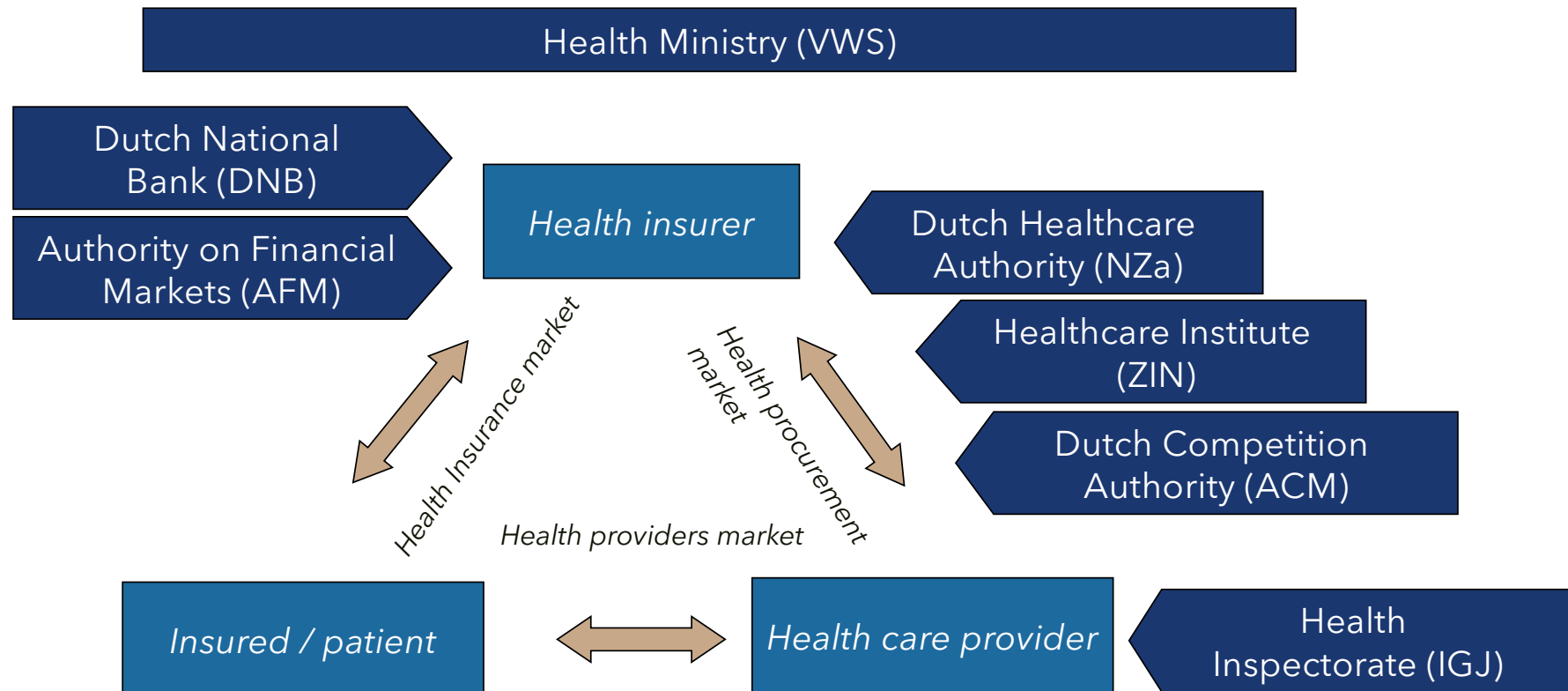
*How much does a Dutch inhabitant pay for insurances?*

<b>Risk threshold</b>	€ 385/y	<b>Additional coverage</b>	€ ?/y
<b>Income dependent Premium ZvW:</b>	6,68% up to € 66.932		
<b>WLZ premium</b>	(Wlz) 9,65% up to € 35.472		
<b>Mandatory basic insurance premium ZvW:</b>	±€ 1772/y (nominal calculation VWS)		
<18 y no premium	<b>Health allowance: gross income &lt; €</b>		

