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RESEARCH THAT MATTERS

LGBT ADULTS WITH MEDICAID AS THEIR PRIMARY SOURCE OF HEALTH INSURANCE

May 2025

Brad Sears
Andrew R. Flores
Jet Harbeck

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EXECUTIVE SUMMARY

Proposed cuts to the federal budget could impact millions of people who rely on Medicaid for their health care. The 2025 Congressional Budget Resolution calls for the House Energy and Commerce Committee, which oversees Medicaid, to identify $880 billion in cuts over the next 10 years. Despite statements by President Trump and other congressional leaders to the contrary,[1] the Congressional Budget Office has concluded that this budget goal cannot be reached without reducing Medicaid spending.[2] Specific proposals to cut Medicaid spending under consideration include imposing work or community engagement requirements for Medicaid enrollees, reducing incentives for new states to adopt Medicaid expansion, requiring more frequent and stricter eligibility and citizenship checks, stricter screenings on providers who get Medicaid reimbursements, and federal Medicaid funding cuts to states that offer coverage to residents living in the U.S. illegally.[3] Prior proposals have also included deeper cuts to the expansion of Medicaid under the Affordable Care Act (ACA) and limiting per capita spending on Medicaid enrollees more broadly.[4]

This report examines the impact of potential cuts to Medicaid on LGBT adults. We analyzed pooled data from the 2021-2023 Behavioral Risk Factor Surveillance System (BRFSS) to show the degree to which LGBT adults rely on Medicaid as their primary source of health insurance; the increased reliance on Medicaid by LGBT adults as a result of Medicaid expansion under the ACA; and the potential impact of proposed work requirements on LGBT adults.

KEY FINDINGS

LGBT adults are approximately twice as likely as non-LGBT adults to have Medicaid as their primary source of health insurance (13% v. 7%).[5] This difference is largely due to higher rates of poverty and disability among LGBT adults as compared to non-LGBT adults.

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[1] Margot Sanger-Katx, *Trump Says Medicaid Won't Be 'Touched.' House Republicans Want It Cut by Hundreds of Billions.*, N.Y. Times (Feb. 19, 2025), https://www.nytimes.com/2025/02/19/upshot/trump-medicaid-tax-cuts.html.

[2] Cong. Budget Off., letter to the Honorable Brendan F. Boyle & Frank Pallone, Jr. providing information on Mandatory Spending Under the Jurisdiction of the House Committee on Energy and Commerce (Mar. 5, 2025), https://www.cbo.gov/system/files/2025-03/61235-Boyle-Pallone.pdf; *see also* Alice Burns, *The Math is Conclusive: Major Medicaid Cuts Are the Only Way to Meet House Budget Resolution Requirements*, Kaiser Fam. Found. (Mar. 7, 2025), https://www.kff.org/quick-take/the-math-is-conclusive-major-medicaid-cuts-are-the-only-way-to-meet-house-budget-resolution-requirements/

[3] Sahil Kapur, *Fight Over Medicaid Cuts Heats Up as House Republicans Release Bill*, NBC News (May 12, 2025, 6:16 AM), https://www.nbcnews.com/politics/congress/fight-medicaid-cuts-heats-house-republicans-release-bill-rcna206210.

[4] Jim Newell, *Those Medicaid Cuts We've Been Hearing About Are Starting to Come into View*, Slate (Apr. 30, 2025, 11:16 AM), https://slate.com/news-and-politics/2025/04/medicaid-cuts-republicans-trump-budget-bill.html; Amanda Becker, *The 19th Explains: Is Trump Cutting Medicaid?*, The 19th (Mar. 5, 2025, 4:04 PM), https://19thnews.org/2025/03/medicaid-future-trump-republicans-federal-tax-cuts/.

[5] Some LGBT adults may fall into more than one of these groups. The number of LGBT adults who have Medicaid as their primary source of health insurance is less than the number of LGBT adults who are enrolled in Medicaid. For example, for LGBT seniors who are dually eligible for both Medicaid and Medicare, they might consider Medicare to the be their "primary" source of health insurance.

- Approximately 1.8 million LGBT adults have Medicaid as their primary source of health insurance, including more than
  - 1.2 million lesbian and bisexual women
  - 1 million LGBT adults living with a disability
  - 560,000 LGBT parents who have children under 18 in their households
  - 390,000 cisgender gay and bisexual men
  - 185,000 transgender adults

In states that have adopted Medicaid expansion under the Affordable Care Act (ACA), LGBT adults are approximately twice as likely to have Medicaid as their primary source of health insurance and half as likely to be uninsured.

- In expansion states, 15% of LGBT adults rely on Medicaid as their primary health insurance, compared with only 8% in states that have rejected Medicaid expansion.
- In the states that have expanded Medicaid under the ACA, only 7% of LGBT adults are uninsured, compared with 18% in states that have rejected Medicaid expansion.

Proposed work and community engagement requirements for Medicaid enrollees will create additional barriers to applying for and maintaining Medicaid for LGBT adults, many of whom are already working, in school, or are unable to work.

- Approximately 8 out of 10 LGBT adults on Medicaid either are working (46%), have worked in the past year (9%), are current students (12%), or are unable to work (13%).
- The remaining 20% is composed of LGBT adults who report that they have not worked in the past year (12%), are homemakers (6%), or are retired (2%).

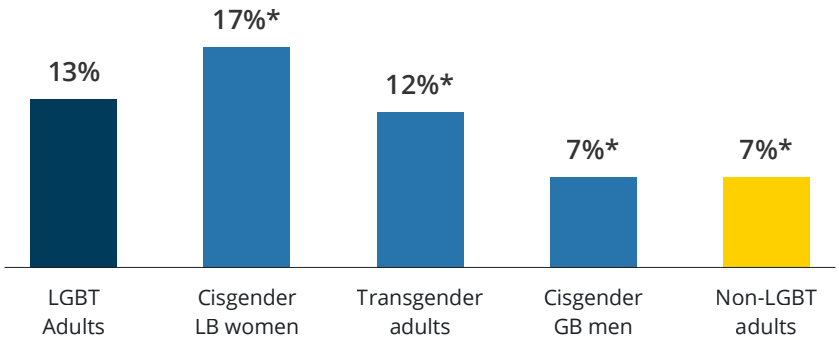
RESULTS

LGBT ADULTS AND MEDICAID

Consistent with prior research by the Williams Institute and others,[6] our analysis confirms that LGBT adults are almost twice as likely to rely on Medicaid as their primary health insurance as non-LGBT adults. Thirteen percent of LGBT adults, or approximately 1.8 million LGBT adults,[7] rely on Medicaid for their primary health insurance, compared to 7% of non-LGBT adults.

