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FILED IN DISTRICT COURT
OKLAHOMA COUNTY

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IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

OKLAHOMA COALITION FOR REPRODUCTIVE JUSTICE, et al.,	)	
Plaintiffs,	)	CV -2013-1640
v.	)	Case No. _____
OKLAHOMA STATE BOARD OF PHARMACY, et al.	)	Judge _____
Defendants.	)	

PLAINTIFF'S MOTION FOR A TEMPORARY INJUNCTION AND ADDITIONALLY A TEMPORARY RESTRAINING ORDER

Pursuant to OKLA. STAT. tit. 12, § 1382, Plaintiffs Oklahoma Coalition for Reproductive Justice and Jo Ann Mangili hereby move this Court for a temporary injunction restraining Defendants, their employees, agents, and successors, and all others acting in concert or participation with them, from enforcing recently enacted House Bill 2226 ("the Act" or "H.B. 2226") during the pendency of this litigation. So that the motion can be decided before the Act takes effect on August 22, 2013, Plaintiffs also move for expedited hearing and briefing. Additionally, if the Court is unable to rule on Plaintiffs' temporary injunction motion before August 22, Plaintiffs respectfully request the Court to enter a temporary restraining order to preserve the *status quo* during the Court's determination of Plaintiffs' motion for a temporary injunction. A copy of the Act is attached to the accompanying petition as Exhibit A.

The grounds for this motion are as follows:

1. Plaintiff Oklahoma Coalition for Reproductive Justice ("OCRJ") is a non-profit membership organization dedicated to promoting reproductive justice in Oklahoma. OCRJ's

members include Oklahoma taxpayers, women and teens of reproductive age, and mothers of teens of reproductive age. OCRJ brings claims on behalf of itself and its members.

2. Plaintiff Jo Ann Mangili is an Oklahoma resident and taxpayer, and mother of a fifteen-year-old daughter. She brings claims on behalf of herself and her minor daughter.

3. The Act is composed of two sections, which address at least two distinct subjects with no readily apparent common theme or purpose. It therefore violates the single subject rule embodied in article V, section 57 of the Oklahoma Constitution.

4. The Act creates a special law where a general law could be made applicable in violation of in article V, section 59 of the Oklahoma Constitution by unjustifiably singling out for special treatment one form of OTC contraceptive—Plan B One-Step—from the entire, similarly-situated class of OTC drugs and contraceptives.

5. If the Act is permitted to go into effect, Plaintiffs will suffer irreparable harm because the Act threatens to violate rights guaranteed by the Oklahoma Constitution.

6. The potential harm to Defendants of a temporary injunction is greatly outweighed by the irreparable injury that Plaintiffs, and all Oklahomans, will suffer if that Act is permitted to take effect. Defendants would suffer no harm if a temporary injunction were granted. To the contrary, enjoining the Act would preserve the *status quo*.

7. The public interest will be served by the issuance of a temporary injunction preventing the enforcement of an unconstitutional law.

8. Finally, as is set forth more fully in Plaintiffs' accompanying memorandum of law and supporting documents, Plaintiffs have demonstrated a high probability that they will succeed on the merits of their claim that the Act violates the Oklahoma Constitution's single subject rule and constitutes an impermissible special law.

9. Accordingly, Plaintiffs meet the standard for preliminary injunctive relief. *See, e.g., Daffin v. State ex rel. Okla. Dep't of Mines*, 2011 OK 22, ¶ 7, 251 P.3d 741, 745.

10. Plaintiffs' counsel will attempt immediate service of the petition, motion, and all accompanying papers on Defendants in person once the petition and motion have been filed and the case number has been assigned, and a summons issued; and will further immediately notify Defendants of the motion by telephone and/or email.

In support of the motion, Plaintiffs submit the accompanying memorandum of law.

