

Targeted consultation on the Service of General Economic Interest (SGEI) rules applicable to health and social services

Fields marked with * are mandatory.

Introduction

The purpose of the stakeholder consultation is to collect evidence and views from the different government levels in Member States in order to assess the effectiveness, efficiency, coherence, relevance and EU added value of the [2012 SGEI package](#) with regard to health and social services as well as to other services in the specific case of the SGEI de minimis Regulation.

The evaluation announced by the Commission in June aims at verifying to which extent the SGEI rules on health and social services reached the envisaged objectives under the 2012 SGEI package. The evaluation includes both a general consultation (addressed to all stakeholders) and this targeted consultation (addressed to Member States). Further information on the general consultation is available under [this link](#). The targeted consultation aims at gathering Member State's views on the implementation of the SGEI rules applicable to health and social services and to receive insights about potential gaps, overlaps, or excessive regulatory burden.

You are kindly invited to reply to a set of questions. Please make sure you use the save button as you proceed with the questionnaire to avoid losing information that was already inserted - especially in the case of questions with open replies. At the end of the survey you will have an opportunity to provide broader, more general comments and to upload documents, which you consider as relevant.

Please note that Member States do not have to answer to the general consultation since the present consultation is especially dedicated to national authorities and partially overlaps with the general consultation.

The questionnaire will take approximately 60 minutes to complete. Thank you for participating in this consultation!

About you

For your information, the Commission services do not intend to make any of the information and data contributed to this targeted consultation publicly accessible. Answers received will be analysed by the Commission services and the findings will serve as a basis for drawing conclusions on the evaluation of the

2012 SGEI package as applicable to health and social services and, on the SGEI de minimis Regulation.
For the general rules on personal data protection on the EUROPA website, please click [here](#).

* 1 Language of my contribution

- Bulgarian
- Croatian
- Czech
- Danish
- Dutch
- English
- Estonian
- Finnish
- French
- Gaelic
- German
- Greek
- Hungarian
- Italian
- Latvian
- Lithuanian
- Maltese
- Polish
- Portuguese
- Romanian
- Slovak
- Slovenian
- Spanish
- Swedish

* 2 I am giving my contribution as

- Academic/research institution
- Business association
- Company/business organisation
- Consumer organisation
- EU citizen
- Environmental organisation
- Non-EU citizen
- Non-governmental organisation (NGO)
- Public authority
- Trade union
- Other

* 3 Please indicate whether your reply is on behalf of all levels of government.

- Yes, my reply is on behalf of all levels of government (i.e. also on behalf of the federal/national level, provincial/regional and municipal/local level)
- No

* 5 First name

Dutch authorities: Interdepartementaal Staatssteun Overleg (ISO)

* 6 Surname

Dutch authorities: Interdepartementaal Staatssteun Overleg (ISO)

* 7 Email (this won't be published)

[Redacted]

* 8 Scope

- International
- Local
- National
- Regional

* 9 Organisation name

255 character(s) maximum

Dutch authorities: Interdepartementaal Staatssteun Overleg (ISO). The ISO is a central State aid coordination body composed of all Dutch ministries and representatives of the regional and local authorities who have to comply with the State aid rules.

* 10 Organisation size

- Micro (1 to 9 employees)
- Small (10 to 49 employees)
- Medium (50 to 249 employees)
- Large (250 or more)

11 Transparency register number

255 character(s) maximum

Check if your organisation is on the [transparency register](#). It's a voluntary database for organisations seeking to influence EU decision-making.

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* 12 Country of origin

Please add your country of origin, or that of your organisation.

- | | | | |
|--------------------------------------|--|-------------------------------------|--|
| <input type="radio"/> Afghanistan | <input type="radio"/> Djibouti | <input type="radio"/> Libya | <input type="radio"/> Saint Martin |
| <input type="radio"/> Åland Islands | <input type="radio"/> Dominica | <input type="radio"/> Liechtenstein | <input type="radio"/> Saint Pierre and Miquelon |
| <input type="radio"/> Albania | <input type="radio"/> Dominican Republic | <input type="radio"/> Lithuania | <input type="radio"/> Saint Vincent and the Grenadines |
| <input type="radio"/> Algeria | <input type="radio"/> Ecuador | <input type="radio"/> Luxembourg | <input type="radio"/> Samoa |
| <input type="radio"/> American Samoa | <input type="radio"/> Egypt | <input type="radio"/> Macau | <input type="radio"/> San Marino |

- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Bonaire Saint Eustatius and Saba
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- British Virgin Islands
- Brunei
- Bulgaria
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Eswatini
- Ethiopia
- Falkland Islands
- Faroe Islands
- Fiji
- Finland
- France
- French Guiana
- French Polynesia
- French Southern and Antarctic Lands
- Gabon
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island and McDonald Islands
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia
- Moldova
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar /Burma
- Namibia
- Nauru
- Nepal
- Netherlands
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- São Tomé and Príncipe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Sint Maarten
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands
- South Korea
- South Sudan
- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard and Jan Mayen
- Sweden
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- The Gambia
- Timor-Leste
- Togo

- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Clipperton
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo
- Cook Islands
- Costa Rica
- Côte d'Ivoire
- Croatia
- Cuba
- Curaçao
- Cyprus
- Czechia
- Democratic Republic of the Congo
- Denmark
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kosovo
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Norfolk Island
- Northern Mariana Islands
- North Korea
- North Macedonia
- Norway
- Oman
- Pakistan
- Palau
- Palestine
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pitcairn Islands
- Poland
- Portugal
- Puerto Rico
- Qatar
- Réunion
- Romania
- Russia
- Rwanda
- Saint Barthélemy
- Saint Helena Ascension and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- United States Minor Outlying Islands
- Uruguay
- US Virgin Islands
- Uzbekistan
- Vanuatu
- Vatican City
- Venezuela
- Vietnam
- Wallis and Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

* 13 Publication privacy settings

The Commission will publish the responses to this public consultation. You can choose whether you would like your details to be made public or to remain anonymous.

Anonymous

Only your type of respondent, country of origin and contribution will be published. All other personal details (name, organisation name and size, transparency register number) will not be published.

Public

Your personal details (name, organisation name and size, transparency register number, country of origin) will be published with your contribution.

14 I agree with the [personal data protection provisions](#)

General questions

15 How often do you use the different documents that together form the SGEI package?

	More than 12 times per year	Less than 12 times per year	Never	I do not know	This is not relevant for me
* 2012 SGEI Decision	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 2012 SGEI Communication	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 2012 SGEI Framework	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 2012 SGEI de minimis Regulation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16 To the best of your knowledge, please enter in table 1 and table 2 the approximate funding amount for health and social SGEI compensation granted by all levels of government in 2018:

Table 1 - Health services

Please note that only the amounts for 2018 are being asked since for previous years, the amounts should be reflected in the biennial reports supported by Member States.

	Amount in EUR million
A - Hospitals providing medical care (including emergency services)	1000
B - Health insurance	23000
C - Other (for example general practitioners, medical laboratories, care provided by private clinics)	100
D - Total of A+B+C	34000

17 Table 2 - Social services

Please note that only the amounts for 2018 are being asked since for previous years, the amounts should be reflected in the biennial reports supported by Member States.

	Amount in EUR million
E - Social services (for example: social housing, long-term care childcare, access and reintegration into the labour market, care and social inclusion of vulnerable groups)	1072
F - Other sectors (aggregate amounts)	0
G - Total E+F	1072

18 Total amount in EUR million (D+G)

35072

19 To the best of your knowledge, please provide the approximate total funding amount for health and social services for the level(s) of government that you represent under the SGEI rules for each level of government in 2018:

For the levels that you do not represent, please enter ' - '

	Amount in EUR million
A - National / Federal	35072
B - Regional / Provincial / State level	-
C - Local / municipal	-
D - Other	-
Total (A+B+C+D)	35072

* 20 Are the amounts you provided in the previous questions in EUR?

- Yes
 No

Specific questions regarding health and social SGEIs - Effectiveness

In this section, we would like to have your opinion on the extent to which the SGEI rules for health and social services met their objectives:

- To clarify basic concepts relevant for the application of the State aid rules to health and social SGEIs;
- to make a more diversified and proportionate approach for health and social SGEIs possible, taking into account their nature and scope and the extent to which they posed a serious risk of competition distortions in the internal market;
- to simplify the state aid rules applicable to health and social services / SGEIs compared to the 2005 Package.

22 Based on your experience, to what extent have the SGEI rules applicable to health and social services achieved the objectives listed below while maintaining a competitive internal market?

