

1 H.418

2 Introduced by Committee on Health Care

3 Date:

4 Subject: Health; Medicaid; health insurance; Vermont Health Benefit  
5 Exchange; claims tax; State Health Care Resources Fund

6 Statement of purpose of bill as introduced: This bill proposes to establish state  
7 premium tax credits and cost-sharing subsidies for individuals purchasing  
8 health insurance through the Vermont Health Benefit Exchange. It would  
9 impose an excise tax on sugar-sweetened beverages and repeal the employers'  
10 health care fund contribution assessment. The bill would also consolidate the  
11 existing health care claims assessment and the health care information  
12 technology reinvestment fee into a new health care claims tax, which would  
13 increase over two years from 0.999 percent of an insurer's claims paid in fiscal  
14 year 2013 to 1.999 percent of its claims paid in fiscal year 2015.

15 An act relating to establishing premium and cost-sharing assistance, a  
16 sugar-sweetened beverage tax, and a health care claims tax

17 It is hereby enacted by the General Assembly of the State of Vermont:

18 Sec. 1. 33 V.S.A. § 1802(9) is added to read:

19 (9) "Modified adjusted gross income" shall have the same meaning as in  
20 26 U.S.C. § 36B(d)(2)(B).

1       Sec. 2. 33 V.S.A. § 1812 is added to read:

2       § 1812. FINANCIAL ASSISTANCE TO INDIVIDUALS

3           (a)(1) An individual or family eligible for federal premium tax credits  
4           under 26 U.S.C. § 36B with income less than or equal to 300 percent of the  
5           federal poverty level (FPL) shall be eligible for premium assistance from the  
6           State of Vermont.

7           (2) The Department of Vermont Health Access shall establish a  
8           premium schedule on a sliding scale based on modified adjusted gross income  
9           for the individuals and families described in subdivision (1) of this subsection.  
10          The Department shall reduce the premium contribution for these individuals  
11          and families by 1.5 percent below the premium amount established in  
12          26 U.S.C. § 36B.

13          (3) Premium assistance shall be available for the same qualified health  
14          benefit plans for which federal premium tax credits are available.

15          (b)(1) An individual or family with income at or below 300 percent FPL  
16          shall be eligible for cost-sharing assistance, including a reduction in the  
17          out-of-pocket maximums established under Section 1402 of the Affordable  
18          Care Act.

19          (2) The Department of Vermont Health Access shall establish  
20          cost-sharing assistance on a sliding scale based on modified adjusted gross

1 income for the individuals and families described in subdivision (1) of this  
2 subsection. Cost-sharing assistance shall be established as follows:

3 (A) for households with income at or below 150 percent FPL: 94  
4 percent actuarial value;

5 (B) for households with income above 150 percent FPL and at or  
6 below 200 percent FPL: 87 percent actuarial value;

7 (C) for households with income above 200 percent FPL and at or  
8 below 250 percent FPL: 77 percent actuarial value; and

9 (D) for households with income above 250 percent FPL and at or  
10 below 300 percent FPL: 73 percent actuarial value.

11 (3) Cost-sharing assistance shall be available for the same qualified  
12 health benefit plans for which federal cost-sharing assistance is available and  
13 shall be administered using the same methods set forth in Section 1402 of the  
14 Affordable Care Act.

15 (c) To the extent feasible, the Department shall use the same mechanisms  
16 provided in the Affordable Care Act to establish financial assistance under this  
17 section in order to minimize confusion and complication for individuals,  
18 families, and health insurers.

1       Sec. 3. COST-SHARING SUBSIDIES; MANAGED CARE ENTITY

2                   INVESTMENTS

3           (a) It is the intent of the General Assembly to ensure that low- and  
4           middle-income individuals purchasing health insurance through the Vermont  
5           Health Benefit Exchange (Exchange) have financial protection from large  
6           out-of-pocket costs. The State of Vermont should enhance cost-sharing  
7           subsidies available in the Exchange if federal financial participation is  
8           available by funding the subsidies as a managed care entity investment through  
9           the Global Commitment to Health Section 1115 Medicaid waiver. If the  
10          Centers for Medicare and Medicaid Services (CMS) approves the State's  
11          request to consolidate the Global Commitment to Health Section 1115  
12          Medicaid waiver and the Choices for Care Section 1115 Medicaid waiver, it is  
13          the intent of the General Assembly to include the enhanced cost-sharing  
14          subsidies as such an investment.

