The Economic Impact of Medicaid Spending in Arkansas

Katherine A. Deck
Viktoria Riiman

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THE ECONOMIC IMPACT OF MEDICAID SPENDING IN ARKANSAS

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In Partnership with:

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Arkansas Children’s Hospital

Developmental Disabilities Provider Association

Arkansas Advocates for Children and Families

Center for Business and Economic Research
Willard J. Walker Hall 545
Sam M. Walton College of Business
1 University of Arkansas
Fayetteville, Arkansas 72701-1201
(479) 575-4151
Contacts: Ms. Kathy Deck, Director
Ms. Viktoria Riiman, Research Associate

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Arkansas Medicaid is a joint federal and state program that provides necessary medical services to needy and low-income persons that is administered through the Arkansas Division of Medical Services at the Arkansas Department of Human Services. The Medicaid program is designed to provide the baseline health outcomes that are necessary for the state’s economy to function. The expenditures that are made through the Arkansas Medicaid program significantly affect the Arkansas economy. This report details the economic impacts of the direct expenditures of the Medicaid program on the Arkansas economy. Some highlights follow:

- The Arkansas population was almost 2.9 million in 2009, ranking the state 32\textsuperscript{nd} among the 50 states and the District of Columbia.
- In 2000, Arkansas per capita personal income was 74.5 percent of the United States average and the state ranked 49\textsuperscript{th} in terms of average income. By 2009, Arkansas per capita personal income was 81.6 percent of the United States average and the state’s ranking had improved to 46\textsuperscript{th}.
- Arkansas real state gross domestic product was $79.2 billion in 2008, ranking the state 34\textsuperscript{th} in terms of total economic output.
- On a per capita basis, Arkansas ranks much more poorly in terms of economic output with $27,753 worth of goods and services produced per state resident in 2008. This level placed the state in 49\textsuperscript{th} position among its peers.
- Similar trends appear in the production of health care and social assistance in Arkansas. The industry GDP was $6.0 billion in 2008, ranking the state 32\textsuperscript{nd}, but on a per capita basis, health care and social assistance GDP was $2,105, ranking the state 44\textsuperscript{th} in 2008.
- In Arkansas, Medicaid expenditures increased from $1.6 billion in fiscal year 2000 to $3.4 billion in fiscal year 2008, an increase of 112 percent. The share of state GDP devoted to Medicaid spending increased from 2.4 percent to 3.5 percent during the same time period.
- Arkansas Medicaid spending per capita increased from $604 in fiscal year 2000 to $1,196 in fiscal year 2008.
- In 2008, the state had the 15\textsuperscript{th} highest Medicaid expenditures per capita among all states and the District of Columbia.
- However, the latest data available indicated that the Arkansas Medicaid program has among the lowest expenditures per enrollee at $3,676 in 2006.
- About 80 percent of Arkansas Medicaid spending in 2009 was in the categories of hospital inpatient and outpatient services, other medical services, public and private nursing homes, mental health, and physician and dental services.
• In 2009, total economic activity of $5.9 billion was generated as a result of direct Medicaid spending of $3.7 billion in Arkansas.

• Accordingly, 70,277 full-time jobs in the state of Arkansas were attributable to the Medicaid program in 2009. This equates to 6.0 percent of all employment in Arkansas in 2009.

• Total employees compensation associated with these jobs was estimated to be $2.4 billion. The estimate included wages and salary, all benefits (health, retirement, etc), and employer paid payroll taxes such as the employer portion of social security and unemployment taxes.

• The average multiplier or the ratio of total to direct economic impact was estimated to be 1.60 for output, 1.45 for employment, and 1.34 for employee compensation.

<table>
<thead>
<tr>
<th>Category</th>
<th>Direct Economic Impact</th>
<th>Indirect Economic Impact</th>
<th>Induced Economic Impact</th>
<th>Total Economic Output Impact</th>
<th>Average Multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output</td>
<td>$3,716,306,944</td>
<td>$777,214,784</td>
<td>$1,455,329,688</td>
<td>$5,948,850,688</td>
<td>1.60</td>
</tr>
<tr>
<td>Employment</td>
<td>48,505</td>
<td>37,785</td>
<td>13,986</td>
<td>70,277</td>
<td>1.45</td>
</tr>
<tr>
<td>Employee Compensation</td>
<td>$1,801,595,954</td>
<td>$219,728,985</td>
<td>$394,390,799</td>
<td>$2,415,715,763</td>
<td>1.34</td>
</tr>
</tbody>
</table>

Source: Arkansas Department of Human Services; IMPLAN; Center for Business and Economic Research estimates
The Medicaid program is financed by taxpayers, but the expenditures associated with Medicaid generate additional tax revenues that are then collected by state and local governments. According to the IMPLAN model, the Medicaid Program added $231.8 million to the state and local governments’ revenues through employee compensation taxes, indirect business taxes, sales and use taxes, and business taxes.

The federal government matched each dollar spent by the Arkansas state government on the Medicaid program with $2.94 in fiscal year 2009.

The return on the Medicaid program spending by the state government to the Arkansas economy in 2009 is estimated as the ratio of state spending of $943 million and the total impact of Medicaid expenditures estimated to be $5.9 billion. The resulting multiplier is equal to 6.31. Thus, each dollar spent by the state government on the Medicaid program in 2009 resulted in an estimated $6.31 of total economic output impact for the state economy.

In addition to the estimated impacts, the Medicaid program also provides non-monetary impacts for the state of Arkansas, such as improved health outcomes for its participants. These effects are not included in the total economic impact numbers in this report.
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Arkansas Medicaid is a joint federal and state program that provides necessary medical services to needy and low-income persons. Good health is important for people to enjoy a reasonable standard of living and is vital to the proper functioning of the state’s economy, as well. Those who cannot afford to pay for medical care are able to get the care they need and stay healthy via the Arkansas Medicaid program. The Arkansas Department of Human Services administers the Medicaid program through the Arkansas Division of Medical Services. Services provided by the Arkansas Medicaid program include those that are federally mandated and those that are optional for the state.

The Center for Business and Economic Research conducted a study on the economic impact of the Medicaid program in Arkansas in 2002. That study showed that in the year 2000, for each dollar that Arkansas spent on Medicaid, there was a total multiplier effect (including federal matching dollars) of $4.45. From 2000 to 2010 there have been several important structural changes in the Arkansas economy. First, the portion of state GDP directly attributable to the health care sector has increased from 6.9 to 7.8 percent. Second, the mix of employment in Arkansas has changed, as the manufacturing sector has shed jobs and the service sector has become a larger employer. Third, the Great Recession has affected all levels of the economy in Arkansas, and with increasing unemployment rates, more and more Arkansas citizens find themselves in need of assistance with basic medical expenses. This report provides updated and improved data and methodology to show the current economic impact of Medicaid on the state of Arkansas.

1 The federally mandated services are: child health services, family planning services, federally qualified health centers, home health services, inpatient hospital services, laboratory and x-ray services, nurse-midwife services, nurse practitioner services, nursing facility services, outpatient hospital services, physician services, and rural health clinic services.

2 The optional services are: ambulatory surgical center services, audiological services for those younger than 21, certified registered nurse anesthetist services, child health management services, chiropractic services, dental services for those younger than 21, developmental day treatment clinic services for preschoolers to 17-year-olds, domiciliary care services, durable medical equipment, emergency services, ElderChoices home and community based nursing facilities, hospice services, hyperalimentation services, inpatient psychiatric services for those younger than 21, inpatient rehabilitative hospital services, intermediate care facility services for the mentally retarded, long term care, medical supplies, nursing facility services for those younger than 21, occupational, physical, and speech therapy for those younger than 21, organ transplants, personal care services, podiatrist services, portable x-ray services, private duty nursing services for ventilator-dependent and high-technology non-ventilator dependent, prescription drugs, prosthetics, psychology services for those younger than 21, rehabilitative services for persons with mental illness, rehabilitative services for persons with physical disabilities, targeted case management, transportation services, ventilator equipment, and visual services.
The study is organized as follows. First, an economic overview for the state of Arkansas is provided. Discussion of the state population, personal income, state gross domestic product, and the health care and social assistance industry is offered. Next, Medicaid expenditures data are presented. The methodology used for the study’s economic impact analysis is discussed after that. Then the economic output and employment impacts of Medicaid expenditures are estimated using the IMPLAN input-output model. Using those estimates the return on state investment in Medicaid is discussed. Appendix A and Appendix B include more comprehensive data that underlie the analysis in the report.

