



The Future of Medicaid expansion in Ohio:

Findings from HPIO's 2025 Ohio Medicaid expansion study

May 22, 2025



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Today's speakers



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The Urban Institute



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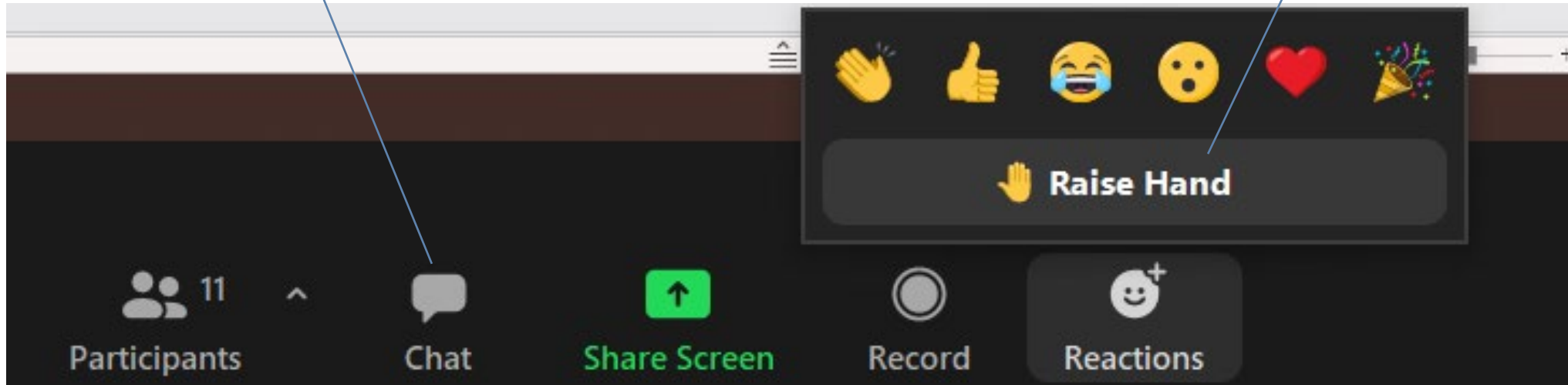
Participating in Zoom

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Slides and resources

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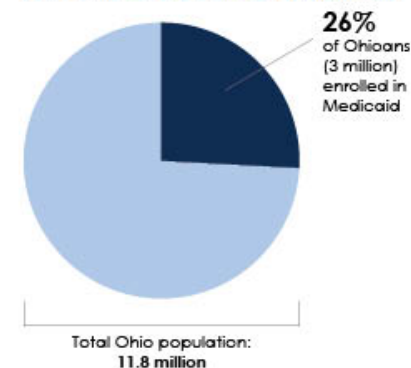
Ohio Medicaid Basics 2025

Medicaid is a public program that offers health insurance and other services to groups experiencing economic disadvantage, including children and families with low incomes, older adults and people with disabilities. These groups face unique challenges, including costly and complex health needs, challenging community conditions and socioeconomic barriers to health and well-being. The Medicaid program fortifies individuals and families against the financial strain of receiving needed health care.¹

Established by the Social Security Act of 1965, the federal and state governments partner to cover healthcare services for about 80 million people nationwide through the Medicaid program.² There are more than 3 million Ohioans — more than 1 in 4 people in the state — enrolled in Medicaid, as displayed in figure 1. This includes more than 1.2 million children.³ In state fiscal year (SFY) 2024, federal and state expenditures on Medicaid accounted for about 39% of Ohio's state operating budget.⁴

Figure 1. Estimated percent of Ohioans enrolled in Medicaid, December 2024

1 in 4 Ohioans are enrolled in Medicaid



Sources: HPIO analysis of Ohio Department of Medicaid Demographic and Expenditure dashboard (Accessed Jan. 22, 2025) and U.S. Census Bureau, American Community Survey (2023 1-year estimates)

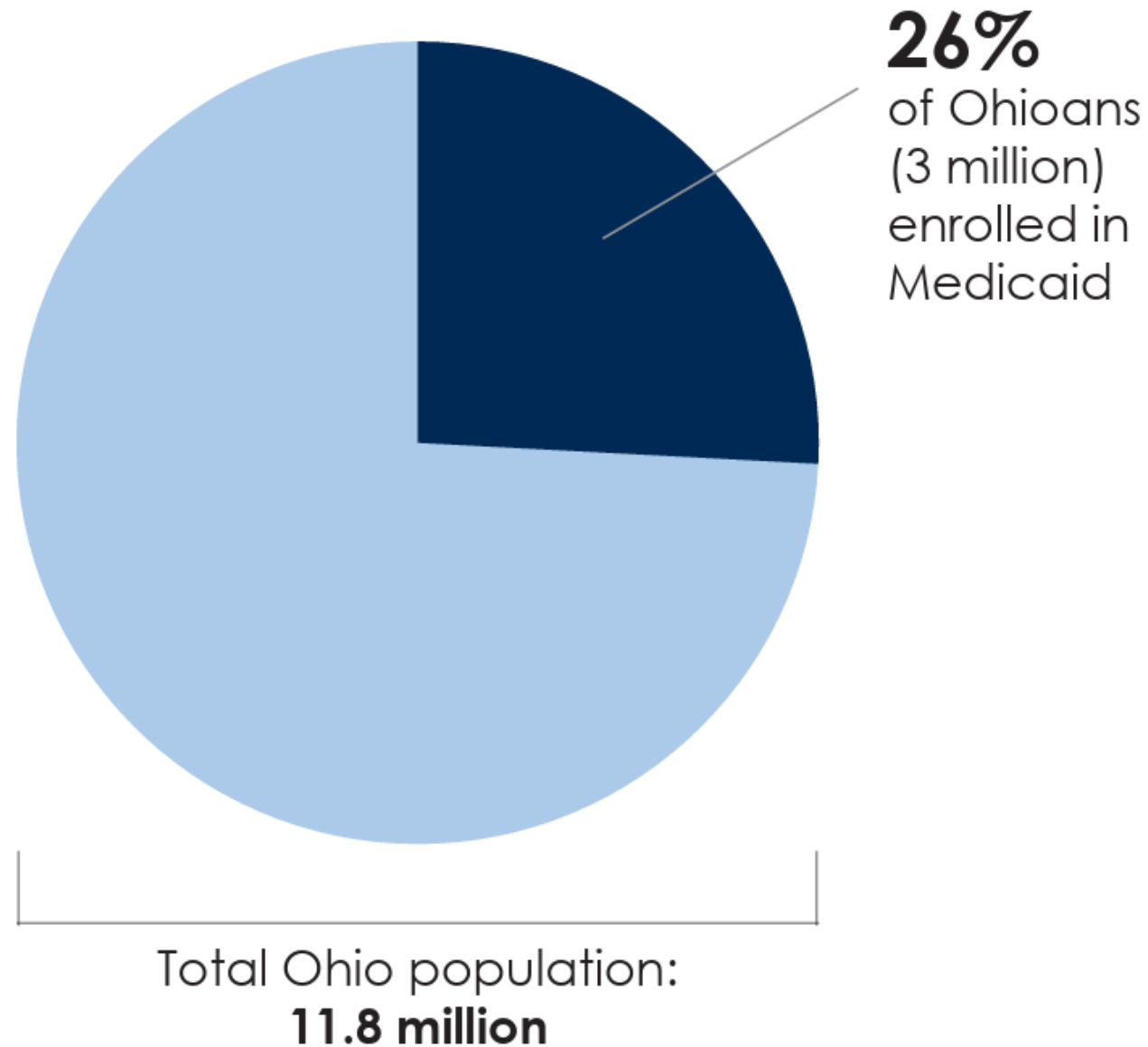
3 Key findings for policymakers

- 1 Medicaid provides healthcare coverage for about 26% (3 million) of Ohioans, including children, pregnant women, older adults, people with disabilities and adults with low incomes.
- 2 Enrollment in Ohio Medicaid peaked in March 2023 but has steadily declined since the resumption of regular eligibility redetermination process, which was paused during COVID-19. However, Medicaid enrollment is still 9% higher than it was before the pandemic (as of December 2024).
- 3 Medicaid represents a significant share of government spending in Ohio and most of the cost is born by the federal government. In state fiscal year 2024, federal and state expenditures on Medicaid were nearly \$39 billion, with 69% coming from the federal government.

Estimated percent of Ohioans enrolled in Medicaid

December 2024

Source: Health Policy Institute of Ohio, "Ohio Medicaid Basics 2025." Feb. 2025. Data from HPIO analysis of Ohio Department of Medicaid Demographic and Expenditure dashboard (Accessed Jan. 22, 2025) and U.S. Census Bureau, American Community Survey (2023 1-year estimates).



