

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Issues Affecting LGBTQ+ Older Adults in 2025 and Beyond

Webinar Transcript

June 25, 2025

Presenters:

Denny Chan Managing Director, Equity Advocacy, Justice in Aging	Cam Cote Civic Engagement Coordinator, SAGE	Aaron Tax Managing Director, Government Affairs and Policy Advocacy, SAGE	Josh Dubensky Housing Policy Advocate, SAGE	Kell Olson Counsel and F. Curt Kirschner, Jr. Strategist for LGBTQ+ Seniors, Lambda Legal
---	---	--	---	--

Denny Chan:

All right everyone, thank you for coming to today's webinar. Hello and happy Pride Month. This is a time to honor and celebrate LGBTQ communities across the country, but this year's Pride Month may feel different, as the federal administration seeks to roll back rights for LGBTQ folks and others. But regardless, thank you for joining us for today's important topic.

Today's webinar is entitled Issues Facing LGBTQ Older Adults in 2025 and beyond. I'm Denny Chan, managing director for equity advocacy here at Justice in Aging, and I use he/him/his pronouns. I'm happy to be joined today by Cam Cote, Josh Dubensky, and Aaron Tax from SAGE, as well as Kell Olson from Lambda Legal, and I'll be both moderating and co-presenting on today's webinar.

Just a few logistical notes before we get started. Again, welcome to all of you for coming. You are all on mute, but we do welcome your participation in today's presentation through the Q & A function in the Zoom control panel. Also, available on that panel is the CC button, which enables closed captioning.

I'll be watching the participant questions as they come in throughout the webinar, and we'll uplift high-level themes during the Q & A segment at the end of today's presentation. Any questions unanswered in the webinar today will be addressed via email following the conclusion of the presentation. You can also use the Q & A function if you need technical support with Zoom, and our staff will do their very best to assist you.

Today's webinar is being recorded, and after the conclusion of this webinar, the slides and the recording will be available on our website at justiceinaging.org, and it will be emailed to all registrants. We, of course, would appreciate if you participate and complete our post-webinar survey that will pop up on your screen following the close of the webinar today.

All right, Justice in Aging, in case you haven't heard of us, we are a national legal advocacy organization that uses the power of law to fight senior poverty, and we do so by securing access to affordable healthcare, economic security, and the courts for older adults with limited resources. Since 1972, we have focused our efforts on those older adults who have been marginalized and excluded from justice. And with that, I'm going to pass it to Aaron who will talk a bit about SAGE.

Aaron Tax: Hey everyone. So I'm Aaron Tax, I use he/him pronouns, I head of government affairs for SAGE and a little bit about SAGE. We're the nation's largest and oldest organization dedicated to improving the lives of LGBTQ+ older folks. We were founded in New York City in 1978, and that's where we do most of our direct social services work.

We have four LGBT-friendly senior centers, two low-income LGBT-friendly apartment buildings, a whole bunch of direct case management folks on staff. We also provide direct services in South Florida, too. We have our national LGBT Elder Housing Initiative, our federally-funded National Resource Center on LGBT Aging, which we'll get into a little bit later. And our Sage Care Training program, which we'll reference as well. So thanks so much to Denny and Justice in Aging for hosting today.

Denny Chan: Thank you, Aaron. I'm going to pass it to Kell to talk a bit about Lambda Legal.

Kell Olson: Hi. Thank you all for having me today. Lambda Legal has been around for just over 50 years now, and we're a national legal organization working to achieve the full recognition of the civil rights of LGBT people and everyone living with HIV. We do this through a number of ways, including education and policy, but we're most well known for our litigation work in the courts. And that's what I'll be focusing on today, is just talking about how national litigation efforts are affecting and protecting older adults.

I'll mention here briefly, because it won't be a topic we'll get into later, that we also do have a legal help desk at lambdalegal.org. If you scroll all the way down to the bottom of our main page, you'll see a link for that, where we provide information and resources, not direct legal advice, but information and resources for people on legal issues. And that help desk also for us helps us collect and know what issues people are concerned and facing, and that can inform and connect people to our litigation as well.

Denny Chan: Thank you, Kell. Yeah, that's a good shout out. If all of you have issues when you're working with LGBTQ older adults, make sure to get in touch with that hotline so that we know what those issues are and can best help you. All right, a little bit more about Justice in Aging and our commitment to advancing equity.

We are committed to advancing equity for low-income older adults in economic security, healthcare and other justice initiatives. We really seek to address the

enduring harms and inequities caused by systemic racism, and very appropriately for today, other forms of discrimination, like homophobia, that uniquely impact low-income older people in marginalized communities. And that commitment starts here at home. We really try our best to recruit, retain, and support a diverse staff and board across many different axes of diversity.

All right, we have one more slide before we get to the meat and potatoes. We at Justice in Aging produce a wealth of information, like the webinar you are viewing today, along with lots of other resources, fact sheets, issue briefs, alerts, and other materials to keep you up to date with important, both federally and in states.

