A REVIEW OF THE TEXAS ECONOMY FROM THE OFFICE OF **GLENN HEGAR**, TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

NOVEMBER 2017

FISCAL NOTES

Federal Funding in Texas

By Kevin McPherson and Bruce Wright

A VITAL PORTION OF THE STATE BUDGET

Federal funding plays an essential role in state finances, supporting a variety of programs and services. In fiscal 2016, for instance, nearly 20 percent of federal tax dollars went directly to state governments as grants to pay for programs in education, health care and infrastructure.

Texans sent the federal government $261 billion in taxes in 2016, and the state government received $39.5 billion in grants in return, or about 15 percent of our total federal tax tab. Those grants were the state's second-largest revenue source, providing more than a third of its net revenue in that year. (State taxes, by contrast, supplied nearly 44 percent.)

But what determines how much we receive, and where does it go?

HOW FEDERAL FUNDING IS DISTRIBUTED

According to the Office of Management and Budget (OMB), the federal government received more than $3.2 trillion in total taxes in 2016. Of that, $1.5 trillion or 47 percent came from personal income taxes, which in 2018 are expected to comprise more than half of all federal revenue for the first time in our nation's history.

After taxes are collected, they're appropriated to various federal agencies, some of which then allocate funding to individuals and state and local governments.

The largest share of federal aid represents direct payments to individuals for Social Security, disability, Medicare, unemployment compensation and other

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A Message from the Comptroller

The missions of our federal, state and local governments are distinct but intertwined; each level of government depends upon the others. State governments, for instance, receive about a third of their total funding from the federal government. In 2016, about 15 percent of the federal income taxes paid by Texans came back to the state in the form of grants for highways, education, health and human services and many other purposes.

In this issue of *Fiscal Notes*, we provide an overview of what federal grants mean for Texas, and how Washington determines each state's share.

We also take a look at the rising importance of "telehealth" in our state — various technologies that allow doctors and other health care professionals to consult with and treat patients through audio-visual connections. In a state such as ours, whose enormous and sparsely populated rural areas include 64 counties that don't have a single hospital, these technologies hold real promise for bringing convenient and reliable health care services to everyone. Recent legislation should bring more of these services to Texans soon.

As I write this, much of the Texas Gulf Coast is still in recovery mode from Hurricane Harvey, and tens of thousands of our fellow Texans are still without permanent homes. A special issue of *Fiscal Notes*, coming soon, will count the costs of the storm for our state and its revenues.

Until then, I hope you enjoy this issue!

GLENN HEGAR
Texas Comptroller of Public Accounts

COMPUTER AND ELECTRONIC PRODUCT MANUFACTURING

309,500 DIRECT & INDIRECT EMPLOYMENT

$28.6 Billion STATE SUBSECTOR GDP

$120,000 AVERAGE ANNUAL WAGE

$47.1 Billion EXPORTS

The computer and electronic product manufacturing subsector is by far the fastest growing in terms of economic activity. Its contribution to Texas GDP increased by a staggering 584 percent from 1997 to 2015, averaging an annual growth rate of 11.3 percent.

	DIRECT JOBS	AVERAGE TEXAS SALARIES	LOCATION QUOTIENT*
SUBSECTOR TOTALS / 2016	**91,472**	**$120,389**	**1.05**
• COMPUTER AND PERIPHERAL EQUIPMENT	20,824	$133,936	1.52
• COMMUNICATIONS EQUIPMENT	10,342	$130,557	1.44
• AUDIO AND VIDEO EQUIPMENT	732	$86,977	0.45
• SEMICONDUCTOR AND OTHER ELECTRONIC COMPONENT	38,721	$125,092	1.27
• NAVIGATIONAL, MEASURING, ELECTRO-MEDICAL AND CONTROL INSTRUMENTS	20,020	$93,411	0.61
• MANUFACTURING AND REPRODUCING MAGNETIC AND OPTICAL MEDIA	833	$114,609	0.65

*Location quotient compares an industry's share of jobs in a specific region with its share of nationwide employment. Source: Emsi

SUBSECTOR EXPORTS

$13.5 BILLION

TEXAS → MEXICO

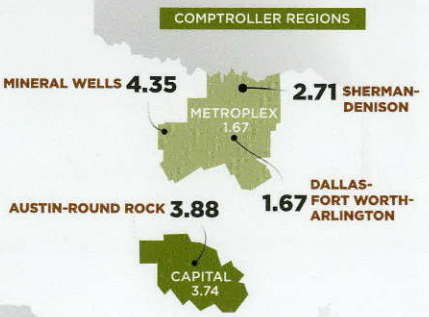
$26 BILLION

Subsector exports from Texas to Mexico nearly doubled between 2008 and 2016, and accounted for more than half of its exports in 2016.

Source: U.S. Department of Commerce International Trade Administration

ADVANCED INDUSTRIES LEAD INNOVATION

This subsector's share of employment is higher in Texas than nationally, as measured by location quotient (LQ), a comparison of an industry's share of jobs in a given region to its share of nationwide employment. A higher LQ suggests a competitive advantage.



Sources: Emsi, Texas Comptroller of Public Accounts

CONCLUSION

The computer and electronics subsector offers high-paying jobs and provides a considerable portion of the state's exports. This subsector's presence in Texas has spurred particularly strong growth in information technology services; the computer systems design and related services industry, for instance, added 64,000 Texas jobs between 2010 and 2016, a gain of 63 percent.

To see more in-depth Texas manufacturing data, visit:
comptroller.texas.gov/economy/economic-data/manufacturing/

If you would like to receive paper copies of *Fiscal Notes*, contact us at **fiscal.notes@cpa.texas.gov**

About 35.5 percent of Texas' net revenue for fiscal 2016 came from the federal government.

programs. But these payments don't flow through state governments.

