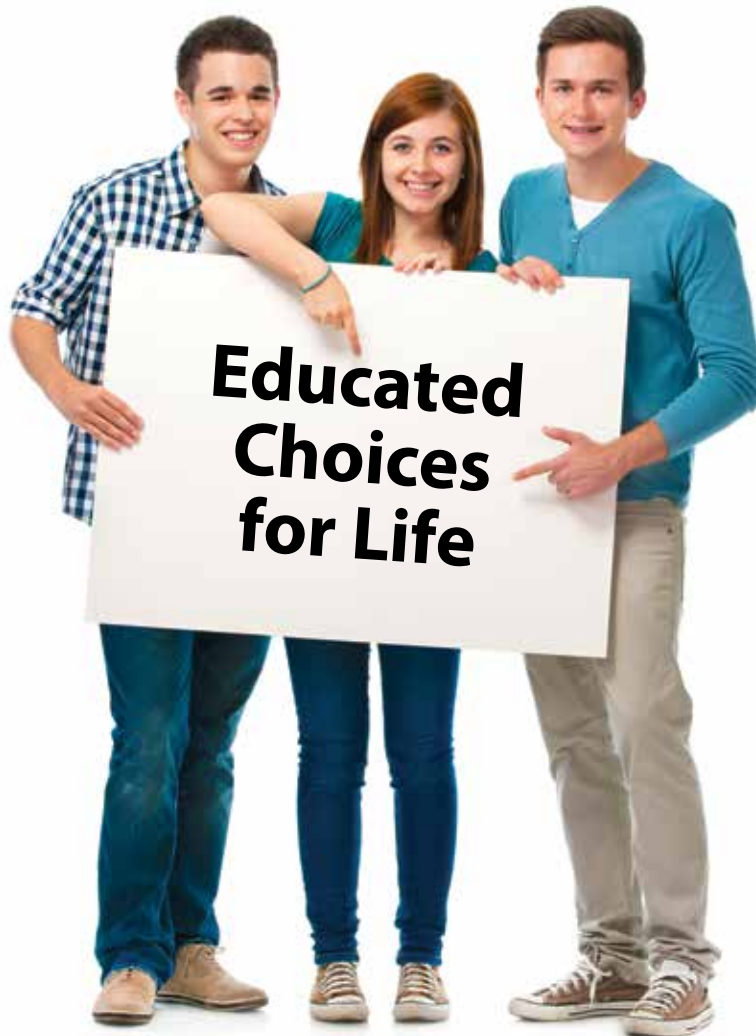




Voices for Choice

Spring 2018
QUARTERLY NEWSLETTER



Citizens for Choice promotes reproductive justice through education, health care access and advocacy. We exist to inform and enable choice.

Voices for Choice

SPRING 2018 QUARTERLY NEWSLETTER



PUBLIC POLICY By Elaine Sierra

Reproductive Justice: California's Cutting Edge

Citizens for Choice and our supporters know how critical reproductive health and rights are to the well-being, security and economic prospects of women. We appreciate the importance of ensuring easy and affordable access to all reproductive health services. We have made significant strides toward that end in our golden state. And, together with you, we can achieve another historical milestone by enabling college students to have access to medication abortion on their campuses.

Early pregnancy termination is a constitutionally protected right. A woman college student who has decided to end her pregnancy early on—when it is safest—should not have to wait additional time, travel long distances or incur unnecessary expenses when a student campus health center option could readily provide safe medication abortion services.

We can enable this by enacting SB 320, a bill that would require public university student health centers to provide medication abortion. University of California and California State University campuses would provide safe medication abortion access for students up to 10 weeks of pregnancy. Currently, no

UC or CSU health center provides that service. We worked to advance this legislative proposal through the Senate last year. It was finally approved by the full Senate on January 29, 2018, moving on to the Assembly.

SB 320 will be heard in two Assembly policy committees, Health and Higher Ed, this June. We have been advised by the author, Senator Connie Leyva, that the first hearing is scheduled for June 12. We plan to work closely with our coalition partners to maintain its forward momentum and see that it becomes law in 2018, to take effect in 2022.

One aspect of the bill worth noting—and why the implementation date is years away—is its reliance on an innovative private funding mechanism. SB 320 would establish a medication abortion fund, to be administered by the state Treasurer and an advisory council. The council would allow for private money grants to on-campus student health centers. To be clear, implementation of the authorized medication abortion services would be contingent on the sufficiency of private funding to cover all costs. Non-state entities—mostly private sector—will need to deposit the necessary moneys into the fund, before access becomes a reality on our state



campuses.