While cisgender gay and bisexual men are no more likely to rely on Medicaid than non-LGBT adults, cisgender lesbian and bisexual women and transgender adults are more likely to rely on Medicaid as their primary source of health insurance than non-LGBT people and gay and bisexual men. Medicaid is the primary source of health insurance for 12% of transgender adults, or over 185,000 transgender adults,[8] compared with only 7% of cisgender adults in the United States. Seventeen percent of cisgender lesbian and bisexual women in the U.S., over 1.2 million cisgender lesbian and bisexual women, rely on Medicaid, compared to 7% of cisgender gay and bisexual men, or over 390,000 cisgender gay and bisexual men.[9]

Figure 1. Medicaid as primary health insurance of adults by LGBT status and gender identity,



Note: *Statistically significant difference between non-LGBT adults and LGBT adults, transgender adults, and cisgender lesbian and bisexual women; between cisgender gay and bisexual men and cisgender lesbian and bisexual women and transgender adults; and between cisgender lesbian and bisexual women and transgender adults and cisgender gay and bisexual men.

[6] *See*, *e.g.*, Kerith J. Conron & Shoshana K. Goldberg, *LGBT Adults with Medicaid Insurance*, Williams Inst. (Jan. 2018), https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Medicaid-Coverage-US-Jan-2018.pdf; Lindsey Dawson et al., *LGBT+ People's Health Status and Access to Care*, Kaiser Fam. Found. (June 30, 2023), https://www.kff.org/report-section/lgbt-peoples-health-status-and-access-to-care-issue-brief/; *Access in Brief: Experiences of Lesbian, Gay, Bisexual, and Transgender Medicaid Beneficiaries with Accessing Medical and Behavioral Care*, Medicaid & CHIP Payment & Access Comm'n (June 2022), https://www.macpac.gov/wp-content/uploads/2022/06/Access-in-Brief-Experiences-in-Lesbian-Gay-Bisexual-and-Transgender-Medicaid-Beneficiaries-with-Accessing-Medical-and-Behavioral-Health-Care.pdf.

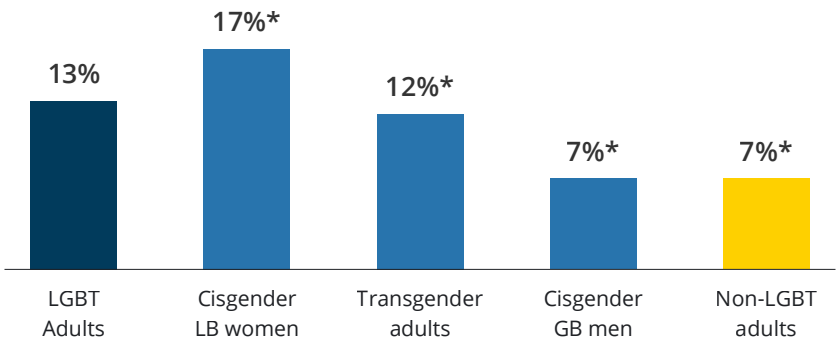
[7] *See* Bianca D.M. Wilson & Lauren J.A. Bouton, *LGBTQ Parenting in the US*, Williams Inst. (July 2024), https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBTQ-Parenting-Jul-2024.pdf (Table A4 provides an estimate of the total adult LGBT population based on BRFSS data from 2020-2021).

[8] *See id*. (Table A4 provides an estimate of the total adult transgender population based on BRFSS data 2020-2021).

[9] *See id*. (Table A4 provides an estimate of the total adult population who identify as cisgender lesbian and bisexual women and cisgender gay and bisexual men based on BRFSS data from 2020-2021).

Due to eligibility requirements for Medicaid[10] and the availability of Medicare for most adults over the age of 65, cutting funding for Medicaid would disproportionately impact LGBT adults with lower household incomes, who are raising children, who are disabled, and who are under the age of 65.[11]

Figure 2. Medicaid as primary health insurance of LGBT adults by income, children in the household, parental status, living with a disability, and age, BRFSS 2021-2023



Note: *Statistically significant difference between LGBT adults based on household income, children under 18 in the household, parent of a child under 18 in the household, living with a disability, and age.

LGBT Adults in Households with Low Incomes

Prior Williams Institute research has shown that LGBT adults are more likely to live in poverty than non-LGBT adults.[12] Medicaid is a program primarily for those with lower incomes, and LGBT adults in households with lower incomes are five times as likely to rely on Medicaid as those in households with higher incomes. One in four LGBT adults (26%) who live in households with incomes under $35,000 rely on Medicaid as their primary source of health insurance, compared with 5% of those with higher household incomes.[13]

[10] *Who's Eligible for Medicaid?*, Dep't of Health & Hum. Servs. (Dec. 8, 2022), https://www.hhs.gov/answers/medicare-and-medicaid/who-is-eligible-for-medicaid/index.html.

[11] *See generally*, *What We Know About Medicaid and Who It Serves*, Nat'l Ass'n of Medicaid Dirs. (Apr. 24, 2023), https://medicaiddirectors.org/resource/what-we-know-about-medicaid-and-who-it-serves/.

[12] Bianca D.M. Wilson et al., *LGBT Poverty in the United States: Trends at the Onset of COVID-19*, Williams Inst. (Feb. 2023), https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Poverty-COVID-Feb-2023.pdf.

[13] All Medicaid programs have income limits for eligibility purposes. These limits vary based on the state, the program in which one is applying, and one's marital status. More than half of the states use 100% of the Federal Poverty Level, or a percentage of it, to determine income eligibility for regular Medicaid (Aged, Blind and Disabled). Alternatively, some states use the Federal Benefit Rate (the maximum monthly cash payment in which an SSI recipient can receive) to determine income eligibility for Medicaid. Furthermore, in many of the states, Medicaid eligibility is automatic if one is eligible for SSI. Some of the highest income caps for Medicaid are for nursing home Medicaid and HCBS Medicaid waivers. For these, many states use 300% of the Federal Benefit Rate

LGBT Adults with Children under 18 in the Household

Approximately 40% of children in the United States are on Medicaid, and it is a critical source of health insurance coverage for pregnant people and parents with low incomes.[14] Prior Williams Institute research demonstrates that more LGBT than non-LGBT parents are living in poverty.[15] Almost one in five LGBT adults (19%) with children under 18 in their households, or over 770,000 such adults,[16] rely on Medicaid, compared with 10% of those without children in the household.

