



Healthcare coverage and costs

Medicaid provides health insurance coverage to millions of Ohioans who would otherwise be uninsured. In 2014, Ohio expanded Medicaid coverage to hundreds of thousands of adults with low incomes. As of March 2025, nearly 770,000 Ohioans are covered through Medicaid expansion.¹

Ohio policymakers are considering discontinuation of Medicaid expansion coverage if the federal government reduces funding for this group. To inform the decision, HPIO is releasing a series of briefs that summarize data and research on the potential impact of the change. The background section on page 7 has more information.

This policy brief describes the role of Medicaid in improving health coverage and the costs of care for Ohioans with lower incomes.

Key findings

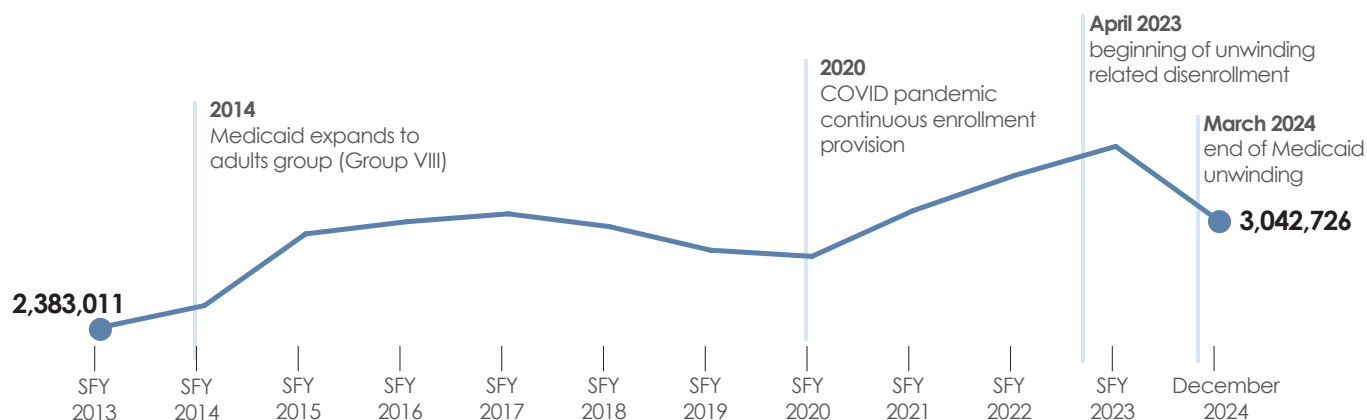
- **Ohio's uninsured rate would increase.** Medicaid expansion cut Ohio's uninsured rate in half from 2012 to 2023. If expansion was eliminated, the uninsured rate could increase by 80% in 2026. Certain groups of Ohioans, including Ohioans with a high school education or less, would be more likely to become uninsured.
- **Low-income Ohioans have limited access to employer-sponsored insurance.** Low-income workers are less likely to be eligible for employer-sponsored health insurance than workers earning higher incomes. About 30% of workers with the lowest incomes would receive insurance through an employer without expansion and 66% would become uninsured.
- **Ohio households, employers and providers would spend more on acute care.** The state and federal governments are projected to decrease spending on acute health care; employers, providers and households are projected to increase spending on acute care compared to projections for current law (i.e., Medicaid expansion maintained).

How has Medicaid expansion affected coverage for Ohioans?

Enrollment in Ohio Medicaid has increased by 28% since before Ohio expanded the program in 2014 (illustrated by figure 1). While enrollment overall has increased, in large part because of Medicaid expansion, Medicaid expansion only makes up 25% of enrollment and 25% of expenditures (as of March 2025).²