Respectfully submitted, this 8th of August, 2013,

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and

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New York Bar Registration No. 4863544
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**Out-of-State Attorney Applications Filed.*

ATTORNEYS FOR PLAINTIFFS

CERTIFICATE OF SERVICE

I hereby certify that on the 8th day of August, 2013, a true and correct copy of the above and foregoing was served by a licensed process server, to the following:

Oklahoma State Board of Pharmacy
4545 N. Lincoln Blvd., Suite 112
Oklahoma City, OK 73105

Dorothy Gourley
1112 S. Rockford Rd.
Ardmore, OK 73401

John Lassiter
Lassiter Pharmacy
3252 S.E. 29th Street
Del City, OK 73115

Gordon Richards
1102 W. MacArthur Street
Shawnee, OK 74804

Greg Adams
815 Frisco Ave.
Clinton, OK 73601

James O. Spoon
Spoon Pharmacy
540 Plaza Court
Sand Springs, OK 74063

Stephen Dudley
616 E. 9th Street
Edmond, OK 73034

E. Scott Pruitt
Oklahoma Attorney General
313 N.E. 21st Street
Oklahoma City, OK 73105

Anne E. Zachritz

Appendix 1

IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

OKLAHOMA COALITION FOR REPRODUCTIVE JUSTICE, et al.,	)	
Plaintiffs,	)	
v.	)	Case No. _____
OKLAHOMA STATE BOARD OF PHARMACY, et al.	)	Judge _____
Defendants.	)	

DECLARATION OF MARTHA SKEETERS, PH.D.

MARTHA SKEETERS declares the following statements to be true and correct under penalty of perjury under the laws of Oklahoma:

1. I am the President and co-Founder of the Oklahoma Coalition for Reproductive Justice ("OCRJ"). OCRJ is a plaintiff in this lawsuit.

2. OCRJ is a membership organization whose mission is to promote reproductive justice in Oklahoma through public education, empowerment and political advocacy. Part of that mission is ensuring that reproductive health care is available to all women and teens in Oklahoma. Currently, OCRJ counts nearly 1,000 Oklahomans among its members.

3. OCRJ is a non-profit Oklahoma corporation located in Norman.

4. OCRJ's members include women and men of varying ages. Some members are women and teens of reproductive age, including teens under 17, who want timely access Plan B One-Step over-the-counter should they need it, without having to show identification or obtain a prescription, as women in other states are able to do. Some members have teenage daughters, and they want their daughters to have timely access to Plan B One-Step should they need it,

without having to obtain a prescription, as teens in other states are able to do.

5. OCRJ's members pay taxes to the state of Oklahoma.

6. I have read Oklahoma House Bill 2226 ("HB 2226") and have discussed it, and the problems it causes, with many OCRJ members.

7. OCRJ is concerned that the obstacles imposed by HB 2226 will prevent Oklahoma women and teens from accessing emergency contraception during the period when it is effective.

8. Emergency contraceptives are an important tool for women and teens to avoid unintended pregnancy. Plan B One-Step is the only over-the-counter emergency contraceptive available without restrictions for all women and teens. Women and teens who need Plan B One-Step need to obtain it promptly, because it loses effectiveness over time.

9. Currently, Plan B One-Step is available over-the-counter without restrictions in stores in Oklahoma. The price of Plan B One-Step is about fifty dollars.

10. One of the priorities of OCRJ's work is assuring that the State provides all mothers, and especially poor mothers, with support and resources, if those mothers require them, to meet their own and their children's needs.

11. Especially in the absence of adequate support and resources, unintended pregnancy and teen pregnancy are currently significant public health problems in Oklahoma. Only seven states have a higher teen pregnancy rate than Oklahoma, and only sixteen states and the District of Columbia have a higher rate of unplanned pregnancy. A majority of pregnancies in Oklahoma are unintended.

12. OCRJ's members believe it is important for themselves and their teenage daughters to be able to buy Plan B One-Step just as they buy every other over-the-counter

contraceptive: without having to show ID, without having to obtain a prescription, and without having to travel to the nearest open pharmacy or wait for a pharmacy to open.

August 6, 2013 / Norman, Oklahoma
Date and place

Martha Skeeters
Martha Skeeters, Ph.D.

Appendix 2

IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

OKLAHOMA COALITION FOR REPRODUCTIVE JUSTICE, et al.,	)	
Plaintiffs,	)	
v.	)	Case No. _____
OKLAHOMA STATE BOARD OF PHARMACY, et al.	)	Judge _____
Defendants.	)	

DECLARATION OF JO ANN MANGILI, B.S.N.

JO ANN MANGILI declares the following statements to be true and correct under penalty of perjury under the laws of Oklahoma:

1. I am a plaintiff in this lawsuit.

2. I am married and have a fifteen year-old-daughter, who will start Sophomore year of high school this fall. The three of us live in Mounds.

