

Economic Impact of the Removal Pharmacy of Ownership Restrictions in North Dakota^{*}

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^{*} The analysis and opinions contained in this report are those of the author and do not necessarily reflect the opinions of the Bureau of Business & Economic Research, the College of Business & Public Administration, or the University of North Dakota

Executive Summary

This report employs economic impact analysis to study the effects of a proposed change in North Dakota's pharmacy ownership rules. The results indicate significant economic benefit to the state economy. The two scenarios created display this sizable benefit. The theoretical maximum scenario generates \$49.6 million in additional output through consumer spending and other factors. With the output increase there are also nearly 350 new jobs and \$1.85 million in additional tax revenues. A more conservative scenario indicates an output increase of \$11.8 million, a tax collection increase of \$437,000 and 82 new jobs. Competition benefits consumers and as a result benefits the overall economy in North Dakota.

Introduction

North Dakotans for Affordable Healthcare (NDAH) seeks to introduce competition into North Dakota's pharmacy market. The removal of restrictions on pharmacy ownership is their preferred method of introducing competition. The current situation in North Dakota is that corporate ownership of pharmacies is not allowed, restricting access to corporations such as Wal-Mart, Target, Walgreens and regionally based corporations such as Hugo's (grocery store) and Pamida. In this report I provide insight into the issues of prescription drug prices on the national level and the income of pharmacists and pharmacy technicians in North Dakota relative to other states. In addition, I perform an economic impact analysis describing likely results to North Dakota's economy as a result of a change in pharmacy ownership laws. The study ends with conclusions based on the results of the impact analysis.

Prescription Drug Prices

National Data

The level of prices and inflation are a constant concern in the current US economy and much of the world. Price changes alter the available budget resources for consumers, and when unanticipated fluctuations in prices occur consumer spending plans may need to change drastically, particularly when changes are in the area of health care. Anecdotally, I have heard from many people about ever-rising drug prices and the adverse impacts on low income households, people living on fixed incomes, and many others on a frequent basis. In fact, there is another group that suffers as a result of price increases but we seldom hear about, those with good incomes but significant medical expenses. These households have typically made a choice to spend any amount necessary on medical care for family members and therefore sacrifice on other expenses, such as houses and consumer goods.¹

The Bureau of Labor Statistics (BLS) tracks an index value for prescription drug prices as part of their medical care commodities series.² Using this index I calculate an annual percentage change from July of 2001 to July of 2008 and a total percentage change over this 7 year period. The percentage change in prescription drug prices over this time period is 24.6%, higher than the overall percentage change in the CPI. Table 1 below displays the one year percentage change in prescription drug prices and compares the rate to the increase in the overall CPI. Figure 1 provides a graphical perspective for the data in Table 1. Both Figure 1 and Table 1 show that the annual percentage changes in prescription drug prices are quite large until the 2006 to 2007 period, in fact they are above the overall increase in prices for the same period. While prices in general fell from 2006 to 2007 we see that drug prices fall by more and that they continue to stay below the general rate of inflation to the end of the analysis. The 2006 to 2007 calculation coincides with the introduction of Wal-Mart's \$4 drug plan.³ The increase from 2007 to 2008 is at a lower rate than the general inflation currently rippling through the U.S. economy. The primary culprit for the current increase is higher fuel prices, and the uncertainty surrounding the permanency of this change. Fuel price increases are driving up prices for almost all goods where shipping is an important part of the final retail price, such as food.

¹ There are no statistics developed to describe the impacts of drug prices on these groups so quantitative analysis is not possible. The author admits to considering his own household in this category.

² The data used come from BLS series CUSR0000SEMA and are seasonally adjusted. The data include all drugs dispensed by prescription and include purchases through mail. These are transaction prices between the pharmacy, the patient, and any third party payer.

³ It should be noted that Target, Walgreen's and others followed suit soon after Wal-Mart's announcement and continue to do so.

Figure 1. Annual percentage change in prescription drug prices and overall CPI.