Some grants to states are based on formulas, such as block and categorical grants, while others are awarded on a competitive basis, such as highway project grants. Block grants such as Temporary Assistance for Needy Families (TANF) have relatively few "strings" attached, meaning states have broad latitude in using the money; categorical grants, such as those for the Head Start program, are more restrictive. States must follow each grant program's guidelines to continue receiving funds. And some grant programs, such as Medicaid, require the state to contribute matching funds.

Much of federal funding to states is driven by population. The most populous states receive more money simply because they're larger and have more people in need of services. For this reason, federal funding to the states often is examined on a per capita basis.

Federal funding also can vary due to each state's specific circumstances. Military bases, national parks, federal offices and the occurrence of natural disasters all can help determine how much federal funding a state receives in any given period.

The different types of grant programs also can account for variability in federal funding. Grants for community development usually rise after natural disasters, while competitive grants by their very nature mean that some states won't receive as much as others.

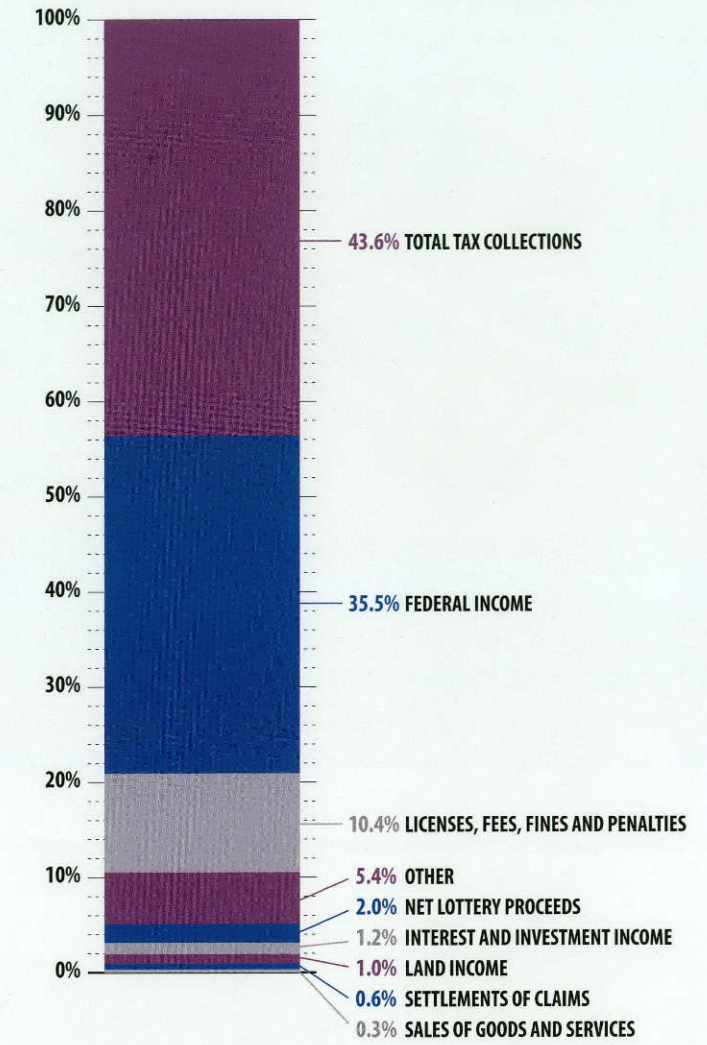
Medicaid, one of the largest aid programs, is linked to personal income. Each state's share is determined by its Federal Medical Assistance Percentage (FMAP), set annually based on per capita income. By federal law, the FMAP must be at least 50 percent; for federal fiscal 2018, Texas' FMAP is 56.88 percent, meaning that the federal government will pay a larger share of Texas' Medicaid funding than the state. Similarly, poverty rates determine needs-based funding for programs such as TANF.

COMPARING THE STATES

OMB reports state governments received federal grants totaling more than $661 billion in 2016. The Comptroller's most recent *Annual Cash Report* estimated that 35.5 percent of Texas' net revenue for fiscal 2016 came from the federal government (**Exhibit 1**).

EXHIBIT 1

PERCENTAGE OF NET REVENUE BY SOURCE, ALL FUNDS EXCLUDING TRUST, FISCAL 2016



Source: Texas Comptroller of Public Accounts

From 2000 to 2015, federal funds comprised between 29.9 and 40.8 percent of all Texas state revenue, and averaged about 34 percent (**Exhibit 2**). The federal share in all states tends to rise during recessionary periods and decline in better economic times. In each year of the period, however, Texas' reliance on federal funds was higher than the average among states.

According to Pew Charitable Trusts, in fiscal 2015 Louisiana was the most dependent on federal funds, at 42.2 percent of total revenues, while North Dakota had the lowest at 18.4 percent.

Federal Funding in Texas

On a per capita basis, however, the picture looks considerably different. In fiscal 2016, Texas ranked 43rd among states in federal funds per resident, receiving $1,493, well below the national average of $1,871 (**Exhibit 3**).

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THE FEDERAL BUDGET PROCESS

Each new round of the federal appropriations process begins with federal agencies submitting proposed budgets for their operations to the president. The Executive Office of the President then uses these to create a proposed budget and submit it to Congress.

Presidential budget requests reflect the chief executive's goals and priorities, seeking spending increases in some areas and cuts in others. President Trump's proposed budget for fiscal 2018 includes decreased funding for some human services programs and the Environmental Protection Agency and increases to defense and transportation programs.

