

Technical Feedback from Joint Fiscal Office (JFO) Staff on Commissioner Kleppner’s Draft on Consumption Taxes Received by 12/10/2020

Note: Comments were made individually and then compiled into one document by TSC staff director. All comments are from JFO staff with the exception of those marked “LC” (Legislative Counsel)

Chapter 3: Sales Tax Reform

“From the point of view of government policymakers, a good tax raises a lot of money without causing people to avoid the tax by distorting their spending (or voting) behavior. By that measure, a sales tax is a very good tax indeed: a body of research shows that, overall, sales-tax rates are not noticeable enough to consumers to make them change their behavior.” – “How Do People Respond to Sales Tax Increases,” Baker et al., 2017.

Introduction

Consumption taxes are an important source of revenue in all 50 states and DC. Even states with no sales tax, like New Hampshire, tax some services and impose excise taxes. In Vermont, consumption taxes take the form of the Sales & Use Tax, the Meals & Rooms Tax, and Excise Taxes. For a variety of reasons, both economic theory and tax policy theory approve of consumption taxes. As with the Vermont tax system overall, our goal is to make consumption taxes more fair, more sustainable, and simpler.

Globally, the value-added tax (“ad-valorem” or “VAT”) is the most common form of consumption tax, used in over 160 countries including all European countries, Canada, Australia, Japan, India, China, and almost all the countries in Latin America.¹ A VAT is collected at each step of the production process, from raw materials to consumer, but is not charged on the value of the product, but only on the value that is added at each step of the process. If you imagine Vermont with a 6% VAT, an ice cream company buys cream from a farmer for \$2/lb. The farmer collects \$2.12, and sends 12 cents to the state. The ice cream company then sells a pint of ice cream to the local grocery store for \$3, and collects \$3.18, but, having already paid 12 cents in VAT, only sends 6 cents to the state. The grocery store sells the pint of ice cream to you for \$5, collects \$5.30, of which it sends 12 cents to the state. The end result is the same as a 6% sales tax – you, the consumer, pay 6%, or 30 cents, on your \$5 purchase of ice cream, and the state collects 6%, or 30 cents, on that pint.

Commented [A1]: Efficiency (raise revenue without distorting behavior) is one of the Principles of a High-Quality Tax System. But it is not the only one, and it’s not among the three principles that the Commission chose to highlight. How do sustainability, equity, and appropriateness apply here?

Commented [A2]: But not a blanket approval – Much of the economic and tax profession is not so enthusiastic about taxing necessary goods and services, including health care and education, given experience in other states.

¹ International Monetary Fund, <https://www.imf.org/external/np/fad/tpaf/pages/vat.htm>

From the consumer's point of view, there is no difference between a sales tax and a VAT. From the point of view of the businesses involved in the supply chain, a VAT is more burdensome to administer, although this is somewhat offset by the fact that businesses are relieved of the burden of determining whether a customer is a consumer or a business. From the government's point of view, the revenue raised is the same, but the VAT has two advantages – it's harder to evade, and the government receives the revenue in multiple payments over time instead of one payment at end of the process, when the consumer makes the purchase. For a variety of historical reasons, value-added taxes do not seem to be a viable option in the United States at either the federal or the state level, so we do not recommend consideration of a VAT for Vermont to replace the sales tax.

Commented [A3]: Like what? I would love just a brief outline of the issues. Feels brushed aside really quickly

For the most part, the sales tax applies only to private consumption – purchases made for government use by the federal, state, and local governments are exempt. However, purchases made for individuals using federal dollars, as when a Medicare patient buys a piece of medical equipment and Medicare pays for it, are eligible for the sales tax. Purchases made by tax-exempt non-profits are generally exempt, but when a consumer purchases something from a tax-exempt non-profit, it is generally taxable.

Commented [A4]: Don't think this is fully correct. Purchases by churches, schools for example are exempt up to a \$20k limit.

Tax theory discourages the application of a sales tax to business inputs, with purchases at wholesale being the most prominent example. The reason for this is straightforward.

As an example, take a company whose business model requires 50% margins.

- *In a state without taxes, the company purchases a product at wholesale for \$50 and sells it to the consumer for \$100.*
- *If you apply Vermont's 6% sales tax to the consumer purchase, the company buys it for \$50, sells it for that same retail price of \$100, and the consumer pays \$106, including the \$6 in tax.*
- *If you apply the 6% sales tax to both transactions, the company pays \$53 for the product at wholesale, and sells it for a retail price of \$106 (to maintain their 50% margin target). Then you apply the 6% sales tax to that, and the consumer pays \$112.36.*

Breaking down the \$112.36 that the consumer paid, you see that \$50 is the wholesale cost, \$53 is the retailer's margin, and \$9.36 is tax. Note that of that \$9.36 in tax, \$3 is tax at the wholesale level that got passed on to the consumer, another \$6.18 is the tax the consumer pays on the underlying \$103 of wholesale price plus retail margin, and 18 cents is the 6% consumer tax on the 6% wholesale tax, yielding an effective consumer tax rate of 9.09% ($\$9.36/\103), and an increased cost to the consumer

of \$12.36 compared to the taxless transaction. The state ends up collecting \$9.36 more, but the consumer ends up paying \$12.36 more.

This effect (“pyramiding” or “cascading”) is roundly discouraged by tax theory. It is more efficient for all parties for the state to simply levy a 9.36% sales tax at the consumer level, and exempt the wholesale purchase. The state ends up with the same revenue; the consumer pays \$3 less; the wholesaler is relieved entirely of the administrative burden of collecting and remitting sales tax; and retailer is relieved of the burden of paying sales tax on their purchases, and can sell their wares to consumers at a slightly lower price.

We also examined the effect of changes in the sales tax on levels of consumption and/or access due to price elasticity of demand. In general, consumer-level demand is price inelastic in the range of price changes caused by adjusting sales tax rates. Per research done at the Kellogg School of Business at Northwestern University in 2017, “(t)he researchers saw no impact on household spending habits four months to a year after a sales-tax increase.”² That is particularly true for necessities like health care, groceries, education, residential energy use, and clothing, which are the five biggest categories that are currently exempt from the sales tax in Vermont.

A further mitigating factor is that even if demand did ~~have some price elasticity~~ respond in the range of changes we are examining, our recommendation to broaden the base and lower the rate would mean that there would be a slight decrease in demand for the roughly 505 of consumer transactions that are not currently subject to the sales tax. However, that would be partially offset by the increase in demand for the 505 of consumer goods that are currently taxed, as the tax rate for these things would go down.

We will therefore assume that changing the sales tax by a few percentage points will not have a material effect on demand. However, in the accompanying Sales Tax Calculator, we have included four calculations: for both holding low-income Vermonters harmless from the application of the sales tax to categories currently not taxed and making no provision to do so, we model scenarios with both price elasticity of demand and no elasticity. You will see that the inclusion or exclusion of price elasticity of demand does not make a large difference to the results, while holding low-income Vermonters harmless does make a meaningful difference.

Commented [A5]: Be careful here. Price elasticity of demand measures the responsiveness of demand after a change in a product's own price; it does not cause the change in demand.

Commented [A6]: The Kellogg study does report long-term stability in consumer-level demand. But the short-term demand took a hit following the imposition of a tax. Do we want families to reduce consumption of health care, food, education, and energy when the new consumption tax is imposed?

Commented [A7]: Not consumer transactions, but sales of goods/services.

Commented [A8]: We don't want people to reduce consumption of necessary health care, food, education, heat, or clothing – even a little bit.

² “How Do People Respond to Sales Tax Increases,” Baker et al., 2017.

A 60% tax, on the other hand, such as the excise tax Vermont levies on cigarettes, does in fact change consumer behavior in the intended manner – it reduces smoking, especially among young people. We are therefore mindful of the effects on demand in the analysis of the excise tax.