**ARKANSAS ECONOMIC OVERVIEW**

In order to demonstrate the importance of Medicaid spending on the Arkansas economy, a brief state economic overview is presented below. Arkansas ranks below average among other states and the District of Columbia on population, total personal income, state gross domestic product (GDP), and health care and social assistance production. The Arkansas rankings in 2008 were 32nd, 33rd, 34th, and 32nd in these categories, respectively. When looking at state personal income, state GDP, and health care and social assistance industry production in per capita terms, the picture becomes gloomier. In 2008, Arkansas ranked 47th, 49th, and 44th in personal income per capita, real GDP per capita, and real production per capita of health care and social assistance industry, respectively. Production per capita in the health care industry was 45th in 2007 and most likely declined in 2008. Under most metrics, the growth of the Arkansas economy has been slower than national growth in per capita terms. The state’s ranking is near the bottom and continues to decline for state GDP per capita and production of the health care and social assistance industry per capita. The following sections detail these statistics further.

**Population**

The Arkansas population was 2,889,450 in 2009, according to the United States Census Bureau intercensal population estimates (Figure 1). The state’s population increased by 211,162 people (7.9 percent) since 2000, while the overall U.S. population increased by 8.8 percent during the same time period. Since surpassing Kansas in 2003, Arkansas has ranked 32nd in population among the 50 states and the District of Columbia. In 2009, the population of Arkansas represented 0.9 percent of the total United States population.
Personal Income

Personal income is an important indicator of wealth in a region. The Bureau of Economic Analysis (BEA), an agency within the U.S. Department of Commerce, defines state personal income as income that is received by, or on behalf of, persons who live in the state. It is calculated as the sum of wage and salary disbursements, supplements to wages and salaries, proprietors’ income, rental income, personal dividend income, personal interest income, and personal current transfer receipts, less contributions for government social insurance. According to the BEA, Arkansas total personal income was about $92.3 billion in 2009 (in current dollars). From 2000 to 2009, Arkansas total personal income increased by 52.7 percent, while U.S. total personal income increased by 40.5 percent. As a result, the Arkansas ranking among other states and the District of Columbia increased from 34th to 33rd during this time period.

Per capita personal income is the best measure of the average welfare of a state’s population and allows easy comparison to national prosperity. The Arkansas per capita personal income amount was $31,946 in 2009. The state’s income per capita has gradually increased in comparison to national levels in recent years (Figure 2). In 2000, Arkansas per capita income was 74.5 percent of the United States measure and by 2009, it was 81.6 percent. However, Arkansas remains among the bottom states in per capita terms. The state ranked 46th in 2009, an increase from 47th in 2008 and 49th in 2000.
Figure 2: Personal Income per Capita, 2000 - 2009

State Gross Domestic Product

State gross domestic product (GDP) is a measure of each state’s production and provides information about overall strength of an economy. The measure is derived as the sum of the gross domestic product originating in all industries in the state and is available from the BEA. Arkansas ranked 34th among 50 states and the District of Columbia with $79.2 billion in state GDP in 2008 (the most recent data available, in chained 2000 dollars to adjust for inflation). Although Arkansas GDP grew steadily for the past few years, the state’s 2008 ranking was the same as the state’s ranking in 2000.

To compare Arkansas’ position with the top five and bottom five states in terms of real GDP, Table 1 is presented. California had the highest GDP from 2000 to 2008. Overall, top 5 states did not change during this time period and also included New York, Texas, Florida, and Illinois. The bottom five states remained the same as well: Alaska, Montana, North Dakota, Wyoming, and Vermont. Arkansas ranking indicates that it is below average with respect to the other states. In fact, Arkansas state GDP was only 35.1 percent of the average state GDP in the U.S. in 2008.
Table 1: State Gross Domestic Product, 2000 and 2008

<table>
<thead>
<tr>
<th>State</th>
<th>2000</th>
<th>Ranking</th>
<th>2008</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>$1,287,145</td>
<td>1</td>
<td>$1,546,125</td>
<td>1</td>
</tr>
<tr>
<td>New York</td>
<td>$777,157</td>
<td>2</td>
<td>$964,755</td>
<td>2</td>
</tr>
<tr>
<td>Texas</td>
<td>$727,233</td>
<td>3</td>
<td>$925,505</td>
<td>3</td>
</tr>
<tr>
<td>Florida</td>
<td>$471,316</td>
<td>4</td>
<td>$603,462</td>
<td>4</td>
</tr>
<tr>
<td>Illinois</td>
<td>$464,194</td>
<td>5</td>
<td>$516,144</td>
<td>5</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$66,801</td>
<td>34</td>
<td>$79,245</td>
<td>34</td>
</tr>
<tr>
<td>Alaska</td>
<td>$27,034</td>
<td>46</td>
<td>$29,950</td>
<td>47</td>
</tr>
<tr>
<td>Montana</td>
<td>$21,366</td>
<td>48</td>
<td>$27,253</td>
<td>48</td>
</tr>
<tr>
<td>North Dakota</td>
<td>$17,752</td>
<td>50</td>
<td>$24,269</td>
<td>49</td>
</tr>
<tr>
<td>Wyoming</td>
<td>$17,331</td>
<td>51</td>
<td>$21,752</td>
<td>50</td>
</tr>
<tr>
<td>Vermont</td>
<td>$17,782</td>
<td>49</td>
<td>$21,697</td>
<td>51</td>
</tr>
</tbody>
</table>

Source: Bureau of Economic Analysis, U.S. Department of Commerce; Center estimations

Because each state’s population varies and directly affects GDP, per capita GDP (calculated as the state’s GDP divided by its population) can be a more useful measure of a state’s prosperity. Using this measure, Arkansas falls to 48th place in 2000 and to 49th place in 2008 (see Table 2; a more detailed Table 17 is provided in the Appendix A and includes data for all 50 states and the District of Columbia for 2000, 2004, and 2008). Only West Virginia and Mississippi had smaller real GDP per capita than Arkansas in 2008.
## Table 2: State Gross Domestic Product per Capita, 2000 and 2008

<table>
<thead>
<tr>
<th>State</th>
<th>2000</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Real GDP per Capita</td>
<td>Ranking</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>$102,670</td>
<td>1</td>
</tr>
<tr>
<td>Delaware</td>
<td>$52,737</td>
<td>2</td>
</tr>
<tr>
<td>Connecticut</td>
<td>$47,025</td>
<td>3</td>
</tr>
<tr>
<td>New York</td>
<td>$40,906</td>
<td>6</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>$43,213</td>
<td>4</td>
</tr>
<tr>
<td>South Carolina</td>
<td>$27,965</td>
<td>40</td>
</tr>
<tr>
<td>Montana</td>
<td>$23,653</td>
<td>49</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$24,942</td>
<td>48</td>
</tr>
<tr>
<td>West Virginia</td>
<td>$22,954</td>
<td>50</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$22,563</td>
<td>51</td>
</tr>
</tbody>
</table>

Source: Bureau of Economic Analysis, U.S. Department of Commerce; Center estimations

The decline in ranking occurred despite the absolute increase in Arkansas GDP per capita during this time period. Figure 3 shows how real GDP per capita in Arkansas and nationwide has been steadily increasing since 1997, decreasing slightly during recessions. Arkansas’ economic activity is connected with the United States’ macroeconomic performance, and recessions affect the entire nation. Arkansas GDP per capita as a percentage of average GDP per capita in the U.S. declined over time. In 1997, Arkansas per capita GDP was 76.0 percent of the national GDP per capita, the highest percentage for the shown time period. Arkansas GDP per capita was only 73.2 percent of average GDP per capita in U.S. in both 2007 and 2008.
Health Care and Social Assistance Industry

Production in the health care and social assistance industry is included in the calculation of a state’s GDP. Within the data, the industry is divided into three sectors: ambulatory health care services, hospitals and nursing and residential care facilities, and social assistance. Table 3 shows the health care and social assistance industry’s production for the years 2000, 2007, and 2008 (the most recent data available for this industry) for Arkansas as well as for the top five and bottom five states. In 2008, the Arkansas health industry accounted for $6,036 million (in chained 2000 dollars to adjust for inflation), an increase of 31.3 percent since 2000. The state ranked 32nd among other states since 2000, in spite of the increase in absolute value. The industry’s percentage of state GDP has been steadily increasing over the past years. The Arkansas health industry comprised 6.9 percent of state GDP in 2000 as compared to 7.4 percent in 2007 and 7.6 percent in 2008.
### Table 3: Health Care and Social Assistance Industry's Real Production, 2000, 2007, and 2008