If you are not already a member of our network, we encourage you to join by going to our website and signing up, or simply emailing info@justiceinaging.org. Thank you very much, we are seven minutes in, for sticking with us for that background information. We're going to transition now to today's webinar. And before we get started, I'm going to give you just a brief outline of what you can expect to hear today.

So first, we're going to be talking from a really high-level, some background on who are LGBTQ older adults. Then we're going to hear from Kell who will talk a bit about the legal rights and claims impacting LGBTQ older people. I'll come back and do some emerging issues in Medicare, Medicaid and social security.

You're going to hear from the SAGE team on an update around the Older Americans Act and the Equal Access Rule. And then time permitting, we're going to get to some questions and answers. And so without further ado, I'm going to transition now and go to our section on LGBTQ older adults.

So who are LGBTQ older adults? I'm assuming if you've joined us for our webinar today, you have some background, but we wanted to make sure that folks are starting off with the same page. So, based on some studies, and I will say that there still needs to be a lot more research and data collection around LGBTQ older people and LGBTQ communities in general, but based on the best that we know, approximately 2.7 million LGBTQ folks are over the age of 50, and 1.1 are 65 and older.

As you can imagine, as older adults or folks who are aging, they live with the legacy and impact of discrimination, nearly one third live at or below 200% of federal poverty. And these rates unfortunately are even higher when you look at the intersectional discrimination. So, for people of color, older folks who are 80 plus and transgender older adults, all of those groups experience even higher rates of poverty because of that intersectional discrimination.

LGBTQ older adults are twice as likely to be single and live alone. And we'll talk a little bit more about how that can impact some of the ways in which they get care or need to get care, and they are four times as likely to have children.

So this gives you sort of a brief snapshot of who we're talking about. Of course, there is tremendous diversity within the LGBTQ community, even among those who are aging, but this gives you a baseline. And with that, we are going to pass it to Kell to talk more about legal rights and claims impacting LGBTQ older people.

Kell Olson:

Thank you, Denny. And you can just hang on this slide for a minute. So, Denny's introduction about who LGBTQ older adults are is really significant to what I've chosen to talk about today. There are, of course, a lot of things going on in the courts right now. There are a lot of headlines out there. There are hundreds of cases trying to defend against overreaches of power that are intruding on many of our lives, including in areas that disproportionately affect LGBT people.

But today, I'd really like to focus on one area that impacts older adults powerfully, which is the funding of social services and medical services nationwide. And of course, Denny has just highlighted the impact on our communities in particular of cutting back of those types of programs.

Before I do that though, I'm recognizing that we are coming out of last week where we had a very high-profile LGBT rights case in front of the Supreme Court that came down. So I'll just touch on that really briefly in case folks are curious about how that does and does not affect this population.

So, last week the United States Supreme Court issued its opinion in the United States versus Skrmetti, and in that case was focused on a challenge to a ban against gender-affirming care for transgender minors coming out of the state of Tennessee. And this is dealing with a wave of state-based attacks that we had as of a couple of years ago, not with the current attacks coming from the federal administration.

And so what that case did in allowing that ban against gender-affirming care from Tennessee to go forward, was really to speak to how we classify laws about restricting healthcare in particular, and in particular for minors. So it did threaten the test for healthcare generally, and foreboded some things that we are concerned about as far as healthcare more broadly for all ages, but there were really important exceptions that the court carved out.

And it took pains to narrow its decision more than the decision it was reviewing from the court just below it, which really tried to attack how we look at laws that target LGBT people in all areas of law. The Supreme Court instead said, "We are only talking about this medical context and the context of minors, and where the evidence lies at this point on that type of care."

So it still left a lot of tools available for us. For example, when laws are passed as a pretext, that sort of look like they're targeting healthcare but are really targeting transgender people, for example, that those laws are still suspect, and that laws that are driven by animus are also suspect, and the court did not reach

any of those things. So it leaves a lot of tools in the toolbox for how we are talking about those laws and where they do run up against the limits of our constitutional and legal rights.

The court did not affect any laws outside of healthcare restrictions. It did leave intact those tools. There were some current concurrences from justices that were not in the majority that would have gone farther and attacked more broadly our communities. And so we just want to observe at this point that that's where we are, that things will continue to unfold.

Going back to the funding cases for a moment. If you hear anything in the news about these types of cases, it is that there are attacks on government-funded programs, and then we sometimes, coming out of the courts, hear about whether those laws were or efforts were blocked or not in the courts. We don't often have a public discussion about how those efforts are challenged in court and how that differs from what we do in the policy realm that we're going to be talking a lot about for the rest of today.

And so, I thought it would be a useful use of a short period of time here, rather than just summarizing a bunch of cases, to talk about what kind of legal claims we can bring to challenge efforts to attack social services and funding.

