



STATEMENT OF ADVOCATES OF BASIC LEGAL EQUALITY, INC. IN OPPOSITION TO HOUSE BILL 96

Before the Ohio Senate Medicaid Committee

Senator Mark Romanchuk, Chair

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Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and
members of the Senate Medicaid Committee,

Thank you for the opportunity to present opponent testimony today. My name is Brandy Keesee, and I am a lawyer working in the Health and Public Benefits group at Advocates for Basic Legal Equality, Inc. (ABLE). ABLE is a non-profit regional law firm that provides free legal assistance in civil matters to help individuals and groups with low incomes in 32 counties in Western Ohio achieve self-reliance, and equal justice and equal opportunity. I am here to express ABLE's concern over the trigger language in House Bill 96—a provision that, if enacted, will strip 770,000 Ohioans of their health care coverage, including 362,000 residents of rural counties.

Since Governor Kasich signed Ohio Medicaid expansion into law in 2013, hundreds of thousands of Ohioans have gained access to essential health care coverage. Today, more than 6% of the total population are enrolled in Medicaid through the expansion.¹ The proposed changes in HB96 threaten not just individuals, but families, hospitals, and entire communities, particularly in rural Ohio, where access to care is already limited.

I. Immediate Impacts on Individuals

Cutting the expansion program would primarily harm Ohio's low-wage workers that do not have employer-sponsored health coverage, our parents and caretakers, individuals enrolled in school or occupational training, and veterans. Medicaid expansion was implemented in Ohio to address a longstanding gap in coverage, ensuring that low-income working adults—many of whom are employed in essential industries—have access to affordable healthcare. If HB96 passes, these individuals will be stripped of coverage, forcing them into an impossible situation where private insurance is financially out of reach, yet traditional Medicaid remains inaccessible. Ohio is no stranger to this reality. Prior to expansion, thousands of Ohioans faced insurmountable barriers to coverage, leading to delays in care, preventable hospitalizations, increased reliance on emergency rooms for untreated conditions, and even preventable deaths.¹ Losing coverage would return us to that untenable past.

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¹ Ohio Medicaid Expansion History and Impact presentation, Ohio Governor's Office of Health Transformation (Mar. 20, 2025), Presentation-Greg.Moody-

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More than half of Medicaid expansion recipients suffer from chronic conditions such as diabetes, hypertension, asthma, and mental health disorders.² These conditions require ongoing, managed care. Without coverage, treatment lapses resulting in worsening health, complications, and emergency interventions that drive up costs for providers and states.³ Studies have shown that maintaining coverage for individuals with chronic illnesses reduces long-term healthcare expenses by preventing costly hospitalizations.⁴ HB96 undermines this proven economic and medical benefit, leading to higher uncompensated care costs across Ohio's hospitals and emergency rooms.

For example, one of our clients is a 63-year-old with a serious heart condition. This client does not have sufficient quarters of coverage under Social Security to qualify for full Medicare benefits. He relies on Medicaid for his prescriptions and doctor's visits, as he has for years. He, despite going through the appeal process and winning, recently found out when he went to refill prescriptions, that he was unenrolled from Medicaid. Without Medicaid, the medicine that prevents the client from having a stroke would cost over \$1000 a month. Although his termination is an administrative error, if this bill passes, hundreds of thousands of Ohioans could find themselves in his shoes: unable to afford life-saving medications.

One other client, a 55-year-old resident of a rural county in Ohio, is the full-time caretaker for her 18-year-old son. Her son has quadriplegia, is nonverbal, and only receives limited nursing hours through his Medicaid waiver program. Because this client resides in a rural area with limited access to providers, her son often doesn't receive even the nursing hours he is entitled to receive, meaning that our client has to make up the difference. Because she is unable to work full time, she depends on Medicaid expansion to provide health insurance. If Medicaid expansion stops, our client will not be able to access insurance. She has health conditions that require her to see a doctor regularly, and she needs to stay healthy to provide care for her son and avoid putting her own health and his health in jeopardy. Our client is also very concerned that

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Ohio.Medicaid.Expansion.HistoryandImpact.pdf.; Broaddus and Aron-Dine, [Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds | Center on Budget and Policy Priorities](#), (Nov. 6, 2019).

² Rosland AM, Kieffer EC, Tipirneni R, Kullgren JT, Kirch M, Arntson EK, Clark SJ, Lee S, Solway E, Beathard E, Ayanian JZ, Goold SD. Diagnosis and Care of Chronic Health Conditions Among Medicaid Expansion Enrollees: a Mixed-Methods Observational Study. *J Gen Intern Med*. 2019 Nov;34(11):2549-2558. doi: 10.1007/s11606-019-05323-w. Epub 2019 Sep 11. PMID: 31512184; PMCID: PMC6848397.

³ Rob Moore, The Potential Impacts of Cuts to Medicaid | Johns Hopkins | Bloomberg School of Public Health (April 3, 2025); [Ending Medicaid expansion would devastate Ohio's economy • Ohio Capital Journal](#), (April 23, 2025); Bureau of Economic Analysis (March 28, 2025).

