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Ohio Poverty Law Center Testimony Ohio Senate Medicaid Committee Thursday, May 15, 2025

Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Ohio Senate 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 (OPLC) 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.

Medicaid Trigger Language

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.

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.

OPLC is part of Ohio Medicaid Matters, a coalition of more than 80 organizations, including the state's leading human services agencies, health advocacy associations and hospital systems. We believe Medicaid is foundational to Ohio's economic success, and we want as many Ohioans as possible to have the health care they need to work and thrive.

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 atrisk of losing access to services with the as-introduced version of the trigger language.

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.

Continuous Coverage children 0-3

Implementation of this waiver would provide critical coverage for children and mitigate potential losses in care. Children who experience coverage gaps often miss treatments for chronic conditions, which leads to additional barriers, such as emergency room visits and hospitalizations.

Elimination of administrative burdens is a key gain from implementation of continuous eligibility. Procedural disenrollments and large amounts of churn in caseload lead to further inequity in health outcomes due to the delayed access to care. Ohio, like other states across the country, recently underwent a large-scale unwinding process from COVID-19 Public Health Emergency. The return to routine Medicaid operations leads to high numbers of disenrollment, with a large amount due to procedural circumstances, such as missing paperwork. Therefore, these disenrollment operations may have included children and families still eligible for Medicaid but still have been removed from the rolls.

These gaps in coverage also create significant financial hardship for families. Nearly half of all children insured by Medicaid are in families living below the poverty line. More than 60 percent of families earn less than 138 percent of the federal poverty level. By providing children with continuous coverage, families do not incur considerable medical debt, which allows them to build economic security and continue to provide a stable environment for their families.

Conclusion

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.

As currently proposed, "shall" trigger language in HB 96 would immediately discontinue medical assistance for the 770,000 Ohioans in the Medicaid expansion group if federal funding dips below 90%. As a member of the Ohio Medicaid Matters coalition, OPLC is asking lawmakers to enable flexibility and change the trigger language from "shall" to "may. We are also asking for restoration of the continuous coverage requirement to enable ODM to continue to move forward in these efforts.

Ohio's next steps should weigh the best options of Ohioans and ensure best protection for health care access. Thank you for the opportunity to provide testimony on House Bill 96 and I am happy to answer any questions.

Sincerely, Danielle DeLeon Spires



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¹ States Embracing Multi-year Medicaid Eligibility for Children: Racial Equity and Anti-Poverty Policy in Action, April 2024