



The Ability Center

April 3rd, 2025

House Finance Committee Testimony on HB 96 Operating Budget

Testimony of The Ability Center of Greater Toledo

Thank you Chair Stewart, Vice Chair Dovilla, Ranking Member Sweeney, and members of the House Finance committee for the opportunity to testify on House Bill 96. My name is Dr. Jules Patalita and I am a Disability Rights Advocate for The Ability Center in Greater Toledo. We are a Center for Independent Living that has worked for the last century towards our mission, to make our community the most disability friendly in the nation by increasing independence for people with disabilities, discovering true passions, and changing the community's perception of disability. In fulfillment of that mission, I come today to oppose the "Trigger Law" mechanic that has been proposed by HB 96.

A point of misunderstanding about the Medicaid expansion is that it is a form of work incentive. It is a recorded fact by many organizations that having health coverage makes one more likely to be working part- or full-time, and this applies to both the disabled and nondisabled population. For many in this category, living under 138% of the FPL, this expansion could be their only means of receiving health insurance while working. If choosing between working without benefits, or applying for unemployment and other social services, many will choose not to work and rely on the state. Ending Medicaid expansion is nothing short of a work disincentive for hundreds of thousands. The main concern with the end of the federal match is the economic toll it would have on the state, but consider the impact of having almost 800,000 people suddenly stop working. Income tax, sales tax, all of the ways that working Ohioans contribute to the state economy suddenly vanish and are replaced by a large population that will have a greater need than ever, a need that the state of Ohio will then be more responsible for fulfilling. We have always seen Medicaid expansion as an incentive to work, and that is the



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way that the program functions for millions of Americans. If Ohio truly is an Employment First state, as declared by Gov. DeWine, then the state needs to find ways of extending work incentives like the Medicaid expansion program.

Perhaps the single biggest criticism of the Trigger Law is the sheer number of people impacted by its execution. The Ohio Department of Medicaid's data shows that almost 770,000 people are currently covered under the Medicaid expansion, all of which could immediately lose coverage if the federal match changes.ⁱ The Center for Community Solutions estimates that by 2029, 858,000 Ohioans will have lost access to health care.ⁱⁱ In 2025 alone, more than 25% of Ohioans using Medicaid will immediately have their coverage taken from them.ⁱⁱⁱ One out of every four people using the program will suddenly lose their only source of health protection. Almost 7% of our state's citizens could lose their insurance overnight. That seismic level shift in coverage and protection will shutter our economy far worse than just the financial cost of the program. I will not be the only person to say this, but it bears repeating until its meaning is fully grasped: Ohioans will be less healthy and independent if Ohio loses Medicaid expansion.^{iv} It is not an estimate or a prediction, it is the only logical outcome.

Another fundamental problem with the Trigger Law is the manner in which the harm it causes will almost purposely target the most vulnerable citizens of the state. Look at who is using Medicaid expansion today: single mothers, those with disabilities, senior citizens working part-time, students, children. The 138% FPL mark for Medicaid expansion is only \$15,000 for a single person, or just under \$40,000 for a family of four. These are incomes levels where families are struggling to make ends meet, and often this low-income will be indicative of positions where employers will not be supplying health insurance. One specific group this will impact greatest are those who provide direct care services for those under Medicaid waivers, those with disabilities who rely on care specialists to be able to live outside of hospitals and institutions. National studies showed that 43% of direct care workers utilize Medicaid for health care, many of which utilize Group VIII Medicaid Expansion.^v That could mean that two out of every five direct care workers in Ohio would be affected by the Trigger Law, in an industry where the term "direct care crisis" has been used for decades to describe the lack of home-and-community care. Ending the Medicaid expansion will not only harm those relying on its coverage, it will

have a ripple effect that threatens to harm the care of those need Medicaid to survive. Medicaid expansion is the only form of protection for many Ohioans, and the three years we lived through a pandemic showed our country how vital these protections are to keeping ourselves and our loved ones safe. As much as the state needs to stay within its budget, and as expensive as it would become for Ohio to take the weight of the Medicaid expansion from the federal government, an immediate end to these benefits will only harm the most vulnerable citizens of our state.

One of the biggest critiques of the Trigger Law is the wording that coverage would end “immediately.” What happens to the mother who buys medication for her child hours after the Trigger Law takes effect? She’ll be forced to, without any notice, pay the full cost of the prescription, and one can only imagine how this scenario will impact the hundreds of thousands of Ohioans who rely on this coverage. I have heard other agencies suggesting a roll-back of coverage, or making it a permissive shift away from the expansion services. Any of these are a better solution than, without warning, completely negating the coverage of close to 1,000,000 of our citizens. I understand the impact that funding Medicaid expansion would have on the state budget, but there must be a more effective, and humane, solution to the problem than to end it immediately.

The entire conversation around the Trigger Law and Medicaid expansion seems to come down to numbers. This many millions of dollars, that many billions of dollars. Here are the numbers that I hope are most important to the House Committee today. One out of every four Ohioans on Medicaid suddenly losing coverage. Seven percent of the state losing their health insurance. Zero, the amount of warning that Ohio citizens could receive before the only way they have to pay for their children’s medication is stripped away. Finally, an unknown number, somewhere between one and 800,000. The number of people in Ohio that will lose health coverage if the Trigger Law is pulled in its current form. I pray that the committee can find a way to balance the economic needs of our state against the cost.

Sincerely,

The Ability Center of Greater Toledo

Jules Patalita

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ⁱ *Enrolled Population for month of February, 2025*. Ohio Department of Medicaid. <https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/WhoWeServe?%3AsGuestRedirectFromVizportal=y&%3Aembed=y>

ⁱⁱ Davis, B. (2025, March 10). *How do Medicaid trigger laws work?*. The Center for Community Solutions. <https://www.communitysolutions.com/resources/how-do-medicaid-trigger-laws-work>

ⁱⁱⁱ Akah, H., & Nkenganyi, É. (n.d.). *Ohio Medicaid Basics 2025: Publications*. Health Policy Institute of Ohio. https://www.healthpolicyohio.org/our-work/publications/ohio-medicaid-basics-2025?mc_cid=7c7bb19e1e&mc_eid=UNIQID

^{iv} Williams, E., Burns, A., Euhus, R., & Rudowitz, R. (2025, February 20). *Eliminating the Medicaid Expansion Federal match rate: State-by-state estimates*. KFF. <https://www.kff.org/medicaid/issue-brief/eliminating-the-medicaid-expansion-federal-match-rate-state-by-state-estimates/>

^v (2021). (rep.). *Direct Care Workers in the United States: Key Facts 2021*. <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2/>