hpio health policy institute of ohio

2025 **OHIO** MEDICAID EXPANSION STUDY

Medicaid expansion and the state budget

Federal policymakers are debating many changes that could impact Ohio's Medicaid program and Ohio's state budget.

At the same time, Ohio policymakers are considering discontinuation of coverage if the federal government reduces its share of funding for people in the Medicaid expansion group. The change could impact approximately 770,000 Ohioans.[1]

To inform these decisions, HPIO is releasing a **series of briefs** that summarize data and research on the impact of Medicaid expansion on coverage, access, jobs and the state budget and economy. HPIO's **2025 Ohio Medicaid Basics** provides general information about Ohio's Medicaid program.

This brief analyzes the likely state budget effects of eliminating Medicaid expansion by:

- Examining costs to the state for healthcare services for people with Medicaid expansion coverage
- Providing estimates of the revenue and savings that result from Medicaid expansion coverage
- Identifying potential impacts on other state programs

Key findings

- **Costs, revenue and savings.** While the state currently pays 10% of Medicaid expansion costs, expansion also generates state revenue and produces state savings, resulting in an effective state share of 1.4%.
- **Revenue from economic activity.** Medicaid expansion is projected to generate over $1.1 billion over the next five years in state general revenue from personal income taxes, sales taxes and gross receipts taxes.
- **Net savings.** Discontinuing expansion would save substantially less than the state share amount, it would reduce federal funds coming to Ohio by over $42 billion over five years, and would leave an estimated 435,000 Ohioans without coverage.

Background

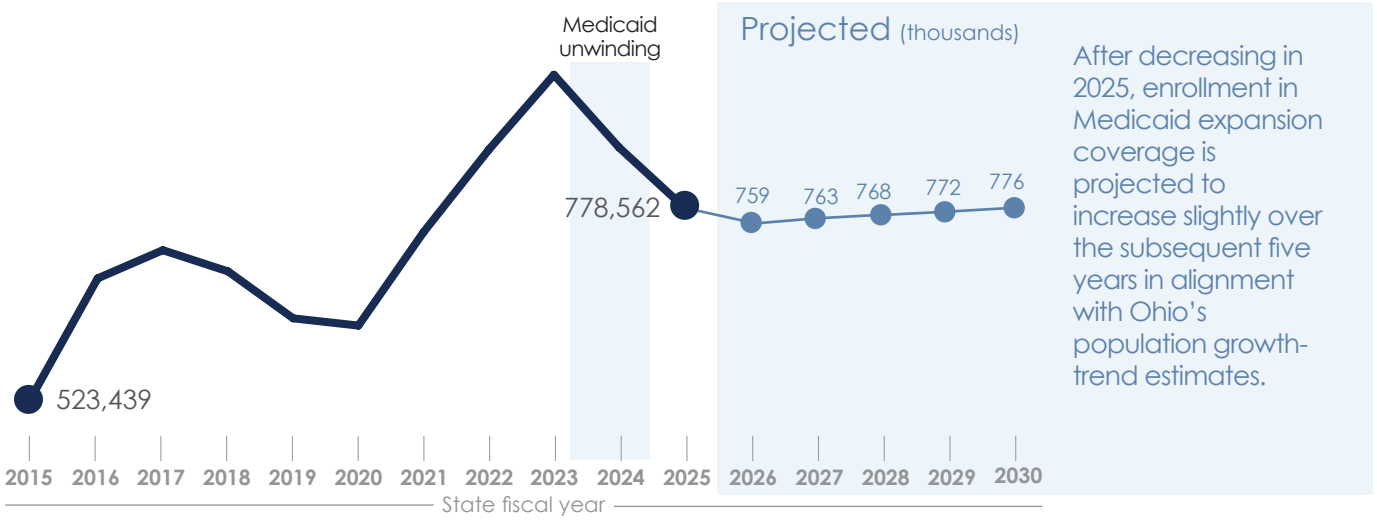
The Medicaid program is jointly funded by the federal government and states. The Affordable Care Act (ACA) and a subsequent U.S. Supreme Court decision permitted states to extend Medicaid eligibility to more people. States could offer Medicaid coverage to adults ages 19-64 earning less than 138% of the federal poverty level (FPL) who were not previously eligible in another Medicaid category. Ohio began offering coverage to the Medicaid expansion population in January 2014.

