

LGBTQ+ Populations and Work Requirements

When Identity Creates Workplace and Documentation Barriers

Jamie's Story

Jamie Chen, 26, gets misgendered six times on an average shift at the department store where they work. They stopped counting years ago because counting made the pain accumulate into something unbearable. Each "sir" from a customer, each "he" from a coworker, each assumption embedded in ordinary interaction reminds them that the world sees something different from who they are. They came out as non-binary at 22 and lost their family over it. Their parents stopped speaking to them. Their childhood bedroom became off-limits. The safety net most people take for granted vanished in a conversation that lasted twenty minutes.

They work retail because retail hired them. After the previous job ended, the one where they came out to their manager and found themselves scheduled for fewer and fewer hours until no hours remained, they learned to stay quiet. The official reason for that termination was "restructuring," but the timing coincided precisely with visibility. Now they keep their head down, answer to their birth name because they can't afford the legal change, and absorb the daily erosion of being addressed as someone they're not.

Sixty-five hours monthly at the department store. That's what Jamie can sustain while managing the mental health consequences of living in a workplace where their identity doesn't exist. The depression that settled in after their family's rejection requires medication and therapy. The anxiety that spikes every time a coworker asks personal questions requires management. The gender dysphoria that intensifies when wearing the gendered uniform their job requires creates a constant background static of distress. They could probably work more hours if the work didn't cost so much psychologically, but every shift extracts something that the paycheck doesn't replenish.

Work requirements demand 80 hours. Jamie works 65. The gap is 15 hours, and they could fill it. They volunteer at the local LGBTQ+ community center, providing peer support to other young people navigating similar rejections and similar barriers. Fifteen hours monthly of meaningful work that helps people who need help, that uses their hard-won knowledge of surviving what they've survived. Combined with their retail hours, they meet the 80-hour threshold exactly.

They don't report the volunteer hours. Reporting them would require identifying the organization. Identifying the organization would reveal their identity to state systems they don't trust with that information. The verification process could trigger questions. Questions could lead to their employer learning things they've carefully concealed. In 27 states, employers can legally fire workers for being LGBTQ+. Jamie's state is one of them. The volunteer work that would bring them into compliance also threatens the job that provides most of their compliance hours.

The documentation problems compound everything. Jamie's legal name remains their birth name because changing it costs \$400 in filing fees and requires court appearances they can't afford to miss work for. Their ID shows a name and gender marker that don't match how they present. Every verification process, every form that asks for legal name, every system that cross-references documents creates potential exposure. The work requirement verification notice arrived addressed

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to a name that feels like a stranger's, asking them to confirm employment at a job where they hide who they are.

Healthcare creates its own complications. The hormone therapy they need requires regular monitoring, appointments every three months with a provider who affirms their identity. That provider is 45 minutes away because the closer providers either don't offer gender-affirming care or do so with obvious discomfort that makes visits traumatic rather than therapeutic. The mental health care they need to manage the depression and anxiety requires a therapist who understands minority stress, who won't spend sessions questioning their identity rather than treating their symptoms. Finding competent providers took months. Keeping appointments with them takes hours.

Coverage termination arrived like a verdict. Insufficient hours documented. The 65 they reported didn't reach 80. The 15 they didn't report might as well not exist because reporting them felt more dangerous than losing coverage. Without coverage, the hormone therapy stopped. Without coverage, the antidepressants became unaffordable. The depression that had been managed became unmanaged. The suicidal ideation that therapy had helped them navigate returned without the navigation.

The hospitalization following the suicide attempt cost more than a year of Medicaid coverage would have. The crisis that began with documentation fears and discrimination realities ended in an emergency room where staff used the wrong pronouns throughout their stay. They survived, barely, and emerged into a world that still demands 80 hours from someone it gives fewer than 80 hours of safety.

Demographics and Scope

LGBTQ+ individuals face work requirements while navigating discrimination that limits employment options, healthcare barriers that affect treatment access, and documentation systems that threaten disclosure of identities they may need to protect.

Approximately 300,000 to 500,000 LGBTQ+ expansion adults are subject to work requirements, representing 1.5 to 3 percent of the expansion population. The percentage is likely higher in urban areas where LGBTQ+ communities concentrate and where people may feel safer being out, and lower in rural areas where concealment remains more common. The estimate carries significant uncertainty because many LGBTQ+ individuals do not disclose their identity on surveys, particularly in states with limited legal protections.

Economic vulnerability marks this population at rates exceeding general population averages. Higher poverty rates reflect employment discrimination that limits job options and earning potential. Family rejection during adolescence or young adulthood eliminates the economic support that many people receive from parents during career establishment years. Housing instability follows family rejection, and housing instability complicates employment stability. The economic foundations that work requirements assume most people possess may never have been available to LGBTQ+ individuals whose families withdrew support upon learning who they are.

Healthcare barriers affect both access to care and willingness to seek it. Eight percent of LGBTQ+ adults report being denied healthcare because of their identity, either explicitly or through provider refusal to offer needed services. Twenty-two percent avoid seeking healthcare due to fear of



discrimination, delaying treatment until conditions worsen and emergency care becomes necessary. Provider shortages for gender-affirming care concentrate competent providers in urban areas, creating geographic access barriers for rural LGBTQ+ populations. Mental health needs run higher than general population rates, both because discrimination creates psychological harm and because the stress of concealment or the trauma of rejection generates clinical conditions requiring treatment.

