



Supreme Court

OF THE OKLAHOMA INTERCOLLEGIATE LEGISLATURE

CHIEF JUSTICE: Caleb Dorsten

VICE CHIEF JUSTICE: Savannah Valgora

ASSOCIATE JUSTICES, By Seniority:

Sam Hunt

Ryan Francione

Harrison Buck

Aubrey Ward

Marley Hutchins

Samuel Gillis

Korbin Shahan



MOOT COURT CASE

2nd Session of the 57th Oklahoma Intercollegiate Legislature

**Oklahoma Intercollegiate Legislature
Spring 2026**

The State of Olympus, Petitioner

V.

Miranda Vaughn, Respondent

On writ of certiorari to the Supreme Court of the State of Olympus

ORDER OF THE COURT ON SUBMISSION

IT IS THEREFORE ORDERED that counsel appear before the Supreme Court to present oral arguments on the following issues:

1. Whether the United States Constitution guarantees a right of privacy that includes a right to use contraception, including whether *Griswold v. Connecticut* and *Eisenstadt v. Baird* should be revisited?
2. Whether Olympus's "REAP WHAT YOU SOW Act" as applied to Respondent violates the Free Exercise Clause of the First Amendment to the United States Constitution, including whether *Employment Division, Department of Human Resources of Oregon v. Smith* should be revisited?

I

Overview

Ms. Miranda Vaughn, Appellee, was convicted of two charges of violating Olympus’s “Reducing Endemic Afflictions & Poverty While Halting Adultery To Yield Olympus’s Unparalleled State Of Wholesomeness Act” (The REAP WHAT YOU SOW Act or RWYSA), §1984(a), Olympus Statutes (2022). The Olympus 13th Circuit Court of Appeals overturned Appellee’s convictions on the grounds that The REAP WHAT YOU SOW ACT violated Ms. Vaughn’s right to privacy and right to free exercise of religion under the United States Constitution. The State of Olympus affirmed that decision; however, the Supreme Court grants certiorari to review the matter. We review all questions of law *de novo*.

All parties have stipulated the following facts. There are no questions of material fact and no procedural questions at issue in this case. Further, all parties have stipulated that Ms. Vaughn’s religious beliefs are sincerely held. In addition, both sides stipulate that there is no viable claim under state law that the RWYSA violates the Olympus Constitution or any Olympus state law. Finally, both sides agree that neither the federal Religious Freedom Restoration Act (RFRA), Title X of the Public Health Service Act, nor any other federal statute apply to the facts of this case. Any arguments regarding such claims are not preserved and are not before us. We examine the certified issues in turn.

Facts

On June 29, 2022, the State of Olympus enacted the “Reducing Endemic Afflictions & Poverty While Halting Adultery To Yield Olympus’s Unparalleled State Of Wholesomeness Act” (The REAP WHAT YOU SOW Act or RWYSA), §1984(a), Olympus Statutes (2022).

Supporters of the law stressed several state interests or objectives. These included:

- Promoting morality, including, but not limited to, reducing adultery and sexual intercourse between partners who are not married.
- Promoting the health of women and men alike.
- Encouraging people to take responsibility for their actions.
- Promoting a “culture of life.”
- Saving public money otherwise spent on health care costs associated with treating sexually transmitted infections (STIs).

The RWYSA does not ban all birth control. In enacting the RWYSA, Olympus became the first state since the 1960s to ban most temporary methods of birth control. Total bans have been introduced to state legislatures in ten states, while five states have introduced less expansive laws.

¹ Five of the proposed total bans would be in the form of amendments to state constitutions.

Miranda Vaughn, a resident of Olympus, owns and operates a pharmacy. In this capacity, she

¹ 2 of these 15 states where bans on contraception are being considered would not allow for voluntary sterilization except in cases of medical emergency.

distributes birth control and advises customers on how to use birth control. Ms. Vaughn, who is married, has been pregnant in the past. The first two pregnancies ended in miscarriages. During the third, Ms. Vaughn developed preeclampsia and underwent an emergency cesarean section. Unfortunately, the baby did not survive due to a loss of oxygen. Ms. Vaughn does not qualify for any exceptions under the RWYSA.