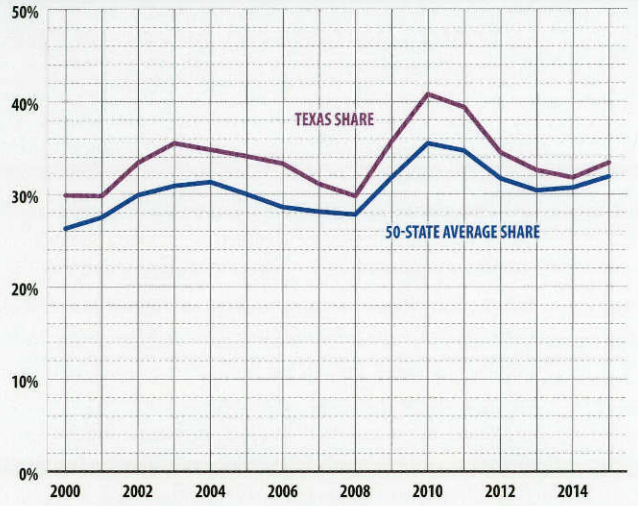
In practical terms, however, presidential budgets amount to little more than suggestions for Congress.

After the presidential budget request is submitted, the U.S. House and Senate budget committees each may prepare and vote on their own budget resolutions for the year, ultimately "reconciling" them into a single document. Often, however, and increasingly in recent years, Congress may opt not to pass a budget resolution, a high-level document that isn't legally binding. Actual appropriations for discretionary federal spending are set by each chamber's appropriations committees, voted on, reconciled and sent to the president for signing.

If delays in the appropriations process make it necessary, Congress can enact a continuing resolution that provides temporary funding for government operations.

EXHIBIT 2

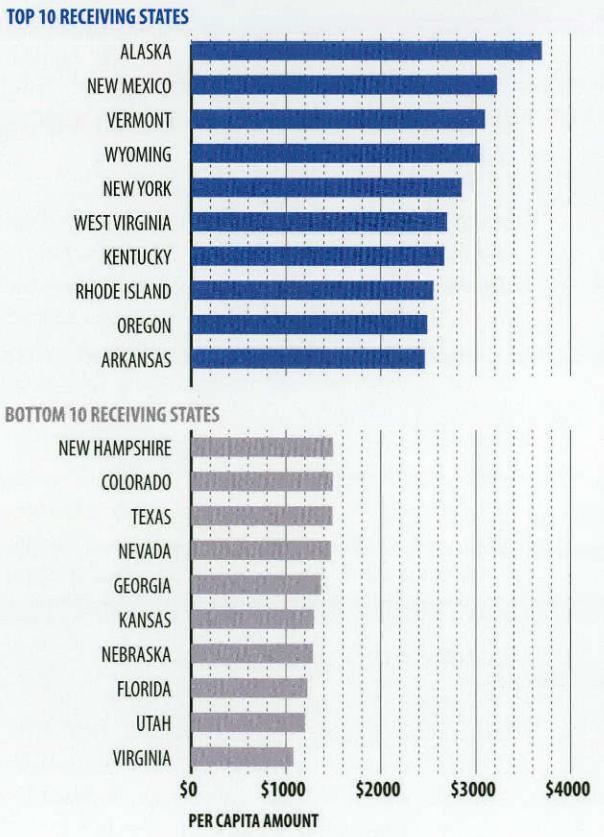
FEDERAL SHARE OF STATE GENERAL REVENUE, TEXAS VS. 50-STATE AVERAGE, 2000-2014



Source: Pew Charitable Trusts

EXHIBIT 3

FEDERAL GRANTS RECEIVED PER CAPITA, FISCAL 2016



Source: Federal Funds Information for States

FEDERAL AID AND HURRICANE HARVEY

The unprecedented destruction wrought by Hurricane Harvey was met with a major federal response and significant promises of federal aid.

Harvey was declared a major disaster on Aug. 25, 2017. Within 30 days, the Federal Emergency Management Agency (FEMA) had provided 3 million meals and 3 million bottles of water to affected areas and assigned 28 urban search and rescue teams that rescued nearly 6,500 Texans. In all, about 31,000 federal employees from multiple agencies were engaged in the immediate response to Harvey.

On Sept. 8, the president signed into law a $15.3 billion measure providing federal aid for those affected by Hurricane Harvey, including $7.4 billion from FEMA's Disaster Relief Fund, $450 million from the Small Business Administration's (SBA's) Disaster Loan Program and $7.4 billion in community development block grants from the U.S. Department of Housing and Urban Development.

According to FEMA, individual Texans and Texas businesses received about $1.5 billion in federal grants and loans in the first month after landfall. That included $571.8 million in FEMA funding to about 271,000 Texas households for needs such as temporary housing and emergency home repairs; $608 million in expedited claim payments through the National Flood Insurance Program; and $367 million in low-interest disaster loans from SBA for Texas businesses, homeowners and renters.

FEMA also provided $186 million to reimburse Texas state and local agencies for the cost of emergency protective measures and debris removal.

As of Sept. 22, about 792,000 households had applied for FEMA assistance. More than 24,000 Texas families were still living in hotel rooms paid for by FEMA, and another 2,100 remained in shelters.

Scene in Houston, Sept. 8, 2017

 CONTINUED FROM PAGE 4

WHAT DO THE FEDERAL GRANTS PAY FOR?

Today, health care dominates federal grants to state and local governments. In 1980, health care received only 17.2 percent of these grants, but this share rose to 43.7 percent by 2000 and 60 percent by 2016 (**Exhibit 4**). This increase has been driven largely by rising costs for Medicaid, which accounts for more than 90 percent of all federal health care spending.

