

THREATS TO MEDICAID: COUNTY FACT SHEET

Under Governor Kasich’s leadership, Ohio took advantage of the federal government’s offer in 2014 to cover nearly the full cost of significantly expanding Medicaid. As a result, more than 700,000 Ohioans gained access to health care. Even though this expansion brings \$5 billion in federal funds to Ohio each year, supporting jobs and the economy, Medicaid expansion has been under continual assault ever since. The most recent attack adds new hurdles that will enable the state to drop many of the newly insured from coverage. If implemented, the state will require Medicaid expansion enrollees to prove they work 80 hours per month or that they are engaged in a county-run work program, unless they provide proof they meet one of several exemptions. We estimate these requirements could strip more than 300,000 Ohioans of their health care.

Most Medicaid expansion enrollees already work. The jobs have low wages, limited stability and irregular hours, but having health care makes it much more possible to keep these jobs.

Enrollees face multiple barriers to employment. Ohio’s 2014 Medicaid expansion program, to which these requirements would apply, serves low-income adults, most of whom face multiple barriers to employment, including chronic health conditions, mental health issues, and unreliable transportation. More than one in three lack a high school diploma. These barriers not only make it difficult for these patients to meet strict requirements on work, they also make it harder to prove they are exempt or in compliance with requirements. Plus, many work in the volatile and unpredictable low-wage job market with no guarantees their employer will provide them with the hours of work they want and need. There are also no guarantees of a spot in a county-run work or volunteer program where space is limited.

County residents risk losing their health care due to new requirements. Many county residents could lose their health coverage if these new barriers are implemented. **Table 1** shows the number of county residents receiving health services through Medicaid and estimates the number who will be exempt from the new requirements, in order to determine the number of residents at risk of being cut off if they do not meet them.

Table 1	
County residents at risk of losing health care	
Categories	# in Fayette County enrolled/(exempt)
Total Medicaid enrollment – children, adults, elderly & disabled	9,747
Non-elderly adults	4,341
Exempt from Work Requirements	
Adults with a severe disability	(-841)
Caretakers under 90% of poverty level, pregnant women, & Ohio Works First recipients	(-1,418)
Enrollees over 50 years of age	(-721)
Enrollees participating in Unemployment Compensation	(-198)
Is county exempt from requirements?	County is not exempt
Enrollees exempt due to county waiver	0
County residents “at risk” of losing health care	1,163

Sources: OH Dept of Medicaid, Medicaid Eligibles (December 2016); U.S. Census Bureau 2016 American Community Survey (ACS), Poverty Status by Employment Status), 2012-2016 ACS 5-Year Estimates, Age & Sex and PUMS Microdata; ODJFS, Office of Unemployment Insurance Operations (December 2016); ODJFS Office of Family Assistance.

As shown in Table 1, exemptions from these requirements exist but still leave many vulnerable. Some of the listed exemptions are largely irrelevant for this population, are burdensome or are paradoxical. These requirements are also designed to make Medicaid recipients feel ashamed of using it, which will further deter participation, as intended.

1. There are 26 counties exempted entirely from the proposed requirements. Exempt counties are disproportionately white, amplifying an [implicit racial bias](#) underlying the requirements, and leaving Ohio vulnerable to a lawsuit over whether they are legal. “At risk” enrollees are twice as likely to be people of color than their exempt counterparts.
2. Several listed exemptions are not entirely applicable to the Medicaid expansion population. Pregnant women, parents, caretakers, Ohio Works First recipients and people with severe disabilities are listed as exempt. Nearly all enrollees meeting these descriptions, however, are enrolled in Medicaid’s Healthy Families program or Medicaid for the Aged, Blind and Disabled, programs not subject to the requirements.
3. Some enrollees qualify for an exemption because they are over the age of 50 or they participate in Ohio’s Unemployment Compensation Program. This makes sense.
4. Remaining exemptions create catch 22s, such as securing a medical certificate of unfitness for employment or proving enrollment in a Medicaid program for addiction treatment. These exemptions require you to see a doctor in order for you to be able to see a doctor.

For more information on methodology and the difference between our numbers and state’s estimates, see our companion piece [Medicaid requirements threaten health care access](#).

Figure 1 provides a visual image of the makeup of Ohio’s Medicaid population. It shows most recipients of Medicaid are children and their primary caretakers. Medicaid expansion enrollees represent 24 percent of the population, more than 300,000 of whom will be at risk of losing access.