15          (b)(1) In the event that the Global Commitment to Health Section 1115  
16          Medicaid waiver and the Choices for Care Section 1115 Medicaid waiver are  
17          consolidated by CMS prior to November 1, 2013 and the State has sufficient  
18          financial capacity for new managed care entity investments, the Commissioner  
19          of Vermont Health Access shall propose to the Joint Fiscal Committee to  
20          modify the cost-sharing subsidy established in 33 V.S.A. § 1812(b) as follows:

1           (A) Cost-sharing assistance established in 18 V.S.A. § 1812(b)(2)(C)  
2           for households with income above 200 percent of the federal poverty level  
3           (FPL) and at or below 250 percent FPL shall be increased from 77 percent to  
4           83 percent actuarial value.

5           (B) Cost-sharing assistance established in 18 V.S.A. § 1812(b)(2)(D)  
6           for households with income above 250 percent FPL and at or below 300  
7           percent FPL shall be increased from 73 percent to 77 percent actuarial value.

8           (C) Cost-sharing assistance shall be established for households with  
9           income above 300 percent FPL and at or below 350 percent FPL at 73 percent  
10          actuarial value.

11          (2) The Joint Fiscal Committee shall review the proposal at its next  
12          scheduled meeting after notice from the Commissioner of Vermont Health  
13          Access of approval from CMS and the Commissioner's assessment of the  
14          State's financial capacity for new investments. The Committee shall review  
15          the relevant information to determine whether the CMS approval to  
16          consolidate the waivers did create sufficient financial capacity to include the  
17          subsidy as an investment. If the Committee so determines, it shall approve  
18          implementation of the proposal in this subsection (b).

19          (c) In the event that the Global Commitment to Health Section 1115  
20          Medicaid waiver and the Choices for Care Section 1115 Medicaid waiver are  
21          consolidated by CMS after November 1, 2013 and the State has sufficient

1 financial capacity for new managed care entity investments, the Commissioner  
2 of Vermont Health Access shall propose to modify the cost-sharing subsidy  
3 established in 33 V.S.A. § 1812(b) in its budget adjustment request as follows:

4 (1) Cost-sharing assistance established in 18 V.S.A. § 1812(b)(2)(C) for  
5 households with income above 200 percent of the federal poverty level (FPL)  
6 and at or below 250 percent FPL shall be increased from 77 percent to 83  
7 percent actuarial value.

8 (2) Cost-sharing assistance established in 18 V.S.A. § 1812(b)(2)(D) for  
9 households with income above 250 percent FPL and at or below 300 percent  
10 FPL shall be increased from 73 percent to 77 percent actuarial value.

11 (3) Cost-sharing assistance shall be established for households with  
12 income above 300 percent FPL and at or below 350 percent FPL at 73 percent  
13 actuarial value.

14 Sec. 4. 33 V.S.A. § 1901d is amended to read:

15 § 1901d. STATE HEALTH CARE RESOURCES FUND

16 (a) ~~The state health care resources fund~~ State Health Care Resources Fund  
17 is established in the treasury Treasury as a special fund to be a source of  
18 financing health care coverage for beneficiaries of the state health care  
19 assistance programs under the Global Commitment to ~~health~~ Health waiver  
20 approved by the Centers for Medicare and Medicaid Services under Section  
21 1115 of the Social Security Act ~~and for the Catamount Health assistance~~

1 ~~program under subchapter 3A of chapter 19 of this title~~ and a source of  
2 financing for the Vermont Health Benefit Exchange established in chapter 18,  
3 subchapter 1 of this title.

