



TESTIMONY

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Testimony to the Senate Medicaid Committee on H.B. 96

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Chair Romanchuk, Vice Chair Huffman, and Ranking Member Liston, my name is Kathryn Poe, and I am the Health and Budget Researcher at Policy Matters Ohio. Policy Matters Ohio is an independent nonprofit think tank focused on the economic security of Ohioans from all walks of life. Today we are here to discuss the Senate version of House Bill 96 and its Medicaid provisions.

Ohio Medicaid covers more than 3.2 million low-income adults, and accounts for over 4% of Ohio's economy.¹ This includes more than 1.3 million children, from birth to age 18, and more than half of Ohio's births.² Because of this, the success of Ohio's Medicaid program is a key part of creating a healthier Ohio.

Improvements to Medicaid The proposed budget would improve Medicaid access for Ohioans by increasing the personal needs allowance from \$50 to \$75 for qualifying Medicaid recipients at an increase of \$65.7 million over the biennium.³ The personal needs allowance is an essential part of many low-income Ohioans' budgets helping them afford toiletries, vitamins, and other items necessary for their health care. This is especially important for aging adults on a fixed income.

The House budget also adds strong provisions that would provide Medicaid reimbursement for rapid whole genome sequencing for infants under one year that have complex or acute unexplained illness.⁴ This is a significant win for families with children with rare or complex medical conditions. Another positive provision requires the Department to establish a Medicaid waiver to provide mental health, behavioral health, and substance use disorder services to inmates who are within 90 days of release.⁵ This waiver program would expand access to services for a group of

¹ ODM Redbook (2025) (p. 2): You can find this here: <https://www.lsc.ohio.gov/assets/legislation/136/hb96/in/files/hb96-mcd-redbook-as-introduced-136th-general-assembly.pdf>

² ODM Redbook (p. 2). See footnote 1.

³ The proposed budget increases the minimum Medicaid personal needs allowance from \$50 to \$75 for individuals and from \$100 to \$150 for married couples. See the comparison document number for "as passed" budget: MCD64.

⁴ See Comparison Document "As Passed by House" number MCD67.

⁵ See Comparison Document "As Passed by House" number MCD42.

Ohioans too often pushed to the margins, facilitating their return to their community.

Negative changes to the budget in the House version

The House proposal made a substantial cut to the doula reimbursement program, shrinking the number of counties covered to only the six counties with the most infant deaths.⁶ It's worth noting that this metric is subject to change and will not provide coverage to the same six counties over time. This provision would not only cut short a new, much-needed program and limit access to this important service. It also likely violates the law by providing a service in the state plan to only a few counties.⁷ Doulas from around that state have helped create a system in which they are equitably reimbursed for their crucial work. Drastically cutting the program now could make that work unsustainable for many and take away a service that has been saving the lives of women and infants.

The House version of the budget also requires ODM to submit a waiver request to CMS to eliminate mandatory Medicaid hospital presumptive eligibility and limit presumptive eligibility determinations to only pregnant women and children.⁸ This program plays an important role in connecting people to Medicaid assistance in hospital emergency rooms all over the state. Without presumptive eligibility, patients that would have typically been covered by Medicaid reimbursement will go without health insurance, relying on hospital systems to fill the gap with charity care.

The House proposal includes language that would ban the Department of Medicaid from using “Diversity, Equity, and Inclusion” in its work.⁹ It gives minimal explanation for what this means in practice, increasing the likelihood of abuse. It also overlooks the relevance of characteristics like race and gender to medical practice and public health. There are many diseases and conditions that are specific to race or sex. For example, sickle cell disease is a blood disease that is found predominantly in Black Americans. Similarly, conditions like type 1 diabetes, endometriosis, and chronic health conditions like Lupus have strong connections to specific populations. Removing the ability to track, understand, and respond to these trends will make the work of medical professionals even more difficult, and make cost estimations less accurate.

⁶ See the comparison document number for “as passed” budget: MCD62.

⁷ Section 5164.071 | [Doula program](#). Doula's are part of the [Maternal and Infant support](#) programs and integrated into the Nursing Board. Services included in the [Medicaid State Plan](#), as approved by the Federal government, must be [given to all counties \(statewide\)](#) as a requirement.

⁸ See the comparison document number for “as passed” budget: MCD40. [Presumptive eligibility](#) allows certain qualified entities to grant immediate, temporary Medicaid coverage to those who appear to meet the eligibility criteria.

⁹ See Comparison Document “As Passed by House” number: MCD45.