<table>
<thead>
<tr>
<th>State</th>
<th>2000 Industry GDP (Millions)</th>
<th>2000 Rank</th>
<th>% of State GDP</th>
<th>2007 Industry GDP (Millions)</th>
<th>2007 Rank</th>
<th>% of State GDP</th>
<th>2008 Industry GDP (Millions)</th>
<th>2008 Rank</th>
<th>% of State GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>$63,867</td>
<td>1</td>
<td>5.0%</td>
<td>$86,192</td>
<td>1</td>
<td>5.6%</td>
<td>$91,040</td>
<td>1</td>
<td>5.9%</td>
</tr>
<tr>
<td>New York</td>
<td>$53,828</td>
<td>2</td>
<td>6.9%</td>
<td>$62,668</td>
<td>2</td>
<td>6.6%</td>
<td>$64,610</td>
<td>2</td>
<td>6.7%</td>
</tr>
<tr>
<td>Texas</td>
<td>$38,743</td>
<td>3</td>
<td>5.3%</td>
<td>$52,180</td>
<td>3</td>
<td>5.8%</td>
<td>$54,689</td>
<td>3</td>
<td>5.9%</td>
</tr>
<tr>
<td>Florida</td>
<td>$32,955</td>
<td>4</td>
<td>7.0%</td>
<td>$43,570</td>
<td>4</td>
<td>7.1%</td>
<td>$45,391</td>
<td>4</td>
<td>7.5%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>$31,956</td>
<td>5</td>
<td>8.2%</td>
<td>$39,678</td>
<td>5</td>
<td>9.0%</td>
<td>$41,338</td>
<td>5</td>
<td>9.3%</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$4,597</td>
<td>32</td>
<td>6.9%</td>
<td>$5,816</td>
<td>32</td>
<td>7.4%</td>
<td>$6,036</td>
<td>32</td>
<td>7.6%</td>
</tr>
<tr>
<td>Montana</td>
<td>$1,860</td>
<td>46</td>
<td>8.7%</td>
<td>$2,364</td>
<td>46</td>
<td>8.8%</td>
<td>$2,509</td>
<td>47</td>
<td>9.2%</td>
</tr>
<tr>
<td>Vermont</td>
<td>$1,420</td>
<td>49</td>
<td>8.0%</td>
<td>$1,944</td>
<td>48</td>
<td>9.1%</td>
<td>$2,039</td>
<td>48</td>
<td>9.4%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>$1,588</td>
<td>48</td>
<td>8.9%</td>
<td>$1,862</td>
<td>50</td>
<td>8.2%</td>
<td>$2,004</td>
<td>49</td>
<td>8.3%</td>
</tr>
<tr>
<td>Alaska</td>
<td>$1,283</td>
<td>50</td>
<td>4.7%</td>
<td>$1,871</td>
<td>49</td>
<td>6.1%</td>
<td>$1,940</td>
<td>50</td>
<td>6.5%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>$740</td>
<td>51</td>
<td>4.3%</td>
<td>$1,046</td>
<td>51</td>
<td>5.0%</td>
<td>$1,135</td>
<td>51</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

Source: Bureau of Economic Analysis, U.S. Department of Commerce; Center estimations

The health industry’s increased share of Arkansas GDP indicates that health care and social assistance have become relatively more important to the state’s economy. These higher expenditures are not only due to the increased population of the state. The industry’s production per capita has been increasing as well (Table 4). From 2000 to 2008, the per capita health care and social assistance industry production increased by 22.5 percent in Arkansas, from $1,716 to $2,105. However, the growth of the industry’s per capita production in the U.S. increased even more, causing the decline in Arkansas’ ranking. The state declined from 42nd place in 2000 to 43rd in 2007 and 44th in 2008. Arkansas remains among the bottom ten states in this ranking, with only 6 states having smaller industry per capita production in 2008. (The data for all 50 states and the District of Columbia are included in the Appendix A in Table 18.)

---

3 Production is in millions of chained 2000 dollars to adjust for inflation.
### Table 4: Health Care and Social Assistance Industry's Real Production per Capita, 2000, 2007, and 2008

<table>
<thead>
<tr>
<th>State</th>
<th>2000 Industry GDP per Capita</th>
<th>Rank</th>
<th>2007 Industry GDP per Capita</th>
<th>Rank</th>
<th>2008 Industry GDP per Capita</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>District of Columbia</td>
<td>$4,446</td>
<td>1</td>
<td>$5,431</td>
<td>1</td>
<td>$5,577</td>
<td>1</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>$3,200</td>
<td>3</td>
<td>$3,902</td>
<td>2</td>
<td>$4,071</td>
<td>2</td>
</tr>
<tr>
<td>Connecticut</td>
<td>$3,212</td>
<td>2</td>
<td>$3,652</td>
<td>3</td>
<td>$3,793</td>
<td>3</td>
</tr>
<tr>
<td>Minnesota</td>
<td>$2,578</td>
<td>8</td>
<td>$3,332</td>
<td>4</td>
<td>$3,434</td>
<td>4</td>
</tr>
<tr>
<td>New York</td>
<td>$2,833</td>
<td>4</td>
<td>$3,277</td>
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</tr>
<tr>
<td>Arkansas</td>
<td>$1,716</td>
<td>42</td>
<td>$2,046</td>
<td>43</td>
<td>$2,105</td>
<td>44</td>
</tr>
<tr>
<td>Nevada</td>
<td>$1,655</td>
<td>44</td>
<td>$1,977</td>
<td>46</td>
<td>$2,023</td>
<td>47</td>
</tr>
<tr>
<td>Georgia</td>
<td>$1,755</td>
<td>40</td>
<td>$1,977</td>
<td>47</td>
<td>$2,003</td>
<td>48</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$1,443</td>
<td>50</td>
<td>$1,748</td>
<td>49</td>
<td>$1,804</td>
<td>49</td>
</tr>
<tr>
<td>Utah</td>
<td>$1,514</td>
<td>48</td>
<td>$1,710</td>
<td>50</td>
<td>$1,781</td>
<td>50</td>
</tr>
<tr>
<td>South Carolina</td>
<td>$1,396</td>
<td>51</td>
<td>$1,668</td>
<td>51</td>
<td>$1,717</td>
<td>51</td>
</tr>
</tbody>
</table>

Source: Bureau of Economic Analysis, U.S. Department of Commerce; Center estimations

### Health Care Industry

Among the three industry sectors included in the health care and social assistance industry, two are defined as health care sectors. One of them is the ambulatory health care services sector, which provides health care services directly or indirectly to ambulatory patients and does not usually provide inpatient services. Health practitioners in this subsector provide outpatient services, with the facilities and equipment not usually being the most significant part of the production process. The second health care sector includes hospitals and nursing and residential care facilities. Industries in the hospitals subsector provide medical, diagnostic, and treatment services that include physician, nursing, and other health services to inpatients and the specialized accommodation services required by inpatients. Industries in the nursing and residential care facilities subsector provide residential care combined with either nursing, supervisory, or other types of care as required by the residents.

\[4 \text{ Production per capita is in chained 2000 dollars to adjust for inflation.}\]
The most recent disaggregated data for the health care industry sectors are available for 2007 only (Table 5). Arkansas health care industry production increased by 21.1 percent from 2000 to 2007, reaching $5,098 million of chained 2000 dollars (production is adjusted for inflation for comparison purposes). This corresponds to a 0.2 percentage point increase in the share of state GDP from 6.3 percent to 6.5 percent. However, the Arkansas ranking remained 32nd among all the states and the District of Columbia throughout all the years from 2000 to 2007.