We thank those of you who joined us in our legislative advocacy—especially contacting our legislators or our Governor or helping spread the word about the need to take action on this bill. We ask that you continue your efforts.

Check our Facebook page and website to keep up to date about the status of our efforts, and to learn how you might help.

Thank all of you for your support and for helping us extend greater access to medication abortion for California college students.

TITLE X

A Domestic Gag Rule for Title X Providers?
Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. Title X has a budget of \$286 million and provides funding for around 4,000 clinics that serve about four million women, with priority given by law to low-income individuals. State, county, and local health departments make up the majority (53%) of Title X grantees, while family planning councils, Planned Parenthoods, and other private non-profit organizations make up the rest (47%) of the Title X network. Planned Parenthood says it makes up about 500 of the clinics funded, and serves about 1.5 million of the patients. The reproductive health needs of those patients, and in particular, their needs for abortion services, are increasingly at risk of being ignored and

compromised by federal policy makers.

As reported by Axios, "Trump has already delivered a series of wins for pro-life voters, including reintroducing the Mexico City policy, appointing numerous new pro-life judges, and allowing states to bar Medicaid funds from going to Planned Parenthood."

And now, the Trump Administration is reportedly considering keeping a Trump campaign promise to defund Planned Parenthood by imposing a domestic "gag rule" on Title X funding. Such a rule, according to some sources, would likely prohibit health care providers receiving Title X funding from providing abortions, or information and/or referrals for abortions. Providers might also be required to physically and financially separate a clinic's privately-funded abortion services from its Title X services.

(The bulk of Planned Parenthood's federal

funding (~75%) comes from Medicaid, which would not be affected by such a proposed Title X change.)

The HHS Office of Population Affairs oversees the Title X family planning program. In its 2018 funding announcement for some \$260 million in grants, OPA set out its current program priorities for Title X grant applicants. While emphasizing that abortion cannot be a method of family planning funded under the program, OPA does allow for providing "natural family planning methods" (also known as fertility awareness based methods). One must wonder why the effectiveness of family planning methods and women's choices do not appear to be paramount priorities for this federal program.

A Tax-Free Donation Opportunity

Donating your RMD to Citizens for Choice

Retirees can give up to \$100,000 to Citizens for Choice tax-free from an IRA and have it count as their Required Minimum Distribution for the year.

Here's what you need to know.

If you are over the age of 70 ½ the government requires you to take annual distributions (withdrawals) from your retirement account—a provision known as the Required Minimum Distribution (RMD). Up to \$100,000 of these distributions may be made tax-free as long as they are directed to a qualified 501(c)(3) organization, an option known as the Qualified Charitable Distribution (QCD). Below is a Q&A with more information. Because each person's tax situation is unique, we recommend that you consult a tax advisor to discuss your options.

What is a Qualified Charitable Distribution?

Up to \$100,000 of your annual RMD from IRAs may be distributed directly to a 501(c)(3) public charity, enabling you to avoid paying income taxes on that amount. This option is known as a Qualified Charitable Distribution.

The QCD applies to traditional, rollover, and Roth IRAs. SEP and Simple IRAs also qualify as long as you are no longer actively receiving employer contributions. Employer-sponsored plans do not allow for QCD treatment.

Can I withdraw the money from my IRA and then write a check to Citizens for Choice or do I need to transfer the money directly?

The tax-free transfer won't count if you withdraw the money from the IRA first then make a contribution to Citizens for Choice. You can take a charitable deduction for your contribution in that case but the IRA withdrawal will be included in your adjusted gross income.

You need to transfer the money directly from the IRA to the charity for it to count as a tax-free transfer. Ask your IRA administrator about making a direct transfer or you can have the IRA administrator send a check from your account to Citizens for Choice. If you have check-writing privileges for your IRA you can write a check to Citizens for Choice.

Why Donate?

What is a Required Minimum Distribution?