Vermont’s current 6% sales tax exempts some categories of goods and most categories of sales. We now examine the reasons for those exemptions, and we will explore opportunities to make Vermont’s sales tax more fair, more sustainable, and simpler by expanding the base and reducing the rate, while at the same time exempting business inputs.

Why Are There Exemptions to the Sales Tax in Vermont?

There are hundreds of categories of goods and services in the United States economy, and states have made very different choices about which ones to tax. Vermont currently taxes consumer purchases of most goods that are not deemed necessities, and exempts necessities like groceries, clothing, home heating, and medical products. Vermont currently exempts most sales of business inputs. Finally, Vermont currently taxes about 40 of the 260 or so services that are taxed by at least one other state (See Appendix 1).

There are six main reasons that some categories of goods and services are exempt in Vermont:

1. To protect low-income Vermonters from the financial burden of paying a tax on necessities, like groceries, clothing, home heating, and health care.
2. To encourage public goods, like education and newspapers. Health care falls into this category as well.
3. Since the sales tax was originally just on goods, many services, like limousine rental and tuxedo rental, are exempt simply because they’ve always been exempt. Health care also falls into this category.
4. Some categories are exempt because the sales tax is deemed too hard or too complicated to collect, for the seller and/or for the Tax Department. Health care is probably the only category to fall into all four of these categories.
5. Some categories are so small that the ~~costs~~ **administrative burden** to collect the tax are greater than the revenue from the tax. This includes “casual sales,” one-time events like yard sales.
6. To avoid taxing business inputs.

This leads to three big questions:

1. Are sales tax exemptions an efficient way to protect low-income Vermonters, and if not, is there a better way to achieve this goal?

Commented [A9]: Caution here – health care also falls into the other categories, unlike limousine rental or tuxedo rental.

Commented [A10]: I would put Educational services in this bucket

2. Are sales tax exemptions an effective way to promote public goods, and if not, is there a better way to achieve this goal?
3. Is the benefit of the historic exclusion of services from the sales tax likely to outweigh the costs of that exclusion as the economy continues to evolve toward more services?

We will examine each question in turn in the following sections.

Are Sales Tax Exemptions an Efficient Way to Protect Low-Income Vermonters?

For purposes of this report, we define low-income Vermonters as those living in households in the lowest four deciles of household income. This very roughly corresponds to households making less than 80% of the median income, which is the definition used by HUD, USDA, and Vermont's Agency of Commerce and Community Development in its housing needs assessment. This definition is broader than some other measures, as it equates very roughly to 250% of the federal poverty line³, so it yields higher and more conservative estimates of the costs of protecting low-income Vermonters than other measures would. While we define low-income Vermonters as those in the lower 40% of the income distribution for purposes of discussion and illustration, please note our recommendation in Chapter 1 for an analysis of the total financial picture of households ranging from the lowest household incomes up to 400% of the federal poverty line and a policy initiative to eliminate benefits cliffs for people moving up through those income levels.

Health care, groceries, home energy, education, clothing, and car repair services account for about 90% of the private consumer spending that is **currently exempt** from the sales tax in Vermont (See Appendix 3). Health care is the largest sector, and is the most complicated case, and the one with the most reasons for exemption, so we will examine health care in separate section below.

Starting with groceries: according to the US Bureau of Labor Statistics, low-income Vermonters spend about 27.8% of Vermont's total private spend on groceries⁴. That means that right now, by exempting groceries from the 6% sales tax, Vermont is giving up about \$126.1 million in sales tax revenue to provide \$35.1 million in relief to low-income Vermonters.

³ https://www.healthvermont.gov/sites/default/files/documents/pdf/VHHIS_Report_2018.pdf , Appendix B, p. 51.

⁴ <https://www.bls.gov/cex/2019/aggregate/decile.pdf> -- state-level data not available, assumes Vermont mirrors national data.

Commented [A11]: This is semantics but "exempt" in the tax world usually means explicitly stated in statute as exempt. Things like education and car repair services are "exempt" per se, but more "not a part of the tax base"

To be clear, we are not recommending a 6% sales tax on groceries. Our recommendations are laid out below. At this point, our goal is simply to think through whether or not exempting groceries is an efficient way to protect low-income Vermonters from a sales tax of any level on groceries.

If Vermont levied the 6% sales tax on groceries, collected the \$126.1 million in taxes, and refunded that \$35.1 million in grocery sales tax collected from low-income Vermonters, there would be no harm to low-income Vermonters. Conservatively assuming a 15% cost to administer a rebate program, the state would have an additional \$85.8 million which it could put toward lowering the sales tax rate and/or increasing spending, in whatever ratio the legislature decided was appropriate.

As noted in Chapter 1 of this report, we would encourage a comprehensive review of income, benefits, and taxes by income level in order to eliminate disproportionate loss of benefits as income increases (“benefit cliffs”), rather than looking at each element of support for low-income Vermonters in isolation. That being said, Vermont currently provides food support to low-income Vermonters through 3SquaresVT and Vermont WIC, which programs could provide part of the mechanism for rebating grocery sales tax payments to the lower end of the low-income spectrum, with a new mechanism required for remitting sales tax payments to people in the higher end of the low-income spectrum.

“States frequently exempt consumer goods, such as clothing and groceries, but these **blanket exemptions are ineffective ways to lessen the regressive nature of sales taxes**. . . If states are still concerned about the somewhat regressive nature of sales taxes, **several policy options are more effective tools than blanket exemptions**. Grocery tax credits, expanded Earned Income Tax Credits, or an increased standard deduction in an income tax would provide assistance without introducing the same degree of economic distortions.” – TaxFoundation.org (bolding ours)

When one looks at the other big categories of private consumer spending that are currently exempt from the sales tax, one finds the same pattern. Using 6% as an example, in home energy consumption, the state is foregoing roughly \$42.1 million in revenue⁵ to protect low-income Vermonters from an \$13.2 million expense. As with groceries, as part of a comprehensive review of the income, benefits, and taxes in low-income households, we note that Vermont already has a mechanism for providing support to low-income Vermonters’ residential energy purchases in the Low-Income Heating Assistance Program (LIHEAP). If you extend the sales tax to residential energy, the state could collect the \$42.1 million in tax revenue, and distribute \$13.2 million back to low-income Vermonters through the LIHEAP program, and end up (again assuming a 15% administration cost) with \$26.9 million per year for increasing spending and/or decreasing the rate.

⁵ Vermont Tax Expenditures 2019 Biennial Report, 2019.

Low-income Vermonters spend about 17.4% of the total private dollars spent on education⁶, so again, using 6% as an example, the state is foregoing \$59.1 million in revenue to protect low-income Vermonters from \$10.3 million in sales tax burden. Clothing and automobile repair follow the same pattern.

Commented [A12]: It would make sense to provide a footnote about the sources of the estimates.

In general, we conclude that exempting broad categories of necessities is not an efficient way to protect low-income Vermonters from the financial burden of paying a sales tax on necessities, and that better mechanisms exist or can be developed, even at a 15% cost of administration, that will hold low-income Vermonters harmless, and increase Vermont’s capacity to raise revenue and/or decrease the sales tax rate.

Are Sales Tax Exemptions an Effective Way to Promote Public Goods?

“A body of research shows that, overall, sales-tax rates are not noticeable enough to consumers to make them change their behavior. In other words, we tend to adopt an attitude of “it is what it is” about sales tax—even when the rates go up—and just get on with the business of purchasing what we need.” – “How Do People Respond to Sales Tax Increases,” Baker et al., 2017.

What is true of rates going up is equally true of rates doing down. A 6% sales tax is not enough to discourage consumer behavior, and exemption from a 6% sales tax is not enough encourage consumer behavior.

The list of public goods that Vermont tries to encourage with sales tax exemptions includes two big items: health care and education. As noted above, we will examine health care separately.