The federal government currently pays 90% of the cost of services for people in the expansion group. The proportion of Medicaid costs that the federal government pays is known as the Federal Medical Assistance Percentage (FMAP).

The proposed 2026-2027 biennial state budget (House Bill 96) includes a provision that would discontinue Medicaid coverage for people in the expansion group if the FMAP for Medicaid expansion drops below 90%.[2]

Medicaid expansion enrollment decreased throughout state fiscal year (SFY) 2025 as routine eligibility redetermination processes resumed after a period of continuous enrollment during the pandemic (sometimes referred to as "unwinding"). Enrollment in Medicaid expansion coverage is projected to increase slightly over the subsequent five years in alignment with Ohio's population growth-trend estimates, as illustrated in figure 1.

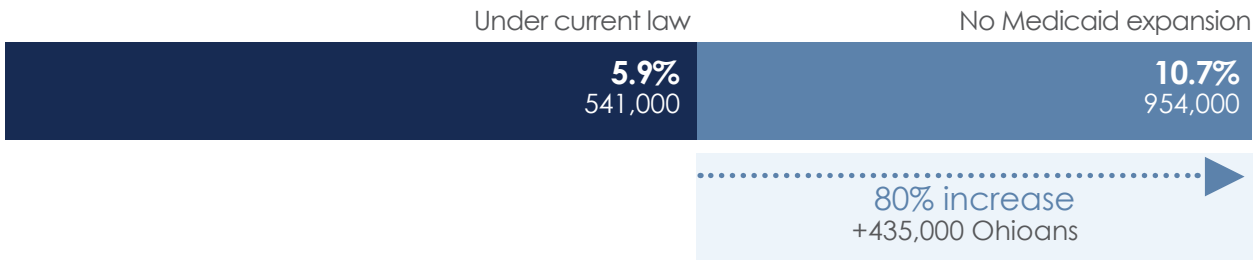
Figure 1. **Projected enrollment in Medicaid expansion, Ohio, SFY 2026-2030**



Note: For this analysis, the Urban Institute used Medicaid enrollment and per-member-per-month spending from Ohio Medicaid dashboards and public state reports, such as the Ohio Office of Budget and Management's Medicaid Caseload and Expenditure Forecast. The Urban Institute estimated that enrollment in Ohio will decline slightly from current levels after temporary state flexibilities designed to streamline redetermination expire after June 2025. These estimates are based on current state and federal law and do not reflect proposed policy changes, such as work requirements.
Source: Urban Institute

Without Medicaid expansion, Ohio's uninsured rate would potentially increase by 80% in SFY 2026, as displayed in figure 2.

Figure 2. **Estimated increase in uninsured rate for people below age 65 if Medicaid expansion is discontinued, Ohio, SFY 2026**



Note: These estimates are based on current state and federal law and do not reflect proposed policy changes, such as work requirements.
Source: Urban Institute

To create this analysis of the state budget impacts of possible elimination of coverage for people in the Medicaid expansion group, HPIO used estimates produced by the **Urban Institute** and Regional Economic Models Inc. (REMI), as well as additional data. This analysis includes estimates for the next five state fiscal years and is based on current state and federal law.

What is the impact of Medicaid expansion on the state budget?

The state is responsible for paying 10% of the cost of services for people with Medicaid expansion coverage using both General Revenue Fund (GRF)[3] and non-GRF funding sources. Figure 3 displays the estimated state share for SFYs 2026-2030.

If Medicaid expansion coverage was not offered in Ohio, the state would no longer need to pay the 10% state share of Medicaid expansion costs. However, a combination of other factors would substantially reduce any state budget savings, as shown in figure 3. For example, instead of saving $853 million in SFY 2026, the state would save only $116 million.

