



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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## Aging Caucus Virtual Meeting

**Tuesday, May 13, 2025  
1:00pm-2:00pm (PST)**

Agenda and meeting materials will be posted on our website  
at <http://hiv.lacounty.gov/Meetings>

**JOIN BY WEBEX ON YOUR COMPUTER OR SMART PHONE:**

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DIAL: +213-306-3065 MEETING #/ACCESS CODE: 2537 623 6559

Password: AGING

The Aging Caucus is committed to addressing aging across the lifespan. We welcome your ideas and feedback. If you are unable to attend the meeting, you may still share your thoughts by emailing them to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

Click [HERE](#) for information on the Aging Caucus' Recommendations and Care Framework for PLWH over 50.

# together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

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**AGING CAUCUS**  
**VIRTUAL MEETING AGENDA**  
**TUESDAY, MAY 13, 2025**  
**1:00 PM – 2:00 PM**

**TO JOIN BY WEBEX, CLICK:**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m05b242f329134bb183fc5a5056942108>

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**Meeting Number and Access Code: 2537 623 6559**

**Join by phone: +1-213-306-3065 United States Toll (Los Angeles)**

1	<b>Welcome &amp; Introductions</b>	1:00pm-1:10pm
2	<b>Co-Chairs' Report</b> a. March 11, 2025 Meeting Debrief	1:10pm-1:15pm
4	<b>Discussion: Continue Planning Cross-Caucus Collaborative Event Planning</b>	1:15pm -1:35pm
5	<b>Division of HIV and STD Programs (DHSP) Report</b>	1:35pm – 1:45pm
5	<b>Executive Director/Staff Report</b>	1:45pm – 1:50pm
6	<b>Next Steps and Agenda Development for Next Meeting</b>	1:50pm-1:55pm
7	<b>Public Comments &amp; Announcements</b>	1:55pm-2:00pm
8	<b>Adjournment</b>	2:00pm

**Resources and Reports:**

[January 2025 California Master Plan for Aging Fourth Annual Report](#)

[Benefits Check-up](#)

[SAGE: Advocacy & Services for LGBTQ+ Elders](#)



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[Los Angeles County Housing Resources for Seniors](#)  
[Healthy Aging, National Institute on Aging](#)



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### **AGING CAUCUS MEETING RECAP** **TUESDAY, MARCH 11, 2025** **MEETING PACKET**

#### **Co-Chairs' Report:**

Co-Chair, Dr. Paul Nash welcomed attendees and briefly went over the key takeaways from the January 7, 2025 meeting. Dr. Nash announced his appointment to write gerontological educational standards for the U.S. which will incorporate a diversity and HIV-specific component

#### **Discussion: 2025 Strategic Priorities Draft Review and Finalize**

The Caucus reviewed the proposed strategic priorities for 2025. The following suggestions were made:

- For ongoing education activities, conduct this work by collaborating with the Public Policy Committee and highlight how people can get involved with community education and mobilization.
- Add a listening session to gather data specifically around aging and HIV.
- White paper: work with SAGE to produce the paper and address threats to access to medications, healthcare, testing and services for older adults.
- Collaborate with other caucuses on the white paper; provide feedback on the CA plan on aging.
- Use existing data and educate providers about testing for older adults; address ageism. White paper could be a tool for funding pitch.
- Reach out to caregivers and Men's Health Foundation to inquire if they have any specific programs addressing older gay men and testing.
- Offer workshops on how to respond to the CA plan on aging and participate in letter writing campaigns.

➤ **ACTION/DECISION:** Prioritize developing a white paper and continuing cross-caucus collaborations across all activities.

#### **Discussion: Cross-Caucus Collaborative Event Planning**

The Aging Caucus discussed planning an event to commemorate National HIV and Aging Awareness Day on Friday, Sept. 19.



## LOS ANGELES COUNTY COMMISSION ON HIV



- Theme: “Activism in an Age of Censorship” with a goal of empowering communities, especially older adults living with HIV to use their lived experiences to educate about ageism, service networks and partners, and opportunities for civic engagement.
- Engage the LA LGBT Center, AMAAD Institute, Trans Latina Coalition, AARP, National Council on Aging, SAGE, Area Association of Aging, senior centers, Department of Aging and Disability, Inner City Law Center, and Justice in Aging.
- Conduct workshop/session on how to respond (such as letter writing); create a sense of community; offer hands on workshops. Provide lunch; all day event.
- Consider doing a presentation to the West Hollywood older adults group.
- Consider cross over work with the Women’s Caucus.
- Consider a facilitated workshop on “[Rest is Resistance](#)” by Trisha Hersey.