3. I am a registered nurse. I worked for many years in a hospital; I currently work in the field of insurance. I pay taxes to the state of Oklahoma.

4. Like any mother, I am concerned that my daughter might become pregnant before she wants to or before she is prepared to have children of her own. I would like my daughter to be able to prevent that. I know that Plan B One-Step may prevent pregnancy if it is taken within seventy-two hours after sex.

5. My daughter and I have frequent conversations about the importance of refraining from sexual activity before she is ready. We have discussed the consequences of sexual activity, and she is aware of the potential seriousness of this activity from an emotional standpoint, the

precautions she should take against various sexually transmitted diseases, and the importance of preventing unintended pregnancy. Additionally, my daughter has taken comprehensive sex education at her school, and at our church, where it is offered as part of the Sunday school curriculum.

6. However, I recognize that my daughter has a mind of her own. As a parent I can only do so much, and I cannot guarantee that all my daughter's choices will be the ones I think she should make.

7. I am also aware that, terribly, sometimes people, even teenage girls, are forced to have sex without their consent.

8. I hope that my daughter will be able to tell me anything that is important to her, including about sexual activity. But if my daughter is unable or chooses not to talk to me, it is very important to me that she has access to safe and effective contraception. This includes having access to emergency contraception if she needs it, without unnecessary restrictions.

9. I understand that, currently, Plan B One-Step is the only emergency contraceptive available without a prescription to teens of any age, including my daughter's age. I am concerned that House Bill 2226 would make it hard or impossible for my daughter to obtain Plan B One-Step if she needs it, by requiring her to first obtain a prescription.

10. There are many situations in which my daughter would not be able to obtain a prescription during the short time in which Plan B One-Step is effective. My daughter does not have her own health insurance; she is covered through our family's plan. I do not believe she could make a doctor's appointment on her own. If she is unwilling to ask me to make her a doctor's appointment to get Plan B One-Step, or even if she waits three days before deciding to do so, then she could not get a prescription. Furthermore, we live outside of a small town that

has no public transportation and only one pharmacy, which is five miles from our house and only open during limited hours Monday through Friday. My daughter is too young for a driver's license, so even if she could make an appointment, she could not get to our doctor, who is miles away in Tulsa, and nor could she get to a pharmacy by herself.

11. Sometimes, my daughter is away from home. She travels with our church's youth group and choir, for extracurricular activities, on school trips, and occasionally with friends. At those times, while my daughter might be able to get to a nearby store, she might not be able to get to a doctor, and certainly not to our family doctor. She also does not have the ability to pay for a doctor in a different part of the state, even if she could get to one. I am concerned that, if she were ever to need Plan B One-Step while she was away from home, she might not be able to get the necessary prescription.

12. I do not have any concerns about my daughter's ability to safely and effectively use Plan B One-Step. I understand that the FDA has approved Plan B One-Step for over-the-counter use, including for teens. As a mother, I understand that this means that the FDA has reviewed scientific data, and determined that odds of misuse by teens – including my own daughter – are very low.

13. I worry that, as long as my daughter is required to obtain a prescription for Plan B One-Step, she may not be able to get it if she needs it. The result is that my daughter might become unintentionally pregnant – which I do not want for her.

August 2 2013 Jo Ann Mangili
Date and place Tulsa, OK Jo Ann Mangili, B.S.N.

Appendix 3

IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

OKLAHOMA COALITION FOR REPRODUCTIVE JUSTICE, et al.,	)	
Plaintiffs,	)	
v.	)	Case No. _____
OKLAHOMA STATE BOARD OF PHARMACY, et al.	)	Judge _____
Defendants.	)	

DECLARATION OF ELIZABETH RAYMOND, M.D., M.P.H.

ELIZABETH RAYMOND, M.D., M.P.H, declares the following statements to be true and correct under penalty of perjury under the laws of Oklahoma:

1. I submit this declaration as an expert on emergency contraception, in support of Plaintiffs' Motion for a Temporary Injunction. I obtained my medical degree from Columbia University and subsequently completed a residency in obstetrics and gynecology at Duke University. Later I obtained a Master of Public Health from John Hopkins University. I am currently a Senior Medical Associate at Gynuity Health Projects, where I oversee research and programming for women's reproductive health, which includes the design and management of research studies and the analysis and interpretation of data for publication or presentation.