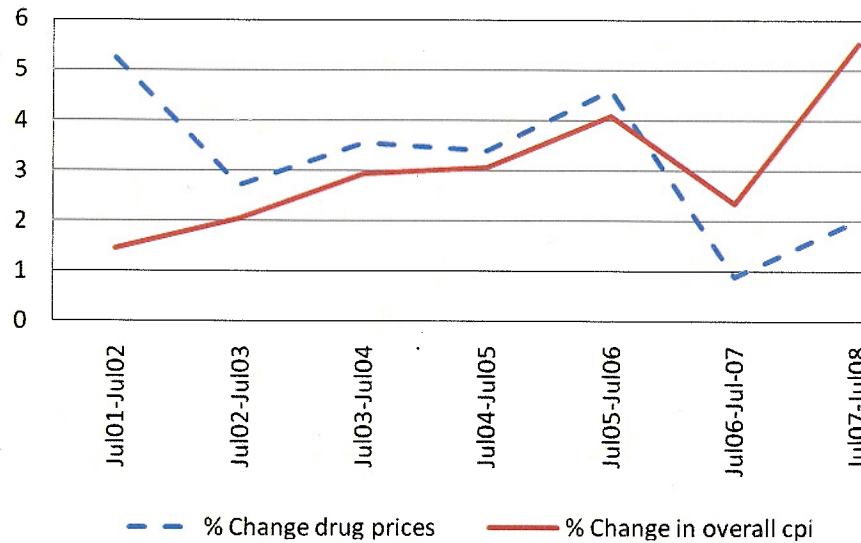


Table 1. Percentage change in prescription drug price index July to July for various years

Period	% change in drug prices	% change in overall cpi
Jul01-Jul02	5.2	1.5
Jul02-Jul03	2.7	2.1
Jul03-Jul04	3.6	2.9
Jul04-Jul05	3.4	3.1
Jul05-Jul06	4.6	4.1
Jul06-Jul-07	0.9	2.44
Jul07-Jul08	2.0	5.5

The precise share of the reduction in medical care commodity inflation attributable to Wal-Mart and other discount retailers offering pharmacy services requires further analysis with more detailed data, though the likelihood of the dramatic drop in price inflation for prescription drugs being a coincidence is small in my opinion. I also provide data for North Dakota and Minnesota White Drug's prices compared with Wal-Mart's in Table 2 below.⁴ This clearly demonstrates that Wal-Mart's lower prescription drug prices contributed to the recent reduction in prescription drug price inflation nationwide.

⁴ For Tables 2 and 3 data supplied by Wal-Mart for period 8/01/2007 through 7/31/2008.

North Dakota, Minnesota Data

To demonstrate regional consistency with the national data Table 2 provides a comparison of generic drug prices between Wal-Mart and White Drug's in North Dakota and Minnesota.⁵ Wal-Mart's price is a significant improvement in many cases.⁶

Table 2. Comparison of Wal-Mart prices with North Dakota & Minnesota White Drug's, generic and brand name drugs, by volume.

QTY	DRUG	Dosage	Wal-Mart's Price	North Dakota White Drug's Price	Minnesota White Drug's Price
#30	HCTZ	25mg	4.00	11.89	9.99
#30	Lisinopril	20mg	4.00	13.89	13.89
#60	Tramadol	50mg	4.00	18.79	18.79
#60	Metformin	500mg	4.00	19.99	19.99
#30	Fluoxetine	20mg	4.00	15.19	15.19
#30	Fluoxetine	40mg	4.00	72.09	37.52
#60	Metoprolol	50mg	4.00	22.29	17.39
#30	Pravastatin	40mg	4.00	15.99	15.99
#30	Cyclobenzaprine	10mg	4.00	16.09	16.09
#20	SMZ/TMP DS		4.00	14.19	14.09
#20	Ciprofloxacin	500mg	4.00	33.49	12.99
#30	Plavix	75mg	147.84	162.79	162.79
#30	Singulair	10mg	130.68	127.19	127.19
#30	Nexium	40mg	171.72	189.09	159.99
#30	Lipitor	20mg	126.62	142.69	129.70
#30	Prevacid	30mg	165.46	186.89	157.01
#30	Lipitor	10mg	88.68	100.09	100.09