### Table 5: Health Care Industry’s Real Production, 2000 and 2007

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Industry GDP (Millions)</td>
<td>Ranking</td>
<td>Share of State GDP</td>
<td>Industry GDP (Millions)</td>
<td>Ranking</td>
<td>Share of State GDP</td>
</tr>
<tr>
<td>California</td>
<td>$58,009</td>
<td>1</td>
<td>4.5%</td>
<td>$77,058</td>
<td>1</td>
<td>5.5%</td>
</tr>
<tr>
<td>New York</td>
<td>$46,132</td>
<td>2</td>
<td>5.9%</td>
<td>$52,129</td>
<td>2</td>
<td>5.5%</td>
</tr>
<tr>
<td>Texas</td>
<td>$36,138</td>
<td>3</td>
<td>5.0%</td>
<td>$48,342</td>
<td>3</td>
<td>5.3%</td>
</tr>
<tr>
<td>Florida</td>
<td>$30,774</td>
<td>4</td>
<td>6.5%</td>
<td>$40,005</td>
<td>4</td>
<td>6.5%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>$29,473</td>
<td>5</td>
<td>7.6%</td>
<td>$35,598</td>
<td>5</td>
<td>8.1%</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$4,211</td>
<td>32</td>
<td>6.3%</td>
<td>$5,098</td>
<td>32</td>
<td>6.5%</td>
</tr>
<tr>
<td>South Dakota</td>
<td>$1,677</td>
<td>47</td>
<td>7.1%</td>
<td>$2,111</td>
<td>47</td>
<td>7.2%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>$1,485</td>
<td>48</td>
<td>8.2%</td>
<td>$1,698</td>
<td>48</td>
<td>7.5%</td>
</tr>
<tr>
<td>Vermont</td>
<td>$1,351</td>
<td>49</td>
<td>7.1%</td>
<td>$1,666</td>
<td>49</td>
<td>7.8%</td>
</tr>
<tr>
<td>Alaska</td>
<td>$1,191</td>
<td>50</td>
<td>4.1%</td>
<td>$41,557</td>
<td>50</td>
<td>5.1%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>$675</td>
<td>51</td>
<td>3.7%</td>
<td>$863</td>
<td>51</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

Source: Bureau of Economic Analysis, U.S. Department of Commerce; Center estimations

The health care industry’s per capita production for 2000 and 2007 are presented in Table 6. The Arkansas ranking in per capita terms was much lower than the ranking in absolute production. In addition, the Arkansas per capita health industry production ranking declined from 43rd place in 2000 to 45th in 2007. Although production per capita increased by 14.1 percent over the seven year period to $1,794, the growth rate still lagged behind the national average of 18.7 percent.

---

5 Production is in millions of chained 2000 dollars to adjust for inflation.
### Table 6: Health Care Industry’s Real Production per Capita, 2000 and 2007

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>District of Columbia</td>
<td>$3,750</td>
<td>1</td>
<td>$4,270</td>
<td>1</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>$2,878</td>
<td>3</td>
<td>$3,480</td>
<td>2</td>
</tr>
<tr>
<td>Connecticut</td>
<td>$2,923</td>
<td>2</td>
<td>$3,226</td>
<td>3</td>
</tr>
<tr>
<td>Minnesota</td>
<td>$2,305</td>
<td>8</td>
<td>$2,924</td>
<td>4</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>$2,461</td>
<td>4</td>
<td>$2,902</td>
<td>5</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$1,572</td>
<td>43</td>
<td>$1,794</td>
<td>45</td>
</tr>
<tr>
<td>New Mexico</td>
<td>$1,355</td>
<td>48</td>
<td>$1,752</td>
<td>47</td>
</tr>
<tr>
<td>Wyoming</td>
<td>$1,300</td>
<td>51</td>
<td>$1,649</td>
<td>48</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$1,338</td>
<td>49</td>
<td>$1,598</td>
<td>49</td>
</tr>
<tr>
<td>Utah</td>
<td>$1,404</td>
<td>47</td>
<td>$1,559</td>
<td>50</td>
</tr>
<tr>
<td>South Carolina</td>
<td>$1,302</td>
<td>50</td>
<td>$1,535</td>
<td>51</td>
</tr>
</tbody>
</table>

Source: Bureau of Economic Analysis, U.S. Department of Commerce; Center estimations

Production in the health care industry sectors comprises a majority of the production in the health care and social assistance industry in Arkansas. In 2007, it represented 87.7 percent. The Arkansas ranking in production in the health care and social assistance industry as well as in the health care industry sectors was the same from 2000 to 2007 (32nd place). Although 2008 data for the health care industry sectors are not available, conclusions can be made based on the overall health care and social assistance industry’s performance. Since production in the health care industry sectors grew in 2008 in absolute terms and as a percentage of the state GDP, the ranking of Arkansas among other states probably remained about the same. The ranking of production per capita most likely declined in Arkansas, despite its growth in absolute terms.

6 Production per capita is in chained 2000 dollars to adjust for inflation.
Arkansas Medicaid is a joint federal and state program that provides necessary medical services to needy and low-income persons. The Arkansas Department of Human Services administers the Medicaid program through the Arkansas Division of Medical Services. Table 7 shows Medicaid expenditures in fiscal years 2000 and 2008 (the latest data available for 50 states and the District of Columbia, with fiscal year running from October 1 through September 30), data available from the Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services (provided by the Kaiser Family Foundation). Arkansas’ ranking for total Medicaid expenditures increased from 31st to 29th during these years. Because 2008 data for the District of Columbia are not available, the actual increase was by a single position. The increase in ranking is due to the significant growth of 112.2 percent in the state’s spending, from $1,617 million in 2000 to $3,431 million in 2008. This compares to a growth rate of 66.3 percent in total U.S. Medicaid spending during the same time period. Although Medicaid expenditures are available for fiscal years while state GDP is calculated for calendar years, the percentage calculation can still give some insights to the growth of the program. The Arkansas share of Medicaid spending grew by 1.1 percentage points from 2000 to 2008. Despite the mid-level ranking, the amount of expenditures in Arkansas was closer to the expenses of the bottom five states than to the top five states. Arkansas spent three times as much as Delaware (ranked 46th), but the state’s Medicaid expenses comprised less than a quarter of Illinois’ expenses (ranked 5th).
Table 7: Medicaid Expenditures, FY2000 and FY2008

<table>
<thead>
<tr>
<th>State</th>
<th>FY2000 Expenditures, millions of dollars</th>
<th>Ranking</th>
<th>Share of State GDP</th>
<th>FY2008 Expenditures, millions of dollars</th>
<th>Ranking</th>
<th>Share of State GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>$20,052</td>
<td>2</td>
<td>1.6%</td>
<td>$38,291</td>
<td>1</td>
<td>2.1%</td>
</tr>
<tr>
<td>New York</td>
<td>$29,641</td>
<td>1</td>
<td>3.8%</td>
<td>$31,040</td>
<td>2</td>
<td>2.7%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>$9,426</td>
<td>4</td>
<td>2.4%</td>
<td>$17,785</td>
<td>3</td>
<td>3.2%</td>
</tr>
<tr>
<td>Florida</td>
<td>$7,056</td>
<td>7</td>
<td>1.5%</td>
<td>$14,922</td>
<td>4</td>
<td>2.0%</td>
</tr>
<tr>
<td>Illinois</td>
<td>$7,516</td>
<td>5</td>
<td>1.6%</td>
<td>$13,824</td>
<td>5</td>
<td>2.2%</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$1,617</td>
<td>31</td>
<td>2.4%</td>
<td>$3,431</td>
<td>29</td>
<td>3.5%</td>
</tr>
<tr>
<td>Delaware</td>
<td>$507</td>
<td>45</td>
<td>1.2%</td>
<td>$991</td>
<td>46</td>
<td>1.6%</td>
</tr>
<tr>
<td>Montana</td>
<td>$443</td>
<td>48</td>
<td>2.1%</td>
<td>$753</td>
<td>47</td>
<td>2.1%</td>
</tr>
<tr>
<td>South Dakota</td>
<td>$393</td>
<td>49</td>
<td>1.7%</td>
<td>$701</td>
<td>48</td>
<td>1.9%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>$390</td>
<td>50</td>
<td>2.2%</td>
<td>$543</td>
<td>49</td>
<td>1.7%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>$222</td>
<td>51</td>
<td>1.3%</td>
<td>$504</td>
<td>50</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation; Bureau of Economic Analysis; Center estimations

As for Medicaid expenditures per capita, Arkansas’ spending increased by 98.2 percent from 2000 to 2008 (Table 8). This increase is significantly higher than 54.1 percent growth in spending experienced nationally. Medicaid spending per capita was $1,196 in 2008 in Arkansas. As a result, the state’s rank jumped 12 positions from 2000 to 2008.

---

7 Medicaid expenditures data are available in current dollars and for fiscal years. State GDP data used for calculation are also in current dollars for comparison, but for calendar years.