⁴ Bruce A. Scott, MD, [Maintaining preventive coverage is vital to public health | American Medical Association](#), (April 17, 2025).

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her son will need to be institutionalized if she is unable to properly care for him.

Yet another client is a 21-year-old college student who has lived with her grandmother, who took custody of her at age 3. Her grandparents are retired and are receiving Medicare, so this client depends on Medicaid as her source of health insurance. She was recently diagnosed with a chronic health care condition and requires maintenance medication and regular treatment from a physician. She is an exemplary student and plans to attend graduate school upon graduation next year. If she loses Medicaid expansion, she is at very real risk of her health declining, making her unable to work a part-time job and attend school.

In addition to decreases in life-saving prescriptions being filled⁵, other examples of risks associated with eliminating expansion coverage include decreases in the share of low-income adults getting regular check-ups⁶, increases in the amount of adults skipping medications due to cost⁷, decreases in cancer screenings and other early-stage cancer diagnoses⁸, and increases in the share of low-income adults screening positive for depression⁹ – just to name a few.

Further, Ohioans losing Medicaid expansion coverage will not easily transition to private insurance. High premiums and out-of-pocket costs make private plans unaffordable for low-income workers. According to Healthcare.gov, and an analysis conducted by Forbes, health insurance premiums cost Ohioans an average of \$563 a month, or \$6,756 a year, without subsidies.¹⁰ This estimate does not include the cost of prescriptions or copays. Rather than sacrifice

⁵ Ausmita Ghosh, Kosali Simon, and Benjamin Sommers, “The Effect of Health Insurance on Prescription Drug Use Among Low-Income Adults: Evidence from Recent Medicaid Expansions,” *Journal of Health Economics*, Vol. 63, January 2019,

<https://www.sciencedirect.com/science/article/pii/S0167629617300206>.

⁶ Benjamin Sommers *et al.*, “Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance,” *JAMA Internal Medicine*, October 2016, <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2542420>.

⁷ Ibid.

⁸ [Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds | Center on Budget and Policy Priorities](#), citing Aparna Soni *et al.*, “Effect of Medicaid Expansions of 2014 on Overall and Early-Stage Cancer Diagnoses,” *American Journal of Public Health*, February 2018, <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2017.304166>; Ahmedin Jenal *et al.*, “Changes in Insurance Coverage and Stage at Diagnosis Among Nonelderly Patients with Cancer After the Affordable Care Act,” *Journal of Clinical Oncology*, December 2017, <https://ascopubs.org/doi/10.1200/JCO.2017.73.7817>; and Emanuel Eguia *et al.*, “Impact of the Affordable Care Act (ACA) Medicaid Expansion on Cancer Admissions and Surgeries,” *Annals of Surgery*, Vol. 268, No. 4, October 2018, https://journals.lww.com/annalsofsurgery/Abstract/2018/10000/Impact_of_the_Affordable_Care_Act_ACA_Medicaid.6.aspx.

⁹ Benjamin Sommers *et al.*, “Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance,” *JAMA Internal Medicine*, October 2016, <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2542420>.

¹⁰ Les Masterson, [How Much Does Health Insurance Cost In 2025? Key Insights & Comparisons – Forbes Advisor](#), (Mar. 10, 2025).

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approximately 31% of precious income, many Ohioans in this category will simply go uninsured, meaning they will forego essential medical care or receive it without coverage. The first option leads to unmanaged chronic conditions, preventable hospitalizations, and an increase in mortality rates across the state. The second places Ohio families at risk for crushing medical debt while hospitals shoulder millions in uncompensated care, threatening healthcare stability statewide.

II. Impacts on Hospitals

Medicaid has long served as a financial lifeline for hospitals across Ohio, especially those in rural areas that serve low-income populations. Currently, an estimated 11% of Ohio's rural hospitals are at risk of closure and 6% are at immediate risk.¹¹ In Ohio, 21.74% of rural hospitals already operate at negative profit margins.¹² If Medicaid expansion is eliminated, hospitals will lose critical reimbursements for uninsured patients, forcing them to either drastically cut services or shut down entirely.¹³

For example, hospitals rely heavily on Medicaid reimbursements to cover a range of vital services including emergency care, mental health support, and chronic disease management. Without the stability provided by Medicaid expansion, these institutions would be compelled to reduce—or even eliminate—services to compensate for lost funding. In many rural settings, obstetric care is among the first services to slide off the list, with approximately 24% of rural hospitals having already discontinued maternity services.¹⁴ In addition, behavioral health services, essential for mental health and addiction treatment, could be reduced, and emergency care might be scaled back, leaving patients to travel longer distances for urgent medical needs. Overall, research indicates that Medicaid expansion has contributed to increased hospital revenue.¹⁵

Additionally, financial strain often forces hospitals to cut staffing levels to reduce operating costs.¹⁶ Such cuts could have far-reaching consequences, leading to longer waiting times, reduced quality of patient care, and increased workloads for remaining staff. If hospitals are forced to lay off nurses, doctors,

¹¹ [Rural Hospitals at Risk of Closing.pdf](#), Center for Healthcare Quality and Payment Reform (April 2025).