Figure 1. **Ohio Medicaid average enrollment since 2013**

Ohio Medicaid enrollment trend, SFY 2013-2023 and December 2024

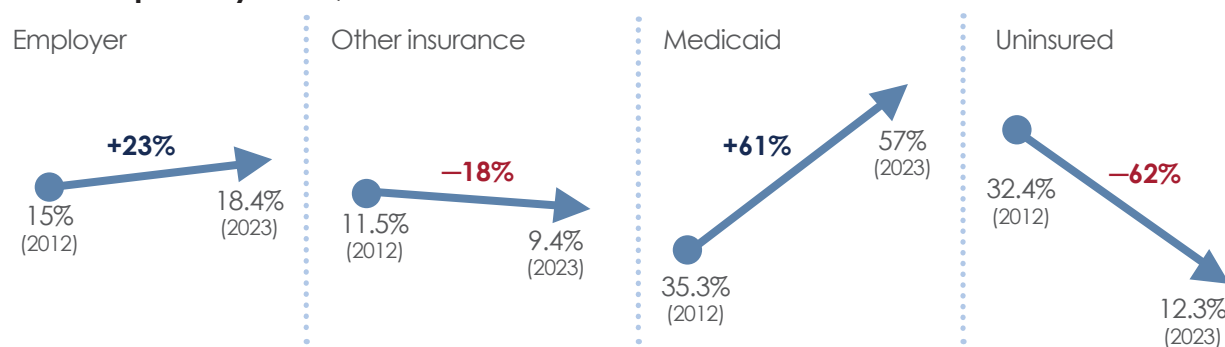


Note: Enrollment data is the average for each state fiscal year except for December 2024, which was the most current month available before HPIO analysis.

Source: Ohio Department of Medicaid Caseload Reports. Accessed Dec. 22, 2024

The expansion of Medicaid eligibility contributed to the significant decrease in Ohio's uninsured rate for people ages 64 and under, from 13% in 2012 to 7% in 2023. Ohio has fewer uninsured adults compared to most of the country, ranking 16th out of all 50 states and Washington, D.C.³ As displayed in figure 2, the percentage of working-age Ohio adults (ages 19 to 64) with lower incomes who are uninsured dropped by 62% from 2012 to 2023 and the percentage who are enrolled in Medicaid increased by 61%.

Figure 2. **Health coverage for Ohio adults, ages 19-64, with incomes below 138% federal poverty level, 2012 to 2023**



Source: Ohio Medicaid Assessment Survey

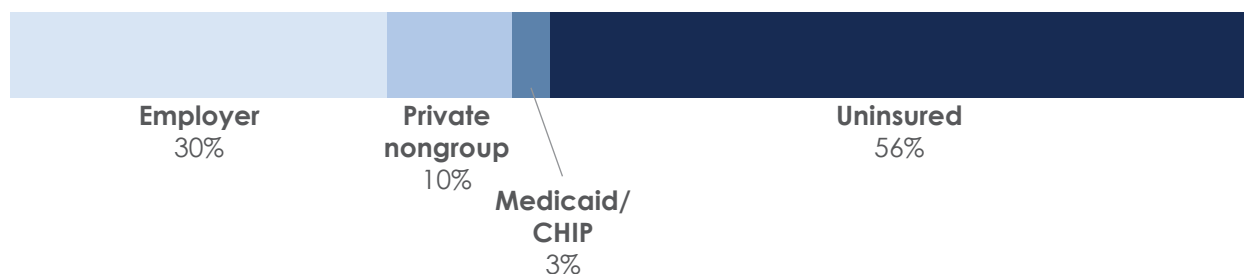
How is the elimination of Medicaid expansion projected to impact health coverage for those with expansion coverage?

Without Medicaid expansion, almost 770,000 Ohioans would need to find alternative coverage. Most current Medicaid expansion enrollees are projected to become uninsured, with an 80% increase in the number of uninsured Ohioans by 2026 (compared to 2026 projections if Medicaid expansion is maintained).⁴ By 2026, Ohio will also experience a 20% increase in the number of Ohioans enrolled in private non-group coverage (such as federal Marketplace insurance) and a 4% increase in those with employer-sponsored coverage. Figure 3 illustrates the types of insurance current expansion enrollees may have if Medicaid expansion is eliminated, including 56% of these Ohioans who will be uninsured.

Background on the analysis

To create this analysis of how the elimination of Medicaid expansion could impact people in the Medicaid expansion group, HPIO used estimates produced by the Urban Institute, as well as additional data. The analysis created projections for 2026 assuming there are no changes to how the Medicaid program is structured under federal and state law and that Medicaid expansion would no longer be available for the entirety of state fiscal year 2026 and beyond. Actual results will vary based on the specifics of new policies and when any changes go into effect.

