



Bill No. 1. 223

Parliament 2024-25

Proposed on August 21, 2025 by the Minister of the Interior and Health (Sophie Løhde)

## Proposal

to

### Act amending the Act on the Authorization of Healthcare Professionals and on Healthcare Professional Activities

(Quota for the number of authorisation applications from third countries, rejection of applications already submitted, rejection of applications for authorisation residence permits and cutting off administrative appeal rights in connection with quotas)

#### § 1

The following amendments are made to the Act on the Authorization of Healthcare Professionals and on Healthcare Professional Activities, cf. Consolidation Act No. 1008 of 29 August 2024, as amended by Section 1 of Act No. 716 of 20 June 2025 and Section 11 of Act No. 719 of 20 June 2025.

1.1 Section 2 is inserted as subsection 6.

Subsection 6. The Minister of the Interior and Health may lay down rules on the termination of access to appeal against decisions made in accordance with rules laid down pursuant to section 4 b.

2. After section 4 a, the following is inserted in Chapter 2:

Section 4 b. The Minister of the Interior and Health may lay down rules on quotas, including exceptions thereto, for the number of applications for authorisation that the Danish Patient Safety Agency may receive annually from persons who are not citizens of Denmark.

1) Denmark, the Faroe Islands, Greenland and the European Union,

2) countries that have acceded to the EEA Agreement, or

3) countries with which the European Union has concluded an agreement on access to the exercise of regulated professions

Subsection 2. The Minister of the Interior and Health may lay down rules to the effect that the Danish Patient Safety Agency may reject applications submitted to the Agency before a quota pursuant to subsection 1 has been set at 0 or exhausted.<<<

#### § 2

Subsection J. The Act enters into force on 7 October 2025.

Subsection 2. The Danish Agency for International Recruitment and Integration shall, notwithstanding section 9 i, subsection 4, first sentence of the Aliens Act, refuse an application for a residence permit with a view to obtaining authorisation when the quota determined at the same time as or immediately after the entry into force of the Act for foreign nurses pursuant to section 4 b, subsection 1, of the Act on authorisation of health professionals and health professional activities, cf. section 1 no. 2 of this Act, has been exhausted. Section 1 shall apply correspondingly to applications for a residence permit as an accompanying family member of a foreign national covered by section 1. In such cases, the Danish Agency for International Recruitment and Integration shall refund the full fee that may have been paid to the Agency pursuant to section 9 h, subsection 1 of the Aliens Act.

#### § 3

The Act does not apply to the Faroe Islands and Greenland, but may by royal decree be brought into force in whole or in part for the Faroe Islands with the changes required by Faroese conditions. The provisions of the Act may be brought into force at different times.

# Comments on the bill

## General remarks

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### 1. Introduction

The healthcare system is in a different and significantly better place than it was just a few years ago. It has become much easier to recruit new healthcare workers, especially nurses, and to retain those who are already employed. At the same time, the healthcare and care sector faces pressure in the future with more elderly people and more people with chronic diseases who will need care and treatment. According to projections, there will be a shortage of up to 15,000 social and health assistants and helpers in a few years.

It is the government's (Social Democrats, Liberals and Moderates) view that some of the challenges with the shortage of labor in the health and care sector can be solved by looking abroad and recruiting foreign labor to Denmark.

However, it is also the government's opinion that the recruitment of foreign labor should follow the demand in the health and care sector, and that as a starting point there should be work for those health professionals who come to Denmark with the desire to work.

This is not the case today. In recent years, there has been an increase in authorization applications, especially from nurses from third countries who want to come to Denmark and obtain Danish authorization.

This is despite the fact that the government has implemented a number of measures to reduce the number of incoming nurses from third countries, so that the number of nurses who come to Denmark to obtain Danish authorisation better matches the demand in the health and care sector. In 2024, the fee structure for authorisation was changed from an issuing fee to an application fee. As a result of the change, the Danish Patient Safety Agency has charged fees for continued case processing in pending cases, which has resulted in approximately 5,550 application cases being closed. This is primarily due to the applicant not having paid

the new application fee, or that the applicant has withdrawn their application. Descriptions on a number of websites have also been adapted to the current situation, so that they no longer send a signal that there is a high demand for foreign nurses in Denmark.

The mismatch between supply and demand has resulted in the Danish Patient Safety Agency currently receiving and approving significantly more applications from applicants from third countries, particularly nurses, than can be expected to be able to complete an authorisation process. This is because there is currently no upper limit on how many applications for authorisation the Danish Patient Safety Agency can receive and process.

In addition, the Agency for International Recruitment and Integration, based on approval of the applicant's educational level by the Danish Patient Safety Agency, grants residence permits to foreigners with a view to obtaining Danish authorisation as a nurse. This means that there are currently a large number of nurses from third countries who have the opportunity to reside in Denmark with the aim of obtaining Danish authorisation, but who, due to lack of demand, are unable to complete the authorisation process and subsequently work as a nurse.

The government will therefore now have a new and more demand-driven model for the authorization of healthcare professionals from third countries. The government will establish a quota system that will help ensure that there is a connection between the number of foreign healthcare professionals from third countries who travel to Denmark to obtain Danish authorization and the estimated future need for healthcare professionals within the relevant professional group in regions and municipalities.

This demand-driven approach is also in line with the government's desire to establish partnerships with other countries on the recruitment of health and care personnel. The partnerships must be demand-driven.



driven, so that those who come to Denmark are also in demand. The proposed quota will therefore not affect the possibilities for authorizing and recruiting healthcare professionals via partnerships.

## 2. Main points of the bill

### 2.1. Quotas for applications for authorization

#### 2.1.1. Applicable law

It follows from Section 2(1), 1st sentence, of the Act on Authorisation of Health Professionals and on Health Professional Activities (hereinafter the Authorisation Act) that authorisation is granted by the Danish Patient Safety Agency to persons who have completed a specific training course, cf. Section II.

