

While these findings are specifically for the effects of a lack of funding in Texas, they can be seen as a case study for the potential effects of a nationwide removal of federal funding to Planned Parenthood. When Congress was considering the federal removal of funds, the Congressional Budget Office sent a letter to the Chairman of the Budget, Mike Enzi, stating that while there might be a slight lowering in services covered by Medicaid, the smaller rate of use “would be expected to lead to additional births, increasing federal spending, primarily for Medicaid. In addition, some of those children would themselves qualify for Medicaid and possibly for other federal programs.” (Budgetary Effects of S. 1881, 2015) This predicted increase in births covered by Medicaid correspond with the predicted increase in birth rate and costs to Texas for Medicaid covered births. (White et al., 2013, p.857) A study prior to the proposed funding cuts from the Texas legislature and U.S. Congress calculated the cost of providing federal funding for family planning clinics compared to the cost of covering the unexpected pregnancies that would result from a lack of funding. It found that the cost of funding these clinics would be \$1.4 billion dollars while the estimated cost of covering these pregnancies would be \$5.7 billion dollars. (Frost, Finer, & Tapales, 2008, p.789) These figure lend fiscal weight to the predicted increase in pregnancies and their impact on Medicaid costs, should Planned Parenthood and other family planning clinics be defunded.

Apart from saving the federal government money in helping to prevent unwanted pregnancies, Planned Parenthood and family planning clinics can aid in creating a decrease in unwanted pregnancy rates and the need for support from the government. A study found that a program of introducing long acting reversible contraception (LARC) in federally funded family planning clinics in Colorado actually found a decrease in the observed versus expected fertility