	To a large extent	To some extent	Neutral	Not at all	I do not know
* To clarify basic concepts relevant for the application of the State aid rules to health and social SGEIs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* To make a more diversified and proportionate approach for health and social SGEIs possible, taking into account their nature and scope and the extent to which they posed a serious risk of competition distortions in the internal market.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* To simplify the state aid rules applicable to health and social services / SGEIs compared to the 2005 Package by exempting them from notification regardless of the compensation amounts	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* To make it possible for Member States to provide health and social services to the (vulnerable part of the) population at affordable conditions.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23 Please explain your answer and state which objective you refer to.

4000 character(s) maximum

With reference to the Dutch response to the 2012 State aid modernisation package, railways guidelines and short-term export credit insurance- fitness check, the Dutch authorities call on the European Commission to modernize the SGEI rules to the challenges facing the health and social services sector.

The Dutch authorities are of the opinion that the SGEI rules were designed to entrust an undertaking with the operation of SGEI. In that respect, the SGEI rules have made it possible to take a more diversified and proportionate approach to the application of the SGEI rules. However, due to the specific nature of the certain SGEI's and the legal systems in the Member States the Dutch authorities would like to invite the Commission to adopt a set of clarifying and additional SGEI criteria that allow Member States to entrust a specific group, a category or a system of undertakings as a whole with the operation of a specific SGEI. An example of such specific system is the Dutch health care system, which is based on regulated competition. In order to clarify our opinion the Dutch authorities will use this health care system as an example.

The availability of sustainable, affordable and high-quality public services for health care, social services and social housing is a challenge for public authorities in the light of technological developments, the ageing population and a tight labour market. To accommodate these challenges, and on the basis of ILO Treaties on social security and the Treaty on the Functioning of the European Union (Articles 14, 106(2) and 168 TFEU and Protocol 26), the Dutch authorities have based the national health care system on regulated competition. In the Dutch system undertakings (such as health insurers and care providers) provide health related services on a regulated market. This market is accessible to all undertakings that meet the criteria set by the Dutch authorities.

For example, insurers provide health care insurance products on a regulated market, which is accessible to all insurance undertakings that comply with the EU Directive Solvency II. Health care insurance with sufficient coverage should be available and affordable for all citizens in the Netherlands. As such, additional safeguards and rules have been laid down to cover all insurers which are active on this market. These additional national rules have to comply with the Directive Solvency II. This means that these rules must be

proportional, for example the rules must not hinder access more than necessary (to achieve these social goals). A non-distortionary level-playing field is provided for.

To further facilitate this for the health care sector, the Dutch authorities request the Commission to assess whether it is possible to add a category specifically for open SGEIs with the characteristics of the abovementioned system; a system in which each undertaking can enter the 'SGEI'-market under certain circumstances. Inherent to an open competitive system is that there are guarantees for efficient SGEIs. Therefore the Dutch authorities call on the European Commission to assess if the current SGEI conditions are still necessary for these type of SGEIs in the health care sector. According to the Dutch authorities, the open SGEI-system as such guarantees the efficient operation of SGEI. According to the Dutch authorities the following criteria would be sufficient:

- competition regulated by objective and transparent criteria in order to ensure the availability of sustainable, affordable and high-quality public services;
- a system based on open entry for undertakings.

The Dutch authorities would like to ask the Commission to take these elements into account during the modernization of the SGEI rules.

Moreover, the Dutch authorities request the Commission to examine in which part of the 2012 SGEI package such an open SGEI-system for the health care sector can best be arranged given the elements such as ...

24 Please explain whether the SGEI rules helped you in achieving any (other) objectives set with regard to health and social services.

1500 character(s) maximum

...the limited distortion of competition, legal certainty, and administrative burden. Such a system is to be considered robust as to competitive distortions in the internal market, and should have a (certain) degree of flexibility to optimize the system depending on public needs.

The Dutch authorities are willing to cooperate with the European Commission to modernize the SGEI in order to meet the challenges faced by them in entrusting a specific group, a category or system of undertakings with the provision of SGEI with regard to the health care sector.