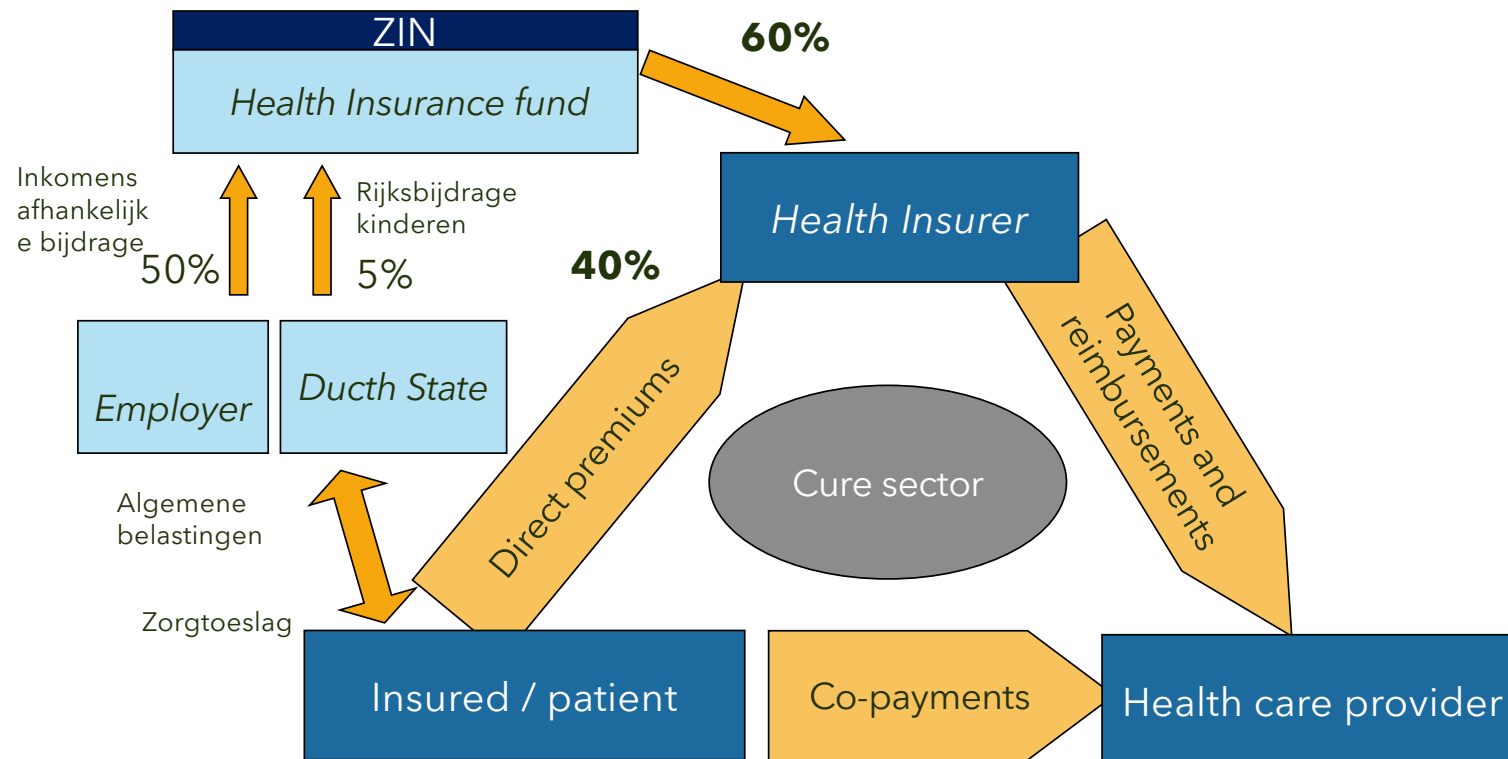
**Solidarity  
under stress**



# Governmental and Supervisory bodies



# Maintaining solidarity in the Dutch healthcare system: risk levelling fund



## **Risk levelling protects health insurers for (excessive) risks**

- Obligatory acceptance and prohibition of premium differentiation require government policy to counteract risk selection by health insurers (e.g. banning "high-risk" patients).
- Therefore, a risk levelling scheme has been installed: compensation for insured with an unfavourable risk profile.
- All health insurers receive an annual financial contribution from the Health Insurance Fund, depending on the composition of their insured population.

