# Citizen Petition

December 13, 2022

The undersigned submits this petition under 21 C.F.R. § 10.30 and Section 505-1 of the Food Drug and Cosmetic Act (21 U.S.C. § 355-1) to request the Commissioner of the Food and Drug Administration (FDA) to modify the Risk Evaluation and Mitigation Strategy (REMS) regarding mifepristone (Mifeprex® or RU-486) (hereinafter, "Mifepristone") and restore the REMS regarding Mifepristone, that were curtailed in 2016 and 2021, back to the REMS that were formally enacted in 2011.

## A. ACTION REQUESTED

This Petition makes one request. We request that the 2021 and 2016 modifications to mifepristone's REMS be reversed and the REMS as they were in 2011 be restored.

**Reverse the 2021 and 2016 Mifepristone REMS modification and restore the REMS as they were in 2011.**

The REMS for Mifepristone were modified by the FDA in 2021 and 2016. This petition requests that the FDA reverse this modification by requiring that:

1) Mifepristone only be administered, in a regimen with misoprostol, for the termination of intrauterine pregnancy, for up to 49 days (7 weeks) gestation;

2) Mifepristone only be administered by or under the supervision of a physically present physician (to reduce instances of telehealth prescriptions to only those that are absolutely necessary);

3) the use of Mifepristone and misoprostol for the termination of pregnancy necessitate three office visits by the patient: the first to be an ultrasound to rule out ectopic pregnancy, determine the gestational age of the child, to determine if the patient is Rh-negative, and to actually issue Mifepristone. The second, to determine that the termination has been successful, and to make sure that there are no remaining tissues in the body that could lead to infection. The third, as a follow-up to make sure there are no further complications;

Additionally, Mifepristone should be administered only after ectopic pregnancy has been ruled out, and the gestational age of the fetus has been determined. Mifepristone use should be contraindicated for patients who do not have convenient access to emergency medical care. This use should be as limited as possible. Telehealth should not be an option to all women, but only to women in absolute need under extreme circumstances that would make access to a medical care facility impracticable, with a substantial risk that the woman would die without immediate administration of Mifepristone.

To alter the Mifepristone REMS, a formal study should be required. This study should include outcomes for at-risk populations, patients under the age of 18, patients with repeat

Mifepristone abortions, patients who have limited access to emergency room services, patients who self-administer misoprostol, patients who did not have an ultrasound to rule out ectopic pregnancy, patients who did not have an ultrasound to determine the gestational age of the fetus, patients who were prescribed Mifepristone over telehealth, and patients who did not see a physician before or after Mifepristone was administered over telehealth.

Reinstituting the limiting of dispensing of Mifepristone to patients in clinics, medical offices, and hospitals, by or under the physical supervision of a certified prescriber and only up to 49 days (7 weeks) gestation can only benefit women's health. The 2021 and 2016 modifications promulgated by the FDA claimed that the data supported modification of the REMS to reduce the burden on patient access and the health care delivery systems and that the overall benefits of the product outweighed the risks. The modifications to the Mifepristone REMS program should be reversed, reinstituting the requirement that mifepristone be dispensed only in certain health care settings, specifically clinics, medical offices, and hospitals (referred to as the "in-person dispensing requirement"); adding a requirement that pharmacies that dispense the drug be certified; requiring three office visits along with prescription; and only prescribing up to 49 days (7 weeks) gestation. The petitioner requests that the FDA revoke these changes as these modifications are detrimental to the health and safety of women seeking abortions.

## B. STATEMENT OF GROUNDS

The FDA should restore and strengthen elements of the Mifepristone regimen and prescriber requirements approved in 2016 and 2021. Mifepristone should be prescribed only up to 49 days (7 weeks) gestation and administered by or under the supervision of a physically present and certified physician who has ruled out ectopic pregnancy. Mifepristone should only be prescribed by a physically present physician, and telehealth dispensing should be limited to patients with no other legitimate option.

### Mifepristone should only be administered, in a regimen with misoprostol, for the termination of intrauterine pregnancy, for up to 49 days (7 weeks) gestation.

In 2016, FDA increased the maximum gestational age for Mifeprex use for abortion from 49 days (7 weeks) to 70 days (10 weeks), and changed the method of administration of misoprostol from oral to buccal (*i.e.*, in the cheek pouch). However, drug-induced abortion[1] regimens demonstrate an increase in complications and failures after 49 days' gestation.

In a 2011 study of thousands of patients, the majority of whom had a drug-induced abortion using what is now the Mifeprex regimen, the rate of infection and the rate of failure requiring surgical intervention increased with gestational age.[2] The American College of Obstetricians

[1] The terms "Medication abortion," "medical abortion," "chemical abortion," and "drug-induced abortion" [or termination of pregnancy] share the same meaning and refer to the use of abortion-inducing drugs, rather than surgery, to induce abortion. The current FDA-approved regimen uses two drugs, mifepristone (a.k.a. Mifeprex or RU-486) and misoprostol.

[2] Mentula MJ, Niinimaki M, Suhonen S, Hemminki E, Gissler M, and Heinkinheimo O, *Immediate Adverse Events after Second Trimester Medical Termination of Pregnancy: Results of a Nationwide Registry Study,* Human Reproduction 26(4), 927-932 (2011).

and Gynecologists (ACOG) has stated: "the risk of clinically significant bleeding and transfusion may be lower in women who undergo medical abortion of gestations up to 49 days compared with those who undergo medical abortion of gestations of more than 49 days."[3]

Further, a 2015 meta-analysis examined all the existing publications on buccal administration of misoprostol, 20 studies in all, from November 2005 through January 2015. The failure rate of the buccal misoprostol regimen increased as the gestational age increased, especially at gestational ages greater than 49 days.[4] The current FDA label also acknowledges this fact.[5]

Given the serious risks of failure, hemorrhage, infection, and ongoing pregnancy that increase as pregnancy advances, the gestational limit for the Mifeprex regimen should have never been increased, and now should be restored back to 49 days (7 weeks).

**Mifepristone should be administered by or under the supervision of a physically present certified physician who has ruled out ectopic pregnancy and Rh negativity.**

The 2000 Mifepristone regimen required Mifepristone to be "provided by or under the supervision of a physician" who meets qualifications discussed in this section below.[6] However, the 2016 regimen replaced "physician" with "healthcare provider," thus permitting non-physicians to apply to be certified prescribers.[7] Given the regimen's serious risks, the FDA should limit the ability to prescribe and dispense Mifepristone to qualified, licensed physicians. Physicians are better trained to diagnose patients who have contraindications to Mifepristone and to verify gestational age.

In the Mifepristone label, the FDA emphasizes that "Mifepristone is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS)" because of the drug's "risks of serious complications." In a bold-print box, the FDA states that before prescribing Mifepristone, a provider must inform a patient: about the risks of serious events; whom to call and what to do if certain symptoms occur; and to take the Medication Guide with her if she visits an emergency room or healthcare provider who did not prescribe Mifepristone, so that she receives appropriate, informed care.[8]

Chemical abortions were first approved by the FDA on September 28, 2000. A chemical abortion, also known as a medical abortion, is a two-step regime. The first is taking RU-486, a synthetic steroid also known as mifepristone. This drug cuts off the production of progesterone in the woman's body, effectively starving the fetus. The second step requires taking misoprostol. This drug then expels the fetus from the woman's body. This drug was initially created to treat

[3] ACOG Practice Bulletin 143: Medical Management of First-Trimester Abortion, p. 5 (Mar. 2014, reaffirmed 2016).
[4] Chen MJ, Creinin MD, *Mifepristone with Buccal Misoprostol for Medical Abortion*, Obstet. Gynecol 126 (1) July 2015 12-21.
[5] Mifeprex 2016 label, https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s020lbl.pdf.
[6] Mifeprex 2000 label, Dosage and Administration, emphasis added.
[7] Mifeprex 2016 label, https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s020lbl.pdf.
[8] Mifeprex 2016 label, https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s020lbl.pdf.

stomach ulcers. Importantly, the FDA rarely promotes off label uses of medications. Misoprostol has never been approved by the FDA as an abortifacient.

When the FDA approved chemicals abortions, it did so under an accelerated process for drug approval under 21 C.F.R. § 314(H). Before chemical abortions were approved, this approval process had only been used on 30 drugs, all of which were for HIV/AIDS, cancer, and other debilitating diseases. Because chemical abortions were approved under this method, it did not have to go through testing for long-term effects that other drugs have to. This raises red flags as this drug could potentially cause more serious adverse side effects to women.

There was a small trial in the U.S. before this was approved. Clinical trials were conducted on 2,121 women from September 1994 to September 1995 at 17 abortion facilities. The Population Council and the New England Journal of Medicine reported that the most frequent side effect was bleeding and cramping; 56 women underwent surgical intervention for excessive bleeding; four women received blood transfusions; the average duration of bleeding and spotting was 13 days; gastrointestinal side effects of the drugs, such as nausea, diarrhea, and vomiting were documented; eight percent of women did not abort with the medication and were encouraged to have a surgical abortion; and five percent of the women never completed the study.[9]

On the FDA's website the side effects for a chemical abortion are stated as: "cramping and vaginal bleeding are expected effects of the treatment regimen. In some cases, very heavy vaginal bleeding will need to be stopped by surgical procedure, which can often be performed in a healthcare providers office. Other common side effects of the treatment regimen include nausea, weakness, fever/chills, vomiting, headache, diarrhea, and dizziness in the first day or two after taking the two medicines." Still to this day, we don't know if there are any long-term effects on women who opt for a chemical abortion even though it has been over 22 years since initial approval. The medication that is used to complete chemical abortions had not changed since introduction in 2000. However, the guidelines promulgated for its safe consumption have continually been diminished.