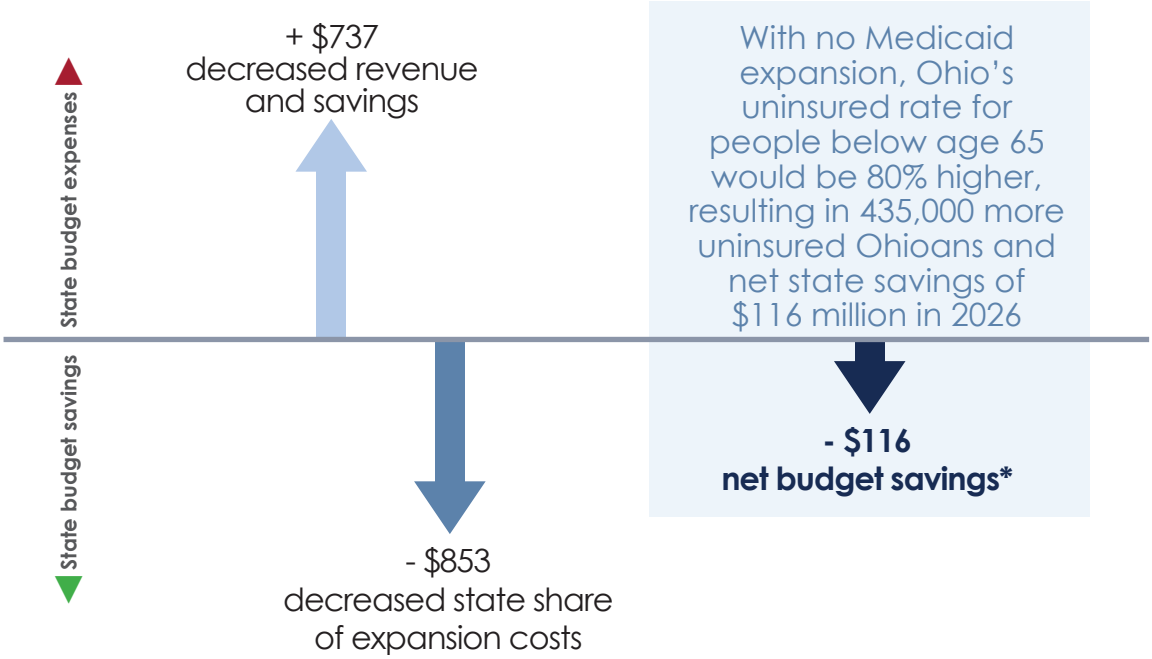
As described in more detail later in this brief, those other factors include:

- Decreases in state revenue (figure 5)
- Decreases in state savings (figure 6)

Notably, figure 3 does not include all potential decreases in state revenue and increases in state costs. Nor does it include any state spending that Ohio's policymakers may decide to invest in medically necessary services, such as medication for mental health conditions or treatment of cancer, for people who currently have expansion coverage and will become uninsured. More information is provided on pages 7-9.

A proposal in the current state budget would eliminate Medicaid expansion coverage if the federal contribution drops below 90%, as state policymakers are concerned about the state share of funding at a lower FMAP.

Figure 3. **Summary of estimated state budget impact of elimination of Medicaid expansion (in millions), SFY 2026**



*Does not include: 1) all potential decreases in state revenue and increases in state costs; 2) any state spending that Ohio's policymakers may decide to invest in medically necessary services for people who currently have expansion coverage and become uninsured.
Source: HPIO, Urban Institute, REMI

Because Medicaid expansion generates state revenue and decreases state costs, at 90% FMAP, the effective state share percentage is **1.4%**, rather than 10%.

