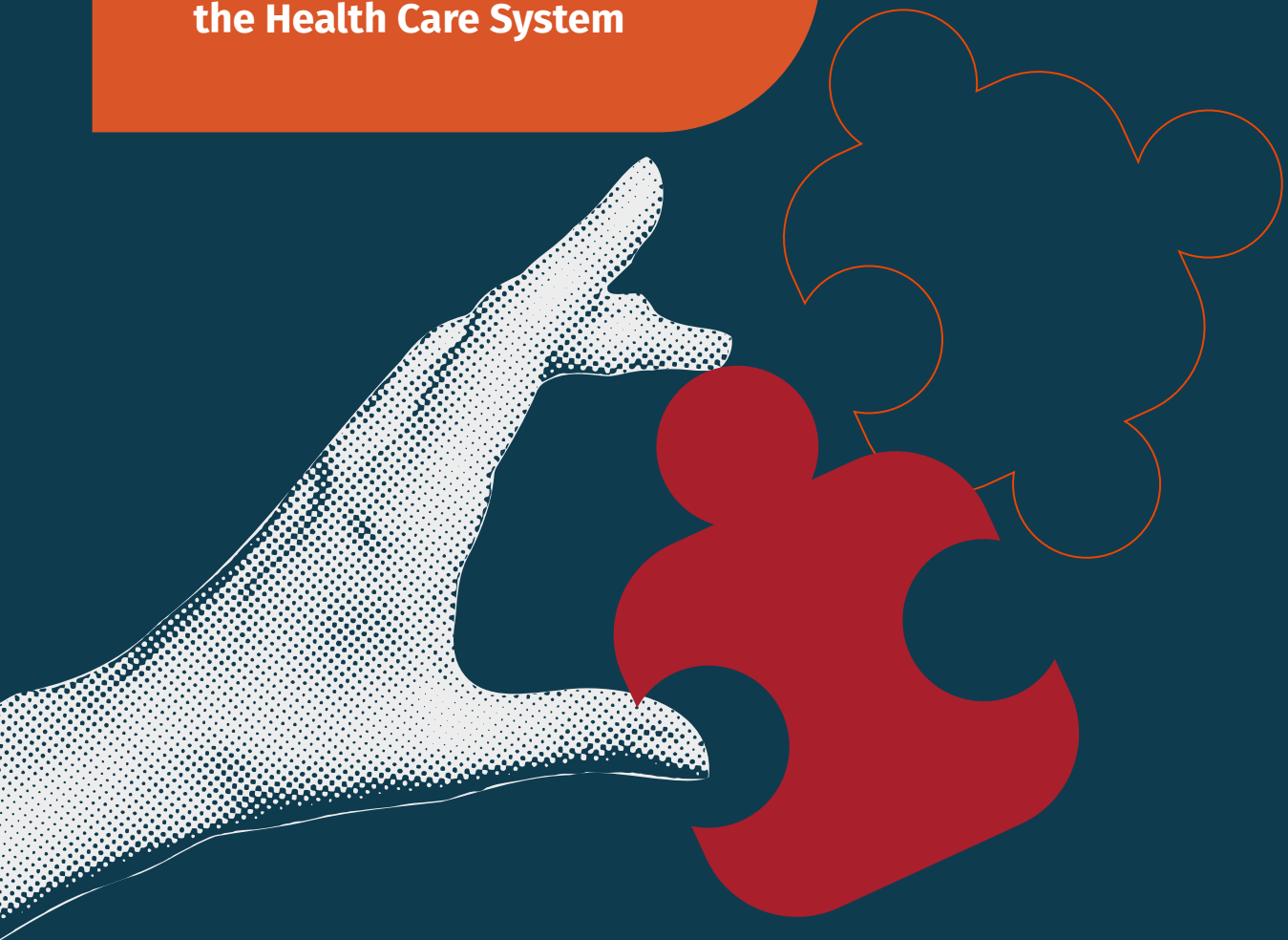
The Cost of Exclusion:

How Barriers to Health Care Affect Patients, Providers, and the Health Care System



napawf
NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM

Ibis Reproductive Health

PRH Physicians for Reproductive Health

Overview 3
The Cost of Care 4
Impact on Patients 4
Impact on Providers and the Health Care System 5
Fear, Privacy, and Safety 6
Impact on Patients 7
Impact on Providers and Health Care System 8
Language and Information Barriers 10
Impact on Patients 12
Impact on Providers and the Health Care System 13
Conclusion 15

Overview

Health care exclusion is the combination of barriers that make care unaffordable, hard to navigate, unsafe, culturally unresponsive, or otherwise difficult to access.

