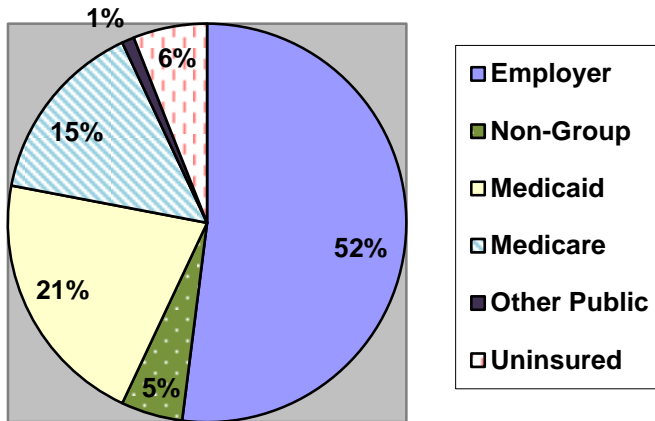


Coverage Facts for Ohio

Health Insurance Coverage in Ohio, 2015¹



There were 676,700 more individuals in Ohio with health insurance coverage in 2015 than in 2013.

From 2013 to 2015, the uninsured rate in Ohio was cut in half – falling from 12% to 6%.

Advance premium tax credits and cost-sharing reductions provide needed assistance to tens of thousands of Ohio residents.

- As of the end of the 2017 open enrollment period, 238,843 individuals selected a Marketplace plan.
 - 31,162 had incomes up to 150% FPL
 - 110,509 had incomes over 150% FPL up to 250% FPL
 - 51,760 were in rural locations based on zip code, as defined by HRSA
 - 68,416 selected bronze plans, which have higher deductibles
- 178,062 people had premiums reduced by the advance premium tax credit (APTC).
- 107,638 people qualified for cost-sharing reductions.
- The average per person premium for all consumers, before the application of any APTC, was \$413. For those receiving APTCs, the average premium was \$168.²

Medicaid helps low-income residents of Ohio access the health care they need.

- As of February 2017, Ohio has enrolled 2,904,625 individuals in Medicaid and CHIP, a net increase of 34.36% since October 2013.³
- 682,900 adults were in the Medicaid expansion group in the first quarter of 2016. These adults are at risk of losing their Medicaid coverage if the AHCA is enacted into law.
- 77% of Medicaid enrollees in Ohio are in working families.

Medicaid provides the state of Ohio with needed budgetary support.

- Medicaid and CHIP cover 3 in 5 nursing home residents and 1 in 2 people with disabilities in Ohio. The state faces reduced federal funding for dual eligibles if funding is capped.
- For every \$1 spent by the state, the federal government matches \$1.65.
- Ohio received \$4.6 billion in federal funds for adults in the Medicaid expansion group from January 2014 to September 2015.
- Nearly three-quarters of all federal funds received by Ohio is for Medicaid. Medicaid makes up more than a quarter of state general fund spending.⁴
- To offset the loss of federal funding proposed in the AHCA, the state will need to generate additional revenue to compensate for the increased state funding needed to keep Medicaid spending constant or face tough decisions about whether to save costs by cutting Medicaid eligibility, covered services and/or provider payments or draw funding away from other state priorities such as education or transportation.

Residents of Ohio need access to meaningful and affordable coverage that covers their health care needs.

- More than 1.9 million non-elderly adults in Ohio have declinable pre-existing conditions under pre-ACA practices - 28% of the population.⁵
- In 2015, 85% of drug overdoses in Ohio involved opioids, totaling 2,590.
- There were 3,050 deaths in Ohio due to unintentional drug overdoses in 2015, the highest number on record.⁶
- In Ohio, from 2010 to 2014, approximately 834,000 adults aged 18 or older with any mental illness received mental health treatment/counseling within the year prior to being surveyed. The remaining 53% of Ohio residents aged 18 or older with any mental illness did not receive mental health treatment/counseling in that time span.⁷

SOURCES

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² https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan_Selection_ZIP.html

³ <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=ohio>

⁴ <http://files.kff.org/attachment/fact-sheet-medicaid-state-OH>

⁵ <http://kff.org/health-reform/issue-brief/pre-existing-conditions-and-medical-underwriting-in-the-individual-insurance-market-prior-to-the-aca/>

⁶ <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2015-Overdose-Data/2015-Ohio-Drug-Overdose-Data-Report-FINAL.pdf?la=en>

⁷ <http://store.samhsa.gov/shin/content//SMA16-BARO-2015/SMA16-BARO-2015-OH.pdf>