Overview of Medicaid eligibility

First steps

Must:

→ **Be an Ohio resident**



→ **Have a social security number** (or have applied for one)

→ **Be a U.S. citizen** (or meet requirements for non-U.S. citizen)

Who is eligible?

- **Children** ages 18 and younger in households with incomes up to 211% Federal Poverty Level (FPL) with no insurance and up to 161% FPL with non-Medicaid health coverage
- **Parents** or related caregivers in households with incomes up to 90% FPL and one or more children younger than 18 in the household
- **Pregnant women** with incomes up to 205% FPL

.....

Adults ages 19 to 64 who have incomes less than 138% FPL

.....

Older Ohioans and those who are blind or disabled with lower incomes

Categories

Covered Families and Children (CFC)

.....

Group VIII

.....

Aged, Blind and Disabled (ABD)

Note: This graphic highlights the major categories of Medicaid eligibility in Ohio and is not comprehensive.

Source: Health Policy Institute of Ohio, "Ohio Medicaid Basics 2025." Feb. 2025.



Federal poverty level (FPL) and selected Medicaid income eligibility limits

by household size, 2025

			Medicaid eligibility categories				
			Parents/ caretaker relatives	Adults (ages 19-64)	Pregnant women	Children without insurance	Medicaid Buy-In for Workers with Disabilities (MBIWD)*
Federal poverty level			90%	138%	205%	211%	250%
Family size	1	\$15,650	\$14,085	\$21,597	\$32,083	\$33,022	\$39,125
	2	\$21,150	\$19,035	\$29,187	\$43,358	\$44,627	\$52,875
	3	\$26,650	\$23,985	\$36,777	\$54,633	\$56,232	\$66,625
	4	\$32,150	\$28,935	\$44,367	\$65,908	\$67,837	\$80,375

*MBIWD is an Ohio Medicaid program within the ABD eligibility category that provides health care coverage to working Ohioans with disabilities.

Note: Refers to federal poverty levels for the 48 contiguous states and the District of Columbia (Washington D.C.). For children, pregnant women, adults and parents/caregivers, a 5% income disregard, which is included in the figure, is allowed by federal law and incorporated in the eligibility thresholds shown.

Source: The Office of the Assistant Secretary for Planning and Evaluation. Additional analysis by HPIO.

Federal poverty level (FPL) and selected Medicaid income eligibility limits

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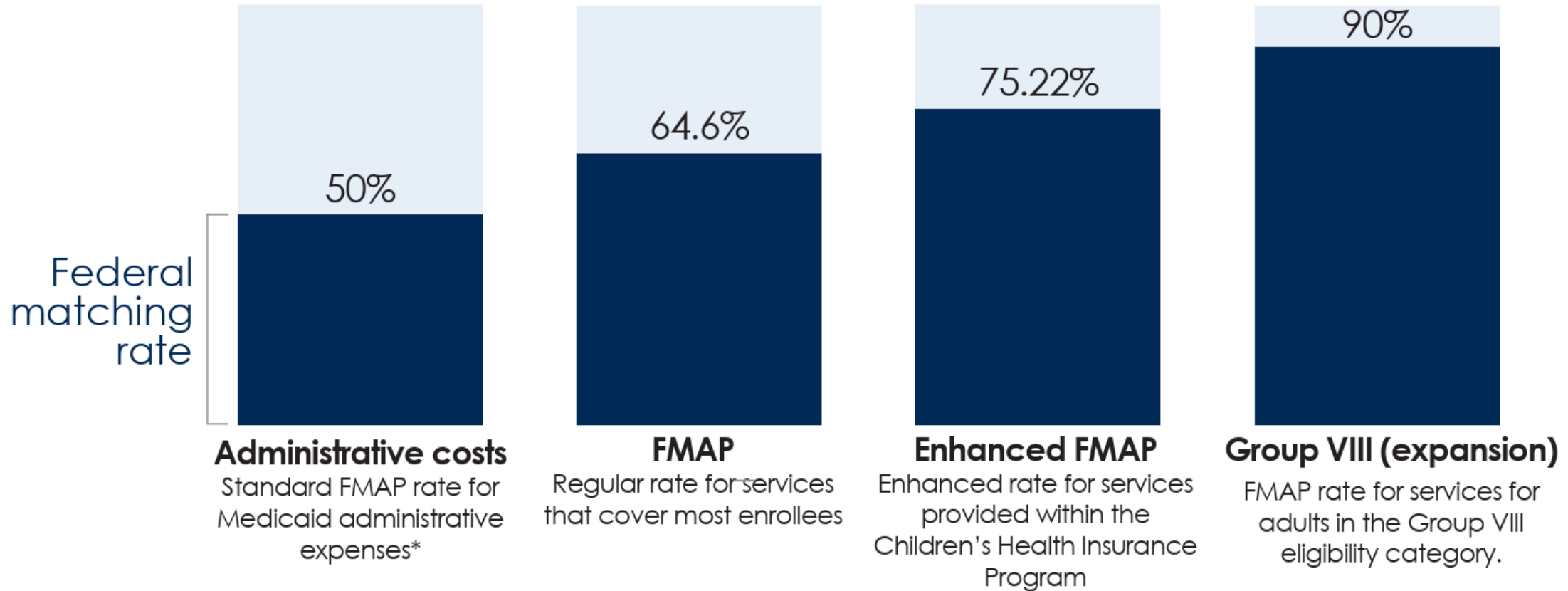
Job categories with average pay below 138% FPL by family size

Family size	1	2	3	4
138% FPL	\$21,597	\$29,187	\$36,777	\$44,367
Job categories	Entry-level positions in retail, food service and customer support	Home health and personal care aides, school bus monitors, administrative assistants, junior technicians and sales associates	Skilled trades, such as electricians and carpenters, veterinary technologists and technicians, and mid-level healthcare roles such as medical assistants	Experienced technicians, supervisors, specialized administrative roles, healthcare support workers

Source: HPIO "Policy Considerations: The Future of Group VIII (Expansion) Medicaid Coverage in Ohio." Data from U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics, May 2023

Ohio Federal Medical Assistance Percentage (FMAP) rates

FFY 2025



*Some services, such as training for medical personnel, upgrades to health information technology and translation or interpretation services, are matched at higher rates.

Source: The Federal Register and Ohio Legislative Service Commission

Impacts on coverage and costs





Eliminating Medicaid Expansion in Ohio in Response to Reduced Federal Funding

Health Coverage and Cost Consequences

Introduction and Methods

- Several recent proposals in Congress would cut federal funding for Medicaid expansion, most commonly by either reducing the 90 percent enhanced FMAP for Medicaid expansion or capping per capita spending and growth for the Medicaid expansion population. Neither of these is included in the current draft language of the bill, but as of May 20, the House Rules Committee added an amendment that would reduce enhanced FMAP to 80 percent for states like Ohio that extended Medicaid eligibility to legally present immigrant children and pregnant women not eligible for standard Medicaid due to length of residency, a state Medicaid option since 2009.
- Reducing Ohio's enhanced FMAP to 80% would lead to an \$853 million shortfall in 2026. It is unlikely that Ohio could make up for the federal shortfall without cutting eligibility. The Governor's budget proposes an automatic trigger eliminating expansion if enhanced FMAP is reduced.
- We used the Urban Institute's Health Insurance Policy Simulation Model to estimate the impact on health coverage and costs if Medicaid expansion were eliminated in 2026, with cost implications for SFY 2026-2030.