LGBT adults who are parents are twice as likely to rely on Medicaid as LGBT adults who are not parents. For LGBT adults who are parents (biological, step, adopted, and foster parents) of children under 18 who live in their household, 22%—or over 560,000 LGBT parents—rely on Medicaid as their primary source of health insurance, compared with 9% of LGBT adults who are not parents.[17]

LGBT Adults Living with a Disability

Consistent with prior Williams Institute research,[18] our current analysis finds that LGBT adults are much more likely to be living with one or more disabilities than non-LGBT adults (41% v. 28%).[19] In general, the poverty rate for adults with disabilities (27%) is more than twice the rate of adults with no disability (12%).[20]

Medicaid is the primary program providing comprehensive health for approximately one in three people with disabilities, including 13.2 million adults living with disabilities.[21] While some people with disabilities qualify for Medicaid because they receive Supplemental Security Income (SSI), most are eligible for Medicaid through other pathways, such as Medicaid expansion under the ACA.[22] In addition, Medicaid is also the largest source of insurance coverage for people living with HIV in the United States,[23] with an estimated 40% of non-elderly adults with HIV currently enrolled in Medicaid.[24]

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as the monthly income limit. As of 2025, this figure is $2,901 ($967 x 3 = $2,901* 12 =$34,812 a year) for a single applicant. We use approximately this higher income limit to define low-income households in the United States (under $35,000) and higher income households (over $35,000). Due to limitations in BRFSS data, under $35,000 is as close as we can come to 300% of the FBR.

[14] *Medicaid in the United States*, Kaiser Fam. Found. (Aug. 2024), https://files.kff.org/attachment/fact-sheet-medicaid-state-US.

[15] Wilson et al., *supra* note 12.

[16] *See* Wilson & Bouton, *supra* note 7 (Table A3 provides an estimate of the total adult LGBT population with children under 18 living in the household based on BRFSS data from 2020-2021).

[17] *See id*. (Table A3 provides an estimate of the total adult LGBT population who have a parent-child relationship with a child under 18 living in their household based on BRFSS data from 2020-2021).

[18] M. V. Lee Badgett et al., *LGBT Poverty in the United States: A Study of Differences Between Sexual Orientation and Gender Identity Groups*, Williams Inst. 22 (2019), https://williamsinstitute.law.ucla.edu/wp-content/uploads/National-LGBT-Poverty-Oct-2019.pdf; *See also*, Chris R. Surfus, *A Statistical Understanding of Disability in the LGBT Community*, 10 Stat. and Pub. Pol'y 1, 3 (2023) (similarly finding that 13% of non-LGBT adults had a disability compared to 21% of LGBT adults and 38% of transgender adults).

[19] Based on analysis of pooled BRFSS data from 2021 to 2023. Analyses on file with authors.

[20] Nanette Goodman et al., *Financial Inequality: Disability, Race and Poverty in America*, Nat'l Disability Inst. 12 (2019), https://www.nationaldisabilityinstitute.org/wp-content/uploads/2019/02/disability-race-poverty-in-america.pdf [https://perma.cc/7ZZP-YPH8].

[21] Alice Burns & Sammy Cervantes, *5 Key Facts About Medicaid Coverage for People with Disabilities*, Kaiser Fam. Found. (Feb. 7, 2025), https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-coverage-for-people-with-disabilities/.

[22] *Id*.

[23] Lindsey Dawson et al., *Medicaid and People with HIV*, Kaiser Fam. Found. (Mar. 27, 2023), https://www.kff.org/hivaids/issue-brief/medicaid-and-people-with-hiv/.

[24] *AIDSVu Releases New PrEP Data and Launches* PrEPVu.org*, A New PrEP Equity Platform*, AIDSVu (June 25, 2024), https://aidsvu.

LGBT adults who are living with a disability (18%) are twice as likely to rely on Medicaid as their primary health insurance than LGBT adults who are not disabled (9%). Accordingly, we estimate that over 1 million LGBT adults living with one or more disabilities rely on Medicaid as their primary source of health insurance.[25]

LGBT Older Adults

Approximately 2% of adults aged 65 and over in the United States identify as LGBT.[26] LGBT seniors are more likely than their non-LGBT counterparts to be living in poverty.[27] While Medicare is the primary source of health insurance for those 65 and older in the U.S., including 69% of LGBT seniors,[28] Medicaid is also an important source of health care coverage for older people with low incomes. Approximately 15% of all Medicaid enrollees are "dually eligible" for both Medicaid and Medicare.[29] So, while Medicare coverage availability for older LGBT adults means that younger LGBT adults (ages 18 to 64) are more likely to rely on Medicaid (14%) than LGBT seniors, approximately 4%, or 35,000 LGBT seniors, state that they rely on Medicaid as their *primary* source of health insurance.[30]

Cisgender Lesbian and Bisexual Women

Due to broader demographic patterns related to gender, race, parenting, and poverty, more cisgender women[31] and people of color[32] rely on Medicaid than cisgender men and white people. Prior Williams Institute research finds that cisgender lesbian and bisexual women are more likely to be living in poverty than cisgender gay and bisexual men[33] and more likely to have children under 18 in the household.[34] Due to higher rates of poverty and parenting,[35] cuts to Medicaid will disproportionately impact lesbian and bisexual cisgender women. Cisgender lesbian and bisexual women are over twice as likely to rely on Medicaid as cisgender gay and bisexual men (17% v. 7%). Over 1.2 million cisgender lesbian and bisexual women rely on Medicaid, compared to over 390,000 cisgender gay and bisexual men.[36]

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org/news-updates/aidsvu-releases-new-prep-data-and-launches-prepvu-org-a-new-prep-equity-platform/.

[25] *See* Wilson & Bouton, *supra* note 7 (Table A4 provides an estimate of the total adult LGBT population based on BRFSS data from 2020-2021).

[26] Andrew R. Flores & Kerith J. Conron, *Adult LGBT Population in the United States*, Williams Inst. (Dec. 2023), https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Adult-US-Pop-Dec-2023.pdf.