So, upon taking office in January 2025, the current presidential administration issued a series of executive orders blacklisting research on diversity, equity, inclusion, and other forbidden topics, and directing the termination of previously issued research grants. The orders also more broadly directed agencies to engage in a wide scale termination of grants as no longer meeting agency priorities. And a lot of those grants were terminated without individual explanation for why the particular grant fell under that umbrella.

These attacks and cuts were more aggressive than a lot of us really expected going into this administration. Because what we've seen in the past a lot of times, is that priority shifts happen gradually and may affect future grants, but to have an immediate termination of grants that have already been issued, and in ways that undermine statutes and priorities that have already been put into place, was very aggressive and unexpected.

So, many individuals and organizations, including many of the cases we've brought through Lambda Legal on behalf of organizations and people have been pushing back in the courts. So for example, there are cases challenging the termination of hundreds of thousands of dollars in NIH grants for research aimed at improving the health of LGBT people, including some studies on aging, and of course the sudden termination of federal funding to social services and medical organizations.

And most of those attacks have been based on those DEI and gender order, the gender order that I haven't really talked about, executive order defined gender

ideology in a way to essentially say that the current administration's policy goal is to not observe the existence of transgender people as valid or true, for example, and that grants that might conflict with that could be under attack.

So, let's flip, Denny, to that next slide. And I'll just talk a little bit about where are the outer bounds in the courts and in the legal realm with the constitution and laws as far as what the government can do. So on the policy side, which we're going to be talking about, there are a wide range of choices governments can make. And in the courts, what we do is we help define where we run up against the edges of that authority. What are the things you can't do just as a policy choice? So, here are just a few of the types of challenges we bring.

First Amendment free speech is one area so the government can attach strings to the funding that it issues to organizations and individuals, but there are some legal limits to those things. For example, if the condition is regulating speech that's not connected or related to the program, or it's aimed to suppress ideas, and that's where we really run into First Amendment problems.

For example, in our case on behalf of the San Francisco AIDS Foundation and similar organizations, the court in blocking some of the grants being restricted there, found that restricting the way providers can use pronouns with their clients was not connected rationally to the program and its goals. And so that was one reason that that condition or effort ran up against the First Amendment and was likely unconstitutional.

Another related tool we use is a Fifth Amendment vagueness. So if you're going to prohibit someone you're giving money to from doing something, you need to tell them what it is, enough that they can tell if they're restricted or not. And that's to avoid chilling people's speech, chilling people's activities.

So for example, here, when we have these orders coming out saying that we're going to revisit or pull all grants that are equity related, it's a very vague term, no one knows exactly what it means. What we see is people sometimes over-correcting or complying in advance in ways because they don't know what's going to come under attack.

And that does have this component in the constitution, where if you go too far down that path of being too unclear and not letting people know how to proceed, you can bring a legal claim to say that that is an unconstitutional restriction.

Okay, Denny, let's flip to the next. Another basic component of the kind of things you'll hear about in these legal challenges are just the general separation of powers. The president has powers that come from the Constitution or from Congress, and cannot act beyond those.

And as most of us learned, if we had our basic government program, our government class growing up, is that Congress has the power of the purse. That's generally what they do. So the executive is limited. Even among those policy choices, the executive runs into the outer bounds of its power where it issues spending requirements that conflict with what Congress has written in statutes.

So I've made a nod here to the Ryan White Program as a powerful example. There was a recent court decision pulling, the pulling of one of these grants, saying that, "The executive was not allowed to say that we cannot target certain populations" When the Ryan White Program, which was what Congress passed to issue those funds, specifically said, "These funds are to fund disproportionately affected communities." So where the executive is clashing with what Congress has said the money is for, then we can bring an argument in court that it is exceeding its power.

And ultra vires actions is another similar term that people might hear that really gets at this same idea. And there was recently, actually just on Monday, another decision coming from a court blocking some of these efforts that summarizes nicely, and said that plaintiffs were likely to succeed on their claims, which is what they had to show to block and to get their money still in their hands by saying this, which was, "Although a new presidential administration is entitled to develop programs with its chosen priorities, the executive may not set out to suppress ideas that deems dangerous by trying to drive them out of the marketplace of ideas. And may not do so by canceling grants on the basis that they serve the very purposes for which Congress appropriated those funds." So that was a nice way of summarizing the first amendment and these issues all at once, and really describing what the outer bounds are of those legal powers.

All right, one more, Denny, for this last little group of claims. A couple of other main categories of claims that we use as tools are the Equal Protection Clause, which is that the Constitution protects us from laws that target based on classes of people, and makes the government have to have a higher showing of why they're doing what they're doing, if they're doing that. And showing that the program, that the action they're taking is targeted to that interest.

And then, the Administrative Procedure Act is another area of claims we see a lot. So, there are requirements that the government must go through in order to pass certain regulations. And one example of a lawsuit recently, that was successful, involved the AmeriCorps program, which of course affects all sorts of services across the country, including members of the AmeriCorps that serve aging populations.