This brief from the National Asian Pacific American Women's Forum (NAPAWF) examines those dynamics through two complementary studies that capture what health care exclusion looks like from both the patient and provider perspectives, with a particular focus on abortion care.

In partnership with Ibis Reproductive Health (Ibis), we held small-group discussions with Asian American, Native Hawaiian, and Pacific Islander (AANHPI) people with abortion experiences and in-depth interviews with AANHPI health care providers and abortion support workers across the country. The second study, in partnership with Physicians for Reproductive Health (PRH), surveyed their provider network about experiences working with immigrant patients, including the challenges those patients face when seeking abortions.

Across both studies, participants described financial, immigration-related, linguistic, cultural, logistical, and safety-related barriers. The findings show how patients piece together the resources, information, and support they need to obtain care, while providers try to fill gaps left by the system. These barriers can delay care, increase its complexity and cost, and place additional strain on patients, providers, and the institutions responsible for delivering care.

The Cost of Care

The cost and coverage of health care can prevent patients from obtaining timely care, while additional expenses, including transportation, childcare, travel, and other practical needs, can make accessing care even more difficult. Affordability didn't just determine where or when patients received care; it determined whether they received care at all. The lack of insurance coverage or the cost of accessing health care was identified by 89 percent (31) of providers as a barrier to abortion access. Providers' experiences indicate that financial barriers also affect patients seeking care for needs beyond abortion. Providers reported patients delaying care, going without medications, being unable to obtain imaging or diagnostic tests, foregoing specialist care, and making treatment decisions based on what they can afford rather than what they need.

For patients seeking abortion care, expenses extend beyond the procedure itself. Patients described needing support throughout the abortion process, including emotional support as well as practical assistance with transportation and childcare. Providers also noted many of their patients travel from out of state to receive abortion care, reflecting the uneven distribution of abortion access across the country in the post-*Dobbs v. Jackson Women's Health Organization* landscape. Even when family members and loved ones can support patients in accessing health care, providers noted they might not always be equipped to support someone through the physical and emotional realities of abortion.

Impact on Patients

When patients cannot afford or otherwise access the care they need, delays can turn a straightforward health concern into a more complex problem. One

OB-GYN explained how these delays affect the care providers are ultimately able to deliver:

> *"When patients delay care because of fear or uncertainty, we often end up treating more advanced disease[s] that could have been prevented or addressed much earlier. Instead of focusing on prevention, counseling, and shared decision-making, we are often managing crises."*

For patients, inadequate support can have consequences as significant as financial barriers. For example, one participant described being forced to rely on an abusive partner to get to medical appointments because she wasn't able to drive herself. Her experience illustrates how a barrier that may appear as simply a logistical concern can reveal larger issues of safety and autonomy. A patient who can't afford transportation may depend on a family member or partner. Someone who can't afford childcare or the cost of treatment itself may delay an appointment until their condition becomes more urgent. Patients are constrained by the conditions under which they seek care and by the difficult choices they must make, which can significantly affect their health and well-being.

Impact on Providers and the Health Care System

When patients encounter financial barriers, providers often end up stepping outside the traditional scope of clinical care to help them. Providers reported spending significant time identifying funding sources, finding lower-cost alternatives, and helping patients determine what they could afford. Providers also described helping patients complete financial assistance applications, locate specialists, coordinate referrals, and figure out where they can receive care. These are signs that the health care system is relying on providers to compensate for gaps that in fact require broader infrastructure and policy solutions.

In addition to the burden put on individual providers, when cost and coverage barriers push patients to delay care until a condition becomes an emergency, hospitals end up carrying the cost of providing unaffordable medically necessary care. This domino effect can be seen in the day-to-day operations of health care facilities, as an OB-GYN practicing in California explained:

> *"Missed appointments increase, continuity of care suffers, emergency departments become the default source of care, and clinicians spend more time addressing social barriers than practicing medicine."*

Fear, Privacy, and Safety

Fear, privacy, and safety concerns all shape whether patients seek care. For immigrant patients and their families, concerns about immigration enforcement can intersect with family and community dynamics and uncertainty about confidentiality, creating an added layer of risk. Seventy-four percent (26) of providers identified fear of immigration enforcement as a barrier specifically to abortion access, while several providers reported patients worried more broadly about encountering immigration authorities while traveling to appointments or sharing information with providers. One OB-GYN articulated the central role that fear plays in shaping health care decision-making:

> *"The greatest barrier I see isn't a medical condition. It's fear. Fear has become a social determinant of health."*

Patients described uncertainty around who can access their information and what protections exist, while providers reported working with patients who feared engaging with the health care system because of immigration enforcement concerns. For AANHPI patients, these concerns can be compounded by the close-knit nature of many families and communities. Providers described patients who worried that interpreters from their communities might accidentally expose their abortion experience in tight-knit social circles. As one OB-GYN explained:

> *"If certain folks are worried about their immigration status or worried about (...) the stigma that will show up in their communities, which are often very tight-knit, or their families, maybe that makes it so that someone never even presents for abortion care."*

Impact on Patients

Immigration-related concerns can determine whether patients even seek care in the first place. One provider described patients as "disappearing, and afraid to come in for appointments." Another OB-GYN explained that fear can lead patients to postpone care across a range of health needs:

> *"Patients are delaying prenatal visits, postponing surgeries, missing cancer screenings, and avoiding follow-up because they're afraid that simply seeking health care could put themselves or their families at risk."*

During periods of increased Immigration and Customs Enforcement (ICE) activity, one provider reported an estimated 30–50 percent no-show rate, disrupting continuity of care and clinic operations. Another provider reported a patient who experienced a miscarriage after being too afraid to go to the hospital during an ICE raid in the area. One provider illustrated the stakes:

> *"As an OB/GYN, I can tell you that pregnancies don't wait for politics. Miscarriages don't wait. Cancer doesn't wait. Medical emergencies don't wait. When fear keeps people out of our clinics [...we make the] needs more dangerous, more complicated, and more expensive to treat."*

For AANHPI patients seeking abortion care, providers described compounding fears around abortion criminalization, surveillance, and immigration enforcement, particularly when patients leave their home states to obtain care. Family and community dynamics create another layer of risk, especially for patients who fear disapproval, retaliation, or harm from family members. One abortion fund worker described the range of experiences patients may face:

> *"I felt very embarrassed and awkward having to tell my parents this happened. But I also know people who have been deathly afraid of their parents because they feel like they might kill them [...] definitely extremely strict religious parents, and if they ever found out, they'd be disowned or harmed."*

Respondents reported patients avoiding health care facilities, missing appointments, delaying prenatal care and surgeries, avoiding specialists, switching from in-person appointments to telehealth, and in some cases forgoing care altogether. As one provider put it:

> *"Policies that create fear undermine the therapeutic relationship between patients and health care professionals. Trust is foundational to medicine, and when trust is eroded, everyone is affected."*

Impact on Providers and Health Care System

When patients are concerned about privacy or safety, providers must

spend their already limited time mitigating risks and assuaging fears. Some providers said they discussed confidentiality protections and confirmed that interpreters were comfortable supporting abortion-related visits. Providers also described creating private opportunities for patients to speak without family members present, as those accompanying a patient may not always be people with whom patients feel comfortable discussing sensitive information or having present during those discussions. One OB-GYN emphasized the importance of making private conversations a routine part of care:

> *"I always try to chat with my patients on their own, regardless of if they've brought support people in with them, so that they can have a chance to talk about whatever they want to [...] because I never know what that relationship is and what that support person is providing or not providing."*

Providers caring for patients seeking abortion also had to navigate concerns about immigration status, abortion criminalization, and potential law enforcement involvement, all of which heightened patients' perceived risks. As one provider explained, "That level of uncertainty undermines trust in all institutions, including health care providers and hospitals."

Providers are also often charged with helping patients navigate these risks, including helping them determine how to discuss an abortion with family members while still maintaining their own privacy. One family medicine physician discussed the amount of time this can require:

> *"I spend a lot of time talking to patients — time I don't have — talking to patients about how to strategize, like, hiding [things] from their families or masquerading it as an IUFD [intrauterine fetal demise] or a miscarriage, right? And I wish that I had other people to help me with that because I don't have time. I do maybe 30 cases a day, and*

> *it's a lot. Navigating family, making that education clear. That should be on an infographic: this is what you can tell your family. And there'll be no way [for them] to find out [about the abortion].*"

Another OB-GYN described how patients returning home from states with abortion bans may require guidance about what to say if they need emergency care later:

> *"Patients who are going back home from banned states do definitely have concerns, to the point where both we and the residents that we train have a spiel about what can you say if [patients] have to go to the emergency room.*"

Providers are asked to address delays caused by health care exclusion while also helping patients feel safe enough to seek care. Providers are being asked to navigate questions of confidentiality, family dynamics, immigration enforcement, and legal uncertainty alongside their clinical responsibilities, often without dedicated resources or infrastructure to support their efforts.