The FDA revisions imposed in 2021 permit mail-order telehealth abortions. This runs in contravention to the doctor's code of ethics which requires doctors to examine patients in person at least once before giving them medication with potentially life-threatening side effects. Now women can procure Mifepristone without medical guidance or oversight that would otherwise verify the gestation of the child. This is relevant to know if the chemical abortion will even be effective, to test for Rh negativity, to rule out ectopic pregnancies, and it makes it next to impossible to track the side effects of the chemical abortions.

The 2016 Mifepristone REMS provided that "Mifepristone must be dispensed to patients only in certain healthcare settings, specifically clinics, medical offices, and hospitals, by or under the supervision of a certified prescriber."[10] Many providers today are promoting and performing

[9] Irving M. Spitz et al. *Early Pregnancy Termination with Mifepristone and Misoprostol in the United States*, New England Journal of Medicine 338, no. 18 (1998): 1241-1247.
[10] Mifeprex 2016 REMS, emphasis added, https://www.accessdata.fda.gov/drugsatfda_docs/rems/Mifepristone_2016-03-29_REMS_full.pdf.

"telemedicine abortions," where the certified prescriber's "supervision" of the dispensing of Mifepristone is limited to a videoconference.[11] This practice demonstrates a flagrant disregard for FDA safeguards.

To ensure true supervision, the FDA should require certified prescribers to be physically present when Mifepristone is dispensed so that they can appropriately examine patients and rule out contraindications to the use of Mifepristone. This requirement would be consistent with other requirements in the Mifepristone Label and REMS.

In reality, a de-emphasis on follow-up care increases risks of post-abortion complications. Mifepristone's regimen in 2000 required that women return approximately 14 days after ingesting mifepristone. This was considered necessary to ensure that all pregnancy tissue had been passed.[12] This determination is crucial, because retained pregnancy tissue can lead to continued bleeding and serious intrauterine infections. The return visit permits healthcare providers to ensure that a patient is not experiencing these or other complications from the abortion procedure, and that Rh negative patients are administered Rhogam to protect future pregnancies.

Abortion advocates argue that three clinic visits make accessing abortion-inducing drugs more difficult for patients with transportation challenges; however, ACOG acknowledges that drug-induced abortion is contraindicated for patients who "are not available for follow-up contact or evaluation."[13] Surgical abortion is a better choice for these patients, because it "[d]oes not require follow-up in most cases."[14]

Drug-induced abortion is optional. If a woman does not meet the criteria necessary to use abortion-inducing drugs, then surgical abortion is still an option. For women with transportation difficulties, an abortion provider can complete surgical abortion "in a predictable period of time," and the procedure "[d]oes not require follow-up in most cases."[15]

Efforts to promote abortion-inducing drugs to women in rural areas where access to emergency medical care is scarce are detrimental to women's health. It is better for a patient in a remote region to have a surgical abortion, "which requires a single visit, and is less likely to result in serious or life-threatening complications."[16]

In the Mifepristone label, the FDA emphasizes that "Mifepristone is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS)" because of the drug's "risks of serious complications." In a bold-print box, the FDA states that before prescribing

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[11] See Planned Parenthood Releases New Educational Video on Telemedicine Abortion (Feb. 6, 2018), https://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-releases-new-educational-video-on-telemedicine-abortion.
[12] Mifeprex 2000 label, Day 14: Post-Treatment Examination.
[13] ACOG Practice Bulletin 143, p. 6.
[14] *Id*.
[15] ACOG Practice Bulletin 143, p. 3 & Box 1.
[16] Donna Harrison, M.D. & Michael J. Norton Testimony before the Iowa Board of Medicine, p. 9 (Aug. 21, 2013), citing Postmarket Drug Safety Information for Patients and Providers, Questions and Answers on Mifeprex, https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm492705.htm.

Mifepristone, a provider must inform a patient: about the risks of serious events; whom to call and what to do if certain symptoms occur; and to take the Medication Guide with her if she visits an emergency room or healthcare provider who did not prescribe Mifepristone, so that she receives appropriate, informed care.[17]

Thirty-four states permit only physicians to prescribe Mifepristone,[18] with nineteen states requiring the provider to be physically present with the patient.[19] For example, the law in Alabama states that the physical presence and care of a physician are necessary because "the failure and complications from medical abortion increase with advancing gestational age, because the physical symptoms of medical abortion can be identical to the symptoms of ectopic pregnancy, and because abortion-inducing drugs do not treat ectopic pregnancies but rather are contraindicated in ectopic pregnancies."[20]

Lawmakers in these states recognize that abortion providers cannot diagnose contraindications and cannot adequately care for their patients through a videoconference. Fundamentally, telemedicine "may be legitimate when it comes to discrete, document-based tasks such as reading X-rays," but it "is not the standard of care when it comes to abortion or the management of miscarriage."[21]

The 2016 regimen significantly diminished doctor-patient interaction. While the 2000 Mifeprex label required three patient visits with the abortion provider, women may now obtain Mifeprex at a clinic and self-administer it at home. They are no longer required to return to the clinic for the administration of misoprostol, which prevents abortion providers from ensuring that they take the drugs at the correct times. Further, providers may now "confirm" that a patient's drug-induced abortion was successful without a clinic visit,[26] increasing the possibility that Rh-negative patients will not receive administration of Rhogam, which is necessary to prevent serious risks in subsequent pregnancies. The failure to test for Rh-negativity could lead to infertility.

The 2016 regimen directs that patients be given or prescribed misoprostol to take 24 to 48 hours after taking Mifeprex. However, without monitoring, a patient may take misoprostol before 24 hours have passed since she consumed Mifeprex, rendering the regimen ineffective and increasing the likelihood that she will experience a failed drug- induced abortion and require surgery.

Using buccal misoprostol sooner than 24 hours after administering mifepristone leads to a significantly increased failure rate. In one study investigating the timing of buccal misoprostol after Mifepristone, nearly one out of every three to four women who took buccal misoprostol

[17] Mifeprex 2016 label, https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s020lbl.pdf.
[18] Donovan MK, *Self-Managed Medication Abortion: Expanding the Available Options for U.S. Abortion Care*, Guttmacher Policy Review, Vol. 21, p. 44 (2018).
[19] *Id.*
[20] Ala. Code § 26-23E-7.
[21] Harrison & Norton Testimony, p. 3.

shortly after Mifepristone failed to abort.[22] The failure rate ranged from 27% to 31%, depending on the pregnancy gestation.[23] Given these results, the authors of this study strongly recommended that buccal misoprostol not be taken immediately after Mifepristone because of the very high abortion failure rate.[24] However, with home administration of misoprostol, healthcare providers have no control over when their patients consume the drug.

A woman may also choose to swallow misoprostol rather than keep the pill between her cheek and gum for 30 minutes, converting a "buccal" administration into an "oral" administration. An oral administration of misoprostol following the lower dose of Mifepristone in the current regimen is not as effective in ending the pregnancy.

Further, waiting until 24 hours after Mifepristone to administer misoprostol does not guarantee success, and the failure rate of buccal misoprostol is higher than that under the 2000 regimen. A comprehensive systematic review and meta-analysis of the existing studies of the 2016 regimen found that women who take misoprostol earlier than 48 hours after Mifepristone are more likely to fail the regimen.[25]

Under the 2000 regimen, doctors were also able to provide care to patients during the most challenging and painful time in the drug-induced abortion. According to the World Health Organization, up to 90% of women will abort within 4-6 hours after taking misoprostol.[26] The 2000 regimen permitted a patient to be in a clinic for this period of time, during which she would be under the observation and care of medical personnel. This observation period is for "both patient safety and compassion. This is the time when women should be in a place where their bleeding can be monitored, their vital signs can be observed by trained medical personnel, and they can receive sufficient pain medication during the most difficult part of the expulsion."[27]

In-person contact with a healthcare provider is critical to post-abortion care as well. Abortion providers should perform a "follow-up [physical exam] after the use of mifepristone in order to confirm abortion and rule out life-threatening infection."[28] Before the FDA approved the 2016 regimen, the follow-up visit was considered "very important to confirm by clinical examination or ultrasonographic scan that a complete termination of pregnancy has occurred."[29] In fact, the 2000 label provided that "[e]ach patient must understand the necessity of completing the treatment schedule, including a follow-up visit approximately 14 days after taking

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[22] Lohr PA, Reeves MF, Hayes JL, Harwood B, Creinin MD, *Oral Mifepristone and buccal misoprostol administered simultaneously for abortion: a pilot study*, Contraception 76 (2007) 215-220.
[23] *Id.*
[24] *Id.*
[25] Chen MJ, Creinin MD, *Mifepristone with Buccal Misoprostol for Medical Abortion*, Obstet. Gynecol 126 (1) July 2015 12-21.
[26] World Health Organization, *Safe Abortion: Technical and Policy Guidance for Health Systems* 45.
[27] *Okla. Coalition for Reproductive Justice v. Cline*, Case No. CV-2014-1886 (Feb. 24, 2015) ¶ 136.
[28] Harrison & Norton Testimony, p. 18.
[29] Mifeprex 2000 label, Day 14: Post-Treatment Examination.