[27] Lauren J.A. Bouton et al., *LGBT Adults Aged 50 and Older in the US During the COVID-19 Pandemic*, Williams Inst. (Jan. 2023), https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Older-Adults-Jan-2023.pdf.

[28] Based on analysis of pooled BRFSS data from 2021 to 2023. Analyses on file with authors.

[29] *Seniors & Medicare and Medicaid Enrollees*, Medicaid, https://www.medicaid.gov/medicaid/eligibility/seniors-medicare-and-medicaid-enrollees (last visited May 13, 2025).

[30] *See* Flores & Conron, *supra* note 26 (estimating the number of LGBT adults in the United States who are 65 years of age and older).

[31] *State Health Facts: Medicaid Enrollees by Sex*, Kaiser Fam. Found., https://www.kff.org/medicaid/state-indicator/medicaid-enrollees-by-sex/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited May 13, 2025).

[32] *State Health Facts: Distribution of People Ages 0-64 with Medicaid by Race/Ethnicity*, Kaiser Fam. Found., https://www.kff.org/medicaid/state-indicator/medicaid-distribution-people-0-64-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited May 13, 2025).

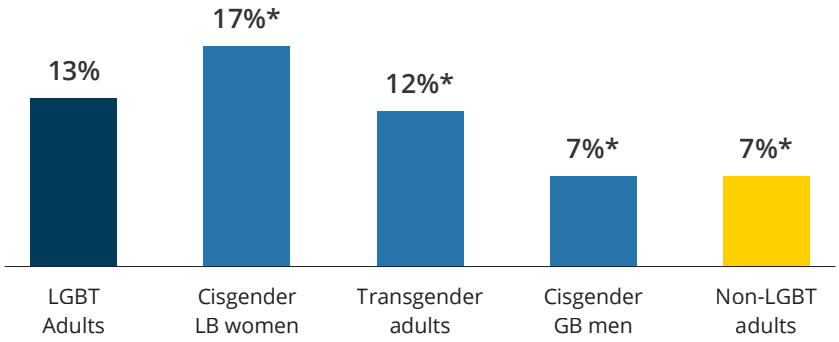
[33] Wilson et al., *supra* note 12, at 4.

[34] Wilson & Bouton, *supra* note 7.

[35] *Id*.

[36] *See id*. (Table A4 provides an estimate of the total adult population who identify as cisgender lesbian and bisexual women and cisgender gay and bisexual men based on BRFSS data from 2020-2021).

Figure 3. Medicaid as primary health insurance of cisgender LGB adults by gender, BRFSS 2021-2023

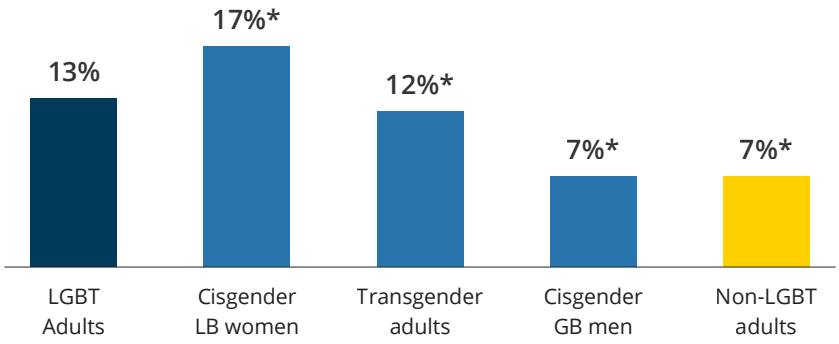


Note: *Statistically significant difference between cisgender lesbians and bisexual women and cisgender gay and bisexual men.

LGBT Adults of Color

Prior Williams Institute research has also shown that LGBT adults of color are more likely to be living in poverty[37] and to be parents[38] than white LGBT adults. Eleven percent of white LGBT adults rely on Medicaid for their primary health insurance, compared to 16% of LGBT adults of color. Twice as many LGBT Black (22%) and American Indian and Alaska Natives (AIAN) (21%) adults rely on Medicaid for their primary health insurance as compared to white LGBT adults (11%).

Figure 4. Medicaid as primary health insurance of LGBT adults by race/ethnicity, BRFSS 2021-2023



Note: *Statistically significant differences between LGBT white adults and LGBT adults of color, Black LGBT adults, and AIAN LGBT adults. Latinx includes Latinx/Hispanic adults of any race. The other race/ethnicity groups only consist of those who do not identify as Latinx/Hispanic (i.e., White non-Hispanic, Black non-Hispanic, Asian non-Hispanic, AIAN non-Hispanic).

[37] Wilson et al., *supra* note 12, at 4.

[38] Wilson & Bouton, *supra* note 7.

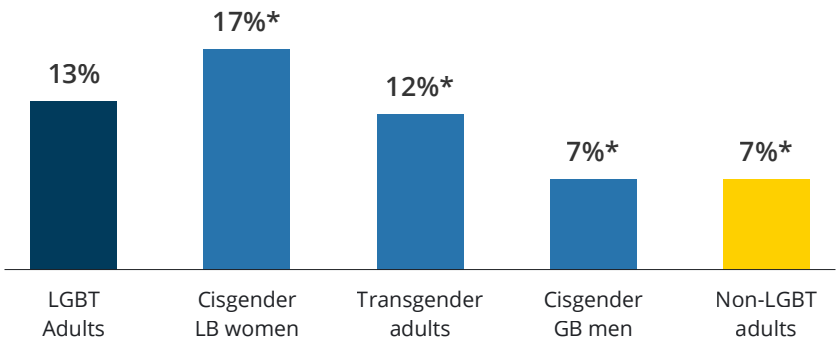
LGBT Students

Prior research conducted by the Williams Institute has shown the economic vulnerability of LGBT students in higher education, who are less likely to live near or with their parents than non-LGBT students in higher education and are less likely to rely on their family for financial support for school.[39] Examples of this economic vulnerability include that LGBT students are more likely to have student debt[40] and were more likely to have experienced housing instability and food insecurity during the first years of the COVID-19 pandemic.[41] Our current analysis shows that 1 in 10 LGBT adults who are students (12%) rely on Medicaid as the primary source of health insurance, similar to the percentage of LGBT adults who are not students (13%).