2. Emergency contraception (EC) has been a major focus of my professional work for the past 15 years. I have conducted or collaborated on eleven studies of the method and have written or co-authored numerous review articles and clinical guidelines about EC. A true and correct copy of my curriculum vitae is attached as Exhibit A.

3. A large body of research has conclusively established that EC containing levonorgestrel (LNG) as the active agent is effective for prevention of pregnancy when taken within a few days after an act of unprotected sex. The most rigorous studies indicate that the reduction in risk is at least 50%. Based on available data, the US Food and Drug Administration (FDA) concluded in 1999 that when used as directed, LNG-based EC can prevent nearly 7 of 8 expected pregnancies.

4. LNG-based EC is also extraordinarily safe. To my knowledge, no deaths have ever been attributed to use of this treatment, and it has never been proven to cause any serious adverse medical events (side effects). It has no potential for overdose or addiction, and it does not damage an embryo if inadvertently taken during pregnancy. In contrast, thousands of deaths are recorded yearly in this country from overdoses of other over-the-counter drugs, such as aspirin and other antipyretics and analgesics.

5. Like all FDA-approved contraceptives, LNG-based EC is much safer for a woman than carrying a pregnancy to term. In the United States, the pregnancy-associated mortality rate in women who deliver live babies is 8.8 deaths per 100,000 live births. In addition, women commonly suffer numerous serious morbidities during and as a result of pregnancy. In contrast, EC has never been causally associated with death or any serious adverse event.

6. Several clinical trials of EC have included teens. These data, and clinical experience with EC as well as other LNG-based contraceptives, indicates that when used as instructed, EC is as effective and safe for minors as it is for adults. This conclusion is bolstered by data from a pharmacokinetic study in teens under 17 years of age that found no clinically important differences from adults in parameters such as drug half-life.

7. Specific data demonstrate that teens are fully capable of reading and understanding the FDA-approved label for LNG-based EC. Two studies that I conducted recruited participants from malls and family planning clinics in several metropolitan areas in the United States. Each participant was shown an EC package and was then asked a series of questions designed to assess her understanding of specific concepts that were felt to be key to safe and effective use of the product. The first study included 76 subjects between the ages of 12 and 16 as well as 580 older women. The second study enrolled 355 participants aged 17 and younger. Both studies found high understanding of all concepts assessed. The first study found no statistically significant or meaningful difference in comprehension by age.

8. A third study recruited 1085 subjects aged 12-17 from schools, malls, and public venues in New York. The design of the study was basically similar to that of my studies, although the questionnaires were shorter and I believe that the questions were more straightforward. This study again found excellent understanding of EC among all age subgroups. The authors concluded that the teens in their study understood EC as well as their adult counterparts in my first label comprehension study.

9. In addition, two studies have demonstrated that teens can actually use the product effectively and safely based only on their own reading of the package label. Both studies enrolled patients presenting to clinics for EC. These patients were given the EC packages without any unsolicited counseling by clinic personnel and were questioned later about how they used the pills and about side effects and pregnancies.

10. The first study, of which I was principal investigator, enrolled 585 patients, including 29 who were 16 years old or younger. The second study enrolled 345 patients, including 279 aged 16 years or younger. In both studies, the vast majority of participants

used the product appropriately as instructed. The younger participants were not substantially more likely than older subjects to use the product in a contraindicated or incorrect manner. The pattern of adverse events related to emergency contraception in the younger subjects in both studies was entirely consistent with the current FDA-approved labeling of LNG-based EC products.

11. Taken together, the label comprehension and actual use studies show that teens can understand the EC label and do not require the assistance of a trained health care provider to ensure that they will use the treatment safely and effectively.

12. Many rigorous studies have addressed the concern that increasing access to EC could encourage unhealthy sexual behavior patterns. At least five of these trials, including one conducted by me, were specifically designed to enroll teens as young as 13 years of age. All of these studies found that improved access led to greater use of the pills, but in no study was it associated with higher rates of sexually transmitted infections or unintended pregnancies. These findings suggest that enhancing minors' access to EC by making it available over the counter will improve their ability to use the pills without increasing risk of harmful sexual activity.

