



# Impact on parents, caregivers and their children

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 – including people who are working or veterans and parents, grandparents and other caregivers. As of March 2025, nearly 770,000 Ohioans are covered through Medicaid expansion.<sup>1</sup>

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 4 has more information.

This policy brief describes the role of Medicaid expansion in improving the health and well-being of parents, caregivers and their children.

## Key findings

- **Children's uninsured rate decreased.** As parents enrolled in Medicaid expansion, their eligible children were also enrolled. This led to a drop in percent of Ohio children who were uninsured, from 7.5% in 2013 to 6.5% in 2023.
- **Health and well-being are supported.** Healthy, well-supported parents and caregivers are critical to the health and stability of children. Medicaid expansion covers parents and caregivers and supports health care access for parents, caregivers and the children for whom they care.
- **Women are connected to needed care before pregnancy.** Medicaid connects women to health care before becoming pregnant, the first step to a healthy pregnancy and baby.

## Medicaid expansion led to reduced uninsured rates for children

Medicaid has provided health insurance coverage for children since the program began in 1965. In 1997, the Children's Health Insurance Program (CHIP) was established by the federal government under the Balanced Budget Act of 1997. CHIP marked a pivotal effort to expand coverage to more children and pregnant women. By 2000, all fifty states had expanded children's coverage as permitted by federal law and the establishment of CHIP. Income eligibility limits among states vary, with Ohio's limit set at 211% FPL.<sup>2</sup> These efforts permitted by federal law and CHIP drove down the national children's uninsurance rate from 14.2% in 1997 to 10.1% by 2003.<sup>3</sup>

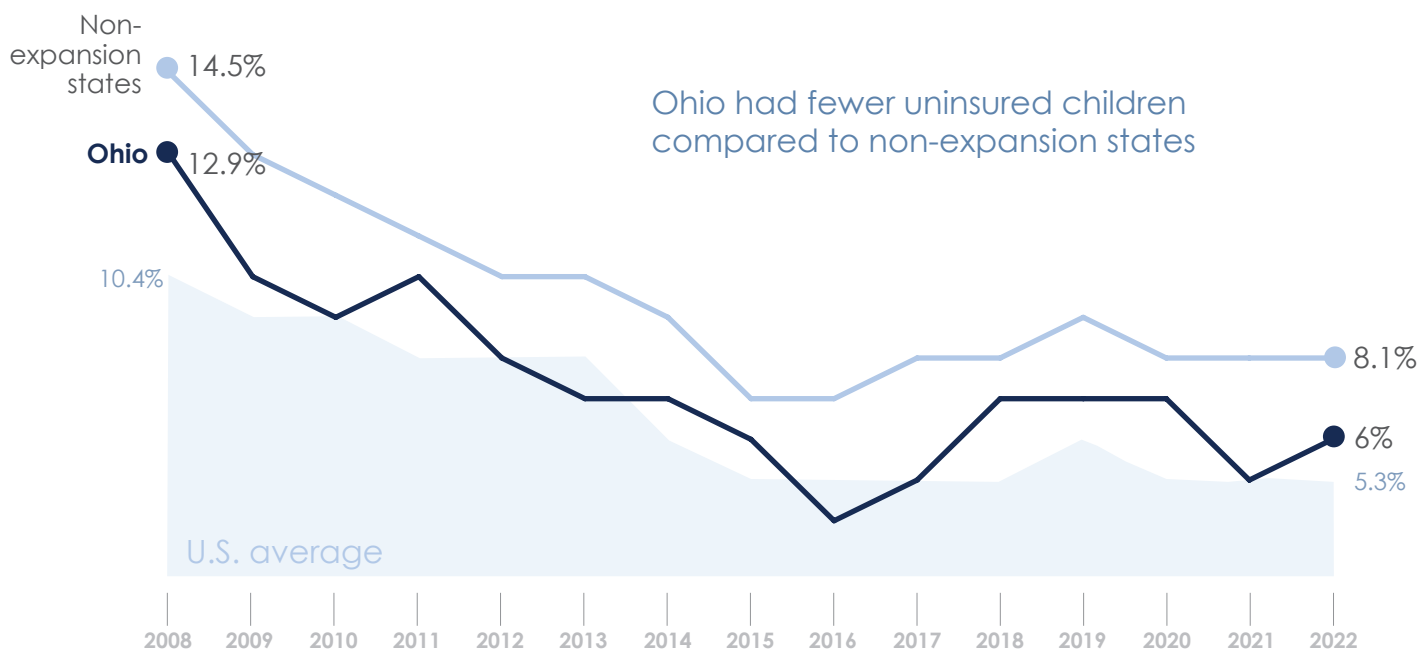
Despite the establishment of CHIP and other efforts to streamline enrollment processes, many children remained uninsured even when eligible for Medicaid. The 2012 Ohio Medicaid Assessment Survey revealed that among the 140,000 uninsured children in Ohio, 74% came from families within Medicaid eligibility limits.<sup>4</sup>

In 2014, when Medicaid coverage was extended to more adults, including parents and caregivers, enrollment of children in Medicaid increased. As parents were enrolled in Medicaid, their children who were previously eligible were also enrolled in the program. Ohio experienced a rapid decline in the state's child uninsured rate following its decision to expand Medicaid, to a low of 4% in 2016 (illustrated by figure 1).<sup>5</sup> Despite the state's child uninsurance rate increasing 50% since 2016, it remains lower than the ten states that have not expanded coverage.<sup>6</sup>



When parents are covered, their children are more likely to be covered.