Elimination of continuous coverage for kids 0-3

Lastly, the House version of the budget removes the requirement that the department of Medicaid apply for a federal waiver to expand continuous coverage for kids up to age 3, despite the fact that the department is already in the process of doing so. This change makes it more difficult for families to maintain health coverage for young children and does little to reduce administrative costs and churn in the system.¹⁰

Allowing children with Medicaid to maintain their coverage regardless of household income fluctuations will give children consistent access to the well-child visits, vaccinations, and specialty care they need to start school ready to learn. Ohio's children will someday be adults, and coverage early in life is tied to a stronger future economy. Medicaid coverage for kids and pregnant women is tied to greater overall economic security, including higher college enrollment rates and wages.¹¹

Threats to Medicaid services for Group VIII

One particularly concerning part of the proposed budget can be found in section 126.70, which would allow the state to halt all Medicaid services to Ohioans in Group VIII, the Affordable Care Act expansion, should the federal government lower the FMAP below the current 90% match rate. Should this language pass, it would likely have an immediate and devastating impact on healthcare coverage in the state, potentially harming upwards of 770,000 Ohioans.¹²

While the state already has this authority,¹³ this section would make it mandatory and immediate, throwing the lives of and coverage for thousands of Ohioans into chaos. Someone could be standing in line to get medication or in the middle of chemotherapy and suddenly lose all access to their coverage. Many Ohioans in this group are low-paid workers, who are unable to get insurance through their employer — in 2023, only 23.9% of workers under 200% FPL were able to access employer-sponsored health insurance.¹⁴

The trigger language included in the budget could be improved by giving the legislature the ability to consider its options if Congress does act, instead of creating

¹⁰ A strong test case for continuous eligibility is the adoption of 12-month continuous eligibility in 2024. According to [the Urban Institute](#), federal spending was projected to increase by \$458 million annually, and state spending will increase by \$238 million annually, both only 0.1 percent increases in government spending on acute care for the nonelderly. This program has also been shown to [reduce church and administrative costs](#).

¹¹ Jeopardizing a Sound Investment: [Why Short-Term Cuts to Medicaid Coverage During Pregnancy and Childhood Could Result in Long-Term Harm](#) – the Common Wealth Fund.

¹² [Medicaid caseload coverage \(Jan 2025\)](#).

¹³ [https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Stakeholders.%20Partners/MedicaidStatePlan/Section s/Coverage/2_0_S32.pdf](https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Stakeholders.%20Partners/MedicaidStatePlan/Section%20s/Coverage/2_0_S32.pdf)

¹⁴ KFF.org. [Employer sponsored Health Insurance: Policy 101](#).

a policy where the legislature must act immediately. The legislature could also create a plan to wind down the program, rather than an immediate halt. The state of Ohio has a choice in how to handle Federal cuts should they happen, and we don't have to let the Federal government completely control our policy choices.

Group VIII work requirement waiver

Group VIII adults suffer more than one threat to their insurance coverage under this budget proposal. Policy Matters stands firmly in opposition to the proposed work requirement waiver due to the additional administrative burden and clear evidence from states like Georgia that work requirements are not effective. Georgia was one of the first states to implement work requirements through the Georgia Pathways program and has run into major issues in implementation that have made national headlines.¹⁵ More than 40% of Georgia's counties¹⁶ still had fewer than 10 enrollees despite the state having one of the highest percentages of uninsured populations in the nation. As a result, members of Congress, including Georgia Senators Ossoff and Warnock, have asked for an investigation into the Georgia Pathways program.¹⁷

The Georgia program requires substantial paperwork through a lengthy and intrusive online application, on top of a high estimated cost for program operation — an average of \$13,000 was spent per enrollee in combined state and federal funds.¹⁸ This is extremely costly: According to KFF data from 2021, the average spent in Ohio on an adult is \$6,221 dollars and \$8,180 for ACA Expansion adults.¹⁹ According to the Department of Medicaid data in 2022, the average cost per enrollee in Ohio from all groups is \$9,520.²⁰ Lastly, according to testimony from the Department of Medicaid given in finance committee a few weeks ago, the Group VIII expansion is the lowest cost group in the state, at only \$907 average per member per month.²¹

Conclusion

The budget plays a major role in supporting the healthcare needs of all Ohioans, especially kids and our aging population. Strengthening access to healthcare to improve outcomes should be one of our state's top priorities. While we support

¹⁵ <https://www.nytimes.com/2024/12/18/us/politics/georgia-medicaid-work-requirement.html>

¹⁶ <https://gbpi.org/georgias-pathways-to-coverage-program-the-first-year-in-review/>

¹⁷ <https://www.finance.senate.gov/chairmans-news/wyden-ossoff-warnock-seek-watchdog-investigation-into-waste-and-mismanagement-in-georgia-pathways-program>

¹⁸ <https://gbpi.org/georgias-pathways-to-coverage-program-the-first-year-in-review/>

¹⁹ <https://www.kff.org/medicaid/state-indicator/medicaid-spending-per-enrollee/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

²⁰ <https://www.medicaid.gov/state-overviews/scorecard/measure/Medicaid-Per-Capita-Expenditures?measure=EX.5&measureView=state&stratification=463&dataView=pointInTime&chart=map&timePeriods=%5B%222022%22%5D>

²¹ Page 5 – OBM Testimony – Feb. 5th, 2025.



many pieces of the Governor's Budget, you can do better for your constituents by implementing our recommendations.