8 The 2008 data for the District of Columbia are not available.
<table>
<thead>
<tr>
<th>State</th>
<th>FY2000</th>
<th>Ranking</th>
<th>FY2008</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhode Island</td>
<td>$994</td>
<td>4</td>
<td>$1,744</td>
<td>1</td>
</tr>
<tr>
<td>Vermont</td>
<td>$810</td>
<td>7</td>
<td>$1,615</td>
<td>2</td>
</tr>
<tr>
<td>New York</td>
<td>$1,560</td>
<td>1</td>
<td>$1,594</td>
<td>3</td>
</tr>
<tr>
<td>Maine</td>
<td>$929</td>
<td>5</td>
<td>$1,584</td>
<td>4</td>
</tr>
<tr>
<td>New Mexico</td>
<td>$647</td>
<td>18</td>
<td>$1,545</td>
<td>5</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$604</td>
<td>27</td>
<td>$1,196</td>
<td>15</td>
</tr>
<tr>
<td>Virginia</td>
<td>$383</td>
<td>49</td>
<td>$685</td>
<td>46</td>
</tr>
<tr>
<td>Utah</td>
<td>$360</td>
<td>50</td>
<td>$621</td>
<td>47</td>
</tr>
<tr>
<td>Colorado</td>
<td>$418</td>
<td>48</td>
<td>$565</td>
<td>48</td>
</tr>
<tr>
<td>Texas</td>
<td>$480</td>
<td>42</td>
<td>$554</td>
<td>49</td>
</tr>
<tr>
<td>Nevada</td>
<td>$283</td>
<td>51</td>
<td>$435</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation; U.S. Census Bureau; Center estimations

The increase in Arkansas Medicaid spending was mainly due to the increase in the number of program participants. Examining average Medicaid expenditures per enrolled person (eligible person) by state, Arkansas ranked at the bottom (Table 9). Enrollees are defined as individuals who participate in Medicaid for any length of time during the federal fiscal year. They may not actually use any services during this period, but they are reported as enrolled in the program and are eligible to receive services at least one month. Although Arkansas average spending per enrollee increased from 2000 to 2006, the growth rate was lower than the average nationwide. As a result, the state's ranking declined by two positions during this time period. Arkansas was among the bottom six states and ranked 46th in fiscal year 2006 (the latest data available).
Table 9: Average Medicaid Expenditures, FY2000 and FY2006

<table>
<thead>
<tr>
<th>State</th>
<th>FY2000 Expenditures per Enrollee</th>
<th>Ranking</th>
<th>FY2006 Expenditures per Enrollee</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>District of Columbia</td>
<td>$5,709</td>
<td>8</td>
<td>$8,484</td>
<td>1</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>$5,732</td>
<td>7</td>
<td>$8,082</td>
<td>2</td>
</tr>
<tr>
<td>New York</td>
<td>$8,714</td>
<td>1</td>
<td>$7,927</td>
<td>3</td>
</tr>
<tr>
<td>New Jersey</td>
<td>$6,212</td>
<td>5</td>
<td>$7,869</td>
<td>4</td>
</tr>
<tr>
<td>Maine</td>
<td>$5,702</td>
<td>9</td>
<td>$7,775</td>
<td>5</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$3,206</td>
<td>44</td>
<td>$3,676</td>
<td>46</td>
</tr>
<tr>
<td>Louisiana</td>
<td>$3,978</td>
<td>31</td>
<td>$3,563</td>
<td>47</td>
</tr>
<tr>
<td>Texas</td>
<td>$3,702</td>
<td>36</td>
<td>$3,367</td>
<td>48</td>
</tr>
<tr>
<td>Georgia</td>
<td>$3,467</td>
<td>40</td>
<td>$3,296</td>
<td>49</td>
</tr>
<tr>
<td>California</td>
<td>$2,487</td>
<td>51</td>
<td>$2,740</td>
<td>50</td>
</tr>
<tr>
<td>Arizona</td>
<td>$2,962</td>
<td>47</td>
<td>$2,206</td>
<td>51</td>
</tr>
</tbody>
</table>

Source: Centers for Medicare and Medicaid Services; Kaiser Family Foundation; Center estimations

The latest data by state from the Urban Institute and Kaiser Commission (based on data from the Centers for Medicare and Medicaid Services) are available for 2008 on total spending and for 2006 on average spending per enrollee. These data allow a comparison of Arkansas to other states and the District of Columbia. Information on the Medicaid program’s recent history in the state is provided by the Division of Medical Services at the Arkansas Department of Human Services. The Arkansas Medicaid Program Overview report offers data for fiscal year 2009. Overall, in 2009, total Medicaid spending increased in Arkansas to $3.7 billion. Medicaid represented 18.5 percent of the $22.4 billion budget of the state of Arkansas and 16.5 percent of the state general revenue funded budget of $4.4 billion. Although the number of enrollees declined from 2008 to 753,166 in 2009, the number of beneficiaries, or people actually

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9 FY2006 data are Medicaid and the Uninsured estimates by the Urban Institute and Kaiser Commission based on data from Medicaid Statistical Information System (MSIS) reports from the Centers for Medicare and Medicaid Services (CMS), 2009. The source of FY2000 enrollee data is CMS and the source of FY2000 expenditures is Kaiser Family Foundation, estimations were done by the Center for Business and Economic Research staff.
receiving Medicaid services, continued to increase, reaching 747,851 unduplicated beneficiaries in 2009.

The average Arkansas spending per unduplicated beneficiary increased to $4,969 in 2009 (Figure 4). This represents a 26.2 percent increase from 2002 average spending of $3,937.

Information on how total Medicaid funds were distributed in Arkansas during fiscal year 2009 is provided in Figure 5. The data show that hospital outpatient and inpatient services as well as public and private nursing home services amounted to about one fifth of the total spending each, with 19.8 percent and 18.8 percent, respectively. The rest of Arkansas Medicaid program spending was distributed, in decreasing order of importance to: other medical services (19.4 percent), mental health services (11.0 percent), physician and dental services (10.7 percent), prescribed drugs (9.8 percent), payments to Medicare (3.7 percent), special care (3.2 percent), other services (2.2 percent), and transportation (1.4 percent). The other medical services category includes additional medical services, intermediate care facilities, and Easter Seals. Payments to Medicare are premiums paid by Medicaid for Medicare enrollees and crossover claims. Special care includes home health, private duty nursing, personal care, and hospice services. The other category includes vendor contracts for hospital/medical, targeted case management, and other adjustments. Finally, the transportation category includes emergency and non-emergency transportation.
The Arkansas Medicaid Program Overview report also provides data on a county basis. Medicaid expenditures are estimated based on the county of residence of participants just as state expenditures are estimated based on the state of residence of participants. The top ten counties with largest Medicaid spending in fiscal year 2009 were: Pulaski, Faulkner, Washington, Sebastian, Saline, Craighead, Garland, Benton, Jefferson, and White (Table 10). Their Medicaid expenditures varied from almost $410.3 million in Pulaski County to $65.9 million in White County. The same ten counties were among the top twelve counties based on the number of enrollees. (Enrollees who moved from one county to another during the year are included in counts for both counties.) When looking at the average spending per enrollee, only Faulkner and Saline counties stayed among the top ten counties in ranking, with $5,995 and $6,402 per enrollee, respectively. Data on Medicaid expenditures, number of enrollees, and average spending per enrollee for all Arkansas counties are provided in Table 19 in Appendix A.
Table 10: Medicaid Expenditures, Enrollees, and Average Spending per Enrollee in Selected Arkansas Counties, FY2009

<table>
<thead>
<tr>
<th>County</th>
<th>Medicaid Spending</th>
<th>Ranking</th>
<th>Number of Enrollees</th>
<th>Ranking</th>
<th>Spending per Enrollee</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulaski</td>
<td>$410,292,305</td>
<td>1</td>
<td>101,811</td>
<td>1</td>
<td>$4,030</td>
<td>29</td>
</tr>
<tr>
<td>Faulkner</td>
<td>$131,535,271</td>
<td>2</td>
<td>21,942</td>
<td>9</td>
<td>$5,995</td>
<td>3</td>
</tr>
<tr>
<td>Washington</td>
<td>$127,070,681</td>
<td>3</td>
<td>41,053</td>
<td>3</td>
<td>$3,095</td>
<td>66</td>
</tr>
<tr>
<td>Sebastian</td>
<td>$120,187,502</td>
<td>4</td>
<td>33,205</td>
<td>5</td>
<td>$3,620</td>
<td>47</td>
</tr>
<tr>
<td>Saline</td>
<td>$118,253,796</td>
<td>5</td>
<td>18,470</td>
<td>12</td>
<td>$6,402</td>
<td>2</td>
</tr>
<tr>
<td>Craighead</td>
<td>$115,909,255</td>
<td>6</td>
<td>26,718</td>
<td>6</td>
<td>$4,338</td>
<td>16</td>
</tr>
<tr>
<td>Garland</td>
<td>$103,987,899</td>
<td>7</td>
<td>25,379</td>
<td>8</td>
<td>$4,097</td>
<td>26</td>
</tr>
<tr>
<td>Benton</td>
<td>$101,909,645</td>
<td>8</td>
<td>38,605</td>
<td>4</td>
<td>$2,640</td>
<td>74</td>
</tr>
<tr>
<td>Jefferson</td>
<td>$86,017,761</td>
<td>9</td>
<td>25,646</td>
<td>7</td>
<td>$3,354</td>
<td>56</td>
</tr>
<tr>
<td>White</td>
<td>$65,951,631</td>
<td>10</td>
<td>19,102</td>
<td>11</td>
<td>$3,453</td>
<td>54</td>
</tr>
</tbody>
</table>

Source: Arkansas Department of Human Services, Division of Medical Services; Center estimations

METHODOLOGY

To estimate the economic impact of Medicaid in Arkansas, data on Medicaid spending from the Arkansas Medicaid Program Overview report were used. Values of expenditures categories in fiscal year 2009 were used as inputs to the IMPLAN input/output model, which were then used to estimate the indirect and induced effects associated with direct Medicaid spending.