Mifeprex."[30] ACOG's current policy explains that:

> Women are not good candidates for medical abortion if they … desire quick completion of the abortion process [or] are not available for follow-up contact or evaluation.[31]

In addition to ensuring for all drug-induced abortion patients that the uterus has been emptied of retained tissue and that they are not suffering from infection, the follow-up examination is particularly critical for Rh-negative patients. These patients must be administered Rhogam in order to prevent Rh isoimmunization in subsequent pregnancies. Without follow-up, women will not receive the Rhogam after the abortion, greatly increasing their risk of subsequent Rh isoimmunization, which can endanger future pregnancies.[32]

Nonetheless, abortion advocates strongly supported the reduction in required visits, and continue to advocate for the elimination of direct provider-patient contact. Gynuity Health Projects (an organization that "has been at the forefront of efforts to increase women's access to medical abortion in settings throughout the world")[33] has conducted at least three domestic and five international studies[34] on eliminating pelvic ultrasound or exam after drug-induced abortion. Following one study, researchers determined that "[s]emi-quantitative pregnancy tests … could be used in lieu of transvaginal ultrasound and/or serum hCG at clinic-based follow-up or by women themselves for home-based follow-up."[35] This ignores the risks outlined above.

In a more recent study, researchers asserted that the "common practice of scheduling a clinical contact after every medical abortion may not be necessary to ensure safety; enabling patients to determine for themselves whether or not a contact is needed can be a reasonable approach."[36] They reached this conclusion even with 26% of participants failing to provide

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[30] Mifeprex 2000 label, Information for Patients.
[31] ACOG Practice Bulletin 143, p. 6.
[32] ACOG Practice Bulletin 181: Prevention of Rh D Alloimmunization (Aug. 2017);
and SOGC Clinical Practice Guidelines: Prevention of Rh Alloimmunization (No. 133, Sept. 2003).
[33] See Gynuity Health Projects, Medical Abortion, https://gynuity.org/programs/medical-abortion.
[34] See, e.g., Self-Assessment of Medical Abortion Outcome Using Serial Multi-level Pregnancy Tests [NCT02570204] (Sept. 2015 – Dec. 2016),
https://www.clinicaltrials.gov/ct2/show/NCT02570204?term=Self-Assessment+of+Medical+Abortion+Outcome+Using+Serial+Multi-level+Pregnancy&rank=1; Exploring the Role of At-home Semi-Quantitative Pregnancy Tests for Medical Abortion Follow-up [NCT01150279] (Aug. 2009 – May 2014),
https://www.clinicaltrials.gov/ct2/show/NCT01150279?term=Exploring+the+Role+of+At-home+Semi-Quantitative+Pregnancy+Tests+for+Medical+Abortion+Follow-up&rank=1; De-Medicalizing Mifepristone Medical Abortion [NCT00120224] (May 2005 – Apr. 2007),
https://www.clinicaltrials.gov/ct2/show/NCT00120224?term=De-Medicalizing+Mifepristone+Medical+Abortion&rank=1.
[35] Lynd K, et al., *Simplified Medical Abortion Using a Semi-Quantitative Pregnancy Test for Home-Based Follow-up*, Int J Gynaecol Obstet. 2013 May;121(2):144-8.
[36] Raymond EG, et al., *Self-assessment of Medical Abortion Outcome Using Symptoms and Home Pregnancy Tests,* Contraception *97* (2018) 324-28.

sufficient follow-up information.[37]

Gynuity researchers also conducted a recent systematic review of existing studies on "the accuracy and acceptability of a strategy for identifying ongoing pregnancy after medical abortion treatment using a low-sensitivity pregnancy test (LSPT)." While the researchers acknowledged that "the LSPT strategy had *moderate* sensitivity for identifying ongoing pregnancy" and "the LSPT itself had a limited role in the detection of treatment failures [*i.e.*, ongoing pregnancy] in the studies," they stated that the "LSPT strategy shows promise for reducing the need for in-person follow-up after medical abortion. A range of home-based options should be validated to meet the varied needs of women and abortion providers in diverse settings."[38]

In reality, a de-emphasis on follow-up care increases risks of post-abortion complications. As discussed above, the 2000 regimen's requirement that women return approximately 14 days after ingesting mifepristone was considered necessary to ensure that all pregnancy tissue had been passed.[39] This determination is crucial, because retained pregnancy tissue can lead to continued bleeding and serious intrauterine infections. The return visit permits healthcare providers to ensure that a patient is not experiencing these or other complications from the abortion procedure, and that Rh negative patients are administered Rhogam to protect future pregnancies.

Abortion advocates argue that three clinic visits make accessing abortion-inducing drugs more difficult for patients with transportation challenges; however, as noted above, ACOG acknowledges that drug-induced abortion is *contraindicated* for patients who "are not available for follow-up contact or evaluation."[40] Surgical abortion is a better choice for these patients, because it "[d]oes not require follow-up in most cases."[41]

Drug-induced abortion is a longer process that requires more attention and care from healthcare providers. Three visits to a physician in the interest of patient safety should not be sacrificed for the convenience of healthcare providers or even their patients.

## Limit The Dispensing Of Mifepristone Over Telehealth

Mifepristone should be administered by or under the supervision of a physically present and certified physician who has ruled out ectopic pregnancy and instances of administration over telehealth be limited to only those situations where a patient has no clear alternative.

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[37] *Id.*
[38] Raymond EG, et al., *Low-sensitivity Urine Pregnancy Testing to Assess Medical Abortion Outcome: A Systematic Review,* Contraception (2018), https://doi.org/10.1016/j.contraception.2018.03.013 (emphasis added).
[39] Mifeprex 2000 label, Day 14: Post-Treatment Examination.
[40] ACOG Practice Bulletin 143, p. 6.
[41] *Id.*

As mentioned above, the original Mifepristone regimen required Mifepristone to be "provided by or under the supervision of a physician" who meets qualifications discussed in this section below.[42] However, the 2016 regimen replaced "physician" with "healthcare provider," thus permitting non physicians to apply to be certified prescribers.[43] Given the regimen's serious risks, the FDA should limit the ability to prescribe and dispense Mifepristone to qualified, licensed physicians. Physicians are better trained to diagnose patients who have contraindications to Mifepristone and to verify gestational age.

The previous Mifepristone REMS requires that Mifepristone "be dispensed to patients only in clinics, medical offices and hospitals, by or under the supervision of a certified prescriber." That prescriber must be capable of assessing the duration of a pregnancy accurately, diagnosing ectopic pregnancies, and providing or referring for surgical intervention in cases of incomplete abortion or hemorrhaging.[44]

Abortion advocates, however, want prescription of Mifepristone to increase to pregnant patients over the Internet or phone, with the drug available at pharmacies or through the mail, and through advance provision (i.e., before a patient is pregnant). Eliminating and relaxing the REMS to facilitate Internet or telephone prescriptions is dangerous to women and adolescent girls. This must be reversed to ensure the appropriate care for the health of women and adolescent girls. Healthcare providers prescribing abortion-inducing drugs over the Internet or phone or before a patient is even pregnant cannot adequately evaluate patients for contraindications to the drugs. Further, as discussed above, Rh-negative patients must be administered Rhogam in order to prevent Rh isoimmunization in subsequent pregnancies. Without direct patient contact, women will not receive the Rhogam after the abortion, greatly increasing their risk of subsequent Rh isoimmunization, which can endanger future pregnancies and lead to potential infertility.[45]

Telemedicine abortion further distances women from the practitioners responsible for caring for them, and modification of the REMS in 2021 by FDA further absolved abortion providers of responsibility for the well-being of their patients. Promoting telemedicine abortion to women and adolescent girls in rural areas with limited access to healthcare is extremely dangerous—they will have little recourse if they face known and predictable emergency complications such as severe hemorrhage.[46]

Previous Mifepristone REMS, provided that "Mifepristone must be dispensed to patients only in certain healthcare settings, specifically clinics, medical offices, and hospitals, *by or under the supervision of a certified prescriber*."[47] Yet, abortion providers today are increasingly

[42] Mifeprex 2000 label, Dosage and Administration, emphasis added.
[43] Mifeprex 2016 label, https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s020lbl.pdf.
[44] Mifeprex Risk Evaluation and Mitigation Strategy (REMS),
https://www.accessdata.fda.gov/drugsatfda_docs/rems/Mifepristone_2016-03-29_REMS_full.pdf.
[45] ACOG Practice Bulletin 181: Prevention of Rh D Alloimmunization (Aug. 2017);
and SOGC Clinical Practice Guidelines: Prevention of Rh Alloimmunization (No. 133, Sept. 2003).
[46] Harrison & Norton Testimony, p. 9.
[47] Mifeprex 2016 REMS, emphasis added,
https://www.accessdata.fda.gov/drugsatfda_docs/rems/Mifepristone_2016-03-29_REMS_full.pdf.

promoting and performing "telemedicine abortions," where the certified prescriber's "supervision" of the dispensing of Mifepristone is limited to a videoconference. This practice demonstrates a flagrant disregard for FDA safeguards.

In allowing this disconnect between patients and prescribers, the FDA is creating circumstances that could lead to patient abandonment. According to the National Library of Medicine, patient abandonment "is considered a breach of duty and is defined as unilateral termination of the physician-patient relationship without providing adequate notice for the patient to obtain substitute medical care."[48] Further, the "patient-physician relationship becomes established when a physician affirmatively acts in a patient's care through the patient's diagnosis and/or treatment. This relationship is also established if the physician agrees to diagnose and/or treat the patient. A physician-patient relationship is often created when the "professional services of a physician are rendered to and accepted by another person for the purposes of medical or surgical treatment."[49] By definition then, the prescribing of Mifepristone by a medical provider to a patient establishes a physician-patient relationship. The level of care implicit in this relationship is thus abrogated in an unacceptable way when the prescription of Mifepristone is conducted solely via telehealth.