It also follows from Section 2(2) of the Authorization Act that the Minister of the Interior and Health may lay down rules on granting authorization, including on periodic renewal of authorization.

It also follows from Section 3(2) of the Authorisation Act that the Danish Patient Safety Authority grants authorisation to persons who have achieved a level of education abroad that is comparable to the Danish basic education of the corresponding professional group, or to persons whose foreign education only lacks a number of clinical hours to be comparable to the Danish basic education of the corresponding professional group, if compensation is provided for this during the authorisation process. The authorisation may stipulate restrictions on the person concerned's exercise of the activity.

The authorization in Section 2(2) of the Authorization Act is implemented by Executive Order No. 1004 of 28 August 2024 on the authorization of healthcare professionals who are citizens of and/or trained in countries outside the EU/EEA, etc., which contains rules on the detailed application process for authorization from applicants trained in Denmark, the EU/EEA and from other countries (i.e. third countries).

According to Section 1(1), the Executive Order applies to applications for authorization and permission to work independently as a doctor or dentist, and to applications for authorization as a chiropractor, nurse, midwife, occupational therapist, physiotherapist, bioanalyst, clinical dietitian, radiographer, bandage technician, clinical dental technician, dental hygienist, optometrist, podiatrist, social and health assistant, osteopath or ambulance worker, as well as to applications for permission to describe oneself as an ambulance worker with special competence (paramedic).

The Executive Order thus applies, according to subsection 1, no. 1, to persons who are nationals of and trained as a healthcare professional in a country outside the other member states of the European Union, in countries that have acceded to the EEA Agreement, and in countries with which the EU has entered into an agreement on access to the exercise of regulated professions (EU/EEA etc.). "EU/EEA etc." means other member states of the European Union.

European Union than Denmark, and countries that have acceded to the EEA Agreement, i.e. Iceland, Liechtenstein and Norway, as well as countries with which the EU has entered into an agreement on access to the exercise of regulated professions, i.e. Switzerland.

According to subsection 1, no. 2, the executive order also applies to persons who are citizens of a country outside the EU/EEA, etc. and trained as a healthcare professional in a country within the EU/EEA, etc.

Finally, the executive order pursuant to subsection 1, no. 3, applies to persons who are citizens of a country within the EU/EEA, etc. including Denmark and trained as a healthcare professional in a country outside the EU/EEA, etc., unless the educational qualification is recognized in another country within the EU/EEA, etc., and the applicant can document at least 3 years of professional experience in the country in question.

It follows from section 3 of the executive order that the Danish Patient Safety Authority may allow an applicant for authorisation as a healthcare professional to commence the authorisation process when the authority has ensured that the basic conditions in section 3, subsection 1, nos. 1-3, have been met. According to subsection 1, no. 1, the applicant must have up-to-date competences within his or her professional field, and according to subsection 1, no. 2, the applicant must document that the applicant's foreign authorisation for the same profession has not been withdrawn or restricted administratively or by judgment abroad. According to subsection 1, no. 3, it is a requirement that the applicant has achieved an overall level of education abroad that can be equated with the corresponding professional group's Danish basic education, or that the applicant's foreign education only lacks a number of clinical hours to be equated with the corresponding professional group's Danish basic education, and that this is compensated for during the authorisation process.

If the Danish Agency for Patient Safety grants an applicant permission to commence an authorisation process, the person, who is either a doctor, dentist or nurse, may, pursuant to section 9 i, subsection 4 of the Aliens Act, apply to the Danish Agency for International Recruitment and Integration for a residence permit to complete the authorisation process with a view to obtaining Danish authorisation. For other groups covered by the Authorisation Act, other grounds for residence are required.

Under current law, there are no rules on limitations on the number of applications for authorization by the Danish Patient Safety Agency, and current authorizations do not contain the authority to set such rules, including quotas.

In practice, the Danish Patient Safety Agency prioritizes the order of processing applications for Danish authorization. As a rule, applications are processed in the order in which they are received by the Danish Patient Safety Agency. However, priority is given to processing applications where the applicant is closest to being able to contribute to the health and care sector in Denmark. For applicants from countries outside the EU/EOS, it is therefore currently the Agency's practice that a



applications for authorization that the Danish Patient Safety Agency may receive annually from persons who are not citizens of 1) Denmark, the Faroe Islands, Greenland and the European Union, 2) countries that have acceded to the EEA Agreement, or 3) countries with which the European Union has entered into an agreement on access to the exercise of regulated professions.

It will thus be possible to set rules on quotas that include third-country nationals, but not Danish citizens, Greenlandic and Faroese citizens, or citizens of an EU country, a country that has acceded to the EEA Agreement or that has entered into an agreement with the EU on access to the exercise of regulated professions.

The authorization will allow for restrictions to be imposed on the number of authorization applications that the Danish Patient Safety Agency will be able to receive via the agency's application system. Depending on the size of the quota, the Danish Patient Safety Agency will adjust access to submit applications to their digital application system.

If the need for authorised healthcare professionals within a given professional group is assessed to be covered for a period going forward, such that there will be no need for a given period to recruit additional healthcare professionals from third countries, the quota will be set at 0. In practice, this will mean a temporary stop to the Agency's ability to receive third-country applications for authorisation within this professional group. The same will apply to a quota set at more than 0 when this is exhausted. The quota is exhausted according to the first-come, first-served principle, and the Danish Patient Safety Agency will be able to reject applications that may have been submitted after the quota has been exhausted.