Employment discrimination remains legal in 27 states that lack explicit protections based on sexual orientation and gender identity. While the Supreme Court's Bostock decision extended Title VII protections to LGBTQ+ workers in 2020, enforcement remains inconsistent and many workers are unaware of their federal rights. Workplace harassment remains common even where discrimination is technically illegal. Being out at work creates vulnerability to mistreatment. Staying closeted creates the constant cognitive and emotional burden of concealment. Neither choice is cost-free, and both affect work capacity in ways that hour counts don't capture.

Documentation challenges create verification complications specific to this population. Legal name changes cost \$150 to \$500 depending on state requirements, fees that low-income individuals may not be able to afford. Gender marker changes on identification documents require various forms of documentation that different states set at different thresholds. The resulting mismatch between how someone presents, what their documents say, and what their birth records show creates friction in every system that verifies identity. Work requirement verification processes that contact employers using legal names potentially out workers who have not disclosed their identity at work.

Mental health disparities reflect the accumulated impact of discrimination, rejection, and minority stress. Depression rates among LGBTQ+ populations run two to three times higher than the general population. Anxiety disorders show similar elevation. Suicide attempt rates substantially exceed general population rates, particularly among transgender individuals and LGBTQ+ youth. These disparities don't reflect inherent vulnerability but rather the psychological consequences of navigating a world that frequently treats LGBTQ+ identity as deviant, threatening, or unworthy of protection.

Failure Modes: When Systems Assume Safety That Doesn't Exist

Work requirement systems assume that workers can safely disclose their activities, that verification processes won't cause harm, and that documentation accurately reflects identity. For LGBTQ+ populations, each assumption can fail in ways that produce coverage loss regardless of actual work effort.

Workplace discrimination limiting employment options operates before work requirements even apply. In states without employment protections, LGBTQ+ workers face termination risk if their identity becomes known. This risk shapes job searches toward employers known to be safe, limiting options in ways that reduce available hours. The worker who could find 80 hours monthly across multiple employers may only find 65 hours at the one employer where they feel safe enough to work. The discrimination doesn't appear in work requirement data because it operates upstream of verification, constraining what workers can safely pursue.

Documentation mismatch creating verification complications produces exposure risks embedded in compliance processes. Work requirement verification may require employer contact using legal names that don't match how workers are known at their jobs. Workers who have not come out at work, who answer to chosen names their employers don't know aren't legal names, face potential outing through verification processes they can't control. The choice becomes: complete verification and risk exposure, or avoid verification and lose coverage. Neither option preserves both safety and healthcare.

Healthcare provider discrimination creating access barriers means that LGBTQ+ individuals often cannot access care locally even when they have coverage. Providers who refuse gender-affirming care, who misgender patients, or who treat LGBTQ+ identity as pathology rather than identity make local healthcare effectively unavailable. Traveling to competent providers takes time that competes with work hours and money that low-income patients may not have. The coverage that should provide healthcare access becomes theoretical when no accessible providers will offer affirming care.

Family rejection creating economic instability eliminates safety nets that work requirements implicitly assume. The young adult whose parents stopped speaking to them after coming out has no family home to return to during job transitions. No parental help with first apartments, car payments, or emergency expenses. No family connections to employment opportunities. The isolation is economic as much as emotional, removing the informal support structures that help most young adults establish themselves.

Mental health burden from minority stress competes with work hours in ways that standard exemption criteria may not recognize. The depression that results from years of discrimination, the anxiety produced by constant threat assessment, the trauma of family rejection and workplace harassment create treatment needs that take time. The therapy that keeps someone functional enough to work takes hours that work requirements also claim. If mental health appointments don't count toward requirements, workers must choose between the treatment that enables work and the work hours that verification demands.

Outing risk from verification systems affects what activities workers can safely report. The volunteer hours at an LGBTQ+ organization that would bring Jamie to compliance also identify them to systems they don't trust. Reporting those hours means creating a record that links their identity to their Medicaid file, accessible by workers they don't know, potentially shared in ways they can't control. The activity that counts toward compliance also threatens the concealment that protects their employment.

State Policy Choices: Protection or Exposure

States implementing work requirements for LGBTQ+ populations face choices about whether verification systems will protect or endanger workers whose identities create vulnerability.

The first choice involves employment non-discrimination protections. States with explicit protections for LGBTQ+ workers create environments where being out at work carries less risk, where verification processes are less likely to trigger termination, where workers can pursue employment without identity-based constraints on their options. States without such protections

leave workers vulnerable in ways that work requirements can compound. The policy choice about employment discrimination shapes the context in which work requirements operate.



The second choice concerns documentation flexibility. States could accept chosen names for verification purposes even without completed legal name changes, recognizing that the \$400 required for legal change represents a barrier that low-income individuals face. Accepting chosen names would reduce the mismatch between how workers present, how employers know them, and what verification documents show. The alternative maintains legal name requirements that create outing risks for workers whose legal names don't match their lived identities.