For the analysis, the inputs were classified based on industry description and NAICS code and the compatibility with IMPLAN industry sectors. Dental, physician, and mental health spending were entered under offices of physicians, dentists, and other health practitioners sector; other medical and other services were entered under medical and diagnostic labs and outpatient and other ambulatory care services sector; hospital inpatient and outpatient services were entered under hospitals sector; public and private nursing home spending were entered under nursing and residential care facilities; payments to Medicare were entered under other Federal government enterprises sector; and transportation data were entered under the transit and ground passenger transportation sector. Special care, intermediate care facilities (ICF), Easter

10 The “top ten” counties were selected based on their total Medicaid expenditures during fiscal year 2009.
Seals, and prescription drugs were entered under home health care services sector. The latter sector is defined as an industry that comprises establishments primarily engaged in providing skilled nursing services in the home, along with a range of the following: personal care services; medical equipment and supplies medications; homemaker and companion services; and other medical social services.

IMPLAN is a regional impact model that enables the evaluation of the economic impact of specific activities such as construction or operation of public works projects, as well as retail, wholesale, manufacturing, and service sales within an economy. IMPLAN was originally developed by the U.S. Department of Agriculture, the Forest Service in cooperation with the Federal Emergency Management Agency (FEMA), the U.S. Department of Interior Bureau of Land Management, and the University of Minnesota to assist the Forest Service in land and resource management planning.

The basic data sources for the current edition of the IMPLAN database and the models used in this study are the Input-Output Accounts of the United States, developed by the U.S. Department of Commerce, Bureau of Economic Analysis (BEA), and county income and employment data published by BEA and the Bureau of Labor Statistics. The model reflects 2008 industrial structure and technology, and 2008 prices (latest model available). Trade flows and the results of this analysis were adjusted to reflect prices of 2009. In particular, economic output and employee compensation values and state and local tax revenues are presented in 2009 dollars.

IMPLAN uses a 525-sector input-output model to measure the effects of three types of impacts: direct, indirect, and induced. Direct impacts consist of employment and purchases of goods and services in the region resulting from the activity being evaluated, in this case, health care services and services related to it. Indirect (inter-industry) impacts consist of goods and services purchased by the firms, which supply inputs consumed in the direct activity. Induced impacts consist of increased household purchases of goods and services in the region by employees of direct and indirect employers. The model generates multipliers, which summarize the magnitude of the indirect and induced effects generated by a given direct change, to estimate changes in output, income, and employment. In other words, the multiplier is the ratio of total impact to direct impact.

In the IMPLAN model, inter-industry relationships (use and make coefficients) are quantified based on data on the production functions of the different industries in the region. The IMPLAN model was used to estimate multipliers based on those coefficients in the state of Arkansas. Direct spending, total economic activity, total labor income, total employment, and total property income were generated by this model.

For this study, the geographic area considered first was the entire state of Arkansas. Additionally, separate models were created for counties with ten largest Medicaid expenditures in fiscal year 2009. These counties were: Pulaski, Faulkner, Washington, Sebastian, Saline,
Craighead, Garland, Benton, Jefferson, and White. Since no detailed data were available on spending by county, the distribution of Medicaid expenditures in these counties was assumed to be the same as in the state overall. Thus, the same industry sectors were used: offices of physicians, dentists, and other health practitioners; home health care services; medical and diagnostic labs and outpatient and other ambulatory care services; hospitals; nursing and residential care facilities; other Federal government enterprises; and transit and ground passenger transportation. Economic output, employment, and state and local tax effects were generated by the IMPLAN model.

ECONOMIC IMPACTS OF MEDICAID IN ARKANSAS

The results of the economic analysis are presented in this section. Included are the detailed impacts of the Arkansas Medicaid spending for the state and for the top ten Arkansas counties by largest Medicaid expenditures for 2009. Overall output, employment, as well as state and local tax impacts are provided. Additionally, the return on Medicaid spending in Arkansas is discussed in the end of the section.

Arkansas Total Output, Employment, and Tax Impacts

The economic impact of Medicaid spending in Arkansas was estimated using the expenditures made in fiscal year 2009 and applying the methodology described above. The impacts of the Medicaid program on output, employment, and employee compensation are presented in Table 11. The average multiplier or the ratio of total to direct economic impact was estimated to be 1.60 for output and 1.45 for employment. In 2009, total economic activity of $5.9 billion was generated as a result of Medicaid spending. Accordingly, 70,277 full-time jobs in the state of Arkansas were attributable to the Medicaid program last year. Total payroll costs associated with these jobs were evaluated to be $2.4 billion with an average multiplier of 1.34. Estimated employee compensation included wages and salary, all benefits (health, retirement, etc), and employer paid payroll taxes such as the employer portion of social security and unemployment taxes. Detailed information on output and employment impacts by industry sectors are provided in Tables 20, 21, and 22 in Appendix B.
Table 11: Economic Impact of Arkansas Medicaid: Output, Employment, and Employee Compensation, 2009

<table>
<thead>
<tr>
<th>Category</th>
<th>Direct Economic Impact</th>
<th>Indirect Economic Impact</th>
<th>Induced Economic Impact</th>
<th>Total Economic Output Impact</th>
<th>Average Multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output</td>
<td>$3,716,306,944</td>
<td>$777,214,784</td>
<td>$1,455,329,688</td>
<td>$5,948,850,688</td>
<td>1.60</td>
</tr>
<tr>
<td>Employment</td>
<td>48,505</td>
<td>37,785</td>
<td>13,986</td>
<td>70,277</td>
<td>1.45</td>
</tr>
<tr>
<td>Employee Compensation</td>
<td>$1,801,595,954</td>
<td>$219,728,985</td>
<td>$394,390,799</td>
<td>$2,415,715,763</td>
<td>1.34</td>
</tr>
</tbody>
</table>

Source: Arkansas Department of Human Services; IMPLAN; Center for Business and Economic Research estimates

The Medicaid program is financed by taxpayers, but the expenditures associated with Medicaid generate additional tax revenues that are then collected by state and local governments (Table 12). According to the IMPLAN model, the Medicaid Program added $231.8 million to the state and local governments’ revenues through employee compensation taxes, indirect business taxes, sales and use taxes, and business taxes.

Table 12: Economic State and Local Tax Impacts of Arkansas Medicaid, 2009

<table>
<thead>
<tr>
<th>Category</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Compensation</td>
<td>$7,307,860</td>
</tr>
<tr>
<td>Indirect Business Tax</td>
<td>$141,899,300</td>
</tr>
<tr>
<td>Households</td>
<td>$54,639,570</td>
</tr>
<tr>
<td>Corporations</td>
<td>$27,968,640</td>
</tr>
<tr>
<td>Total Arkansas State and Local Taxes</td>
<td>$231,815,370</td>
</tr>
</tbody>
</table>

Source: IMPLAN; Center estimations

Output, Employment, and Tax Impacts for Selected Arkansas Counties

Counties with the largest Medicaid expenditures in fiscal year 2009 were: Pulaski, Faulkner, Washington, Sebastian, Saline, Craighead, Garland, Benton, Jefferson, and White. Table 13 presents the impacts of the Medicaid program spending on economic output of these counties. The average multiplier or the ratio of total to direct economic impact was estimated to range from 1.24 for output in Saline County to 1.66 for output in Pulaski County. The largest total economic activity of $681.3 million was generated as a result of Medicaid spending in Pulaski.
County in 2009. In White County, ranked 10th on total Medicaid expenditures, the total output impact was estimated to be $92.4 million last year.