To ensure true supervision, the FDA should require certified prescribers to be physically present when Mifepristone is dispensed so that they can appropriately examine patients and rule out contraindications to the use of Mifepristone. This requirement would be consistent with other requirements in the Mifepristone label and REMS. In some situations, it is possible that a woman may *not* take the abortion drugs in the manner prescribed, nor obtain the follow-up care that is recommended. With a doctor-patient relationship limited to online chats, she has virtually no accountability or support as she navigates a complicated procedure. The responsibility of the provider of the drugs to follow up with the patient is obviated as well.

In the Mifepristone label, the FDA emphasizes that "Mifepristone is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS)" because of the drug's "risks of serious complications." In a bold-print box, the FDA states that before prescribing Mifepristone, a provider must inform a patient: about the risks of serious events; whom to call and what to do if certain symptoms occur; and to take the Medication Guide with her if she visits an emergency room or healthcare provider who did not prescribe Mifepristone, so that she receives appropriate, informed care.[50]

A provider who does not physically meet with and examine a patient, but simply consults with the patient over the Internet, is not capable of fulfilling these requirements, or of ruling out additional contraindications (i.e., circumstances that make a treatment or medication *unadvisable*) to Mifepristone use. These physical contraindications include pelvic infections, ovarian masses, cardiac arrhythmias, and liver abnormalities.[51] A physician bears responsibility to diagnose and rule out contraindications prior to Mifepristone use. It is inadequate to entrust this critical care to another healthcare provider who is not trained in diagnosis. Further, a healthcare provider who is

[48] https://www.ncbi.nlm.nih.gov/books/NBK563285/.
[49] *Id*.
[50] Mifeprex 2016 label, https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s020lbl.pdf.
[51] Harrison & Norton, p. 3.

not physically accessible to a patient cannot provide adequate follow-up care to patients, as required by the FDA Mifepristone regimen.

Abortion complications are also more frequent when women abort at home, without the oversight of a healthcare provider. A 2018 combined retrospective and longitudinal follow-up study of complications related to induced abortion in Sweden determined that "[t]he complication frequency [of drug-induced abortion] was significantly higher among women <7 gestational weeks who had their abortions *at home*."[52]

The 2000 Mifeprex label stated:

> Because it is important to have access to appropriate medical care if an emergency develops, the treatment procedure is contraindicated if a patient does not have adequate access to medical facilities equipped to provide emergency treatment of incomplete abortion, blood transfusions, and emergency resuscitation during the period from the first visit until discharged by the administering physician.[53]

This critical language was excluded from the 2016 Mifeprex label. Yet, studies comparing the outcome of surgical versus drug-induced abortion have clearly demonstrated that Mifeprex abortions have a greater risk of hemorrhage, infection, continued pregnancies, retained tissue and need for emergency reoperation than surgical abortions. ACOG acknowledges that "[c]ompared with surgical abortion, medical abortion takes longer to complete, requires more active patient participation, and is associated with higher reported rates of bleeding and cramping," and has lower success rates.[54]

The FDA, in "Questions and Answers on Mifeprex" categorizes women who should not take Mifeprex, specifically the agency states:

> A woman should not take Mifeprex if it has been more than 70 days since the first day of her last menstrual period, or if she: has an ectopic pregnancy (a pregnancy outside of the uterus) has problems with the adrenal glands (the glands near the kidneys) is currently being treated with long-term corticosteroid therapy (medications) has had an allergic reaction to mifepristone, misoprostol or similar drugs has bleeding problems or is taking anticoagulant (blood thinning) drug products has inherited porphyria has an intrauterine device (IUD)

[52] Carlsson I, Breding K, and Larsson PG, *Complications Related to Induced Abortion: a Combined Retrospective and Longitudinal Follow-up Study*, BMC Women's Health (2018) 18:158, p. 4 (emphasis added).
[53] Mifeprex 2000 label, Contraindications.
[54] ACOG Practice Bulletin 143, p. 3 & Box 1.

in place (it must be removed before taking Mifeprex).[55]

And yet, with the proliferation of telehealth prescription, it is less and less likely that the prescribing "healthcare provider" will have first-hand knowledge that the patient will not have these complications or is otherwise less able to the tests necessary to rule out any of these complications.

Drug-induced abortion is optional. If a woman does not meet the criteria necessary to use abortion-inducing drugs, then surgical abortion is still an option. For women with transportation difficulties, an abortion provider can complete surgical abortion "in a predictable period of time," and the procedure "[d]oes not require follow-up in most cases."[56]

Efforts to promote abortion-inducing drugs to women in rural areas where access to emergency medical care is scarce are detrimental to women's health. It is better for a patient in a remote region to have a surgical abortion, which requires a single visit, and is less likely to result in serious or life-threatening complications.

## CONCLUSION

Mifepristone carries risks of life-threatening hemorrhage, infection, continued pregnancy, retained tissue, need for emergency surgery, and death. The 2011 regimen provided significantly more protections for patients than the 2016 regimen or the 2021 regimen. FDA should restore and strengthen elements of the Mifepristone regimen and provider requirements, including: limiting Mifeprex use to 49 days' (7 weeks) gestation; requiring that Mifepristone be administered only by or under the supervision of a physically present physician; requiring three office visits by a patient who has been prescribed Mifepristone; and clarifying that Mifepristone use is contraindicated for patients who do not have convenient access to emergency medical care. The agency should restore the original Mifepristone REMS, and return to limiting the dispensing of Mifepristone to patients in clinics, medical offices, and hospitals, by or under the supervision of a certified prescriber.

## C. ENVIRONMENTAL IMPACT

Petitioner is categorically excluded from conducting an environmental impact statement under 21 C.F.R. § 25.30, 25.31, 25.32, 25.33, or § 25.34 or an environmental assessment under 21 C.F.R. § 25.40.

## D. ECONOMIC IMPACT

Petitioner will submit information upon request of the Commissioner following review of this petition.

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[55] https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifeprex

[56] ACOG Practice Bulletin 143, p. 3 & Box 1.

## E. CERTIFICATION

The undersigned certifies, that, to the best knowledge and belief of the undersigned, this petition includes all information and views on which the petition relies, and that it includes representative data and information known to the petitioner which are unfavorable to the petition.

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| Peyton | Lamers |
| Diane | McNiff |
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| Sara | Rose |
| Shauna | Jundt |
| Sheryll | Storry |
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| Lia | Nicole |
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| Austin | Newton |
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| Erman | Croney |
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| Sara | Herrington |
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| Teresa | Krausel |
| Tyler | McGhaw |
| Tori | Morris |
| Vicki | Tacker |
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| Mary | Jones |
| John | Jalanivich |
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| Pat | Bollinger |
| Sarah | Evans |
| Annette | Oppedahl |
| Annette | Powell |
| Pamela | Baker |
| Bethany | Davies |
| Claire | Hoeing |
| Bryon | Sundberg |
| Ruth | Harbin |
| Bradley | Smith |
| Jessica | Stephens |
| Darrell | Rader |

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|---|---|
| Daniel | Agemy |
| Hannah | Ruesch |
| Jackelyn | Munoz |
| Ruth | Bennett |
| Khalilah | Ballard |
| Kayla | Murray |
| Charlotte | Oliver |
| Jeff | Mathews |
| Annette | DesJardins |
| Norine | Carter |
| Rebecca | Hughes |
| Patricia | Warren |
| Kathleen | Breen |
| Ross | Dunn |
| Robert | Shankle |
| Bryan | D Hill |
| Stephen | Boletchek |
| Emily | Tilley |
| Wes | weaver |
| William | H. Koller Jr. |
| Arissa | Marquard |
| Elizabeth | Siemers |
| Joseph | Gartner |
| Sharla | Meyer |
| Angie | Wingert |
| Carol | Tschampl-Diesing |
| Chris | Redding |
| Dan | Witt |
| Felicia | Trujillo |
| Becky | Gaffney |
| Lyn | Miller |
| Sharon | Kindt |
| Scott | Staver |
| Lauren | J. Whitcomb |
| Bridget | Snow |
| William | Stevens |
| William | Duerr |
| Mary | Clark |
| Jordan | Duchesneau |
| Megan | Weaver |

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|---|---|
| Jean | Scott |
| Marietta | Mahiya |
| Rob | Riehl |
| Michael | Montuori |
| Jeannie | Thompson |
| Jack | Preston |
| Colleen | thomas |
| Ken | Smitelli |
| Joan | Mullaney |
| Willem | Siek |
| Althea | Ansah |
| Daniel | Birck |
| Debra | Shank |
| Mary | Jane Rivest |
| Nick | Bartol |
| Thomas | Witham |
| Alison | Morrison |
| Alex | Rubens |
| Anita | Mercanti |
| Bonnie | Cooper |
| Carole | Hasz |
| Cliff | Jones |
| Colletta | Liccardi |
| Diane | DiGiovacchino |
| Rosemarie | Colon |
| Elsabe | Combrink |
| Frank | Cestone |
| Elizabeth | Arias |
| Renato | N. Gadenz |
| Gerard | H. McCarren |
| George | J. Muench |
| Barbara | Joyce Antone |
| Luz | Morales |
| Nataly | Gaspar |
| Robert | Rypkema |
| Scott | Fenton |
| Zbigniew | Sutor |
| David | Brandt |
| Julia | Watry |
| Michelle | Orantes |