In Texas, more than 95 percent of federal grants received in fiscal 2016 went to three functional areas of government: health and human services; public and higher education; and business and economic development, primarily highways and transportation (**Exhibit 5**).

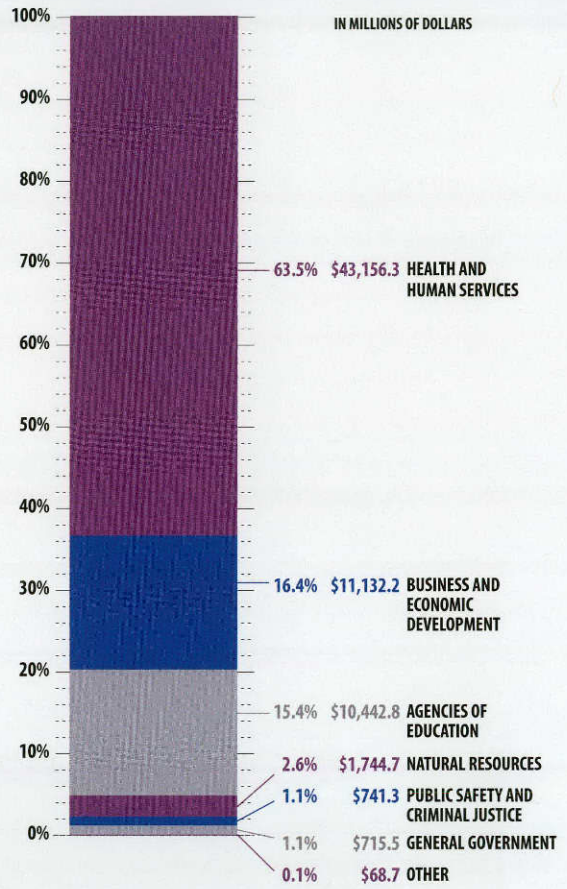
Medicaid received more funding than any other single program — $24 billion in fiscal 2016, according to the Legislative Budget Board, or more than half of all federal funding for health and human services in Texas.

The National Highway Performance Program, which builds and maintains roads in the National Highway System, received the second most grant funds in Texas, with $2 billion. **FN**

To learn more about federal funding in Texas, visit the Legislative Budget Board at www.lbb.state.tx.us and search for *Top 100 Federal Funding Sources in the Texas State Budget*.

EXHIBIT 5

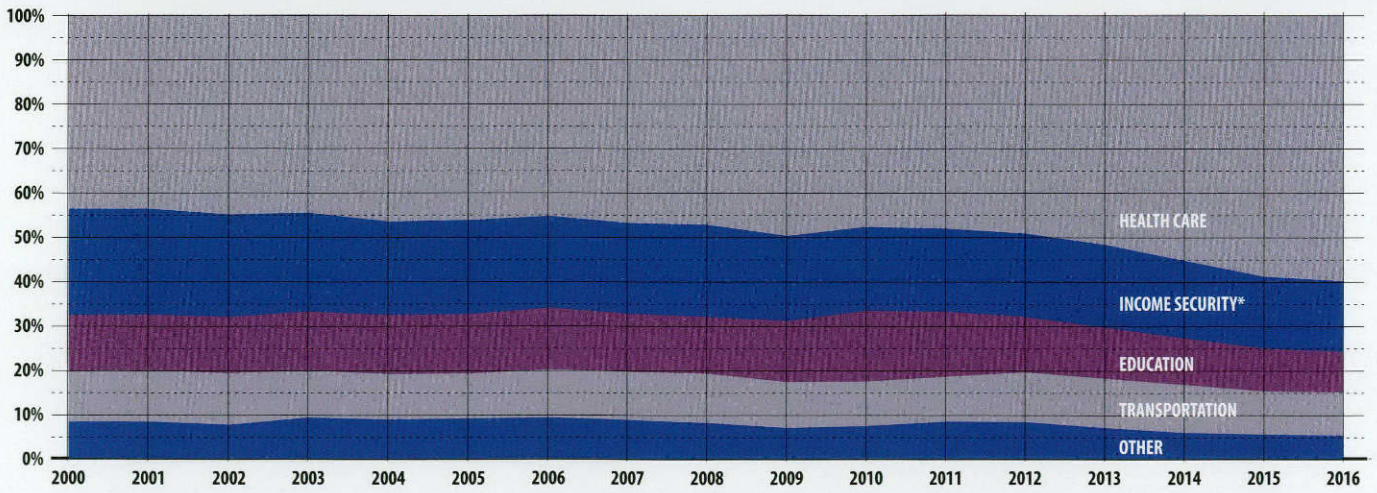
FEDERAL GRANTS TO TEXAS BY CATEGORY, FISCAL 2016



Source: Legislative Budget Board

EXHIBIT 4

FEDERAL GRANTS TO STATE AND LOCAL GOVERNMENTS BY CATEGORY, 2000-2016



* Includes social services and training and employment programs.
Source: U.S. Office of Management and Budget

Health IT in Texas

By Lauren Mulverhill

THE DOCTOR IS ... ONLINE

Texas is a uniquely varied state, combining booming cities with thousands of square miles of countryside. And that represents a challenge for the medical field, and for people in need of medical care.

Despite fast growth in our cities, nearly 70 percent of Texas counties are considered rural, and according to the State Office of Rural Health, 64 of them lack a hospital; 25 do not have a single primary-care physician (**Exhibit 1**).

And Texas has a physician shortage. The state ranks 47th in the nation for its ratio of primary-care physicians per 100,000 people. In 2016, the U.S. Department of Health and Human Services estimated Texas would face a demand deficit of around 1,760 physicians by 2025, the second-largest gap among states (**Exhibit 2**).

