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**Ohio Poverty Law Center Written Testimony
Ohio House Medicaid Committee
Wednesday, March 5, 2025**

Chair Gross, Vice Chair Barhorst, Ranking Member Baker, and members of the Ohio House Medicaid Committee, my name is Danielle DeLeon Spires, and I am a policy advocate at the Ohio Poverty Law Center. The Ohio Poverty Law Center advocates for evidence-based policies that protect and expand the rights of low-income Ohioans. We are a non-profit working closely with Ohio's legal aid community, serving Ohioans who are living, working, and raising their families in poverty. Thank you for the opportunity to provide written testimony regarding sections of House Bill 96 related to Medicaid access.

House Bill 96, the as-introduced version of the 2026-2027 state operating budget, contains language related to the Ohio Medicaid's expansion population that could have significant impacts on Ohioans' access to health care. This language requires the Ohio Department of Medicaid to immediately discontinue all medical assistance for the members of the expansion eligibility group if the Federal Medical Assistance Percentage (FMAP) is set below ninety percent.

Medicaid "trigger" language is a discussion across all states that have adopted expansion. Of those states, only nine have laws similar to House Bill 96's proposed language and would have an automatic elimination of expansion if the FMAP drops. While most are ninety percent, Arizona set the trigger at eighty percent. In addition, there are states that have used alternative language to trigger a review process for the state's program should the FMAP drop, including Iowa¹ and Idaho². These states have created a flexible pathway to allow the state agencies and legislatures to review services and determine next steps in a way that minimizes loss of coverage and administrative burden.

Approximately 770,000 Ohioans are covered under Medicaid expansion. An adult eligible under expansion can earn an income up to 138 percent of the Federal Poverty Level, which is approximately \$21,597 under the 2025 guidelines. Data shows that 64 percent of the Ohio adults in the expansion population, aged 18 –64, are working. For those individuals who are not, research shows that there are other challenges that limit capacity for employment, including access to childcare, transportation, and other caretaking roles. Under this proposed language, those individuals would be left with little to no options for affordable health care.

The primary objective of the Medicaid program is to enable low-income and underserved populations to secure healthcare. Medicaid expansion has built on that objective and continued reduction of the uninsured rate and improved health care access, with affordable health care that has helped build financial security among the low-income population. Ohio's Medicaid expansion population would be at-risk of losing access to services with the as-introduced version of the trigger language.

¹ <https://www.legis.iowa.gov/docs/code/249N.pdf>

² <https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-267/>

In addition, House Bill 96 contains additional language that could significantly impact health care access or other services provided to Ohioans. This language allows Ohio to mirror any actions by the federal government to reduce, discontinue, pause, or suspend programs for which Ohio has a corresponding state program receiving federal funding. This provision is exceedingly vague as to the impact that it could have on specific programs. Applying this provision to health care services would continue to severely restrict access to health for all Ohioans and could result in further loss of coverage.

Medicaid provides crucial coverage to some of Ohio's most vulnerable populations. Proposed Sections 126.70 and 126.10 would both have significant impact on Ohioans and the health and well-being of individuals and families. We are advocating for the removal of these sections as written or would request substantial changes to the language to allow for more flexibility in timelines for the Ohio Department of Medicaid's response to changes in federal funding. Ohio's next steps following potential loss of funding should weigh the best options of Ohioans and ensure best protections for health care access.

Sincerely,
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