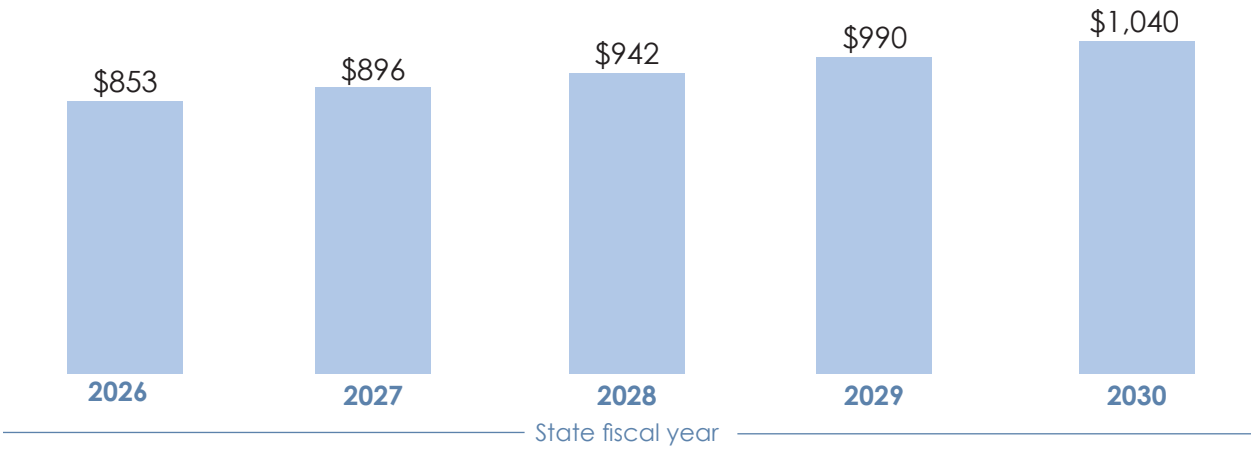
Detailed analysis

What is the estimated state cost of paying for healthcare services for Medicaid expansion members?

Medicaid is funded jointly by the federal government and states. The federal government reimburses states for Medicaid expenditures using a matching rate called the Federal Medical Assistance Percentage (FMAP).[4]

While Ohio's FMAP is 64.6% for services for most people with Medicaid coverage[5], it is 90% for the Medicaid expansion group. The state uses a combination of GRF and non-GRF funding sources to pay the state share. Figure 4 displays the estimated state costs for SFYs 2026-2030 if Medicaid expansion remains in effect in Ohio.

Figure 4. **Ohio state share of Medicaid expansion costs at 90% FMAP, SFY 2026-2030 (in millions)**



Note: For this analysis, the Urban Institute used Medicaid enrollment and per-member-per-month spending from Ohio Medicaid dashboards and public state reports, such as the Ohio Office of Budget and Management's Medicaid Caseload and Expenditure Forecast. The Urban Institute estimated that enrollment in Ohio will decline slightly from current levels after temporary state flexibilities designed to streamline redetermination expire after June 2025. Their estimates are based on current state and federal law and do not reflect proposed policy changes, such as the pending waiver for work requirements.
Source: Urban Institute

What state revenue would decrease without Medicaid expansion?

Medicaid expansion produces state revenue through several mechanisms, including:

- Health insuring corporation (HIC) premium taxes
- HIC franchise fees
- Prescription drug rebates
- State general revenues (through enhanced economic activity)

Health insuring corporation (HIC) premium taxes

Health Insuring Corporations (HICs) are companies that collect fees called premiums and pay for healthcare services for people who are covered by the insurance plan. In Ohio, all managed care organizations (MCOs), including those that participate in the Ohio Medicaid program, are HICs. However, not all HICs are MCOs; for example, some HICs may be Preferred Provider Organizations (PPOs) or a dental insurance plan.[6] Ohio levies a tax of 1% of total premiums on all HICs.[7] These funds are deposited into the state's GRF and support all GRF spending.

HIC franchise fees

The state levies a franchise fee on all HICs.[8] This fee is charged as a monthly per- member fee based on the plan's coverage type and total number of members. The proceeds from this fee are deposited into a non-GRF fund within the Medicaid budget and used to support Medicaid spending on services for Medicaid members.[9]

Prescription drug rebates

As part of the federal Medicaid Drug Rebate Program, Ohio's Medicaid program receives rebates from drug manufacturers in exchange for the program's coverage of most of the manufacturer's drugs. These rebates offset the costs of most outpatient prescription drugs dispensed to Medicaid patients. The manufacturers pay quarterly rebates that are shared between the state and federal government based on the FMAP rate of the patient. Revenues from drug rebates are deposited into a non-GRF fund within the Medicaid budget and used to support Medicaid spending.