LGBT Adults Who Live in Rural America

Finally, similar to patterns of overall Medicaid enrollment,[42] LGBT adults who live in rural areas are more likely to rely on Medicaid as their primary source of health insurance (14%) compared to those who live in urban (10%) and suburban (9%) areas. While these differences are not statistically significant, they are consistent with prior Williams Institute research that has shown higher rates of poverty for LGBT adults who live in rural areas.[43]

Figure 5. Medicaid as primary health insurance of LGBT adults by urbanicity, BRFSS 2021-2023



Note: None of the differences in this chart are statistically significant.

[39] Kerith J. Conron et al., COVID-19 and Students in Higher Education, Williams Inst. (May 2021), https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBTQ-College-Student-COVID-May-2021.pdf.

[40] Kerith J. Conron et al., Federal Student Loan Debt Among LGBTQ People, Williams Inst. (July 2021), https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBTQ-Student-Debt-Jul-2021.pdf.

[41] Conron et al., *supra* note 39.

[42] Joan Alker et al., *Medicaid's Role in Small Towns and Rural Areas*, Geo. Uni. McCourt Sch. Pub. Pol'y Ctr. for Child. & Fams. (Jan. 15, 2025), https://ccf.georgetown.edu/2025/01/15/medicaids-role-in-small-towns-and-rural-areas/.

[43] Badgett et al., *supra* note 18.

IMPORTANCE OF MEDICAID EXPANSION FOR LGBT ADULTS

Since the implementation of the ACA's Medicaid expansion in 2014, adults earning an income of up to 138% of the federal poverty level (about $20,783 for an individual in 2024)—and living in states that adopted the expansion—have benefited from the Medicaid expansion program.[44] As of June 2024, over 20 million people in 40 states and Washington, D.C. were enrolled in Medicaid due to expansion in their states.[45]

Proposals considered by Congress over the past year to reduce Medicaid spending target the expansion of Medicaid under the Affordable Care Act (ACA), including reducing the federal matching rate for Medicaid expansion and imposing a per capita limit on the amount states receive for those enrolled through Medicaid expansion.[46] If the Medicaid expansion program's 90% federal match rate drops, nine states will immediately end their Medicaid expansion programs due to trigger laws. In three additional states, a reduction in the federal matching rate requires or permits state officials to offset the loss in federal funding by reducing provider reimbursement rates, eliminating optional benefits, reducing eligibility for the state's Medicaid expansion program, or ending it entirely.[47] In the nine trigger law states, between 3.1 million and 3.7 million enrollees are poised to lose their health insurance if Medicaid funding is cut.[48] If the required reviews of expansion programs in the three additional states resulted in rescinding them entirely, an estimated 4.3 million enrollees could lose their health insurance.[49] In the remaining 29 states without trigger laws, changes to the federal matching rate will ultimately force states to offset costs. This could result in increased state taxes, decreased spending on non-Medicaid programs such as education, limits on Medicaid expansion programs, or the termination of expansion programs altogether.[50]

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[44] Phil Galewitz, *9 States Poised to End Coverage for Millions if Trump Cuts Medicaid Funding*, KAISER FAM. FOUND. (Dec. 4, 2024), https://kffhealthnews.org/news/article/medicaid-expansion-funding-trigger-laws-9-states-trump-administration/.

[45] *State Health Facts: Medicaid Expansion Enrollment*, KAISER FAM. FOUND., https://www.kff.org/affordable-care-act/state-indicator/medicaid-expansion-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited May 13, 2025).

[46] Newell, *supra* note 4; Becker *supra* note 4.

[47] Elizabeth Williams et al., *Eliminating the Medicaid Expansion Federal Match Rate: State-by-State Estimates*, KAISER FAM. FOUND. (Feb. 13, 2025), https://www.kff.org/medicaid/issue-brief/eliminating-the-medicaid-expansion-federal-match-rate-state-by-state-estimates/; For a state by state summary of these provisions see, *How Would Changes to Federal Medicaid Expansion Funding Impact People in "Trigger" States and Those with Expansion Enshrined in State Constitutions,* GEO. U. CTR. FOR CHILD. & FAMS., https://ccf.georgetown.edu/2025/04/30/how-would-changes-to-federal-medicaid-expansion-funding-impact-people-in-trigger-states-and-those-with-expansion-enshrined-in-state-constitutions/ (last visited May 16, 2025).

[48] Galewitz, *supra* note 44.

[49] *Id*.

[50] "States could alternatively decrease Medicaid coverage for other groups, eliminate coverage of optional benefits such as prescription drugs and home care, or reduce provider payment rates. Given the size of the federal funding cut, states would face significant challenges in efforts to replace the loss of federal funds, which would be exacerbated if paired with other reductions in federal funding for Medicaid or in other areas such as education." Williams et al., *supra* note 47.

Several prior studies have documented the importance of Medicaid expansion for reducing the number of LGBT adults who are uninsured and increasing the number enrolled in Medicaid, including LGBT adults overall,[51] transgender adults,[52] members of same-sex couples,[53] and those living with HIV regardless of sexual orientation.[54] Starting in 2014, Medicaid expansion made all adults earning up to 138% of the federal poverty level eligible for Medicaid, regardless of disability status, age, work status, pregnancy, or parenting status.[55] This is the primary mechanism through which LGBT people benefited from the expansion. For example, Medicaid expansion meant that people with low incomes living with HIV, including those who are LGBT, could enroll in Medicaid without waiting for their disease to progress to the point where they were unable to work.[56]

In states that have adopted Medicaid expansion, LGBT adults are approximately twice as likely to have Medicaid as their primary source of health insurance and half as likely to be uninsured. In expansion states, 15% of LGBT adults rely on Medicaid as their primary health insurance, and only 7% are uninsured. In contrast, in the states that have not expanded Medicaid under the ACA, only 8% of LGBT adults rely on Medicaid as their primary health insurance, and 18% are uninsured.

[51] *See, e.g.*, Shoshana K. Goldberg & Kerith Conron, *The Impact of Medicaid Expansion in Virginia on Uninsured LGBT Adults*, Williams Inst. (June 2018), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Medicaid-Expansion-Virginia-Jun-2018.pdf; Kellan Baker et al., *The Medicaid Program and LGBT Communities: Overview and Policy Recommendations*, Ctr. for Am. Progress (Aug. 9, 2016), https://www.americanprogress.org/article/the-medicaid-program-and-lgbt-communities-overview-and-policy-recommendations/; Lindsey Dawson et al., *The Affordable Care Act and Insurance Coverage Changes by Sexual Orientation*, Kaiser Fam. Found. (Jan. 18, 2018), https://www.kff.org/racial-equity-and-health-policy/issue-brief/the-affordable-care-act-and-insurance-coverage-changes-by-sexual-orientation/.