And in that case, the efforts to pull back a lot of the membership and severely cut AmeriCorps was blocked. And that was because the court found that under the statute, Congress could not change the objectives of AmeriCorps without a

notice and comment rulemaking process, and that the government had not gone through that process.

Okay, Denny, next slide. So in general litigation, hopefully that gives people a general idea of why we are fighting in the courts alongside the policy and education work we're doing. People describe this in different ways. Sometimes that the courts are a line of last defense when policy efforts having failed. In a less glorifying way, I kind of call it cleanup crew sometimes.

So if there are good efforts to get good policies through, or funding and other efforts to protect our populations and they fail, there are things litigation can do when the actions run up against these outer limits. We, of course, have limits. We can't just say, "We think this policy is better than that one." It has to have one of the problems of the types I just talked about. It takes a long time.

Relief more and more recently is being limited to the plaintiffs and the scope of relief courts can give is really under attack. But it's a really important tool, and it's really important for our communities to see judges standing up and saying, "No, these actions aren't right and the government is not allowed to be taking these discriminatory actions."

And so, we will keep fighting to protect these populations. And I'm hoping that background gives people a little bit of glimpse under the hood when you see the headlines of when something's being blocked and not, of what the likely bases are for them to do that. Thanks.

Denny Chan:

All right. Thank you, Kell. Thank you for that good background, comm law 101, and also some of the updates that you've given us around the Skrametti decision from last week. Again, really encourage all of you who are listening with us today to type in your questions. We're getting a couple, but I often know that sometimes there's a rush right before the end of the webinar, so feel free to keep those questions coming. Kell discussed a lot of content that is worth unpacking, and so thank you Kell for taking us through that overview.

I'm going to now shift gears a little bit and talk a bit about some of the safety net programs that LGBTQ older adults use, a focus on Medicare, Medicaid and social security. And also, a brief caveat before I dive into this content, and what I should have said at the very beginning, is this webinar is current as of today, June 25th, 2025, at 12:25 PM Pacific Time.

We recognize that the landscape, both the policy landscape and the legal landscape is changing really on a daily basis, and continues to change. So, for those of you who are watching a recording, please keep in mind that this is as current as of today. The best that we can do. And any sort of updates afterwards are fair game.

Even if we did this webinar last Tuesday, we wouldn't have had a Skrametti decision to discuss and include. So again, these are a fast-changing environment, and make sure to do your due diligence. This is the information as of today and it can change really on a daily basis. So, keep that in mind as you are listening and watching at home.

I'm going to now jump and talk a little bit about Medicare and Medicaid. And we've seen some actions from the executive branch that are falling really in line with the executive orders that Kell mentioned at the top. We started with Kell's presentation in part because we thought it was important to give people some background on the types of claims and these cases, there's just so many, but also because a lot of the litigation in the past couple of months has been focused on the legality of the president's executive orders.

So what we're seeing now in the months after those executive orders have been issued is agencies really now implementing those executive orders through agency action. So, one theme to pick up here, which is true for both Medicare and Medicaid, is the removal of sexual orientation and gender identity, what we call SOGI, data collection across programs pursuant to the president's executive order as early.

As February in 2025, CMS removed questions from Medicare enrollment forms, and then just recently, earlier this month, questions were rescinded for Medicaid and the CHIP program. And we expect to see more agency action in line with the president's executive orders on an ongoing basis.

The other flag here that is relevant for Medicare and Medicaid outside of agency action is that, as many of you know, there is ongoing negotiations now in the Senate around the budget. And what we saw in the House previously and what we're seeing now in the Senate are really Draconian attempts to cut the Medicaid program, cut funding for Medicaid.

And a link here is to a resource from both Justice in Aging and SAGE, detailing the ways in which cuts to Medicaid disproportionately hurt LGBTQ older adults. Some of that background around who LGBTQ older adults are mean that they are more likely and more reliant, due to poverty and having less of a traditional or conventional family structure, to utilize Medicaid. And so, we refer you to that resource, we're keeping that as updated as we possibly can during the budget reconciliation process.

Next step, I wanted to flag sort of the latest on gender-affirming care because both Kell discussed that in his opening and introductory remarks, but also because this is a particularly relevant topic for this community. With respect to Medicare, we haven't seen a ton of change. And that's because even under the previous administration, and for a number of years now, there is no national coverage determination for gender-affirming care.

This means that local Medicare administrative contractors, what we sometimes refer to as MACs, determine coverage on a case-by-case basis for gender reassignment surgery. Typically related to Medicare, that the transition related drugs are covered under Medicare Part D, like many other prescription drugs are.

Under Medicaid, this is going to be really a state-by-state case. So we're going to look at coverage under the state Medicaid program, whether the Medicaid program covers gender-affirming care, we have to look to see whether there's a state ban in place, and whether such a ban has been challenged in the courts.

I will flag that for the budget reconciliation process that I mentioned before, House Resolution Number One would actually prohibit federal funding, including federal funding of Medicaid services for gender-affirming care if it were to be passed and signed into law by the president.