Figure 3. **Percent of Ohioans previously enrolled in Group VIII, by insurance type, 2026 projection if Medicaid expansion is eliminated**



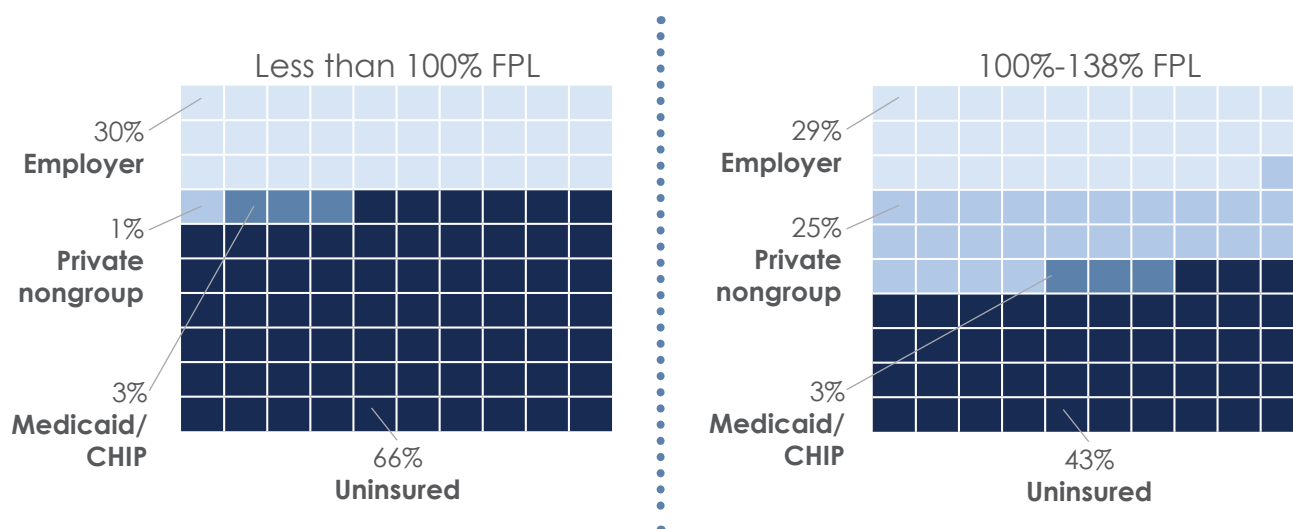
Note: Results simulated for 2026.

Source: The Urban Institute. Health Insurance Policy Simulation Model (HIPSM), 2025.

What would the demographic and economic characteristics be of those who become uninsured?

There are substantial projected differences in who would become uninsured if Medicaid expansion was discontinued. For example, without Medicaid expansion, two out of three Ohioans (66%) earning less than 100% of the federal poverty level (FPL) will most likely become uninsured; and 43% of Ohioans earning between 100% and 138% FPL are projected to become uninsured.⁵ In other words, a family of three earning up to \$26,650 (100% FPL) or up to \$36,777 (138% FPL) has a 43% chance (or more if earning less than \$26,650) of becoming uninsured without Medicaid expansion. Under current federal law, people earning under 100% FPL are ineligible for federal marketplace insurance.⁶ Figure 4 highlights the percent of Ohioans earning less than 100% FPL and earning between 100% and 138% FPL who are projected to end up with each type of coverage.

Figure 4. **Health insurance coverage distribution, former Medicaid expansion enrollees, Ohio, 2026 projection if Medicaid expansion is eliminated**



Note: Results simulated for 2026.