4 (b) Into the ~~fund~~ Fund shall be deposited:

5 (1) all revenue from the tobacco products tax and from the cigarette tax  
6 levied pursuant to 32 V.S.A. chapter 205;

7 (2) revenue from health care provider assessments pursuant to  
8 subchapter 2 of chapter 19 of this title;

9 (3) ~~revenue from the employer health care premium contribution~~  
10 ~~pursuant to 21 V.S.A. chapter 25; [Deleted.]~~

11 (4) revenue from the health care claims ~~assessments~~ tax pursuant to  
12 ~~8 V.S.A. § 4089I~~ 32 V.S.A. § 10402(b)(2);

13 (5) premium amounts paid by individuals unless paid directly to the  
14 insurer;

15 (6) the proceeds from grants, donations, contributions, taxes, and any  
16 other sources of revenue as may be provided by statute, rule, or act of the  
17 ~~general assembly~~ General Assembly; ~~and~~

18 (7) any remaining balance in the terminated Catamount ~~fund~~ Fund as of  
19 June 30, 2012; and



1       (b) The Fund shall be administered pursuant to 32 V.S.A. chapter 7,  
2       subchapter 5, except that interest earned on the Fund and any remaining  
3       balance shall be retained in the Fund. The Agency shall maintain records  
4       indicating the amount of money in the Fund at any time.

5       (c) All monies received by or generated to the Fund shall be used only as  
6       allowed by appropriation of the General Assembly for the authorized purposes  
7       described in this subsection. The authorized purposes are listed in order of  
8       priority; each higher priority category must be fully funded before any monies  
9       remaining in the Fund may be applied to the next listed category. Monies in  
10       the Fund shall be:

11       (1) applied for the purpose of doubling the purchasing power of  
12       3SquaresVT beneficiaries on purchases of fresh fruits and vegetables at  
13       farmers' markets and on purchases of fresh produce, milk, and 100 percent  
14       fruit juice at 3SquaresVT participating retailers;

15       (2) used for public health initiatives developed by the Department of  
16       Health, in consultation with interested stakeholders, to combat obesity in  
17       Vermont; and

18       (3) after full satisfaction of the needs set forth in subdivisions (1) and (2)  
19       of this subsection, deposited in the State Health Care Resources Fund  
20       established in section 1901d of this title.

1 Sec. 5. 32 V.S.A. chapter 243 is added to read:

2 CHAPTER 243. HEALTH CARE CLAIMS TAX

3 § 10401. DEFINITIONS

4 As used in this section:

5 (1) “Health insurance” means any group or individual health care  
6 benefit policy, contract, or other health benefit plan offered, issued, renewed,  
7 or administered by any health insurer, including any health care benefit plan  
8 offered, issued, renewed, or administered by any health insurance company,  
9 any nonprofit hospital and medical service corporation, any dental service  
10 corporation, or any managed care organization as defined in 18 V.S.A. § 9402.  
11 The term includes comprehensive major medical policies, contracts, or plans  
12 and Medicare supplemental policies, contracts, or plans, but does not include  
13 Medicaid or any other state health care assistance program in which claims are  
14 financed in whole or in part through a federal program, unless authorized by  
15 federal law and approved by the General Assembly. The term does not include  
16 policies issued for specified disease, accident, injury, hospital indemnity,  
17 long-term care, disability income, or other limited benefit health insurance  
18 policies, except that any policy providing coverage for dental services shall be  
19 included.

20 (2) “Health insurer” means any person who offers, issues, renews, or  
21 administers a health insurance policy, contract, or other health benefit plan in

1 this State, and includes third party administrators or pharmacy benefit  
2 managers who provide administrative services only for a health benefit plan  
3 offering coverage in this State. The term does not include a third party  
4 administrator or pharmacy benefit manager to the extent that a health insurer  
5 has paid the fee which would otherwise be imposed in connection with health  
6 care claims administered by the third party administrator or pharmacy benefit  
7 manager.

8 § 10402. HEALTH CARE CLAIMS TAX

9 (a) There is imposed on every health insurer an annual tax in an amount  
10 equal to 0.999 of one percent of all health insurance claims paid by the health  
11 insurer for its Vermont members in the previous fiscal year ending June 30.  
12 The annual fee shall be paid to the Commissioner of Taxes in one installment  
13 due by January 1.