Language and Information Barriers

Language access, misinformation, and a lack of reliable information can prevent patients from understanding their options and navigating the health care system. These barriers are especially consequential when patients are seeking time-sensitive or stigmatized care or navigating unfamiliar systems. Eighty-nine percent (31) of providers identified language access as a barrier to abortion access. Providers reported long waiting times for interpreters, a

lack of interpreters for less commonly spoken languages, unreliable video interpretation, limited interpretation equipment and materials, and patient portals that were not fully translated. One nurse relayed the limitations of existing interpretation infrastructure:

> *"We are only able to access interpreters through a virtual interpreter service that has long wait times or is sometimes completely unavailable for less commonly spoken languages. A unit that sometimes cares for 40-60 patients at one time shares a handful of iPads capable of video chat."*

When professional interpretation is not available, some providers reported relying on family members. This can create challenges when patients are discussing sensitive health information or making decisions they may not want to share with family members.

The legal status of abortion and the rapidly changing landscape can further complicate information access. Eighty percent (28) of providers identified a lack of knowledge about legal rights or available abortion services as an obstacle to accessing abortion care, while 77 percent (27) named misinformation or difficulty finding accurate information. One abortion fund worker described how patients might not even realize their actions could have legal consequences:

> *"There are some people who don't know it's illegal. That's a bigger issue, right? Like some people who don't know it's illegal, who think it's totally fine and nothing's gonna happen if they send a message."*

For AANHPI patients, the ability to communicate in a preferred language can be particularly important when discussing an intimate and potentially stigmatizing experience. Patients felt more comfortable communicating in their native language, while providers reported that translated materials alone are often insufficient. Patients need to be able to ask questions and

discuss complex family or cultural circumstances in conversation with someone they trust.

Providers also noted gaps in interpreter and culturally responsive support services across AANHPI communities, making it difficult for some patients to fully understand their options. These issues extend beyond abortion-specific information: providers' broader experiences suggest that patients can struggle to navigate insurance eligibility, financial assistance, referrals, prescriptions, specialist care, and hospital systems. As one OB-GYN explained:

> *"For some people, language is definitely a barrier where either they don't speak English as a first language, or they feel very uncomfortable talking in English about issues that seem very intimate to them, and so may feel much more resistant to seeking care from a provider they've never met before."*

Impact on Patients

Information gaps shape which types of care patients know are available to them. Some participants reported they were entirely unaware that taking medication abortion at home was an option and added they would have preferred that option had they known. Patients also turned to online communities and peer stories for information they did not get from their provider. One patient captured the importance of culturally and linguistically responsive information in changing policy environments:

> *"I think that's really important, having [...] somebody who knows your culture, speaks your language. Having someone else to speak my mother tongue, you just feel like home."*

Without that information, patients struggle to understand where abortion is available, what options they have, whether they are legally able to access

care, and how to navigate the systems needed to obtain care. Another patient verbalized the anxiety created by changes in the policy environment:

> *"You know, it was already tough before things have recently changed, but even more now. Some people are afraid or are not so sure about what kind of protections they have. The what-ifs."*

Patients also mentioned wanting someone to help them understand what to expect throughout the process, especially when seeking abortion care for the first time. As one patient explained:

> *"That would have been really helpful. Someone to check in just because the process was, it was jarring, to say the least. I didn't know that I would bleed as much as I did."*

For patients navigating an unfamiliar and potentially stigmatized form of care, information can determine whether they recognize an option, understand their rights, feel prepared for what will happen, and trust the people providing care.

Impact on Providers and the Health Care System

Language barriers have direct implications for providers and health care systems. Providers reported appointments with patients using an interpreter require more time, but scheduling systems often do not account for that need. Communication roadblocks can lead to additional appointments, repeated explanations, and a need for greater coordination among clinical and administrative staff. Patients consistently described wanting more information about what to expect from different abortion methods, including pain, expected bleeding, and recovery time. They wanted to be able to anticipate the physical, emotional, and logistical realities of abortion.