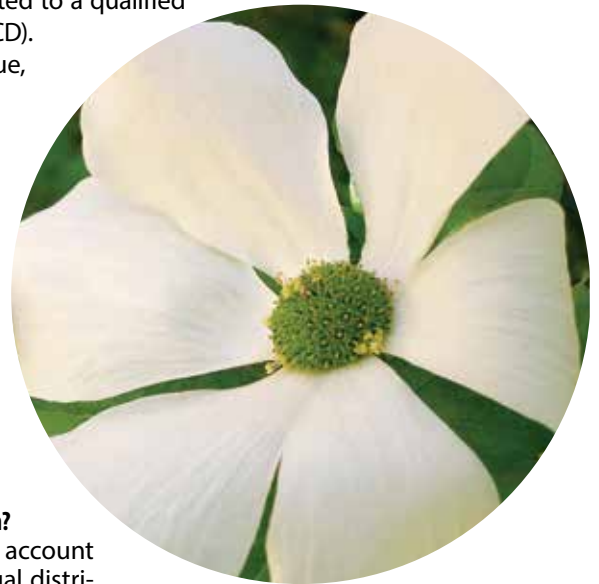
Upon turning 70 ½, retirement account holders are obligated to take annual distributions from their accounts. If you do not take any distributions or if the distributions are not large enough you may have to pay a 50% excise tax on the required amount not distributed.

Why do I have to take an RMD?

When you put money into your retirement plan account on a pre-tax basis, you have not yet paid taxes on it. In addition, you also receive a tax deduction if you save in an IRA. When your account grows, it continues to grow tax-deferred. To ensure that taxes are eventually paid on this money, the IRS has determined that distributions must begin and income taxes be paid at age 70 ½ in a specific schedule.

Which is better: the tax-free transfer or the charitable deduction?

If you make a tax-free transfer from your IRA to Citizens for Choice you cannot also deduct that money as a charitable contribution. But the tax-free transfer could give you extra benefits. You don't need to itemize your deductions to get a tax benefit from the gift (and many people who no longer have a mortgage don't itemize their deductions). Making the tax-free transfer also keeps the money out of your adjusted gross income.



Coming Soon!

The 2017/18 annual report will be available on our website coming up—watch for it!

2018 VOLUNTEER BOARD MEMBERS

PRESIDENT	Sharon O'Hara ~ president@citizensforchoice.org
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530-274-3331

phone messages retrieved weekly

email: info@citizensforchoice.org



Debra Worth joined the Board in 2013 and quickly became the condom queen. She worked tirelessly with the Sierra College club- C.H.O.I.C.E.S.-(Connecting Health Options, Individual Choices and Educational Services) and our condom fairy outreach program.

A Nevada County resident for over 25 years, Debra served on the Penn Valley School District Board of Education, was president of the Democratic Women's Club, and represented our organization on the Superintendent of Schools Sexuality Education task force while also being manager of volunteers for the Wolf Creek Community Alliance.

Always ready to table, march, sign wave, and stand up for reproductive justice Debra could often be found taking the lead for Citizens for Choice in our outreach activities, often enlisting her husband Ed, daughter, and granddaughter to join her.

Debra proved to be a creative, enthusiastic and innovative fundraiser and idea generator. In 2017 she spearheaded a fundraising project which resulted in \$600 in donations to Citizens for Choice which was presented in the form of a giant check made out to

our anti-choice Congressman Doug LaMalfa. Before she moved away, her 2018 efforts garnered \$1,000 in donations! The second symbolic check will be presented to the Congressman at a later date.

She and Ed have relocated to Brookings, Oregon to be close to family and enjoy the positive health effects of the ocean air. Debra's big personality and energy will be missed but she's left behind a community wide positive impression of Citizens for Choice and many full baskets of condoms!



Citizens for Choice is a member organization of the California Coalition for Reproductive Freedom (CCRF), a statewide reproductive and sexual health, rights, and justice coalition of more than 30 independent organizations. We are partners with Women's Health Specialists for *The Clinic!*, our reproductive health care clinic in Grass Valley.

We want to hear from you! Share your story with us.

Perhaps you had a wonderful experience at The Clinic!, a history of advocating for reproductive rights, or a life altering insight about sex education as a parent. Your story may help others. Contact us at info@citizensforchoice.org.

Nevada County Citizens for Choice: Promoting reproductive justice through education, health care access and advocacy. We exist to inform and enable choice.