***essential for maintaining solidarity...***

# Health insurance market: Has concentrated to oligopoly...

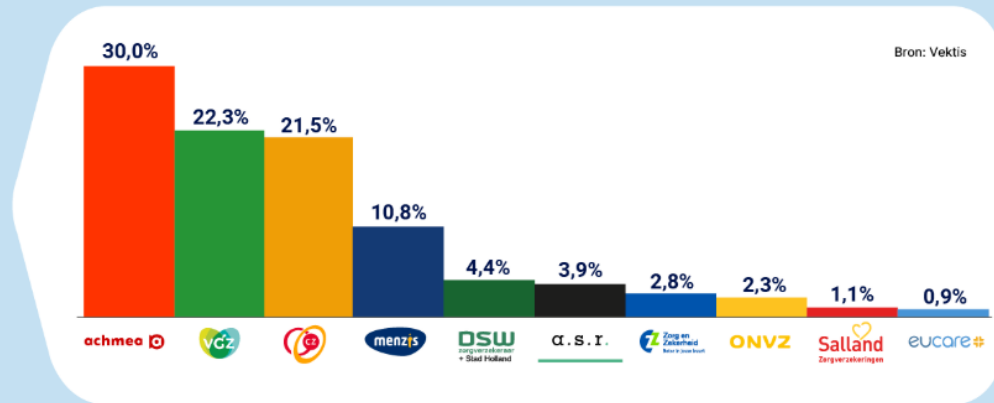
## Zorgverzekeraars in Nederland



Bronnen: Zorgwijzer 2025/2026, SFK Data en feiten 2025

Health insurance groups have 84,6% market share  
 2 Largest health insurance groups have 52,3% market share





## Marktaandeel per concern (2025)





# Health insurers focus - for MedTech

## assessment of procurement policies 2026 and 2027\*

Health insurer	Starting points for procurement policy
	<ul style="list-style-type: none"> <li>▪ Function-based prescribing</li> <li>▪ Quality and <b>efficiency</b></li> <li>▪ <b>Adequate pricing</b>, supported by cost data</li> <li>▪ Guidelines and protocols from the Quality Register of the Quality Institute</li> <li>▪ <b>Labour savings</b></li> </ul>
	<ul style="list-style-type: none"> <li>▪ Future-proof care</li> <li>▪ High-quality and appropriate care for the right price</li> <li>▪ <b>Self-reliance</b> at home through aids</li> <li>▪ Integral chain cooperation</li> <li>▪ <b>Sustainability</b></li> </ul>
	<ul style="list-style-type: none"> <li>▪ <b>Efficiency</b></li> <li>▪ <b>Labour-saving</b> aids: relieving healthcare professionals by using the right tool</li> <li>▪ <b>Sustainability</b></li> </ul>
	<ul style="list-style-type: none"> <li>▪ Importance of a tool for the quality of life of policyholders</li> <li>▪ Assistive device care accessible, sustainable and <b>affordable</b></li> <li>▪ Low-regulation agreements for prescribers and suppliers</li> <li>▪ Appropriate care</li> <li>▪ Positive health ('vitality')</li> <li>▪ <b>Sustainability</b></li> </ul>

\*published mid-April 2026



## Reimbursement system

*Hospital and ambulatory  
setting funded differently*

# Overall basic insurance requirements

Every single intervention to be reimbursed must comply with these principles

<p>Necessity</p>	<p>The disease/disorder and the care required <b>justifies reimbursement from the collectively funded basic insurance.</b></p>
<p>Efficacy</p>	<p>The intervention or form of care <b>performs as expected</b>: delivery of <b>clinical effect</b>. Also: safety, side effects and quality of life are involved</p>
<p>Cost-effectiveness</p>	<p>The <b>ratio between costs and benefits</b> should be acceptable.</p>
<p>Feasibility</p>	<p>It should be <b>practically and financially feasible</b> and sustainable to include the intervention in the insurance system (logistics &amp; budget impact).</p>

## Cost-effectiveness criterion: NL uses a different approach:

*differentiated cost-effectiveness reference values*

Burden of illness	ICER Reference value
0,1 – 0,4	€ 20.000 / QALY
0,41 – 0,7	€ 50.000 / QALY
0,71 – 1,0	€ 80.000 / QALY

# Reimbursement of medical devices: Bzv and Rzv

The most common medical devices are included into the basic insurance and are paid for by the health insurer. Some are covered by supplementary insurance.