State personal income and sales and gross receipts taxes

Medicaid expansion generates jobs and economic activity, resulting in increases in state revenues through personal income taxes, sales taxes and gross receipts taxes (i.e., commercial activity tax, or CAT).

For example, the decrease in personal income stemming from the elimination of Ohio's Medicaid expansion would result in a decrease in personal income tax revenues. Figure 5 shows the estimated revenue, a total of over $1.1 billion over the next five years, related to these taxes that would be reduced without Medicaid expansion.

Figure 5. **Decreased state revenue with no Medicaid expansion, SFY 2026-2030 (in millions)**

	State fiscal year				
	2026	**2027**	**2028**	**2029**	**2030**
Health insurance corporation tax	– $85	– $90	– $94	– $99	– $104
Health insurance franchise fee	– $237	– $238	– $239	– $241	– $242
Prescription drug rebates	– $69	– $73	– $77	– $80	– $85
State personal income and sales and gross receipts taxes	– $180	– $196	– $224	– $243	– $259
Total decrease in state revenue with no Medicaid expansion	**– $571**	**– $597**	**– $634**	**– $663**	**– $690**

Source: HPIO and REMI

What decreased savings would the state experience with no Medicaid expansion?

Medicaid expansion generates state budget savings, including savings related to:

- Inpatient medical costs for incarcerated Ohioans
- Breast and cervical cancer treatment
- Enrollment in Aged, Blind, or Disabled (ABD) Medicaid coverage

Inpatient medical care for incarcerated Ohioans

The state is required to provide medical care for people who are incarcerated in state prisons. The Ohio Department of Rehabilitation and Correction pays for these services using state GRF funds. However, the cost of inpatient hospitalization is covered through Medicaid. The state will need to pay the full cost of these services for those who are eligible for expansion coverage, rather than the current 10% state share.

Breast and cervical cancer treatment

The Ohio Department of Health operates the Breast and Cervical Cancer Program (BCCP). This provides access to breast and cervical cancer screenings for underserved and uninsured women who qualify. Women who are diagnosed with cancer through this program are eligible for Medicaid coverage. Ohio expanded eligibility for the BCCP program in 2021 to cover uninsured women with incomes up to 300% of the federal poverty level and eliminated the requirement that a woman be screened by a BCCP provider.

Women who are currently enrolled in the expansion population and are receiving treatment for breast and/or cervical cancer may qualify for continued coverage through the BCCP program. While the BCCP program is matched at an enhanced FMAP rate, currently 75.22%, the federal contribution is still lower than the 90% FMAP for expansion, meaning that the state share costs would increase from 10% to roughly 25%.

Enrollment in ABD Medicaid coverage

In addition to Medicaid expansion, there are many other ways in which people may qualify for Medicaid coverage. For example, Medicaid covers services for people who have lower incomes and are over the age of 64, blind or disabled.

Because of the complexity of determining eligibility for Medicaid ABD coverage, people who have pre-existing or disabling conditions may be enrolled in Medicaid expansion. This facilitates quicker access to treatment and medications, potentially preventing the worsening of these health conditions.

If Medicaid expansion was not in effect in Ohio, some individuals may be eligible, or may become eligible, for coverage in the ABD category. Figure 6 shows estimated additional costs to the state if 3% of current expansion members (23,000 people) shift to the ABD category. This may be a conservative estimate — separate calculations by ODM for its Medicaid work requirement waiver application indicated that over 101,000 people currently in the Medicaid expansion group may be eligible for Medicaid in another category.[10]

Figure 6. **Decreased state savings with no Medicaid expansion, SFY 2026-2030 (in millions)**

	State fiscal year				
	2026	**2027**	**2028**	**2029**	**2030**
Inpatient costs for people who are incarcerated	– $35	– $36	– $38	– $39	– $41
Breast and cervical cancer program	– $8	– $9	– $9	– $10	– $10
Enrollment in Aged, Blind, or Disabled (ABD) Medicaid category	– $123	– $129	– $136	– $143	– $150
Total decreased state savings with no Medicaid expansion	**– $166**	**– $174**	**– $183**	**– $191**	**– $201**

Source: HPIO and Urban Institute

What would be the net state budget impact of not having Medicaid expansion in Ohio?