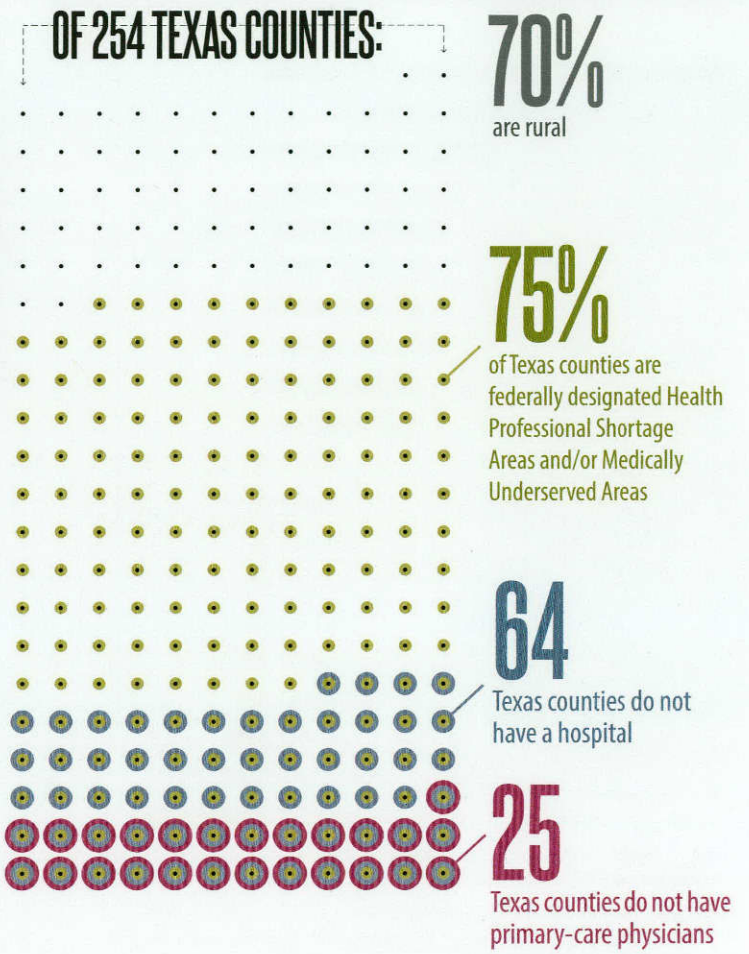
Health information technology (health IT) is a promising approach for tackling Texas health care challenges, particularly in its vast but sparsely populated rural areas. Health IT includes a variety of services, generally defined as:

- ***telemedicine:*** health care delivered by a physician through the web, videoconferencing and other technologies, including remote reviews of patient records such as X-rays.
- ***telehealth:*** a broader term encompassing telemedicine as well as remote health care delivered by other health professionals, such as nurses and pharmacists, and services such as professional and public health education.
- ***telemonitoring:*** use of monitoring equipment, such as blood pressure devices or pacemakers, which transmit data to a physician.

Thanks to new laws passed in the 2017 regular legislative session, these services may gain broader reach in Texas.

EXHIBIT 1

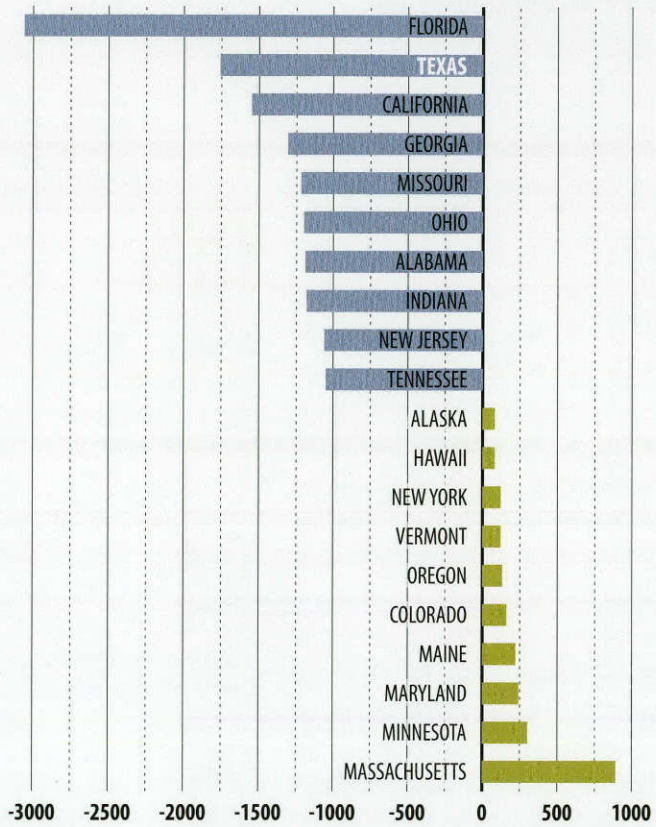
FAST FACTS ABOUT RURAL HEALTH CARE IN TEXAS



Sources: Texas Department of Agriculture, Texas State Office of Rural Health

EXHIBIT 2

PROJECTED DEFICIT/SURPLUS OF PHYSICIANS, 2025: TOP AND BOTTOM 10 STATES



Note: Estimated differences equal supply minus demand; a negative difference reflects a shortage (i.e., supply less than demand), while a positive difference indicates a surplus (i.e., supply greater than demand).
Sources: U.S. Department of Health and Human Services, Health Resources and Services Administration

S.B. 1107 OPENS THE DOOR

S.B. 1107 clarifies how physicians should evaluate, diagnose and treat patients using interactive video and audio calls. Previously, another physician had to be present with a patient during a remote visit, and doctors were required to conduct an in-person visit before having a virtual one. Now patients can have a consultation and receive prescriptions from doctors who they meet for the first time electronically.