Condom Locations

Asylum Down | Behind Closed Doors Fantasy Boutique | BriarPatch Co-op | Classic Tattoo | Common Goals | Coopers | CoRR
 Crazy Horse Saloon and Grill | Foggy Mountain Music | FoxHound Espresso & Coffee Broaster | Gary's Place Saloon
 Goodtimes Boardstore | Grateful Ink Tattoo | HAALo | Ink Expressed Tattoo | Dr. E. Lernhardt, MD (PV) | McGees
 Mine Shaft Saloon | The Open Book | Sierra Care Pediatrics (GV) | Sierra Care Physicians (PV) | Sierra College Health Services
 Sierra Family Medical Clinic (NSJ) | Spirit Farmer Acupuncture | Tribal Weaver
 Valentina's Organic Bistro and Bakery | WIC

Our website newsletter offers more: www.citizensforchoice.org

- **The Safety and Quality of Abortion Caare in the United States**

DONORS

Citizens for Choice thanks the following donors whose generosity was received.

Anonymous
 Carole Hyde Chapman
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 Andrea Vetter
 Julie Walton
 Miranda Lamon Wensel

Thank you!

You help us provide services at *The Clinic!*, education programs and advocacy for us all.



E-scrip Contributions –They Really Help!

Thank you! Contributions may be made to Citizens for Choice through e-scrip at Safeway, Save-Mart, and SPD Market.



Amazon Remember to shop at smile.amazon.com and Amazon will donate to Nevada County Citizens for Choice. When you #StartWithaSmile, Amazon donates to Nevada County Citizens for Choice. Shop for great deals at smile.amazon.com/ch/68-0479729



At *The Clinic!* your sexual and reproductive health is *always* your choice.

Mondays 11:00-4:00
 Wednesdays 11:00-4:00
 530-521-3273 The Clinic!

120 Richardson St. Suite A, Grass Valley, CA 95945

Women's Health Specialists 800-714-8151 ~ 24/7

The Safety and Quality of Abortion Care in the United States

A new consensus study report produced by the National Academies of Science, Engineering and Medicine concluded that abortion is undeniably safe and effective.

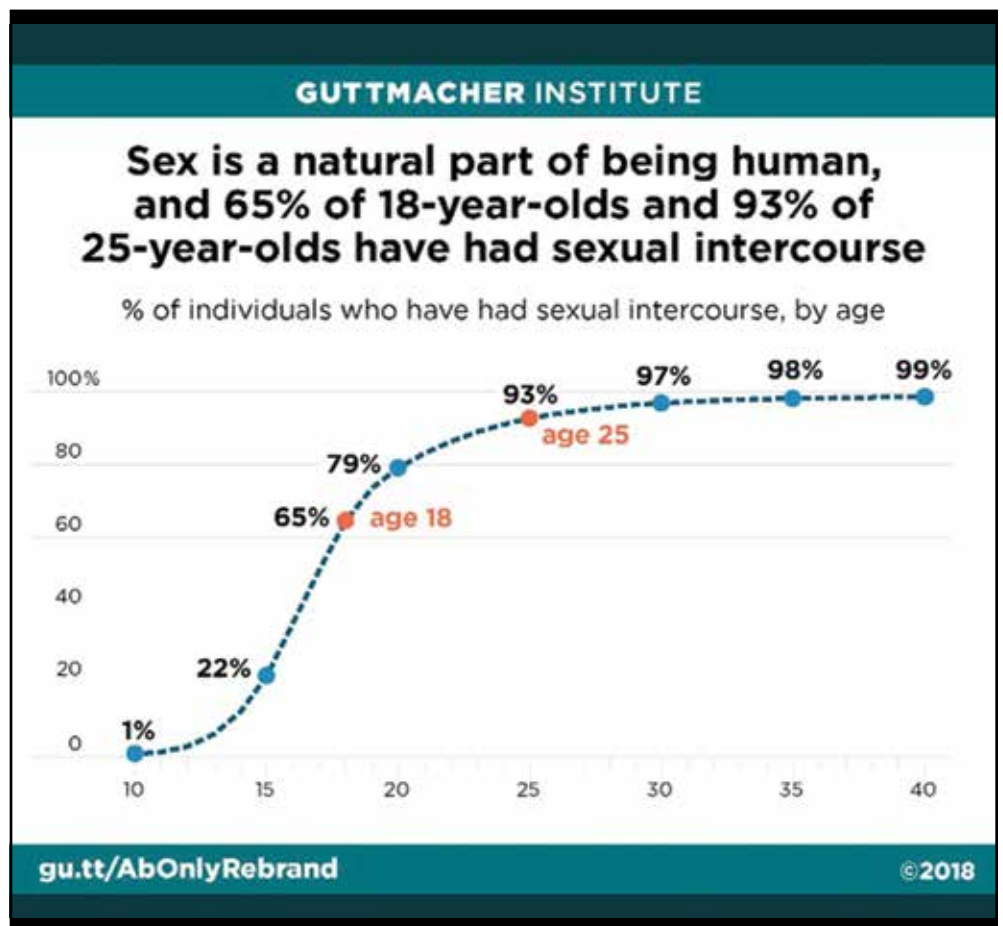
"Abortion is a legal medical procedure that has been provided to millions of American women. Since the Institute of Medicine first reviewed the health implications of national legalized abortion in 1975, there has been a plethora of related scientific research, including well-designed randomized clinical trials, systematic reviews, and epidemiological studies examining abortion care. This research has focused on examining the relative safety of abortion methods and the appropriateness of methods for different clinical circumstances. With this growing body of research, earlier abortion methods have been refined, discontinued, and new approaches have been developed."

