CONTRACEPTIVE ACCESS IN GEORGIA

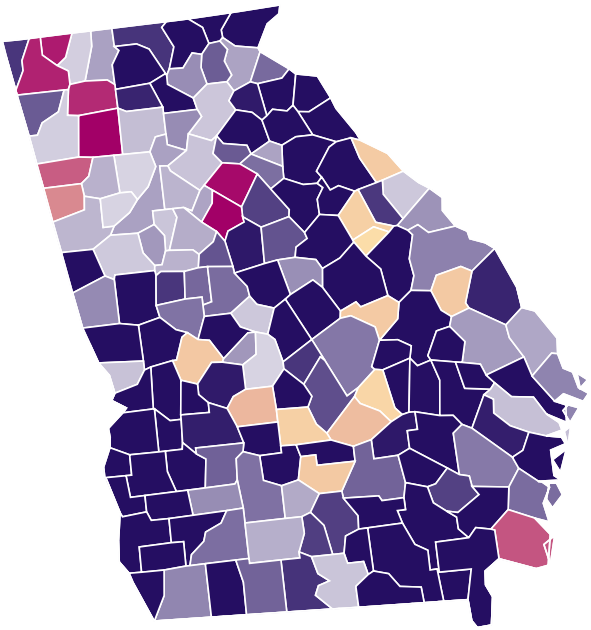
As of April 8, 2021

Contraceptive Deserts Nationwide

More than 19 million U.S. women with low incomes live in contraceptive deserts—counties in which there is not reasonable access to a health center offering the full range of contraceptive methods. Of those 19 million women, roughly 1.3 million women live in counties without a single health center that offers the full range of contraceptive methods.

These access barriers put women already struggling to make ends meet at risk of not being able to get the birth control method right for them. These women might face additional transportation costs, child care costs, and unpaid time off work because of the long distances they need to travel to access care.

Contraceptive Deserts in Georgia



632,230

Women in need live in contraceptive deserts, counties that lack reasonable access to the full range of methods.*

44,950

Of the 632,230 women in need, 44,950 live in counties without a single health center that provides the full range of methods.

*For more information please see: https://powertodecide.org/what-we-do/information/resource-library/understanding-contraceptive-deserts

What is the Impact of the Gag Rule?

For 50 years, the Title X Family Planning Program has provided federal funding to health centers that provide free or low-cost birth control and related services. The Trump Administration undermined the ability of Title X health centers to provide quality care by enforcing the "domestic gag rule." The gag rule forces health centers that receive Title X funds to withhold information from patients about abortion services and care. In addition, health centers are required to cease providing abortion care with non-Title X funds unless they do so at a physically separate site, which is impossible for many health centers.

To date, approximately 8.8 million women in need live in counties that have lost Title X support for reproductive health care access. The loss of funds is likely to result in increased costs, shorter hours, and fewer services being offered by impacted centers. For women living paycheck to paycheck, losing affordable access to the birth control they need because the health center they depend on has lost its Title X funding compromises their reproductive health and well-being.

For more information, please see https://powertodecide.org/what-we-do/information/resource-library/impacts-domestic-gag-rule

Gag Rule Impact in Georgia

The gag rule has no direct impact in **Georgia**. Title X funds go to two grantees (Family Health Centers of Georgia, Inc. and Neighborhood Improvement Project, Inc.) that continue to participate in the Title X program. In 2019, Title X-supported centers provided contraceptive care to 119, 711 women in Georgia.*

States Can Improve Contraceptive Access, Here's What Georgia is Doing	Is Georgia Doing This?
Expand Medicaid to low-income adults as the ACA allows	No
Medicaid Family Planning Waiver or State Plan Amendment (SPA)	Yes
Medicaid reimbursement for postpartum long-acting reversible contraception	Yes
State law/policies that allow pharmacists to prescribe contraception	No
State law/policies to extend the supply of prescription contraceptives	No
State law/policies to educate college students about unplanned pregnancy	No
State laws/policies to protect contraceptive coverage	No

***For states with a gag rule impact, this includes 5 months with the rule in effect.**

For more information please see: https://powertodecide.org/what-we-do/information/resource-library/key-information-about-us-states

State Telehealth Policies Relevant to Contraceptive Access

Telehealth policies have long been a way to increase access to health care, including contraception. Since the start of the COVID-19 pandemic, use of telehealth has greatly expanded in the US and has proven itself a viable option for some folks to obtain contraception. Power to Decide's polling data found that 77% of respondents agree that telehealth is a useful method to get birth control when in-person visits are not possible.

Over the course of the pandemic, states have changed their policies to facilitate access to telehealth. To better understand the ways in which telehealth access has changed and expanded over the course of the pandemic, we have synthesized and visualized the state-level landscape of telehealth access for Medicaid and private payor insurance both pre-COVID and during the pandemic. We focused on data that answers three questions: how is telehealth delivered, who can provide it, and what services are provided?

We've chosen these three questions to help simplify complicated policies so that advocates, public health officials, elected officials, and everyday health care users can more easily understand the various telehealth policies that are most likely to affect access to birth control in their states.

While telehealth shows great promise in increasing access to health care, including contraception, there are also cautions. Power to Decide's polling data revealed gaps in access and knowledge for women with lower income, with 67% of respondents with annual household incomes over $50,000 reporting understanding what telehealth is, compared to only 21% of respondents with annual household incomes under $50,000. Additionally, there are concerns over quality of care, payment parity, HIPAA compliance, individual privacy, and internet access. To ensure that telehealth is not only beneficial but also equitable, these are important considerations to address as states decide whether and in what form to continue temporary telehealth expansions past the COVID-19 pandemic.

For more information on state telehealth policies, please read our Overview of State Telehealth Polices Relevant to Contraceptive Access. To see the most up-to-date information for your state, please check out our interactive maps and tables.