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|---|---|
| Kathleen | Sifuentes |
| Simon | Spence |
| Tom | Goodwin |
| Dana | Aragon |
| Judy | EDWARDS |
| Hal | MANHEIM |
| Rebecca | Chapman |
| Alice | Zelenak |
| David | Sonner |
| Amanda | Graham |
| Ed | Simmons |
| Sue | K Boda |
| Gregory | Dunn |
| Katy | McPherson |
| Crissi | Kendall |
| Ron | Kalcso |
| Karen | Russo |
| Angela | Salerno |
| Anthony | O'Connor |
| Doug | Arters |
| Alfonso | Oliveras |
| Candace | Smith |
| April | Penny |
| Ashley | O'Neill |
| Barbara | Jacobini |
| Joanna | Louise Johnson |
| Carol | Brodie |
| Judith | Johnson |
| Christina | Strickland |
| Deborah | Cochrane |
| Colleen | Kelly Spellecy |
| Donna | Washio |
| Elsa | Caputi |
| Margo | Romney |
| Kenneth | Breen |
| Joy | Goldberg |
| James | Robert |
| Kenneth | Grek |
| Kimberly | Roberts |
| Leonard | EDWIN |

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|---|---|
| Patric | Conroy |
| Lawrence | Petry |
| Margaret | Colindeas |
| Trevor | MERCHANT |
| Mary | Wolert |
| Olivia | Cunningham |
| Dee | Shatalow |
| Paul | Gamblin |
| Robert | Abarno |
| Robert | James Kaufmann |
| Anthonymanfre | Manfre |
| Annette | Shaughnessy |
| Michele | A. Jabar |
| Veronica | Murphy |
| James | Walsh |
| Wayne | Nelligan |
| Abbey | Roth |
| Rebecca | Depinet |
| Braelynn | Roach |
| Catherine | Neu |
| Mary | Hammer |
| Mary | Clark |
| Brian | Davis |
| Mike | Drummond |
| Ella | Sereda |
| Edward | L. Schneider |
| Frederick | Schieltz |
| Anna | Graham |
| Gail | Wetzel |
| Corinne | D'Abreau |
| Heather | Cogan |
| Karen | Spremulli |
| Jennifer | Lapos |
| Joan | R. Martinez |
| Jeanine | Arrigo |
| Joan | Nunnery |
| Judy | Brickels |
| Karen | Rizzo |
| Kathy | Tscheiner |
| Kevin | Barber |

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|---|---|
| Kathryn | McNutt |
| Karah | Enders |
| Laura | Benge |
| Cathy | McCarthy |
| Janet | Maag |
| Ann | Warnecke |
| Mark | Tomecko |
| Mary | Rizzo |
| Joyce | Thomas |
| Khristina | Kisner |
| Alana | Noe |
| Mark | E. Tebbe |
| Mary | Adler |
| Rob | Polans |
| Patricia | L. Peterson |
| Barbara | Smith |
| Patricia | Morwood |
| Renee | Szabo |
| Shirley | Stryffeler |
| Patricia | Spath-Meyer |
| Steve | Powers |
| Ruth | Messsbarger |
| Amanda | Patalune |
| Teresa | Trese |
| Tom | Fumich |
| John | Heidenreich |
| Jennifer | Wolfe |
| George | Wolph |
| Barbara | Zupcsan |
| Zoe | Wilson |
| Madison | Vanbuskirk |
| Brenna | Thiessen |
| Ilyssa | Freiburger |
| Judith | McCalla |
| James | Dooley, Sr. |
| Jerrie | Yoakam |
| Angela | Stapp |
| Donna | Kay Curtis |
| Donita | Cooper |
| Edgar | Gaytan |

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|---|---|
| Elain | Hedrick |
| Gracie | Gross |
| Anada | Haas |
| Dennis | Jackson |
| Jennifer | Arnove |
| Kathi | Andrews |
| Terry | Largent |
| Stephen | Burke |
| Marsha | Yancey |
| Merlinda | Tate |
| Joanna | Toombs |
| Sharin | Burke |
| Thomas | Galanos |
| Jennifer | LeBlanc |
| Aaron | Crook |
| Robert | Paeth |
| Brandi | Jacobs |
| Doug | Gibson |
| Edward | lattanzi |
| Gordon | Murphy |
| Gordon | Wavra |
| Mary | Nordlund |
| Miriam | Plato |
| Noel | Fernandis |
| Rita | Stancik |
| Roger | Maurer |
| Sheryl | Beasley |
| Tom | Kirsch |
| John | Lautenschlager |
| Anna | M. Dushole |
| Arlene | L. Binner |
| Anita | Schragen |
| Bella | Croton |
| Philip | Plank |
| Isobel | Dozier |
| Mary | Leitem |
| Carol | A. O'Donnell |
| Lindsey | Jauregui |
| Catherine | Baker |
| Cecelia | Farabaugh |

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|---|---|
| Cindi | Andersen |
| Cara | Meskill |
| David | Clark |
| Mary | Kathleen Skalka |
| Elizabeth | A. Veres |
| Eric | Yablonski |
| Lucia | Fiorini |
| Patricia | Dewing |
| Frank | Schell |
| Genevieve | LaFosse |
| Geri | A. Fisher |
| Ginny | Crapser |
| Barbara | Smith |
| Dylan | Hammer |
| Krisi | Keley |
| Joseph | DeVizia |
| James | Alfano |
| Donald | Bruner |
| Katherine | Burkholder |
| Kenneth | Buckley |
| Keri | Muir |
| Dave | Kozemchak |
| James | Carr |
| Larry | Fleming |
| Madeline | O'Brien |
| Dave | Mattozzi |
| Margaret | Chapman |
| Martin | Eagan |
| Phillip | Ettelschutz |
| Mary | Elizabeth Schlenker |
| Millie | Gondek |
| Michael | Whitson |
| Kathleen | Connelly |
| Mary | Grace Schmitt |
| Leticia | Hagstrom |
| David | Morgan |
| Linda | Ritchie |
| Daniel | R. Natt |
| Karen | W. Natt |
| Paul | Celentano |

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|---|---|
| Peter | Moskowitz |
| Dennis | Ramsey |
| Richard | Hammer |
| Richard | Keyser |
| Larissa | Shapren |
| Bob | Schneider |
| Ronald | Frederico |
| Linda | Peffer |
| Barbara | Rose |
| Samantha | Barr |
| Thomas | Allen Schwartz |
| Felix | Alray |
| Susan | Misa |
| Stephen | Gorbos |
| Shirl | Assal |
| Frank | P. Barrella |
| Alvin | Ratliffe |
| Ed | Kordick |
| Terezia | Lazorik |
| Thomas | Barrage |
| Christine | Junker |
| Anthony | Miller |
| Watson | J. Olszewski |
| Melissa | Hammer |
| Jan | Kuehlich |
| David | L. Peters Jr |
| Jena | Lewis |
| Michael | PHILLIPS |
| Shannon | Harsh |
| David | Lelli |
| Donald | Solomo |
| Mary | K. Paddenburg |
| Barbara | McGuigan |
| Charity | Peck |
| Dean | K. Clark |
| Diana | L. Comer |
| Kinga | Snell |
| Allen | Hogan |
| Amy | Shepherd |
| Joseph | Golob |

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|---|---|
| Karen | Boles |
| Karen | Franzen |
| Kylie | Michieli |
| Lauren | DeLo |
| Hayden | Laye |
| Marilyn | Lehman |
| Nicole | Dan |
| Susan | Bates |
| Cathleen | Smith |
| Cindy | Siebrecht |
| Christine | Schelske |
| Dan | McCormick |
| Dave | Nordlund |
| Sally | Jones |
| Sharon | Gray |
| Joe | Ulin |
| Jean | Shepard |
| Kathryn | Asfeld |
| Joni | Krause |
| Nancy | Barone |
| John | Smith |
| Mark | Brickman |
| Kristen | Warren |
| Chris | Johnson |
| Courtney | Struna |
| David | N Miller |
| James | Davis |
| Daniel | Charles Sherry |
| Debbie | Masciale |
| Dorothy | Powell |
| Ellen | Vigilante |
| Euclides | Solivan Jr |
| Freida | Thomas |
| Gene | Gazzara |
| Linda | Gray |
| Sharon | Kurtz |
| Jack | Thomas Clinton |
| Jenny | Boyd |
| Jeffery | Ensley |
| Junius | Graham |

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|---|---|
| Karen | Dunaway |
| Kenn | Claude Blankenship |
| Linda | Love |
| Elizabeth | Dozier |
| Joann | P Williamson |
| Michael | Moore |
| Mary | horne |
| Paul | Christopher |
| Amy | Ritter |
| Mary | Elizabeth Waugh |
| A. | Pierce |
| Maria | Speight |
| Johnnie | Stephens |
| Kitty | Parker |
| Michelle | M Schneider |
| Kate | McKeehan |
| Emmafae | Lemons |
| Keely | Gililland |
| Isaac | Monteleone |
| Marjorie | Liedtke |
| Yesenia | Rodriguez Ruiz |
| Angela | Lukens |
| Benjamin | Sell |
| Alison | Sims |
| Claire | Hibbs |
| Donna | Stowell |
| Erma | Thomas |
| Matthew | Sprague |
| Jennifer | Tyler |
| Joshua | Cruice |
| John | Puffer |
| Kris | Ellen Pinckney |
| Laura | Howard |
| Lisa | M |
| Lawrence | Nagle |
| Betty | Murdock |
| James | Thomas Putman |
| Jenna | Dolbare |
| Sondra | Dayton |
| Susan | Pomranky |