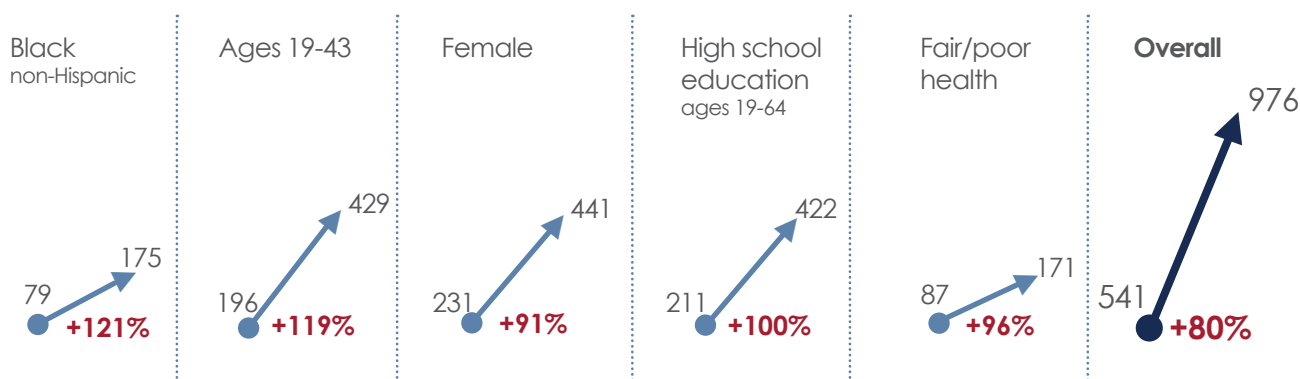
Source: The Urban Institute. Health Insurance Policy Simulation Model (HIPSM), 2025.



A family of three earning up to \$26,650 (100% FPL) or up to \$36,777 (138% FPL) has a considerable chance of becoming uninsured without Medicaid expansion.

The number of people without insurance will likely increase across all race and ethnicity, age, sex, education and health status groups. Figure 5 displays the groups of Ohioans projected to experience the largest increase in uninsurance in their demographic group. The Urban Institute's report on [HPIO's website](#) contains more information on projected changes in uninsurance for other groups of Ohioans.

Figure 5. Percent change in uninsurance, by select demographics, Ohio, 2026 projection if Medicaid expansion is eliminated



Note: Numbers presented in this figure are in the thousands. For example, over 79,000 Black Ohioans may be uninsured in 2026 under current law (i.e., Medicaid expansion maintained) and over 175,000 Black Ohioans would be uninsured in 2026 without Medicaid expansion.

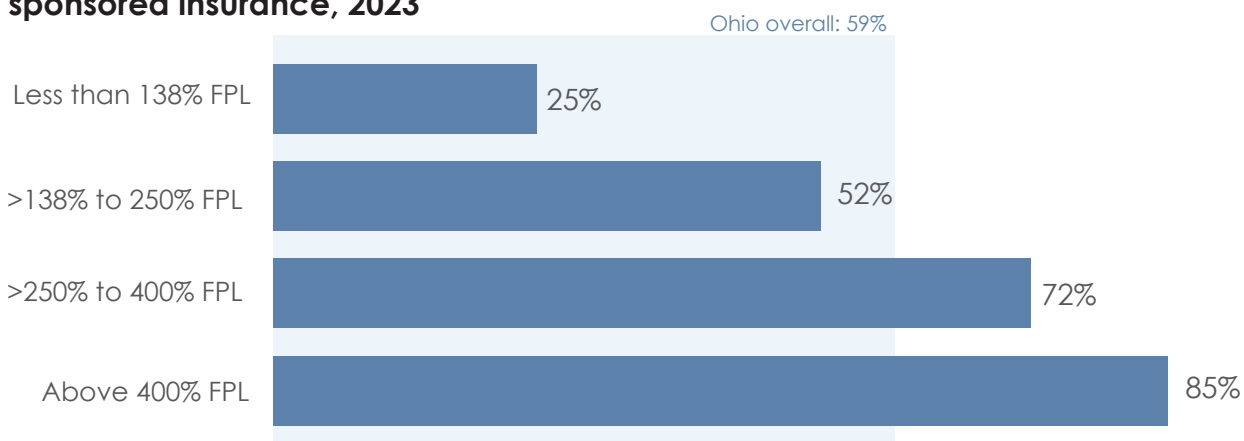
Source: The Urban Institute. Health Insurance Policy Simulation Model (HIPSM), 2025.

What percent of lower wage jobs offer health insurance?

In 2018, the Ohio Department of Medicaid [reported](#) that 94% of Group VIII enrollees were either employed, in school, taking care of family members (such as children or grandchildren), participating in an alcohol and drug treatment program or dealing with intensive physical health and/or a mental health illness. In 2023, an estimated 39% of Group VIII enrollees were employed.⁷

As displayed in figure 6, people with lower incomes are less likely than people with higher incomes to be eligible for insurance through their job.