With regard to social housing, the realization of social mix and social cohesion is important as well. On social housing the Dutch authorities are neutral. The Dutch authorities are of the opinion that in the definition of social housing, social mix and social cohesion are important as well as the possibility to entrust the SGEI for middle-income households. If there are not enough affordable dwellings available for households with an average income the SGEI-entrustment should give the possibilities within the meaning of art. 14 TFEU and Protocol 26 to provide housing for them. Moreover it can depend on the regional housing market if enough affordable dwellings are available: in quite some (urban)regions the prices are more under pressure than in other regions.

Applicability of SGEI rules

*** 25 Based on your experience, have you faced difficulties in assessing whether funding in the health and social services sector would be granted for economic or non-economic activities?**

A lot of difficulties

- Few difficulties
- No difficulties
- I do not know / no opinion

26 If your authority or authorities has/have faced any difficulties, please list the main difficulties encountered and explain their nature (for example the classification of activities within a system with certain social and competitive elements or the coexistence of both economic and non-economic activities carried out by the same beneficiary)

2000 character(s) maximum

The main difficulty the Dutch authorities encounter is the definition of the market and the question whether there is a market for certain activities or whether the goods/services are offered on a specific market. The answers to these questions are diverse and in particular in regulated markets there are difficulties. The Dutch authorities would like to ask the Commission to clarify this, while taking into account the specific characteristics of a regulated market.

* 27 Based on your experience, with regard to health and social services, have you faced difficulties in assessing whether a measure would have an effect on trade between Member States?

- A lot of difficulties
- Few difficulties
- No difficulties
- I do not know / no opinion

28 If your authority or authorities has/have faced any difficulties, please list the main difficulties and explain their nature.

2000 character(s) maximum

For an explanation, the Dutch authorities refer to the response to question 26.

29 Based on your experience, compared to 2012, when the SGEI package entered into force, do you consider that the risk of distortion of competition in the health and social services sector is still lower than in other sectors?

	Fully agree	Partially agree	Neutral	Partially disagree	Fully disagree	I do not know / this sector is not relevant for me
* Health sector	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Social housing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Long-term care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Childcare	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Access and reintegration into the labour market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Care and social inclusion of vulnerable groups	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30 Please explain your answers.

2000 character(s) maximum

According to the Dutch authorities, services provided for in the sectors health care, long-term care, childcare and care for vulnerable groups continue to have relatively low risks of distorting competition, since the Dutch health care system is based on regulated competition. The Dutch authorities do not intervene in the functioning of this regulated market. However, some parts or areas of the health care system experience market failure (for instance long-term care and childcare). This is due to a number of reasons, such as historical and transitional factors. The goal, however, remains the same: a sustainable, affordable, and high-quality health care system. When a specific sector experiences market failure State intervention is necessary by compensating undertakings in that specific sector under the same conditions for public services obligation. Moreover, every undertaking in the sector has the option to receive compensation on the basis of the SGEI rules. This intervention is always proportional, and therefore the risk of distortion is minimal.

Also for social housing the risk of distortion of competition is still lower than in other sectors, because there is a market failure in relation to available and affordable housing. It is still necessary to provide affordable housing through housing corporations in order to cover the housing needs of citizens who are not able to obtain housing without assistance. The Netherlands is densely populated, which causes intense competition for the use of scarce land resources between economically important functions, such as agriculture, enterprises, nature conservation, and housing. Housing prices, especially in urban areas, are affected as a result of these competing pressures.

Qualification of a service as SGEI

* 31 Based on your experience, have you faced difficulties in characterising the specific market failure (i.e. funding measures for health and social SGEIs are commercially unattractive and, therefore, not provided, or not provided to the same extent or under the same conditions by the market) that the SGEIs aim at addressing in the health and social services sector?

- A lot of difficulties
- Few difficulties
- No difficulties
- I do not know / no opinion

33 Based on your experience, have your authorities noticed substantial changes in society with regard to the following aspects that the SGEI Package with regard to health and social services aims at addressing or which may impact how it is applied:

	Yes, a lot/major changes	Yes, a few/small changes	Neutral	No	I do not know / no opinion
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* Needs of citizens	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Technological and market developments	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Social preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

34 Needs of citizens - please explain.

1500 character(s) maximum

The Dutch authorities have seen an increased demand for health care in The Netherlands. The needs of the Dutch population have changed. Dutch people – on average – are expected to live 82 years. Due to the ageing population, the needs in society change. People want to stay at home as long as possible, even if they have health problems. This caused a shift from long-term institutionalized care to home care, and requires a change in the health care system. This shift combined with an ever declining number of human resources in the health sector pose an enormous challenge for the Dutch authorities. Therefore the Dutch authorities would like to ask the Commission to take these factors into account with the modernization of the SGEI rules.