<table>
<thead>
<tr>
<th>County</th>
<th>Direct Economic Impact</th>
<th>Indirect Economic Impact</th>
<th>Induced Economic Impact</th>
<th>Total Economic Output Impact</th>
<th>Average Multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulaski</td>
<td>$410,292,256</td>
<td>$111,081,392</td>
<td>$159,925,968</td>
<td>$681,299,584</td>
<td>1.66</td>
</tr>
<tr>
<td>Faulkner</td>
<td>$131,535,280</td>
<td>$16,980,974</td>
<td>$38,399,752</td>
<td>$186,916,000</td>
<td>1.42</td>
</tr>
<tr>
<td>Washington</td>
<td>$127,070,672</td>
<td>$16,861,080</td>
<td>$29,682,556</td>
<td>$173,614,304</td>
<td>1.37</td>
</tr>
<tr>
<td>Sebastian</td>
<td>$120,187,504</td>
<td>$24,872,172</td>
<td>$38,116,204</td>
<td>$183,175,872</td>
<td>1.52</td>
</tr>
<tr>
<td>Saline</td>
<td>$113,887,520</td>
<td>$8,670,555</td>
<td>$18,230,736</td>
<td>$140,788,816</td>
<td>1.24</td>
</tr>
<tr>
<td>Craighead</td>
<td>$115,909,256</td>
<td>$22,497,490</td>
<td>$41,390,652</td>
<td>$179,797,392</td>
<td>1.55</td>
</tr>
<tr>
<td>Garland</td>
<td>$103,987,896</td>
<td>$20,059,024</td>
<td>$39,376,312</td>
<td>$163,423,232</td>
<td>1.57</td>
</tr>
<tr>
<td>Benton</td>
<td>$101,909,648</td>
<td>$13,078,908</td>
<td>$19,843,002</td>
<td>$134,831,552</td>
<td>1.32</td>
</tr>
<tr>
<td>Jefferson</td>
<td>$86,017,768</td>
<td>$10,460,246</td>
<td>$17,172,350</td>
<td>$113,650,368</td>
<td>1.32</td>
</tr>
<tr>
<td>White</td>
<td>$65,951,632</td>
<td>$8,090,111</td>
<td>$18,398,174</td>
<td>$92,439,920</td>
<td>1.40</td>
</tr>
</tbody>
</table>

Source: Arkansas Department of Human Services; IMPLAN; Center estimations

In conjunction with economic output impacts, employment impacts were estimated for these ten counties (Table 14). The average multiplier of employment impacts varied from 1.18 for Saline County to 1.50 for Pulaski County. About 7,347 full-time jobs were attributable to the Medicaid program in Pulaski County last year. Faulkner County followed with 2,346 jobs and Craighead County was third with a total of 2,235 jobs as a result of Medicaid program employment impacts in 2009.
<table>
<thead>
<tr>
<th>County</th>
<th>Direct Economic Impact</th>
<th>Indirect Economic Impact</th>
<th>Induced Economic Impact</th>
<th>Total Employment Impact</th>
<th>Average Multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulaski</td>
<td>4,892</td>
<td>1,037</td>
<td>1,417</td>
<td>7,347</td>
<td>1.50</td>
</tr>
<tr>
<td>Faulkner</td>
<td>1,769</td>
<td>180</td>
<td>397</td>
<td>2,346</td>
<td>1.33</td>
</tr>
<tr>
<td>Washington</td>
<td>1,521</td>
<td>176</td>
<td>280</td>
<td>1,977</td>
<td>1.30</td>
</tr>
<tr>
<td>Sebastian</td>
<td>1,522</td>
<td>298</td>
<td>387</td>
<td>2,207</td>
<td>1.45</td>
</tr>
<tr>
<td>Saline</td>
<td>1,681</td>
<td>116</td>
<td>187</td>
<td>1,983</td>
<td>1.18</td>
</tr>
<tr>
<td>Craighead</td>
<td>1,534</td>
<td>262</td>
<td>439</td>
<td>2,235</td>
<td>1.46</td>
</tr>
<tr>
<td>Garland</td>
<td>1,428</td>
<td>258</td>
<td>427</td>
<td>2,113</td>
<td>1.48</td>
</tr>
<tr>
<td>Benton</td>
<td>1,271</td>
<td>121</td>
<td>172</td>
<td>1,564</td>
<td>1.23</td>
</tr>
<tr>
<td>Jefferson</td>
<td>1,284</td>
<td>106</td>
<td>173</td>
<td>1,563</td>
<td>1.22</td>
</tr>
<tr>
<td>White</td>
<td>862</td>
<td>93</td>
<td>198</td>
<td>1,153</td>
<td>1.34</td>
</tr>
</tbody>
</table>

Source: IMPLAN; Center estimations

Although the Medicaid program is funded by taxpayers, spending associated with Medicaid also generated additional tax revenues for state and local governments (Table 15). Medicaid spending in Pulaski, Faulkner, Washington, Sebastian, Saline, Craighead, Garland, Benton, Jefferson, and White counties was estimated to result in $26.3 million; $7.4 million; $6.3 million; $6.5 million; $5.3 million; $7.0 million; $6.2 million; $4.9 million; $3.7 million; and $3.5 million, respectively. The IMPLAN model estimates showed that these state and local governments’ revenues were collected through employee compensation taxes, indirect business taxes, sales and use taxes, and business taxes.
Table 15: Economic State and Local Tax Impacts of Medicaid for Selected Arkansas Counties, 2009

<table>
<thead>
<tr>
<th>County</th>
<th>Employee Compensation</th>
<th>Indirect Business Tax</th>
<th>Households</th>
<th>Corporations</th>
<th>Total State and Local Taxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulaski</td>
<td>$948,738</td>
<td>$16,359,750</td>
<td>$5,731,531</td>
<td>$3,314,613</td>
<td>$26,354,632</td>
</tr>
<tr>
<td>Faulkner</td>
<td>$271,210</td>
<td>$4,154,253</td>
<td>$2,138,170</td>
<td>$862,030</td>
<td>$7,425,663</td>
</tr>
<tr>
<td>Washington</td>
<td>$248,322</td>
<td>$3,626,910</td>
<td>$1,629,148</td>
<td>$803,434</td>
<td>$6,307,814</td>
</tr>
<tr>
<td>Sebastian</td>
<td>$126,590</td>
<td>$3,976,568</td>
<td>$1,551,419</td>
<td>$849,724</td>
<td>$6,504,301</td>
</tr>
<tr>
<td>Saline</td>
<td>$244,949</td>
<td>$2,862,538</td>
<td>$1,569,654</td>
<td>$615,340</td>
<td>$5,292,481</td>
</tr>
<tr>
<td>Craighead</td>
<td>$228,430</td>
<td>$4,263,225</td>
<td>$1,649,574</td>
<td>$866,809</td>
<td>$7,008,038</td>
</tr>
<tr>
<td>Garland</td>
<td>$172,802</td>
<td>$3,963,273</td>
<td>$1,522,202</td>
<td>$503,863</td>
<td>$6,162,140</td>
</tr>
<tr>
<td>Benton</td>
<td>$89,033</td>
<td>$2,770,015</td>
<td>$1,399,233</td>
<td>$609,862</td>
<td>$4,868,143</td>
</tr>
<tr>
<td>Jefferson</td>
<td>$170,736</td>
<td>$2,159,060</td>
<td>$907,852</td>
<td>$499,255</td>
<td>$3,736,903</td>
</tr>
<tr>
<td>White</td>
<td>$92,845</td>
<td>$2,015,855</td>
<td>$923,559</td>
<td>$427,444</td>
<td>$3,459,703</td>
</tr>
</tbody>
</table>

Source: IMPLAN; Center estimations

Return on Medicaid Investment in Arkansas

As discussed above, Medicaid spending in Arkansas was estimated to have a total impact of $5.9 billion on state’s economy in 2009. This total output impact resulted from direct spending of $3.7 billion in Arkansas. Accordingly, the average economic multiplier or the ratio of total to direct economic output impact was estimated to be 1.60.