Published March 2018, the following is an excerpt:

TRENDS

In the immediate years after national legalization, legal abortions increased steadily until

peaking in the 1980s. Since then, there has been a steady decline in both the annual number and rate of abortions. Between 1980 and 2014, the abortion rate among U.S. women fell by more than half, from 29.3 to 14.6 per 1,000 women. In 2014, the aggregate number of abortions reached a low of 926,190. The reason for these declines is not fully understood, but they have been attributed to the increasing use of contraceptives, especially long-acting methods (e.g., intrauterine devices [IUDs] and implants), historic declines in the rate of unintended pregnancy, and increasing numbers of state regulations that limit the availability of otherwise legal abortion services.



Since national legalization, most abortions in the United States (91.6 percent) have been performed in early pregnancy (i.e., 13 weeks). With advances in technology such as highly sensitive pregnancy tests and the availability of medication abortion, abortions are being performed at increasingly earlier gestation. According to the Centers for Disease Control and Prevention (CDC), the percentage of early abortions performed at 6 weeks' gestation increased by 16 percent from 2004 to 2013. In 2013, 38 percent of early abortions occurred at 6 weeks' gestation.

The proportion of early-gestation abortions occurring at 6 weeks is expected to increase even further as the use of medication abortions becomes more common.

CONTRIBUTORS

Committee on Reproductive Health Services: Assessing the Safety and Quality of Abortion Care in the U.S.; Board on Population Health and Public Health Practice; Board on Health Care Services; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine.

Continued on next page...

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The Safety and Quality of Abortion Care in the United States

Consensus Study Reports published by the National Academies of Sciences, Engineering, and Medicine document the evidence-based consensus on the study's statement of task by an authoring committee of experts. Reports typically include findings, conclusions, and recommendations based on information gathered by the committee and the committee's deliberations. Each report has been subjected to a rigorous and independent peer-review process and it represents the position of the National Academies on the statement of task.

This Consensus Study Report was reviewed in draft form by individuals chosen for their diverse perspectives and technical expertise. The purpose of this independent review is to provide candid and critical comments that will assist the National Academies of Sciences, Engineering, and Medicine in making each published report as sound as possible and to ensure that it meets the institutional standards for quality, objectivity, evidence, and responsiveness to the study charge.

The review comments and draft manuscript remain confidential to protect the integrity of the deliberative process.

When the Institute of Medicine (IOM)² issued its 1975 report on the public health impact of legalized abortion, the scientific evidence on the safety and health effects of legal abortion services was limited. It had been only 2 years since the landmark *Roe v. Wade* decision had legalized abortion throughout the United States, and nationwide data collection was just under way. Today, the available evidence on abortion's health effects is quite robust. There is a great deal of related scientific research, including well-designed randomized controlled trials (RCTs), systematic reviews, and epidemiological studies examining the relative safety of abortion methods and the appropriateness of methods for different clinical circumstances. With this growing body of research, medical and surgical abortion methods have been refined or discontinued, and new techniques have been developed.

In 2016, six private foundations came together to ask the Health and Medicine Di-

vision of the National Academies of Sciences, Engineering, and Medicine to conduct a comprehensive review of the state of the science on the safety and quality of legal abortion services in the United States.

The sponsors—David and Lucile Packard Foundation, Grove Foundation, JPB Foundation, Susan Thompson Buffett Foundation, Tara Health Foundation, and William and Flora Hewlett Foundation—asked that the review focus on the eight research questions listed in Box S-1. The Committee on Reproductive Health Services: Assessing the Safety and Quality of Abortion Care in the U.S. was appointed in December 2016 to conduct the study and prepare this report.

We thank the following individuals for their review of this report:

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