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R SHEET ON

BIRTH CONTROL ACCESS IN GEORGIA

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BACKGROUND

In the last several years, 11 states and the District of Columbia have passed pharmacy access bills, which allow pharmacists to prescribe hormonal contraception to women. These bills expand pharmacists' scope of practice and increase access to birth control for women—especially those who don't have a regular physician, can't afford an appointment or live in areas where doctors are in short supply.

Georgia could benefit from such a change, considering that *USA Today* recently ranked it as one of the nation's most unhealthy states. In part, this is because many Georgians face a medical shortage and are unable to access the care they need. The Peach State has the 44th worst primary-care-physician-to-patient ratio, 79 of 159 counties have no OBGYNs and nine counties have no medical doctors whatsoever as of 2018. Clearly, women in need of birth control face many barriers to access, which has adversely affected Georgia's public health.

In 2010, 60 percent of pregnancies in Georgia were unintended. 58 percent of these were carried to term, 28 percent resulted in abortions and the remainder resulted in miscarriages.[1] Georgia's unintended pregnancy rate is incredibly high compared to the national average, which was 45 percent in 2011.[2] The pharmacy access model would offer women in Georgia better access to effective contraception and would help prevent unintended pregnancies.

Unplanned pregnancies in Georgia are costly. In 2010, federal and state funds paid for over 80 percent of unintended births in Georgia. This amounted to over $917 million—almost $230 million of which was shouldered by the state government.[3]

SUMMARY

- Many women have limited access to contraception.
- 60 percent of pregnancies in Georgia are unintended.
- Taxpayers spent nearly $1 billion covering the medical costs associated with Georgia's unintended pregnancies in 2010.
- A pharmacy access model would allow pharmacists to prescribe contraception, which they are qualified to do, and would give women more family planning options.

CURRENT DEBATE

Pharmacy access has seen little opposition from the national medical community. In fact, the American College of Obstetricians and Gynecologists[4] the American Academy of Family Physicians[5] and the American Medical Association believe that no prescription should be necessary for hormonal contraception like birth control pills.[6]

While over-the-counter birth control access requires federal action, states have increasingly implemented the pharmacy access model to expand consumer access. Since 2015, red and blue states alike—including Tennessee, Utah and Oregon—have allowed pharmacists to prescribe hormonal contraception.

This is crucial for a few reasons. Around 28 percent of women have experienced difficulties obtaining birth control, according to a 2004 study. But the pharmacy access paradigm allows women to access an increased number of contraception providers.[7] Indeed, pharmacies are often more prevalent than doctor's offices, especially in rural parts of the state.

Furthermore, a comprehensive meta-review of relevant research compiled for the U.S. Surgeon General found that more extensive primary care roles for pharmacists—including prescribing authority—are associated with improved patient outcomes.[8]

What's more, implementing the pharmacy access model can be done without negative side effects, because pharmacists are medication experts and hormonal contraception is a safe, time-tested and effective method of avoiding unwanted pregnancies.

Pharmacists can provide all the services needed for a birth control examination, which consists of a blood pressure check and a self-reported medical history. However, current regulations impede Georgia pharmacists' ability to prescribe birth control with no credible rationale.

As has been witnessed elsewhere, the pharmacy access model has the potential to reduce unintended pregnancies and the associated tax burden. Indeed, in 2015, Oregon became the first state to adopt such a model, and while it is still being rolled out, the results speak for themselves. In the first two years following implementation, Oregonian Medicaid patients experienced 50 fewer unintended pregnancies and around 20 fewer abortions, saving taxpayers roughly $1.6 million.[9] As more pharmacists prescribe birth control and more patients take advantage of this model, those numbers will likely rise.

Estimates suggest that better access to birth control could ultimately reduce unintended pregnancy rates among low-income women by 7-25 percent.[10] It's easy to see why. A 2004 survey revealed that 28 percent of women who weren't using contraception would do so if birth control became more readily available.

ACTION ITEMS

The pharmacy access model removes unnecessary regulations, provides women with more accessible healthcare options, reduces public health expenditures and makes the law consistent with other policy areas.

After all, emergency hormonal contraceptives like Plan B, while not a one-to-one comparison, are already available over the counter.

Pharmacy access to contraception also allows pharmacists to perform a medical service that is well within their expertise. Encouraging pharmacists to prescribe birth control, especially in rural areas, will provide much-needed access to medical care. For these reasons, the pharmacy access model could aid an untold number of Georgians.

CONTACT US

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ENDNOTES

1. *State Facts About Unintended Pregnancy: Georgia*, Guttmacher Institute, 2016.

2. *Unintended Pregnancy in the United States*, Guttmacher Institute, January 2019.

3. *Ibid*.

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5. *Over-the-Counter Oral Contraceptives*, American Academy of Family Physicians, March 2019.

6. Report of the Board of Trustees, *Over-the-Counter Contraceptive Drug Access*, American Medical Association, Resolution 110-A-17, 2017.

7. Amanda Dennis et al., "Barriers to Contraception and Interest in Over-the-Counter Access Among Low-Income Women: A Qualitative Study," *Perspectives on Sexual and Reproductive Health*, 44:2 (Spring 2012) pp. 84–91.

8. Office of the Chief Pharmacist, *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice*. A Report to the U.S. Surgeon General, December 2011, U.S. Public Health Service.

9. Maria I. Rodriguez et al., "Association of Pharmacist Prescription of Hormonal Contraception with Unintended Pregnancies and Medicaid Costs," *Obstetrics & Gynecology*, 133:6 (June 2019), pp. 1238-46.

10. Diana G. Foster et al., "Potential public sector cost-savings from over-the-counter access to oral contraceptives," *Contraception Journal*, 91:5 (May 2015), pp. 373-9.

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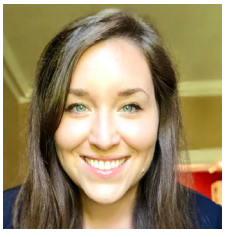

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