On one note, just because we had been talking about the executive orders that pertain to gender-affirming care, the executive order that the president signed really limits access to gender-affirming care for children under the age of 19. But there is a larger question, of course, when you are limiting access to kids, whether providers who are providing gender-affirming care to other populations might be chilled from doing so. So that could potentially impact LGBTQ older adults seeking gender-affirming care, but at least on its face, the executive order pertains to children under the age of 19.

I also wanted to lift up something that we at Justice in Aging and some of our partners are monitoring quite closely, which is Section 1557 of the Affordable Care Act. A quick primer on 1557, otherwise known as the Federal Healthcare Rights Law, is that it's a federal anti-discrimination healthcare law. And it applies to all federally funded programs and activities, those that are conducted by the federal government, as well as recipients of federal financial assistance.

If you've been following the Section 1557 saga at all, you know there's been a lot of back and forth. So, under the previous administration, there were new rules that clarified protections on the basis of sexual orientation and gender identity discrimination, and also clarified and really limited denials of gender-affirming care.

Almost immediately, those regulations were challenged in the courts and have been stayed. There's a couple of cases. And so that litigation is ongoing. But of course, with the change in administration in February of 2025, that under the current administration, the new Office for Civil Rights under Health and Human Services actually rescinded Biden era guidance that clarified those protections under federal law, including Section 1557 for gender-affirming care.

And then the last thing to note here is that Section 1557, of course, is impacted by potential rulings from the Supreme Court that relate to *Bostock v. Clayton*

County, because the way that Section 5 57 works is that it incorporates protections under Title IX, as well as other federal anti-discrimination statutes.

So, we are waiting, and we'll probably see a new rule that is issued. The new administration has signaled they will be issuing and they're looking at issuing new guidance under 1557. And so we expect that probably to look much more similar to the guidance that existed under the first Trump administration, but we haven't seen a notice of proposed rulemaking quite yet.

And then finally, before I turn it back to the rest of the team, is I do want to note that... So social security, I want to talk a little bit about Social Security. Social Security administration removed references to transgender individuals on its web page. It actually removed a whole page that they had. So now, they're just referring to LGB populations who are impacted by the Social Security program.

Note that name changes are still permitted, but the agency has stopped processing changes to gender markers. And so if there are individuals who you're working with who are caught up in that, who want to change their gender so it is consistent, but are running into issues that social security, please reach out to us and let us know.

And then of course, a blanket reminder, is that should the Supreme Court revisit the marriage equality decision of Obergefell v. Hodges, that there would be really significant implications on benefits, both Social Security but much broader, and access for LGBTQ couples, including LGBTQ older couples. And with that, I am going to now turn things over to Aaron to talk about all things Older Americans Act.

Aaron Tax:

All right, thanks so much, Denny. So, as Denny said, I'm going to cover the Older Americans Act, which many of you probably know, it came about during 1965, during Lyndon Johnson's Great Society as a counterpart to Medicare and Social Security. So that's a good segue. The idea being if Medicare is there for your medical needs and social security is there for your financial needs, the Older Americans Act is, in a way, everything else that should allow you to age in place in your community. So next slide, please.

All right. All right, so this slide covers a little bit of that, but what's the gist of what it covers? Establishes an authority for grants to states for community planning and social services, research and development projects, and personnel training in the field of aging. Next slide.

So what exactly does the OAA do? If someone's getting a home-delivered meal, they not understand that a lot of that money is coming from the federal government. And in fact, the way the money generally flows is from the feds. We're going to get a little bit into how this is being shaken up during the Trump administration, but historically, the money through flows through the

Administration on Aging, and that then flows to the 56 or so state units on aging.

That in turn flows down to the over 600 area agencies on aging, which are primarily county or local departments of aging. And then the money from there flows down to local service providers. So that would be an organization like Sage, running senior centers in New York City or providing congregate meals in New York City. And those are some of the examples of the types of programs that OAA funds.

So, while most people haven't heard of the Older Americans Act, they have heard of programs like Meals on Wheels, and that's a great example of the types of programs that the Older Americans Act funds. Again, if the difference between you staying in your home and being institutionalized is getting some help with meals or chore assistance, or transportation assistance, those are the types of programs, services and supports that the Older Americans Act funds.

So, in short, it funds home and congregate meals. So again, that's meals and senior centers or home-delivered meals, transportation assistance, legal assistance, chore assistance, respite, caregiver support, health promotion, job training, and it flows down to the community level. And unfortunately, most people that don't even know that they're benefiting from it. All right. Next slide, please.

All right, so you heard a little bit about the role of SUAs. Again, that is a state unit on aging, and triple As is area agencies on aging, not the automobile association. And this slide gives you a feel, again, in some more detail for the types of programs, services, and supports that the Older American Act funds. All right, next slide.