Figure 6. Percent of Ohioans, ages 19-64, who are eligible for employer-sponsored insurance, 2023



Source: Ohio Medicaid Assessment Survey



Workers earning lower wages are much less likely to be eligible for insurance through their job. One factor may be that they are not scheduled for enough hours to qualify for benefits.

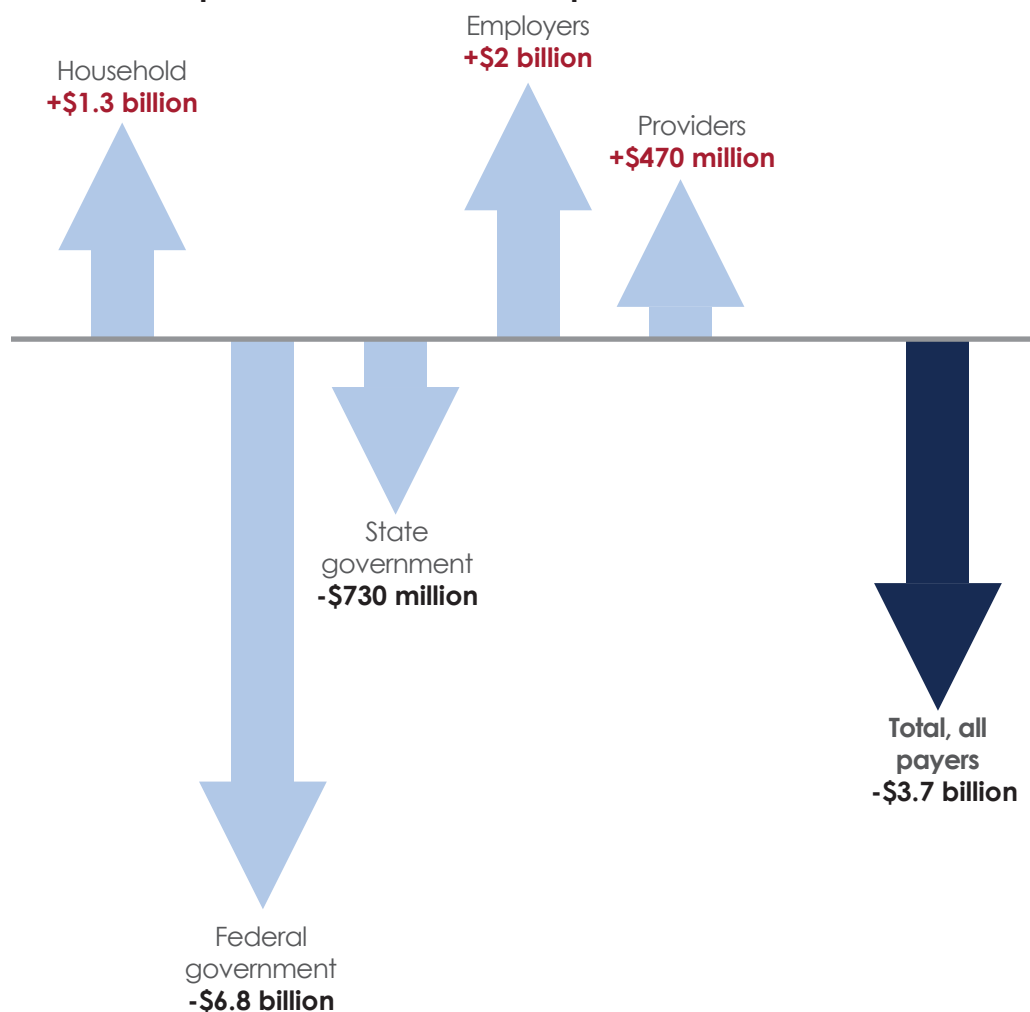
Without Medicaid expansion, only 30% of current expansion enrollees are likely to find insurance through an employer. This remains relatively consistent for Ohioans earning less than 100% FPL and those earning between 100% and 138% FPL (as displayed in figure 4 on page 3).

Several factors affect which employees have access to employer-sponsored insurance. For example, not all employers offer health benefits. In 2023, 53% of all employers across the United States offered insurance.⁸

How would the elimination of Medicaid expansion affect spending and costs?