[52] Nguyen K. Tran et al., *State-Level Heterogeneity in Associations Between Structural Stigma and Individual Health Care Access: A Multilevel Analysis of Transgender Adults in the United States*, 28 J. Health Servs. Rsch. & Pol'y 109 (2023); Kellan Baker et al., *Moving the Needle: The Impact of the Affordable Care Act on LGBT Communities*, Ctr. for Am. Progress (Nov. 17, 2014), https://www.americanprogress.org/article/moving-the-needle/; Lindsey Dawson et al., *LGBTQ+ Health Policy: Insurance Coverage Among LGBT and Non-LGBT Adults*, Kaiser Fam. Found. fig.9 (Sept. 30, 2024), https://www.kff.org/health-policy-101-lgbtq-health-policy/?entry=table-of-contents-health-coverage-and-access.

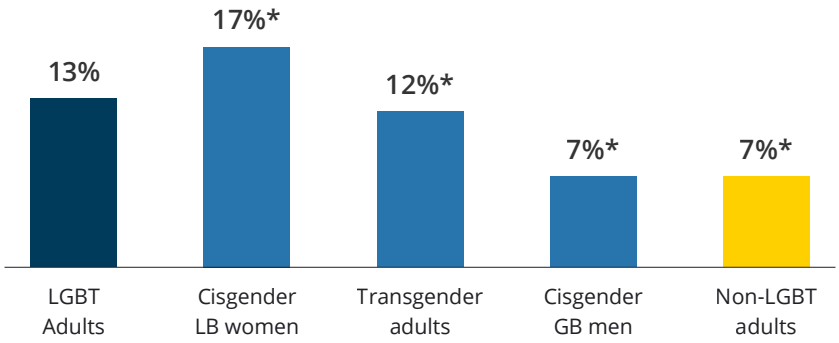
[53] Samuel Mann et al., *Effects of the Affordable Care Act's Medicaid Expansion on Health Insurance Coverage for Individuals in Same-Sex Couples*, 58 Health Servs. Rsch. 612 (2022).

[54] Jennifer Kates & Lindsey Dawson, *Insurance Coverage Changes for People with HIV Under the ACA*, Kaiser Fam. Found. (Feb. 14, 2017), https://www.kff.org/affordable-care-act/issue-brief/insurance-coverage-changes-for-people-with-hiv-under-the-aca/.

[55] Akeiisa Coleman & Sara Federman, *What Is Medicaid's Value?*, Commonwealth Fund (Jan. 14, 2025), https://www.commonwealthfund.org/publications/explainer/2025/jan/what-is-medicaids-value.

[56] Kates & Dawson, *supra* note 54.

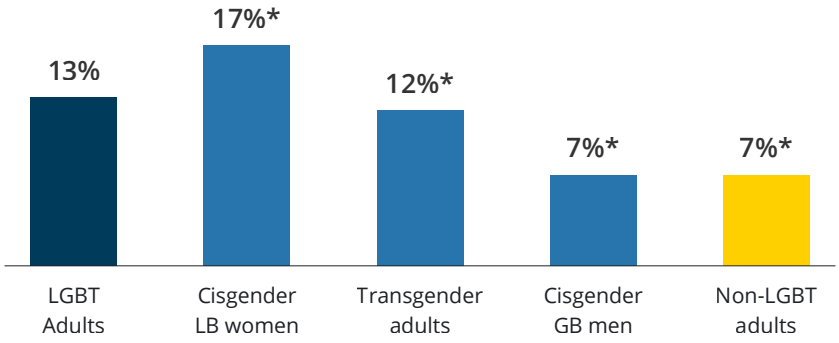
Figure 6. LGBT adults with Medicaid as primary source of health insurance and who are uninsured, by states with and without Medicaid expansion, BRFSS 2021-2023



Note: *Statistically significant difference between LGBT adults in Medicaid expansion and non-expansion states

Medicaid expansion helped lower the uninsured rate and increased Medicaid enrollment for many subpopulations within the LGBT community, including transgender adults, cisgender gay and bisexual men, those living with a disability, and those raising children.

Figure 7. LGBT adults who are uninsured by selected characteristics and by states with Medicaid expansion, BRFSS 2021-2023



Note: *All differences between expansion and non-expansion states in this chart are statistically significant except for the difference between transgender adults on Medicaid in expansion states compared to non-expansion states.

- **Transgender adults.** In states without Medicaid expansion, 19% of transgender adults are uninsured compared to 8% who are uninsured in expansion states. Although not a statistically significant difference, in Medicaid expansion states, 14% of transgender adults have Medicaid as their primary health insurance, compared with 6% in non-expansion states.
- **Gay and bisexual men**. In states without Medicaid expansion, 17% of cisgender gay and bisexual men are uninsured, and only 2% have Medicaid as their primary health insurance. In contrast, in Medicaid expansion states, only 9% of cisgender gay and bisexual men are uninsured, and 9% have Medicaid as their primary health insurance.
- **LGBT adults living with a disability.** In states without Medicaid expansion, 19% of LGBT adults living with a disability are uninsured, and only 12% have Medicaid as their primary health insurance. In contrast, in Medicaid expansion states, only 8% of LGBT adults living with a disability are uninsured, and 20% have Medicaid as their primary health insurance.
- **LGBT adults raising children.** In states without Medicaid expansion, 21% of LGBT adults with children under 18 in the household are uninsured, and only 13% have Medicaid as their primary health insurance. In contrast, in Medicaid expansion states, only 7% of LGBT adults with children under 18 in the household are uninsured, and 21% have Medicaid as their primary health insurance.