### Tasks:

- C. Barrit will check if a conference space is available at the Vermont Corridor on Sept. 19 for 75+ people. LA LGBT Center is available as another location option.
- Agenda outline:
  - 9am to 11 am – session
  - 11 am to 1 pm – session
  - 1pm to 2pm –Lunch
  - 2pm to 3 pm – session
  - 3pm to 4pm – session

**Division of HIV and STD Programs (DHSP) Report** – No DHSP staff present due to meeting conflicts; no report was provided.

### Executive Director/Staff Report

Cheryl Barrit provided the following updates:

- The March 13 COH meeting will be held at The California Endowment. DHSP staff will present the Ryan White Program Year 33 service utilization data report (first of 3 reports). The Consumer Caucus will meet after the COH meeting and the group will elect co-chairs, review the proposed changes to the housing standards and hear a presentation from DHSP on their Clinical Quality Management (CQM) program.
- COH will hold smaller group sessions on the COH’s restructuring on March 19-21; flyer was emailed to Commissioners.

### Next Steps and Agenda Development for Next Meeting

- Continue planning the September event commemorating National HIV and Aging Awareness Day.
- Next meeting: May 13 from 1pm to 2pm via Webex.

**Public Comments & Announcements**

- M. McFadden announced that the LA LGBT Center is working on an empowerment project which will feature a mini-documentary focusing on lifting the stories and voices of the community. The project will take 16-18 months to complete.
- The LA LGBT Center has regular action alerts about federal actions and M. McFadden encouraged participants to check their website for more information.

**Adjournment**

Meeting adjourned at 2:30pm.



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### **Collaboration with Aging Caucus to Commemorate National HIV and Aging Awareness Day (September 19, 2025)**

#### **Notes from Meetings with Caucus Co-Chairs**

**April 18, 2025**

**Attendees:** Paul Nash, Kevin Donnelly, ChiChi Navarro, and Leon Maultsby

#### **Background:**

The Aging Caucus was originally formed as a Task Force to develop recommendations aimed at addressing the needs of older adults living with HIV (50+) in 2020. Additional recommendations for individuals who acquired HIV perinatally and long-term survivors under 50 were added in 2022. To view the Aging Caucus recommendations, click [HERE](#). Since the release of their recommendations, the Aging Caucus has hosted educational workshops and events such as “Let’s Talk About Sex: An Educational Event for Service Providers to Promote Sexual Health in Older Adults” (2023) and “Loneliness and Social Isolation: Addressing the Unique Needs of Women over 50 (2024, conducted in collaboration with the Women’s Caucus).

The Aging Caucus is committed to addressing aging across the lifespan and harnessing collaborations with the Commission’s Caucuses for maximum impact in drawing attention to the unique health and social needs, as well as the challenges of HIV prevention, testing, treatment, and care among people who are aging. The Aging Caucus Co-Chairs (Kevin Donnelly and Dr. Paul Nash) has reached out to all Caucus co-chairs to seek collaboration and support for planning and implementing an educational event commemorating NHAAD.

#### **Key Discussion Points:**

- The Vermont Corridor has been reserved for September 19 for the community event.
- Ideas for the purpose/objectives of the educational event:
  - Build a sense of community and unity, especially in light of the current political environment
  - Build knowledge and skills on how community members and providers can advocate for themselves
  - Learn about key and examples of policy issues for older adults living with HIV

- Highlight key services (health, social, job development, legal, etc.) and teach attendees how to access and navigate services.
- Leverage people's personal stories to underscore the importance of a comprehensive range of services for older adults living with and/or affected by HIV
- Invite a broad range of organizations to participate and possibly be a part of panel discussions. Examples of organizations mentioned, but not limited to, TransLatina Coalition, LGBTQ Center, SAGE. AHF, FLUX.
- **Possible format:**
  - Opening keynote to set the stage, a panel of community members that show the diversity of aging experiences across the lifespan, a panel on key services, and a panel on advocacy.
- Dr. Laura Trejo, Director of the Los Angeles County Department of Aging and Disabilities was mentioned as a possible speaker.
- Provide Spanish language interpretation and gender-neutral restrooms. Provide honorarium to community member speakers, if possible.
- The Aging Caucus will do heavy lifting of putting more structure and substance to the event and collaborate with the Caucus Co-chairs for feedback, refinement and support.
- Due to the COH's limited resources, there is no budget allocated for this event. Cheryl will reach out to her contact at Gilead to inquire about sponsorship.
- Attendees expressed support and excitement regarding the event.