14 (b) Revenues paid and collected under this chapter shall be deposited as  
15 follows:

16 (1) 0.199 of one percent of all health insurance claims into the Health  
17 IT-Fund established in section 10301 of this title; and

18 (2) the balance into the State Health Care Resources Fund established in  
19 33 V.S.A. § 1901d.

20 (c) The annual cost to obtain Vermont Healthcare Claims Uniform  
21 Reporting and Evaluation System (VHCURES) data, pursuant to 18 V.S.A.

1 § 9410, for use by the Department of Taxes shall be paid from the Vermont  
2 Health IT-Fund and the State Health Care Resources Fund in the same  
3 proportion as revenues are deposited into those Funds.

4 (d) It is the intent of the General Assembly that all health insurers shall  
5 contribute equitably through the tax imposed in subsection (a) of this section.  
6 In the event that the tax is found not to be enforceable as applied to third party  
7 administrators or other entities, the tax owed by all other health insurers shall  
8 remain at the existing level and the General Assembly shall consider  
9 alternative funding mechanisms that would be enforceable as to all health  
10 insurers.

11 § 10403. ADMINISTRATION OF TAX

12 (a) The Commissioner of Taxes shall administer and enforce this chapter  
13 and the tax. The Commissioner may adopt rules under 3 V.S.A. chapter 25 to  
14 carry out such administration and enforcement.

15 (b) All of the administrative provisions of chapter 151 of this title,  
16 including those relating to the collection and enforcement by the  
17 Commissioner of the withholding tax and the income tax, shall apply to the tax  
18 imposed by this chapter. In addition, the provisions of chapter 103 of this title,  
19 including those relating to the imposition of interest and penalty for failure to  
20 pay the tax as provided in section 10402 of this title, shall apply to the tax  
21 imposed by this chapter.

1     § 10404. DETERMINATION OF DEFICIENCY, REFUND, PENALTY, OR  
2             INTEREST

3             (a) Within 60 days after the mailing of a notice of deficiency, denial or  
4             reduction of a refund claim, or assessment of penalty or interest, a health  
5             insurer may petition the Commissioner in writing for a determination of that  
6             deficiency, refund, or assessment. The Commissioner shall thereafter grant a  
7             hearing upon the matter and notify the health insurer in writing of his or her  
8             determination concerning the deficiency, penalty, or interest. This is the  
9             exclusive remedy of a health insurer with respect to these matters.

10            (b) Any hearing granted by the Commissioner under this section shall be  
11            subject to and governed by 3 V.S.A. chapter 25.

12            (c) Any aggrieved health insurer may, within 30 days after a determination  
13            by the Commissioner concerning a notice of deficiency, an assessment of  
14            penalty or interest, or a claim to refund, appeal that determination to the  
15            Washington Superior Court or to the Superior Court for the county in which  
16            the health insurer has a place of business.

17     Sec. 6. 32 V.S.A. § 3102(e) is amended to read:

18            (e) The ~~commissioner~~ Commissioner may, in his or her discretion and  
19            subject to such conditions and requirements as he or she may provide,  
20            including any confidentiality requirements of the Internal Revenue Service,  
21            disclose a return or return information:

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(14) to the ~~office of the state treasurer~~ Office of the State Treasurer, only in the form of mailing labels, with only the last address known to the ~~department of taxes~~ Department of Taxes of any person identified to the ~~department~~ Department by the ~~treasurer~~ Treasurer by name and Social Security number, for the ~~treasurer's~~ Treasurer's use in notifying owners of unclaimed property; ~~and~~

(15) to the ~~department of liquor control~~ Department of Liquor Control, provided that the information is limited to information concerning the sales and use tax and meals and rooms tax filing history with respect to the most recent five years of a person seeking a liquor license or a renewal of a liquor license; and

(16) to the Commissioner of Financial Regulation and the Commissioner of Vermont Health Access, if such return or return information relates to obligations of health insurers under chapter 243 of this title.

Sec. 7. 32 V.S.A. § 10402(a) is amended to read:

(a) There is imposed on every health insurer an annual tax in an amount equal to ~~0.999~~ 1.499 of one percent of all health insurance claims paid by the health insurer for its Vermont members in the previous fiscal year ending June 30. The annual fee shall be paid to the Commissioner of Taxes in one installment due by January 1.