If the Danish Patient Safety Agency receives an application in a way other than through the digital application system, e.g. a physically submitted application, the Agency will, in accordance with Section 4 a of the Authorisation Act, reject the application as a general rule. This also applies when electronic applications are closed because the quota is 0 or exhausted. According to Section 4 a, subsection 5 of the Authorisation Act, the rejection cannot be appealed.

There will thus be a limitation on how many healthcare professionals from third countries will be able to apply for authorisation, and therefore also a limitation on how many of these healthcare professionals will be allowed to begin the authorisation process. A more demand-driven approach to authorisation of healthcare professionals from third countries will hopefully ensure a better and more predictable authorisation process for the individual healthcare professional.

Quotas will, pursuant to the authorization, be able to include any health professional group that is authorized under the Authorization Act. This applies, among others, to doctors, dentists, nurses and midwives. Quotas will also be able to be defined based on specialties. The decisive factor in whether a quota is set for the individual professional groups will be whether the current or future needs for the group in question in the Danish health or care sector are assessed to be disproportionate to the number of employees.

applications for authorization that the Danish Patient Safety Agency receives from persons from the relevant professional group.

The Ministry of the Interior and Health will be responsible for assessing the expected need. The expected need will be based on available data, projections and an estimate from employers and customers of foreign-trained healthcare professionals, including in particular regions and municipalities. The existing recruitment base will also have to be taken into account, including Danish-trained healthcare professionals, healthcare professionals who are covered by the rules in Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (hereinafter the Recognition Directive) and already submitted, qualified authorisation applications from third countries that have not been fully processed by the Danish Patient Safety Agency.

When determining the size of a quota, the Ministry will also have to take into account an expected dropout of applicants during the authorisation process. It is not expected that all incoming applications will be approved by the Danish Patient Safety Agency, for example if the applicant's education is assessed not to be comparable to the corresponding Danish education.

It will also have to be taken into account that some applicants, after they have been granted permission to begin the authorization process, may be expected to drop out for various reasons, including if they never travel to Denmark, fail any language test or professional test, cannot obtain an evaluation appointment or do not obtain a positive evaluation thereof.

When a quota has been set for a given professional group, the Ministry of the Interior and Health will annually assess whether there is a need to set a new quota when the current quota expires. If a quota expires without a new one being set, there will again be unlimited opportunities to submit applications for a given professional group, just as is the case today.

Pursuant to the authorisation, rules may be laid down to the effect that the Danish Patient Safety Agency may, if necessary, control the distribution of applications received within a set quota during the duration of the quota. If a quota is set, for example, at 100 applications in a year for a given professional group, the agency may choose to distribute the quota over, for example, 50 applications twice in the year in question or 25 applications each quarter in the year in question. The Danish Patient Safety Agency may reject applications submitted after a divided quota has been exhausted.

The purpose of being able to control the distribution of the quota is to ensure an even distribution of the number of applications that a set quota allows for, including ensuring that an applicant does not have to wait up to a year to be able to submit an application for authorization, and ensuring that the need for evaluation appointments is spread throughout the year. In this way,



The possibilities of municipalities and regions to continuously offer evaluation appointments to qualified applicants are taken into account.

It will not be a requirement for the Danish Patient Safety Agency to control the distribution of applications in connection with any set quota. If it is deemed that there is no need for this, applicants will be free to apply for authorisation during the duration of the quota until the quota is exhausted. If a quota is not exhausted before the end of the year, this will be included as a factor in assessing the need for a quota, including the possible size of the quota, in the following year.

Information about quotas, including, for example, when applications will next be opened or the status of how far a quota is from being used up, etc., is published regularly on the Danish Patient Safety Agency's website.

It is currently expected that a quota for nurses will be set in immediate continuation of the entry into force of the authorization provision, cf. the proposed § 2, subsection 1. This is because there is currently a greater search for nurses from third countries in Denmark than there is demand for them. It is therefore also expected that the quota for nurses will initially be set at 0, until there is a demand for additional nurses from third countries again. As mentioned above, this will result in a temporary stop being introduced for the possibility of applying for authorization as a nurse from a third country.

Furthermore, pursuant to the authorisation, rules on exceptions to quotas may be laid down. This means that third-country nationals may be exempted from being subject to quotas.

Firstly, rules will be laid down that health professionals recruited via a partnership agreement with a third country will not be covered by the quota. Such an exception will be relevant to the government's ambition to recruit and train health and care professionals via the agreements that the government will currently enter into with India and the Philippines. An exception to the quota for recruitment via the partnerships will mean that the quota will not have an impact on the number of health professionals who are authorised and thus recruited via the partnerships.

For example, it is expected that rules will be laid down that the quota scheme will not include persons who are covered by the separate authorisation process for healthcare professionals in particular demand ("shortcut scheme"), cf. Chapter 5 of Executive Order No. 1008 of 28 August 2024 on authorisation of healthcare professionals who are nationals of and/or trained in countries outside the EU/EEA, etc. The scheme includes individuals, regardless of professional group, who apply for Danish authorisation at the Danish Patient Safety Agency and who, at the time of application, can document having a specific offer of an evaluation appointment from an employer.

It is also expected that rules will be laid down that allow persons with legal

residence in Denmark at the time of submitting the application for authorisation, or who have the right to reside in Denmark under EU rules on free movement, will not be covered by the quota. This could, for example, be persons applying for authorisation who have a residence permit as an accompanying family member or on the basis of family reunification, or who have the right to reside in Denmark as a family member of an EU citizen/EEA national under EU rules on free movement.

It is also expected that an exception will be made that persons educated in Denmark, the Faroe Islands or Greenland, regardless of citizenship, will not be covered by the quota. This will mean that third-country nationals with a Danish education will not be covered by quotas.