13. To determine that a drug is appropriate for sale without prescription, the FDA requires that it meet certain criteria, specifically the following:

- The indications and contraindications for use can be identified by prospective users without assistance from a trained clinician.
- Users can use the drug safely and effectively without assistance from a trained clinician.
- The adverse event profile is favorable.

- Toxicity is low.
- Potential for abuse and misuse is low.
- No special monitoring is required during use of the drug.

LNG-based EC clearly meets all of these requirements, whether the prospective users are adults or teens.

14. A requirement that teens must consult a clinician to obtain a prescription for EC is unsupportable by evidence and provides no demonstrated benefit. On the contrary, it is detrimental to teens' health and wellbeing because it constitutes a barrier to access and thus restricts use of this safe, effective means for preventing a serious health condition.

15. I wish to add that a prescription requirement for teens imposes a barrier for adult EC users as well, because it limits the range of retail outlets that can offer EC and it obliges even adult women to be able to show proof of age in order to purchase the medication. As a public health issue, the adverse effect of limiting access to emergency contraception for adults is even more important than it is for younger patients because the vast majority of women who need emergency contraception are adults.

New York, NY 5 August 2013 Elizabeth Raymond
Date and place Elizabeth Raymond, M.D., M.P.H.

Exhibit A

ELIZABETH GRAY RAYMOND, M.D., M.P.H.

CURRICULUM VITAE

OFFICE

Gynuity Health Projects
15 East 26th Street
New York, NY 10010
Phone: 212-448-1230
Fax: 212-448-1260

CURRENT POSITIONS

Nov 2010 – present Senior Medical Associate, Gynuity Health Projects, New York, NY
Design, manage, and provide technical assistance to a range of domestic and international research and programmatic projects related to technologies for women's reproductive health. Organize, analyze, and interpret data for publication and presentation at professional meetings. Organize policy meetings, training seminars, and materials for the public, policy makers, and medical professionals. Oversee junior level research staff. Current and recent projects have included:

- Immediate Initiation of Progestin Contraceptives in First Trimester Medical Abortion. Randomized trial that is enrolling 950 women at multiple US and international sites, initiated in 2013.
- Pain Control in First Trimester Medical Abortion. Randomized trial that enrolled 250 women at 2 US sites, completed 2013, funded by Society for Family Planning.
- Development of an "On-Demand" Oral Contraceptive Method. Planning Grant funded by Bill and Melinda Gates Foundation, initiated 2011.
- Metaanalysis of mifepristone 200 mg followed by misoprostol for first trimester medical abortion. Funded by anonymous donor. Completed 2012.

1994 – present Assistant Consulting Professor, Obstetrics and Gynecology Department, Duke University Medical Center, Durham, NC

2011 – present Special Government Employee

- Served as a Temporary Voting Member at the Joint Meeting of the Advisory Committee for Reproductive Health Drugs and the Drug Safety and Risk Management Advisory Committee, December 8-9 2011

PREVIOUS POSITIONS

Feb 1994 – Oct 2010 Scientist, Family Health International, Research Triangle Park, NC
Led teams conducting clinical trials, operations research studies, program development and evaluation. Responsible for all aspects of the project, including design, overall management, medical monitoring, and analysis/evaluation. Selected major projects included:

- Pericoital Oral Contraception with Levonorgestrel. Initiated 2010. Phase III clinical trial designed to enroll 300 women at 3 centers in 3 countries, funded by private foundation and HRA Pharma, conducted under IND with USFDA.
- Phase II study to develop a new method of non-surgical sterilization. Initiated 2004, completed 2009. Funded by private foundation, conducted under IND with USFDA.
- Emergency contraceptive pill label comprehension study. Survey to test comprehension of an emergency contraceptive pill product label by adolescents in US. Data collected 2007-2008. Funded by Duramed Research, Inc.
- Increased access to emergency contraceptive pills. Randomized trial to assess the effect of maximally increased access to emergency contraceptive pills on pregnancy and sexually transmitted infection rates in adolescents. Enrolled 1490 participants at two US centers, 2002-2005. Funded by R01 grant from National Institutes of Health.
- Plan B® label comprehension study and over-the-counter actual use study. Survey and observational studies designed to collect pivotal data for submission to Food and Drug Administration in an application for approval for over-the-counter distribution of Plan B® emergency contraceptive pills. Data collected 2001-2002. Funded by Women's Capital Corporation and two private foundations, conducted under IND with USFDA.
- Efficacy Trial of Spermicidal Agents. Randomized clinical trial comparing the efficacy, safety, and acceptability of five spermicides. Enrolled 1567 participants at 14 US research centers, 1998-2002. Funded by contract from NICHD.
- North Carolina DIAL EC project. Developed and evaluated a statewide telephone prescription service for emergency contraceptive pills in North Carolina.