The average savings North Dakotans would receive from a Wal-Mart pharmacy would be significant, averaging \$16.92 per fill. The savings received by Minnesotans from Wal-Mart averages \$9.04. Annual savings for users of Lipitor or Prevacid would amount to more than \$130 and \$250 respectively. The data in Table 2 also indicate lower prices for Minnesotans from White Drugs. North Dakotans pay on average \$7.88 more for their prescriptions from the same pharmacy outlet, White Drugs. Clearly, there are savings to be had for consumers of prescription drugs with a change in the ownership rules for pharmacies.

Impact Analysis

The significant savings levels represent an opportunity for North Dakota's economy to experience a further buffer against recessionary forces prevalent in other parts of the country. Consumer savings, Total results and the major sector results. Highlight impacts on pharmacy sector. Maximum theoretical amount, results from any changed sector as a result of more consumption. Highlight tax results too.

There are two scenarios developed for the impact analysis that incorporate the consumer sector, insurers, and pharmacies.⁷ The first scenario, explained in a more complete fashion later, estimates the maximum

⁵ This data also supplied by Wal-Mart for the period 8/1/2007 through 7/31/2008.

⁶ Data provided by Wal-Mart based on survey from 8/16/2008 to 8/18/2008 from selected North Dakota White Drug's.

possible impact from a change in pharmacy ownership rules. The other scenario estimates the impact using percentages and ratios from Blue Cross/Blue Shield of North Dakota (BCBS) data. For each scenario I report the output and employment impacts for top sectors as well as for pharmacies if outside the top. I also report the tax impact resulting from the scenario.

Scenario 1: The task set forth in this scenario is estimating the maximum possible impact from a change in pharmacy ownership laws. The maximum impact relies on the data provided by BCBS. Table 3 displays estimated expenditures on prescription drugs by BCBS members by location and by type of pharmacy for out-state expenditures. This is the baseline data and our scenario creates changes in spending as a result from changes in the law.

Table 3. Cost breakdown for prescription drug expenditures.⁸

Area & Store	Total amount	Consumer share	BCBS share
In-state total cost	\$152,212,555.69	\$60,885,022.28	\$91,327,533.42
Out-state total cost ⁹	\$50,944,515.85	\$20,377,806.34	\$30,566,709.51
Wal-Mart total cost	\$8,347,921.82	\$3,339,168.73	\$5,008,753.09
Non-WM	\$42,596,594.03	\$17,038,637.61	\$25,557,956.42

The first assumption is that the introduction of discount retailer pharmacies results in a reduction of prices such that all prescription drug prices are at the level of Wal-Mart. The second assumption is that all out-state prescription drug purchases are repatriated to North Dakota. We do not engage in any changes in consumer behavior here as there are no good estimates of these changes, particularly for groups such as those lacking health insurance.¹⁰

Table 4. Cost breakdown assuming all prescription drug expenditures are at Wal-Mart average costs.

Area & Store	Total amount	Consumer share	BCBS share
In-state total cost	\$117,169,981.58	\$46,867,992.63	\$70,301,988.95
Out-state total cost ¹¹	\$35,298,376.64	\$14,119,350.65	\$21,179,025.98
Wal-Mart total cost	\$8,347,921.82	\$3,339,168.73	\$5,008,753.09
Non-WM	\$26,950,454.82	\$10,780,181.93	\$16,170,272.89

The resulting savings to North Dakota consumers from the assumption of Wal-Mart average prices is \$14,017,029.65, while the savings to BCBS is \$21,025,544.47.¹² The consumer savings are distributed

⁷ The one sector lacking from the analysis is the government sector through such programs as Medicare or Medicaid. At this time we do not have data providing an estimate of the change in program spending from lower prescription drug prices. We continue to seek this information and will update any and all analyses as soon as they are available.