Health Coverage of Nonelderly Ohioans in 2026

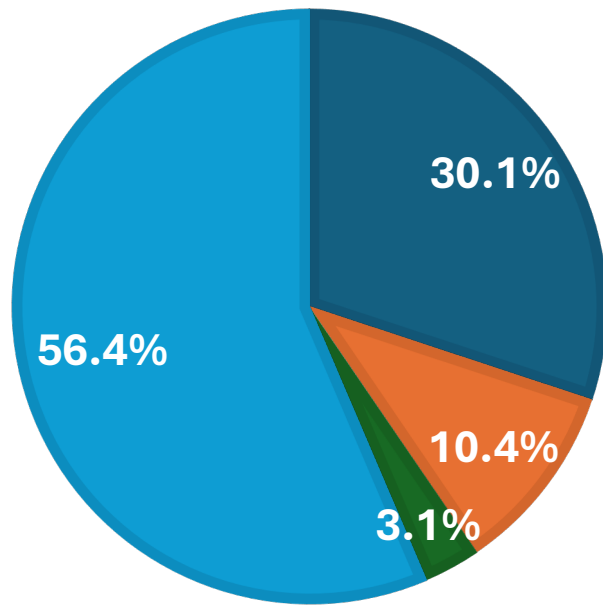
<i>Enrollment in thousands of people</i>	Current Law		No Medicaid Expansion		Change	Percent Difference
Insured (Minimum Essential Coverage)	8,555	93.5%	8,120	88.8%	-435	-5.1%
Employer	5,188	56.7%	5,415	59.2%	227	4.4%
Private Nongroup	409	4.5%	489	5.3%	80	19.5%
Medicaid/CHIP	2,738	29.9%	1,996	21.8%	-742	-27.1%
Disabled	357	3.9%	381	4.2%	23	6.5%
Medicaid Expansion	759	8.3%	0	0.0%	-759	-100.0%
Traditional Nondisabled Adults	424	4.6%	423	4.6%	-1	-0.2%
Nondisabled Medicaid Children	1,198	13.1%	1,192	13.0%	-6	-0.5%
Other Public	220	2.4%	220	2.4%	0	0.0%
Uninsured	541	5.9%	976	10.7%	435	80.3%
Plans not qualifying as MEC	52	0.6%	52	0.6%	0	0.4%
Total	9,148	100.0%	9,148	100.0%	0	0.0%

SOURCE: The Urban Institute's Health Insurance Policy Simulation Model

Health Coverage of Former Medicaid Expansion Enrollees

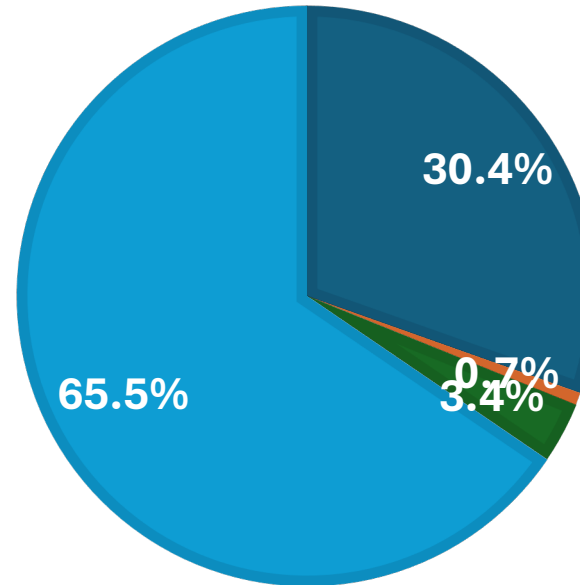
ALL INCOMES,
759,000 PEOPLE

■ Employer ■ Private Nongroup
■ Medicaid/CHIP ■ Uninsured (No MEC)



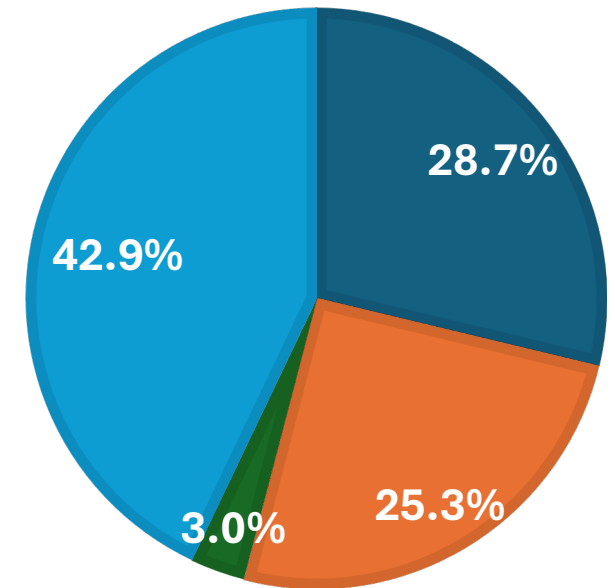
INCOME LESS THAN 100% FPL,
490,000 PEOPLE

■ Employer ■ Private Nongroup
■ Medicaid/CHIP ■ Uninsured (No MEC)



INCOME 100% TO 138% FPL,
298,000 PEOPLE

■ Employer ■ Private Nongroup
■ Medicaid/CHIP ■ Uninsured (No MEC)



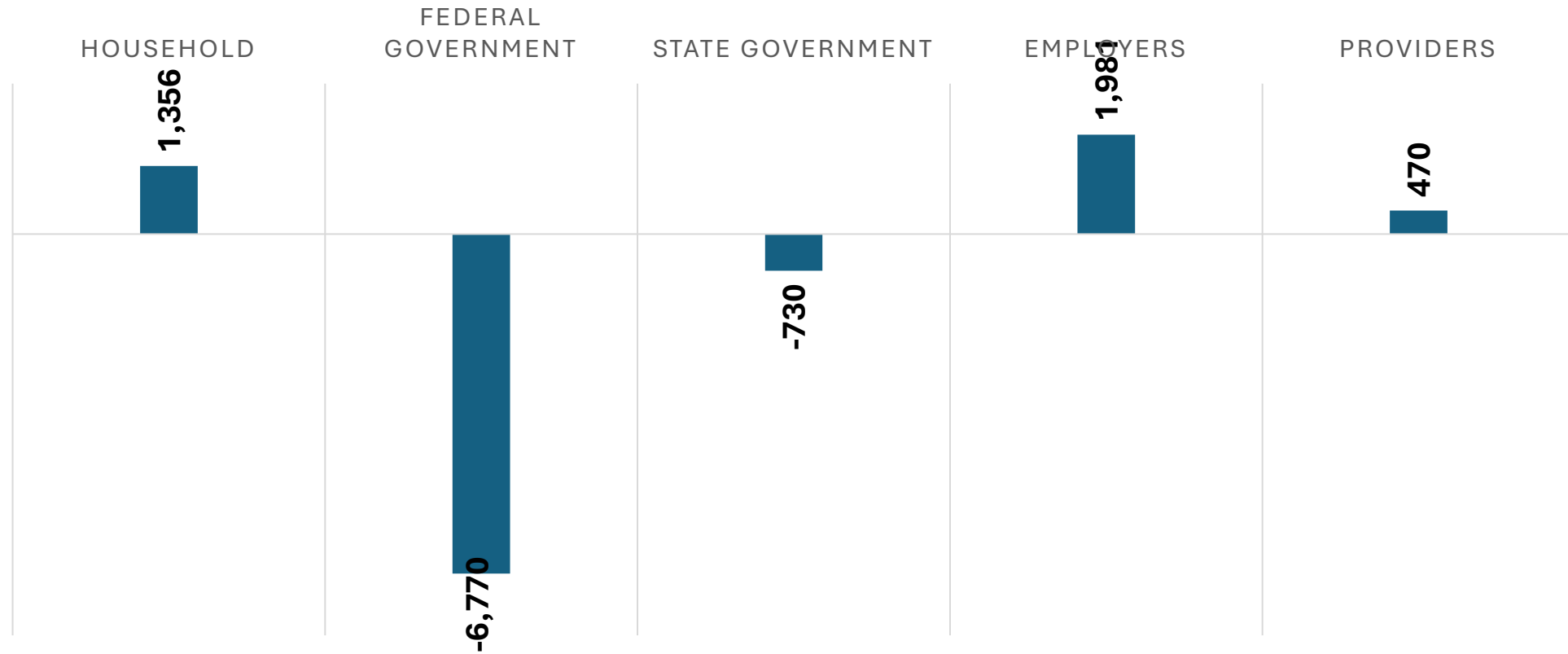
SOURCE: The Urban Institute's Health Insurance Policy Simulation Model

Age of Uninsured Ohioans (Thousands)

	With Expansion		Without Expansion		Difference	% Difference
	Number of Uninsured	Uninsured Rate	Number of Uninsured	Uninsured Rate		
Age group						
0-18	57	2.2%	63	2.4%	6	10%
19-34	196	8.8%	429	19.3%	233	119%
35-54	221	7.6%	363	12.4%	142	64%
55-64	67	5.0%	121	9.1%	54	81%