35 Technological and market developments - Please explain.

1500 character(s) maximum

A significant number of technological developments have been taking place in the health care sector. For example, patients are increasingly cared for via digital applications and online tools instead of inside hospitals. This could result in fewer hospital visits for patients and lower costs for the health sector. Moreover, the digital era require the health care sector to be digitally accessible. This digital accessibility requires governmental intervention. Undertakings in the Dutch health system cannot bear the sole responsibility of achieving this challenge (for example, because of privacy and sensitive personal data) labour. Therefore the Dutch authorities would like to ask the Commission to take these factors into account with the modernization of the SGEI rules.

Compatibility with the SGEI Decision and other texts

37 Based on your experience, what is/are the most challenging requirement(s) to meet with regard to entrusting health and social services providers that need to form part of the entrustment act as laid down in Article 4 SGEI Decision? Please, rate them on a scale of 1 to 5 in the table below, 1 being not at all challenging to meet and 5 very challenging to meet.

	1	2	3	4	5	I do not know
* the content and duration of the public service obligations;	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* the undertaking and, where applicable, the territory concerned;	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*						

the nature of any exclusive or special rights assigned to the undertaking by the granting authority;	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* a description of the compensation mechanism and the parameters for calculating, controlling and reviewing the compensation;	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* the arrangements for avoiding and recovering any overcompensation;	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* a reference to the 2012 SGEI Decision.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38 Please explain for the criteria you find most challenging to meet, why you consider this to be the case and please share any other comments regarding the entrustment act requirements you might have.

4000 character(s) maximum

When the Dutch authorities use the SGEI rules for a group, a category or a system of undertakings there can be some challenges.

The Dutch authorities do also experience challenging requirements with regards to entrusting SGEI when it comes to small SGEI's. The Dutch authorities would like to ask the Commission to reconsider the administrative burden as experienced by SGEI providers.

* 39 Did your authorities face any difficulties in the ex-ante calculation of the compensation under Article 5 SGEI Decision with regard to health and social services?

- A lot of difficulties
- Few difficulties
- No difficulties
- I do not know / no opinion

40 If your authorities faced any difficulties, please what these difficulties relate to.

2000 character(s) maximum

For certain public services it can be difficult to determine ex ante the compensation.

* 41 Did your authorities face any difficulties in determining a reasonable profit, as explained in Article 5 of the 2012 SGEI Decision, for health and social services providers?

'Reasonable profit' means the rate of return on capital that would be required by a typical undertaking considering whether or not to provide the service of general economic interest for the whole period of entrustment, taking into account the level of risk.

- A lot of difficulties
- Few difficulties
- No difficulties
- I do not know / no opinion

42 If you faced any difficulties, please explain what these difficulties relate to.

2000 character(s) maximum

In some cases it can be difficult to determine a reasonable profit, for example when the public service provider or the activity is new and/or no comparison can be easily made with other similar activities or sectors.

* 43 Did your authorities face any difficulties concerning the obligation for those undertakings to show separately the costs and receipts associated with the health and social services SGEI(s) and those of other services?

- A lot of difficulties
- Few difficulties
- No difficulties
- I do not know / no opinion

44 If you faced any difficulties, please explain what these difficulties relate to.

2000 character(s) maximum

The difficulty concerning the obligation for undertakings to separate the costs between SGEI and non-SGEI is challenging when it comes to identifying the costs that are incurred with other activities (non-economic activities, economic non-SGEI activities), in particular when the costs and receipts of the SGEI is only a small share of the activities within a single undertaking.

* 45 Did your authorities face any difficulties ensuring and checking that an undertaking has not received overcompensation for carrying out health and social SGEIs?

- A lot of difficulties
- Few difficulties
- No difficulties
- I do not know / no opinion

46 If your authorities faced any difficulties, please what these difficulties relate to.

2000 character(s) maximum

Generally, there have not been specific difficulties regarding the methods to check whether an undertaking has received overcompensation. However, due to the specific nature of some SGEIs it is difficult to establish a mechanism for overcompensation ex ante.