There are substantial differences in how much employers, providers, the state and federal governments and Ohio households are projected to spend on acute health care in 2026 if Medicaid expansion is eliminated. If current law is maintained (i.e., Medicaid expansion is maintained), all payers will spend \$93,798,000 on acute care. And while overall spending across payers is projected to decrease by \$3.7 million in 2026 if Medicaid is eliminated, spending will increase for households, employers and providers—only the state and federal governments will see decreases in spending without Medicaid expansion (shown in figure 7).

Figure 7. **Projected change in acute health care spending, by payer, Ohio, 2026 if Medicaid expansion eliminated, compared to current law**



Note: Results simulated for 2026.

Source: The Urban Institute. Health Insurance Policy Simulation Model (HIPSM), 2025.

In addition to projected increased healthcare spending for households if Medicaid expansion is eliminated, households may also experience an increase in medical debt. Medicaid expansion has reduced medical debt and stabilized household finances, particularly for low-income individuals in the expansion group. Research demonstrates that states which expanded Medicaid have seen a substantial reduction in medical debt sent to collections.⁹ Between 2019 and 2021, 9.1% of adult Ohioans (approximately 810,000 people) reported medical debt annually.¹⁰ Ohioans who are enrolled in Medicaid have more financial resources available to afford food and housing and to remain employed.¹¹

Additionally, employer-sponsored insurance is not always affordable to those who are eligible for coverage. Ohio performs worse than most of the country on measures of out-of-pocket spending.¹² In 2021, Ohioans with employer-sponsored insurance spent approximately \$923 per enrollee on out-of-pocket costs, including co-pays and deductibles.¹³ For almost one in five Ohio families (19%), out-of-pocket costs (e.g., premiums) account for over 10% of their annual income.¹⁴

Conclusion

As this brief was developed, 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. Still, other proposed changes could impact the availability of health coverage options for Ohio, such as proposed changes to the Federal Marketplace that would limit the timeframe in which Ohioans with lower incomes could enroll in insurance through the Marketplace. [KFF](#) has more information on proposed federal changes to health insurance policy.

At the same time, there are proposals from the Ohio General Assembly to incentivize Ohioans enrolled in Medicaid expansion into Marketplace coverage. Our state policymakers need flexibility, time and data so that they can make responsible decisions that support every Ohioan reaching their full potential and 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. Data from the "Monthly Medicaid Caseload Report," as compiled by the Ohio Department of Medicaid. "Ohio Department of Medicaid – Monthly Medicaid Caseload Report." Ohio Department of Medicaid. Accessed April 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_JQGCH4S04P41206HNUKVF31000-ed63e651-4021-4a34-a35e-ebec670b787b-poQkvCY
2. Data from the Ohio Department of Medicaid. "Enrolled Population for month of March, 2025." Ohio Department of Medicaid. Accessed May 22, 2025. <https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/WhoWeServe?%3AisGuestRedirectFromVizportal=y&%3Aembed=y;Data%20from%20the%20Ohio%20Department%20of%20Medicaid.%20%20Medicaid%20Payments%20for%20Healthcare%20Services%20for%20Individuals%20-%20March,%202025.> Ohio Department of Medicaid. Accessed May 22, 2025. <https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/Payments?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>
3. Health Policy Institute of Ohio. *2024 Health Value Dashboard*. April 2024.
4. Buettgens, Matthew and Jessica Banthin. *Eliminating Medicaid Expansion in Ohio in Response to Reduced Federal Funding*. Washington, D.C.: Urban Institute, 2025.
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9. Kluender, Raymond, Neale Mahoney, Francis Wong, and Wesley Yin. "Medical Debt in the US, 2009-2020." *JAMA* 326, no. 3 (2021): 250-256. doi: 10.1001/jama.2021.8694
10. Rakshit, Shameek, et al. "The burden of medical debt in the United States." *Peterson-KFF Health System Tracker*, February 12, 2024. <https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/#Share%20of%20adults%20who%20have%20medical%20debt,%20by%20state,%202019-2021>
11. *The Ohio Department of Medicaid Next Generation Population Health and Quality Strategy*. Columbus, OH: the Ohio Department of Medicaid, 2022. <https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/About%20Us/PublicNotices/Draft%20ODM%20Managed%20Care%20Quality%20Strategy%20for%20CMS%20Review%2006012022.pdf>
12. Health Policy Institute of Ohio. *2024 Health Value Dashboard*. April 2024.
13. Ibid.
14. Ibid.

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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.