IMPACT OF WORK REQUIREMENTS ON LGBT ADULTS WITH MEDICAID

One proposal to cut Medicaid spending currently under consideration is imposing work or community service requirements.[57] This change would require Medicaid recipients under 65 years old, without dependents, to confirm that they work, perform community service, or participate in an educational or work program for at least 80 hours a month.[58] The Congressional Budget Office estimates that the provision and other changes would reduce the number of people with health insurance by more than 8 million by 2034.[59]

The Kaiser Family Foundation has estimated that most Medicaid enrollees who are able to work are already doing so. As a result, additional work requirements might impose costs on Medicaid programs related to implementation, specifically systems to check and enforce work requirements, and lead some eligible adults to not apply or be unfairly denied or disenrolled.[60] The Kaiser Family Foundation estimates that among adults under age 65 with Medicaid who do not receive SSI or SSDI benefits and who are not also covered by Medicare, 92% were working full- or part-time (64%) or were not working due to caregiving responsibilities, illness or disability, or school attendance (28%). The remaining 8%

[57] Limit, Save, Grow Act of 2023, H.R. 2811, 118th Cong. (2023).

[58] Avery Lotz, *Medicaid Work Requirements: What They Are and Why the GOP Supports Them*, MSN, https://www.msn.com/en-us/health/other/medicaid-work-requirements-what-they-are-and-why-the-gop-supports-them/ar-AA1EHGzX?ocid=BingNewsSerp (last visited May 13, 2025).

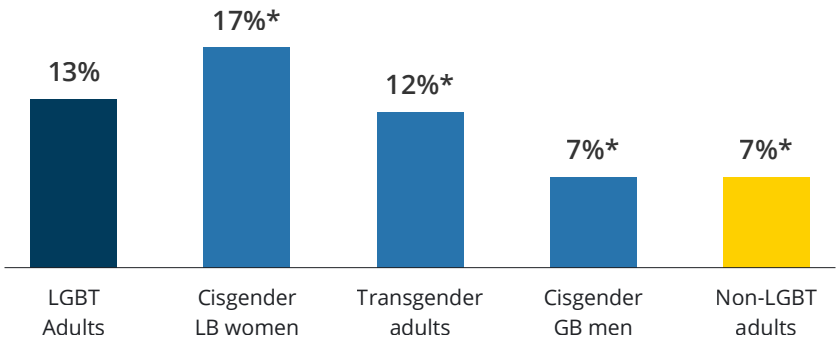
[59] Email from Congressional Budget Office (May 11, 2025, 10:34 PM), https://democrats-energycommerce.house.gov/sites/evo-subsites/democrats-energycommerce.house.gov/files/evo-media-document/cbo-emails-re-e%26c-reconcilation-scores-may-11%2C-2025.pdf.

[60] Jennifer Tolbert et al., *Understanding the Intersection of Medicaid and Work: An Update*, Kaiser Fam. Found. (Feb. 4, 2025), https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/.

of adults in this age range on Medicaid reported that they are retired, unable to find work, or were not working for another reason."[61]

Analysis of BRFSS data also shows that 8 out of 10 LGBT adults on Medicaid are working (46%), have worked in the past year (9%), are current students (12%), or are unable to work (13%). The remaining approximately 20% are composed of LGBT adults who report that they have not worked in the past year (11%), are homemakers (6%), or are retired (2%).[62]

Figure 8. Employment status of LGBT adults on Medicaid, 2021-2023



[61] *Id.*

[62] The remaining 1% did not respond to this question. See Figure 8.

CONCLUSION

To meet the current Congressional Budget Resolution, it seems very likely there will be significant cuts to funding for Medicaid. LGBT adults are more likely to rely on Medicaid as their primary source of health insurance than non-LGBT adults and will be disproportionately impacted by these cuts. Any cuts to Medicaid will primarily impact LGBT adults who are living with low incomes, disabled, raising children, people of color, transgender adults, and cisgender lesbian and bisexual women.

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ABOUT THE WILLIAMS INSTITUTE

The Williams Institute is dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy. A think tank at UCLA Law, the Williams Institute produces high-quality research with real-world relevance and disseminates it to judges, legislators, policymakers, media, and the public. These studies can be accessed at the Williams Institute website.

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RESEARCH THAT MATTERS

APPENDIX

METHODOLOGY

BRFSS (2021-2023)

This analysis is based on pooled data from 2021, 2022, and 2023 from the Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is a state-based system of health surveys coordinated by the Centers for Disease Control and Prevention and conducted in partnership with states, the District of Colombia, and three U.S. territories. Every year, an anonymous, self-report survey is conducted by telephone with representative samples of non-institutionalized adults who live in each state.[63] BRFSS provides demographic and socioeconomic data about LGBT individuals among the states that ask questions about sexual orientation and gender identity, including their sex, race, ethnicity, age, disability status, income, employment, and whether they are parents. BRFSS also collects information on respondents' primary source of health insurance coverage ("What is the current source of your primary health insurance?") with responses including private plans, Medicare, Medicaid, other public health insurance plans, and "no coverage of any type."[64]

LGBT Adults

In addition to a core questionnaire provided by the CDC, which is available in English and Spanish, states can add optional modules that ask unique sets of questions. One module asks about sexual orientation and transgender identification (referred to as the "SOGI module"), which allows for the classification of respondents as LGBT or not.[65] Sexual orientation is measured with one question, "Which of the following best represents how you think of yourself?" with response options, "Gay or lesbian; Straight, that is, not gay; Bisexual; Something else; I don't know the answer," or respondents could refuse to answer. To assess transgender and cisgender status, the BRFSS module asks, "Do you consider yourself to be transgender?" with response options, "Yes; No; Don't know/not sure," or respondents could refuse to answer. If a respondent expresses confusion, interviewers provide definitions of transgender and gender nonconforming. If respondents affirmatively answer the question, they are then asked if they consider themselves to be male-to-female, female-to-male, or gender nonconforming.

In order to produce stable estimates for LGBT people, we pooled the data from the 2021, 2022, and 2023 BRFSS surveys: 42 states and Guam used the SOGI module at least once in this timeframe (n = 802,375). All respondents who were asked about their sexual orientation identity were coded as one if they identified as LGB and zero if they did not, which includes not sure, don't know, and refusal responses. All respondents who were asked whether they identify as transgender are coded as one if they did or zero if they did not, which includes don't know responses, not sure responses, and

[63] *BRFSS Overview*, Ctrs. for Disease Control & Prevention, https://www.cdc.gov/brfss/annual_data/2023/pdf/Overview_2023-508.pdf (last visited May 13, 2025).

[64] 2023, BRFSS Questionnaire, Ctrs. for Disease Control & Prevention (Dec. 31, 2024), https://www.cdc.gov/brfss/questionnaires/pdf-ques/2023-BRFSS-Questionnaire-508.pdf.