¹² Based on FY ending in December 2023 to September 2024. [Data on Urban and Rural Hospitals – Saving Rural Hospitals](#).

¹³ [Problems and Solutions for Rural Hospitals – Saving Rural Hospitals](#), Center for Healthcare Quality and Payment Reform.

¹⁴ Kozhimannil KB, Interrante JD, Carroll C, et al. Obstetric Care Access at Rural and Urban Hospitals in the United States. *JAMA*. 2025;333(2):166–169. doi:10.1001/jama.2024.23010.

¹⁵ Ammula and Guth, [What Does the Recent Literature Say About Medicaid Expansion?: Economic Impacts on Providers - Issue Brief - 10074 | KFF](#), (Jan. 18, 2023).

¹⁶ Shiyin Jiao, R. Tamara Konetzka, Harold A. Pollack, and Elbert S. Huang, "Estimating the Impact of Medicaid Expansion and Federal Funding Cuts on FQHC Staffing and Patient Capacity," *Multidisciplinary Journal of Population Health and Health Policy* 100 no. 2 (April 2022): 504-524, <https://doi.org/10.1111/1468-0009.12560>.

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and support personnel due to Medicaid cuts, this will not only affect patient outcomes but will also have ripple effects throughout Ohio's local economies.¹⁷ Rural hospitals employ thousands of workers, and reductions or closures could eliminate these jobs, adversely affecting local businesses that depend on a steady workforce supported by hospital employment.¹⁸

Beyond the direct impact on healthcare facilities and employees, the elimination of Medicaid expansion threatens wider economic stability in Ohio. Hospitals are major employers in many communities; when they face closure or are forced to cut services, the resulting job losses extend far beyond the healthcare sector. This can lead to economic downturns in affected regions, as reduced healthcare access hinders local businesses' ability to attract workers and maintain productivity.¹⁹ Moreover, the increased burden of uncompensated care is likely to drive up costs for providers and ultimately for taxpayers, undermining both public health and fiscal responsibility across the state.

Each of these factors—institutional strain, service cuts, workforce reductions, and broader economic impacts—demonstrates that scaling back Medicaid expansion, as would occur under HB96, risks reversing years of progress. The loss of a stable healthcare safety net would spell not only diminished access to care for vulnerable Ohioans but also a long-term negative impact on our hospitals, jobs, and overall economic well-being.

III. Elected Ohio Officials Must Put Ohioans First

At this point in our discussion, it is vital to emphasize the importance of retaining local control over the decisions that affect Ohioans' healthcare. In times when support from the federal government is uncertain, we expect our state leaders — the officials we voted for — to provide a steady assurance that our essential needs are prioritized. Nearly 800,000 Ohioans depend on Medicaid expansion. When policies are dictated by trigger language, the power to make critical decisions is shifted away from our elected representatives and, by extension, away from the people of Ohio. This means that choices about how to care for our families and communities could be made using a one-size-fits-all approach that doesn't address our local realities.

By ceding control to predetermined federal rules through trigger language, we risk leaving our state with a fragile healthcare system that may not respond

¹⁷ Mills, C. A., Yeager, V. A., Unroe, K. T., Holmes, A., & Blackburn, J. (2024). *The impact of rural general hospital closures on communities—A systematic review of the literature*. Journal of Rural Health, 40(2), 238–248. <https://doi.org/10.1111/jrh.12810>.

¹⁸ Mills, C. A., Yeager, V. A., Unroe, K. T., Holmes, A., & Blackburn, J. (2024). *The impact of rural general hospital closures on communities—A systematic review of the literature*. Journal of Rural Health, 40(2), 238–248. <https://doi.org/10.1111/jrh.12810>.

¹⁹ Hulver, Levinson, Godwin, and Neuman, [10 Things to Know About Rural Hospitals | KFF](#) (April 16, 2025).

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adequately when push comes to shove. We all deserve the security that comes from knowing our state legislature will act with care, prioritizing access to essential services and protecting our safety net during tough times. It is incumbent upon our lawmakers to keep these decisions in Ohio's hands.

Conclusion

Medicaid expansion was designed to close the coverage gap, providing essential health care to working Ohioans. These are the people who work in our restaurants, our daycare centers, our factories, and our farms. They are our neighbors, our family members, our friends—and without Medicaid expansion, many will fall into a dangerous gap where they have no coverage at all. The trigger language contained in HB96 is not just a policy revision—it represents a fundamental shift in power. By removing critical decision-making from our elected representatives, this provision threatens to dismantle a healthcare system that has steadily improved the lives of nearly 800,000 Ohioans. We have seen how scaling back Medicaid expansion would not only force vulnerable individuals into untenable choices but also jeopardize the financial stability of our hospitals and the livelihoods of countless workers. I urge the committee to rid HB96 of the trigger language.

Thank you for allowing me to testify today. I am happy to respond to any questions from the committee. I may be reached via email at bkeese@ablelaw.org.

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