Ms. Vaughn is a practicing member of the Church of Balance (COB). The COB, a minority religion, espouses the belief that the Earth's natural resources are finite. More specifically, they believe that God provided the Earth with all it needs to survive, but only if humans respect that balance. To that end, the COB instructs its members not to engage in any activity that threatens the Earth's ecology. Specifically, members of the COB are taught to recycle, avoid unnecessary use of fossil fuels, use renewable energy sources where possible, and to have no more than two children per family. COB doctrine specifically teaches that members, as stewards of the planet, have a responsibility to use birth control to ensure that they do not contribute to overpopulation. In addition, COB members, as part of their faith, are encouraged to help others protect the natural balance, including helping others to procure and use birth control. The COB is also opposed to pregnancy out of wedlock and abortion, which are legal in Olympus, believing that both are at odds with the natural balance and order created by God. Abstinence and use of birth control are the only methods of preventing overpopulation acceptable to COB members.

Ms. Vaughn was taught these principles. They make up the core of her devoutly held religious beliefs, and they help to guide her spiritual direction as well as that of many other COB members. These sincerely held religious beliefs compelled her to bring this challenge.

Ms. Vaughn's doctor, Coby Menard, has warned her that if she becomes pregnant again, her life could be at risk. He also advised her that sterilization would not be appropriate for medical reasons. For these reasons, and for the aforementioned religious reasons, Ms. Vaughn uses temporary birth control. Dr. Menard recommended a doctor, Dr. Jessica Zatarain, in a neighboring state where birth control is legal. On July 7, 2022, Ms. Vaughn traveled to Dr. Zatarain's office and obtained birth control pills for her personal use. The birth control she obtained is forbidden by the RWYSA. In addition, Ms. Vaughn visited an out-of-state pharmacy wholesaler and purchased a substantial quantity of birth control pills to be distributed at her pharmacy in Olympus City.

Her Minister, Reverend Alfie Sasaki, went along with her on the trip for moral support. Sasaki streamed their travels live, including when they obtained birth control, on his website, "The Dude Abides." Millions followed their trip. These followers included the popular blogger Action Jackson, YouTube influencers Kamra Jackson and Nichole Athanitis, Instagram activist Celeste Sanchez, X thought leaders Olivia Guidry and Sophia Cefolia, LinkedIn posters Alphonso Gentry and Trey Mongo, and TikTok stars Maylynn Velasquez and Rebecca Bombard.

On July 13, 2022, back in Olympus City, Ms. Vaughn live streamed herself ingesting one birth control pill and then selling birth control pills to several customers in her pharmacy. The customers did not qualify for any exceptions under the RWYSA. She was arrested the same day by Olympus State Police officers. Ms. Vaughn was charged with use of prohibited birth control and with distribution of prohibited birth control, both in violation of the RWYSA. At trial, Ms.

Vaughn moved to dismiss the charges, arguing the RWYSA was unconstitutional. William DeNolf, the State Attorney General, and a candidate for governor in 2024, took the unusual step of prosecuting the case himself. Judge D.R. Fair, rejected that argument. Ms. Vaughn pleaded not guilty but was convicted of both charges. Judge Fair then imposed the mandatory minimum sentence of a \$500 fine for each charge (totaling \$1,000). Ms. Vaughn appealed to the Olympus 13th Circuit Court of Appeals, which overturned her convictions on the grounds that the RWYSA violated Ms. Vaughn’s rights to privacy and to free exercise of religion guaranteed by the United States Constitution. Olympus appeals.

II

The History of Birth Control

Men and women have long tried to control when and if they have children. These efforts, popularly known as birth control, date back centuries and have spanned the globe without regard for border or culture. The earliest recorded history documenting the use of birth control dates to Crete and Egypt around the year 3000 BCE. These societies developed the forerunner of what has come to be known as a condom. There is evidence of the use of spermicides in Egypt around 1850 BCE. In addition, there is evidence that women in Mesopotamia, Greece, and Rome employed forms of birth control ranging from the use of plants, honey, lint, and breastfeeding. At least two texts written in India in the 2nd and 3rd centuries included methods aimed at preventing pregnancy. A 10th century Persian medical text included a discussion of 20 known methods of birth control. During the medieval ages, the Roman Catholic Church labeled birth control efforts immoral. Yet, women and men continued to employ a variety of forms of birth control. Condoms, which were popularized in Europe during the Renaissance and were originally developed to protect against disease, became a common instrument to prevent pregnancy starting in the 1600s. Diaphragms were developed in Europe in 1842, and condoms were introduced to America in the mid-1800s. Early condoms were initially comprised of a variety of materials that pre-dated the development of condoms made of vulcanized rubber. Rubber condoms first came to the United States in the 1860s. In addition, beginning in 1619, African women who were enslaved in the American colonies developed approaches to birth control that drew on medical practices of their home lands. These methods were passed down to succeeding generations of African-American women.