The net impact of reduced state share costs, decreased state revenue, and decreased state savings associated with not having Medicaid expansion coverage in Ohio is shown in figure 7. For example, without Medicaid expansion in SFY 2026, the state's net savings would be $116 million, just 14% of the state share amount of the cost of services for Medicaid expansion members ($853 million). By SFY 2030, the state would net $149 million--$891 million less than the state share of service costs.

This analysis took a conservative approach of estimating the net budget savings without Medicaid expansion coverage in Ohio, as there are likely additional revenues and savings the state would lose. Time and availability of data resulted in limitations in estimating other potential effects. Some of the other possible costs are discussed in the next section of this report.

Figure 7. **Net state budget impact without Medicaid expansion, SFY 2026-2030 (in millions)**

	State fiscal year				
	2026	2027	2028	2029	2030
State share (10%) of current Medicaid expansion costs	$853	$896	$942	$990	$1,040
Total decrease in state revenue with no Medicaid expansion	– $571	– $597	– $634	– $663	– $690
Total decrease in state savings with no Medicaid expansion	– $166	– $174	– $183	– $191	– $201
Net budget savings with no Medicaid expansion	**$116**	**$125**	**$125**	**$136**	**$149**

Note: There are likely additional revenues and savings the state would lose without Medicaid expansion.
Source: HPIO, Urban Institute, REMI

This includes losses to Ohio general revenue funds (GRF) from personal income taxes, sales taxes and gross receipts taxes if Medicaid expansion is eliminated that could total more than **$1.1 billion** over five years.

What other decreased revenues and decreased savings could the state experience without Medicaid expansion coverage?

The following are examples of other potential ways in which eliminating Medicaid expansion coverage in Ohio could impact the state budget:

- **Transitional Medical Assistance (TMA)**: TMA is a Medicaid category that provides up to 12 months of coverage for people eligible for Medicaid through the parents and other caretaker relatives eligibility category who lose their Medicaid benefits because of an increase in earned income. This increase can be due to an increase in hours or wages. Without Medicaid expansion, the state would be required to provide TMA coverage and the state match would be higher than if the person shifted to the Medicaid expansion group.
- **Shifts to other categories of Medicaid eligibility**: Medicaid has 26 mandatory and 31 optional eligibility categories separate from Medicaid expansion.[11] Without Medicaid expansion, people who need health care services may qualify for Medicaid through one of these other options, like the previously discussed ABD and BCCP categories, increasing state costs. In addition, new enrollment in the ABD category could be more than the estimated 3% of the current expansion group and the cost of covering people in BCCP could be higher.

- **Benefits cliff effect:** Parents who earn above 90% FPL and people in the Covered Families and Children (CFC) category may decide to reduce their income to maintain Medicaid coverage to cover the costs of medications or other services. This would result in the state paying a higher state share amount.
- **Retroactive eligibility:** People without health insurance who experience healthcare costs and have qualifying health conditions may be eligible for Medicaid through retroactive eligibility. Depending on how long the person has been uninsured, payment of retroactive claims could result in increased Medicaid costs, especially if the person's health has declined and more intensive treatment is needed.
- **Backdated eligibility:** ODM may experience an increase in backdated eligibility service costs because the application process is more complicated for non-Medicaid expansion eligibility groups. This delay will result in more services being paid through the FFS system and with ODM having to pay more state match for these costs.
- **Provider fees:** Federal Medicaid rules allow states to use taxes levied on certain health care providers to draw down additional federal matching funds.[12] Ohio levies a provider tax on several types of providers including hospitals and nursing facilities. Revenues earned from these taxes support Medicaid program spending, which reduces state GRF spending. If Medicaid expansion is eliminated, revenues related to the hospital provider fee will decrease significantly, which will increase the need for state share GRF.[13]

What would it cost to fund services for people who become uninsured if Medicaid expansion coverage is eliminated?