As mentioned, there are currently many applicants from third countries, especially nurses, who are awaiting processing of their applications by the Danish Patient Safety Agency. Since the proposed quota scheme will only concern new applications, it is proposed in extension hereof that the Minister of the Interior and Health should be able to lay down rules that the Danish Patient Safety Agency can reject applications that have been submitted to the agency before a quota has been set at 0 or exhausted.

The proposed authorization will include all applications for authorization within a given professional group that are covered by either a quota of 0 or an exhausted quota, and that have already been submitted to the agency prior to the quota being set at 0 or being exhausted. This means that all pending cases at the time of a quota of 0 or an exhausted quota will be covered by the authorization. This means both applications where the agency has granted the applicant permission to commence the authorization process, but the authorization process has not yet been completed, and applications where the applicant is awaiting assessment for permission to commence the authorization process at the time the quota is set at 0 or is exhausted.

Such a rejection, like the setting of a quota, is intended to – adjust the number of foreign healthcare professionals from third countries to the assessed demand. Whether an application will have to be rejected will depend on the assessed need for authorised healthcare professionals within a given professional group.

The authorization will be limited to laying down rules that rejection can only occur in pending cases where the applicant does not have a basis for residence either at the time a quota of 0 comes into force or at the time a quota is exhausted. Thus, the possibility of rejecting an application will be consistent with the intention that applicants with legal residence in Denmark should not be affected by the bill.

With regard to applications that the Danish Patient Safety Agency has not yet begun processing, it is expected that rules will be laid down that the Danish Patient Safety Agency will reject these applications immediately and without prior examination of any grounds for residence.



This is because it is assumed that persons who are already residing in Denmark at the time of application will have informed the Danish Patient Safety Agency of this in order to have their application processed. Should individual applicants, immediately following the rejection, be able to document to the Danish Patient Safety Agency that they have legal grounds for residence, the Agency will resume the specific application case.

It should be noted that an exhausted quota will not generally result in a need to reject applications already submitted, as it is assessed that there is demand for the applicants in question.

However, there may be cases where an application can be submitted after the quota has been exhausted for IT technical reasons. In such cases, the Danish Patient Safety Agency will still be able to reject applications received after the quota has been exhausted.

The authorization is expected to be used initially to set rules on the rejection of applications for nurses. This is because there are currently a greater number of nurses from third countries in Denmark than there is demand for them in municipalities and regions, and it is expected that a quota of 0 will be set for nurses.

If an application is rejected, the applicant in question will receive a full refund of his application fee from the Danish Patient Safety Agency. It is proposed that a rejection should not be subject to appeal. Reference is made to Section 1, No. 1 of the bill and the comments thereto.

An applicant whose application has been rejected by the Danish Patient Safety Agency will be able to submit a new application for authorization upon payment of a new application fee when a new quota is set for the applicant's professional group above 0 or the quota expires, thereby opening up the possibility of submitting applications to the Danish Patient Safety Agency again.

### 3. Economic consequences and implementation consequences for the public sector

The part of the bill on setting quotas for third-country applicants has implementation consequences for the state.

The part of the bill regarding the possibility of setting a quota will mean that the Danish Patient Safety Agency will only receive and process those applications that are expected to ultimately meet the regions' and municipalities' demand for foreign healthcare professionals from third countries.

The proposed quota scheme will involve an adjustment of the Danish Patient Safety Agency's IT systems, as it will be possible for the Danish Patient Safety Agency to periodically close the reception of applications. At the same time, it must continue to be possible to apply via any special schemes (such as the "shortcut scheme") during periods when the possibility of applying for authorisation for others within the same professional group may be closed. The adjustment is included

in the Danish Patient Safety Agency's ongoing development of the system.

The part of the bill regarding the rejection of already submitted applications from applicants from third countries means that the applicants will have to have their application fee refunded. In addition, documentation of handling and general guidance for applicants who may contact the agency will be provided.

The part of the bill on setting quotas for third-country applicants entails implementation consequences for municipalities and regions in connection with reporting the estimated demand for healthcare personnel from third countries.

The part of the bill on setting quotas for third-country applicants has financial consequences for the state.

A demand-driven quota system and a limitation on the number of applicants for authorisation from third countries will lead to smaller, positive economic consequences in the form of reduced legal costs, which, viewed in isolation, will have a positive impact on fees for all applicants in the long term. However, there are other factors that can also affect the level of fee rates.

The part of the bill on the rejection of applications from applicants from third countries submitted prior to the determination of a quota for the relevant professional group will have negative economic consequences for the state, as the applicants will have to have their application fees refunded. The Danish Patient Safety Agency will, among other things, have to use resources to reject applications and refund application fees. In addition, there is documentation of handling and general guidance for applicants who may contact the agency.

The part of the bill concerning a transitional provision, according to which the Danish Agency for International Recruitment and Integration must refuse an application for a residence permit with a view to obtaining an authorisation, when the quota set at the same time as or immediately after the entry into force of the Act has been exhausted, is expected to have limited implementation consequences in the Danish Agency for International Recruitment and Integration in 2025. This is because, upon the introduction of the quota, the Danish Agency for International Recruitment and Integration is expected to have a number of pending cases for which the agency will have incurred case processing costs, and for which the agency will have to repay the application fee. The cost can be incurred within the existing financial framework of the Ministry of Immigration and Integration.

The administrative expenses are estimated to amount to 15.1-19.2 million DKK in total in the period 2025-2027, but will have to be consolidated. The expenses are handled in the Finance Act for 2026.

The impact of the bill on structural employment will need to be clarified.

The part of the bill on setting quotas for third-country applicants does not entail financial consequences for municipalities and regions.