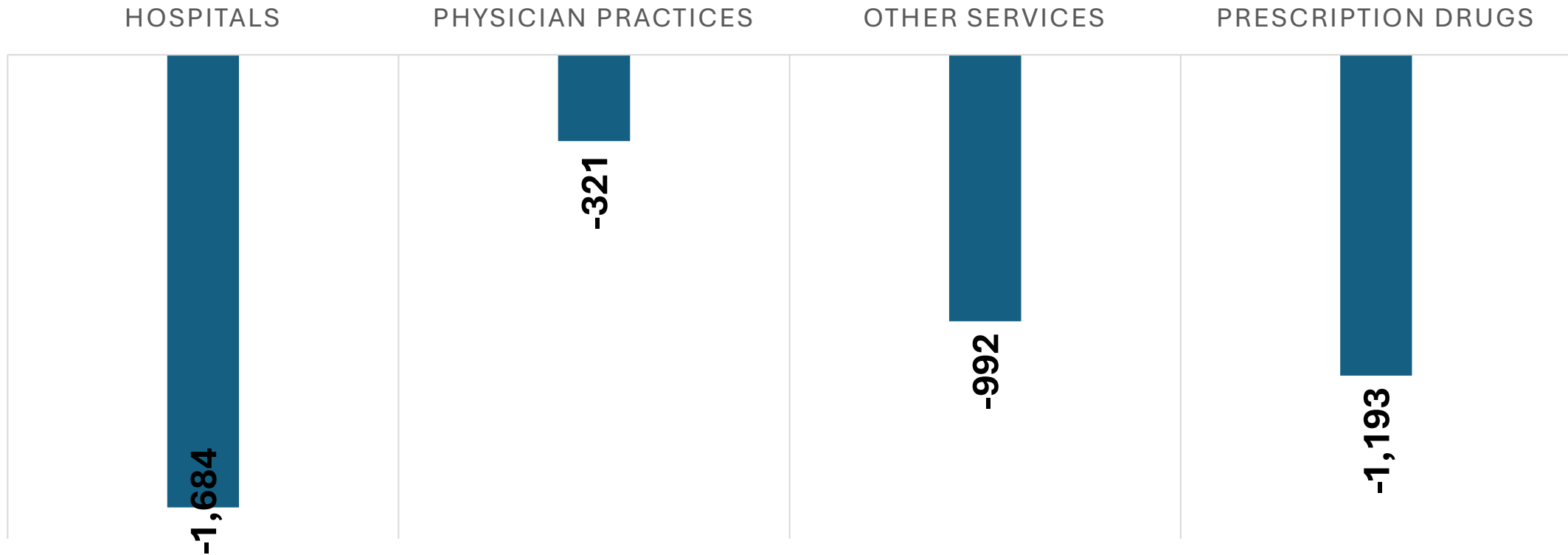
SOURCE: The Urban Institute's Health Insurance Policy Simulation Model

Total Health Care Spending on the Nonelderly would be \$3.7 Billion Lower Without Expansion in 2026 (\$ Millions)



SOURCE: The Urban Institute's Health Insurance Policy Simulation Model

Provider Revenue for the Nonelderly Would be \$4.2 Billion (4.8 percent) Lower Without Expansion in 2026 (\$ Millions)



SOURCE: The Urban Institute's Health Insurance Policy Simulation Model

Lost Savings and Revenue to Ohio Without Expansion (Partial List)

	SFY 2026	SFY 2027	SFY 2028	SFY 2029	SFY 2030
Additional state costs for former Medicaid expansion enrollees now qualifying for ABD (Already included in state spending in Table 4)	123	129	136	142	150
Lost Budget Savings					
Corrections In-Patient Medical Costs	35	36	37	39	40
<i>Total Potential costs</i>	35	36	37	39	40
Lost Revenue					
Health Insurance Franchise Fee	237	238	239	241	242
Health Insurance Corporation Tax (1% on premium receipts)	85	90	94	99	104
Prescription Drug Rebates	69	73	77	80	85
<i>Total Potential lost revenue</i>	391	401	410	420	431
Change in State Medicaid Spending Without Expansion (Table 4)	-730	-767	-806	-847	-890
Total Costs and Lost Revenue Without Expansion	426	437	448	459	471
Net Change in State Spending	-304	-330	-358	-388	-419

SOURCE: The Urban Institute's Health Insurance Policy Simulation Model

Conclusions

- Without expansion, Medicaid enrollment in Ohio would decrease by 742,000 people, and 435,000 more Ohioans would become uninsured. This represents an increase of 80.3 percent in the number of uninsured nonelderly Ohioans, with the uninsured rate among nonelderly Ohioans rising from 5.9 percent to 10.7 percent.
- Studies have documented that Medicaid expansion has had a range of benefits, including improved access to and utilization of health care, increased affordability of care, improvements in certain health outcomes, decreased mortality, and improved financial well-being. Positive impacts on states and health care providers include increased state revenue, improved payer mixes and lower uncompensated care costs, improved provider revenue, and fewer hospital closures.
- Groups of Ohioans who would see the largest increases in uninsurance without Medicaid expansion include non-Hispanic Blacks, young adults, females, and those in fair or poor health.
- Without Medicaid expansion, health care provider revenue would decline by \$4.2 billion or 4.8 percent in 2026.
- While the state would spend less on Medicaid without expansion due to lower enrollment, there would be significant lost state savings and revenue offsetting this.

Questions?



Impact on the economy and jobs



Economic and Fiscal Impacts of Medicaid Expansion Reversal in Ohio

Peter Evangelakis, Ph.D.

Senior Vice President of Economics and Consulting, REMI

May 22, 2025

Regional Economic Models, Inc.

REMI Medicaid Expansion Studies



- REMI modeling has been used to study Medicaid expansion in over 15 states since 2013, including:
 - Alabama, Arkansas, Florida, Georgia, Kansas, Mississippi, Missouri, Montana, North Carolina, [Ohio](#), Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Virginia, Wisconsin, Wyoming
- In [2025](#), REMI analyzed the economic and fiscal impacts of eliminating Medicaid expansion in [Ohio](#), as well as the impacts of reductions in FMAP. This analysis was done on behalf of the [Health Policy Institute of Ohio](#).

- REMI considered two scenarios for 2026-2030:
 - Elimination of Ohio's Medicaid expansion program
 - Reduction in FMAP at 5% increments (85% to 55%)

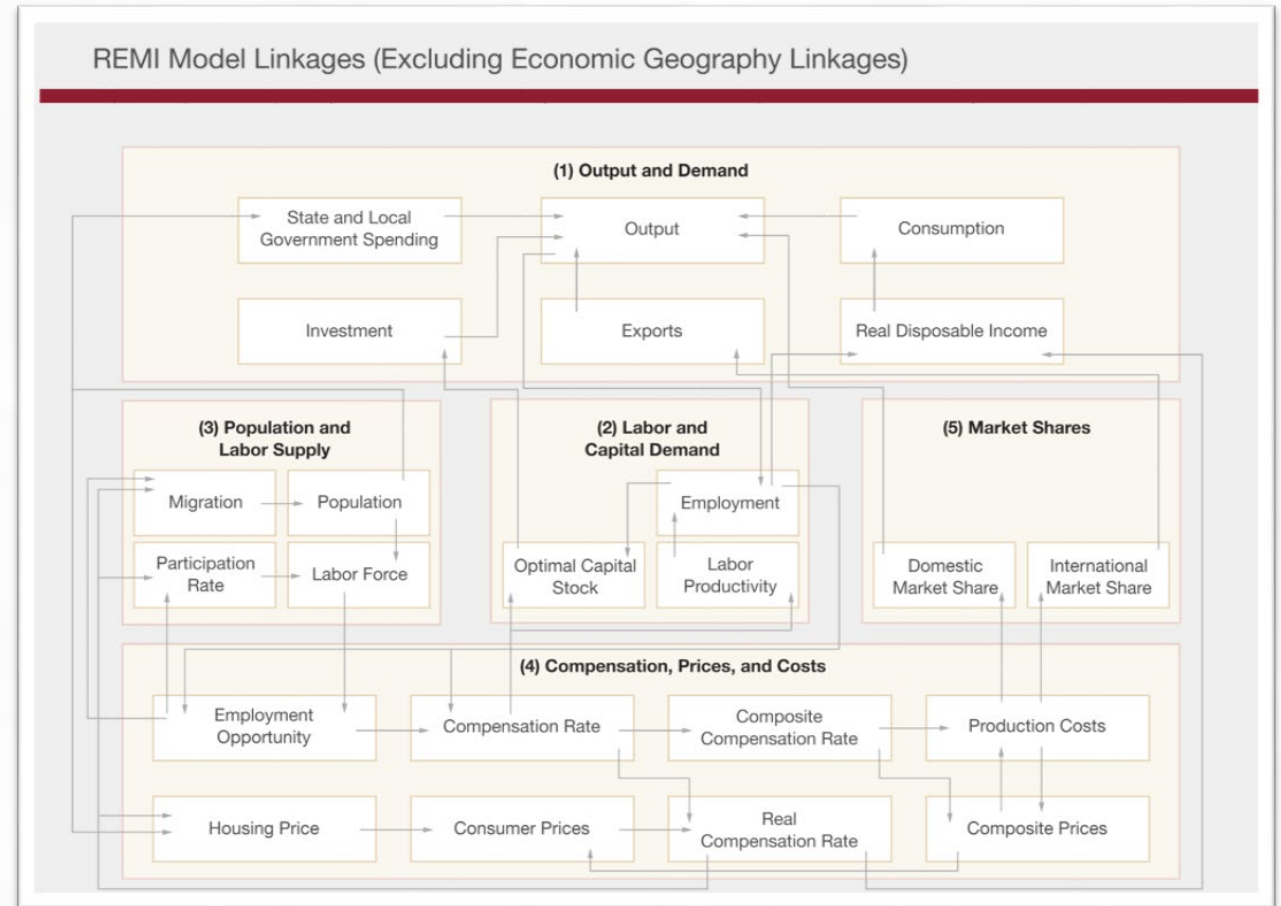
REMI Model



PI⁺ is the premier software solution for conducting dynamic macroeconomic impact analysis of public policy.