Clarification

47 Which of the factors below were/are most useful in better applying the SGEI rules applicable to health and social services? rate them on a scale of 1 to 5 in the table below. 1

being very useful and 5 being not useful at all.

	1	2	3	4	5	I do not know
* The guidance provided in the 2012 SGEI Communication on when the SGEI rules apply (Altmark);	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Guidance in the 2012 SGEI Communication on the definition of a genuine SGEI and on the concept of 'market failure';	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* The scope of social services as laid down in the 2012 SGEI Decision (Article 2.1.(c));	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* The definition of social housing as laid down in the 2012 SGEI Decision (recital 11 of the preamble);	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Requirements to assess the compatibility of the State aid measures in the field of social services;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
* Rules to ensure that the aid is limited to the minimum necessary (rules on the calculation of costs and on overcompensation);	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* The eState aid WIKI;	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* The publicly available FAQ document from 29 April 2013 ('Guide to the application of the European Union rules on state aid, public procurement and the internal market to services of general economic interest, and in particular to social services of general interest' SWD(2013) 53 final/2);	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Informal guidance from the Commission (DG COMP).	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48 Please explain for the least useful instruments listed why they did not help you in better applying the rules applicable to social SGEIs and what kind of other guidance you would need.

3500 character(s) maximum

It is difficult to apply the Altmark criteria in practice. Even with the guidance provided, this remains a point of attention.

The Dutch authorities are of the opinion that the definition of social housing should also encompass social mix and social cohesion and provide for the possibility to entrust the SGEI for middle-income households. If there are not enough affordable dwellings available for household with an average income the SGEI should give the possibilities within the meaning of article 14 TFEU and protocol 26 to provide housing for them. Moreover, it can depend on the regional housing market if enough affordable dwellings are available: in quite some (urban) regions the prices are more under pressure then in other regions.

Diversified and proportionate approach

* 49 Based on your experience, has the notification exemption for health and social SGEIs been appropriately defined, so as to exclude from Commission scrutiny all SGEI entrustments with insignificant impact on the internal market?

- Yes, To a large extent
- Yes, to some extent
- Neutral
- No, not at all
- I do not know

50 Please explain your answer.

1500 character(s) maximum

For an explanation, the Dutch authorities refer to the response to questions 23 and 24.

* 51 Based on your experience, has the 2012 SGEI package with regard to health and social SGEIs had any **positive impacts** that were not expected or not intended?

- Yes
- No
- I do not know / no opinion

* 53 Based on your experience, has the 2012 SGEI package with regard to health and social SGEIs had any **negative impacts** that were not expected or not intended?

- Yes
- No
- I do not know / no opinion

Specific questions regarding health and social SGEIs - Efficiency

In this section, we would like to have your view concerning the efficiency of the SGEI rules for health and social services analysed under this evaluation. Were the costs involved in complying with the rules proportionate to the benefits of having such rules?

* 55 Since 2012, there is no maximum threshold for health and social services to fall under the 2012 SGEI Decision and to be exempted from the obligation to notify. Based on your experience, is this rule appropriate?

- Yes, fully agree
- Yes, partially agree
- Neutral
- No, partially disagree
- No, fully disagree
- I do not know / no opinion

56 Please explain.

1500 character(s) maximum

The health and social services sector can be characterized as capital and/or labour intensive in which intervention from the State is required to ensure affordable and sustainable health care with high quality, and where public funding is generally necessary and extensive. As Member States can have different systems for funding these sectors, it would be unduly restrictive to limit the amount of public funding.

57 Based on your experience, has the notification exemption supported the following objectives?

	Yes, fully agree	No, partially agree	Neutral	No, partially disagree	No, fully disagree	I do not know / no opinion
* To reduce the administrative burden for MS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* To provide SGEIs adapted to the population's needs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58 To reduce the administrative burden - please explain your answer.

1500 character(s) maximum

The notification exemption has shifted the administrative burden to Member States and especially to undertakings entrusted with SGEI.

59 To provide SGEIs adapted to the population's need - please explain your answer.

1500 character(s) maximum

Article 2, paragraph 2, sub b of the SGEI-Decision restricts the applicability of the notification exemption to compensation for services provided for by hospitals. The Dutch authorities would like to suggest extension of the exemption to medical care given outside hospitals.