⁸ BCBS provided 2006 claims, a sample quarter breakdown expenditure type and average cost figures that allowed for the creation of Table 3.

⁹ Out-state costs are broken down into Wal-Mart and non-Wal-Mart expenditures. The average cost sharing ratio was provided by BCBS as was the other pieces used to develop the data in this and other scenario tables.

¹⁰ Certainly it seems logical to assume an increase in purchases of prescription drugs when the price falls, particularly for those with more limited resources and lacking health insurance. The problem is that there is no definitive estimate of the extent of this change at this time. The Census Bureau estimates there are 69,000 North Dakotans lacking health insurance, more than 10% of the state population.

¹¹ Out-state costs are broken down into Wal-Mart and non-Wal-Mart expenditures. The average cost sharing ratio was provided by BCBS as was the other pieces used to develop the data in this and other scenario tables.

across income categories according to the Census Bureau American Community Survey population breakdown according to income. Existing pharmacies in North Dakota will incur a retail markup loss under this scenario. A sizable portion of consumer prescription drug prices comes from manufacturing expense, research and development, as well as wholesale markup and transportation costs. The loss to pharmacies is equal to the retail markup on the combined consumer and BCBS amount, \$35,042,574.12. In addition, the lower cost availability of prescription drugs in North Dakota is assumed to attract back all prescriptions filled out of state, but at the average cost for Wal-Mart prescriptions, a total of \$35,298,376.64.¹³

Table 5. Output impacts from Scenario 1.

Sector	Impact Amounts			
	Direct	Indirect	Induced	Total
Insurance Carriers	\$21,152,790	\$1,068,180	\$97,045	\$22,318,010
Insurance agencies/brokerages	\$0	\$3,501,022	\$15,484	\$3,516,507
Hospitals	\$801,957	\$0	\$423,007	\$1,224,964
Offices of physicians/dentists	\$695,489	\$0	\$392,025	\$1,087,515
Food service & drinking places	\$533,919	\$63,960	\$341,964	\$939,843
Wholesale trade	\$349,849	\$110,761	\$250,900	\$711,510
Real estate	\$165,012	\$355,087	\$165,994	\$686,093
Depository Institutions	\$285,833	\$190,769	\$192,156	\$668,758
Securities, commodity contracts, investments	\$57,327	\$398,904	\$70,068	\$526,299
Power generation & supply	\$237,792	\$80,027	\$158,956	\$476,744
<i>Pharmacies</i>	\$164,154	\$4,788	\$51,154	\$220,096
Grand Totals	\$35,106,064	\$8,430,843	\$6,066,517	\$49,603,424
Tax Totals	\$1,287,315	\$198,407	\$362,578	\$1,848,299

The output impacts are quite large with a total economic impact of \$49.6 million. Insurance and medical services are among the sectors benefitting the most from such a change, though financial services and food service also benefit. There is also a benefit to the pharmacy sector as well with an increase in output of over \$200,000. There are important employment impacts as well.

¹² BCBS indicated that eventually all savings would pass on to members, but that would take time so we apply the initial BCBS savings to their business model.

¹³ I emphasize that this is a theoretical maximum. It is obviously highly unlikely that all out of state prescriptions will be filled in North Dakota.

Table 6. Employment impacts from Scenario 1.

Sector	Impact Amounts			Total
	Direct	Indirect	Induced	
Insurance Carriers	102.1	5.2	0.5	107.7
Insurance agencies/brokerages	0.0	38.9	0.2	39.0
Food service & drinking places	12.5	1.5	8.0	22.0
Hospitals	7.7	0.0	4.0	11.7
Offices of physicians/dentists	6.5	0.0	3.7	10.2
Real estate	1.9	4.0	1.9	7.8
Food and beverage stores	4.7	0.2	2.7	7.6
Nursing and residential care facilities	4.7	0.0	2.5	7.2
General merchandise stores	4.3	0.2	2.5	7.1
Social assistance except daycare	4.2	0.0	2.4	6.6
<i>Pharmacies</i>	2.6	0.1	0.8	3.5
Grand Totals	201.2	80.2	66.8	348.2

Insurance and medical services of various types are among the chief beneficiaries from the change in law, though clearly the gains are spread around with restaurants, discount retailers, grocery stores and others sharing in the almost 350 jobs created under this scenario.