As our flagship model, PI⁺ specializes in generating realistic year-by-year estimates of the total local, state, and national effects of any specific policy initiative.

*what does **REMI** say?*sm



*what does **REMI** say?sm*

Direct Impacts



- REMI considered the direct impact of eliminating Medicaid expansion to be a net loss in revenues for health care providers
 - Annual estimates of provider net revenue losses were provided by Urban Institute
 - Using the PI+ model baseline forecasts, they were distributed by region across:
 - Ambulatory health care services
 - Hospitals
 - Retail trade (pharmacies)
 - Accounted for potential in-state production of pharmaceuticals/medical products
- For the FMAP reduction scenarios, REMI removed a portion of the above provider net revenue loss
 - For example, a change in the FMAP from 90% (current law) to 85% would be modeled as 5% of the net revenue loss from elimination

Fiscal Impacts



- REMI modeled impacts on state general tax revenues, which were comprised of:
 - Personal income taxes
 - Sales taxes
 - Gross receipts tax (Commercial Activity Tax, or CAT)
- REMI gathered data on tax collections in state fiscal year (SFY) 2024 from:
 - Ohio Department of Taxation
 - Census Bureau Annual Survey of State Government Tax Collections
- REMI combined it with PI+ model baseline forecasts of personal income, economic output, and personal consumption expenditures to create an “effective rate” for each tax category
- These effective rates were applied to the relevant economic results of our scenarios to estimate the state general tax revenue impacts

Medicaid Elimination Scenario Results



State Results

- Average Annual Impacts:
 - -53,181 jobs
 - -\$7.25B in GDP
 - -\$4.67B in Personal Income

Results	2026	2027	2028	2029	2030	Average
Total Employment	-48,592	-52,382	-54,572	-55,224	-55,136	-53,181
Gross Domestic Product (GDP)	-5,646.53	-6,854.48	-7,504.24	-7,949.96	-8,279.07	-7,246.86
Personal Income	-3,579.94	-4,251.73	-4,787.42	-5,197.20	-5,538.59	-4,670.97
<i>*Units: Total Employment in Jobs, GDP and Personal Income in Millions of Current Dollars</i>						

Regional Results

Results (5 Year Average)	Metropolitan	Suburban	Rural	Appalachian
Total Employment	-35,336	-8,297	-3,554	-5,995
Gross Domestic Product (GDP)	-4942.93	-1076.77	-452.93	-777.17
Personal Income	-2701.85	-1089.16	-342.78	-537.18
<i>*Units: Total Employment in Jobs, GDP and Personal Income in Millions of Current Dollars</i>				

what does **REMI** say?sm

FMAP Reduction Scenario Results



Results (5 Year Average)	Total Employment	GDP	Personal Income
85% FMAP	-2,659	-362.66	-233.78
80% FMAP	-5,318	-725.28	-467.52
75% FMAP	-7,977	-1,087.82	-701.18
70% FMAP	-10,636	-1,450.35	-934.84
65% FMAP	-13,295	-1,812.82	-1,168.45
60% FMAP	-15,954	-2,175.28	-1,402.07
55% FMAP	-18,613	-2,537.73	-1,635.69
<i>*Units: Total Employment in Jobs, GDP and Personal Income in Millions of Current Dollars</i>			

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Fiscal Results



State Results

- Average Annual Impacts:
 - Elimination: -\$220.58M
 - 85% FMAP: -11.04M
 -
 -
 -
 - 55% FMAP: -77.24M

Medicaid Elimination	SFY2026	SFY2027	SFY2028	SFY2029	SFY2030	Average
Personal Income Tax	-\$46.75	-\$51.13	-\$59.02	-\$65.19	-\$70.09	-\$58.44
Sales & Gross Receipts Taxes	-\$133.27	-\$145.34	-\$164.97	-\$178.29	-\$188.83	-\$162.14
Total General Revenue Taxes	-\$180.02	-\$196.47	-\$223.98	-\$243.48	-\$258.93	-\$220.58
<i>*Units: Millions of Current Dollars</i>						

85% FMAP	SFY2026	SFY2027	SFY2028	SFY2029	SFY2030	Average
Personal Income Tax	-\$2.34	-\$2.56	-\$2.95	-\$3.26	-\$3.51	-\$2.92
Sales & Gross Receipts Taxes	-\$6.66	-\$7.27	-\$8.25	-\$8.93	-\$9.46	-\$8.11
Total General Revenue Taxes	-\$9.00	-\$9.82	-\$11.20	-\$12.19	-\$12.97	-\$11.04
<i>*Units: Millions of Current Dollars</i>						

55% FMAP	SFY2026	SFY2027	SFY2028	SFY2029	SFY2030	Average
Personal Income Tax	-\$16.36	-\$17.89	-\$20.66	-\$22.83	-\$24.56	-\$20.46
Sales & Gross Receipts Taxes	-\$46.65	-\$50.88	-\$57.76	-\$62.45	-\$66.15	-\$56.78
Total General Revenue Taxes	-\$63.01	-\$68.77	-\$78.42	-\$85.29	-\$90.71	-\$77.24
<i>*Units: Millions of Current Dollars</i>						

what does **REMI** say? sm

For more information, please contact
Peter.Evangelakis@remi.com

Questions?



Ohio Medicaid expansion study



About the study

The findings from the study will be included in a series of reports that look at:

- ▶ **Access to mental health and substance use disorder treatment**
- ▶ **Parents and children**
- ▶ **The state budget**
- ▶ **Health insurance coverage and cost**
- ▶ **Jobs and the economy**

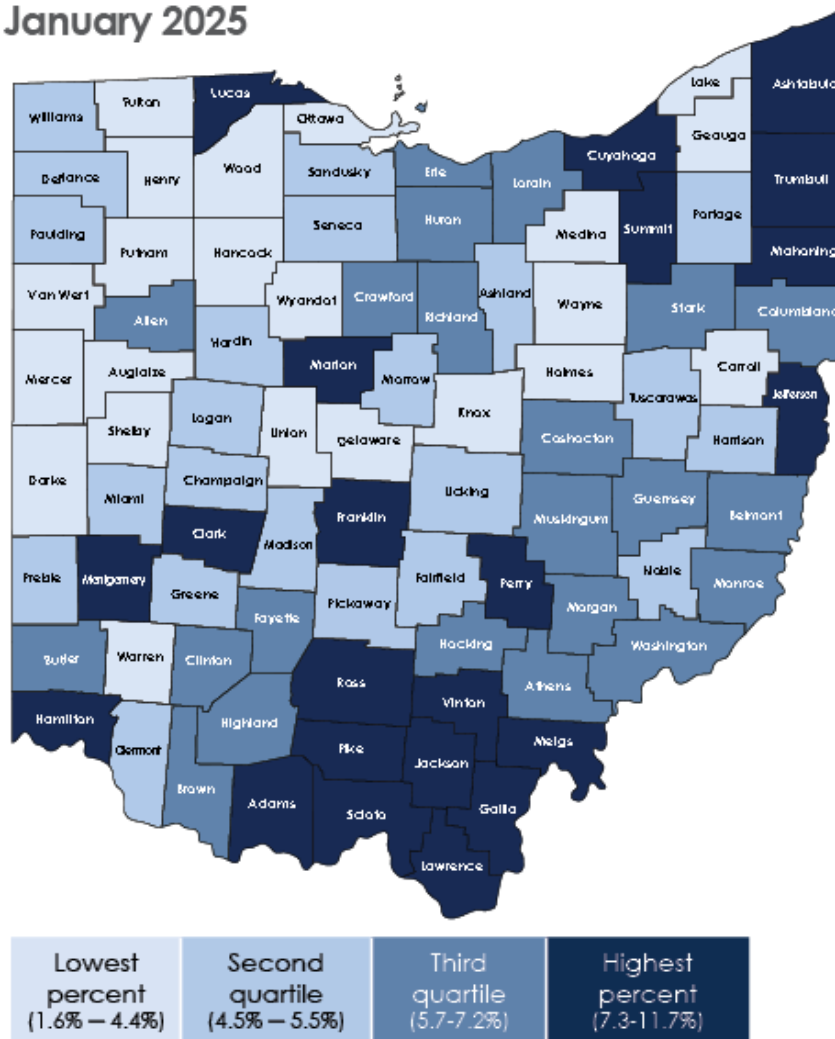


This study was made possible by support from the bi3 Fund, Interact for Health, Mt. Sinai Health Foundation, The George Gund Foundation, the Harmony Foundation and HPIO's other core funders.

