

Testimony of Katie Rutherford
In Support of LD 1328 – *An Act to Create Housing and Recovery Services for LGBTQIA+ Individuals*
Committee on Housing and Economic Development
May 6, 2025

Chair Curry, Chair Gere and Honorable Members of the Committee on Housing and Economic Development, my name is Katie Rutherford, and I am the Executive Director of Frannie Peabody Center, Maine's only remaining community-based HIV/AIDS services organization. We serve over 400 individuals living with HIV in Maine and provide over 2,000 free rapid HIV tests annually throughout the state, in addition to linkage to care and prevention navigation. I am writing in strong support of LD 1328 to establish housing and recovery services for LGBTQIA+ Individuals.

Substance use disorder (SUD) and recovery are public health challenges that affect many, but the LGBTQIA+ community faces these challenges at disproportionately higher rates due to systemic discrimination, social stigma, and a lack of culturally competent services. LGBTQIA+ individuals are more likely to experience housing insecurity, discrimination in healthcare and housing, and barriers to recovery—all of which can severely impact long-term health and recovery outcomes.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), LGBTQ+ adults are nearly twice as likely to experience a substance use disorder. This disparity is directly tied to minority stress—the chronic stress faced by stigmatized groups—which is compounded by housing instability and a lack of affirming environments.

LGBTQIA+ people—especially transgender individuals and LGBTQIA+ youth—face higher rates of housing discrimination, eviction, and homelessness. Research by the National Center for Transgender Equality found that 1 in 5 transgender people in the U.S. has experienced homelessness at some point due to discrimination or family rejection. Additionally, 30% of LGBTQIA+ youth report experiencing homelessness or housing instability, and many shelters and recovery homes are either unsafe or unwelcoming for them.

Recovery housing should be a place of safety, healing, and community—but for LGBTQIA+ individuals, many existing environments are hostile, discriminatory, or retraumatizing. People in recovery need stability and affirmation to heal; without these, the risk of relapse and further marginalization increases significantly.

LD 1328 establishes the resources and leadership structures to support LGBTQIA+ recovery housing that will:

- Reduce barriers to recovery by creating an inclusive and safe environment.
- Improve health outcomes by connecting residents with culturally competent care.
- Support long-term recovery by fostering community, belonging, and resilience.
- Address systemic inequities in housing and healthcare access for LGBTQIA+ populations.

Such housing will not only save lives—it will improve public health, reduce healthcare costs, and strengthen our community as a whole.

I urge you to support LD 1328 as a vital step toward equity, dignity, and wellness for LGBTQIA+ individuals in recovery. Thank you for your time and commitment to justice in housing, recovery and healthcare.