### **Next Steps**

- The Aging Caucus Co-Chairs will meet with the Women's Caucus Co-Chairs on April 29<sup>th</sup> to assess their interest in collaborating and seek their ideas about the event. Cheryl sent the MS Teams invitations to Caucus Co-Chairs were not able to join the April 18 meeting.
- Cheryl will reach out to her contact at Gilead to inquire about sponsorship. (Done, waiting for Gilead contact to reply).
- Cheryl will coordinate additional meetings with the Caucus Co-Chairs to maintain communication and event planning momentum.

### **April 29, 2025**

**Attendees:** Paul Nash, Kevin Donnelly, Alasdair Burton, Shary Alonzo and Commission staff

### **Additional ideas and key highlights:**

- Consumer and Women's Caucus chairs present at the meeting supported the idea and need for the collaborative event.
- Invite staff from DHSP to talk about their Customer Support Service Program and Benefits Specialty Services to help clients learn skills on how to understand and access services for PLWH.
- Incorporate practical tips for how one can advocate for themselves. Be specific: what website to go to, how to log on, who to speak to, etc. ("what's the action plan?")



- Teach skills using scenarios and role plays.
- Address how trauma is exacerbated by the bureaucratic and disjointed systems of care.

**Next Steps:**

- The Aging Caucus Co-Chairs will share these ideas at their May 13 meeting to advance the planning of the event. Draft/proposed event agenda/program will be emailed to the Caucus co-chairs for feedback.
- Cheryl will research agencies that provide training on self-advocacy.

## DATA SPECIFICITY

Advocate for specific age breakdowns for older adults to better understand the needs older adults. Secure HIV continuum of care data broken by specific age groups for older adults.

## ENHANCE AND EXPAND SOCIAL SUPPORTS

Leverage all funding sources to expand the network of social support services for older adults living with HIV.

## CA STATE PLAN ON AGING

Participate in the State of CA townhalls and provide feedback on the CA State Plan on Aging (Due July 2025). Highlight the needs of older PLWH.

## CROSS-CAUCUS COLLABORATIONS

Partner with all Commission on HIV Caucuses to address ageism and HIV.

## LOS ANGELES COUNTY COMMISSION ON HIV 2025 AGING CAUCUS KEY STRATEGIES

Goal: Raise awareness of ageism and its impact on older adults living with HIV.

## EXPAND HIV TESTING TO OLDER ADULTS

Provide public comments to the CDC to remove upper age limits for HIV/STI testing. Promote multi-agency, regional and statewide approach to remove upper age limits to HIV/STI testing.

## WHITE PAPER ON AGEISM AND HIV

Develop a white paper on ageism and HIV and its impact on older adults.

Integrate needs assessments and service landscape environmental scan in white paper.

## ONGOING EDUCATION & PARTNERSHIP DEVELOPMENT

Provide educational information on ageism and HIV at COH meetings via the Aging Caucus Co-Chairs' Reports. Assist DHSP in establishing a relationship with the LAC DOA and create a process for referring eligible clients to DOA-funded services.

Priorities:  
Complete by Nov.  
2025



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## Justice in Aging's 2025 Legislative and Budget Priorities for California

For 2025, Justice in Aging has prioritized these key legislative and budget proposals. These proposals span our issue areas of health and long-term care, housing, economic security, and elder justice, and advance several of the goals of the Master Plan for Aging.

As the state with the highest number of seniors living in poverty, and because California often leads the nation in innovative, progressive policies, our work to advance the needs of low-income older adults in California improves the lives of millions, and can serve as a model for other states.

### HEALTH AND LONG-TERM CARE

#### Defending Medi-Cal from Federal Threats

- In California, over 2.3 million older adults and people with disabilities rely on Medi-Cal. The state receives \$112 billion in federal funding to administer the program. Medi-Cal helps over 1.75 million dually-eligible older adults pay their Medicare cost-sharing and covers vital benefits that Medicare does not, such as dental, vision, hearing, and non-emergency medical transportation. Over 900,000 older adults and people with disabilities rely on Medi-Cal for coverage of long-term services and supports.
- Current proposals at the federal level threaten to significantly reduce funding and restrict eligibility for Medi-Cal, which would result in cutting health and long-term care for California's seniors. Justice in Aging is working at the federal and state level to oppose any cuts to Medicaid.

#### SB 433 (Wahab): Residential Care Facility for the Elderly (RCFE) Room and Board Rates

- This bill would establish statutory room and board rate protection for all Assisted Living Waiver and Nursing Facility Transition/Diversion participants regardless of their source of income.
- Co-Sponsored by Justice in Aging and California Advocates for Nursing Home Reform.