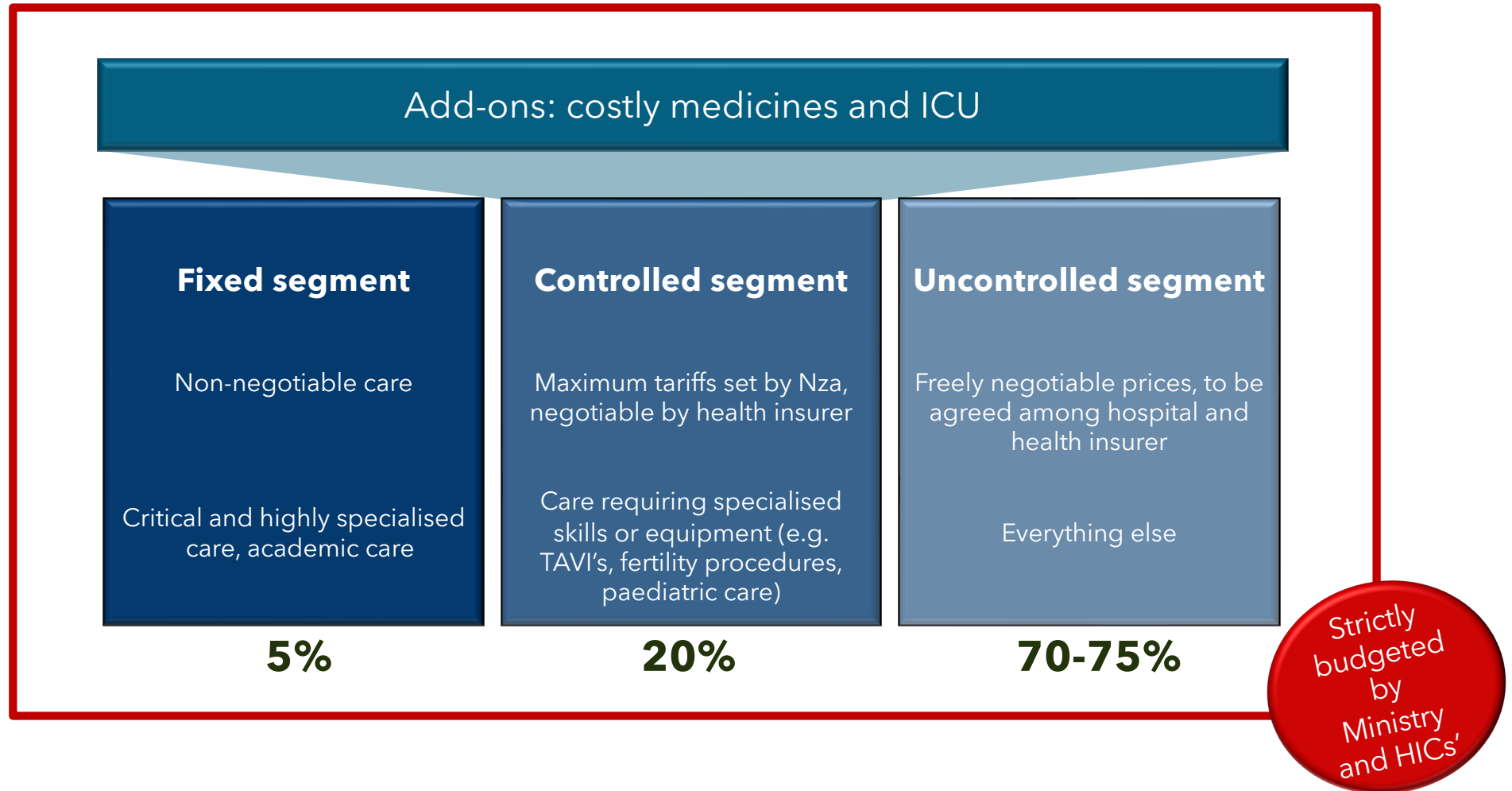
A medical device is insured as, either:

- **Hospital medical care:** "medical care, such as medical specialists usually provide" (= medical specialist care), as included in Article 2.4 of the Healthcare Insurance Decree (Bzv).
- **Ambulatory medical aids:** medical aids, as included in Article 2.9 of the Bod, and further elaborated in the section on medical devices of the Healthcare Insurance Regulations (Rzv).

