



Committee on Health and Human Services

Testimony in Support of:

L.D. 263, Resolve, to Provide Rural Nonmedical Transportation Services to the Elderly and Adults with Disabilities Receiving Home and Community Benefits Under MaineCare

April 3, 2025

Dear Senator Ingwersen, Representative Meyer, and distinguished members of the Committee on Health and Human Services,

My name is Heide Lester, and I am the Deputy Director of EqualityMaine, which has been advocating on behalf of Maine's LGBTQ+ community since 1984. We strongly support legislation that ensures consistent access to socialization, healthy food, employment, exercise, and more for older folks and those with disabilities.

In Maine, which has the highest median age in the country, a high percentage of people identify as LGBTQ+ compared to other states; there are approximately 19,000 LGBTQ+ adults in Maine aged 50 and older, 7,000 of whom are 65 and older.¹ Despite recent gains in protections for the LGBTQ+ community, older adults have lifetimes of discrimination that have left them more likely to experience social, financial, physical, and mental health disparities, and at higher risk for developing chronic diseases, living in poverty, and experiencing social isolation.² It is important to note that the lack of social connection is proven to be associated with an increased risk of heart disease, stroke, suicide, depression, and dementia, as well as increased susceptibility to viruses and respiratory illness.³

Home- and community-based services are critical for older adults to age in place in the communities they love and avoid expensive institutional care. However, Maine is considered the most rural state in the nation,⁴ and over 70% of older Mainers live in communities without access to fixed route transit or one of the larger flex route transit systems.⁵ Older adults who cannot drive and do not have access to public transportation have to rely on others, which is especially difficult for LGBTQ+ older adults, who are four times less likely to have children and twice as likely to be single as their non-LGBTQ+ peers.⁶ Those who do not have a spouse, close family, friends, or neighbors and cannot drive can experience significant and rapid health declines due to social isolation and inadequate access to other necessities for good health like exercise and healthy foods.

We urge you to vote "Ought to Pass" on L.D. 263. Keeping people healthy is a smart and just investment.

Thank you,

Heide Lester (they/them)

¹ "Adult LGBT Population in the United States." *The Williams Institute, UCLA*, williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Adult-US-Pop-Dec-2023.pdf

² Fredriksen-Goldsen, Karen, et al. "Health Disparities among Lesbian, Gay, and Bisexual Older Adults." *American Journal of Public Health*, pmc.ncbi.nlm.nih.gov/articles/PMC3770805/.

³ "Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community." *U.S. National Library of Medicine*, pubmed.ncbi.nlm.nih.gov/37792968/.

⁴ "Define Rural Health and Primary Care." *Maine Center for Disease Control & Prevention*, maine.gov/dhhs/mecdc/public-health-systems/rhpc/rural-health.shtml.

⁵ "Maine Strategic Transit Plan 2025." *MaineDOT*, maine.gov/mdot/transit/docs/FinalStrategicPlan.pdf

⁶ Salerno, John P, et al. "LGBTQ Populations: Psychologically Vulnerable Communities in the COVID-19 Pandemic." *Psychological Trauma: Theory, Research, Practice and Policy*, pmc.ncbi.nlm.nih.gov/articles/PMC8093609/.