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|---|---|
| Susan | Sutphin |
| Samuel | Jason Hooker |
| Paul-Leon | Tuzeneu |
| Suzy | Ravitch |
| Bill | Kilgore |
| Janice | Breedlove |
| Anita | Zeiser |
| Alan | M Becker |
| Sandra | Munoz |
| Anna | Simmacher |
| Olivia | Tamez |
| April | Morley |
| Anita | Shirley |
| Briana | Vasquez |
| Bryan | Malatesta |
| Julie | Bush |
| Carol | Bannerman |
| Lavinia | Calota |
| Carla | Smith |
| Carolyn | McClugage |
| Claire | Pace |
| Colleen | Luikart |
| Dale | johnson |
| Dennis | Mattli |
| Jonathon | Delaney |
| Delia | Tuttlebee |
| Donna | Hart |
| Donna | Bogema |
| Donna | Caster |
| Erika | Salazar |
| Elizabeth | Georgette Moreno |
| Ellie | Contreras |
| Joy | Gautney |
| Gaylon | George |
| Gerry | Brundage |
| Imelda | Valadez |
| James | Austin Pinedo |
| Janis | Hillin |
| John | J GILLULY |
| John | Courtney |

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|---|---|
| James | Guillory |
| Karen | Werner |
| Joanna | Kennedy |
| Gary | Kent Boyd Jr |
| Kaylyn | Madany |
| Karen | Bingman |
| Riley | Sisco |
| Margaret | A Foland |
| Elizabeth | Moon |
| Marcy | Bloomfield |
| Mary | Cashion |
| Mark | Douglas Nightingale |
| Melanie | Mattil |
| Gloria | A Pope |
| Miles | Bedlan |
| Mindy | Villegas |
| Monika | Montecillo |
| Claire | Mullan |
| Samantha | Rhodes |
| Noel | Brinkerhoff |
| Jerome | ILTIS |
| Pamela | Littlepage |
| Peggy Ann | Weesner |
| David | Porter |
| Paula | Cordova |
| Rebekah | David |
| Dave | Cross |
| Rita | Cross |
| Robert | Parlee |
| Loretta | Bosley |
| Ramona | Krenek |
| Ronald | Samek |
| Richard | Razvillas |
| Annaliese | Schultz |
| Lorran | Rodriguez |
| Stanley | J Sramek |
| Alex | Alaniz |
| Adam | McManus |
| Virginia | Choate |
| Tommy | Chatlosh |

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|---|---|
| Teresa | Rodriguez |
| James | Theisen |
| Tia | Viera |
| Cristina | Flores |
| Craig | Vernieu |
| Gail | Watts |
| Dorothy | Hussey |
| Jerusha | Welborn |
| Lacey | Lofgreen |
| Tami | Higbee |
| Linda | Paulson |
| Reggie | Voyce |
| Ry | MORAN |
| Elijah | Hatch |
| Allyson | Harris |
| Christine | strasser |
| Everett | Michael Griffiths |
| Lacie | Knight |
| Gene | Dwyer |
| Gray | Turner |
| Maryann | Hagan |
| Vicky | Hepperle |
| Janice | Towne |
| Karen | Lahr |
| Nina | P Newton |
| Carl | Walker |
| Patricia | E. Battle |
| Raymond | Eugene Grant |
| Rudolph | Gasser |
| C | Marks |
| Susan | Healy |
| Tiffany | Dickson |
| Wanda | Wylam |
| Abigail | Rose Sheerer |
| Havana | Tidball |
| Phyllis | Claire D Dant |
| Beatriz | Cintron |
| Angelica | De la Fuente |
| Arona | Vashon |
| Betty | Webb |

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|---|---|
| Colleen | Connors |
| Daniel | Bickel |
| Dawn | Black |
| Ruth | Waldram |
| Elizabeth | Juhnke |
| Elaine | Adams |
| Fritzie | M Wolfe |
| Heidi | Amdahl |
| Janice | C Wheat |
| Judy | Odell |
| Suellen | Johnston |
| Karen | Munz |
| Lorna | Griffith |
| Angela | Black |
| Mary | Kasprzyk |
| Robert | Walling |
| Pamela | Garand |
| Paul | McClintock |
| Patrick | Kirlin |
| Patrick | Russell |
| Rodney | Barker |
| Sarah | Bissell |
| Michael | and Kimberly Nolan |
| Rena | Morrill |
| Virginia | Amidon |
| Wendy | Sleisher |
| Jo | Connors |
| Bob | Carubia |
| Bridget | Robinson |
| Mary | Elizabeth |
| Donna | Trippett |
| Mary | S. Riley |
| Rebecca | Perez |
| Annette | Wiemann |
| Candy | Anderson |
| Earl | Pappenfuss |
| Glenn | Schueffner |
| Kaila | Haws |
| Irene | Robaidek |
| Cathy | Burt |

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|---|---|
| Joan | Van Abel |
| Lily | Yu |
| Linda | Gabriel |
| Mallory | Keefe |
| Eva | Melenchuk |
| Michael | Rohde |
| Paul | Margan |
| Peter | Schaettle |
| Patrick | Haines |
| Philip | Helwig |
| Philip | L. Potratz |
| Pam | Kramer |
| Roger | Rohe |
| Roseann | Schmidt |
| Susan | DECKER |
| Timothy | Dutcher |
| John | Thomas Wells |
| Ann | Heller |
| Becky | Weber |
| Blake | Brodjeski |
| Denny | Christenson |
| Kim | Hakenjos |
| Karen | J. Murawski |
| Rebecca | Wensink |
| Betty | Holliday |
| Joseph | Michael Donnelly |
| Margaret | Erickson |
| Dana | Kinion |
| Michael | Peach |
| Judy | A. Cook |
| William | sturdevant |
| Nathan | Fitzpatrick |
| Zentura | Zentura |
| James | Willingham |
| Nahid | Amini |
| Eleni | Ruiz |
| Adrian | John Woollen |
| Kenneth | Abbott |
| Abby | Ettinger |
| Audrey | Coltrane |

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|---|---|
| Abigail | McDuff |
| Abigail | LaFave |
| Anne | Blackburn |
| Amanda | Sorlie |
| Adsam | Robitaille |
| Adelle | Garner |
| Adria | Paya |
| Adrian | Vance |
| Aerik | La Fave |
| Aeryn | Elisabeth Anderson |
| Ariana | galicia |
| Genevieve | mary czech |
| Annette | Hirl |
| Aidan | Clarke |
| Aislynne | Van Oirschot |
| Anne | Kinskey |
| Amalia | Bauza |
| Alicia | Gonzalez |
| Allison | Cruz |
| Bobby | Jean |
| Allyson | Moseley |
| Althea | Sanny Vader |
| Amanda | Ficken |
| Marian | Lyon |
| Ashley | Grooms |
| Ann | Marie |
| Amyjo | Pleune |
| Andre | DZIERZYNSKI |
| Andrew | Davies |
| Aneka | Maurer |
| Angela | Jean Brown |
| Judy | Diciaccio |
| Angie | Griffin |
| Christina | Frazell |
| Anna | Romanchik |
| Melody | Pegis |
| Anna | Schumacher |
| Amy | Hoff |
| Arianna | Milbrand |
| Anna | Reese |

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|---|---|
| Ann | Zacharias |
| Annie | McGregor Meek |
| Phyllis | Bassett |
| Alison | Gordon |
| Virgilio | A. Buhain |
| Aleena | Jenea Rivera |
| Angela | Rizzo |
| Armel | Valenzuela |
| Abigail | Hammitt |
| Ashley | Rahar |
| Ashley | Resto |
| Rachel | Mechling |
| Blake | Elsberry |
| Edie | Baars |
| Beverly | Lopp |
| Barbara | Beatty |
| Sarah | Jane |
| Roger | Bautista |
| Stroffe | Brandi |
| Rebecca | Jackson |
| Rebekah | Bull |
| Shana | Thomas |
| Bella | Silva |
| Betty | Morrison |
| Bianca | Saliba |
| Harry | Parker |
| Becky | Palmer |
| Blanche | Lefebvre |
| Joseph | Vasta |
| Bryan | M Nogaki |
| Mary | Lou Hesser |
| Barbara | Agresta |
| Bonnie | Knudsen |
| Bonnie | Norman |
| Emily | Gramley |
| Brandie | Campbell |
| William | Thomas Bray |
| Brettany | Schonert |
| Brittany | Boller |
| Anne | Brown |

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|---|---|
| Bryan | Kelsen |
| Brynn | Turner |
| Phillip | Talarico |
| Maria | Buczek |
| Biviana | Carreon Valdez |
| Andrea | Cartwright |
| Kirk | Smith |
| Carol | A. Hood |
| Carleton | Black |
| Carmela | Cavero |
| Carmen | Parks |
| Carol | Baker |
| Roger | Joyal |
| Caryn | Spaniel |
| Cari | Asjes |
| Cassandra | Cobb |
| Catherine | Caroul |
| Catherine | Mary |
| Chris | Blount |
| Constance | M. Canute |
| Clarie | Denise Calicdan |
| William | Threlkeld |
| Callie | Grett |
| Stephanie | Kapp |
| Chandler | Barnato |
| Charles | Sproull |
| Carmel | Saliba |
| Chelsea | Meza |
| Chels | Rowe |
| Cherilyn | Cherilyn |
| Cheryl | L. Lambert |
| Lindsay | Beck |
| Chris | More |
| Cindy | Biery |
| Cindy | Aguirre |
| Vincenza | Agosta |
| Cynthia | Velky |
| Claire | Moore |
| Christina | Mesker |
| Elizabeth | Schantz |