Scenario 2: Scenario 2 pulls back from the theoretical maximum and distributes in-state changes in a pattern similar to that found in the current out of state data. Roughly 25% of out of state prescription claims from BCBS were filled at Wal-Mart. The assumption for this scenario is that 25% of in state prescriptions will be filled at Wal-Mart type stores. In addition, the Wal-Mart portion of out of state fills is assumed to come into the state. Prescriptions filled at Wal-Mart use the Wal-Mart total cost and those from other in state pharmacies use the in state cost. The initial figures for this scenario are the same as we see in Table 3 from scenario 1. The adjusted figures based on this scenario are found in Table 7.

Table 7. Cost breakdown under scenario 2.

Area & Store	Total amount	Consumer share	BCBS share
In-state total cost	\$143,802,337.91	\$57,520,935.16	\$86,281,402.74
In-state non Wal-Mart Pharmacies	\$115,681,542.33	\$46,272,616.93	\$69,408,925.40
In-state Wal-Mart pharmacies	\$28,120,795.58	\$11,248,318.23	\$16,872,477.35
Out of state Wal-Mart fills returning	\$8,347,921.82	\$3,339,168.73	\$5,008,753.09

The total savings to the consumer sector as a result of this scenario are \$3,364,087.12 while BCBS looks to save \$5,046,130.67. The total negative for the pharmacy sector results in \$8,410,217.79, though this is offset by the former out of state Wal-Mart amount of \$8,347,921.82, implying a negative of only \$62,295.97.

Table 8. Output impacts from Scenario 2.

Sector	Impact Amounts			Total
	Direct	Indirect	Induced	
Insurance Carriers	\$5,076,669	\$256,318	\$23,096	\$5,356,083
Insurance agencies/brokerages	\$0	\$840,238	\$3,685	\$843,923
Hospitals	\$192,470	\$0	\$100,674	\$293,143
Offices of physicians/dentists	\$166,918	\$0	\$93,300	\$260,218
Food service & drinking places	\$128,141	\$15,193	\$81,386	\$224,719
Wholesale trade	\$83,964	\$26,417	\$59,713	\$170,094
Real estate	\$39,603	\$84,330	\$39,506	\$163,439
Depository Institutions	\$68,600	\$45,538	\$45,732	\$159,870
Securities, commodity contracts, investments	\$13,758	\$95,667	\$16,676	\$126,101
Power generation & supply	\$57,070	\$18,752	\$37,831	\$113,653
<i>Pharmacies</i>	\$1,986	\$1,124	\$12,174	\$15,285
Grand Totals	\$8,387,978	\$2,014,829	\$1,443,801	\$11,846,608
Tax Totals	\$303,642	\$47,262	\$86,292	\$437,196

Despite the more limited assumptions in scenario 2 than those found in scenario 1 there is still a positive output impact of nearly \$12 million. The pharmacy impact is smaller, though remains positive despite the negative net gain for pharmacy dollars. Clearly the pharmacy specific changes were outweighed by the BCBS effects and the changes in consumer income. The same positive impacts are evident in the employment impacts for scenario 2 as well.

Table 9. Employment impacts from Scenario 2.

Sector	Impact Amounts			Total
	Direct	Indirect	Induced	
Insurance Carriers	24.5	1.2	0.1	25.8
Insurance agencies/brokerages	0.0	9.3	0.0	9.4
Food service & drinking places	3.0	0.4	1.9	5.2
Hospitals	1.8	0.0	1.0	2.8
Offices of physicians/dentists	1.6	0.0	0.9	2.4
Real estate	0.4	1.0	0.4	1.8
Food and beverage stores	1.1	0.0	0.7	1.8
Nursing and residential care facilities	1.1	0.0	0.6	1.7
General merchandise stores	1.0	0.0	0.6	1.7
Social assistance except daycare	1.0	0.0	0.6	1.6
<i>Pharmacies</i>	0.0	0.0	0.2	0.2
Grand Totals	47.7	19.2	15.9	82.7

Output growth occurs in the same top sectors as from before. Despite the initial negative impact on the pharmacy sector in the end there is no loss of employment there.