If you get a copy of this slide deck, you'll be able to click on these recordings. We put together two webinars that I think would be very helpful. They dig into a lot of depth on what the Older Americans Act is and what it means in webinar one for LGBT folks. And then in webinar two, thank you very much, what it means for older people living with HIV. So look in the chat right here and you'll see links to these amazing webinars. Thanks so much. All right, next slide.

All right, so every few years the law gets reauthorized or updated. That's a good way to think about it, 'cause you can imagine you can write a piece of legislation in 1965, but the world changes. So every few years, they try to update the Older Americans Act, and the term they use for that is a reauthorization.

And we are still in the midst of the 2020, don't even know what year it is 2024 reauthorization. It still hasn't happened yet. So it did happen in 2020. They said, "Okay, we'll redo it in about four more years." So we're still in the midst of the current one. So stay tuned on that front. But let's rewind the clock for a moment to 2020 when the law was last reauthorized.

And what does it say with respect to LGBTQ+ folks? The good news is, it is now federal law that every single state unit on aging, those are the state departments of aging that we talked about, and every single area agency on aging, and again, those are those local or county departments of aging, every single one of them, no matter where you are in the country, must do three things.

Number one, engage in outreach to LGBTQ+ older people, two, collect data on their needs, and three, collect data on whether they are meeting those needs. So again, the outreach, collecting data on the needs, and three, collecting data on whether those state units and triple A's are meeting those needs. So that is still the law of the land.

In addition to that, periodically, they issue new regulations about the statute. You can think of this as what the federal government does or any government does on any law. You pass a law, but sometimes you need regulations to dig in a little bit more and explain what the law means. The last time the Older Americans Act regulations were updated were 1988. Yes, 1988. It's been a really long time, but they finally decided to update those regs, and the new regulations came out in February of 2024.

And what did they say for the first time ever? Two important things related to this webinar today. They explicitly designated, one, LGBT older people, and two, older people living with HIV as populations of greatest social need under the statute. What does that mean in a nutshell? It means that the aging network, meaning those state units on aging and area agencies on aging, are going to be held accountable for meeting the needs of those two populations.

It's premised on the idea that because of the greater need for aging services and supports, for many of the reasons that Denny outlined in his presentation, those higher rates of social isolation, higher rates of poverty, lack of access to culturally competent services and supports, because of that greater need, these folks need the services and supports provided by the Older Americans Act.

But also, for many of the reasons that Denny laid out, that history of stigma and discrimination, we know and we understand that LGBT folks and people living with HIV are much less likely to access those services and supports that they need to remain independent. So we're trying to bridge that divide through policy and by the federal government, again, designating at a national level that LGBT folks and people living with HIV are these populations that grow to greatest social need, and we need to ensure that they're getting served under the older Americans Act just like everybody. All right, next slide.

All right, I'm going to turn it over to my colleague, Cam, who's going to dig into a little bit about what's happening with the federal government. I had mentioned the Administration on Aging that has been part of the Administration for

Community Living for a number of years. I'm going to pass it off to Cam to explain what the ACL is or was and what's happening now.

Cam Cote:

Thanks, Aaron. Yeah, and some big updates here. For those who are unfamiliar, the administration for Community Living, or ACL as I'll refer to it, historically, has overseen critical programs that allow older adults to age in their homes and communities, so like home delivered meals or Meals on Wheels. Folks might be familiar with adult day programs, caregiver respite, elder abuse, prevention and response, transportation, medical care and beyond. It's a long list.

But to recap recent developments, as a part of the Make America Healthy Again plan, in March of this year, the administration proposed a complete dissolution of the administration for community living. Again, this is the department within HHS, focused exclusively on aging and disability. So this plan, complete dismantling of the agency and a random dispersal of programs across the entire department, would actually make coordination less efficient and could lead to service disruptions in the worst case scenario.

So, in response to this proposal by the administration, SAGE, Justice in Aging, and the broader aging and disability communities launched a variety of campaigns to oppose this dismantling. Sage alone sent thousands of messages, calls and voicemails to their members of Congress, contacting nearly all United States senators and just about 250 representatives in the House.

The broader effort also resulted in letters from congressional leaders to HHS, both from the House and the Senate, as well as major publications in media outlets like The New York Times and Politico. And I just want to highlight one of the key provisions of our advocates' demands, and we all coordinated as an aging network of what we wanted to see, a key component of that was to maintain ACL programs within a single agency so they could continue coordinating.

So, we were hopeful, but not necessarily optimistic, I'll say. But as a result of this effort, in the President's budget proposal released at the end of May, I believe it was, many of the programs previously administered by ACL, including all of those OAA or Older Americans Act programs that Aaron mentioned will remain intact, and be housed under the newly renamed Administration for Children, Families, and Communities.

So just want to highlight this proposal from the president aligns with the unified demands from advocates, families, experts, that urged to maintain a concentration of these programs within a single agency, as opposed to a haphazard dispersal of the programs across three different agencies within HHS.

