

# LGBTQ+ Older Adults Can't Afford Cuts to Medicaid

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Medicaid is a lifeline for LGBTQ+ older adults. Over 7 million low-income older adults age 65+ are enrolled in Medicaid, including at least 1.2 million LGBTQ<sup>1</sup> older adults.<sup>2</sup> Medicaid is the only option for paid home-based care, and fills in gaps in Medicare coverage. It also helps LGBTQ+ older adults who are under age 65 or otherwise not eligible for Medicare access basic health care. Any cuts to Medicaid hurt LGBTQ+ older adults by preventing them from accessing necessary healthcare at a time when they need it the most.



## Why is Medicaid Important to LGBTQ+ Older Adults?

LGBTQ+ older adults experience inequities due to discrimination on the basis of sexual orientation or gender identity (SOGI), which result in health and economic disparities. For example, LGBTQ+ individuals may be less likely to secure employment due to discrimination, which creates barriers to accessing health care insurance, even in older age.<sup>3</sup> Inequities on the basis of SOGI increase with age, and along with high rates of poverty, mean that many LGBTQ+ older adults rely on Medicaid for health and long-term care.<sup>4</sup>

Medicaid is a health insurance program available to certain people with limited incomes and assets, enabling them to access essential health and long-term care to age with dignity.<sup>5</sup> While most older adults who are 65 and older as well as people under age 65 who have certain disabilities are eligible for Medicare, Medicare alone is inadequate to meet the health needs of LGBTQ+ older adults.

## Medicaid Provides Economic Support and Services for LGBTQ+ Older Adults with Medicare

Medicaid pays Medicare premiums and cost-sharing for many seniors living on fixed incomes, including LGBTQ+ older adults, which in turn helps them pay for rent, food, and other necessities. For those without adequate work histories for free Part A, Medicare's hospital benefit, these premiums would be unaffordable without Medicaid.<sup>6</sup> LGBTQ+ older adults also rely on Medicaid for services that Medicare does not cover, such as long-term care at home and in facilities, as well as dental, vision, and hearing.

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## Medicaid Enables LGBTQ+ Older Adults to Live with their Communities

Most LGBTQ+ older adults prefer to live at home as they age and often experience better mental health and social outcomes with home-based care.<sup>7</sup> The alternative of institutional long-term care may present a threat of discrimination, isolation, or denial of essential care for LGBTQ+ older adults.

However, LGBTQ+ older adults often face barriers to remaining at home, including that they may not have traditional sources of unpaid care from family. For example, LGBTQ+ older adults are twice as likely to be single and four times less likely to have children.<sup>8</sup> Those living in rural areas are less likely to have support from family and friends.<sup>9</sup>

Medicaid fills this need by empowering LGBTQ+ older adults to receive help in their own homes with daily activities and other care. Medicaid is the primary funder of Home- and community-based services (HCBS) in the United States—serving 4.2 million people.<sup>10</sup> HCBS includes an array of services, ranging from personal care aides who help older adults with their daily activities (like eating and bathing) to home modifications that help older adults to move around their homes independently.



## Medicaid is Critical for LGBTQ+ Older Adults Who Don't Have Medicare

LGBTQ+ older adults with limited income ages 50-64 and others who are not eligible for Medicare may rely solely on Medicaid for all of their health care.<sup>11</sup> Given the many barriers that LGBTQ+ people face in accessing other forms of health insurance in older age, Medicaid can also be a critical resource to help LGBTQ+ older adults access HIV care<sup>12</sup> and gender-affirming care.<sup>13</sup> Gender-affirming care includes health care services and inclusive approaches that support an individual's gender identity, including hormone therapies, psychiatric services, and primary care—all of which improve quality of life, particularly for transgender and gender expansive people, including older adults.<sup>14</sup>



### Story from the field:

*"Medicaid is vitally important to me as a senior whose primary income is Social Security...It provides fundamental and urgent healthcare which enables me to continue a productive life. In times when I've needed care from a fall, oral surgery, or urgent medical attention due to COVID, Medicaid provided co-pays, prescriptions, and follow-up care. Without these services, my existence would have been even more of a burden on the economy. As a result of the preventive care and immediate care that Medicaid provides, I can still be productive and contribute to society. Medicaid's Long-Term Care benefit is not available from other insurance, which makes it a very special plan necessary for our aging population. Medicaid speaks to the humanity of a country that cares for its people."*

- Deborah S., New York, SAGE Program Participant

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## How Would Medicaid Cuts Harm LGBTQ+ Older Adults?

Cutting federal funding to Medicaid would shrink Medicaid for everyone, but the effects would be significant for LGBTQ+ older adults. Any funding caps or cuts would limit states' abilities to keep up with increased healthcare costs for the growing number of older adults, leading to reduced state budgets and ultimately cuts to critical programs like HCBS.<sup>15</sup> Because Medicaid is often the only source of home-based care—paid or unpaid—available to LGBTQ+ older adults, cuts to Medicaid funding in any form threaten the future of long-term care options and would force many LGBTQ+ older adults into institutionalization or to forgo necessary care.