* 60 The content of the entrustment act and the amount granted to the undertaking benefiting from the SGEI compensation and falling under the SGEI Decision, when exceeding EUR 15 million, have to be published by the Member State or its regional and local authorities on the internet or by other means. Based on your experience, is the EUR 15 million threshold regarding transparency appropriate to achieve the desired objectives listed above as regards health and social SGEIs?

- Yes, it is appropriate
- No, it is too high
- No, it is too low
- I do not know / no opinion

This is not relevant for me

* 62 Based on your experience, to what extent have the SGEI rules for health social SGEI services ensured efficient State expenditure?

- To a large extent
- To some extent
- Neutral
- Not at all
- I do not know / no opinion
- This is not relevant for me

63 Please explain your answer.

1500 character(s) maximum

The criteria for granting compensation guarantee efficient spending. The Dutch authorities call on the Commission to examine whether this can be further improved. The Dutch authorities refer to the response to questions 23 and 24.

64 Based on your experience, have the 2012 SGEI rules for health and social services reduced the administrative burden compared to the rules in force under the 2005 SGEI package?

	Fully agree	Partially agree	Neutral	Partially disagree	Fully disagree	I do not know / no opinion
* For the public authorities	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* For the beneficiaries	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65 Please explain your answers.

1500 character(s) maximum

Due to the 2012 SGEI rules the administrative burden has decreased both for the public authorities as the beneficiaries, but this could be further improved in the future.

* 66 To the best of your knowledge, to what extent did the amount of resources (for example financial and human resources) you spent on administrative activities with regard to health and social services change, compared to the period 2005-2012 when the 2005 SGEI package was still in force?

- Strong increase
- Limited increase
- No change

- Limited decrease
- Strong decrease
- I do not know

* 67 To the best of your knowledge, to what extent did the amount of resources (for example financial and human resources) you spent on administrative activities with regard to health and social services change, since 2012 when the 2012 SGEI package entered into force?

- Strong increase
- Limited increase
- No change
- Limited decrease
- Strong decrease
- I do not know

68 Please substantiate your answer with reference to statistics if possible and also explain if you believe the change in amount of resources spent on administrative activities has changed for reasons unrelated to the SGEI rules.

At the end of this questionnaire you have the possibility to upload a file

3000 character(s) maximum

Specific questions regarding health and social SGEIs - Relevance

In this section, the Commission services would like to understand if the State aid rules for health and social services are still relevant considering, in particular, new market developments.

* 69 Based on your experience, how well do the objectives of the 2012 SGEI package as applied to health and social services still correspond to today's (EU internal) market situation?

- To a large extent
- To some extent
- Neutral
- Not at all
- I do not know / no opinion

70 Please explain your answer.

1500 character(s) maximum

The Dutch authorities believe the SGEI package could be updated with digital developments in the health sector in mind. Also, the Dutch authorities would like to refer to the response to questions 23 and 24.

71 Based on your experience, to what extent does each separate element of the 2012 SGEI Decision below correspond to the (EU internal) market developments in the field of health and social services that have occurred since 2012? In other words, do these elements still serve a purpose?

	To a large extent	To some extent	Neutral	Not at all	I do not know / this is not relevant for me
* No notification obligation and no threshold for health and social SGEIs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* The requirement to define the nature and duration of the SGEI in the entrustment act	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* The requirement to define the territory concerned in the entrustment act	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* The requirement to include exclusive or special rights assigned to the undertakings in the entrustment act	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* The requirement to define the parameters for calculating, controlling and reviewing the compensation in the entrustment act	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* The requirement to include the arrangements for avoiding and repaying any overcompensation in the entrustment act	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* The requirement to refer to the 2012 SGEI Decision in the entrustment act	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* The requirement that the amount of compensation shall not exceed what is necessary to cover the net cost incurred in discharging the public service obligations, including a reasonable profit	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* The requirement that the undertaking does not receive compensation in excess of the amount determined in accordance with the requirements outlined above and in case this would happen that it can be recovered (recovery of overcompensation).	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72 Please explain your answers.

3000 character(s) maximum

The Dutch authorities are generally satisfied with the SGEI package, but it is necessary to consider to what extent the SGEI package is ready for the future. The Dutch authorities hereby refer to the response to questions 23 and 24.

Specific questions regarding health and social SGEIs - Coherence

In this section, the Commission services would like to understand the extent to which the State aid rules for health and social services are coherent with each other and with other EU rules

* 73 Based on your experience, are the SGEI rules (the SGEI Decision, SGEI Framework and the SGEI Communication) for health and social services coherent with each other?