Also, just want to flag, we were relieved, I'll say, to see the restoration of the Long-Term Care Ombudsman Program, which had originally faced an outright elimination. The Ombudsman Program acts as an advocate for the most

vulnerable older adults as they navigate fragmented and sometimes treacherous long-term care systems. And it's especially important for LGBTQ+ older adults and older people living with HIV who are frequently subject to discrimination or substandard care in such settings.

And I actually saw a question in the chat about how to best advocate for LGBTQ+ older people in long-term care settings. I would say talk to your ombudsman, call your ombudsman if you have a specific complaint or have a specific issue that that needs resolution.

But all that to say, wanted to highlight this situation, because while it's not necessarily an outright win in saving ACL, there was a notable responsiveness to our advocacy efforts. And especially in this climate, I know it can sometimes feel challenging to constantly be needing to defend these essential programs and civil rights against an endless barrage of attacks. But this is just a great example of successful advocacy in this era. So with that, I'll pass it back to Aaron.

Aaron Tax:

All right, thanks so much for, Cam, and thanks to Cam for leading Sage's effort on that front. And yeah, advocacy makes a difference. There you go. I'm going to very briefly talk about our federally-funded national resource center on LGBT aging, which is an amazing resource. I encourage you all to check it out. And it provides information to LGBT organizations, to aging providers, and LGBT older folks themselves, as well as older people living with HIV about the best way to provide culturally competent aging services and supports. And on the next two slides, you'll see some examples of some of these resources, so next slide.

All right, here's an example, LGBT Programming for Older Adults: A Practical Step-By-Step Guide. Next slide. All right, another example, Age-Friendly Inclusive Services or Practical Guide to Creating Welcoming LGBT Organizations. There you go. Next slide. All right, in addition to our resource center, we have SAGECare, which is our training arm. If you're interested in training for your organization on how to provide more culturally competent services and supports to the people whom you serve, go to sagecare.org. All right, next slide.

In short, we are here to help you do the work that you want to do. You're not alone in this work. There's no need to reinvent the wheel. So contact Sage, check out our national resource center, check out SAGECare, become a SAGECollab member, and we'll help you do this work in communities all across the country. Next slide. All right, I'm going to turn it over to my colleague, Josh, who leads our housing work, who's going to tell you more about the Equal Access Rule.

Josh Dubensky:

Thank you so much, Aaron. All right. I want to talk about a rule that's very important, but often overlooked, and an opportunity that also gives for folks to get directly involved in protecting it, and that is the Equal Access Rule from the U.S. Department of Housing and Urban Development. Next slide, please.

So the rule, simply, it prohibits discrimination based on sexual orientation, gender identity, or marital status in many programs funded by the Department of Housing and Urban Development. It's important to note that this rule protects universal access to these resources, whether it's keeping a family at a shelter united with their teenage son or protecting access to life-saving resources for a trans individual.

And I wanted to stress that while this rule doesn't cover every type of housing, every type of service or shelter that might be funded by the Department of Housing and Urban Development, it does cover a lot of them. So there's a good chance that if you receive housing or some type of services that receive funding from HUD, that this rule does cover you or someone you know.

And because of that, it does ensure this equal access for the LGBTQ+ community at large when it comes to housing, and specifically the trans community. And it remains one of the few federal protections in place for the LGBTQ+ community. Congress has been unable to enact LGBTQ+ anti-discrimination protections into federal law, so it's really fallen on friendly presidential administrations and some limited Supreme Court wins that we've been able to expand these protections, and the Equal Access Rule is one of those.

So it's really important to ensuring that these housing and shelters funded by the federal government remain open and accessible for everyone, regardless of their sexual orientation, their gender identity, or their marital status. It's been in place for, what, 2025, for almost well over a decade now. And it has ensured that individuals are able to just access these services. Next slide, please.

Unfortunately, the current administration isn't really concerned with what the impact has been in reality. They're only concerned that the rule benefits the trans community. Like I've stated, the rule provides universal access. It ensures that anyone gets access to these shelters, whether it ensures that a man cannot not be separated from his female child when trying to access a homeless shelter.

It also ensures that a trans woman fleeing domestic violence could not be forced into a men's-only shelter. And it's that second aspect that the administration has particular problems with. And they don't care who else is hurt, it serves the trans community and that's why they're going after it. And so, on the first day in office, when the president issued his executive order defining gender ideology, they also specifically called out the Equal Access Rule for rescission.

On February 5th, the new Secretary of Housing and Urban Development announced they would stop enforcing key provisions of the rule. And then on February 12th, the administration officially began the process to weaken or repeal the rule. If they're successful, they will make it easier to deny housing to

the trans community and the LGBTQ+ community at large in many different types of housing and homeless shelters across the country. Next slide, please.

So, what can we do to help protect it? The administration has been dragging their feet on going through the official process to repeal or replace this rule. Some of my colleagues talked about there's a regulatory process that they need to follow that is laid out in federal law, but this is where we can really start to take steps to try to protect it. Federal law requires the administration to allow individuals and organizations to make their case for or against Equal Access Rule during the public comment period.