1 Sec. 8. 32 V.S.A. § 10402(a) is amended to read:

2 (a) There is imposed on every health insurer an annual tax in an amount  
3 equal to ~~1.499~~ 1.999 of one percent of all health insurance claims paid by the  
4 health insurer for its Vermont members in the previous fiscal year ending  
5 June 30. The annual fee shall be paid to the Commissioner of Taxes in one  
6 installment due by January 1.

7 Sec. 9. 32 V.S.A. § 10301 is amended to read:

8 § 10301. HEALTH IT-FUND

9 \* \* \*

10 (c) Into the fund shall be deposited:

11 (1) revenue from the ~~reinvestment fee~~ health care claims tax imposed on  
12 health insurers pursuant to ~~8 V.S.A. § 4089k~~ subdivision 10402(b)(1) of this  
13 title.

14 \* \* \*

15 Sec. 10. 2008 Acts and Resolves No. 192, Sec. 9.001(g) is amended to read:

16 (g) Sec. 7.005 of this act shall sunset July 1, ~~2015~~ 2013.

17 Sec. 11. 32 V.S.A. chapter 227 is added to read:

18 CHAPTER 227. SUGAR-SWEETENED BEVERAGE TAX

19 § 9401. DEFINITIONS

20 As used in this chapter:

1           (1) “Commissioner” means the Commissioner of Taxes and his or her  
2 authorized agents and employees.

3           (2) “Consumer” means a person who purchases or otherwise obtains a  
4 sugar-sweetened beverage for consumption and not for sale to another.

5           (3) “Department” means the Vermont Department of Taxes.

6           (4) “Distributor” means any person, including a manufacturer and a  
7 wholesale dealer, who receives, stores, manufactures, bottles, or distributes  
8 syrup, powder, or sugar-sweetened beverages for sale to retailers, whether or  
9 not that person also sells such products to consumers. “Distributor” also  
10 means any person importing or causing to be imported syrup, powder, or  
11 sugar-sweetened beverages into the state from outside the state for sale to a  
12 retailer or consumer.

13           (5) “Place of business” means any place where syrup, powder, or  
14 sugar-sweetened beverages are manufactured or received for sale in the state.

15           (6) “Powder” means any solid mixture of ingredients used in making,  
16 mixing, or compounding sugar-sweetened beverages by mixing the powder  
17 with any one or more other ingredients, including water, ice, syrup, simple  
18 syrrup, fruits, vegetables, fruit juice, vegetable juice, or carbonation or  
19 other gas.

20           (7) “Retailer” means any person who sells syrup, powder, or  
21 sugar-sweetened beverages to consumers in the state.

1           (8) “Sale” means the transfer of title or possession for valuable  
2           consideration regardless of the manner by which the transfer is completed.

3           (9) “Sugar-sweetened beverage” means any nonalcoholic beverage,  
4           carbonated or noncarbonated, which is intended for human consumption and  
5           contains any added sweetener. As used in this definition, “nonalcoholic  
6           beverage” means any beverage that contains less than one-half of one percent  
7           alcohol per volume. However, the term “sugar-sweetened beverage” does  
8           not include:

9                   (A) beverages consisting of 100 percent natural fruit or vegetable  
10           juice with no added sweetener. For purposes of this subdivision (9), “natural  
11           fruit juice” and “natural vegetable juice” mean the original liquid resulting  
12           from the pressing of fruits or vegetables or the liquid resulting from the  
13           dilution of dehydrated natural fruit juice or natural vegetable juice;

14                   (B) milk, with or without any added sweetener, which means natural  
15           liquid milk regardless of animal source or butterfat content; natural milk  
16           concentrate, whether or not reconstituted, regardless of animal source or  
17           butterfat content; dehydrated natural milk, whether or not reconstituted and  
18           regardless of animal source or butterfat content; or soy, rice, or similar milk  
19           substitutes;

20                   (C) maple syrup or raw honey; or

21                   (D) infant formula.

1           (10) “Sweetener” means any caloric substance suitable for human  
2           consumption that humans perceive as sweet and includes sucrose, fructose,  
3           glucose, or other sugars but does not include any substance that adds fewer  
4           than five calories per reference amount customarily consumed or per labeled  
5           serving.