Fertility Society (DFS), Danish Disability Association, Confederation of Danish Industry (DI), Danish IT Council for IT and Personal Data Security, Danish Midwifery Association, DJS, Danish Chiropractor Association, Danish Neurosurgical Society (DNKS), Danish Neurological Society (DNS), Danish Ophthalmological Society, Danish Psychiatric Society (DPS), Danish Psychologists Association (DP), Danish Psychotherapists Association, Danish Pediatric Society (DPS), Danish Society of Community Medicine (DASAMS), Danish Society of Emergency Medicine (DASEM), Danish Society of General Medicine (DSAM), Danish Society of Anesthesiology and Intensive Care Medicine (DASAIM), Danish Society of Public Health, Danish Society of Clinical Pharmacology (DSFK), Danish Society of Clinical Oncology (DSKO), Danish Society of Palliative Medicine (DSPaM), Danish Society for Patient Safety (PSI), Danish Society of Forensic Medicine, Danish Association of Social Workers, Danish Standard, Danish Nursing Society (DASYS), Danish Nursing Council (DSR), Danish Dental Health, Danish Transplantation Society (DTS), Danish Lawyers, Danish Bioanalysts dbio, Danish Dental Laboratories (DDL), Danish Diaconal Homes, Danish Podiatrists, Danish Physiotherapists, Danish Disability Organizations (DH), Danish Osteopaths, Danish Patients, Danish Regions, Danish Seniors, Danish Dental Hygienists, Danish Universities, Danish Council for the Elderly, Data Ethics Council, Data Protection Authority, Organisation of Practising Psychiatrists (DPBO), Scientific Ethics Committees for the Capital Region, Scientific Ethics Committees for the Central Denmark Region, Dementia Coordinators in Denmark, The Danish Judges' Association, The Independent Consultant Scheme in the Disability Area, The Scientific Ethics Committee for the North Denmark Region, The Scientific Ethics Committee for the Zealand Region, The Scientific Ethics Committee for the Southern Denmark Region, The Depression Association, The Child and Adolescent Psychiatric Society (BUP-DK), The Central Disability Council (DCH), The Ethics Council, The Greenland Department of Health, The Social Network, The Diabetes Association, DiaLab, The Danish Diagnostics and Laboratory Association, DIGNITY Danish Institute against Torture, DØNHØ (Danish ENT Doctors' Organisation), The Epilepsy Association, The Occupational Therapist Association (Etf), The Danish Trade Union Confederation (FH), Professional Seniors, Professional Society of Clinical Dietitians in the Danish Dietetics and Nutrition Association (FaKD), The Danish Pharmaconomists' Association, Finn Nørgaard Association (FNF), FOA, Consumer Council TÆNK, The Association of Danish Health Companies - Sundhed Denmark, The Association of Day Care for Vulnerable Children and Young People (FADD), The Association of Municipal Social, Health and Labour Market Managers in Denmark (FSD), The Association of Specialists (FAS), The Association of Immigration Lawyers, The Association of Managers of Public

lig Drug Treatment (FLOR), Association of Parallel Importers of Medicine (FPM), Insurance & Pension (F&P), Faroese Government, Arthritis Association, Heilsumálaráðið (Faroese Ministry of Health), Heilsustýrið (Faroese Health Board), Hjernesagen, Hjerneskadeforening, Hjerneskadeforening, Hjerneskadeforening, HOME-START, Horeforeningen, IGL Industrial Association for Generic and Biosimilar Medicines, Immigrant Counseling, Institute for Human Rights, Intact Denmark, International Community/Business Aarhus, IT University of Copenhagen, Midwifery Association, Church Korshær, KL, Diet and Nutrition Association, Christian Medical Association (KLF), Cancer Society, KVIN-FO, Copenhagen City Court, University of Copenhagen, National Association of Clinical Dental Technicians (LKT), National Association of Children and Parents, National Association against Eating Disorders and Self-Injury (LMS), General Physician in the Faroe Islands, LAP - National Association of Current and Former Psychiatric Users, Leaders' Main Organization, Living with Developmental Disabilities, Medical Association, Pharmaceutical Industry Association, Men's Council's Committee for Family Law, Citizens' Human Rights Commission (MMK), MEDCOM, Medicoindustri, Congregational Care in Denmark, Muscular Dystrophy Foundation, National Scientific Ethics Committee, National Center for Ethics, Nomeco A/S, Naalakkersuisut (Greenland Government), OCD Association, The Opticians' Association, the Organization of Medical Societies (LVS), the Osteoporosis Association, the National Association against Osteoporosis, the Patients' Compensation Fund, the Patient Association, Pharmadanmark, Pharmadanmark, Pharmakon, the Polio Association, the Practitioners' Organization (PLO), the Practitioners' Organization (PTO), the President of the Western High Court, the President of the Eastern High Court, the Psoriasis Association, the Psychiatric Foundation, the Psychology Board, the Radiography Council, the Legal Policy Association, Roskilde University, the Council for Digital Security, the Council for the Socially Vulnerable, the Multiple Sclerosis Association, Sex and Society, the Security Association, SIND, the National Association for Mental Health, Rare Diagnoses, the National Association of Social Pedagogues (SL), Specific Pharma A/S, SUFO National Association for Employees in Health Promotion and Preventive Home Visits, University of Southern Denmark, Dental Association, Dental Association's Dental Injury Compensation, Tjellesen Max Jenne A/S, Interpreting Agencies' Branch Association (TBBF), Payment Denmark, Immigration Board, National Association of the Disabled (ULF), Accident Patient Association, Vaccination Forum, ViNordic, VIVE National Research and Analysis Center for Welfare, Young Doctors, Elderly Affairs, Eye Association, Aalborg University and Aarhus University.

#### 11. Summary table

	Positive consequences/less costs (if yes, specify extent, if no, indicate »None«)	Negative consequences/additional costs (if yes, specify extent, if no, state »None«)
Economic consequences for the state, municipalities and regions	Less consequences	Government expenses are expected.