Wrote and contributed to systematic literature reviews, secondary data analyses, evidence-based training materials, guidance and policy documents, and related dissemination efforts.

Identified sources of funding, and led and contributed to writing of proposals for new funding for individual (investigator-initiated) research ideas and for larger organizational grants, contracts, and cooperative agreements.

- Collaborated with outside organizations in various positions, including:

- Steering Committee member, Working Group on Oral Contraceptives Over-the-Counter (ongoing)
- Steering Committee member, American Society for Emergency Contraception (ongoing)
- FHI representative, International Consortium for Emergency Contraception (past)
- Reviewer, Fellowship in Family Planning, 2008-present
- Member of Data and Safety Monitoring Board for trial of new emergency contraceptive product in US, funded by pharmaceutical company 2008-2009
- Mentor to students and fellows from the University of North Carolina (one in 2006-2007, two in 2007-2008)
- Organizer of numerous expert meetings on emergency contraception and other topics

Fulfilled other responsibilities within FHI, including:

- Leader, FHI Hormonal Methods Strategy Group, 2004-2006, 2008
- Acting Division Director, Clinical Trials Division, 1996.

May 2001 – Dec. 2005 Staff physician, Planned Parenthood of Central North Carolina

July 1996 – May 2001 Staff physician, Planned Parenthood of the Capital and Coast, Raleigh NC

Aug. 1994 – June 1996 Staff physician, Department of Surgery, Veterans Administration Medical Center, Durham, NC

Jul. 1991 – Jan. 1994 Senior Staff Fellow, Division of Epidemiology, Statistics, and Prevention Research, National Institute of Child Health and Human Development, National Institutes of Health

- Project Officer, Prostaglandins in Preeclampsia Study
- Assistant Project Officer, Trial of Calcium for Preeclampsia Prevention
- Co-Investigator, Study of Perinatal Health Services in the District of Columbia
- Co-Investigator, Maternal and Child Health Study of Assiut, Egypt

Jul. 1988 - June 1990 Obstetrician-gynecologist, Tuba City Indian Medical Center, Tuba City, AZ

EDUCATION

1991 Master of Public Health, Johns Hopkins School of Hygiene and Public Health, Baltimore, MD. Course work concentrated in epidemiology, statistics, and population dynamics.

1988 Residency, Obstetrics and Gynecology, Duke University Medical Center, Durham, NC

1984 Doctor of Medicine, Columbia University College of Physicians and Surgeons, New York, NY

1980 Bachelor of Arts with Distinction, Swarthmore College, Swarthmore, PA. Major in Biology

MEDICAL CERTIFICATION

North Carolina Medical License number 30084 (inactive)
Diplomate, American Board of Obstetrics and Gynecology, 1990-2000

AWARDS AND HONORS

- Felicia Stewart Advocacy Award, American Public Health Association, 2012
- Certification as within the top 10% of reviewers for Human Reproduction as judged by the quality and timeliness of their reviews
- Darroch Award for Excellence in Research to Advance Sexual and Reproductive Health, Guttmacher Institute, 2005
- Award for Outstanding Scientific Contribution, Family Health International, 2004
- Public Health Service Quality Increase, Indian Health Service, 1989
- Phi Beta Kappa, Swarthmore College, 1980
- Sigma Xi, Swarthmore College, 1980