Prior to the 1840s, birth control was legal in all U.S. states. This status was more due to the lack of any prohibitions rather than any affirmative statement of a right to practice birth control. This situation changed in the mid-19th century when the majority of state legislatures enacted laws that banned or placed strong limits on the sale and use of contraceptives.² At the federal level, Congress followed this trend in 1873 when it passed the Comstock Act, which banned the use of the United States mail to distribute contraceptives or information pertaining to birth control.³ In 1888, Congress went further and amended the Comstock Act to ban abortion. By 1965, twenty-six states forbade unmarried women to practice birth control. The main motivation for

² The strictest of these laws were enacted in New England. In fact, it was a Connecticut law passed in the 1880s that was challenged and struck down in *Griswold v. Connecticut*, 381 U.S. 479 (1965).

³ The law specifically banned mailing “every article, instrument, substance, drug, medicine, or thing which is advertised or described in a manner calculated to lead another to use or apply it for preventing conception or producing abortion, or for any indecent or immoral purpose.”

bans on birth control and abortion appears to be a combination of concerns for morality, safety, and population decline.⁴

The movement toward legalized contraception began in the early 20th century when Margaret Sanger, who coined the term “birth control” in 1914, opened the nation’s first birth control clinic.⁵ For this act she was arrested, convicted of causing a public nuisance, and sent to jail for 30 days. Upon her release, Sanger not only re-opened her clinic, she also began a magazine dedicated to educating the public about birth control. In 1918, Sanger’s conviction was reversed by the New York Court of Appeals. That court found that women have a right to practice birth control because to deny them that right would force them to have more children than they might wish. In 1926, twenty-four states and Puerto Rico had obscenity laws that criminalized disseminating “contraceptive knowledge.” Sanger continued her efforts to educate women about birth control, and in 1942 she helped found Planned Parenthood. Sanger worked to support the development of new birth control methods, including the advent of birth control pills, which the Federal Drug Administration eventually approved in 1960. That development, along with several legal victories, ushered in a new era of birth control.⁶

Modern Birth Control

Birth control use has become ubiquitous. One need only visit a drug store, search online, or consult popular culture.⁷ According to the National Center for Health Statistics (Center), 98% of sexually active women have used birth control at some point, and between 2015 and 2017, 65% of women of reproductive age used birth control. The rate of birth control use tends to rise with age, but not necessarily with education. Non-Hispanic white women report using birth control at a higher rate (67%) than Hispanic women (64%) or non-Hispanic black women (59.9%).

The Center reports that in 2018 in the United States there were 72,663,695 sexually active women between the ages of 15 and 49. 47,444,037 (65%) used some form of birth control, while 25,219,658 (35%) did not. Of the 47,444,037 women using birth control, 28% were women who were sterilized. An additional 8% were women who relied on the sterilization of their partners.

⁴ In 1800 the average white woman in America gave birth to 7-8 children. That figure fell to 3-3.5 children by the late 1800s. This decline was driven by an increase in contraceptive use as well as an increase in abortions. Estimates are that between 1830 and 1860 1 in 5 White pregnancies ended in an abortion. This number dropped after Congress and many states forbade abortions in 1888. No statistics are available for women of other races.

⁵ This coincided with an order during World War I by the Navy that sailors use condoms. This order was prompted by an increase in sailors contracting sexually transmitted diseases from prostitutes. When soldiers and sailors returned home, they sought to acquire condoms, and soon they were sold at many drug stores as a source of protection against sexually transmitted diseases.

⁶ Additional judicial decisions that paved the way for the promotion/legalization of birth control include *United States v. One Package*, 86 F.2d 737 (2d Cir. 1936) which struck down the Comstock Act’s ban on doctors using the mail to prescribe birth control for their patients; *Griswold v Connecticut*, 381 U.S. 479 (1965), which struck down a state ban on the use of and dissemination of birth control by/to married persons; and *Eisenstadt v. Baird*, 405 U.S. 438 (1972), which held that a state ban on the use of birth control by unmarried persons was unconstitutional.

⁷ The sitcom *Seinfeld*, the book *The Word According to Garp*, and the lyrics of Rod Stewart’s “Every Picture Tells a Story” are just three examples that come to mind.

The remaining 64% were women who used some manner of temporary birth control.⁸ Of all birth control devices, the male condom, if used correctly, is the most effective in protecting against sexually transmitted infections (STIs) (up to 98% effective). Preliminary evidence suggests that female condoms, if used correctly, are as effective as male condoms in preventing transmission of STIs, but more study is needed. Oral contraceptives and sterilization provide no protection against STIs.