Implementation consequences for the state, municipalities and regions	Less consequences	Less consequences
Economic consequences for business, etc.	No	No
Administrative consequences for business, etc.	No	No
Administrative consequences for the castles	Healthcare professionals from third countries neither apply nor travel to Denmark, resulting in personal and financial risks, with no prospect of being able to complete their authorization process and get a job in Denmark.	A limitation is introduced on the number of foreign persons who can apply for Danish authorization. Furthermore, a right of appeal is cut off in connection with rejection due to quotas.
Climatic consequences	No	No
Environmental and natural consequences	No	No
The relationship with EU law	The bill does not contain any EU law aspects.	
Is contrary to the five principles for the implementation of business-oriented EU regulation (which also apply to the relevant extent when implementing non-business-oriented EU regulation) (mark X)	And	No X

### Comments on the individual provisions of the bill

#### To § 1

##### To No. 1

It is not currently possible to set quotas for how many applications for authorization the Danish Patient Safety Agency can receive annually. Therefore, it is also not possible for the Agency to reject applications for authorization based on such a quota.

It is proposed that a subsection 6 be inserted in section 2, according to which the Minister of the Interior and Health may lay down rules on cutting off access to appeal decisions made in accordance with rules laid down pursuant to section 4 b.

The authorization is expected to be used to establish rules on the severance of access to appeal for applicants who, due to IT technical reasons, have been able to submit an application for authorization after a quota determined pursuant to the proposed section 4 b, subsection 1, has been exhausted, and the applicant has had his application rejected in this connection.

The authorisation is also expected to be used to establish rules on the rejection of appeal rights for applicants who have submitted an application to the Danish Patient Safety Agency before a quota determined pursuant to the proposed section 4 b, subsection 1 has been set at 0 or exhausted, and the applicant has had his application rejected pursuant to rules determined pursuant to the proposed section 4 b, subsection 2. Reference is made to the comments to section 1,

no. 2.

It is considered appropriate to cut off access to appeal in these cases, as the reason for the rejection of the application is not based on criteria for the authorisation process but on the basis of an introduced quota of 0 or an exhausted quota, and that the applicant does not have legal grounds for residence at that time. These would therefore only be objectively ascertainable criteria that the Ministry of the Interior and Health would be able to assess in the event of retained access to appeal, in addition to legal issues, including administrative law issues.

With the establishment of rules on the cutting off of the right to appeal, the Ministry of the Interior and Health will neither be able to handle complaints about the interpretation of rules, the exercise of discretion, administrative law issues, etc. The decisions of the Danish Patient Safety Agency will still be able to be brought before the courts and the Parliamentary Ombudsman.

##### To No. 2

Under current law, there are no rules on limitations on the number of applications for authorization by the Danish Patient Safety Agency, and current authorizations do not contain the authority to set such rules, including a quota.

Reference is also made to section 2.1.1 of the general comments on the bill for a more detailed description of applicable law.

It is proposed in Section 4 b, subsection 1, that the Minister of the Interior and Health may lay down rules on quotas, including exceptions.



The authority may reject applications submitted after the quota has been exhausted.

The purpose of the possibility of controlling the distribution of the quota is to ensure an even distribution of the number of applications that a set quota allows for, including to ensure that an applicant does not have to wait up to a year to be able to submit an application for authorization, and to ensure a spread in the need for evaluation appointments during the year. In this way, the possibilities of municipalities and regions to continuously offer evaluation appointments to qualified applicants can be taken into account.

It will not be a requirement for the Danish Patient Safety Agency to control the distribution of applications in connection with any set quota. If this is not considered necessary, applicants will be free to apply for authorisation during the duration of the quota until the quota is exhausted. If a quota is not exhausted before the end of the year, this will be included as a factor in assessing the need for a quota, including the possible size of the quota, in the following year.

Information about quotas, including, for example, when applications will next be opened or the status of how far a quota is from being used up, etc., will be published on an ongoing basis, for example, on the website of the Danish Patient Safety Agency.

It is currently expected that a quota for nurses will be set in immediate continuation of the entry into force of the authorization provision, cf. the proposed § 2, subsection 1. This is because there is currently a greater search for nurses from third countries in Denmark than there is demand for them. It is therefore also expected that the quota for nurses will initially be set at 0, until there is a demand for additional nurses from third countries again. As mentioned above, this will result in a temporary stop being introduced for the possibility of applying for authorization as a nurse from a third country.

Furthermore, pursuant to the authorisation, rules on exceptions to quotas may be laid down. This means that third-country nationals may be exempted from being subject to quotas.

Firstly, rules will be laid down that health professionals recruited via a partnership agreement with a third country will not be covered by the quota. Such an exception will be relevant to the government's ambition to recruit and train health and care professionals via the agreements that the government will currently enter into with India and the Philippines. An exception to the quota for recruitment via the partnerships will mean that the quota will not have an impact on the number of health professionals authorised and thus recruited via the partnerships.

For example, it is expected that rules will be laid down that the quota system will not include persons who are covered by the separate authorization process for particularly sought-after health-care services.

health professionals ("shortcut scheme"), cf. Chapter 5 of Executive Order No. 1008 of 28 August 2024 on the authorisation of health professionals who are nationals of and/or trained in countries outside the EU/EEA, etc. The scheme covers individuals, regardless of professional group, who apply for Danish authorisation at the Danish Patient Safety Agency, and who, at the time of application, can document having a concrete offer of an evaluation appointment from an employer.

It is also expected that rules will be laid down that persons legally residing in Denmark at the time of submitting an application for authorisation, or who have the right to reside in Denmark under EU rules on free movement, will not be covered by the quota. This could, for example, be persons applying for authorisation who have a residence permit as an accompanying family member or on the basis of family reunification, or who have the right to reside in Denmark as a family member of an EU citizen/EEA national under EU rules on free movement.