PUBLICATIONS

Peer reviewed articles

1. Kane AB, Stanton RP, Raymond EG, et al. Dissociation of intracellular lysosomal rupture from the cell death caused by silica. J Cell Biol 1980; 87:643-651.
2. Hunter V, Raymond EG, et al. Efficacy of the metastatic survey in the staging of gestational trophoblastic disease. Cancer 1990; 65:1647-1650.
3. Zabin LS, Hirsch MB, Emerson MR, Raymond E. To whom do inner-city minors talk about their pregnancies? Adolescents' communication with parents and parent surrogates. Fam Plann Perspect. 1992; 24:148-54, 173.
4. Levine RJ, Raymond E, DerSimonian R, Clemens J. Preeclampsia prevention with calcium supplementation. Clin Applied Nutrit 1992; 2:30-38.
5. Raymond EG, Mills JL. Placental abruption: risk factors and associated fetal conditions. Acta Obstet Gynecol Scand 1992; 72:633-639.
6. Mills JL, Raymond E. Effects of recent research on recommendations for periconceptional folate supplement use. Ann N Y Acad Sci 1993; 678:137-145.

7. Raymond EG, Cnattingius S, Kiely JL. Effects of maternal age, parity, and smoking on the risk of stillbirth. British J Obstet Gynaecol 1994; 101:301-306.

8. Raymond EG, Tafari N, Troendle J, Clemens JD. Development of a practical screening tool to identify preterm, low birthweight neonates in Ethiopia. Lancet 1994; 344:520-523.

9. Levine RJ, Esterlitz JR, Raymond EG, et al. The trial of calcium for preeclampsia prevention (CPEP): rationale, design, and methods. Controlled Clinical Trials 1996; 17:442-469.

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12. Forman MR, Beecher GR, Muesing R, Lanza E, Olson B, Campbell WS, McAdam P, Raymond E, Schulman JD, Graubard BI. The fluctuation of plasma carotenoid concentrations by phase of the menstrual cycle: a controlled diet study. Am J Clin Nutr. 1996 Oct; 64:559-65.

13. Levine RJ, Hauth JC, Curet LB et al. Trial of calcium to prevent preeclampsia. New Engl J Med 1997; 337:69-76.

14. Fortney JA, Feldblum PJ, Raymond EG. Intrauterine devices: the optimal long-term contraceptive method? J Reprod Med 1999; 44:269-274.

15. Trussell J, Raymond EG. Statistical evidence about the mechanism of action of the Yuzpe regimen of emergency contraception. Obstet Gynecol 1999; 93:872-876.

16. Grimes DA, Raymond EG. Bundling a pregnancy test with the Yuzpe regimen of emergency contraception. Obstet Gynecol 1999; 94:471-473.

17. Raymond EG, Dominik R, Spermicide Trial Group. Contraceptive efficacy of two spermicides: a randomized trial. Obstet Gynecol 1999; 93:896-903.

18. Raymond E, Alvarado G, Ledesma L, Diaz S, Bassol S, Morales E, Fernandez V, Carlos G. Acceptability of two spermicides in five countries. Contraception, 1999; 60:45-50.

19. Steiner MJ, Hertz-Picciotto I, Raymond E, Trussell J, Wheeless A, Schoenbach V, Influence of cycle variability and coital frequency on the risk of pregnancy. Contraception 1999; 60:137-43.

20. Mills JL, DerSimonian R, Raymond E, Morrow JD, Roberts LJ 2nd, Clemens JD, et al. Prostacyclin and thromboxane changes predating clinical onset of preeclampsia: a multicenter prospective study. JAMA 1999; 282:356-362.

21. Steiner MJ, Raymond E, Attafuah JD, Hays M. Provider knowledge about emergency contraception in Ghana. J Biosoc Sci 2000; 32:99-106.

22. Raymond EG, Creinin MD, Barnhart KT, Lovvorn AE, Rountree RW, Trussell J. Meclizine for prevention of nausea associated with emergency contraceptive pills: a randomized trial. Obstet Gynecol 2000; 95:271-277.

23. Lovvorn A, Nerquaye-Tetteh J, Glover EK, Amankwah-Poku A, Hays M, Raymond E. Provision of emergency contraceptive pills to spermicide users in Ghana. Contraception. 2000; 61:287-93.

24. Raymond EG, Lovely LP, Chen-Mok M, Seppälä M, Kurman RJ, Lessey BA. Effect of the Yuzpe Regimen of Emergency Contraception on Markers of Endometrial Receptivity. Hum Reprod 2000; 15:2351-5

25. Grimes DA, Raymond EG, Jones BS. Emergency contraception over-the-counter: the medical and legal imperatives. Obstet Gynecol 2001; 98:151-155.

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