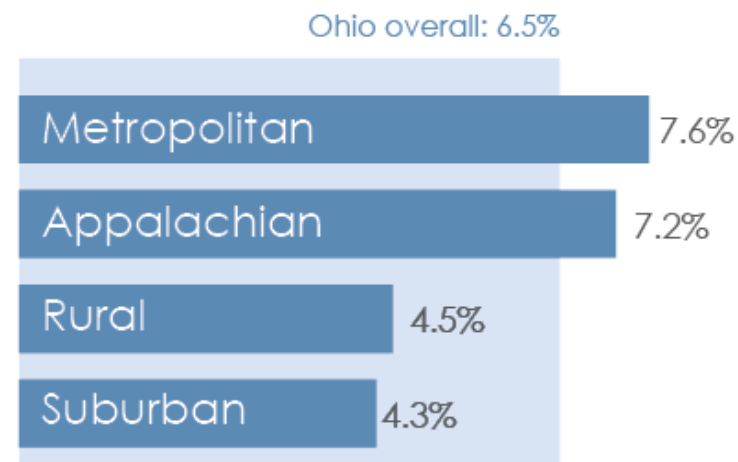
Medicaid expansion enrollment

by county, January 2025

Percent of county population enrolled in Medicaid Group VIII (expansion category), January 2025



Percent population enrolled in Medicaid Group VIII (expansion category), by county type, January 2025



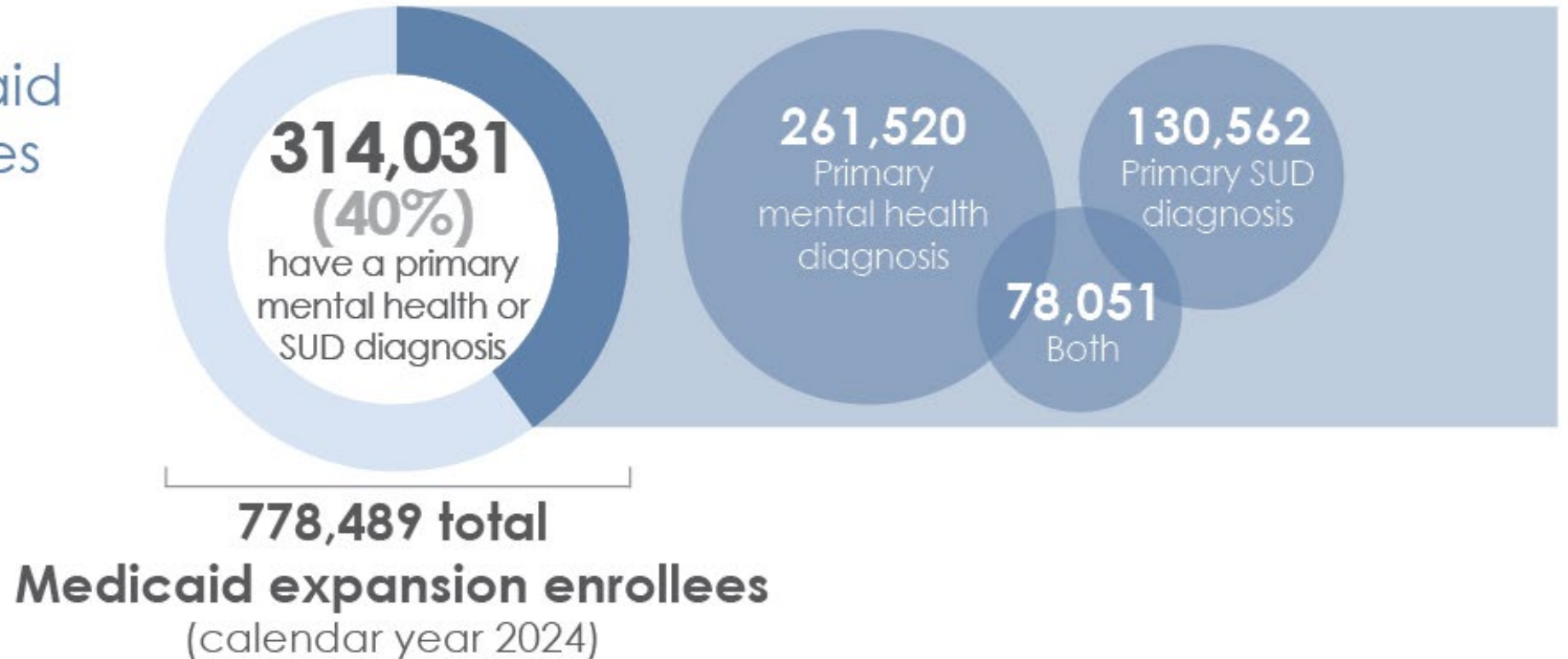
Note: ODM Demographic and Expenditure Dashboard is updated each month to reflect retroactive and back-dated eligibility. The data displayed was retrieved on Feb. 19, 2025.

Source: HPIO "Policy Considerations: The Future of Group VIII (Expansion) Medicaid Coverage in Ohio. Data from HPIO Analysis of Ohio Department of Medicaid Demographic and Expenditure Dashboard, and US Census Bureau, American Community Survey 2023 5-year estimates

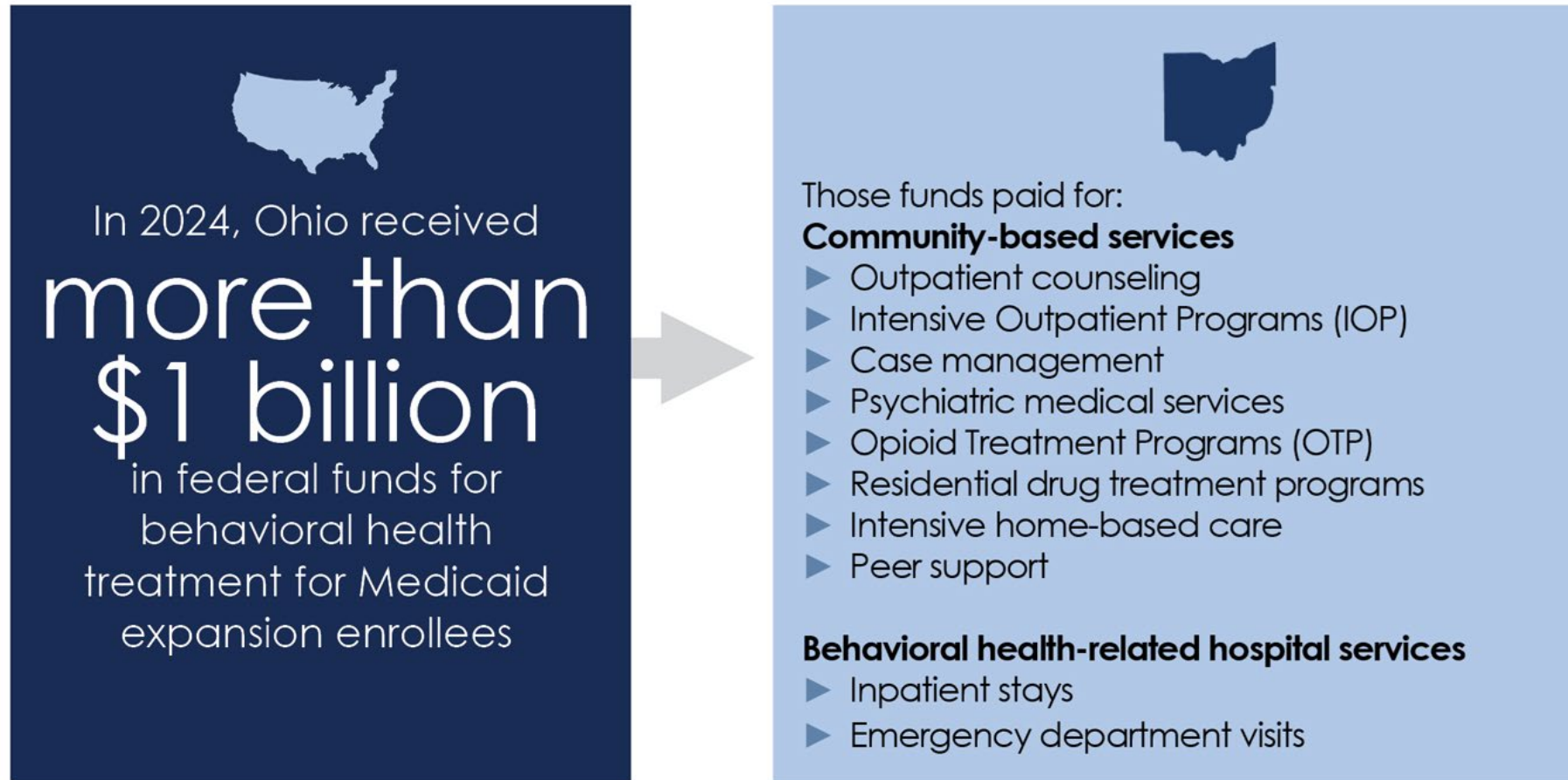
Behavioral health diagnoses among Ohio Medicaid expansion enrollees