Now, regardless of how the administration has shown their contempt for current laws or regulations, normally before they make these changes, there is going to be this public comment period. The Trump administration tried to repeal the Equal Access Rule in 2020, but they failed. And there were over 60,000 comments submitted in support of the Equal Access Rule, which I believe is the most ever.

So they're trying to do it again, and we can take those lessons from the first time they tried to repeal the Equal Access Rule to fight and try to protect it once more. Now, we don't know when the public comment period is going to open, but we're doing everything we can to make sure we are ready for that. And that anyone out there, any individual organization who can and is willing and able to submit a comment in support of the rule, is able to do so.

Because the more comments we can get, the more we can show public support for the rule, which is important for policymakers, even moderate policymakers, those who may be unsure of why we should be supporting civil rights regulations in the trans community. It's also very important for the process, and it can show that it helps lay the groundwork for any type of challenges or any things that will come afterwards. This is all an important part of the process, even foreign administration that has shown contempt for the rule of law.

So when the common period does open, and if anyone is interested in supporting the Equal Access Rule or learning more about it, you'll be able to do that, and it's relatively simple to do. There will be a website set up that you can log onto if that's the best method for you. And we'll send that information around, that you can log onto this website and submit that comment, support it.

And it can be as simple as talking about why you think the Equal Access Rule or why the federal government should allow equal access to services regardless of your gender identity. You can write in a comment and mail it to the Department of Housing Urban Development, and all that information will be sent out when we know officially when the Equal Access Rule is opening up. So, if you're interested in being kept up to date on when that comment period opens up, feel free to email me. My email is on the page here. I can also send that around

afterwards, but it's at jdubensky@sageusa.org, and all those resources will be sent out.

But this is an opportunity where your information and your input is vitally important, 'cause the more people who submit comments, the longer it takes for the administration to go through and read those comments. And there's certain rules they need to follow about how many they read, how they respond to that. So everybody's input really is important.

And I'll stress, and I'll end with, again, the Equal Access tool, it's one of the few federal regulations in place that ensure equal access to housing and services and many types of services across the country. And many other federal agencies take their cue when it comes to housing discrimination from the Department of Housing and Urban Development.

So that's why it's so key to protect this, whether it's an LGBTQ older adult or any other member of the community. So yeah, we really look forward to continuing this fight here. And if anyone is able to help with this comment period, it really is a great way and an important way to help fight against this. And with that, I'll turn it over to my colleague, Cam.

Cam Cote: Thanks, Josh. And I'm back. Just to remind folks to sign up for Sage's Action Squad. I think the links are just getting dropped in the chat, which is fantastic. You'll be able to hear any updates on Equal Access Rule, ACL, Medicaid, any other campaigns or advocacy efforts that we have going on by signing up for that Action Squad.

Also in the chat is a campaign we recently launched to say no cuts to Medicaid. So as Denny referenced earlier, we're in a bit of a precarious position right now with Medicaid on the line, and so we encourage folks to take action there. And thanks so much, and I'll pass it back to Denny.

Denny Chan: Thank you, Cam, and thank you to the great panel of presenters for this great content. I wanted to say a couple of things, and maybe we can get to one or two questions before we log off for today, but if you are on our list about Justice in Aging, we will also make sure to identify when the Equal Access Rule comment opportunity opens. But of course, in the meantime, encourage you to get on Sage's email list as well.

Okay, so that was a great run through. Thank you for that great content. We have just three minutes for a couple of questions. I'm going to try to do my best to lump some of these together. So, there were a couple of questions around the SOGI data collection update for Medicare and Medicaid. And so I just wanted to clarify, the change in SOGI data collection across programs is at the federal level. If there are states that already have requirements around SOGI data collection, that is a separate requirement that is not directly impacted by the change in the federal data collection.

And then really, to lift up a question in the chat, to say that not tracking and not being able to track SOGI data makes it really hard to prove that services are being accountably provided to LGBTQ communities when those communities can't even be identified. And that really is the strategy here, is to render a lot of these groups invisible from a public policy standpoint.

And so that's why it's really important, both to be advocating for SOGI data collection more broadly, but particularly at a local level and a state level that isn't directly implicated by changes to the federal data collection work.

There was another cluster of questions around the social security changes, to the gender identity markers. And I'll just say that we haven't seen the agency go back and change those that were already changed. The change was really to prohibit changes moving forward.

And then I want to probably say that's probably all the time we have for questions today. As I said at the beginning, we're going to get to your questions via email afterward. If I can get the presenters to come back on camera just to say a quick goodbye.

Thank you all for attending. Thank you to Josh, Kell, Cam and Aaron for joining us this special Pride Month webinar. We had over 700 people on today's webinar, so I really hope that you all found this information helpful. You have all of our emails here, so feel free to stay in touch as things change, and we will also continue to keep you up to date. So thank you so much. Have a great rest of your Pride Month. Thanks everyone.