



Testimony in Support of

L.D. 1932, An Act to Support Essential Support Workers and Enhance Workforce Development

By Heide Lester on behalf of EqualityMaine

January 20, 2026

Senator Ingwersen, Representative Meyer, and distinguished members of the Joint Standing 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 the strengthening of Maine's direct care workforce through L.D. 1932.

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 or 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 Health disparities often accumulate over a lifetime and may increase the risk of cognitive impairment and Alzheimer's and other related dementias; in fact, LGBTQ+ people are more likely to report symptoms of early dementia or mild cognitive impairment than their non-LGBTQ+ peers.³ They are also more likely to have a disability and experience independent living challenges.⁴

87% of Mainers aged 45 and older prefer to age in place.⁵ However, LGBTQ+ older adults are four times less likely to have children and twice as likely to be single as their non-LGBTQ+ peers. They may also be estranged from their biological or legal family members if those people do not accept their sexual orientation and/or gender identity. This can make access to assistance with activities of daily living, meals, and other supports especially critical for LGBTQ+ older adults in order to age in place in the communities they love.

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

² Fredriksen-Goldsen, Karen I., et al. "Health Disparities among Lesbian, Gay, and Bisexual Older Adults: Results from a Population-Based Study." *American Journal of Public Health*, vol. 103, no. 10, American Public Health Association, Oct. 2013, doi.org/10.2105/ajph.2012.301110.

³ Arne Stinchcombe, et al. "Safer Dementia Care Spaces: Perspectives from LGBTQ+ People with Cognitive Impairment and Caregivers." *Dementia*, vol. 24, no. 2, SAGE Publishing, Sept. 2024, doi.org/10.1177/14713012241284691.

⁴ "Understanding Disability in the LGBTQ+ Community." HRC, 2020, hrc.org/resources/understanding-disabled-lgbtq-people.

⁵ "Family Caregivers in Maine Provide 2.9 Billion in Unpaid Care to Loved Ones." AARP, Mar. 2023, states.aarp.org/maine/valuing-invaluable-report.

Judy, an LGBTQ+ older adult living in Maine, shared the following about the critical support needed for support workers: "I worked almost 30 years as a physical therapy assistant and saw how valuable home aides were to patients. They helped them bathe, helped with food and medicines etc., daily living activities that you take for granted. These aides have to drive all over the countryside and towns. At the present state of inflation I don't even see how they can afford to maintain a car on their present pay. They need help to keep helping people."

An LGBTQ+ older adult who is part of our Network for Older Adults (NOA) shared the following: "Most of my eldercare responsibilities took place 2014 - 2023, a nine year period. While I had housing and food, I was not able to earn enough income through casual and seasonal employment to accrue social security. Therefore, my senior years will be an economic challenge and only possible with assistance (SNAP, etc) for the expected years left to me. Additional challenges involve being an out transgender female where I will be requiring gender-affirming care and navigating subtle discrimination in the world at large."

Direct care work is skilled, professional, and essential. Increasing compensation for care workers and making other investments in the direct care workforce is a meaningful way to increase access to quality direct care and support in Maine. When we pay competitive wages and plan for the true cost of care, we strengthen the system that supports older adults, people with disabilities, families, employers, and communities around the state. We urge you to vote "Ought to Pass" on L.D. 1932.