This service will be paid for and reimbursed the same as in-person medical visits; insurance companies are required to cover telemedicine as a physician service.

DR. RAY CALLAS
ANESTHESIOLOGIST

"This is a way to increase the footprint of doctors across the state," says Dr. Ray Callas, a Beaumont anesthesiologist and past chairman of the Texas Medical Association's Council on Legislation. "It's the start of something — it helps patients get the best care and doctors are still the captain of the ship."

S.B. 1107 arose in part from a legal dispute between telemedicine company Teladoc, which offers 24/7 access to a network of physicians, and the Texas Medical Board (TMB), the state agency that licenses and regulates Texas physicians. TMB rules prohibited physicians from establishing patient relationships without an in-person visit. S.B. 1107 eliminates this requirement, but allows the board to enact rules concerning appropriate care.

OTHER TELEMEDICINE LAWS FOLLOW

Three additional telemedicine bills were signed into law in 2017.

H.B. 1697 provides for a tele-neonatal intensive care unit grant program to be administered by the Texas Health and Human Services Commission. The grants will be used to connect rural health care facilities with pediatric specialists who see babies remotely via telemedicine services.

S.B. 922 broadens Medicaid reimbursements for telemedicine via physicians or others who provide services in schools. For example, if students at multiple schools in a district need speech pathology services and there's only one district pathologist, the services could be delivered virtually.

S.B. 1633 allows telepharmacy in areas without pharmacies. A pharmacist now can remotely supervise a pharmacy technician in a rural area, and pharmacies can establish remote dispensing sites.

These laws will further expand health IT in Texas. Several programs, though, are already in progress.

S.B. 1107 requires insurance companies to cover telemedicine as a physician service.

NEW OPTIONS FOR STUDENT HEALTH CARE

Last year in Tarrant County's Keller Independent School District (KISD), five schools partnered with Cook Children's Physicians Network to pilot a telemedicine program that expands student access to health care. With parental permission, school nurses and their students can videoconference with Cook's pediatricians or nurse practitioners.

If necessary, the school nurse connects with a Cook's provider, who assesses the student's condition, listening to the heart and lungs with a digital stethoscope or examining ears, throat, rashes or abrasions through a camera. Once complete, the provider gives instructions for follow-up care and prescribes medications, if needed.

CINDY PARSONS
DIRECTOR OF HEALTH SERVICES, KELLER INDEPENDENT SCHOOL DISTRICT

"For working parents without a regular doctor or students getting Medicaid benefits, this provides another option," says KISD Director of Health Services Cindy Parsons. "We can get our students treated faster and back in class, and can help parents avoid unnecessary emergency-room visits."

The program has received positive feedback so far, and 15 campuses are participating. KISD has decided to continue the program, adding more schools over time.

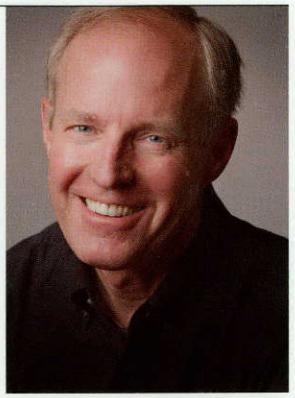
NURSE TRIAGE SAVES ER SPACE

Also in Tarrant County, MedStar Mobile Healthcare is the emergency medical services (EMS) authority serving Fort Worth and 14 other member jurisdictions with a combined population of about 1 million. In 2012, MedStar launched a 911 nurse triage program, which teams nurses with a computerized decision support system to determine the best care based on a patient's medical complaint.

"We get 350 '911' calls a day," says Matt Zavadsky, MedStar's chief strategic integration officer. "They range from 'my baby's not breathing' to 'I have a toothache.'" Based on patient information, MedStar's nursing staff can determine if an ambulance is needed, or suggest a visit to a more appropriate facility close to the patient's home. Staff also can call patients' physicians, relaying information and setting up appointments.

TRIAGE

Triage is the categorization of patients based on the severity of their injuries or illnesses and the urgency of their need for care.



MATT ZAVADSKY
CHIEF STRATEGIC INTEGRATION OFFICER, MEDSTAR

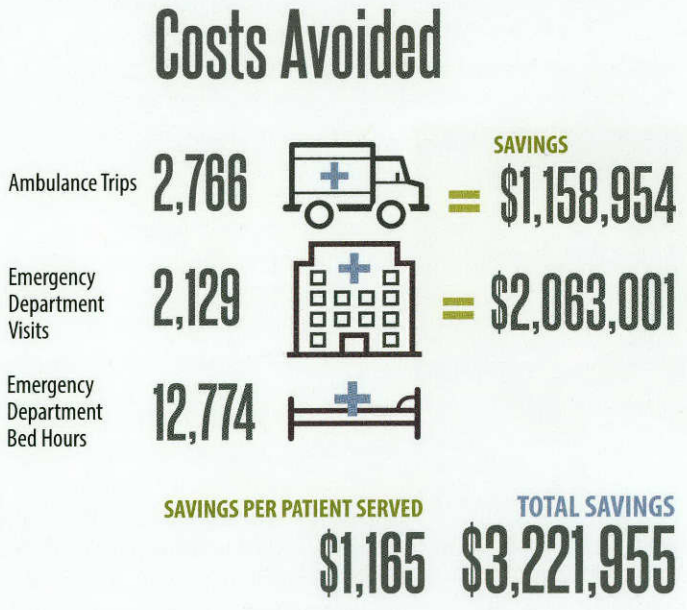
The new program better aligns patient needs with resources. "It's a positive for patients and insurers," Zavadsky adds. And it's a plus for hospitals as well. "There are a certain number of ER beds available," he says. "Most patients who go to the ER don't need to be there medically and add to ER delays and space constraints. Our statistics show we've freed up nearly 13,000 bed hours since we launched the program." It's also generated more than $3.2 million in savings for payers such as Medicare and private insurers (**Exhibit 3**).