Commented [A13]: To be fair, I am not sure the exemption for medical products is to make it easier to get more of it. The statutory purpose for the exemption in 32 VSA 9741(2) states that it is to “Lower the cost of medical products in order to support the health and welfare of Vermont residents.” What if we just want to lower healthcare expenses for Vermonters?

Education in this context includes only private spending on education – private payments for K12 and private payments for college. This includes both public and private institutions. Total private education spending in Vermont in 2019 was \$984.6 billion.⁷ Low-income Vermonters spent about 17.4% of that.⁸ There are several important barriers for low-income Vermonters to accessing education:

⁶ <https://www.bls.gov/cex/2019/aggregate/decile.pdf> -- state-level data not available, assumes Vermont mirrors national data.

⁷ Bureau of Economic Analysis, <https://apps.bea.gov/iTable/iTable.cfm?reqid=70&step=1&isuri=1&acrdn=4#reqid=70&step=1&isuri=1>

⁸ Consumer Expenditure Survey, Table 1110, “Deciles of income before taxes: Annual expenditure means, shares, standard errors, and coefficients of variation,” 2019. <https://www.bls.gov/cex/tables.htm#annual>

“Higher education in Vermont—for both two and four-year colleges—consistently ranks as the most expensive in the nation, while simultaneously offering the lowest state funding, according to a 2019 report from the College Board⁹. . . For the 80% of CCV students who are enrolled part-time, supporting students outside of the classroom is a major issue. . . The lack of access to a car or daycare for their child can really derail a great student from completing their classes.”

-- Burlingtonfreepress.com 1/20/2020

In light of these issues, the presence or absence of a sales tax would not appear to be a significant factor in accessing education. Expanding higher education in Vermont might be better achieved through larger-scale subsidies or refunds of the tuition for low-income and middle-income Vermonters, combined with services like transportation, remote learning, and childcare for students for whom those things are a barrier. If college tuition is \$40,000, and we add a (say) 3.5% sales tax to that, the price of that tuition goes up to \$41,400. The problem is not the \$1400 in sales tax, it's the \$40,000 in tuition.

Commented [A14]: I'd be careful here. There are probably studies on the cost of higher education and the elasticity of such that he could cite.

There are a number of smaller categories of public goods that are exempt from sales tax in Vermont as well: newspapers; admission to school sporting events; membership services from environmental, human rights, social, civic, and business organizations; sports instruction; other amusement and recreation industries; and others.

We do not in any way dispute that these things are good for the community and deserve Vermont's support. We simply do not believe that a sales tax exemption is an effective way to support, encourage, or expand them. We do believe that exempting these activities, while not providing meaningful support to the activity, does create complexity, unfairness, and instability in Vermont's tax system, and those negative consequences outweigh the very limited benefit the exemptions provide.

Commented [A15]: This statement creates some angst – tax policy should encourage the purchase of public goods and discourage the purchase of public bads.

Commented [A16]: They also cause the tax rate to be higher than it would otherwise could be.

We conclude that exempting public goods from the sales tax is not an effective way to expand those goods, and that if the legislature does indeed wish to support, expand, and encourage these and other public goods, it should analyze the barriers to expansion, and address them head-on with appropriate means and mechanisms. We caution the legislature that the sales tax exemption does not provide Vermonters with meaningful access to these public goods.

Does the exclusion of services from the sales tax still make sense?

The General Assembly concludes that structural deficiencies in Vermont's current revenue and budgeting structure, combined with a change in the State economy from an economy based on goods to

⁹ <https://research.collegeboard.org/pdf/trends-college-pricing-2019-full-report.pdf>

an economy based on services, requires *an* examination and rethinking of Vermont's current sales tax base. – Sales Tax on Services Study, VT Dept of Taxes, 2015.

Per the study cited above, services were initially excluded from the sales tax in the 1930s because goods “constituted a large portion of household consumption, wealthier people bought more of them, and they were easier to quantify. Also, it was widely believed at that time that taxing a service would be like taxing the jobs associated with that service, and jobs were already scarce in that era.”

In principle, excluding some services from the sales tax raises an issue of fairness, as it puts Vermonters who don't happen to use that service at a disadvantage, and it also puts individuals and companies who happen to produce something that is taxable at a disadvantage. As we have noted, the exclusion or inclusion of any service in the sales tax does not meaningfully change demand, so this fairness issue is more one of principle than practice.

However, more serious consequences of exempting most services from the sales tax are that doing so makes sales tax revenue *less stable and less sustainable*, makes the tax system more complicated, and forces the state to impose a higher tax rate to achieve any given revenue goal. These problems will become more pronounced as the portion of the economy represented by services continues to grow.

Commented [A17]: In the Covid recession, services have taken a big hit. We may need to rethink the stability of various parts of the tax base.

We conclude that there is nothing inherent in the service sector that justifies a blanket exemption from the sales tax, and that the widespread exclusion of services adds complexity, unfairness, and instability to Vermont's tax system and inflates Vermont's sales tax rate.

Commented [A18]: Again, language here. Services aren't "exempt" per se, they are just not "tangible personal property" and therefore, not considered part of the base.

Health Care and the Sales Tax

Vermonters use a variety of health care services and goods:

- *Visits (in person or via telemedicine) to the doctor's office, the dentist, the psychotherapist, the chiropractor, etc.*
- *Ambulatory service centers and outpatient hospital services.*
- *Stays at hospitals and nursing homes*
- *Intermediate care facility, home health, and nursing services*
- *Services of managed care organizations*
- *Lab and x-ray services*
- *Emergency ambulance services*
- *Prescription and non-prescription medications*

- Prescription and non-prescription medical devices

We generally think of health care as exempt from the sales tax, but in fact all the categories above in *green italics* ~~red~~ are already subject to a sales tax in Vermont, albeit one that is imposed as a gross receipts tax and called a provider tax (See Appendix 3).

Commented [A19]: Provider taxes are on net patient revenues, not gross patient revenue.

Every state except Alaska currently imposes provider taxes on at least ~~some~~ *one category* categories of health care. Beyond provider taxes, many states also impose a sales tax on some health care transactions. Of the 45 states with a sales tax, plus the District of Columbia:

Commented [A20]: According to NCSL every state except AK imposes at least one provider tax.

- Four states (Delaware, Hawai'i, New Mexico, and Washington State) currently apply a sales tax or a gross receipts tax to physicians' and dentists' work¹⁰.
- Thirty-seven states impose the sales tax on non-prescription drugs (See Appendix 1).
- One state (Illinois) currently applies a (1%) sales tax to prescription drugs.
- Thirty-two states apply the sales tax to non-prescription medical devices.¹¹
- Nine states apply the sales tax to medical devices regardless of whether they are prescription or non-prescription.¹²

Commented [A21]: Readers may find it helpful to clarify the difference between sales taxes and provider taxes and when a tax on health care providers is and is not subject to federal Medicaid tax provisions. A summary can be found on page 26 of the PHPG study.

The provider tax has a unique feature in that Vermont and other states use revenue from the provider tax to help pay for Medicaid, and those provider tax dollars spent on Medicaid trigger the release of federal Medicaid dollars to the state. "Beyond Medicaid, states have the policy option to tax most types of providers and services and to designate or earmark the revenue for any state purpose."¹³

We note also that as it now stands, the provider tax in Vermont is not levied at all on some categories of health care, and it is levied at different rates (between 3.3% and 6%) on the various categories on which it is levied. On prescriptions, it is not levied at a rate at all, but at a fixed dollar amount of 10 cents per prescription. All of this inconsistency adds complexity and reduces fairness, and the partial application of the provider tax to health care reduces stability and increases rates.

As noted above, there are four possible reasons that part of health care is exempt from the sales tax in Vermont: to protect low-income Vermonters; to promote health care; because it's seen as too

¹⁰ Delaware and Washington by way of a gross receipts tax -- Federation of Tax Administrators 2017 State Sales Tax Survey (<https://www.taxadmin.org/sales-taxation-of-services>, data included as Appendix 1)

¹¹ <https://salestaxhelp.com/states-tax-medical-devices>

¹² Ibid.