Impact Conclusions

Scenario 2 shows that under realistic assumptions about changes occurring as a result of the amendment of the law governing pharmacy ownership a significant positive economic impact occurs for the state of North Dakota. The maximum benefits achievable, described in scenario 1, represent a large improvement but are less realistic than scenario 2. It is highly unlikely that all out of state spending returns to North Dakota. There will always be emergencies that require prescriptions to be filled outside the borders of North Dakota. In addition, the significant number of border communities makes it likely that BCBS covers residents of Minnesota that will fill prescriptions outside North Dakota at pharmacies nearer their residence.

However, there are reasons to believe the impacts would be larger than those estimated in scenario 2. The benefits to government, beyond increased tax revenues provided in the output impact tables, are not yet included. Specifically, we have not yet incorporated the cost savings to government from lower prescription drug prices. As mentioned before that information is not currently available and will be incorporated as soon as it is. Those cost savings should have an impact on spending for government. Government may transfer the funds to other priorities or return it to taxpayers, either situation creating a new chain of spending to add to the overall economic impact results.

The impacts on the pharmacy sector may in fact be larger too. There is little data regarding the change in spending behavior on prescription drugs after the reduction in price, particularly for those who lack health insurance. Common sense tells us purchases increase, but by how much is unclear. An often overlooked benefit of this would be the increased health of the population at large. The likely result is a healthier population that would be more productive, have fewer sick days, transfer disease less readily, all of which would result in a stronger state economy with a higher gross state product.

Relative Income of Pharmacists

The economic impact analysis indicates no loss of pharmacy employment under the assumptions of the two scenarios. This is good news, particularly given the current labor market for pharmacists and pharmacy technicians. In particular, the current competitive nature of the market for pharmacists indicates problems for retaining them in North Dakota.

Table 10 displays regional figures for employment and annual wage of pharmacists for North Dakota and its bordering states. As can be seen, the wages North Dakota are lower than elsewhere.¹⁴ The appendix contains a table with data for all 50 states and shows that North Dakota is in fact the lowest annual mean wage for the United States. This could be a symptom of an insufficient level of competition in the state. NDSU reports that slightly more than one-third of the pharmacists from their program stay to work in state.¹⁵

¹⁴ This and other information can be found from the Bureau of Labor Statistics website and the various surveys and databases they track.

¹⁵ Available from NDSU College of Pharmacy, Nursing, and Allied Sciences website. (Accessed 8/20/2008).

Table 10. Regional employment of pharmacists, annual mean wage and difference with ND annual mean wage.

State	Employment	Annual mean wage	Difference from ND annual mean wage
Minnesota	4,990	\$105,440	\$21,730
Montana	1,020	\$87,260	\$3,550
North Dakota	810	\$83,710	----
South Dakota	1,040	\$88,650	\$4,940
Wyoming	480	\$91,320	\$7,610

North Dakota ranks 18th in the United States for pay for pharmacy technicians, a surprise given its poor performance for pharmacists.

Table 11. Regional employment of pharmacy technicians, annual mean wage and difference with ND annual mean wage.

State	Employment	Annual mean wage	Difference from ND annual mean wage
Minnesota	6,030	\$29,360	\$890
Montana	850	\$28,290	-\$180
North Dakota	450	\$28,470	----
South Dakota	910	\$26,320	-\$2,150
Wyoming	430	\$29,000	\$530

The positive output and employment impacts suggested by scenario 1 and 2 may help correct some of the problems indicated by the Bureau of Labor Statistics data.