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|---|---|
| John | Robertson |
| Charity | Saweikis |
| Anbarasu | Jerald |
| Colleen | Kunsemuller |
| Dean | Schlueter |
| Chris | Cola |
| Charles | Otterpohl |
| Wayne | H. McNiel |
| Cristian | Alfaro |
| Charles | Sicola |
| Lisa | Holstein |
| Alison | Curtin |
| Cindi | Weeks |
| Cynthia | Peters |
| Stephen | Richardson |
| Dave | Miles |
| Jeanne | Kjellman |
| Dale | Nacke |
| Kathleene | Daly |
| Danae | Agnew |
| Danalyn | Alvarez Perez |
| Daniel | Ridder |
| David | Duppler |
| Davis | Posey |
| Deacon | Brian Zeman |
| Ken | Carpenter |
| Dorothy | Downing |
| Joan | Sessions |
| Dean | Clark |
| Deanna | Bridges |
| Debra | Ann Spence |
| Debrah | Kelley |
| Carmela | Deguara |
| Denise | Henderson |
| Carol | Denty |
| Devin | Andrews |
| Deb | Graber |
| David | Laub |
| David | Hofstra |
| Dave | Huizing |

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|---|---|
| Diana | Ramirez |
| Dulce | Diaz |
| Sharon | Finecey |
| Denise | Rhodes |
| Daniel | Moore |
| Dominique | Muggeridge |
| Donald | Schatte |
| Donna | L. Graham |
| Ruth | Stoehr |
| Edward | J. Dowd |
| Jeanette | Owens |
| Gemma | Downey |
| John | Dulph |
| Bev | Martin |
| Jameela | Thomas |
| Cecilia | Keen |
| Andrew | Gillis |
| Denise | B. Slaven |
| David | Traut |
| Cliff | Schiewerden |
| Jerome | Matthews |
| Dustin | Slaton |
| Diane | Lebari |
| Dylan | Isaac Thaut |
| Emily | Simmons |
| Elizabeth | Knight |
| Elizabeth | A Nelson |
| Judah | Eaton |
| Evanan | Church |
| Erica | Chartier |
| Edgar | Manuel Chacón Lizano |
| Eva | A. Garay |
| Eric | Holsopple |
| Eileen | Ealy |
| Emily | Klein |
| Karen | Locker |
| Julie | Elander |
| Elizabeth | Bergeron |
| Elizabeth | Boriszek |
| Elizabeth | Abdool |

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|---|---|
| Laura | Probst |
| Elizabeth | Earl May |
| Collyn | Hunt Gomez |
| Christy | Meyers |
| Erica | Marie Faucher |
| Emil | Ember |
| Emily | Medlyn |
| Emma | Leigh Hamilton |
| Emma | Hood |
| Emma | Jaquess |
| Enyer | Delgado |
| Elizabeth | Rankin |
| Erica | Mulford |
| Erica | Smith |
| Erik | Andersen |
| Erin | Myers |
| Ernest | Robillard |
| Esther | Attebery |
| Dee | Kelley |
| Faith | Zenaty |
| Fernando | Aizpun |
| Kolbe | Williams |
| Francis | Oberembt |
| Frances | Buchanan |
| $Frederick | Cohen |
| Aurora | Hampton |
| Mike | Fenton |
| Karla | Alvarado |
| Peter | Rappold |
| Christine | Gookin |
| Nancy | Bucca |
| Alicia | Thompson |
| Frank | B. Kady Jr. |
| Frances | Schmitz |
| Freda | Smouter |
| Gary | Henderson |
| Joseph | Martins |
| Tom | Sodano |
| Gabrielle | Vega |
| Elizabeth | Jean Hughes |

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|---|---|
| Gabriela | Garcia |
| George | Berry |
| Gary | Anderson |
| Gregory | Antonik |
| Diana | Garcia |
| Gary | Raffle |
| Gaye | Drummond |
| George | Branscom |
| Gilbert | Cormier |
| Georgia | Farrish |
| Tim | Giles |
| Gillian | Owens |
| Gina | Schmittdiel |
| Mikell | Schoonover |
| Glenda | Patterson |
| Glen | Zimmerman |
| Grace | McAlary |
| Carolyn | S Gardner |
| Nancy | Baum |
| Kaitlyn | Schmitt |
| Kara | Schoepfer |
| Grace | Bergman |
| Gracelyn | Mosier |
| Annabelle | Gray |
| Katlynn | Green |
| Gregory | Smith |
| Gerald | Hicks |
| Patricia | Kumiega |
| Gabriel | Moreno |
| Deanne | Wikler |
| Catherine | Gwinner |
| Kerrie | Lynn Schlenker |
| Beau | Rodriguez |
| Hailee | Clifton |
| Hailey | Lennon |
| Carol | Theriault |
| Hannah | Kern |
| Hannah | Felch |
| Ida | Bolding |
| Caroline | Jordon |

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|---|---|
| Gerard | Hartze |
| Harvey | B. Rachlin |
| Pamela | Faulkner |
| Nola | Kuester |
| Mary | Fairbairn |
| Heidi | Ngai |
| Anna | Roth |
| Ana | Paulson |
| Holly | Hanson |
| Hannah | Ferrin |
| Heather | Sargent |
| Paige | Hoban |
| Debra | Hoots |
| Hannah | Swartz |
| Lynne | Howell |
| Hannah | Janae Dean |
| Hoa | Vuong |
| Ian | Thompson |
| Tim | Kelley |
| Ronald | Draper |
| Nancy | M. Draper |
| David | Antoff |
| Isabel | Rothstein |
| Ashlie | Villafuerte |
| Isabella | Torres |
| Janine | Micke |
| Joyce | Carrico |
| Jacqueline | R. Krozy |
| Abigail | Allen |
| James | Fetty |
| Janaye | Pieczynski |
| Jane | Griffin |
| Janet | Cross |
| Janet | Waksmunski |
| Janice | Weber |
| Janie | Widman |
| Juan | Arguedas |
| Julia | Stamerro |
| Cynthia | Alfonso |
| Mae | Johnson |

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|---|---|
| Jean | Vinyard |
| Gerard | Schmidt |
| Jeffrey | Aaron Borchardt II |
| Jeff | Frasieur |
| Jen | Brown |
| Jennifer | Larson |
| Jessica | Phillips |
| Jessica | Iwema |
| Jennifer | Hansley |
| James | Gokey |
| James | Harris |
| Jean | Hillberg |
| Linda | Stankiewicz |
| Joan | Null |
| Julianne | Wiley |
| Janet | Masline |
| Jim | Dobratz |
| John | Hammerbacher |
| Julia | Monk |
| Jean | Walkowski |
| Joy | M. Monroe |
| Juliana | Nordhoff |
| Joanna | Hobbs |
| Joann | Georgostathis |
| Joaquin | Gutierrez del Alamo |
| Joleen | Peterson |
| Joseph | Rebman |
| Michael | Brigadier |
| Joe | Wierzbicki |
| John | Gavin |
| John | E. Alexander |
| John | Kowalak |
| Dean | Allan Johnson |
| Patrick | Johnston |
| Jonathan | Dewey Wilkerson |
| Jordyn | Robinson |
| Josephine | Mortrud |
| Joseph | Bertin |
| Joyce | Simkin |
| Joyce | Hudgins |

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|---|---|
| Starr | Powell |
| Patty | Straus |
| Jessica | Summers |
| Berl | Thompson |
| Sarah | Tomac |
| Hannah | Judson |
| Judith | Soller |
| Judy | Owensby Goad |
| Judy | Branscom |
| Julianna | Gallion |
| Charles | T and Julie R Arnold |
| Julio | Colmenares |
| Jennifer | Viviano |
| Jeremy | Day |
| Jolene | Wojcik |
| Jessica | Freeman |
| Ken | kruger jr |
| Kadynce | Owens |
| Blair | Kampoivtz |
| Kamy | Lee Treat |
| Kandace | maynard |
| Karina | Ortiz |
| Alia | Muellerleile |
| Katherine | Manning |
| Kate | Lessard |
| Kathleen | Gaber |
| Kathleen | RUTH GOLDSMITH-KILLING |
| Kathleen | M. Knospe |
| Katie | Palmatier |
| Katie | Gardner |
| Katie | Pace |
| Kayleen | Corrigan |
| Kathleen | B. Long |
| Kristen | Newcomer |
| Les | Greaser |
| Kathleen | Jenkins |
| Keaton | Dillard |
| Keili | Danielle Stevens |
| Kelly | Hellmuth |

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|---|---|
| Kenna | Holt |
| Kristina | Kaufer |
| Kathryn | Haveman |
| Kim | Allmon |
| Nicole | Dodge |
| Kimberly | C. Martinez |
| Steve | King |
| Kira | O'Neal |
| Kirah | Fillmore |
| Kirk | Watts |
| Patricia | Doss |
| Katie | Bollinger |
| Kathy | Kelly |
| Kathrine | M Kolanko |
| Kristine | Schneider |
| Kay | West |
| Kevin | Nishimuta |
| Kenna | Thornton |
| Katherine | Ray |
| Kristina | Cobb |
| Karen | Salamon |
| Karen | Harris |
| Karen | Sipes |
| Katherene | Skinner |
| Kary | Taylor |
| Katherine | (Katie) Ramsey |
| Kenrith | Williams |
| Loisel | Barrios |
| Lacie | Barnes |
| London | Abigail Farnsley |
| Suzanne | Landis |
| Melanie | Hopkins |
| Launa | Meyer |
| Laura | Cheshire |
| Lauren | Parker |
| Lauren | Thurman |
| Diane | McGovern |
| Andrew | Leese |
| Katie | Lemon |
| Leonard | Reiland |

