

# Addressing Language Access for Reproductive Telehealth Care

**Individuals with limited English proficiency (LEP) encounter systemic inequities when trying to access health care, including unique challenges to benefiting from telehealth services.<sup>1</sup>**



About one in five people in the United States speak a language other than English at home<sup>2</sup>—including nearly 26 million or 9% of the U.S. population with LEP<sup>3</sup>—and more than 350 languages other than English are spoken across the U.S.<sup>4</sup>

- ▶ 32% of Asian Americans and 12% of Native Hawaiians and Pacific Islanders (AANHPIs) in the U.S. have LEP,<sup>5</sup> and language barriers may prevent them from going to check-ups and addressing unmet health care needs.<sup>6</sup>
- ▶ More than 1 million Latinas<sup>7</sup> who live in states that have banned abortions, or are likely to, report not speaking English at all or not speaking it well, making it more challenging for them to access culturally competent abortion care.<sup>8</sup>
- ▶ Overall, adults with LEP are more likely to be uninsured—Spanish-speaking persons being the most likely—and lack a usual health care provider than individuals who are English proficient.<sup>9, 10</sup>



Importantly, immigrants are significantly more likely than U.S.-born individuals to have LEP: 56% of noncitizens and 37% of naturalized citizens have LEP compared to 2% of U.S.-born citizens.<sup>11</sup> For immigrants with LEP, it can be difficult to access health care services due to difficulty speaking or understanding English.<sup>12</sup>



Even though research shows that qualified interpreters can help improve LEP individuals' service quality and health outcomes as well as reduce medical errors, language services may not always be available.<sup>13, 14</sup>

- ▶ One study found that fewer than a third of outpatient physicians had regularly used a professional interpreter when communicating with patients with LEP, and 40% had never used professional interpreters.<sup>15</sup>
- ▶ About one-fourth of U.S. hospitals that serve populations with high or moderate need for language services—and more than one-third of hospitals that serve populations with low need—do not offer language services.<sup>16</sup>

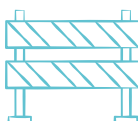


Studies have shown that patients with LEP are less likely to use telehealth compared with their counterparts who speak English fluently,<sup>17</sup> and are less likely to use telehealth video visits when accessing virtual services compared to adults comfortable speaking English.<sup>18</sup>

**Accessing reproductive health care—and notably, abortion services—can be especially difficult for LEP individuals due to financial, travel, or language barriers.<sup>19</sup>**



**Insurance coverage barriers:** People with LEP may not receive information on how to apply for and enroll in health insurance plans and programs in their own language.<sup>20</sup> Additionally, many newly admitted immigrants are barred for five years from enrolling in federal health insurance programs, and immigrant women are less likely to have health insurance coverage and use sexual and reproductive health services than U.S.-born women.<sup>21, 22, 23</sup>



**Travel barriers:** Immigrants living without documentation—a majority of whom are not proficient in English—may have no way of obtaining abortion care or gender-affirming care: immigration law enforcement prevents them from traveling out of state to a provider, and customs border patrol checkpoints may prevent border residents from traveling for care.<sup>24, 25, 26</sup>



**Lack of culturally appropriate information:** Without having access to accurate information in their own language, LEP individuals may be vulnerable to false claims about the legality of reproductive health services and the implications of receiving such services, especially abortion and gender-affirming care.

- ▶ LEP populations may also be more vulnerable to anti-abortion centers that provide medically inaccurate information in order to steer people away from deciding to have an abortion.<sup>27, 28</sup>
- ▶ Asian Americans and Native Hawaiians and Pacific Islanders (AANHPIs) may face language barriers in their efforts to access reproductive health care.<sup>29</sup> One study that focused on AANHPIs found that 35% of participants had not heard of medication abortion (or weren't sure that they had heard of it), and nearly half of the participants did not know where or how to access it.<sup>30</sup>

**Telehealth presents an opportunity to ensure everyone can make informed decisions about their bodies, lives, and futures without barriers because of language proficiency. However, obstacles remain that need to be overcome.**



A range of sexual and reproductive health services—including contraception, medication abortion, STI care, prenatal and postpartum care, perimenopause and menopause care, and gender-affirming care—can be provided via telehealth, and telehealth can improve patient access to these services.<sup>31</sup>

- ▶ One study found that patients preferred telehealth for sexual and reproductive health care in a primary care setting, and especially for contraceptive counseling.<sup>32</sup>
- ▶ Transgender and gender-diverse people have reported highly positive perceptions of telehealth-delivered gender-affirming care, and improved access to gender-affirming care via telehealth.<sup>33, 34</sup>
- ▶ Notably, telehealth models for medication abortion care are equally as safe as in-person models and could enable patients to access abortion care earlier in their pregnancy.<sup>35</sup>
- ▶ Data from the TelAbortion study in the U.S. confirms previous findings that providing medication abortion through telehealth and mailed medication is safe and effective. Among nearly 1,400 abortions provided this way, 95% were completed without a subsequent procedural abortion, and 99% experienced no serious adverse events.<sup>36</sup>



Although telehealth for medication abortion care has proven to be safe and effective, medically unnecessary state regulations restrict patient access to it, intensifying barriers to access for LEP individuals.

