

Increasing LGBTQIA+ Access to Sexual and Reproductive Care with Telehealth

Telehealth can improve access for everyone, including lesbian, gay, bisexual, transgender, queer, intersex, and asexual+ (LGBTQIA+)¹ people, to a wide range of sexual & reproductive health services – including contraception, medication abortion, STI care, gender-affirming care (GAC), prenatal and postpartum care, and perimenopause and menopause care.² **However, obstacles remain that need to be overcome.**

- ▶ **Telehealth is safe, effective, and reliable**, and has proven to be an important tool for expanding access to health care in general, to specific communities such as in rural areas, and especially during the recent pandemic.³
- ▶ **Implementing telehealth in GAC can increase access to care and improve provider knowledge and engagement.**⁴ During the COVID-19 pandemic, telehealth expansion helped mitigate delays in the delivery of gender-affirming care.⁵
- ▶ One study found that **patients in general preferred telehealth for sexual and reproductive health care** in a primary care setting, and especially for contraceptive counseling.⁶
- ▶ Providers and LGBTQIA+ patients have both reported **high levels of satisfaction with HIV prevention and treatment services via telemedicine**, which has been proven to be an effective strategy for expanding HIV care to rural or remote areas.⁷
- ▶ 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.^{8, 9}
- ▶ **Implementing telehealth for gender-affirming care can increase access to care** and improve provider knowledge and engagement.¹⁰ This is especially important amidst ongoing political attacks on access to gender-affirming care.

Despite the safety and efficacy of these telehealth services, legislative and insurance restrictions obstruct access:

- ▶ **Bans on insurance coverage for abortion and GAC**, including under Medicaid, limit access and disproportionately impact those who already face significant barriers to receiving quality care.
- ▶ Although proven to be safe and effective, telehealth for medication abortion care is **increasingly restricted by medically unnecessary state regulations**. As of October 2023, 20 states have implemented either telehealth bans for medication abortion care or have in-person requirements that effectively serve as telehealth bans. In addition, many of these states have gestational age bans that further limit access to care.^{11, 12}

PROBLEM:

LGBTQIA+ people encounter systemic inequities when navigating the U.S. health care system, including discrimination, cost, and lack of trained providers.



More than 1 in 5 (23%) LGBTQIA+ adults have postponed or avoided medical care due to disrespect or discrimination by providers, including more than 1 in 3 (37%) transgender or nonbinary individuals.¹³

- ▶ In a recent survey, 88% of LGBTQ+ intersex respondents reported experiencing discrimination from a doctor or health care provider in the past year – including refusal of care, harsh language, or physical abuse.¹⁴
- ▶ Intersex patients who have experienced non-consensual surgery are over four times more likely than other intersex patients to delay preventive and emergency health care due to mistrust of medical providers.¹⁵



LGBT individuals are more likely to be uninsured than non-LGBT individuals, and 59% of LGBTQ people live in states that do not have LGBTQ-inclusive insurance protections.^{16, 17}

- ▶ Multiple studies show that even with insurance, LGBTQ adults are still more likely to report avoiding necessary medical care due to cost – and due to fear of discrimination.^{18, 19, 20}
- ▶ Intersex LGBTQ+ people are twice as likely as non-intersex LGBTQ+ people to postpone or defer necessary care due to cost in general.²¹
- ▶ Only two states have Medicaid coverage of all five key gender-affirming care services (GAC): gender-affirming surgery, hormone therapy, voice/communication therapy, fertility services, and mental health counseling.²²



These obstacles are especially heightened for LGBTQIA+ people in rural areas, which already face health care challenges such as hospital closures and declining numbers of providers – especially for specialty services. For example, transgender adults in rural areas are over three times more likely than transgender adults overall to have to travel 25 miles or more for routine care.²³



Transgender, non-binary, and gender-expansive individuals face unique barriers to accessing gender-affirming care, abortion, and contraceptives, including cost, distance, lack of insurance, lack of gender-affirming clinicians, misconceptions, and difficulty locating accurate information.^{24, 25, 26}



Transgender youth face compounding barriers when trying to access puberty blocking medications and gender-affirming hormones. Young people may face difficulty finding local providers who are experts in gender-affirming care (GAC), or may not be able to access care in their state at all.

- ▶ As of October 2023, 22 states have passed bans on gender-affirming care for youth, and 39 states total have considered such bans.^{27, 28}
- ▶ One study found that transgender girls – and notably, Black and Latine transgender girls – experience greater barriers to care than transgender boys: they were less likely to be insured, least likely to have a medical provider, least likely to be out as transgender to a provider, and most likely to report experiencing gender-based problems with health care.²⁹

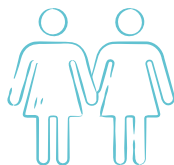
CONTEXT:

Comprehensive sexual and reproductive health care is especially important for LGBTQIA+ communities as they often have a greater need for certain services than their heterosexual or cisgender counterparts.