[65] *Questionnaires 2023 Modules by State by Data Set & Weight*, Ctrs. for Disease Control & Prevention (Feb. 27, 2025), https://www.cdc.gov/brfss/questionnaires/modules/state2023.htm.

refusals to answer. A respondent who was LGB and/or transgender was classified as LGBT (1). All others were classified as not LGBT (0).

Medicaid Expansion

To determine Medicaid expansion states we relied on tracking by the Kaiser Family Foundation (KFF).[66] As of April 2025, they indicate that 40 states and Washington, D.C. have adopted Medicaid expansion. The states that have not are Alabama, Florida, Georgia, Kansas, Mississippi, South Carolina, Tennessee, Texas, Wisconsin, and Wyoming.[67]

Population Estimates

We provide several population estimates in this analysis, including the overall number of LGBT adults and the number of LGBT adults with children who rely on Medicaid as their primary health insurance. These population estimates are calculated using the relevant percentage of LGBT adults on Medicaid (i.e., all those with children under 18 in the household) from our analysis of pooled BRFSS data from 2021, 2022, and 2023, with prior Williams Institute estimates for that total population. The source, which includes the methodology, for those population estimates is provided in the following footnotes above: 7, 8, 9, 16, 17, 25, and 36.

TABLES

Table A1. Percent of adults with Medicaid as primary source of health insurance by LGBT status and gender identity

LGBT STATUS AND GENDER IDENTITY	MEDICAID AS PRIMARY SOURCE OF HEALTH INSURANCE	95% CI
	%	LB, UB
LGBT adults	13.0%	12.2%, 13.8%
Non-LGBT adults	6.9%	6.8%, 7.0%
Transgender adults	12.4%	10.5%, 14.7%
Cisgender adults	7.3%	7.1%, 7.4%

[66] *State Health Facts: Status of State Action on the Medicaid Expansion Decision*, KAISER FAM. FOUND., https://www.kff.org/affordable-care-act/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Status%20of%20Medicaid%20Expansion%20Decision%22,%22sort%22:%22desc%22%7D (last visited May 13, 2025).

[67] *Id*.

Table A2. Percentage of LGBT adults with Medicaid as their primary source of health insurance

LGBT ADULTS	MEDICAID AS PRIMARY SOURCE OF HEALTH INSURANCE	95% CI
	%	LB, UB
SEX		
Cisgender gay and bisexual men	7.4%	6.6%, 8.2%
Cisgender lesbian and bisexual women	16.5%	15.3%, 17.8%
RACE		
White	11.3%	10.6%, 12.1%
People of color	15.9%	14.3%, 17.6%
Black	21.5%	18.3%, 25.1%
Asian	10.5%	6.0%, 17.6%
AIAN	21.3%	14.6%, 30.1%
Latinx	12.2%	10.1%, 14.6%
AGE		
18-64 years old	13.8%	12.9%, 14.6%
65+ years old	3.8%	2.8%, 5.1%
PARENTING		
Without children under 18 in household	10.1%	9.4%, 10.9%
With children under 18 in household	18.8%	17.1%, 20.5%
Parents of children under 18 in household	22.0%	19.0%, 25.3%
Adults who are not parents of children under 18 in the household	9.1%	8.7%, 9.5%
INCOME		
Household income less than $35,000	25.6%	23.7%, 27.6%
Household income $35,000 or greater	5.0%	4.5%, 5.6%
DISABILITY		
Living with a disability	17.8%	16.4%, 19.2%
No disability	9.3%	8.5%, 10.2%
STUDENT		
Not a student	13.0%	12.2%, 13.8%
Students	12.2%	10.0%, 14.9%
URBANICITY		
Urban	9.8%	6.6%, 14.3%
Suburban	9.5%	6.5%, 13.8%
Rural	14.3%	7.0%, 26.9%

Table A3. Percentage of LGBT adults with Medicaid as their primary source of health insurance and uninsured, by Medicaid expansion state

	EXPANSION STATES		NON-EXPANSION STATES	
	MEDICAID AS PRIMARY SOURCE OF HEALTH INSURANCE	95% CI	MEDICAID AS PRIMARY SOURCE OF HEALTH INSURANCE	95% CI
	%	LB, UB	%	LB, UB
ALL LGBT ADULTS				
Medicaid	14.6%	13.8%, 15.4%	7.6%	5.8%, 9.7%
Uninsured	7.3%	6.8%, 8.0%	18.3%	15.5%, 21.4%
TRANSGENDER ADULTS				
Medicaid	13.9%	11.7%, 16.4%	6.2%	3.0%, 12.4%
Uninsured	8.4%	6.6%, 10.6%	19.2%	12.1%, 28.9%
CISGENDER GAY AND BISEXUAL MEN				
Medicaid	9.4%	8.5%, 10.5%	1.7%	1.0%, 2.9%
Uninsured	8.7%	7.7%, 9.9%	16.8%	12.8%, 21.8%
LIVING WITH A DISABILITY				
Medicaid	19.9%	18.4%, 21.5%	11.6%	8.4%, 15.7%
Uninsured	7.7%	6.7%, 8.8%	19.2%	14.7%, 24.8%
WITH CHILDREN UNDER 18 IN HOUSEHOLD				
Medicaid	21.3%	19.5%, 23.2%	13.0%	9.2%, 18.2%
Uninsured	7.2%	6.1%, 8.5%	20.7%	15.3%, 27.3%

Table A4. Employment status of adults with Medicaid as their primary source of health insurance

EMPLOYMENT STATUS	LGBT	95% CI	NON-LGBT	95% CI
	%	LB, UB	%	LB, UB
Employed	36.2%	33.3%, 39.2%	29.9%	28.9%, 30.8%
Self-employed	9.7%	7.8%, 11.9%	9.5%	8.9%, 10.1%
Out of work for 1 year or more	11.5%	9.3%, 14.1%	9.4%	8.7%, 10.1%
Out of work for 1 year or less	9.2%	7.6%, 11.2%	6.6%	6.1%, 7.2%
Homemaker	5.7%	4.5%, 7.4%	8.8%	8.2%, 9.4%
Student	11.6%	9.5%, 14.1%	6.2%	5.6%, 6.9%
Retired	2.3%	1.7%, 3.1%	8.1%	7.5%, 8.7%
Unable to work	13.1%	11.3%, 15.1%	20.3%	19.5%, 21.1%
Refused to answer	0.7%	0.4%, 1.2%	1.3%	1.1%, 1.6%