The ubiquitous nature of birth control is reflected by two additional facts. First, subject to certain faith and moral exceptions, federal law requires insurance plans offered as part of the Affordable Care Act to cover birth control for people who can become pregnant.⁹ Second, Medicaid covers prescription contraceptives.¹⁰ These facts are in contrast to federal laws that forbid the use of federal money to fund abortion. That said, the United States Constitution contains no explicit statement noting a fundamental right to birth control.

STI Cases Rates in the United States

Cases of STIs are on the rise in the United States.¹¹ According to the Center for Disease Control (CDC), STIs are “at an all-time high . . . among both females and males and all racial and ethnic groups.” The CDC estimates that on any given day 68 million persons (just over 20%) in the United States have an STI.¹² This estimate yields an average of 1.33 million total STI cases per state. In 2018, there were 26 million newly acquired STIs.¹³ That was an average of just over 509,000 new STI cases per state. The CDC states that:

there is an ongoing disproportionate burden of STIs among certain racial and ethnic groups; among young people between 15 and 24 years old who accounted for nearly half of all new STIs in 2018; and among women, who account for a disproportionate burden of severe STI outcomes and medical costs.

STIs can be serious. The CDC states that:

[p]eople with these infections do not always experience disease symptoms, but, if

⁸ This 64% is comprised as follows: women who use the pill (21%), women who rely on male condoms (13%), women who use long-acting reversible contraceptives (IUDs) (13%), women who receive contraceptive injections (9%), and women who rely on other methods (8%).

⁹ Additionally, according to the Guttmacher Institute: 12 states allow health care providers to refuse to provide birth control services, 6 states allow pharmacists to refuse to dispense birth control, an additional 6 states allow businesses other than pharmacists to dispense birth control, and 8 states allow health care institutions to refuse to provide services related to birth control. Most insurance plans pay for female condoms. Free male condoms are available in Olympus from several sources including public and private health clinics or family planning centers.

¹⁰ Whether the RWYSA violates federal law other than the United States Constitution was not raised or preserved and is not properly before this court.

¹¹ The Department of Health and Human Services (DHHS) reports that between 2014–2018 the rates of reported cases of primary and secondary syphilis, congenital syphilis, gonorrhea, and chlamydia rose 71%, 185%, 63%, and 19%, respectively. HPV, the most common STI, accounts for 14 million new infections in the United States each year.

¹² Eight STIs were included in the estimate: chlamydia, gonorrhea, trichomoniasis, syphilis, genital herpes, human papillomavirus, sexually transmitted hepatitis B, and sexually transmitted HIV.

¹³ 2018 is the last year for which there are national estimates. This data lag is largely a result of the COVID pandemic, which shut down many clinics, thus hampering reporting efforts.

left untreated, some STIs can increase the risk of HIV infection, or can cause chronic pelvic pain, pelvic inflammatory disease, infertility, and/or severe pregnancy and newborn complications.

STIs are preventable and can often be treated. Medical costs associated with treating STIs in the United States were over \$16 billion in 2018 alone.¹⁴ The CDC reports that this figure would be higher if it included losses in productivity, non-medical expenses and costs associated with STI prevention. STI mortality rates fell among women nationwide by 49% between 1999 and 2010, from 5.3 to 2.7 deaths per 100 000. This decline was in large part because of advancements in fighting and treating sexually transmitted HIV infections. However, this rate rose in 2020 to 4.0 deaths per 100,000.

STI Rates in Olympus

Olympus leads the nation in the rate of persons with an STI. That rate as of 2020 was 35,000 per 100,000 persons. The next closest state has 25,000 per 100,000 persons. Of the 5 million people living in Olympus, an estimated 1,750,000 (35%) have an STI. This ratio stands in sharp contrast to national data indicating that on any given day 20% of the American population has an STI.

Olympus has an average of 600,000 new STI cases per year. According to the Olympus Department of Health, these figures represent an at-risk population that has been growing since the beginning of the 21st century. Before budget cuts, the State tried educational campaigns, free testing, and subsidized medical costs associated with preventing STIs, but these efforts have not halted the increasing rates of STIs.¹⁵ This STI outbreak has resulted in a significant human and financial toll. An average of 4.5 persons per every 100,000 persons died in 2020 in Olympus of STI-related deaths. This ratio exceeds the national average of deaths per 100,000 as reported for the years 1999 to 2010 as well as for 2020. Millions have been spent on medical expenses. Clinics have been overwhelmed, and the State's image and reputation has suffered nationwide. This image problem has been largely due to a combination of online posts and late-night comedy sketches lampooning Olympus. Neighboring states have even become involved. One state set up a stand at a rest-stop on the border with Olympus where adult travelers heading to Olympus could receive free condoms. The Olympus Bureau on Tourism reported that tourism-related revenue fell by 25% between 2010 and 2020.