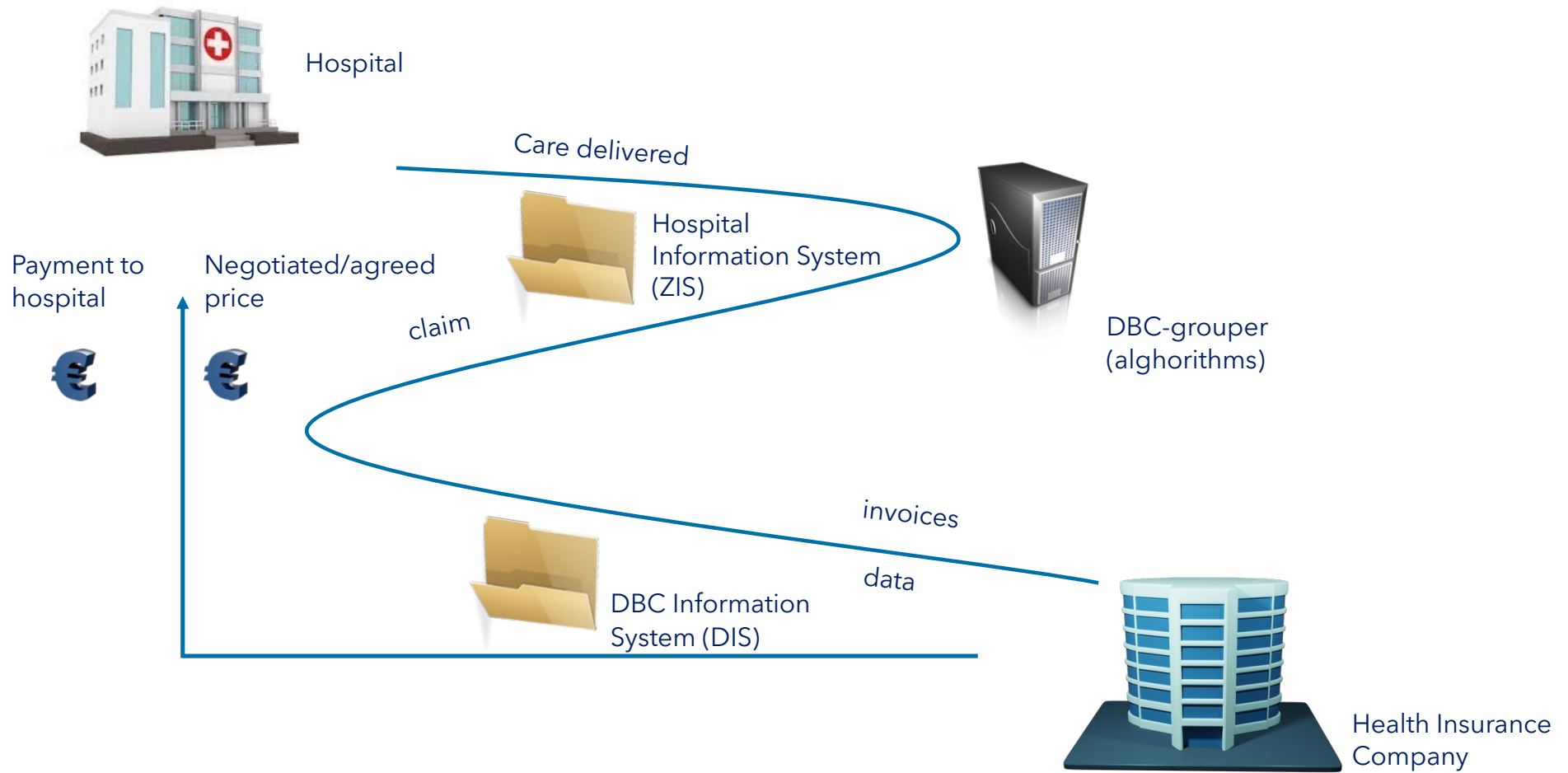
## The funding differs:

- Hospital care is funded through DBCs (DGR-like system).
- If a medical device is insured as 'ambulatory medical device/aid', the insurance companies decide on reimbursement