Zavadsky reports MedStar's patient experience survey scores for those who have been triaged to alternate destinations are "off the charts."

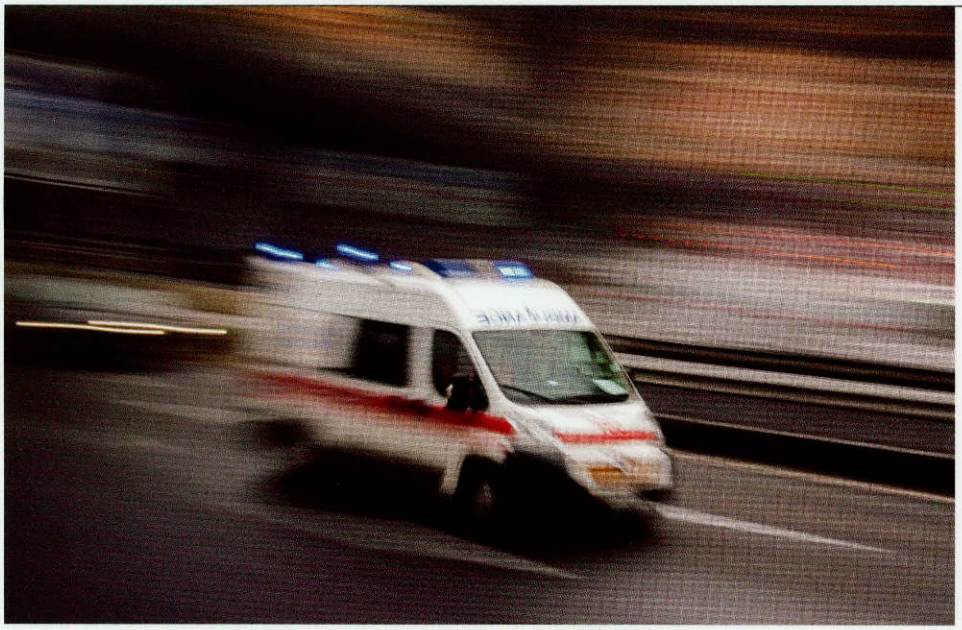
"Patients love it because they don't have to sit in the ER and write a large check for a copay," he says. "Hospitals aren't seeing as many uninsured patients,

EXHIBIT 3

COST AVOIDANCE DUE TO 911 NURSE TRIAGE PROGRAM, MEDSTAR MOBILE HEALTHCARE JUNE 1, 2012, THROUGH JUNE 31, 2017



Note: Savings dollars based on Medicare reimbursement rates.
Source: MedStar Mobile Healthcare



and wait times are better. EMTs are responding only to emergency calls, using their skills in a better way. And we're saving taxpayer dollars."

MAKING THE MOST OF RURAL RESOURCES

A 108-county region of rural West Texas covering more than 130,000 square miles has only two level-one trauma centers and limited access to timely pre-hospital care, yet it *also* has the state's highest incidence of motor vehicle accidents. This region was a prime location to launch the Next Generation 911 Telemedicine Medical Services pilot project.

In 2015, the Legislature required the state's Commission on State Emergency Communications and Texas Tech University Health Sciences Center to coordinate a pilot program that provides telemedicine equipment to rural medical providers in West Texas. At present, five EMS services and four regional hospitals are participating. The pilot will continue until 2021.

TRAVIS HANSON
EXECUTIVE DIRECTOR,
F. MARIE HALL INSTITUTE
FOR RURAL AND
COMMUNITY HEALTH

The biggest challenge is implementing the technologies needed to provide audio and video communication between EMS providers and hospitals. "The main objective is to demonstrate whether the technology will work in the EMS environment and maintain connectivity with regional trauma centers while traveling down the road," says Travis Hanson, executive director of the Texas Tech University Health Sciences Center's F. Marie Hall Institute for Rural and Community Health.

The program hopes to improve response time for patients, transport them to the appropriate facilities and decrease unnecessary hospital admissions and emergency visits. Hanson adds it should improve medical care by allowing physicians to observe injuries more quickly to decide on effective treatment.

"Without the implementation of telemedicine technology to aid in pre-hospital care, many rural residents could go without or receive limited care," Hanson says.

Once the project concludes, each participating organization can continue to use the equipment if it pays for updates and connection fees. "If we can show improved patient care and cost savings, we'd like to see telemedicine technology between EMS providers and trauma facilities used throughout Texas," Hanson says.

HURDLES AND OPPORTUNITIES

Before health IT gains a bigger foothold in Texas, there's one major problem to overcome: broadband service coverage. In 2013 (most recent data), more than 2 million Texas households didn't have broadband, according to Connected Texas, a nonprofit supporting local, regional and state technology programs. And for patients attempting to initiate electronic communication with a health care provider, the learning curve may be steep: the organization estimates more than 4.4 million Texas adults need help with common computing tasks such as sending email or going online through a mobile device.