The third choice involves confidentiality for qualifying activities. States could allow workers to report hours at community organizations without specifying the organization's focus, preventing the disclosure that reporting hours at LGBTQ+ centers requires. Generic reporting categories like "community service" rather than specific organization names would enable compliance without forced outing. The alternative requires specificity that may reveal more than workers wish to share.

The fourth choice concerns healthcare accommodation. Gender-affirming care appointments, hormone therapy monitoring, and mental health treatment for minority stress could count toward work requirements, recognizing that this care maintains the health that enables employment. Counting healthcare hours would reduce the conflict between treatment and work hour accumulation. The alternative treats healthcare as personal activity separate from productive engagement regardless of how essential that healthcare is to functioning.

The fifth choice involves mental health recognition. States could recognize that minority stress creates mental health needs beyond what standard exemption criteria capture, that the depression and anxiety resulting from discrimination constitute legitimate barriers to full employment. This recognition would provide pathways to exemption or reduced requirements for workers whose mental health conditions result from the discrimination they face. The alternative applies standard criteria that may not account for discrimination-related mental health impacts.

Stakeholder Responsibilities

Multiple institutions determine whether LGBTQ+ populations can navigate work requirements without the exposure and discrimination that their identities make likely.

LGBTQ+ community organizations serve as trusted intermediaries for populations who may not trust mainstream systems. Navigation support for work requirements provided by organizations that understand LGBTQ+ specific barriers reaches populations that government navigators might not effectively serve. Employment services in affirming environments help job seekers find workplaces where their identities won't create vulnerability. Healthcare referrals to providers competent in LGBTQ+ care address access barriers that coverage alone doesn't solve. Crisis intervention and housing support serve populations whose family rejection creates needs that general services may not understand.

Healthcare providers bear responsibility for competency in serving LGBTQ+ patients. Gender-affirming care access depends on providers willing to offer it. Mental health support for minority stress requires therapists who understand discrimination as a cause of psychological harm rather than identity as a source of pathology. Documentation for medical exemptions when appropriate

helps workers whose conditions qualify access the exemptions they need. Cultural competency training builds capacity that many medical education programs have not historically provided.

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Employers shape the environments where LGBTQ+ workers spend their hours. Non-discrimination policies provide protection that some states don't offer. Inclusive workplace environments reduce the stress of concealment or the risk of harassment. Chosen name and pronoun usage costs nothing while significantly affecting whether workers feel safe enough to work at their actual capacity. Employers who create environments where LGBTQ+ workers can be themselves access the full capacity of those workers rather than the diminished capacity that concealment and stress produce.

State Medicaid agencies make choices about verification systems that determine exposure risk. Confidentiality protections for LGBTQ+ identity in Medicaid files prevent information from being shared in ways that harm workers. Documentation flexibility that accepts chosen names reduces mismatch friction. Non-discrimination requirements in provider networks ensure that coverage translates to actual care access. Coverage for gender-affirming care provides the healthcare that LGBTQ+ populations specifically need.

Legal services organizations provide support for documentation barriers. Name change assistance helps workers align their documents with their identities at costs they can afford. Discrimination case advocacy holds employers accountable when protections exist and are violated. Documentation support helps workers navigate systems that make their identity more complex.

Return to Jamie

Jamie's 80 hours of activity met work requirements exactly. Sixty-five hours of retail employment. Fifteen hours of community service at the LGBTQ+ center. The math worked. The verification didn't, because Jamie couldn't report hours that would reveal their identity to systems they didn't trust with that information.

The coverage loss that followed didn't result from insufficient work. It resulted from verification systems that made full reporting dangerous. The discrimination that limited their employment options to workplaces where they stayed closeted, the documentation mismatch that made verification risky, the fear of outing that prevented reporting qualifying hours, the mental health burden that discrimination created and that coverage loss worsened, each barrier reflected not personal failure but structural conditions that work requirements didn't account for.

The policy question their story raises is whether work requirements can accommodate LGBTQ+ populations without forcing disclosure of identities that disclosure may endanger. Verification systems designed for populations who face no risk from identification operate differently for populations whose identities create vulnerability. The worker who can safely report everything they do navigates a different system than the worker who must calculate exposure risk before every disclosure.

Jamie survived the suicide attempt. They're back in therapy, having regained coverage through the hospitalization pathway that serves as a brutal and expensive alternative to maintained coverage. They still work at the department store, still get misgendered, still hide who they are because hiding feels safer than visibility in a state without employment protections. They still volunteer at the

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LGBTQ+ center, still don't report those hours, still fall short of documented compliance while exceeding it in reality.

The systems that created this outcome could be redesigned. Verification processes that protect confidentiality, documentation flexibility that accepts chosen names, employment protections that reduce workplace risk, healthcare systems that recognize minority stress: each represents a choice states could make differently. Jamie's hospitalization cost more than the coverage it restored. The question is whether different choices will prevent the next hospitalization for the next person whose identity makes work requirement compliance dangerous in ways the requirements don't recognize.

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