¹³ <https://www.ncsl.org/research/health/health-provider-and-industry-state-taxes-and-fees.aspx>

complicated; and because it's always been exempt. We will examine the first three of those reasons in turn.

The Effect of Taxing Health Care on Low-Income Vermonters

Currently, low-income Vermonters are insulated from the cost of health care in a number of ways. For those living below 138% of the federal poverty level, the Medicaid program provides access to health care with very little in the way of out-of-pocket costs. For those between 138% and 400% of the federal poverty level, the ACA provides meaningful subsidies for insurance premiums and caps on out-of-pocket spending. The state also supports low-income Vermonters with Dr. *Dynosaur Dynaosaur* (kids and pregnant women), long-term care assistance, and prescription drug assistance.¹⁴

Commented [A22]: From LC: Not just ACA. Vermont also provides assistance for people between 200% and 300%

Commented [A23]: For those not receiving healthcare from their employer.

One complication in health care is that Medicaid patients typically have no or very low co-pays. However, Medicaid and other programs for low-income Vermonters often have fixed payment levels for particular services, and if a provider adds a sales tax to a bill that's already at the maximum reimbursement rate, payment of the full sales tax is likely to fall entirely onto the patient, potentially increasing their co-pay by multiples. As this might present an insurmountable financial barrier to some Vermonters, we cannot recommend a sales tax on health care without finding a mechanism to protect low-income Vermonters from this burden.

Commented [A24]: From LC: This brings up the complex issue of balance billing, which federal and State law prohibit for Medicare beneficiaries, and additional research would be necessary to determine the extent to which federal law would allow for Medicaid beneficiaries. Federal law sets strict maximum out-of-pocket limits for Medicaid beneficiaries on many types of services and prohibits co-pays entirely for certain services.

We examined the possibility of creating a mechanism by which charges for Medicaid would be exempt from the sales tax. As we worked through the practical implications of such a policy, it became clear to us that such a system rapidly becomes unreasonably complicated and burdensome. Vermont's dual drives toward universal primary care and fee-for-outcome medical billing add further dimensions of complexity to this question.

Commented [A25]: I've never heard the phrase "fee-for-outcome". Vermont has been moving towards capitation tied to performance measures. Additionally, policymakers have been moving away from the use of "fee-for ...".

We believe that the importance of keeping access to health care as free from barriers as possible, combined with the complexity of how health care for low-income Vermonters is paid for, means that it is not practical to apply the sales tax to health care, either in place of the provider tax or only on those categories of health care that are not subject to the provider tax.

Since provider taxes avoid the problem of imposing higher out-of-pocket costs on low-income Vermonters, we will now look at whether the current exemption of approximately half of Vermonters' health care spending from the provider tax either increases Vermonters' access or contributes to the fairness, simplicity, or sustainability of Vermont's tax system.

Commented [A26]: Exemptions usually imply a deliberate/specific exception or carve-out from an existing tax. Provider taxes are taxes on specific providers and not a tax on all providers with some carved out. As such, I might suggest removing or editing the use of the word "exemption."

Commented [A27]: The provider tax is not applied on Vermonters (consumer) spending but on providers revenue which is an important distinction.

¹⁴ <https://info.healthconnect.vermont.gov/Medicaid>, <https://www.greenmountaincare.org/>, <https://www.greenmountaincare.org/health-plans/long-term-care>

Do the Current Exemptions of Some Categories of Health Care from the Provider Tax Increase Vermonters' Access?

As far as maintaining the partial provider tax exemption to expand access to health care as a public good, ~~Rand~~ **RAND** analysis of the available data¹⁵ suggests that the price elasticity of demand for health care is -0.17 , which is to say, demand is **very inelastic**. This is even more true for low-income households, since Medicaid, state programs, and the ACA provide them with lower levels of cost-sharing, and "studies consistently find lower levels of demand elasticity at lower levels of cost-sharing."¹⁶

Commented [A28]: -0.17 is not zero, and it's important to look at price elasticity at different points of the income distribution.

This means that a **3.5% provider tax** on those categories of health care goods and services that are currently exempt, even if it were passed on entirely to the consumer, would result in a reduction of health care utilization in those categories of less than six tenths of one percent. If you harmonize the provider tax rates across all provider classes, the increase in half the areas will be partially offset by decreases in some of the other areas. Again, the issue with access to health care **isn't the 3.5%, it's the 100%**.

Commented [A29]: Based on a preliminary back of the envelope estimate, a 3.5% across the board provider tax could result in a roughly \$30-60M reduction in provider tax revenues to the GF (the majority of which would be from hospitals) which would have to be offset with other general funds (as to not lose federal match) or reductions to Medicaid.

Commented [A30]: From LC: this needs more context/explanation

Are there **Undue Complexities** in Extending the Provider Tax to All Provider Categories?

One of the main complexities in Vermont's health care system is just how many parties are involved in paying for Vermonters' health care:

- The federal government through Medicaid, Medicare, **TRICARE**~~eri-care~~, subsidies provided by the ACA, and the federal government's portion of federal employees' health care expenses.
- Patients and the **parents of patients up to age 26**, with private insurance, through premiums, deductibles, co-pays, co-insurance, and payments for non-covered medical expenses.
- **Organizations** that provide health insurance to their employees and their employees' families, through premiums and contributions to HSA-like mechanisms for reimbursing employee out-of-pocket expenses.
- Private insurance companies, through their portion of patient expenses.
- The state government through the state portion of Medicaid; state programs to assist low-income Vermonters with health care costs; and the state's portion of state employees' health care expenses.

Commented [A31]: As discussed, while the draft discusses lack of undue complexities for consumers, it does not address the complexities for both the providers or the State in implementing/administering provider taxes. The state has recent experiences with both Dentists and EMS providers that highlight the complexities and offer lessons learned.

We suggest the report make reference to these experiences as well as the PHG report (2012).

Commented [A32]: From LC: it's not just the *parents* of patients up to age 26 who have to pay – young adults on their parents' plans may be responsible for their own co-pays/coinsurance when they are the ones consuming health care services. I don't know that it's even worth specifying patients; maybe you just say something like "Individuals and families with private insurance through premiums, deductibles, ..."

Commented [A33]: From LC: "Organizations" sounds like nonprofits. I think the point is that these are employers, right? So maybe just say "Employers that provide health insurance to their employees..." Does it make sense to also include a nod to the self-funded employers, who pay claims rather than premiums?

¹⁵ "The Elasticity of Demand for Health Care," RAND, 2005.

¹⁶ Ibid.

- Local governments, including local school systems through the local governments' part of insurance premiums and out-of-pocket health care costs for town employees and teachers and other school system employees.
- Hospitals, which are required by federal law to provide emergency health care to all, regardless of ability to pay. To offset the costs of services for which the patient cannot pay, the hospitals are forced to increase charges to private insurance companies. To cover those increases, private insurance companies do two things: increase the premiums that organizations and individuals pay; and reduce coverage by increasing patients' out-of-pocket expenses.

Commented [A34]: From LC: The hospital line seems to conflate EMTALA responsibilities with uncompensated care and bad debt. Also, there is a lot more to the uncompensated care/cost-shift/rate increase discussion than is in that one bullet, and much of it does probably does not belong in this draft paper, but the way it's currently written may be misleading or oversimplified. One option would be to just keep the first sentence, maybe with an additional clause about hospitals not always being fully compensated for the costs of providing care across departments (i.e., not just in emergency care).