Medicaid spending, however, includes both state and federal expenditures. To estimate the return on Medicaid spending from the Arkansas state budget, it is necessary to look at the percentages of state and federal spending. Table 16 provides information on the state and federal shares of Medicaid expenditures in fiscal year 2009. According to the Arkansas Department of Human Services, about $2.7 billion out of total $3.7 billion were spent by the federal government and $943 million were spent by the Arkansas state government. This represents 72.7 percent and 27.3 percent of total Medicaid program expenditures, respectively. Overall, each dollar spent by the state government was matched by $2.94 by the federal government.
Table 16: Arkansas Medicaid Spending Estimates, State and Federal Shares for FY2009

<table>
<thead>
<tr>
<th>Total Spending (Millions)</th>
<th>Federal Share (Millions)</th>
<th>State Share (Millions)</th>
<th>Federal Share, %</th>
<th>State Share, %</th>
<th>Federal Match per $1 of State Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,716</td>
<td>$2,733</td>
<td>$943</td>
<td>72.7%</td>
<td>27.3%</td>
<td>$2.94</td>
</tr>
</tbody>
</table>

Source: Arkansas Department of Human Services; Center estimations

To estimate the impact of Medicaid spending by the state government in 2009, the share of state government or $943 million should be divided by the total impact of Medicaid expenditures estimated by IMPLAN or $5.9 billion. The resulted average multiplier is equal to 6.31. Thus, each dollar spent by the state government on Medicaid Program is estimated to result in $6.31 of total output impacts for the state economy.

In addition to monetary impacts, the Medicaid program also provides non-monetary impacts for the state of Arkansas, such as improved health outcomes for its participants. These impacts of Medicaid spending on the labor workforce are difficult to evaluate. The economic literature discusses the impacts of poor health such as lower wages [Chirikos and Nestel, 1985] and benefits of healthier individuals such as decreased absenteeism [Karasek and Theorell, 1990]. Declines in absenteeism, in turn, translate into increased productivity, efficiency, the quality of the service provided, and profitability of the firm [Marsden and Moriconi, 2009].
DATA SOURCES AND REFERENCES

Arkansas Medicaid Program Overview, State Fiscal Year 2009, Department of Human Services, Division of Medical Services, www.medicaid.state.ar.us/Download/general/MOB-SFY09.pdf


Economic Impact Modeling Solutions, Minnesota IMPLAN Group, Inc., http://implan.com

Kaiser Family Foundation, www.statehealthfacts.org


## Table 17: State Real Gross Domestic Product per Capita, 2000, 2004, and 2008\(^\text{11}\)

<table>
<thead>
<tr>
<th>State</th>
<th>2000</th>
<th>Ranking</th>
<th>2004</th>
<th>Ranking</th>
<th>2008</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>$25,738</td>
<td>47</td>
<td>$28,369</td>
<td>46</td>
<td>$29,411</td>
<td>45</td>
</tr>
<tr>
<td>Alaska</td>
<td>$43,086</td>
<td>5</td>
<td>$43,781</td>
<td>5</td>
<td>$43,640</td>
<td>7</td>
</tr>
<tr>
<td>Arizona</td>
<td>$30,683</td>
<td>33</td>
<td>$31,395</td>
<td>37</td>
<td>$32,343</td>
<td>39</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$24,942</td>
<td>48</td>
<td>$27,075</td>
<td>48</td>
<td>$27,753</td>
<td>49</td>
</tr>
<tr>
<td>California</td>
<td>$37,859</td>
<td>9</td>
<td>$39,484</td>
<td>9</td>
<td>$42,064</td>
<td>8</td>
</tr>
<tr>
<td>Colorado</td>
<td>$39,711</td>
<td>8</td>
<td>$39,259</td>
<td>11</td>
<td>$41,102</td>
<td>11</td>
</tr>
<tr>
<td>Connecticut</td>
<td>$47,025</td>
<td>3</td>
<td>$47,716</td>
<td>3</td>
<td>$50,758</td>
<td>3</td>
</tr>
<tr>
<td>Delaware</td>
<td>$52,737</td>
<td>2</td>
<td>$56,500</td>
<td>2</td>
<td>$56,401</td>
<td>2</td>
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<tr>
<td>District of Columbia</td>
<td>$102,670</td>
<td>1</td>
<td>$116,540</td>
<td>1</td>
<td>$126,407</td>
<td>1</td>
</tr>
<tr>
<td>Florida</td>
<td>$29,370</td>
<td>38</td>
<td>$31,684</td>
<td>36</td>
<td>$32,925</td>
<td>34</td>
</tr>
<tr>
<td>Georgia</td>
<td>$35,344</td>
<td>15</td>
<td>$34,872</td>
<td>23</td>
<td>$34,017</td>
<td>31</td>
</tr>
<tr>
<td>Hawaii</td>
<td>$33,184</td>
<td>22</td>
<td>$35,665</td>
<td>19</td>
<td>$38,644</td>
<td>18</td>
</tr>
<tr>
<td>Idaho</td>
<td>$26,925</td>
<td>45</td>
<td>$28,486</td>
<td>45</td>
<td>$29,890</td>
<td>43</td>
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<tr>
<td>Illinois</td>
<td>$37,321</td>
<td>12</td>
<td>$38,494</td>
<td>13</td>
<td>$40,006</td>
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</tr>
<tr>
<td>Indiana</td>
<td>$31,917</td>
<td>28</td>
<td>$33,735</td>
<td>30</td>
<td>$32,917</td>
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</tr>
<tr>
<td>Iowa</td>
<td>$30,801</td>
<td>31</td>
<td>$34,283</td>
<td>26</td>
<td>$36,773</td>
<td>24</td>
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<tr>
<td>Kansas</td>
<td>$30,754</td>
<td>32</td>
<td>$32,338</td>
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<td>$35,013</td>
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<tr>
<td>Kentucky</td>
<td>$27,638</td>
<td>44</td>
<td>$29,001</td>
<td>43</td>
<td>$29,740</td>
<td>44</td>
</tr>
</tbody>
</table>

\(^{11}\)GDP per capita is in chained 2000 dollars to adjust for inflation.
<table>
<thead>
<tr>
<th>State</th>
<th>2000</th>
<th>2004</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GDP per</td>
<td>Ranking</td>
<td>GDP per</td>
</tr>
<tr>
<td></td>
<td>Capita</td>
<td></td>
<td>Capita</td>
</tr>
<tr>
<td>Louisiana</td>
<td>$29,430</td>
<td>37</td>
<td>$31,045</td>
</tr>
<tr>
<td>Maine</td>
<td>$27,828</td>
<td>42</td>
<td>$29,756</td>
</tr>
<tr>
<td>Maryland</td>
<td>$33,965</td>
<td>19</td>
<td>$37,109</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>$43,213</td>
<td>4</td>
<td>$44,512</td>
</tr>
<tr>
<td>Michigan</td>
<td>$33,875</td>
<td>21</td>
<td>$33,483</td>
</tr>
<tr>
<td>Minnesota</td>
<td>$37,515</td>
<td>11</td>
<td>$40,381</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$22,563</td>
<td>51</td>
<td>$23,556</td>
</tr>
<tr>
<td>Missouri</td>
<td>$31,522</td>
<td>30</td>
<td>$32,455</td>
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Source: Bureau of Economic Analysis, U.S. Department of Commerce; Center estimations
Table 18: Health Care and Social Assistance Industry’s Real Production per Capita by State, 2000, 2004, and 200812

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12 Production per capita is in chained 2000 dollars to adjust for inflation.
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Source: Bureau of Economic Analysis, U.S. Department of Commerce; Center estimations
Table 19: Medicaid Expenditures, Enrollees, and Average Spending per Enrollee in Arkansas by County, FY2009

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<th>Ranking</th>
<th>Spending per Enrollee</th>
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Source: Arkansas Department of Human Services, Division of Medical Services; Center estimations
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<th>Industry Sector</th>
<th>Direct</th>
<th>Indirect</th>
<th>Induced</th>
<th>Total</th>
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<tbody>
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<td>Offices of physicians, dentists, and other health practitioners</td>
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<td>Medical and diagnostic labs and outpatient and other ambulatory care services</td>
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<td>Industry Sector</td>
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<td>---------------------------------------------------------------------------------</td>
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<td>Induced</td>
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Source: Arkansas Department of Human Services; IMPLAN; Center estimations
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<th>Induced</th>
<th>Total</th>
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<td>Indirect</td>
<td>Induced</td>
<td>Total</td>
</tr>
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<td>nonresidential structures</td>
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Source: IMPLAN; Center for Business and Economic Research estimates
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<tr>
<th>Industry Sector</th>
<th>Direct</th>
<th>Indirect</th>
<th>Induced</th>
<th>Total</th>
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<td>Nursing and residential care facilities</td>
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<td>Industry Sector</td>
<td>Direct</td>
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<td>Induced</td>
<td>Total</td>
</tr>
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<td>---------------------------------------------------------------------------------</td>
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<td>Total</td>
</tr>
<tr>
<td>--------------------------------------------------------------------</td>
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Source: IMPLAN; Center for Business and Economic Research estimates