

HB 1138 – Increasing Access to Contraceptives

Legislative Rubric from Science for Georgia

[HB 1138](#) - This bill allows pharmacists to dispense hormonal contraceptives (i.e. birth control pills or shots) to patients under a standing order from a physician. Insurers are also given minimums for provision, allowing 12-month supplies to increase continuation. Finally, the bill removes liability for pharmacists who provide these contraceptives in good faith. Pharmacists cannot be required to dispense or provide contraception.

Essentially – this provides greater and simpler access to birth control by removing the need for constant consents from physicians and insurance for refills.

Criteria	Variables			
Impact Who is going to be impacted? Is it equitable? List stakeholders & opinions.	Negative		Positive	
	This method of dispensing can improve both access to and the continuation rate of contraceptives (Kenndey et al., 2019). Thirty-five states have allowed pharmacists to prescribe these contraceptives (Ramaswamy et. Al, 2025). The Georgia Obstetrical and Gynecological Society and pharmacy academics at the University of Georgia support this bill (Homan, 2026).			
Reach Does it reach its target audience?	0 - No impact on target audience.	1 - Impacts narrow segment.	2 - Impacts majority; exceptions.	3 - Impacts entire target audience
	Pharmacist participation in this new dispensing and administration system is voluntary, but access would be significantly increased to Georgians seeking hormonal contraception. Pharmacies have a larger role in increasing access to contraceptive care for patients with low income and those without insurance (Ramaswamy et. Al, 2025). Patients would be screened for their risk through a risk assessment.			
Scientific Merit Does it utilize scientific research accurately?	YES - this does follow scientific research accurately. Here's why....		NO - this does not present scientific research accurately.	
	This bill utilizes scientific knowledge accurately. It aligns with evidence-based strategies to reduce unintended pregnancy by improving timely access and continuation of contraception. According to this bill, only a standing order from a physician is required for a patient to obtain contraceptives from a pharmacist. This can improve access and continuation rates (Kenndey et al., 2019).			

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Financial Feasibility Is it financially feasible? or does this have burdensome finances (higher taxes, future costs, etc)?	0 - Extremely high costs	1 - Expensive but can be done	2 - Slight	3 - No financial burden
	<p>Increasing access to contraceptives can save healthcare costs. In one study, pharmacy prescriptions of contraception saved Oregon nearly \$1.6 million in costs by avoiding medical care for over 50 unintended pregnancies (Brawley, 2019). Additionally, increasing to a 12-month supply is estimated to save nearly \$87 per patient, according to a study in the Department of Veterans Affairs (Judge-Golden, 2019).</p>			
Political Feasibility Level of opposition and partisan disagreement.	0 - Majority disagreed, regardless of party.	1 – Split along party lines	2 - Minimal Opposition	3 - Complete consensus (zero to five 'Nays').
	<p>The bill is Republican sponsored, but little partisan opposition, as the Democratic party also supports increased contraceptive access (Georgia Democrats, 2024).</p>			
Measurable Metrics? We recommend looking at these 3 metrics. Is the data available or being measured?	0 - no data	1 - some data / not accessible	2 - most data / somewhat accessible	3 - complete transparency
	<p>The impact of this bill can be measured by access, continuation, equity, and health outcomes associated with contraceptive use.</p>			