

In 2009, about 45% of all Dutch registered dietitians (RD) worked in primary health care and 60% of them worked in private practice (23).

All Dutch citizens have to buy standardized individual primary health insurance coverage from a private insurer, and the government of the Netherlands subsidizes so that primary health insurance is affordable for everyone.

Since January 1<sup>st</sup> 2005, dietetic treatment was reimbursed by the standardized primary health insurance coverage for up to a maximum of four hours per calendar year (January 1<sup>st</sup> - December 31<sup>st</sup>), under the condition that the patient had a medical indication and was referred by a physician. This reimbursement includes the direct treatment time, i.e. the total time of the consultation with the patient, and the indirect treatment time, i.e. the time the dietitian needs to administer and prepare the patient's consultation. For a higher premium a patient can buy extra coverage, for extra treatment time or unlimited reimbursement of dietetic treatment (24). All reimbursement also covers treatment for overweight and obesity.

The Dutch situation has changed in 2011. Since August 2011 dietetic health care is accessible without a referral from a physician. From January 2012 dietetic health care will only be reimbursed by the standardized individual primary health insurance coverage for up to a maximum of four hours a year, under the condition that the patient receives integrated care and is diagnosed with diabetes mellitus, chronic obstructive pulmonary disease or has a cardiovascular risk.