However, as noted above, even when the federal or state governments are paying, if they are paying for goods or services for an individual, those transactions are eligible for a sales tax. Hawai'i's excise tax on health care services applies to doctors and dentists and includes amounts received from patients and health insurance companies.¹⁷ Michigan specifically taxes medical services when provided by Medicaid managed care organizations,¹⁸ and Ohio also makes special provision for applying the sales tax to medical services received through a "Medicaid health insuring corporation."¹⁹

Commented [A35]: From LC: This paragraph is unclear. It talks about what's eligible for a sales tax and then talks about Hawai'i's excise tax; also, we don't have a traditional Medicaid managed care situation, so those comparisons seem inappropriate.

Since we believe the provider tax can be extended to the provider categories that are presently exempt without harming low-income Vermonters, and without limiting Vermonters' access to health care, and without undue complexity, and since we see meaningful benefits for Vermonters in terms of a lower sales tax rate and a simpler and more fair tax system, and since we see benefits to the state government in terms of a more stable and sustainable revenue stream and a simpler tax code, we recommend replacing Vermont's partial and inconsistent provider tax with a consistent provider tax on all providers of consumer health care.

Commented [A36]: Again, undue complexity to who? Consumers or providers? This should be made explicitly clear.

We expect that Vermont will continue to use the provider tax to fund the portion of Medicaid currently funded with the provider tax, and that will trigger the release of the same federal dollars to Vermont. We rely on the current mechanisms for protecting low-income Vermonters from unaffordable health care costs to continue to do so with the categories of health care that will be newly subject to the provider tax. We also refer back to our primary recommendation in Chapter 1 regarding low-income Vermonters and the tax code.

Commented [A37]: I am somewhat confused by this section. The provider tax right now is paid by entities. This sounds like a provider tax paid by consumers, at least in part. So the proposal is to replace the current provider tax with basically a 3.5% sales tax on healthcare services and goods, paid by the consumer?

Commented [A38]: From LC: This paragraph needs work – maybe break into a few sentence - but seems like the point of the whole section. Maybe delete the paragraph above and lead with a reworked version of this one?

Commented [A39]: As noted in earlier comments, a 3.5% provider tax across all providers will likely result in less overall revenue from provider taxes. As such, this sentence will only be true to the extent that any potential reductions in revenues from provider tax changes are offset with general fund increases and/or transfers to Medicaid elsewhere in the budget.

¹⁷ <https://salestaxhelp.com/medical-services-taxable>

¹⁸ Ibid.

¹⁹ Ibid.

*Therefore, although our preference would be to eliminate the provider tax and apply the sales tax uniformly to all consumer-level transactions, **for reasons of fairness, simplicity, and sustainability, we recommend expanding the provider tax to include those categories of providers not already covered. We further recommend harmonizing the provider tax rates across all categories of providers, and to match the provider tax rate to the sales tax rate.***

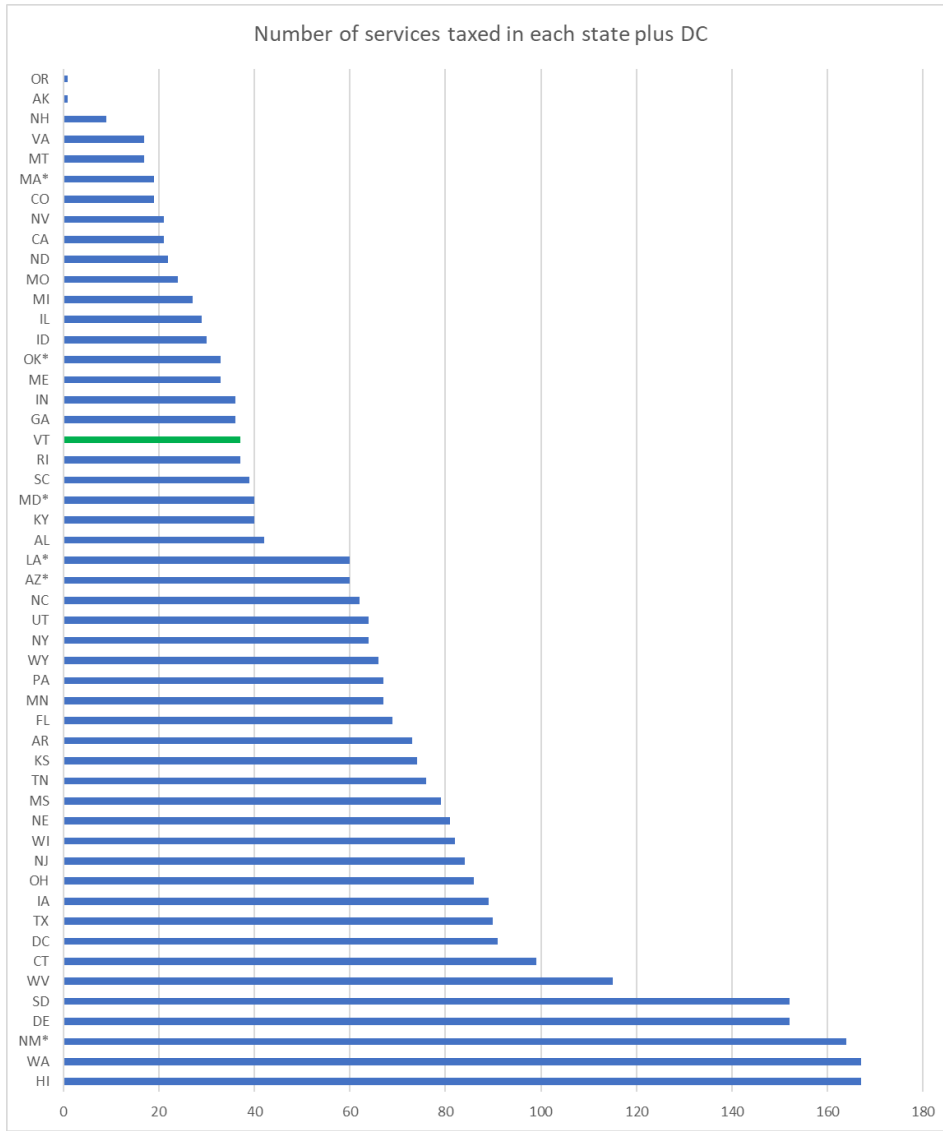
Further Considerations on Expanding the Sales Tax Base

Meaningful (sales tax) base broadening (is) a worthwhile endeavor, as base expansion allows for greater tax neutrality and revenue stability, and can be paired with more targeted relief for low-income households. – TaxFoundation.org

We conclude that there are no good reasons to exempt any categories of goods and services from the sales tax, with the single exception of health care, for which we recommend broader provider taxes. We further note that there are some affirmative reasons to include as many categories as possible.

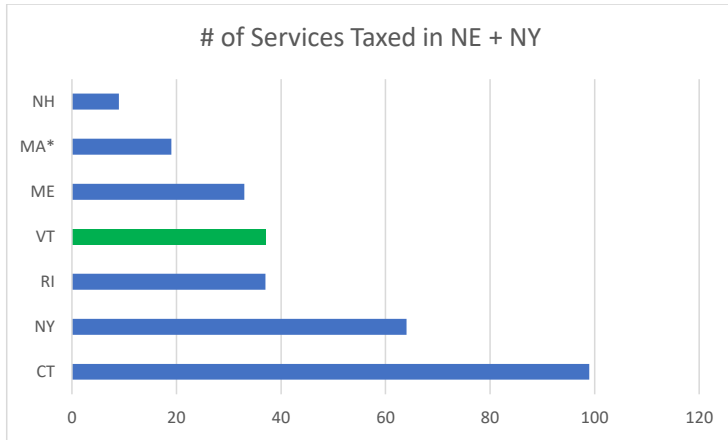
Historically, the sales tax has been applied mostly to goods purchased in person, and as the economy evolves toward more services and more online transactions, it is important to the goals of fairness and sustainability that the tax structure shift with it.

By some measures, Vermont has a fairly narrow sales tax base. If you look just at the number of services Vermont taxes, you see that Vermont is on the lower end of the spectrum.