Providers shared some strategies that can help address these gaps. One provider talked about using cultural navigators who serve as both interpreters and liaisons between patients and providers. These navigators can help patients navigate complex conversations involving family, culture, and communication, which may otherwise make care more difficult to access. However, access to these services varies significantly across AANHPI communities, with some populations having substantially fewer resources than others. As one family medicine physician detailed:

> *"We also have cultural navigators, which is very, very helpful, that we can put in referrals to get them involved. They not only act as interpreters, but they kind of act as a liaison between the patient and the provider. So, they may help with navigating conversations that can get very complex related to an individual's family and cultural beliefs."*

Meaningful language access requires investing in the people and infrastructure needed to help patients to communicate, ask questions, understand their options, and make decisions in a way that reflects their language, culture, family circumstances, and lived experiences. These supports can help reduce some of the coordination that providers would otherwise have to do themselves.

Conclusion

Access to health care depends on a range of structural and personal conditions. Even when a patient seems to have access to care, such as health insurance enrollment, they are still excluded if they cannot afford the associated costs, communicate with their provider, protect their privacy, or feel safe seeking treatment.

Health care exclusion is a system-wide concern. The findings reveal how quickly the gaps in one part of the health care system become burdens elsewhere; costs are distributed among patients, providers, hospitals, public programs, and other parts of the health care system. When patients are unable to access care when they first need it, unmet needs become more complicated and expensive to treat, and the aftermath extends beyond patients. Health care workforce capacity, provider time, hospital resources, public health infrastructure, and community health outcomes are all affected.

Ultimately, reducing health care exclusion requires shifting responsibility away from individual patients and providers and toward the systems and policies that shape the conditions in which care occurs. Patients should not have to overcome a series of financial, logistical, linguistic, cultural, and safety hurdles before they can benefit from care, and providers should not have to continually fill the gaps left by those barriers alone. Addressing health care exclusion meaningfully will require sustained investments in affordable health care coverage, practical support, confidentiality and safety measures, reliable interpretation services, and adequately resourced patient navigation. These are not extraneous services; they're essential components of a health care system that people can actually access and use.

More about the Research

PRH

The survey we conducted with PRH was administered online and shared through PRH's physician network of providers who advocate for reproductive health, rights, and justice. The survey included 35 health care providers, representing multiple specialties, workplace settings, and models of care. Respondents were based in 18 states and Washington, D.C., across the Northeast, South, Midwest, and West. Thirty-three respondents were physicians, and two were nurses. Eleven identified OB-GYN as their specialty; 11 identified family medicine, eight identified complex family planning, one identified pediatrics, and four identified another specialty.

Twenty-one respondents reported working in hospitals, nine in community health centers/federally qualified health centers, 11 in reproductive health clinics, five in private practice, and four in other settings. Twenty-four respondents, or approximately 69 percent, provided telehealth services. All responses from providers who consented to having their survey responses shared were included in the findings.

Ibis

NAPAWF's research with Ibis Reproductive Health focused on the experience of AANHPI abortion seekers, health care providers, and people who provide abortion support to AANHPI communities. The providers and support workers interviewed identified as AANHPI. Between April and June 2026, we held two small-group discussions with seven AANHPI abortion seekers (four in the first group and three in the second) and six in-depth interviews with AANHPI providers and support workers from across the country. Focus group

participants were recruited via NAPAWF's membership listservs and through snowballing. Interview participants were recruited via a listserv for sexual and reproductive health professionals and through professional networks.

Acknowledgments

NAPAWF extends its sincere gratitude to Ibis focus group participants who bravely shared their stories about abortion care, as well as the health care providers and abortion support workers who contributed their experiences and expertise. We also thank the health care providers who participated in the survey conducted in partnership with PRH.

Finally, we thank the staff members at NAPAWF, Ibis, and PRH who contributed to the development, research, analysis, writing, review, and production of this report:

National Asian Pacific American Women's Forum: Sydelle Barreto, Sarah Jahangeer, and Fajer Saeed Ebrahim

Ibis Reproductive Health: Ruvani Jayaweera and Samantha Ruggiero

Physicians for Reproductive Health: Jennifer Blasdell, Taryn Graves, Adrienne Ramcharan, and Lisa Sangoi

Design: Susie Thai