CY 2024

Two in five Medicaid expansion enrollees have a primary behavioral health diagnosis



Source: HPIO "Ohio Medicaid Expansion Study 2025: Access to mental health and substance use disorder treatment." Data from Ohio Department of Medicaid response to a data request from HPIO



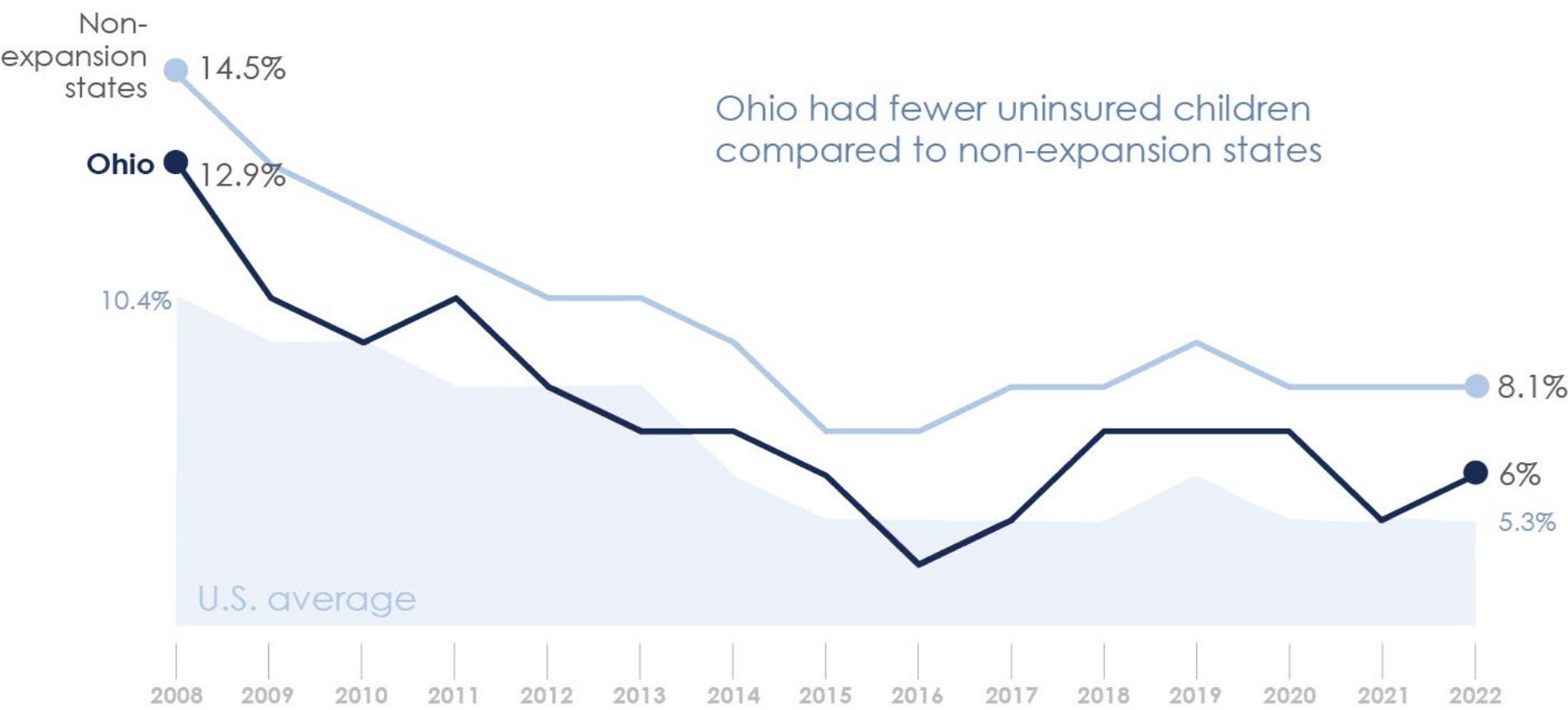
If Medicaid expansion is eliminated, the state would have to cover those costs or face significant reductions in treatment. Maintaining current state investments and replacing even 50% of the federal funds would cost Ohio more than \$627 million a year.

Notes: 1. This includes spending in the 84/95 categories only and does not include most spending on hospitals or most prescription drugs. 2. SUD expenditures include outpatient, residential treatment programs, IOP and OTP. Mental health expenditures do not include inpatient hospitalization or emergency department utilization.

Source: HPIO "Ohio Medicaid Expansion Study 2025: Access to mental health and substance use disorder treatment." Data from Ohio Department of Medicaid response to a data request from HPIO

Percent of children who are uninsured in Ohio compared to non-expansion states

2008-2023

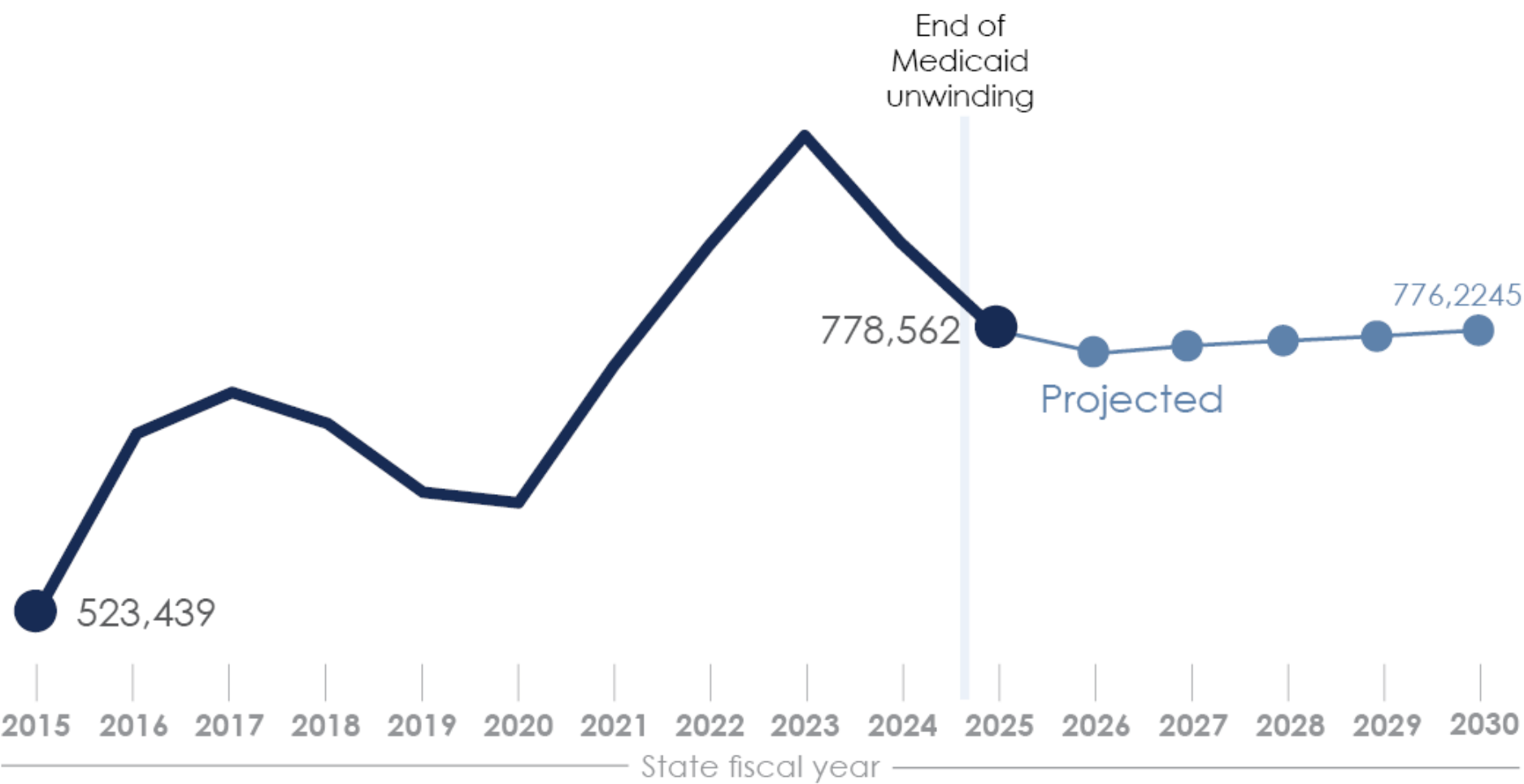


Source: HPIO "Ohio Medicaid Expansion Study 2025: Impact on parents, caregivers and their children." Data from Kaiser Family Foundation estimates based on the 2008-2023 American Community Survey, 1-Year Estimates and author's calculation of non-expansion state's uninsured rates.