#### Implement Medi-Cal Share of Cost Reform

- This budget request of \$33 million General Fund in FY 2025-26 and \$80 million ongoing General Fund would implement the reform approved in the FY 2022-23 budget to increase the 'maintenance need income level' of the Medi-Cal Share of Cost program to 138% of the Federal Poverty Level (FPL). The current Medi-Cal Share of Cost program forces older adults

and people with disabilities to live on \$600 per month in order to access Medi-Cal services, trapping them in deep poverty. It is critical for California to take steps to implement this reform so that older adults and people with disabilities will no longer have to make the impossible choice of paying for their health care or making rent and having food on the table.

- This request is being championed by Justice in Aging and Western Center on Law and Poverty.

## HOUSING

### Preserving Programs to Prevent Older Adult Homelessness

- Older adults are the fastest growing group of people experiencing homelessness in California. It is imperative that California invest in homelessness prevention programs in order to reverse this alarming trend.
- Justice in Aging is supporting efforts to increase funding for the Home Safe Program and the Housing and Disability Advocacy (HDAP) Program, both of which have been successful programs serving older adults at risk of homelessness. It is critical that we continue to invest in programs that are working.

## ECONOMIC SECURITY

### End Poverty for Older Adults & People with Disabilities Receiving Supplemental Security Income (SSI)/State Supplementary Payment (SSP)

- Provide an ongoing cost-of-living increase for the State Supplementary Payment (SSP): This budget request would provide an ongoing annual cost-of-living-adjustment (COLA) for the SSP grant. A COLA for the state portion of the SSI/SSP benefit would ensure that low-income older adults and individuals with disabilities in California can keep up with rising costs for basic needs like utilities, food, medicine and rent.
- Revive an Emergency Grant Program for Older Adults & People with Disabilities: This budget request would appropriate \$20 million ongoing funding in 2025-2026 to revive an Emergency Grant program (WIC 12550) as a 5-year, time-limited program. The program would provide financial assistance in a one-time lump sum to recipients of SSI, IHSS, or CAPI to support older adults and people with disabilities facing emergencies.
- Lift SSI/SSP grants to at least the Federal Poverty Line: This budget request would provide a five-step increase over five years to bring and keep the SSI/SSP grant at 100% of the Federal Poverty Level (FPL) as a down payment to the Elder Economic Security Index, which reflects the true cost of living for SSI/SSP recipients.
- These budget requests are being championed by the Californians for SSI Coalition.

## ELDER JUSTICE

### AB 561 (Quirk Silva): Alternative Service of Elder Abuse Restraining Orders

- This bill would update the elder abuse restraining order statute to allow for alternative service

of these restraining orders, as well as to allow for remote appearance at hearings. This change would mirror the protections that victims of domestic violence have when they seek restraining orders.

- Co-sponsored by Justice in Aging, Bet Tzedek Legal Services, Elder Law & Advocacy, San Diego City Attorney, Civil Prosecutors Coalition.

Please contact Yasmin Peled, Director, California Government Affairs, with any questions on these proposals: [ypeled@justiceinaging.org](mailto:ypeled@justiceinaging.org)

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

**APRIL 2025**

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.

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

## 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



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

## 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](#)



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

## 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).

**From:** [CCLTSS](#)  
**To:** [Barrit, Cheryl](#)  
**Subject:** ICYMI: Insights from California's LGBTQIA+ Older Adult Survey  
**Date:** Wednesday, March 26, 2025 10:18:45 AM

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**CAUTION:** External Email. Proceed Responsibly.



## **Advancing Equity:**

### **Insights from California's LGBTQIA+ Older Adult Survey**

[\*\*View Session Recording\*\*](#)

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On March 21, the California Collaborative for Long-Term Services and

Supports (CCLTSS) hosted an engaging webinar exploring key findings from California's first statewide survey, [From Challenges to Resilience](#), on the health and well-being of LGBTQIA+ older adults. Conducted in early 2024 with over 4,000 participants aged 50 and above, the study highlighted experiences across economic well-being, discrimination, healthcare access, mental health, and more. This webinar delved into challenges and presented recommendations to enhance support.

### Resources

[Presentation](#) | [Data Tool](#)

[Press Release](#) | [Summary Document](#) | [Final Report](#)

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### Looking for More?

Keep the conversation going! If you found our recent webinar on LGBTQIA+ aging insightful, don't miss the chance to dive deeper at the *Discovery of Aging of LGBTQIA Californians* pre-conference session at the [LeadingAge California Annual Conference](#) on May 20 in San Diego, CA.

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