From VT Dept of Taxes, updated with 2017 data from the FTA study

If you take the same look at New York and New England, you see that Vermont is middle of the pack.



From VT Dept of Taxes, updated with 2017 data from the FTA study

Among the top five states in terms of tourism as a percent of the total state economy, Vermont has by far the narrowest sales tax base and collects the least in terms of sales tax as a percent of total state and local government revenue.

Vermont: A Tourism-dependent Outlier

- Vermont is one of only five states in which the Accommodations and Food Services sector accounts for over 4% of Gross State Product.
- The other four states all rank in the top 10 for widest state sales tax breadth. Vermont ranks 42nd (fourth to last among states with statewide sales tax).
- General Sales Tax accounts for over a third of state and local tax collections in three of the states, a fifth in Maine, but only 10% in Vermont.

Tourism-dependent states tend to lean more heavily on sales taxes in order to alleviate the tax burden on state residents.

	Accommodation and Food Services as % of GSP	Acc. and Food Services Rank	State Sales Tax Breadth	Breadth Rank	State & Local General Sales Tax Collections per Capita	Sales Tax Collect. Rank	General Sales Tax as % of State & Local Tax Collections
Nevada	11.9%	1	54%	4	\$ 1,846	4	41%
Hawaii	8.4%	2	105%	1	\$ 2,431	2	37%
Vermont	4.8%	3	25%	42	\$ 627	45	10%
Maine	4.1%	4	44%	8	\$ 1,080	27	20%
Florida	4.1%	5	43%	9	\$ 1,323	16	36%

Source: GSP Share from U.S. BEA. Tax collections from Tax Foundation Facts and Figures 2020.

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Similarly, among the top five states in terms of retail as a % of the total state economy, Vermont has by far the narrowest sales tax base and collects the least in terms of sales tax as a percent of total state and local government revenue.

Vermont: An Outlier Among States with Large Retail Trade

Vermont is one of only five states in which Retail Trade accounts for over 8% of Gross State Product.

General Sales Tax accounts for 20-46% of state and local tax collections in the other four states, but only 10% in Vermont.

Likewise, states with economies dependent on retail trade tend to lean more heavily on sales taxes for state revenue.

	Retail Trade as % of GSP	Retail Rank	State Sales Tax Breadth	Breadth Rank	State & Local General Sales Tax Collections per Capita	Sales Collections Rank	General Sales Tax as % of State & Local Tax Collections
Washington	9.0%	1	39%	16	\$2,476	1	46%
Maine	8.8%	2	44%	8	\$1,080	27	20%
Mississippi	8.7%	3	46%	6	\$1,180	20	32%
Idaho	8.3%	4	40%	14	\$ 984	33	26%
Vermont	8.2%	5	25%	42	\$ 627	45	10%

Source: GSP Share from U.S. BEA. Tax collections from Tax Foundation Facts and Figures 2020.

Additionally, of the 45 states that have a sales tax, plus Washington DC, Vermont is one of only seven states that exempt all three of groceries, clothing, and prescription drugs.

Tax theory suggests that as a general rule, a broad base is better than a narrow base. There are at least three reasons for this:

1. The broader the base, the more stable and sustainable the tax revenue, as any particular category or industry makes up a smaller part of the tax base, and growth or decline in that category or industry has a smaller effect on overall tax revenue, and more chance of being offset by a different industry moving in the opposite direction.
2. A narrow tax base implies judgements and discretionary choices about what should or should not be exempt. Sometimes intentionally, sometimes inadvertently, these choices necessarily advantage some consumers over others, and advantage some businesses and non-profits over others, calling the fairness of these taxes into question, regardless of the nobility of their goals.
3. The broader the base, the more choices policy makers have for the mix of increasing revenue and decreasing tax rates.

The Vermont tax code has some odd inconsistencies: for instance, Vermont deems transportation a

necessity, so the state exempts automobile repair services, but taxes the purchase of automobiles. Vermont exempts the purchase of home heating, but taxes the purchase of the home.

With Vermont's sixty or so exemptions from the sales tax, Vermont also has issues of unfairness and complexity. One usually thinks of tax fairness from the point of view of the person paying the tax, and from that point of view, Vermont's patchwork of taxable and non-taxable purchases inadvertently favors people who happen to consume more of the non-taxables and handicaps people who happen to consume more taxables. It is also valuable to look at fairness from the point of view of the people producing the goods: it is unfair to tax the work of people whose labor creates goods, but not to tax the work of people whose work produces services.

By trying to use the sales tax as a tool to encourage community goods, and exemptions from the sales tax for necessities as a tool to protect low-income Vermonters, the legislature puts itself in the position of having to decide what's necessary, and what's good, and what's not. Food is a necessity; is soda? Is candy? Does the legislature want to be in the business of making judgements about what's necessary if it doesn't have to? Clothing is necessary; is a \$50 hat? A \$500 pair of boots? A kidney transplant is necessary – is a fourth round of chemo? How about cosmetic surgery? How about cosmetic surgery to correct a deformity that is causing meaningful emotional distress to the patient? Whatever the legislature decides is necessary will necessarily be subjective and somewhat arbitrary, and distortive. Taxing clothing above \$150, for instance, will cause some consumers to buy the \$145 dress they like less, and not get the \$154 dress they like more, since the \$154 dress with a 6% sales tax becomes \$163.25, and somewhat insignificant 6% difference between \$145 and \$154 becomes a more meaningful 12.6% difference.

Vermont's current system also puts state revenue at risk, as the economy can evolve away from taxable categories, like gasoline, and toward untaxed categories, like home electricity used to charge electric cars.

We note that the Blue Ribbon Tax Commission Recommendations 2A and 2B recommended expanding the sales tax to include "all consumer-purchased services with limited exceptions for certain health and education services and business-to-business service transactions," and all consumer purchases of goods, "retaining only the exemptions for food and prescription drugs." As we have seen, we see no compelling reason to exempt consumer purchases of education or food, and we see no compelling reason not to extend the health care provider tax to the remaining exempt categories of providers, and to harmonize the provider tax rates with each other and with the sales tax rate.

Commented [A40]: Yes, but current tax policy does encourage the consumption of "bads" from the environmental point of view. Here is where sustainability can mean two different things: long-term stability of tax revenues, or long-term viability of the environment.

Commented [A41]: Even small changes in consumption by low-income households following an increase in the sales tax would be deleterious for society.

Commented [A42]: Well, to be clear, you see no reason to exempt them, but you also see the need of promoting fairness in another more efficient way. You're not advocating for a blanket repeal. You're looking for repeal and replace, if you will.

Because we find no compelling reason to exempt any form of consumer activity from the Vermont sales tax, with the proviso that it be levied as a provider tax on health care, and in view of the advantages for fairness, simplicity, and sustainability, we recommend that Vermont's sales tax base be expanded to include all consumer purchases of goods and services, and to exclude all business inputs (see Appendix 2).

If Vermont Expands the Tax Base, What Should the Legislature Do with the Money?

When you expand the base, you have to decide how much of the additional revenue you are going to spend, how much you are going to rebate to low-income Vermonters, and how much you are going to put toward lowering the tax rate.

In approximate numbers, if you apply the sales tax to all consumer-level purchases (in the form of an expanded provider tax for the health care sector):

1A. With the current 6% sales tax, making no accommodation to protect low-income Vermonters, you would add around \$570 million in sales tax revenue to the current sales tax revenue of \$389.3 million.

Commented [A43]: Where is this from?

1B. With the same assumptions, but rebating to low-income Vermonters the full amount collected from them, and assuming a 15% cost to administer the rebate program, a 6% sales tax will raise an additional \$434 million.

2A. If you choose to make this change revenue-neutral, and use the broadening of the tax base to reduce the tax rate, making no accommodation for low-income Vermonters, you can lower the rate to 3.1%.

Commented [A44]: Is this from my memo?

2B. In the revenue-neutral scenario, if you hold low-income Vermonters harmless, you can lower the sales tax rate to 3.4%.