It is also expected that an exception will be made that persons educated in Denmark, the Faroe Islands or Greenland, regardless of citizenship, will not be covered by the quota. This will mean that third-country nationals with a Danish education will not be covered by quotas.

It is proposed in Section 4 b, subsection 2, that the Minister of the Interior and Health may lay down rules to the effect that the Danish Patient Safety Agency may reject applications submitted to the agency before a quota pursuant to subsection 1 has been set at 0 or exhausted.

The proposed provision authorizes the Minister of the Interior and Health to lay down rules that the Danish Patient Safety Agency may reject applications that have already been submitted when, pursuant to the proposed section 4 b, subsection 1, a quota of 0 is set or a set quota has been exhausted.

The authorisation is expected to be used to establish rules that rejection can only occur in pending cases where the applicant does not have a basis for residence at the time of entry into force of a quota of 0 or where the quota has been exhausted.

Thus, the possibility of rejection will be consistent with the intention that applicants with legal residence in Denmark should not be affected by the bill.

Rejection will then be possible both in relation to applicants who have been granted permission by the Danish Patient Safety Agency to complete the authorisation process, and applicants who are awaiting this assessment if they have not yet been granted a residence permit. In practice, the provision will be activated when the quota is set at 0 or exhausted for a professional group. The purpose of such a rejection, like a future quota, is to adjust the number of foreign healthcare professionals from third countries to the assessed demand. Whether an application will have to be rejected will depend on the assessed need for authorised healthcare professionals within a given professional group.

With regard to applications that the Danish Patient Safety Agency has not yet begun processing,



It is expected that rules will be laid down that the Danish Patient Safety Agency will reject these applications immediately and without prior examination of any grounds for residence. This is because it is assumed that persons who are already residing in Denmark at the time of application will have informed the Danish Patient Safety Agency of this in order to have their application processed. Should individual applicants, immediately following the rejection, be able to document to the Danish Patient Safety Agency that they have legal grounds for residence, the Agency will resume the specific application case.

It should be noted that an exhausted quota will not generally result in a need to reject applications already submitted, as it is estimated that there will be a higher demand for the applicants in question. However, there may be cases where an application can be submitted after the quota has been exhausted for technical reasons. In such cases, the Danish Patient Safety Authority will still be able to reject applications received after the quota has been exhausted.

The proposed provision in paragraph 2 must be seen in close connection with the proposed paragraph 1 and the proposed authorisation to lay down rules on a quota. This is because the rejection of applications already submitted will depend on the assessed demand for the professional group. If the quota is set at 0, the Danish Patient Safety Agency will reject all or part of the applications that have already been submitted before the quota comes into force and where the applicant does not have legal residence in Denmark before the quota of 0 comes into force.

The Danish Patient Safety Agency will reject all applications if the current need has already been covered through other recruitment channels.

The Danish Patient Safety Agency will reject a proportion of the applications already submitted in the event that the current need for the specific professional group can be covered by a subset of the applications already submitted. Applications received will be processed in the order in which they are received by the Danish Patient Safety Agency. Once the need is covered, the remaining applications may be rejected.

If the quota is set at more than 0, e.g. 100, it will not be relevant to reject applications, as the quota is an expression of the fact that the current need is not expected to be covered by the currently submitted applications. The same will apply if, in connection with the quota being set at 0, it is assessed that there is a need for all of the applications already submitted.

The authorization is initially expected to be used to reject applications for authorization as a nurse, as there is currently a greater number of foreign nurses from third countries in Denmark than there is demand for them in municipalities and regions, and there is an expectation that a quota of 0 will be set for nurses.

If an application is rejected, the applicant will be reimbursed their application fee by the Danish Patient Safety Agency. This is

It is stated that a rejection will not be subject to appeal. Reference is made to Section 1, No. 1 of the bill and the comments thereto.

If an applicant who is covered by a quota that is either 0 or exhausted submits an application via the wrong application access, which is open to other applicant groups that are not covered by a quota, the applicant will not be refunded the application fee in the event of rejection.

An applicant whose application has been rejected by the Danish Patient Safety Agency will be able to submit a new application for authorization upon payment of a new application fee when a new quota is set for the applicant's professional group above 0 or the quota expires, thereby opening up the possibility of submitting applications to the Danish Patient Safety Agency again.

## To § 2

It is proposed in Section 2(1) that the Act will enter into force on 7 October 2025.

The proposal will mean that the bill will enter into force on October 7, 2025.

Section 2(2), 1st sentence, of the bill must be seen in the context of Section 9(4) of the Aliens Act, according to which, upon application, a residence permit is granted to a foreigner with the aim of obtaining Danish authorisation as a doctor, dentist or nurse, if the Danish Patient Safety Agency has previously assessed that the foreigner has achieved a level of education abroad that can be equated with the corresponding Danish education, or the foreigner has been granted permission by the Danish Patient Safety Agency to compensate for a number of missing clinical hours in the foreign education during the authorisation process.

The proposed provision in section 2, subsection 2, first sentence, proposes that the Danish Agency for International Recruitment and Integration, notwithstanding section 9 i, subsection 4, first sentence of the Aliens Act, shall refuse an application for a residence permit with a view to obtaining authorisation when the quota determined at the same time as or immediately after the entry into force of the Act for foreign nurses pursuant to section 4 b, subsection 1, of the Act on authorisation of health professionals and on health professional activities, cf. section 1, no. 2 of the bill, has been exhausted.

The provision in Section 2, subsection 2, 1st sentence, proposes to establish a transitional arrangement for foreigners (foreign nurses) who have been granted permission by the Danish Patient Safety Agency to commence the authorisation process and who, after 7 October 2025, submit an application for a residence permit with a view to obtaining Danish authorisation pursuant to Section 9 i, subsection 4 of the Aliens Act, or who already have an application under consideration by the Danish Agency for International Recruitment and Integration.