- Yes, fully
- Partially
- No, not at all
- I do not know / no opinion

* 75 Based on your experience, to what extent are the SGEI rules for health and social services coherent with changes in or new EU legislation/initiatives (such as the [General Block Exemption Regulation from 2014](#) and the introduction of the European [Social Pillar in 2017](#)) which have occurred since the rules were adopted?

- Yes, fully
- Partially
- No, not at all
- I do not know / no opinion

76 Please explain your answer.

1500 character(s) maximum

To improve the SGEI package it is good to consider how the interaction of the package with other rules can be optimized, for example how the SGEI rules regarding the health care sector are coherent with several categories in the GBER, in particular the RDI-rules (considering the passage in Article 2 (1)(b) SGEI Decision: “notably in the field of research”).

* 77 Since 2012, have your authorities faced problems regarding the requirement under Article 3 SGEI Decision to bring health and social SGEI funded projects also in compliance with requirements flowing from the Treaties or sectoral Union legislation?

- A lot of problems
- Few problems
- No problems
- I do not know / no opinion

78 Please explain your answer.

1500 character(s) maximum

The Dutch authorities always take into account the requirements following from the Treaties and sectoral Union legislation, but an improvement of the interaction could facilitate this further. The Dutch authorities are in favor of the rules being regulated as much as possible in an instrument, preferably sectoral Union legislation. In this way specific characteristics of a sector can be taken into account as well as possible.

Specific questions regarding health and social SGEIs - EU added value

In this section, the Commission would like to have your view concerning the EU added value of the SGEI rules for health and social services subject to the current evaluation

* 79 Based on your experience, has the 2012 SGEI package, with regard to health and social services, allowed for a better task allocation between the Commission and your authorities?

- Yes, I fully agree
- Yes, I partially agree
- Neutral
- No, partially disagree
- No, fully disagree
- I do not know / no opinion

80 Please explain your answer.

1500 character(s) maximum

Specific questions regarding the SGEI de minimis Regulation

* 81 Is the amount of de minimis aid that can be granted under the [SGEI de minimis Regulation](#), i.e. up to EUR 500 000 over any period of three fiscal years, still appropriate?

- Yes
- No, it is too high
- Neutral
- No, it is too low
- I do not know

82 Should you be in favour of a different threshold, please explain, if possible, by providing concrete examples.

4000 character(s) maximum

Due to increased costs in general and the fact that the SGEI de minimis is often used for novel activities with considerable startup costs, the Dutch authorities are in favour of a higher threshold, for example EUR 750,000 per three years. As it concerns the compensation of public service obligations, the Dutch authorities are of the opinion that this does not harm the level playing field in the internal market.

83 Do you have any additional comments on the application of the SGEI de minimis Regulation?

4000 character(s) maximum

Final questions and additional information

* 84 Do you face difficulties with applying the Net Avoided Cost (NAC) Methodology under the [SGEI Framework](#)?

- Yes, a lot of difficulties
- Yes, few difficulties
- No, no difficulties at all
- I do not know / this is not relevant for me

86 Further to the previous questions, you may provide below any additional comments, observations, information, or suggestions you deem relevant to share with us (for example more detailed comments on the SGEI Framework).

3000 character(s) maximum

The Dutch authorities consider it would be helpful if the possibilities under the communication from the Commission on public broadcasting would be added to the SGEI decision. In this communication the Commission recognizes that it is not always possible to apportion costs to services within and outside the public service (specifically regarding program viewing and advertisement). In this case all common input costs can be allocated to the public service, as long as the revenue from the other activities (outside the public service) are allocated to the broadcasting activities.

Besides the SGEI-package there should be also more possibilities for exemptions for SGEI within the Rescue and restructuring guidelines.

The approximate funding amounts of 2018 provided for in question 16 and 17 are estimates. The exact numbers will be submitted by the Dutch authorities in the report of 2020.

87 You may upload here a file which provides more detail on your answers or explains in more detail your position.

The maximum file size is 1 MB

Only files of the type pdf,txt,doc,docx,odt,rtf are allowed

[Thank you for your participation, this is the end of the questionnaire,](#)

[The DG Competition SGEI evaluation team](#)

Contact

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