Federal funding cuts would also likely lead states to reduce provider reimbursement, which is already low, and could cause the already limited number of providers serving adults to stop accepting Medicaid. This could particularly harm LGBTQ+ older adults by limiting their access to providers whom they may trust, culturally competent providers of gender affirming care, and to specialists. States may also try to limit coverage for gender affirming care or costly treatments for chronic conditions such as HIV and hepatitis C.

Other proposed red tape on Medicaid, such as work requirements, also threaten LGBTQ+ communities.<sup>16</sup> LGBTQ+ older adults under age 65 would be at risk of having their only source of health coverage taken away because they cannot find or maintain work, due to discrimination and/or chronic health conditions and disability. Compared to non-LGBTQ+ peers, LGBTQ+ people are over three times as likely to be caregivers to friends and make up 9% of all caregivers in the United States.<sup>17</sup> Caregiving duties limit caregivers' availability for paid employment or may lead to workplace discrimination.<sup>18</sup> The threat of Medicaid work requirements also jeopardizes the wellbeing of the older adults who rely on unpaid caregiver support from the LGBTQ+ community.

## Resources

To learn more about healthcare for LGBTQ+ older adults, state Medicaid programs, and federal advocacy to protect Medicaid, please see the resources below:

- Justice in Aging [Cutting Medicaid Harms Older Adults No Matter How It's Sliced](#)
- Justice in Aging [A Cut to Medicaid is a Cut to Medicare](#)
- SAGE [Facts on LGBT Aging](#)
- [LGBT Map, Medicaid Coverage of Transgender-Related Health Care](#)

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## References:

- [1] Throughout this issue brief, we use the term LGBTQ+ to refer to the lesbian, gay, bisexual, transgender, queer, and gender expansive community. However, we occasionally use other acronyms—such as LGBT—to reflect the cited resources.
- [2] Medicaid.gov, Seniors & Medicare and Medicaid Enrollees; MACPAC, Access in Brief: Experiences of Lesbian, Gay, Bisexual, and Transgender Medicaid Beneficiaries with Accessing Medical and Behavioral Health Care (2022).
- [3] LGBT Aging Center, Shining a Light on Medicare: Demystifying Medicare for the Elder LGBT Community 1 (2024); Nik M. Lampe et al, Health Disparities Among Lesbian, Gay, Bisexual, Transgender, and Queer Older Adults Structural Competency Approach, 98 Int. J. Aging and Human Development (2023); Brad Sears et al., Williams Institute, LGBTQ People's Experiences of Workplace Discrimination and Harassment (2024).
- [4] Denny Chan, Justice in Aging, Fulfilling the Promise of Equity for Older Adults: Opportunities in Law and Policy (2023).
- [5] U.S. Dep't of Health & Human Services, What's the difference between Medicare and Medicaid? (2022).
- [6] SAGE, Marriage, Medicare & Medicaid (2023).
- [7] SAGE, Understanding Issues Facing LGBT Older Adults 16 (2017).
- [8] SAGE, Facts on LGBT Aging 1 (2021).
- [9] LGBTQ+ Social Network, Aging, and Policy Study (McKay et al., 2024)
- [10] KFF, How Many People Use Medicaid Long-Term Services and Supports and How Much Does Medicaid Spend on Those People? (2023).
- [11] See generally Arielle Bosworth et al., Asst. Sec. of Planning & Evaluation, Health Insurance Coverage and Access to Care for LGBTQ+ Individuals: Current Trends and Key Challenges 5 (2021) (noting that 17.2 % of the LGB+ population accesses Medicaid, compared to only 10% of non-LGB+ population).
- [12] KFF, To learn more about healthcare for LGBTQ+ older adults, state Medicaid programs, and federal advocacy to protect Medicaid, please see the resources below:
- Justice in Aging Cutting Medicaid Harms Older Adults No Matter How It's Sliced
  - Justice in Aging A Cut to Medicaid is a Cut to Medicare
  - SAGE Facts on LGBT Aging
  - LGBT Map, Medicaid Coverage of Transgender-Related Health Care
- [13] KFF, Update on Medicaid Coverage of Gender-Affirming Health Services (2022). For state-by-state information about Medicaid coverage of gender affirming care, see LGBT Map, Medicaid Coverage of Transgender-Related Health Care.
- [14] See, e.g., Xiang Cai et al., Benefit of Gender Affirming Medical Treatment for Transgender Elders: Later-Life Alignment of Mind and Body (2019).
- [15] See Justice in Aging, Cutting to Medicaid Harms Older Adults No Matter How It's Sliced (2025).
- [16] For more information about Medicaid work requirements, see Justice in Aging, Medicaid Work Requirements: Red Tape That Would Cut Health Coverage For Older Adults (2025).
- [17] Id.
- [18] AARP, 2020 Report Caregiving in the U.S. 70 (2020).