If Medicaid expansion remains in effect as it is under current law, Ohio would receive over $42 billion from the federal government over the next five years to fund services for the expansion population. The state would have to raise considerable revenue to be able to fill the gap that elimination of expansion would leave.

For example, as described in HPIO's **brief focused on Medicaid expansion and services for mental health and substance use disorders**, in calendar year 2024, federal and state expenditures on community behavioral health services for people with Medicaid expansion coverage totaled over $1.14 billion. The federal government contributed approximately $1.03 billion and the state contributed $114 million. Community-based services include outpatient counseling, case management and residential treatment programs.

Figure 8 estimates the impact of the state continuing to invest the current state share of Medicaid expansion costs in community behavioral health services over the next five years. Many Ohioans who have mental health conditions and substance use disorders would still likely lose access to treatment and medications, and this investment would eliminate any net budget savings in all years except SFY 2030.

Figure 8. **Net budget impact of no Medicaid expansion and continuing to invest the 10% state share of spending on community-behavioral health services, SFY 2026-2030 (in millions)**

	State fiscal year				
	2026	2027	2028	2029	2030
Net budget savings without Medicaid expansion at 90% FMAP (from figure 7)	$116	$125	$125	$136	$149
Amount of current state share (10%) of spending on community behavioral health services for people with expansion coverage	– $120	– $126	– $132	– $139	– $146
Net budget impact of no Medicaid expansion and state investment at same level as state share funding for community behavioral health	**– $4**	**– $1**	**– $7**	**– $3**	**– $3**

Source: HPIO, Urban Institute, REMI

Other non-Medicaid programs and services would be impacted as well, such as:

Ohio's Ryan White program: Ohio's Ryan White Part B Program provides essential health services to people living with HIV.[14] Administered by the Ohio Department of Health, the program ensures access to medical, dental and mental health care, as well as case management and peer navigation support. It operates as a payer of last resort, meaning it helps cover costs not covered by insurance or other community resources. Without expansion, more people with lower incomes will rely on this program for treatment services and medications. Without additional state funding, the program will need to cut services or limit program eligibility.

Community medication subsidy: Prior to Medicaid expansion, the state provided a subsidy to local communities for the purchase of behavioral health and other lifesaving medications. Without Medicaid expansion, many individuals will lose access to these drugs and will, once again, rely on the state subsidy.

Federally qualified health centers (FQHCs): If Medicaid expansion is eliminated, Federally Qualified Health Centers (FQHCs) will likely bear much of the burden of providing care to the uninsured. These community-based clinics already serve a significant portion of Ohioans with low incomes, but without Medicaid expansion, they would see a surge in patients who have reduced or no coverage. This shift would strain their resources, as FQHCs rely on federal grants and Medicaid reimbursements to sustain operations. FQHCs would not be able to treat the influx of newly uninsured people without additional resources.

About this analysis

To create this analysis of the state budget impacts of possible elimination of expansion group coverage, HPIO used estimates produced by the Urban Institute and Regional Economic Models Inc. (REMI), as well as additional data. This analysis includes estimates for the next five state fiscal years (SFYs). HPIO worked with the Urban Institute, REMI and the Ohio State University in 2012 and 2013 to produce a similar analysis of the likely effects of expanding Medicaid eligibility.[15]

Given that both state and federal policymakers are considering changes to the Medicaid program, this analysis assumes the following:

- For the purposes of estimating enrollment and spending if Medicaid expansion remains in effect, this analysis assumes no changes to how the program is structured under federal and state laws and policies.
- For the purposes of estimating what the impact would be if Medicaid expansion was eliminated, this analysis assumes that Medicaid expansion is no longer in place for the entirety of state fiscal years (SFYs) 2026-2030.

Actual results will vary based on the specifics of new policies and when any policy changes go into effect.