LGBTQIA+ people, including individuals who do not identify as women, make up as many as 16% of U.S. abortion patients, despite comprising only roughly 7% of the adult population.^{30, 31}

- ▶ Lesbian and bisexual cisgender women who have been pregnant are more likely than heterosexual cisgender women who have been pregnant to have had an abortion,³² and in the U.S., about 500 transgender and nonbinary individuals received abortions in a clinical setting over the course of a year.³³
- ▶ However, one study estimated that only 23% of all U.S. clinics offering abortions also provided transgender-specific health services, meaning transgender people who can get pregnant, including transgender men, may have to see multiple providers to fulfill their sexual and reproductive health care needs.³⁴



Queer cisgender women are less likely than heterosexual cisgender women to receive clinical contraceptive counseling.^{35, 36}

- ▶ During the COVID-19 pandemic, queer cisgender women were more likely than heterosexual cisgender women to report pandemic-related delays or cancellations of contraceptive or other sexual and reproductive health care.³⁷



Intersex people often struggle to find providers who are willing to care for them:

- ▶ 55% of intersex respondents had a health care provider refuse to see them because of their sex characteristics or intersex variation, and 51% of intersex respondents had specifically been refused family-formation care (such as fertility care or assisted reproductive technology) for these reasons.⁴⁰



A national survey found that while 78% of transgender individuals wanted hormone therapy related to gender transition, only 49% had ever received it.³⁸

- ▶ For transgender and gender diverse people living in rural areas, the barriers intensify: one study found that 25% of participants had no access at all to gender-affirming primary care, and about 10% had been refused care by a doctor.³⁹

PROMISE:

Telehealth presents an opportunity to center equity in the delivery of sexual & reproductive health care for LGBTQIA+ people to improve access to care and ensure that these communities can make informed decisions about their lives.



During the COVID-19 pandemic, increased telehealth use was higher among LGBT+ people compared to non-LGBT+ people.⁴¹ Notably, transgender and non-binary individuals have higher odds of using telehealth for contraceptives versus cisgender individuals.⁴²



Many transgender, non-binary, and gender-expansive people prefer medication abortion – which can be provided via telehealth – to procedural abortion, as they view it as less invasive, more private, and without anesthesia required.⁴³



Transgender and gender-diverse people have reported highly positive perceptions of telehealth-delivered gender-affirming care (TGAC), and improved access to gender-affirming care via telehealth.^{44, 45} Specifically, transgender and gender-diverse youth and their caregivers have found TGAC highly acceptable.

- ▶ A survey looking at transgender youth found that nearly half of participants expressed interest in receiving TGAC.⁴⁶
- ▶ One study found that more than 90% of both transgender patients and their caregivers thought that telehealth was the same or better than in-person visits for visit convenience, privacy, provider communication, and the ability of the provider to pay attention and listen.⁴⁷
- ▶ In one survey, 98% of transgender respondents used telehealth in 2022.⁴⁸

ACTION:

There are concrete programmatic and policy changes that can increase health equity for LGBTQIA+ individuals and expand access to sexual and reproductive health care via telehealth.



ADVOCATES AND POLICYMAKERS

- ▶ **Work to expand telehealth**, and to ensure telehealth is treated and covered the same as in-person care to ensure full access for everyone, including LGBTQIA+ people;
- ▶ **Advocate for anti-discrimination policies** based on sexual orientation, gender identity, and sex characteristics, as well as protections for patient autonomy, particularly in terms of access to reproductive and gender-affirming care given the ongoing and escalating attacks on these types of health care.



RESEARCHERS

- ▶ **Study how LGBTQIA+ individuals are or are not using telehealth** to access sexual and reproductive health care, and to provide evidence to support new interventions that could foster telehealth usage that works for LGBTQIA+ patients.



TELEHEALTH PROVIDERS

- ▶ **Ensure online forms are inclusive** for sex assigned at birth, gender identity, and sexual orientation;
- ▶ Encourage providers to take **LGBTQIA+ health education training** as part of telehealth workflow;
- ▶ **Ensure proper pronouns** to identify and interact with clients.⁴⁹

BOTTOM LINE:

Telehealth has the potential to enhance sexual and reproductive health care access for LGBTQIA+ individuals if providers, programs, and policies prioritize equity in implementation.

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