But if these hurdles can be overcome, health IT offers a positive economic prognosis. A recent report by Goldman Sachs Global Investment Research forecast near-term revenue from health IT at $32.4 billion nationally. It also anticipates significant savings associated with digital health technologies — $305 billion annually plus an additional $200 billion in savings from the reduction of unnecessary or repetitive care and other wasted effort.

"The state spent $61 billion on Medicaid this year," Callas says. "If we improve health care, we improve our state economy. If telemedicine works like we hope it does, I see it decreasing Texas' health care spending." FN

State Revenue Watch

This table presents data on net state revenue collections by source. It includes the most recent monthly collections, year-to-date (YTD) totals for the current fiscal year and a comparison of current YTD totals with those in the equivalent period of the previous fiscal year.

These numbers were current at press time. For the most current data as well as downloadable files, visit **comptroller.texas.gov/transparency.**

Note: Texas' fiscal year begins on Sept. 1 and ends on Aug. 31.

NET STATE REVENUE — All Funds Excluding Trust

(AMOUNTS IN THOUSANDS)

Monthly and Year-to-Date Collections: Percent Change From Previous Year

Tax Collections by Major Tax	OCTOBER 2017	YEAR TO DATE: TOTAL	YEAR TO DATE: CHANGE FROM PREVIOUS YEAR
SALES TAX	$2,458,543	$4,815,209	8.61%
PERCENT CHANGE FROM OCTOBER 2016	6.94%		
MOTOR VEHICLE SALES AND RENTAL TAXES	450,135	835,637	5.53%
PERCENT CHANGE FROM OCTOBER 2016	13.68%		
MOTOR FUEL TAXES	311,089	604,860	2.07%
PERCENT CHANGE FROM OCTOBER 2016	4.19%		
FRANCHISE TAX	-12,687	-27,129	-71.47%
PERCENT CHANGE FROM OCTOBER 2016	-77.69%		
OIL PRODUCTION TAX	198,535	382,733	30.00%
PERCENT CHANGE FROM OCTOBER 2016	44.38%		
INSURANCE TAXES TAX	17,731	39,933	21.11%
PERCENT CHANGE FROM OCTOBER 2016	8.68%		
CIGARETTE AND TOBACCO TAXES	122,550	157,280	-34.75%
PERCENT CHANGE FROM OCTOBER 2016	8.02%		
NATURAL GAS PRODUCTION TAX	90,056	199,069	36.89%
PERCENT CHANGE FROM OCTOBER 2016	4.17%		
ALCOHOLIC BEVERAGES TAXES	106,153	198,936	2.03%
PERCENT CHANGE FROM OCTOBER 2016	5.01%		
HOTEL OCCUPANCY TAX	48,240	92,178	9.06%
PERCENT CHANGE FROM OCTOBER 2016	14.17%		
UTILITY TAXES[1]	104,461	104,794	21.42%
PERCENT CHANGE FROM OCTOBER 2016	19.14%		
OTHER TAXES[2]	24,316	37,286	84.25%
PERCENT CHANGE FROM OCTOBER 2016	90.13%		
TOTAL TAX COLLECTIONS	**$3,919,121**	**$7,440,785**	**9.06%**
PERCENT CHANGE FROM OCTOBER 2016	**10.89%**		

Revenue By Source	OCTOBER 2017	YEAR TO DATE: TOTAL	YEAR TO DATE: CHANGE FROM PREVIOUS YEAR
TOTAL TAX COLLECTIONS	$3,919,121	$7,440,785	9.06%
PERCENT CHANGE FROM OCTOBER 2016	10.89%		
FEDERAL INCOME	3,110,543	6,787,797	5.94%
PERCENT CHANGE FROM OCTOBER 2016	10.47%		
LICENSES, FEES, FINES, AND PENALTIES	462,609	1,126,897	6.21%
PERCENT CHANGE FROM OCTOBER 2016	11.36%		
STATE HEALTH SERVICE FEES AND REBATES[3]	921,766	1,503,782	-2.10%
PERCENT CHANGE FROM OCTOBER 2016	21.64%		
NET LOTTERY PROCEEDS[4]	148,996	289,811	4.73%
PERCENT CHANGE FROM OCTOBER 2016	8.64%		
LAND INCOME	242,089	364,373	50.52%
PERCENT CHANGE FROM OCTOBER 2016	227.57%		
INTEREST AND INVESTMENT INCOME	64,636	130,016	22.99%
PERCENT CHANGE FROM OCTOBER 2016	-5.80%		
SETTLEMENTS OF CLAIMS	10,398	13,227	164.21%
PERCENT CHANGE FROM OCTOBER 2016	439.56%		
ESCHEATED ESTATES	23,968	41,892	-10.75%
PERCENT CHANGE FROM OCTOBER 2016	-35.60%		
SALES OF GOODS AND SERVICES	22,217	42,707	-7.46%
PERCENT CHANGE FROM OCTOBER 2016	14.05%		
OTHER REVENUE	95,478	301,304	7.22%
PERCENT CHANGE FROM OCTOBER 2016	42.56%		
TOTAL NET REVENUE	**$9,021,823**	**$18,042,590**	**7.20%**
PERCENT CHANGE FROM OCTOBER 2016	**13.79%**		

[1] Includes public utility gross receipts assessment, gas, electric and water utility tax and gas utility pipeline tax.

[2] Includes taxes not separately identified.

[3] Includes various health-related service fees and rebates that were previously in "license, fees, fines and penalties" or in other non-tax revenue categories.

[4] Gross sales less retailer commission and the smaller prizes paid by retailers

Notes: Totals may not add due to rounding.

Excludes local funds and deposits by certain semi-independent agencies.

Includes certain state revenues that are deposited in the State Treasury but not appropriated.

FISCAL NOTES

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