Figure 1. **Percent of children who are uninsured in Ohio compared to non-expansion states, 2008-2023**



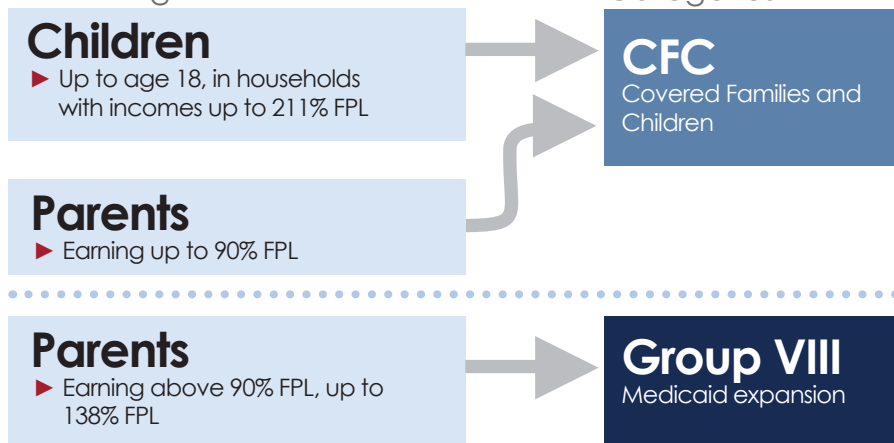
**Source:** Kaiser Family Foundation estimates based on the 2008-2023 American Community Survey, 1-Year Estimates and author's calculation of non-expansion state's uninsured rates.

## Medicaid eligibility for parents, caregivers and their children

Healthy, well-supported parents and caregivers, including grandparents, are critical to the health and stability of children. While Ohio had previously extended Medicaid coverage for parents with incomes up to 90% FPL, the 2014 Medicaid expansion extended this coverage to parents with incomes between 90-138% FPL. Figure 2 displays for which types of Medicaid coverage parents and other caregivers may be eligible.

Figure 2. **Medicaid eligibility for parents and children**

Who is eligible?



**Source:** HPIO Ohio Medicaid Basics 2025

In 2023, 57% of all Medicaid enrollees earning between 100% and 138% FPL had a child in the home, meaning that if Medicaid expansion was eliminated, a portion of this group may lose coverage for themselves and their children.<sup>7</sup>

## Ohio's Medicaid expansion improves the health of parents, caregivers and children

In January 2014, Ohio's Medicaid program expanded coverage to adults with incomes below 138% of the FPL, including working parents and caregivers of children with incomes between 90% and 138% FPL. While this expansion primarily aimed to improve access to care for adults, it has generated ripple effects that have positively impacted children's health and well-being.

Research shows that when parents and caregivers are healthy and insured, the children they care for are more likely to access comprehensive, needed healthcare services, including preventive care (e.g., well-child visits), and maintain better health outcomes.<sup>8</sup> Medicaid can also improve children's health outcomes because their parents are able to access necessary healthcare services, such as mental health and substance use treatment, mitigating the potential risk of exposure to adverse childhood experiences (ACEs) for the child.<sup>9</sup> ACEs, potentially traumatic events that occur during childhood, can have several negative health and economic outcomes later in life for children who have experienced them.<sup>10</sup>

## Healthy babies benefit from healthy mothers

Medicaid is pivotal to maternal and infant health in Ohio, covering more than 50% of all births statewide. Since Medicaid expansion, fewer low-income Ohio women of childbearing age are uninsured – 27% in 2012 compared to 7% in 2021.<sup>11</sup>

Women with lower incomes are more likely to have a behavioral health condition and/or chronic disease than those with higher incomes.<sup>12</sup> These conditions can increase their health risks during pregnancy and lead to dangerous complications for both the mother and infant. Having a behavioral health condition or chronic disease before conception can increase health risks during pregnancy and lead to dangerous complications for both the mother and infant. Improving maternal health pre-pregnancy can improve birth outcomes and the adult expansion has provided coverage for more women to ensure that serious health conditions can be better managed or ameliorated prior to pregnancy.<sup>13</sup>