Projected enrollment in Medicaid expansion

SFY 2026-2030



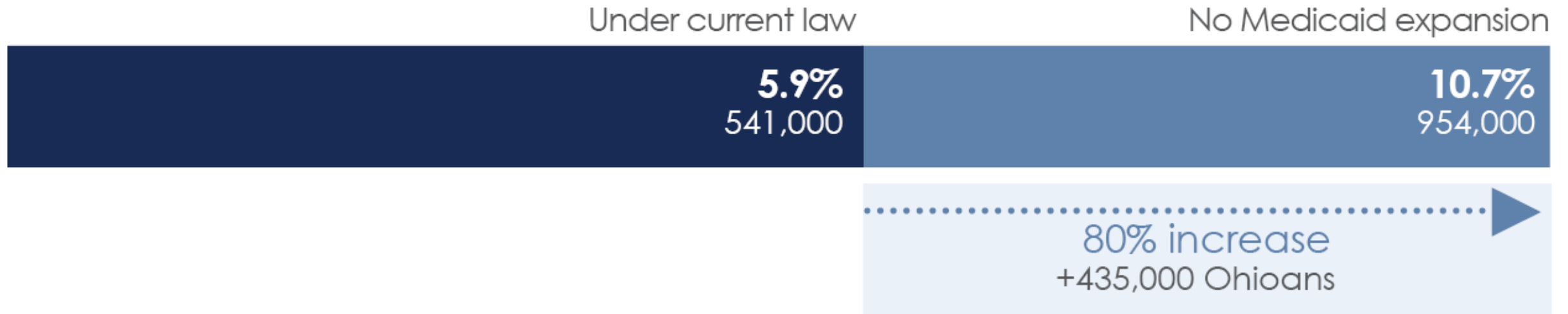
After decreasing in 2025, enrollment in Medicaid expansion coverage is projected to increase slightly over the subsequent five years in alignment with Ohio's population growth-trend estimates.

Source: HPIO "Ohio Medicaid Expansion Study 2025: Analysis of how elimination of Medicaid expansion coverage could affect Ohioans and the state budget." Data from ODM Caseload reports (2015-2025); projections from the Urban Institute



Estimated uninsured rate for people below age 65 without Medicaid expansion

SFY 2026



Source: HPIO "Ohio Medicaid Expansion Study 2025: Analysis of how elimination of Medicaid expansion coverage could affect Ohioans and the state budget." Data from Urban Institute

Coming soon



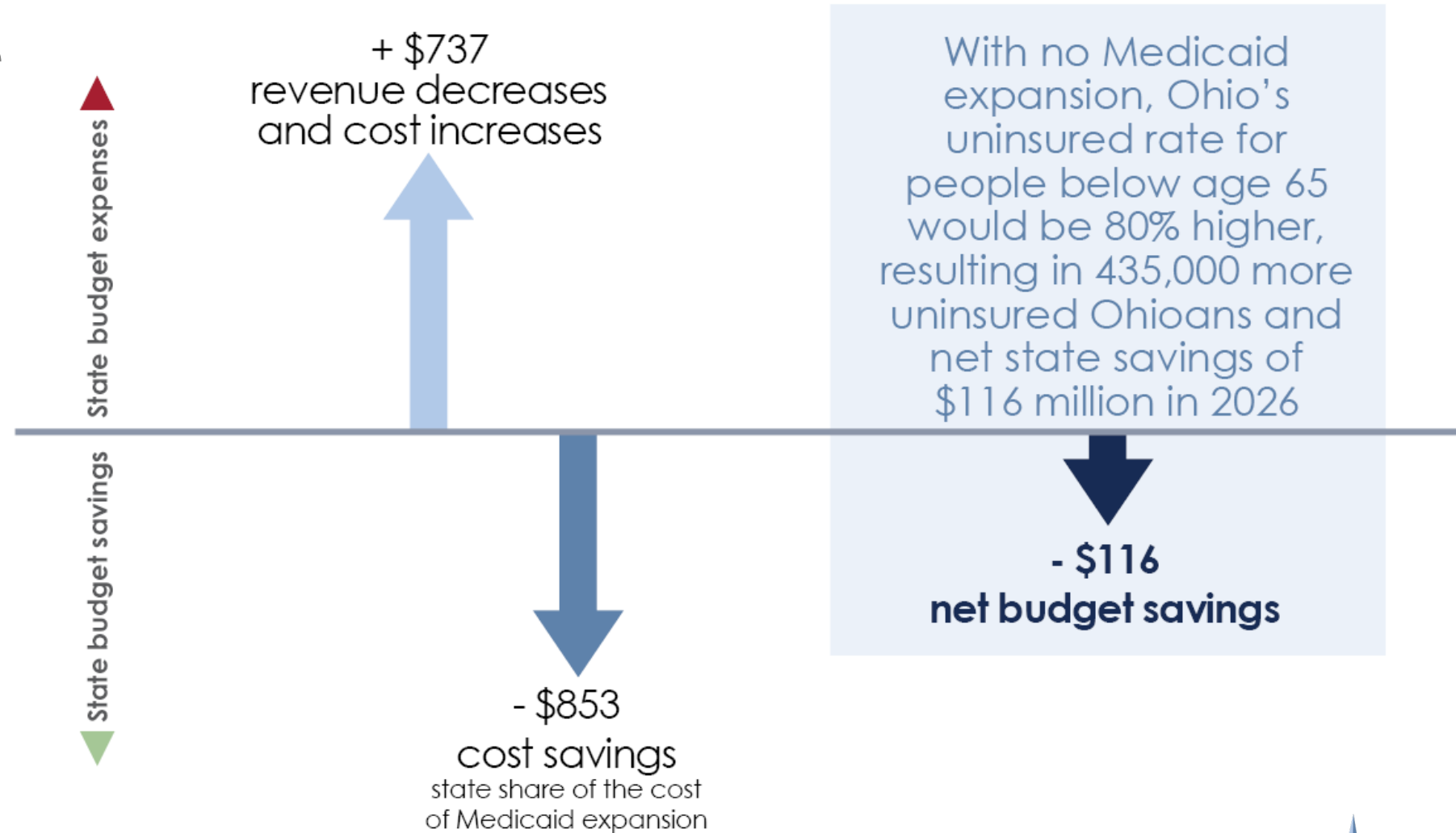
Net state budget impact without Medicaid expansion

in millions, SFY 2026

State share (10%) of current Medicaid expansion costs	- \$853
Total decrease in state revenue with no Medicaid expansion <ul style="list-style-type: none">• Health insuring corporation (HIC) taxes and fees• Prescription drug rebates• State personal income and sales and gross receipts taxes	+ \$571
Total increase in state costs with no Medicaid expansion <ul style="list-style-type: none">• Inpatient medical costs for incarcerated Ohioans• Breast and cervical cancer treatment• Enrollment in ABD Medicaid coverage	+ \$166
Net budget savings without Medicaid expansion	- \$116

Source: HPIO "Ohio Medicaid Expansion Study 2025: Analysis of how elimination of Medicaid expansion coverage could affect Ohioans and the state budget." Data from Urban Institute, REMI, HPIO

Summary of estimated state budget impact with no Medicaid expansion in millions, SFY 2026



Source: HPIO "Ohio Medicaid Expansion Study 2025: Analysis of how elimination of Medicaid expansion coverage could affect Ohioans and the state budget." Data from Urban Institute, REMI, HPIO

Questions?





Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visit your organization or speak at a meeting you host

Poll questions





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