For example, under current law, enrollment in Ohio Medicaid expansion is projected to decrease in SFY 2026 before steadily increasing through SFY 2030 (displayed in figure 1). Actual enrollment in Medicaid expansion could be affected by several possible policy changes, including the work requirements waiver submitted by ODM to the Centers for Medicare and Medicaid Services (CMS) in February 2025.

Conclusion

As this brief was in development, policymaking discussions at the federal level shifted. For example, reductions in the FMAP for the Medicaid expansion population were not included in the bill passed by the U.S. House of Representatives on May 22, 2025. However, a change to how the federal government determines whether healthcare-related taxes and fees (like Ohio's Health Insuring Corporation franchise fee) are permissible was included in the bill. Changes like this could disrupt the financing of Ohio's Medicaid program, putting Medicaid coverage and the state's economy at risk. Our state's policymakers need flexibility, time and data so that they can make responsible decisions that support every Ohioan reaching their full potential to make Ohio a model of health, well-being and economic vitality.

Background

The federal Affordable Care Act (ACA) and a subsequent U.S. Supreme Court decision permitted states to expand Medicaid eligibility to adults earning less than 138% FPL. The federal government pays 90% of the cost of the Medicaid expansion group and the state government pays 10%. The proposed 2026-2027 biennial state budget (House Bill 96) would discontinue Medicaid expansion if the enhanced FMAP for Medicaid expansion drops below 90%.

HPIO's **Policy Considerations: The Future of Group VIII (expansion) Medicaid Coverage in Ohio** brief contains more general information and considerations about Medicaid expansion coverage as policymakers consider the future of the program.

Notes

1. Ohio Department of Medicaid, Monthly Caseload Report, expansion enrollment for March 2025, retrieved on May 19, 2025. https://medicaid.ohio.gov/wps/wcm/connect/gov/ed63e651-4021-4a34-a35e-ebec670b787b/Caseload_SFY25_MAR.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_K9I401S01H7F40QBNJU3SO1F56-ed63e651-4021-4a34-a35e-ebec670b787b-poQkvCY
2. House Bill 96, as passed by the Ohio House on April 9, 2025
3. GRF is the state's largest operating fund and has the greatest flexibility in how funds are allocated. Most GRF funds come from tax revenue. Non-GRF funds have more narrowly defined uses based on their revenue sources, such as taxes and fees.
4. Health Policy Institute of Ohio. "Ohio Medicaid Basics 2025," February 2025.; Lindgren, Nelson V., and Ivy Chen. "Ohio's Medicaid Financial Landscape and FMAP." Ohio Legislative Service Commission, January 2, 2025. https://www.lsc.ohio.gov/assets/organizations/legislative-service-commission/files/ohios-medicaid-financial-landscape-and-fmap.pdf.
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6. Schiff, Yosef, and Michael J. O'Neill. "Types of Health Insurers." Ohio Legislative Service Commission, September 1, 2021. https://www.lsc.ohio.gov/assets/organizations/legislative-service-commission/files/types-of-health-insurers.pdf.
7. Ohio Revised Code Section 5725.18
8. Ohio Revised Code Section 5168.76
9. Lindgren, Nelson V. "LBO Analysis of Executive Budget Proposal: Ohio Department of Medicaid." Ohio Legislative Service Commission, February 2025. https://www.lsc.ohio.gov/assets/legislation/136/hb96/in/files/hb96-mcd-redbook-as-introduced-136th-general-assembly.pdf.
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13. Ohio Department of Health. "Ryan White Part B Program." Accessed May 28, 2025. https://odh.ohio.gov/know-our-programs/ryan-white-part-b-hiv-client-services/welcome-to.
14. Health Policy Institute of Ohio. "Expanding Medicaid in Ohio: Analysis of likely effects," March 2013.

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More Medicaid resources from HPIO

HPIO's **2025 Ohio Medicaid Expansion Study** provides data to assist policymakers who are evaluating options related to Medicaid coverage and to inform others who would like to learn more about this issue. The Institute also recently released the latest edition of its biennial **Ohio Medicaid Basics**, which provides an overview of the Ohio Medicaid program, including eligibility, covered services, spending and recent policy changes.