6           (11) “Syrup” means a liquid mixture of ingredients used in making,  
7           mixing, or compounding sugar-sweetened beverages using one or more other  
8           ingredients, such as water, ice, powder, simple syrup, fruits, vegetables, fruit  
9           juice, vegetable juice, or carbonation or other gas. However, the term “syrup”  
10          does not include maple syrup or raw honey.

11          § 9402. TAX IMPOSED

12          (a) There is imposed an excise tax on every distributor of \$0.01 per ounce  
13          upon sugar-sweetened beverages sold in the State.

14          (b) There is imposed on every distributor an excise tax of \$0.01 per ounce  
15          of syrup and powder sold in the State. For purposes of calculating the tax  
16          under this subsection, the taxable volume of syrup or powder shall be equal to  
17          the largest volume of sugar-sweetened beverage resulting from use of the syrup  
18          or powder according to the manufacturer’s instructions.

19          § 9403. RETURNS AND REMITTANCES

20          (a) Any distributor liable for the tax imposed by this chapter shall, on or  
21          before the 15th day of every month, return to the Commissioner, under oath of

1 a person with legal authority to bind the distributor, a statement containing its  
2 name and place of business, the quantity of syrup, powder, and  
3 sugar-sweetened beverages subject to the excise tax imposed by this chapter  
4 sold in the preceding month, and any other information required by the  
5 Commissioner, along with the tax due.

6 (b) The revenue from the tax imposed by this chapter shall be deposited as  
7 follows:

8 (1) For fiscal year 2014, \$12,720,000.00 shall be deposited in the State  
9 Health Care Resources Fund established under 33 V.S.A. § 1901d. For each  
10 fiscal year after fiscal year 2014, the amount to be deposited in the State Health  
11 Care Resources Fund shall be adjusted by a percentage equal to any percentage  
12 change in the premium for the second-lowest cost silver-level plan in the  
13 Vermont Health Benefit Exchange.

14 (2) The remainder of the revenue shall be deposited in the Combating  
15 Obesity Fund established in 33 V.S.A. § 1901g.

16 § 9404. RECORDS

17 Every distributor shall maintain, for not less than three years, accurate  
18 records showing all transactions subject to tax liability under this chapter.  
19 Distributors must identify the amount of tax collected on a separate invoice  
20 line on sales to retailers. These records are subject to inspection by the  
21 Commissioner at all reasonable times during normal business hours.

1     § 9405. EXEMPTIONS

2         The following shall be exempt from the tax imposed by section 9402 of this  
3     chapter:

4             (1) syrup, powder, or sugar-sweetened beverages sold to the  
5     U.S. government, its subdivisions, or under any other circumstances in which  
6     the State is without power to impose the tax;

7             (2) syrup, powder, or sugar-sweetened beverages sold by a distributor  
8     for resale or consumption outside the State; and

9             (3) syrup, powder, or sugar-sweetened beverages sold by a distributor to  
10    another distributor and not intended for resale to a consumer if the purchasing  
11    distributor holds a license issued under section 9406 of this chapter and if the  
12    sales invoice clearly indicates that the sale is exempt.

13    § 9406. LICENSE REQUIRED

14         Each distributor shall secure a license from the Commissioner before  
15    engaging in the business of selling sugar-sweetened beverages in the State.

16    § 9407. APPLICATION FOR AND ISSUANCE OF LICENSE

17         (a) A separate application and license is required for each wholesale outlet  
18    when a distributor owns or controls more than one such outlet.

19         (b) Licenses shall be issued by the Commissioner on application, without  
20    charge, on forms prescribed by the Commissioner, stating the name and  
21    address of the applicant, the address of the place of business, the type of

1 business, and any other information the Commissioner may require for the  
2 proper administration of this chapter.

3 § 9408. TERM OF LICENSES

4 Each license issued under the provisions of this chapter shall be valid as  
5 long as the licensee continues to do business at the place named, unless the  
6 license is revoked or suspended by the Commissioner as provided in section  
7 9409 of this chapter. If the business is sold or transferred or if the licensee  
8 ceases to do business at the place named, the license shall immediately be  
9 returned to the Commissioner for cancellation.