¹⁴ The CDC reports that of this \$16 billion, \$13.7 billion is spent on sexually acquired HIV infections, \$1.545 billion is spent collectively on chlamydia, gonorrhea, and syphilis, and \$755 million is spent on HPV infections. Of the \$1.545 billion attributed to chlamydia, gonorrhea, and syphilis, 60% was associated with persons between 15 and 24 years of age. \$2.3 billion is spent on non-HIV-related STI medical costs, 75% of which involves women.

¹⁵ It is not altogether clear why Olympus has such a high rate of STIs. Data suggest the following are contributing factors: a larger than average population of people under age 25; a confluence of lack of education and high poverty rates in much of the state; low rates of condom use; high rates of drug use, including shared needles; spending cuts that closed several clinics that offered free condoms and counseling; and less monogamy, especially given the rise of several new and popular dating services based in Olympus, which have targeted heterosexual, homosexual, and bisexual populations. An additional factor could be that prostitution appears to be increasing in parts of Olympus that have large arenas and have hosted several major college and professional sporting events, as well as several major concerts, including an annual free summer concert aimed at younger audiences. A final factor may be that Olympus has two major airports and a port and has become a hotspot among young visitors, especially from abroad, due to its reputation for having a vibrant nightlife and the fact that several large cities have legalized marijuana use.

Cases Cited:

Issue 1

1. *Roberson v Rochester Folding Box Co.*, (New York Court of Appeals) 171 N.Y. 538 (1902)
2. *United States v. One Package*, 86 F. 2d 737 (2d Cir. 1936)
3. *Griswold v. Connecticut*, 381 U.S. 479 (1965)
4. *Eisenstadt v. Baird*, 405 U.S. 438 (1972)
5. *Washington v. Glucksberg*, 521 U.S. 702 (1997)
6. *Lawrence v. Texas*, 539 U.S. 558 (2003)
7. *Obergefell v. Hodges*, 576 U.S. 644 (2015)
8. *Dobbs v Jackson Women’s Health Organization*, 597 U.S. 215 (2022)
9. *Deanda v. Becerra*, 96 F.4th 750 (5th Cir. 2024)

Issue 2

1. *Reynolds v. United States*, 98 U.S. 145 (1878)
2. *Sherbert v. Verner*, 374 U.S. 398 (1963)
3. *Wisconsin v. Yoder*, 406 U.S. 205 (1972)
4. *Employment Division v. Smith*, 494 U.S. 872 (1990)
5. *Church of the Lukumi Babalu Aye, Inc. v. City of Hialeah*, 508 U.S. 520 (1993)
6. *Fulton v. City of Philadelphia*, 593 U.S. 522 (2021)
7. *Tandon v. Newsom*, 593 U.S. 61 (2021)
8. *Kennedy v. Bremerton School District*, 597 U.S. 507 (2022)
9. *Carson v. Makin*, 596 U.S. 767 (2022)

Appendix I

Reducing Endemic Afflictions & Poverty While Halting Adultery To Yield Olympus's Unparalleled State Of Wholesomeness Act, §1984(a)

AS INTRODUCED

An act relating to contraceptives; providing a short title; providing for codification; providing for penalties; and providing an effective date.

BE IT ENACTED BY THE STATE OF OLYMPUS

Section 1. This act shall be known as the "REAP WHAT YOU SOW Act" (RWYSA).

Section 2. NEW LAW A new law to be codified into the Olympus statutes to read as follows:

1. The use, sale, prescription, distribution, and/or possession with the intent to distribute of all methods of temporary birth control except for male and female condoms, is prohibited.
2. The new implementation of birth control devices is prohibited.
3. Private pharmacies and hospitals are specifically forbidden to provide birth control other than condoms. Only physicians may provide instructions on how to use non-condom birth control.
4. For the previous subsections the following exceptions apply:
 - a) For those who cannot use condoms for medical reasons or other physical reasons, birth control can be obtained with a prescription from a specially state-licensed physician and from a public, state-run hospital.
 - b) The use and possession of existing implanted devices is legal only as long as they remain medically effective.

Section 3. PENALTIES

1. Any person violating Section 2 is guilty of a Class A misdemeanor and is subject to a mandatory fine of not less than five hundred dollars (\$500.00) and not more than ten thousand dollars (\$10,000.00), the possible loss of professional licenses associated with the violation, and/or up to one (1) year in prison.

Section 4. This act shall become effective ninety (90) days after passage and approval.