The transitional provision is solely intended to support the effective effect of the quota for the number of authorization applications for foreign nurses, which



The executive order is set at the same time as or immediately after the act comes into force, as from this point in time no more residence permits will be issued to this professional group, as a new quota has been set.

The provision will mean that an alien who, after the quota determined at the same time as or immediately after the entry into force of the Act pursuant to the proposed provision in section 1, no. 2, submits an application for a residence permit with a view to obtaining Danish authorisation pursuant to section 9 i, subsection 4 of the Aliens Act, or who at that time has an application under consideration by the Danish Agency for International Recruitment and Integration, will have their application rejected by the Danish Agency for International Recruitment and Integration if the quota has been exhausted.

This means that if the quota is set at 0 as of 7 October 2025, the Danish Agency for International Recruitment and Integration will at that time refuse pending applications for a residence permit, just as the Danish Agency for International Recruitment and Integration will refuse applications submitted after this time, until a new quota is set, thereby reopening the submission of applications to the Danish Agency for Patient Safety. This also applies to cases that the Immigration Board may have to reconsider or refer back for re-examination by the Danish Agency for International Recruitment and Integration.

It is noted that foreigners who apply for an extension of their authorization residence permit are not covered by the proposed provision.

It is proposed in Section 2, subsection 2, 2nd clause that the proposed provision in Section 2, subsection 2, 1st clause shall apply correspondingly to applications for a residence permit as an accompanying family member of an alien who is covered by the proposed provision in Section 2, subsection 2, 1st clause.

The provision will mean that when, as a result of the proposed provision in Section 2(2), 1st sentence, a residence permit is refused to a foreign nurse with a view to obtaining Danish authorisation, a residence permit will also be refused to any accompanying family members of the person concerned.

It is proposed in Section 2(2), 3rd sentence, that in cases where the Danish Agency for International Recruitment and Integration issues a refusal

on an application pursuant to the proposed provisions in section 2, subsection 2, 1st and 2nd clauses, the Danish Agency for International Recruitment and Integration will refund the full fee that, cf. section 9 h, subsection 1 of the Aliens Act, may have been paid to the Agency.

Decisions of the Danish Agency for International Recruitment and Integration pursuant to the proposed provisions in section 2(2) of the bill may be appealed to the Immigration Board, cf. section 46 a(1) of the Immigration Act.

The complaint must be filed within 8 weeks of the complainant being notified of the decision, cf. section 46 a, subsection 3, 1st sentence of the Aliens Act. For filing a complaint against a decision to refuse a residence permit made by the Danish Agency for International Recruitment and Integration, the complainant must pay a fee of DKK 995 (2025 level) at the latest at the time of filing the complaint, cf. section 9 h, subsection 5, 2nd sentence of the Aliens Act.

### To § 3

The provision concerns the territorial validity of the law.

It is proposed in Section 3 that the Act does not apply to the Faroes and Greenland, but may be fully or partially brought into force for the Faroe Islands by royal decree with the changes required by Faroese conditions.

The proposed provision means that the Act does not apply as a starting point to the Faroe Islands and Greenland, but that the proposed amendments to the Authorization Act can be fully or partially implemented for the Faroe Islands with the changes that Faroese conditions require.

This is because the area of authorisation remains a joint matter, and the Authorisation Act can be put into effect in whole or in part for the Faroe Islands, cf. section 97 of the Authorisation Act.

It is also proposed that the law can be put into effect at different times.

The proposed amendments, however, cannot be put into effect for Greenland because the Authorization Act does not apply to Greenland and cannot be put into effect for Greenland.



## The bill compared to current law

### Current wording

§ 2. Authorization is granted by the Danish Patient Safety Agency to persons who have completed a specific training course, cf. Section II. The Danish Patient Safety Agency keeps registers of the various groups of authorized healthcare professionals.

Subsection 2. The Minister of the Interior and Health may lay down rules on the granting of authorisation, including on periodic renewal of authorisation.

Subsection 3. Authorization may not be granted to anyone who meets the conditions for withdrawal of authorization, cf. sections 7-7b.

Subsection 4. The Danish Patient Safety Agency may lay down rules on the publication of granted authorisations.

Subsection 5. The Minister of the Interior and Health may lay down rules on a separate authorisation process for healthcare professionals in particular demand.

### § 4 a. ---

### The bill

## § 1

The following amendments are made to the Act on the Authorization of Healthcare Professionals and on Healthcare Professional Activities, cf. Consolidated Act No. 1008 of 29 August 2024, as amended by Section 1 of Act No. 716 of 20 June 2025 and Section 11 of Act No. 719 of 20 June 2025:

1.1 Section 2 is inserted as subsection 6:

>>Subsection 6. The Minister of the Interior and Health may lay down rules on the termination of access to appeal against decisions made in accordance with rules laid down pursuant to section 4 b.<<

2. After section 4 a, the following is inserted in Chapter 2:

>>§ 4 b. The Minister of the Interior and Health may lay down rules on quotas, including exceptions thereto, for the number of applications for authorisation that the Danish Patient Safety Agency



may receive from persons who are not citizens of

1) Denmark, the Faroe Islands, Greenland and the European Union,

2) countries that have acceded to the EEA Agreement, or

3) countries with which the European Union has concluded an agreement on access to the exercise of regulated professions.

**Subsection 2. The Minister of the Interior and Health may lay down rules to the effect that the Danish Patient Safety Agency may reject applications submitted to the Danish Patient Safety Agency before**  
a quota pursuant to subsection 1 has been set at 0 or has been exhausted.<<<