Commented [A45]: Sources for all these results would be useful.

We have reviewed the suggestion that a 3.1% sales tax on necessities would not cause any significant harm to low-income Vermonters, due to programs already in place and due to inelasticity of demand. On balance, we believe that ensuring the well-being of all Vermonters is so important that the legislature should exercise an abundance of caution, and we therefore do not recommend adding a tax to any category without an affirmative way to keep low-income Vermonters whole.

If you expand the sales tax to all consumer purchases, and you ensure that low-income Vermonters will not bear any new financial burden, the last question we examine in this section is how much of the

additional revenue Vermont should allocate to new spending, and how much Vermont should allocate to lowering the sales tax rate.

There are significant unmet needs in Vermont toward which additional revenue could be allocated, including adapting our infrastructure for the changes in weather expected from climate change.

There are also significant benefits to a meaningful lowering of the Vermont sales tax rate:

- Vermonters pay a low, uniform sales tax rate, making things more fair for all Vermonters, and reducing the minor distortions in economic behavior created by a higher rate imposed inconsistently.
- If you hold low-income Vermonters harmless, they will be better off, as they will not bear any increased costs for things that are currently not taxed, and, as with all Vermonters, the tax they pay on things that are currently taxed will go down.
- Vermont businesses benefit from fairer system that treats every business's output the same. Vermont businesses also benefit from a simpler tax code. We do note that the administrative burden on businesses with consumer sales that do not currently charge sales tax will increase, and the many businesses who provide services to consumers and to other businesses will have the burden of keeping their sales to consumers (taxable) separate from their sales to other businesses (not taxable). We note that one of us works at a small manufacturing company that sells both to consumers and to other businesses, and does not have any difficulty in charging sales tax to consumers and exempting sales to other businesses.
- The Vermont government benefits from a more stable and sustainable Vermont tax base, and a simpler tax code that is easier to administer.
- The Vermont economy benefits from an increased competitive advantage on sales tax relative to New York (4%) and Massachusetts (6.25%) and an advantage compared to every other state with a sales tax except Delaware and Colorado, and a decreased competitive disadvantage relative to New Hampshire and the four other non-sales-tax states.

We therefore recommend that the revenue from expanding Vermont's sales tax base be used first to hold low-income Vermonters harmless, and that most of the remainder be used to lower the sales tax rate, with the smallest part used to fund additional spending. Specifically, we recommend applying a 3.5% sales tax to all consumer purchases of goods and services, harmonizing the provider tax at 3.5% and expanding it to include all health care categories, creating mechanisms to make this change neutral for low-income Vermonters, and deploying the additional \$20 million in new

Commented [A46]: Well, they will on the limited purchases they make of these. Might be better to say: "The benefit of a lower tax rate on goods that are currently tax will more than offset the increase in costs associated with paying the tax on goods and services that are currently not taxed, because lower-income households spend less on services and other non-taxable goods and because of new programs to help hold them harmless."

Commented [A47]: You would think this is true, but I would bet that service business would wail about this. The case of Florida and Massachusetts, who tried expanding their base to services, is illustrative. On the sales tax on software debates this past year, the local providers screamed bloody murder about the administrative burden of doing so.

Commented [A48]: This is the state sales tax. Their local rates push these higher and strengthen your argument.

Commented [A49]: How large are the administrative costs associated with this provision?

revenue to tackle some of the current unmet needs and anticipated future needs that we have identified.

We would suggest that it is much easier to expand the base to include everything than it is to expand the base to include almost everything. If there is a single exception, there will be pressure from industries/companies/sectors and their lobbyists to give them an exemption as well. This is misguided, since as we've noted, a sales tax exemption does not encourage any significant amount of additional activity, but, as we all know, sometimes people are misguided.

This change will make the sales tax more fair, more sustainable, and simpler; it will do no harm to low-income Vermonters; and it will make Vermont's sales tax third-lowest among the 45 sales-tax states and DC, after Delaware (gross receipts tax) and Colorado (2.9% sales tax).

Meals Tax

There are currently eight exemptions to the Vermont Meals tax. Vermont taxes restaurant meals, and we are proposing to tax groceries, but the notion of an additional tax on meals prepared at home is almost nonsensical, and four of the eight exemptions to the Meals tax exist simply to avoid taxing meals prepared at a person's "home," even if it's a temporary home, including retirement communities, summer camps, hospitals, convalescent and nursing homes, and schools. We support these exemptions.

Two of the remaining four exemptions to the Meals tax exist to allow non-profits to use as much of the money they raise from selling meals as possible toward their mission, whether they sell the meals on their premises or at fairs/picnics etc. The statute specifically requires 100% of the income from selling these meals to be used for the non-profit's mission. We support these exemptions as well.

The seventh exemption to the Meals tax is for meals provided to people who work in restaurants and hotels during their shift. The total dollar value of this benefit is relatively small, the hassle of keeping track of the value of the meals consumed by staff when they're working is high, so we do not see any justification for ending this exemption, and support its continuation.

The final exemption from the Meals tax is for grocery-type items furnished for take-out, including "whole pies, cakes, and loaves of bread, single-serving baker items sold in quantities of three or more, deli and candy sales by weight, whole uncooked pizzas, and larger containers of ice cream, salad

Commented [A50]: But in the short run, a new sales tax does reduce purchase of that good or service.

Commented [A51]: I think there is something to be said about, if Vermont did this, it would be pretty much the only state in the country with such a broad sales tax. I could easily see that being called a disadvantage for service businesses.

dressing, sauces, cider, or milk.”²⁰ Since we are recommending that the sales tax be extended to groceries, **we recommend ending this exemption and including these items in the 3.5% sales tax.**

Commented [A52]: Technical, but it would probably require this exemption being repealed and then having this type of stuff being reclassified as groceries.

Rooms Tax

The Vermont Rooms tax is intended to tax the act of staying somewhere for fun. It is not intended to tax anyone’s long-term accommodation. Of the six exemptions to the Rooms tax, four are designed to avoid taxing people’s residences: those exemptions are for rooms at a retirement community; in a hospital, sanatorium, convalescent home, nursing home, or assisted living facility; student housing; and summer camp accommodations. We support continuing these exemptions.

The fifth exemption to the Rooms tax is for rooms rented on the premises of a non-profit. As with the exemption to the Meals tax, the purpose of this exemption is to allow the non-profit to further their public-service mission. While data is not available on how much money this is, it is hard to imagine it is a meaningful amount of money, and we support continuing this exemption

The final exemption to the Rooms tax is rooms provided employees of hotels and restaurants as part of their jobs. We believe that housing is a such a significant benefit that this should be included in the employee’s income. We therefore support the exemption from the Rooms tax, and **recommend that housing provided to an employee as part of their job be included in their taxable income.**

Excise Taxes

This Commission took no testimony on the Excise tax, and as noted, we believe it is generally working as intended, and is applied to appropriate categories as appropriate rates.

As discussed further below in the sections on long-term structural changes to our economy, climate, and society, we expect that over the next 20 years, gasoline use will drop dramatically. We note that California has just passed a law banning the sale of new gas-powered passenger cars as of 2035, following in the footsteps of several European countries with similar legislation. We also observe more and more electric cars on Vermont’s roads, and expect that Vermont’s newly formed Climate Council will work to accelerate the transition to clean transportation, whether or not Vermont joins the regional Transportation Climate Initiative.

²⁰ Vermont Tax Expenditures 2019 Biennial Report, 2019.

As a result, one of the big sources of revenue for the transportation fund is likely to erode gradually then quickly. There are also issues of fairness – right now, people driving gas-powered cars are paying for the roads that people driving electric cars are using for free.

We therefore recommend an annual excise tax on electric cars, to be paid as part of the annual registration process, set to be equal to the average that Vermonters pay in gasoline excise taxes.

