

**HB96**  
**Ohio Olmstead Task Force**  
**Opponent**  
**Senate Medicaid Committee**  
**May 13<sup>th</sup>, 2025**

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

On behalf of the **Ohio Olmstead Task Force**, thank you for the opportunity to provide testimony regarding **House Bill 96** and its proposed “trigger” provision that would effectively end **Medicaid expansion** in Ohio if federal funding is reduced.

The Olmstead Task Force is a coalition of people with disabilities, family members, and advocates working to ensure Ohio complies with the landmark **Olmstead v. L.C.** U.S. Supreme Court decision, which affirms the right of people with disabilities to receive services in the most integrated setting appropriate to their needs.

Ending Medicaid expansion through HB96 would directly threaten Ohio’s ability to meet that standard—and would undo years of progress in helping people with disabilities live, work, and thrive in their communities.

[Group VIII Medicaid coverage is essential for community integration.](#)

Tens of thousands of Ohioans with disabilities rely on **Medicaid expansion (Group VIII)** to access basic healthcare, maintain stability, and remain out of institutions. This includes family caregivers, people with disabilities who work part-time or freelance, and others who fall outside traditional Medicaid eligibility but still live with real health needs.

Eliminating this coverage would:

- Force many caregivers to abandon their roles and seek other jobs to afford health insurance—leaving loved ones without essential in-home supports.
- Push people with disabilities into institutional care settings, often against their will, violating both the spirit and legal requirements of the Olmstead decision.
- Undermine employment, education, and health outcomes for people with disabilities who rely on Medicaid to manage chronic conditions and maintain independence.

## Trigger language removes flexibility and invites harm.

The “trigger” provision in HB96—automatically ending Medicaid expansion if the federal match is reduced—removes the General Assembly’s ability to weigh options, seek solutions, or phase changes thoughtfully. It imposes an all-or-nothing response that leaves no room for compromise, innovation, or transition planning.

We urge the committee to **replace “shall” with “may”** in this language, allowing the state to retain critical flexibility to respond to federal changes without abandoning the people who rely on these services.

## Community-based care is more cost-effective and aligned with Ohio’s values.

Medicaid is the primary payer for home-based care and covers critical services that Medicare does not such as dental, vision, and hearing benefits. Nearly 30% of Medicaid dollars support Medicare enrollees - making Medicaid an essential lifeline for seniors and people with disabilities to age in place, get the critical care they need, and avoid the cascading impacts of medical debt.

Institutionalizing individuals who lose Medicaid coverage would not only harm them but would also increase costs to the state. In 2024, the national median annual cost for a nursing home is **\$127,750**, compared to **\$77,792** for 24/7 in-home care. ADD REFERENCE FOOTNOTE Reducing Medicaid coverage to save money is shortsighted—it will result in higher costs and worse outcomes.

## Medicaid expansion supports Ohio’s direct care workforce.

Many direct care workers and family caregivers also rely on Group VIII Medicaid to access healthcare. If this coverage ends, it would add another blow to an already strained workforce. Without caregivers, thousands of Ohioans with disabilities will lose their ability to remain at home and in the community. Additionally, cuts to Medicaid funding could result in reduced reimbursement rates for Medicaid provider agencies and Medicaid Independent Providers. The result would be to drive even more providers away from the profession, force home care agencies to accept fewer Medicaid clients or discharge their existing clients, and limit access to care for individuals with disabilities and older adults.

## Conclusion

As the Ohio Olmstead Task Force, we are deeply concerned that HB96, as currently written, places thousands of Ohioans with disabilities at risk of institutionalization, loss of health coverage, and worsening health and independence outcomes.

We urge this committee to:

- **Remove or amend the “trigger” provision** to protect Medicaid expansion,
- **Continue to fund and grow the direct care workforce**, and
- **Affirm Ohio’s commitment to Olmstead** by supporting policies that promote integration, not segregation.

We thank you for your time and consideration. Please feel free to contact us with questions or to hear directly from people whose lives would be affected by these changes.

Sincerely,

***The Ohio Olmstead Task Force***