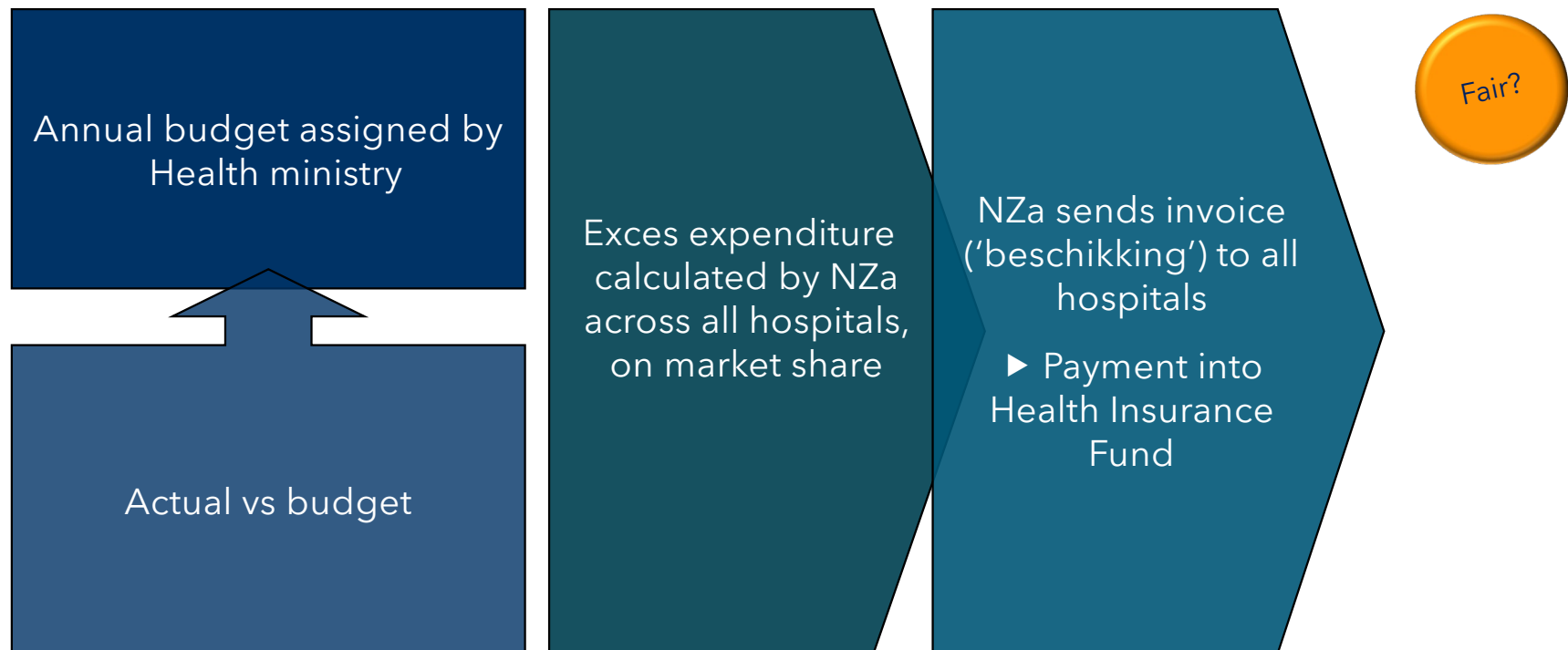
# Hospital funding: tariffs and prices



# Deductive algorithms define payments



# Macro control instrument (hospital budget)





# Ambulatory setting reimbursement of medical devices: Bzv and Rzv

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- **Hospital medical care:** "medical care, such as medical specialists usually provide" (= medical specialist care), as included in Article 2.4 of the Healthcare Insurance Decree (Bzv).
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# Ambulatory MedTech reimbursement:

*function-based entitlement and function-oriented prescribing*

## *function-based entitlement*

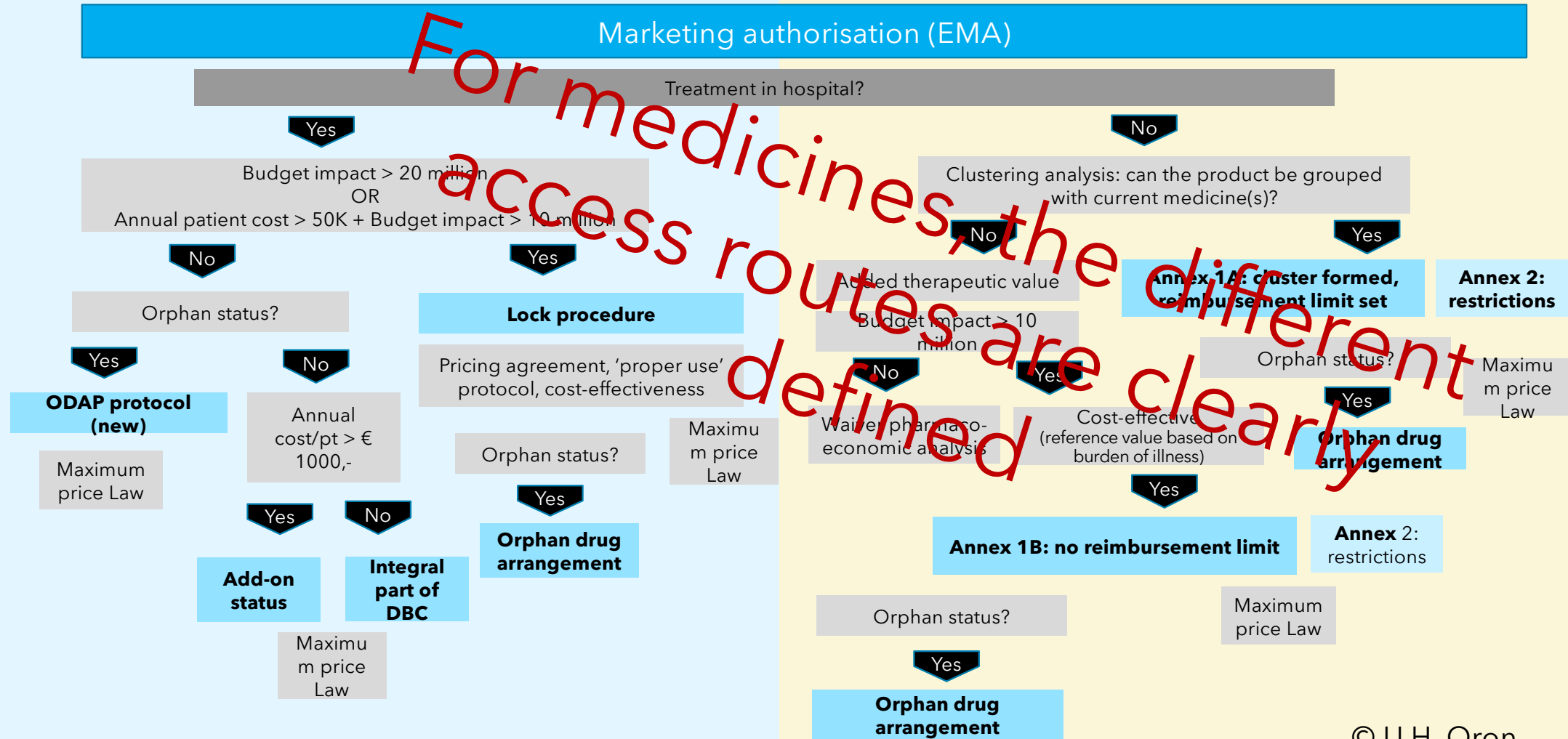
- In principle, it is up to the health insurer to assess – based on its functionalities - whether a (new) medical device is eligible for reimbursement from basic insurance : **function-based entitlement.**
- This is regulated in section 1.4. of the Health Insurance Regulations (Articles 2.6 to 2.29).
- It is also up to the health insurer to assess whether a (new) device meets the legal criterion of '**current state of medical science and practice**'.