We hope these recommendations regarding Vermont’s consumption taxes will further the goals of making both Vermont’s consumption taxes and Vermont’s overall tax system fairer, simpler, and more sustainable over the next 20 years.

Commented [A53]: Some states are seriously exploring a Vehicle Miles Travelled tax while others have chosen Road User Charges. And consider the “public good” aspects of EVs vs. traditional vehicles.

Commented [A54]: Feels like a big recommendation with not a whole lot of meat on the bone. Do other states do this? Would you phase down the gasoline tax? This would be tough to make it equal because people drive different amounts.

Appendix 1: See spreadsheet “Appendix 1”

Appendix 2: See spreadsheet “Appendix 2”

Appendix 3: 2018 % of Vermont Population Living Under 200% of the Federal Poverty Line

Vermont County or State	Population Under 200% FPL (All Ages)	Population (All Ages)	Percent of Population Under 200% FPL (All Ages)	Reliability
Addison County	7714	34003	22.69	5.1496
Bennington County	10776	34482	31.25	5.7352
Caledonia County	9934	29294	33.91	5.4338
Chittenden County	38157	152414	25.04	3.5722
Essex County	2368	6197	38.21	6.7272
Franklin County	10571	48544	21.78	6.2217
Grand Isle County	1291	6922	18.65	8.7827
Lamoille County	7941	24668	32.19	5.8676
Orange County	8237	28364	29.04	4.5401
Orleans County	9576	26061	36.74	4.0753
Rutland County	16182	57156	28.31	4.0785
Washington County	15008	56211	26.7	4.559
Windham County	13390	41529	32.24	4.5053
Windsor County	14968	54489	27.47	4.7154
Vermont	166113	600334	27.67	1.4365
United States	100490740	314943184	31.91	0.1548

Source: <https://vermontinsights.org/population-all-ages-living-in-households-under-the-200-federal-poverty-level-in-vermont/>

Median household size = 1.4 (Vermont Housing Needs Assessment, <https://accd.vermont.gov/sites/accdnew/files/documents/Housing/Fact%20sheet%207%20large%20and%20small%20households.pdf>)

Median household income: \$60,076 (<https://www.census.gov/quickfacts/VT>)

Per capita median household income: \$42,911

80% of per capita median household income: \$34,329

2020 Federal Poverty Line for an individual: \$12,756

80% of median income = approx. 270% of the federal poverty level

35.8% of the Vermont population lives below 270% of the federal poverty level.

(<https://www.kff.org/other/state-indicator/distribution-by-fpl/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>)

Appendix 4: Vermont's Provider Tax

Of the 19 Federal Classes of Health Care Services,	
Vermont Levies a Provider Tax on	Vermont Does Not Levy a Provider Tax on
Inpatient hospital services	Physicians' services
Outpatient hospital services	Ambulatory service centers
Nursing facility services	Nursing services
Emergency ambulance services	Podiatric services
Services of intermediate care facilities	Dental services
Home health care services	Services of managed care organizations
Outpatient prescription drugs	Laboratory and x-ray services
	Therapist services
	Psychological services
	Optometric services
	Chiropractic services
	Other health care items/services for which the state has enacted a licensing or certification fee

Source: "Provider Taxes Overview," Langweil & Carbee, JFO and OLC, January 26, 2017

Health care subject to provider tax			
	2017 rate	2017 tax	2017 implied revenue
Hospitals	6%	\$142,286,414	\$2,371,440,233
Nursing Homes	6%	\$15,039,003	\$250,650,050
Home Health	3.63%	\$4,793,713	\$132,058,209
Intermediate Care Facilities	5.90%	\$73,708	\$1,249,288
Pharmacy	*	\$780,000	\$514,800,000
Ambulance	3.30%	\$1,200,000	\$36,363,636
Total			\$3,306,561,417

*10 cents/script at BCBSVT's average of \$66/prescription

Source: "Provider Taxes Overview," Langweil & Carbee, JFO and OLC, January 26, 2017

Commented [A55]: 2017 should be labeled, "Projected" or "Estimated" as of late 2014.

Table 4.1. Nominal Incidence of Total Spending on Health by Vermont Residents, 2012 and 2017

	Spending Amount (Millions)	
	2012	2017
Employer market	\$1,690	\$2,034
Employee premium contributions	\$395	\$478
Retiree premium contributions	\$12	\$18
Vermont employer premium contributions for Vermont residents	\$1,188	\$1,431
<50 workers	\$284	\$287
50–99 workers	\$65	\$76
100–499 workers	\$205	\$248
500+ workers	\$634	\$820
Out-of-state employer premium contributions for Vermont residents	\$95	\$107
Medicare	\$1,074	\$1,440
Federal Medicare spending	\$873	\$1,166
Medicare premium contributions	\$189	\$256
Medicare supplemental policies	\$12	\$18
Medicaid/CHIP/VHAP	\$1,246	\$1,661
Federal Medicaid spending	\$717	\$1,033
State Medicaid spending	\$518	\$623
Medicaid premium contributions	\$11	\$4
Non-group/Catamount/Exchange	\$85	\$359
Individual market premium contributions	\$58	\$221
Federal private insurance subsidies	\$15	\$127
State private insurance subsidies	\$11	\$10
Out-of-pocket	\$720	\$944
Insured	\$686	\$937
Uninsured	\$34	\$7
Other	\$270	\$373
Federal military spending	\$55	\$62
TRICARE premium contributions	\$1	\$1
Other federal spending	\$138	\$214
Other state spending	\$76	\$96
TOTAL	\$5,084	\$6,810

NOTES: Other federal and state spending includes DVHA appropriations, disproportionate share hospital (DSH) payments, and non-Medicaid health-related appropriations. Medicaid premium contributions are VHAP and CHIP premiums. Individual market premium contributions are non-group, Catamount, and Exchange premiums

Source: RAND, "The Economic Incidence of Health Care Spending in Vermont," 2015.

https://www.rand.org/content/dam/rand/pubs/research_reports/RR900/RR901/RAND_RR901.pdf

Appendix 6: Vermont Sales Tax Expenditures

Commented [A56]: Significance of colors??

Expenditures and Estimates from 2019 Report	FY 2016 estimated	FY 2017 estimated	FY 2020 estimated	Estimated 2020 sales
Sales of food	117,260,000	117,030,000	126,150,000	\$2,102,500,000
Medical products	60,730,000	64,300,000	75,500,000	\$1,258,333,333
Energy purchases for a residence	37,800,000	39,920,000	42,150,000	\$702,500,000
Clothing and footwear	28,000,000	28,800,000	30,200,000	\$503,333,333
Agricultural inputs	18,560,000	18,900,000	20,380,000	\$339,666,667
Veterinary supplies	3,890,000	4,230,000	5,020,000	\$83,666,667
Energy purchases for farming	4,230,000	4,310,000	4,640,000	\$77,333,333
Agricultural machinery/equipment	2,490,000	2,510,000	2,640,000	\$44,000,000
Admission to nonprofit museums	2,400,000	2,400,000	2,600,000	\$43,333,333
Newspapers	2,940,000	2,820,000	2,390,000	\$39,833,333
Fuels for railroads/off-road uses	1,990,000	2,240,000	2,310,000	\$38,500,000
Property in net metering system	2,790,000	1,430,000	2,290,000	\$38,166,667
Funeral charges	1,900,000	1,900,000	2,000,000	\$33,333,333
Rentals of washing facilities	1,100,000	1,100,000	1,200,000	\$20,000,000
Sales of films to movie theaters	800,000	800,000	900,000	\$15,000,000
Sales of mobile homes/modular housing	200,000	200,000	300,000	\$5,000,000
Railroad rolling stock/depreciable parts	200,000	200,000	200,000	\$3,333,333
TOTAL	287,280,000	293,090,000	320,870,000	
Total consumer			\$281,290,000	
Total consumer goods				\$234,540,000
Total consumer services				\$46,750,000