- ▶ As of May 2024, 15 states have enacted abortion bans, and 6 states have enacted various gestational limit bans at 6, 12, 15, or 18 weeks.<sup>37</sup>



24 states either ban telehealth for medication abortion care or require in-person visits, which effectively ban the use of telehealth services.<sup>38</sup>



Bans on insurance coverage for abortion, including under Medicaid<sup>39</sup>, limit access and disproportionately impact those who already face significant barriers to receiving quality care, such as people living with low-incomes, immigrants, and people of color.<sup>40</sup>

- ▶ In Colorado, for example, one-third of Latine individuals and more than half (55%) of Latine children are covered by Medicaid. Both Latine people overall and children are more likely to be covered by Medicaid than the state population overall (19% for all Coloradans and 35% for all children).<sup>41</sup> At the same time, Latine teenagers have the highest birth rate in Colorado compared to other races.<sup>42</sup>
- ▶ A 2019 study in Louisiana found that about 29% of Medicaid-eligible pregnant women who would have an abortion if Medicaid covered abortion instead give birth.<sup>43</sup> This finding is consistent with a landmark 2009 study that found that severe restrictions on Medicaid coverage of abortion force 1-in-4 low-income women who seek abortion to carry an unwanted pregnancy to term.<sup>44</sup>

## Concrete programmatic and policy changes can help ensure that LEP individuals have access to reproductive telehealth care and abortion care via telehealth.



Several federal statutes—including Title VI of the Civil Rights Act of 1965 and Section 1557 of the Affordable Care Act—require that federal entities or health care organizations receiving federal funds, such as through Medicare or Medicaid/CHIP, must meet the language needs of LEP clients.<sup>45, 46</sup>

- ▶ While this requirement is not always fulfilled in practice, there is an opportunity for states to take initiative around telehealth. States have the flexibility to cover Medicaid services provided via telehealth and that meet the language needs of patients.<sup>47</sup>



Telehealth platforms and health care providers can increase accessibility for LEP individuals by providing multilingual support for delivery of services such as:<sup>48</sup>

- ▶ Interpreter services for both video and phone platforms;
- ▶ Translation for appointment scheduling emails and intake or follow-up forms;
- ▶ Translation services for messaging between patients and providers that can be built into electronic health record systems.<sup>49</sup>



There is potential to enhance and protect reproductive health care access for LEP individuals by advancing policies that centers language access, insurance coverage, and anti-discrimination.

**Telehealth has the potential to enhance sexual and reproductive health care for individuals with LEP if policies and programs center equity in their design and implementation. Reproductive equity without access is not freedom.**

## GLOSSARY

- ▶ **Telehealth:** Telehealth enables health care providers to treat patients virtually without an in-person appointment. Patients can connect directly with a health care provider from any location and this can be done in a variety of ways, including via live video (“synchronous”), the phone, secured chat (“asynchronous”), and other telecommunications.
- ▶ **Individual with limited English proficiency:** Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.
- ▶ **Sexual and reproductive health:** A state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction. Services include but are not limited to contraception, abortion care, sexually transmitted infection screening and treatment, and fertility services.
- ▶ **Medication abortion:** A safe and effective FDA-approved medication regimen for ending an early pregnancy. It is an abortion option that is approved for use up to 10 weeks in pregnancy. The regimen involves two different pills. One pill, called mifepristone, is taken first and then pills, called misoprostol, are taken 24-48 hours later. It is also safe and effective to use misoprostol only as a regimen for medication abortion. As restrictions around mifepristone complicate its availability, it’s important to note that misoprostol is safe, effective, widely available, and easy to administer.
- ▶ **Procedural abortion:** An abortion method that uses suction to take a pregnancy out of the uterus. Suction abortion (also called vacuum aspiration) uses suction to empty the uterus, and is used until about 14-16 weeks after an individual’s last menstrual cycle. Dilation and Evacuation (D&E) is another kind of in-clinic abortion procedure. It uses suction and medical tools to empty the uterus, and can be performed later in a pregnancy than aspiration abortion.
- ▶ **Anti-abortion centers:** Organizations that present themselves as health care clinics while providing counseling explicitly intended to discourage and limit access to abortion and pressure individuals into adoption or parenting.

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