10 § 9409. REVOCATION AND SUSPENSION OF LICENSES

11 The Commissioner may revoke or suspend the license of any licensee for  
12 failure to comply with any provision of this chapter or for failure to comply  
13 with the provisions of 11 V.S.A. chapter 15.

14 § 9410. PENALTIES

15 (a) Any person subject to the provisions of this chapter who fails to pay the  
16 tax imposed by this chapter by the date that payment is due or fails to submit a  
17 return as required by this chapter is subject to the provisions of section 3202 of  
18 this title (interest and penalties).

19 (b) Any person subject to the provisions of this chapter who sells or offers  
20 for sale any syrup, powder, or sugar-sweetened beverages in the State without

1 holding a license as required by this chapter is liable for a penalty of up to  
2 \$100.00 for each day such sales are made or offered.

3 § 9411. APPEALS

4 Any person aggrieved by an action taken by the Commissioner under this  
5 chapter may appeal in writing to the Commissioner for a review. The  
6 Commissioner shall then grant a hearing under 3 V.S.A. chapter 25 and notify  
7 the aggrieved person in writing of his or her determination. The  
8 Commissioner's determination may be appealed within 30 days to the Superior  
9 Court of the county of this State in which the taxpayer resides or has a place of  
10 business or to the Superior Court of Washington County.

11 § 9412. BONDING

12 When the Commissioner, in his or her discretion, considers it necessary to  
13 protect the revenues raised under this chapter, he or she may require any  
14 licensee to file with him or her a bond under the terms of section 3114 of  
15 this title.

16 Sec. 12. MONITORING

17 The Department of Health shall develop criteria and components for an  
18 independent evaluation to assess the impact that the sugar-sweetened beverage  
19 tax has on consumption of products affected by the implementation of the tax.  
20 Specifically, the evaluation shall seek to determine the impact of these

1 exclusions on consumer purchasing and health outcomes. The amount of  
2 \$100,000.00 is appropriated to the Department of Health for this purpose.

3 Sec. 13. LEGISLATIVE INTENT

4 It is the intent of the General Assembly to encourage Vermonters to curb  
5 their consumption of sugar-sweetened beverages and make healthier drink  
6 choices. The General Assembly encourages the beverage industry to continue  
7 to offer healthy choices to consumers and to maintain the price differential,  
8 established by the sugar-sweetened beverage tax, between sugar-sweetened  
9 beverages and other, healthier drinks, as a means of encouraging consumers to  
10 move toward healthier beverage choices.

11 Sec. 14. REPEAL

12 (a) 8 V.S.A. § 4089I (health care claims assessment) is repealed on July 1,  
13 2013.

14 (b) 21 V.S.A. chapter 25 (employers' health care fund contribution) is  
15 repealed on January 1, 2014.

16 Sec. 15. EFFECTIVE DATES

17 (a) Secs. 1 (modified adjusted gross income definition) and 2 (Exchange  
18 financial assistance) of this act shall take effect on October 1, 2013 to allow for  
19 their application to insurance plans with coverage beginning January 1, 2014.

1       (b) Sec. 4 (State Health Care Resources Fund) of this act shall take effect  
2       on July 1, 2013, except that the amendments to 33 V.S.A. § 1901d(b)(3) shall  
3       take effect on January 1, 2014.

4       (c) Secs. 5 and 6 (0.999 percent health care claims tax) of this act shall take  
5       effect on July 1, 2013.

6       (d) Sec. 7 (1.499 percent health care claims tax) of this act shall take effect  
7       with respect to taxes due in fiscal year 2015 on claims paid in fiscal year 2014.

8       (e) Sec. 8 (1.999 percent health care claims tax) of this act shall take effect  
9       with respect to taxes due in fiscal year 2016 and thereafter on claims paid in  
10       fiscal year 2015 and thereafter.

11       (f) Secs. 4a (Combating Obesity Fund) and 11–13 (sugar-sweetened  
12       beverage tax) of this act shall take effect on July 1, 2013.

13       (g) The remaining sections of this act, including this section, shall take  
14       effect on passage.