## *function-oriented prescribing*

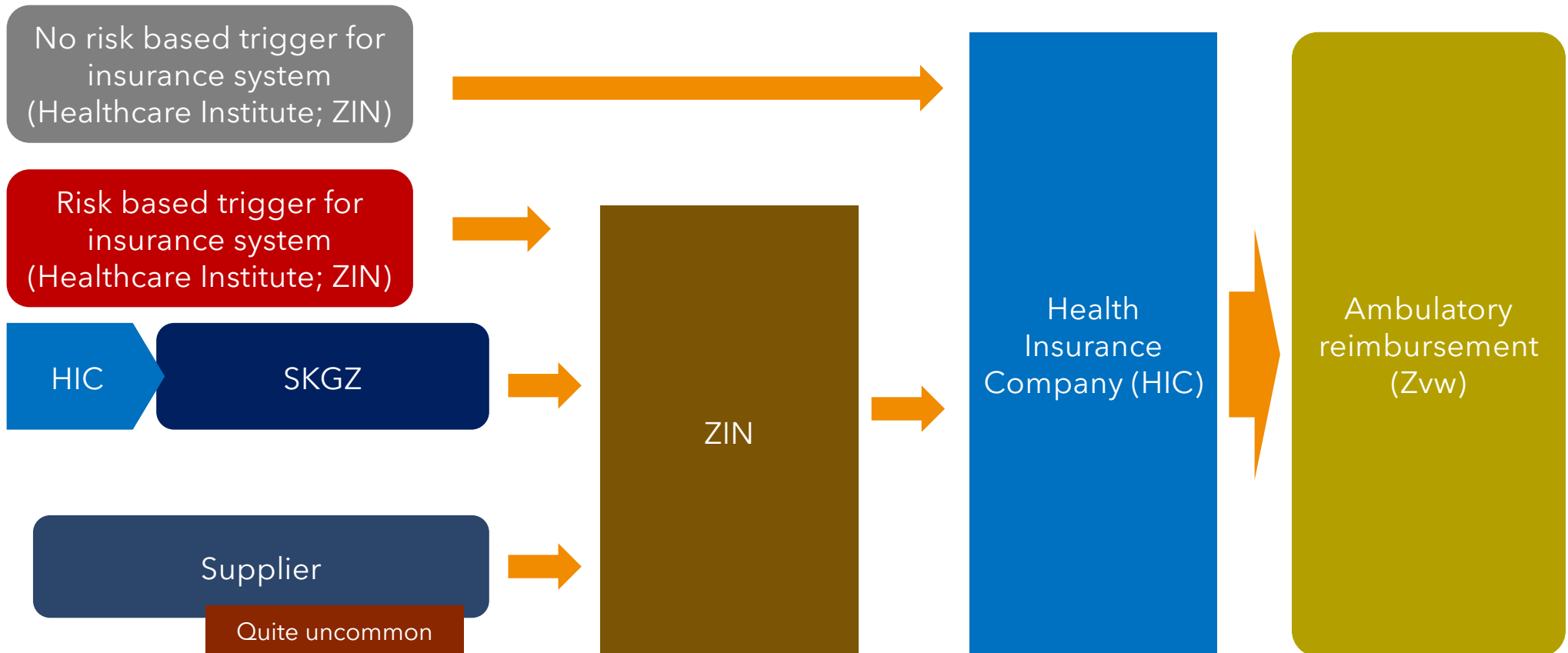
- Ambulatory medical devices (and the associated care) are **prescribed for functioning.**
- This means that the **client's performance is central to the prescribing process.**

Marketing authorisation (EMA)

Treatment in hospital?



# Access route for ambulatory medical devices





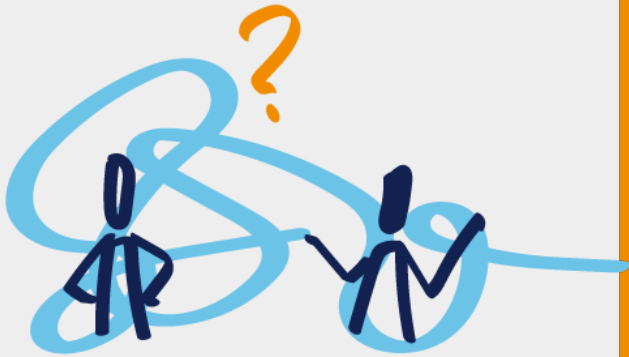
# Key topics to know for reaching the Market

## Key messages for Medtech NL

- Notwithstanding all budgetary constraints, there are opportunities for the medtech sector to address some of the political challenges
- A (fairly) new government might open up opportunities
- The NL system is initially evidence based; have your clinical trails ready (convincing and robust)
- Contrary to pharmaceuticals, medtech access in the Netherlands is quite unpredictable and uncertain, thorough knowledge of the system is vital for success.

## Key recommendations for Medtech NL

- **Know** in which setting your technology will be funded/reimbursed
- **Assess** how strong your technology meets the basic insurance criteria
- **Evaluate** the national budgetary 'risk'/impact as it will define the access route
- **Check** whether your technology addresses additional political incentives (sustainability, labour-savings)
- **Involve** clinicians: the clinical rationale prevails over the economic rationale: advocate EBM over cost focus
- **Learn** from other procedures/product launches/assessments (also pharmaceuticals)
- **Plan/plot** your access route: with many uncertainties, no clear procedures for medtech, and unpredictable timelines
- **Contact** your decisive stakeholders, depending on the setting and access route (ZIN, hospitals, HICs)



Q & A



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