A national study found that women in states that expanded Medicaid were much more likely to be enrolled prior to pregnancy (58% vs. 26% of women in non-expansion states).<sup>14</sup> This same study also found that approximately one-third of women in non-expansion states enrolled in Medicaid later in their pregnancy (i.e., second trimester or later) than about one-fifth women in expansion states. Starting care early in the pregnancy improves the chances of a healthy pregnancy.<sup>15</sup>

Although access to care is necessary for the health of mothers and babies, it is not sufficient to address all of the contributing factors to Ohio's high rate of infant mortality. Ohio ranks among the 10 worst states in the nation for infant mortality.<sup>16</sup> The systemic work of the Medicaid program, along with targeted investments and community-driven policies and strategies, lay the foundation for health, but more work needs to be done, particularly in addressing racial disparities in infant mortality rates. The most recent data shows that the Black infant mortality rate in Ohio is still nearly twice as high as the state average.<sup>17</sup>

## Ohio Medicaid's population health and quality strategy

The benefits of Ohio's Medicaid expansion extend beyond coverage, supporting the Ohio Department of Medicaid's (ODM's) implementation of a comprehensive population health and quality strategy. The strategy recognizes the interconnectedness of adult and child health and supports individuals throughout their life, and focuses on wellness, prevention and early intervention to avoid more serious conditions down the road.<sup>18</sup> Central to this strategy is ensuring that women are healthier before pregnancy, as their health status has profound effects on maternal and child outcomes.



## Preserving Ohio's progress

Ohio's Medicaid expansion has laid the groundwork for healthier families and communities. While there is still more progress to be made, much of the infrastructure and many of the cross-system collaborations needed to support better health outcomes are in place. Without Medicaid expansion, much of the current progress, particularly around maternal health, would be in jeopardy.

## 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% of the federal poverty level (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.

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## 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\\_JQGGCH4S04P41206HNUKVF31000-ed63e651-4021-4a34-a35e-ebec670b787b-poGkvCY](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_JQGGCH4S04P41206HNUKVF31000-ed63e651-4021-4a34-a35e-ebec670b787b-poGkvCY)
2. Note: Ohio's upper limit includes the 5% income disregard. Source: Data from KFF and the Georgetown University Center for Children and Families, as compiled by KFF. "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," as compiled by KFF and Georgetown University Center for Children and Families. "Medicaid and CHIP Income Eligibility Limits for Children as a Percent of the Federal Poverty Level." KFF and Georgetown University Center for Children and Families. Accessed April 2025. <https://www.kff.org/affordable-care-act/state-indicator/medicaid-and-chip-income-eligibility-limits-for-children-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Upper%20Income%20Limit%22,%22sort%22:%22desc%22%7D>
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4. The Ohio Medicaid Assessment Survey Series Dashboard. Online at [grcapps.osu.edu/omas/](https://grcapps.osu.edu/omas/). Accessed 4/15/2025.
5. Kaiser Family Foundation, Health Insurance Coverage of Children 0-18, based on the 2008-2023 American Community Survey, 1-Year Estimates.
6. Current non-expansion states include Alabama, Florida, Georgia, Kansas, Mississippi, South Carolina, Tennessee, Texas, Wisconsin, and Wyoming.
7. Note: The data includes enrollees in all Medicaid categories, not just those enrolled in expansion. Due to limitations with the Ohio Medicaid Assessment Survey Dashboard, data could be pulled for enrollees earning between 90% and 100% FPL. Therefore the percent of enrollees with a child in the home may be larger than reported in this brief. Source: The Ohio Medicaid Assessment Survey Series Dashboard. [grcapps.osu.edu/omas/](https://grcapps.osu.edu/omas/). Accessed 5/15/2025.
8. Schubel, Jessica. "Expanding Medicaid for Parents Improves Coverage and Health for Both Parents and Children." Center on Budget and Policy Priorities, last modified June 14, 2021. <https://www.cbpp.org/research/health/expanding-medicaid-for-parents-improves-coverage-and-health-for-both-parents-and>
9. Ibid.
10. Note: ACEs can include abuse, neglect and household challenges, including mental health and substance use in the home. Sources: Health Policy Institute of Ohio. "Adverse Childhood Experiences (ACEs): Health Impacts of ACEs in Ohio," 2020; Health Policy Institute of Ohio. "Adverse Childhood Experiences (ACEs): Economic Impacts of ACEs in Ohio," 2021.
11. The Ohio Medicaid Assessment Survey Series Dashboard. [grcapps.osu.edu/omas/](https://grcapps.osu.edu/omas/). Accessed 5/5/2025.
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16. Health Policy Institute of Ohio. 2024 Health Value Dashboard. April 2024.
17. Early Childhood Data Dashboard. Groundwork Ohio, February 2025.
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## More Medicaid resources from HPIO

In the coming weeks, HPIO plans to release additional resources from its **2025 Ohio Medicaid Expansion Study** to assist policymakers who are evaluating options related to Medicaid coverage in Ohio. 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.