Conclusion

Competition benefits consumers. The more competitors exist to supply a product, the higher the supply of the product and, everything else equal, the lower the market price. North Dakota's prescription drug consumers currently face higher prices than those in other states due to a restriction on competition: the pharmacy ownership laws. Common sense and the preceding economic impact analysis indicate that a change in the law will not result in a loss of services to North Dakotans. It is also the case that increases in competition are typically followed by improvements in the quality of service. Allowing Wal-Mart, Target, Walgreen's, Hugo's, Pamida, and others to operate pharmacies raises the potential of increased quantity and quality of pharmacy service and lower prescription drug prices creating significant economic benefits to North Dakotans.

Appendix

Table 12. United States Employment and Income for Pharmacists by State

State	Employment	Annual mean wage	State	Employment	Annual mean wage
Alabama	4440	101140	Montana	1020	87260
Alaska	360	109810	Nebraska	1980	89120
Arizona	4940	97570	Nevada	2240	99760
Arkansas	2580	94410	New Hampshire	1140	102170
California	23030	112020	New Jersey	7900	98200
Colorado	4080	98570	New Mexico	1510	95980
Connecticut	2820	101850	New York	15310	97270
Delaware	780	93360	North Carolina	7590	102480
District of Columbia	590	83870	North Dakota	810	83710
Florida	17690	98190	Ohio	11260	95750
Georgia	7530	98070	Oklahoma	3280	92210
Hawaii	1310	95000	Oregon	3100	99410
Idaho	1410	99870	Pennsylvania	11810	89650
Illinois	9250	96730	Puerto Rico	1850	58740
Indiana	5680	93400	Rhode Island	1150	95500
Iowa	2820	89150	South Carolina	3950	98540
Kansas	2480	94130	South Dakota	1040	88650
Kentucky	4000	103800	Tennessee	6130	105280
Louisiana	3820	90150	Texas	17660	103820
Maine	1190	108930	Utah	1840	100440
Maryland	4640	94460	Vermont	450	102100
Massachusetts	6780	88920	Virginia	5790	98570
Michigan	8640	97640	Washington	5250	97860
Minnesota	4990	105440	West Virginia	1890	100080
Mississippi	2250	95630	Wisconsin	5060	102910
Missouri	5360	98500	Wyoming	480	91320

Note: Annual wages have been calculated by multiplying the hourly mean wage by 2,080 hours.
Available from the Bureau of Labor Statistics website, www.bls.gov

Table 13. United States Employment and Income for Pharmacists by State

Area name	Employment	Annual mean wage	Area name	Employment	Annual mean wage
Alabama	6080	23380	Montana	850	28290
Alaska	520	33970	Nebraska	2090	25880
Arizona	6440	28770	Nevada	2210	31390
Arkansas	2850	23770	New Hampshire	1180	26530
California	24540	35450	New Jersey	7410	27890
Colorado	3760	30580	New Mexico	1700	27480
Connecticut	3120	30860	New York	12790	28760
Delaware	1200	24830	North Carolina	9920	24700
Florida	21550	26940	North Dakota	450	28470
Georgia	9300	25530	Ohio	12450	24980
Hawaii	1060	33150	Oklahoma	4030	23970
Idaho	1430	27180	Oregon	3720	31770
Illinois	16000	26530	Pennsylvania	14740	25180
Indiana	7070	25990	Rhode Island	1140	30120
Iowa	3410	25080	South Carolina	5090	24480
Kansas	2530	25790	South Dakota	910	26320
Kentucky	6120	23700	Tennessee	8770	26620
Louisiana	4030	24830	Texas	25430	27750
Maine	1590	26010	Utah	2390	29460
Maryland	5050	28790	Vermont	440	26740
Massachusetts	5810	29480	Virginia	6920	26240
Michigan	10470	27550	Washington	5370	34700
Minnesota	6030	29360	West Virginia	2480	22720
Mississippi	2320	24080	Wisconsin	6540	27070
Missouri	9510	23810	Wyoming	430	29000

Note: Annual wages have been calculated by multiplying the hourly mean wage by 2,080 hours.
Available from the Bureau of Labor Statistics website, www.bls.gov