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|---|---|
| Wilma | Lenz |
| Leslie | Holcomb |
| Linda | Gibbs |
| L. | GUNDIQUE |
| Luke | Brehm |
| Liana | Moore |
| Emily | Powell |
| Lily | Crosby |
| Lily | Sutton |
| Delaney | Tracy |
| Linda | BABB |
| Lindsey | Blount |
| Lindsey | Peter |
| Lisa | Johnson |
| Lisa | Burns |
| Lisabeth | Lipp |
| Lisa | Dahmer |
| Lisa | Hall |
| Olivia | Dean |
| Helen | Mary McBlain |
| Judith | Rangel |
| Larry | Garber |
| Lisa | COOLEY |
| Lois | A. Carter |
| Stephen | Gravel |
| Lorne | David Digges |
| Loretta | Nicholas |
| Louise | Cox |
| Louise | Perrotta |
| Megan | Luby |
| Luca | Castellanza |
| Lucy | Papaik |
| Luiz | Carlos |
| Lynda | Elliott |
| Lyndon | Griarte |
| Lynne | Perlik |
| Miss | Lynn Marie K |
| Mary | Brummell |
| Mark | Hagey |
| Martha | Ruschkamp |

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|---|---|
| Samuel | Maclay |
| Madelyn | Peterson |
| Maryann | Derrick-Green |
| Madison | Selva |
| Maira | Tripp |
| Kristina | Gonzales |
| Sheree | Mann |
| Pinky | Mendoza |
| Maria | Kim |
| Jane | Klorer |
| Marian | Ross |
| Maria | P. Angelucci |
| Mariele | Lopez |
| H.R. | Martin |
| Marvin | Putman |
| Mary | T. Dombrovski |
| Mary | Hyska |
| Mary | Olson |
| Mary | Adams |
| Matalin | Shaver |
| Matt | Donald |
| Matthew | Snyder |
| Terrie | May |
| Mercedez | Barker |
| Marilyn | Stadtmueller |
| Moira | C. Dowling |
| Mckenna | Freeland |
| Maureen | Morton-Navarro |
| Marilyn | Lengyel |
| Mary | A. DURKIN |
| Kathleen | Mulhair |
| Monica | Ferris |
| Megan | Willis |
| Megan | Reinsfelder |
| Melinda | Movius |
| Melodie | Padgett |
| Michael | Morris |
| Mervyne | Greene |
| Gail | Dierkes |
| Mary | Cetera |

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|---|---|
| Michael | Murray |
| Michael | Hinderscheid |
| Michael | van Holst |
| Michele | Cheever |
| Michelle | Lewis |
| Mikayla | Hill |
| Michalene | L. Lovato |
| Richard | Miles |
| Carlee | Miller |
| Mirna | Jajow |
| Michael | Gilbert |
| Jeanne | Ann White |
| Mary | Kay Neal |
| Michael | Dooley |
| Muriel | Korson |
| Margaret | Mary |
| Marilyn | Muscanere |
| Mary | Ann |
| Melvin | Molitor |
| Mary. | Leonard |
| Rosalynd | Perlick |
| Mona | Pilane |
| Maureen | Nash |
| Monica | Holland |
| Shannon | Moodry |
| William | Smith |
| Morgan | Matreci |
| Kary | Kahle |
| Matthew | Maurer |
| Lynda | True |
| Christina | Valadez |
| Julie | Kidwell |
| Mary | Lind |
| Michelle | Tripp |
| Olivia | Mullins |
| Mary | Venckus |
| Mark | Waters |
| Michael | Ingle |
| Mary | Partee |
| Bill | L. Manville |

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|---|---|
| Natalie | Kurtz |
| Nadine | Schanilec |
| Nancy | Zaengle |
| Nancy | Yeats |
| Neida | Johnson |
| Augusto | Cesar |
| Nathan | Watry |
| Diana | Nelson |
| Mary | Ann |
| Nick | Unverferth |
| Nicole | Waters |
| Nicole | Dellas |
| Nicole | Maurer |
| Malielani | Min |
| Jacqueline | Aldrich |
| Nicole | Phipps |
| Mary | F. Norton |
| Natasha | Mosier |
| Noel | Perez |
| Noelle | Reagan |
| Jeff | Norton |
| Naomi | Murray |
| Michelle | Viljoen |
| Olivia | Cloer |
| Ciaran | O'Meara |
| Rocky | Rocha |
| Malorie | Summer |
| Órlaith | Ryden |
| Pamela | Hayward |
| Pamela | Burrell |
| Mary | R. Partin |
| Pauline | Self |
| Richard | Pauls |
| Phil | Stiver |
| Robert | Pierce |
| Martha | Maturi |
| Larry | Cotten |
| Keanna | Martin |
| Mary | Lou |
| Peggy | Kurtz |

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|---|---|
| Robert | Collins |
| Portia | Horst |
| Emma | Brewer |
| Janet | Price |
| Pauline | Myers |
| Joseph | G. Sandoval |
| Pro-Life | Richardson |
| Rocky | Gray |
| Rebecca | Drinks |
| Ronnie | Rose |
| Robert | Chapman |
| Reagan | Marie Woody |
| Rebekah | Stepp |
| Crystal | Howley |
| Andrew | Reder |
| Regina | Calderon |
| Regina | Singleton |
| Renu | Carroll |
| Tyler | Revolinski |
| Robert | Reynolds |
| Ryan | Horning |
| Richard | Burkett |
| Rick | Hill |
| Kim | Hoog |
| Rosemary | Graham |
| Michael | Rosenthal-English |
| Royce | Clough |
| R. | Pescador |
| Renee | Show |
| Richard | Tuma |
| Sean | Hayes |
| Ruth | Merklinger |
| Ruthie | Johnson |
| Ruth | Nicolaus |
| Ryan | Leanor |
| Sharon | Larks |
| Sharon | Sackett |
| Sandra | Evarts |
| Olivia | David-Eagan |
| Bridget | Schlafley |

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|---|---|
| Samantha | Cote |
| Charla | Moreno |
| Sara | Tracey |
| Sarah | Smith |
| Sarah | Brown |
| Sara | Yunger |
| Sara | Martin |
| Linda | Zimmerman |
| Scott | Bathke |
| Stephen | Brown |
| Alfred | Scott Jr. |
| Jeff | Weber |
| Sharon | Dakin |
| Sue | Gibson |
| Sarah | Tamburro |
| Dave | Pickrell |
| Susan | Gardy |
| Peter | Shaddock |
| Debbysue | Dettloff |
| Sharon | Ziegler |
| Mary | C. Shaw |
| Shellie | Silcott |
| Roberta | Sibbald |
| Larry | Simmons |
| Shelly | J. Taylor |
| Sydney | Keleske |
| Sharon | E. McCormick |
| Stacey | Manzi |
| Susan | Henebery |
| Kerri | Smith |
| Michael | Korn |
| Susan | Stepien |
| Sharon | Luke Sogut |
| Susan | Pingel |
| Jeanette | Rerucha |
| Stacey | R. Saia |
| Sally | Hess |
| Scott | Sprout |
| Patricia | Stack |
| Darlene | M. Champagne |

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|---|---|
| Stasi | Ventura |
| Stasia | SCHWARTZ |
| Anastasia | Crain |
| Stephanie | Bennion |
| Stephaney | Roberson |
| Stephanie | Spandet |
| Stephanie | Veloso |
| Margaret | Stevenson |
| Eva | Stevy Young |
| Roy | Green |
| Jeff | Stoner |
| Sue | Jones |
| Sue | Shoemaker |
| Richard | Harrison |
| Susan M | Barker |
| Sukhdev | Contee |
| Ryleigh | Sullivan |
| Audrey | Summers |
| Susan | Hahn |
| Susan | M Walsh |
| Suzanne | Harmon |
| William | Sweeney |
| Allison | Howard |
| Sheila | Wisocky-Lord |
| Sylvia | Bertolini |
| Sylvia | bartosek gee |
| Sylvia | Galan |
| May | Tran |
| Maria | Tabellini |
| Lily | Ho |
| Tamra | Wright |
| Tarena | Mowrey |
| Taylor | Osowski |
| Tracy | Hernandez |
| Theresa | Bonopartis |
| Tiffany | Wilson |
| Antoinette | Disney |
| Tamara | Rutgers |
| Teresa | M Breault |
| Terri | L Monahan-Mitchell |

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|---|---|
| Terry | Stam |
| Tressa | Hammond |
| Patricia | Munn |
| Theresa | Howard |
| Theresa | L. Greene |
| Timothy | Alberts |
| Timothy | Haunsperger |
| Christina | Haug |
| Valentina | Bernero |
| Jill | Campione |
| Delphene | Osborn |
| Thomas | Moran |
| Teresa | Robinson |
| R. | Thomas Conrad |
| Tony | Hamilton |
| Tonya | S Smith |
| Mike | Brown |
| Debra | Horton |
| Tim | Opper |
| Trace | Flax |
| Travis | bechtold |
| Terry | Hughes |
| Tresha | Rivere |
| Toby | Cobb |
| Thomas | X. Brown |
| Carol | Kemp |
| Melissa | Ducommun |
| Breanne | Wall |
| Virginia | Mantela |
| Valerie | Beukema |
| Valerie | Iacovangelo |
| Victoria | Whitmore |
| Vincent | Lagrotteria |
| Vickie | Giles |
| Veronica | Santini |
| Victoria | Leigh |
| Wendy | Pham |
| Cheryll | Klompien |
| William | Vandergriff |
| William | Baize |

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|---|---|
| Amanda | Wildon |
| Wendy | Ridder |
| Kathleen | Worlund |
| Susang-Talamo | Family |
| Galen | W. Yoder |
| George | Akula |
| Yuerong | Hu |
| Abigail | Nolla |
| Zara | Elizabeth Dina |
| Claire | Sabroe |
| Linda | Webster |
| Zulmarie | Pagan-Panzardi |
| Robert | C Zunino |
| Zvonimir | Gašpar |