

**IN THE SUPREME COURT FOR THE STATE OF NORTH DAKOTA
CASE NO. 20260075**

T.D., by and through his parents, Devon Dolney and Robert Dolney, DEVON DOLNEY, an individual, ROBERT DOLNEY, an individual, PAMELA ROE, by and through her parents, Peter Roe and Paula Roe, PETER ROE, an individual, PAULA ROE, an individual, JAMES DOE, by and through his parents, John Doe and Jane Doe, JOHN DOE, an individual, JANE DOE, an individual, and DR. LUIS CASAS, an individual, on behalf of himself and his patients,

Plaintiffs-Appellants,

vs.

DREW H. WRIGLEY, in his official capacity as Attorney General for the State of North Dakota, KIMBERLEE JO HEGVIK, in her official capacity as the State's Attorney for Cass County, JULIE LAWYER, in her official capacity as the State's Attorney for Burleigh County, and AMANDA ENGELSTAD, in her official capacity as the State's Attorney for Stark County,

Defendants-Appellees.

**BRIEF OF *AMICUS CURIAE* THE GLOBAL JUSTICE CENTER
IN SUPPORT OF PLAINTIFF-APPELLANTS
AND REVERSAL OF AMENDED JUDGMENT BELOW**

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STATEMENT OF INTEREST AND IDENTITY

[¶1] Global Justice Center is a non-partisan, non-profit organization dedicated to promoting international law in a consistent, non-discriminatory manner. Global Justice Center works for peace, justice, and security by promoting enforcement of international laws that protect human rights and promote gender equality. The organization seeks to promote gender equality by focusing on and advocating for individuals' rights to bodily autonomy and self-determination. Global Justice Center submits this amicus brief to provide the Court with information regarding how North Dakota's ban on certain gender-affirming medical care for adolescents infringes on rights protected by both the North Dakota Constitution and international human rights law and how it is inconsistent with the practices of other countries around the world.

STATEMENT OF AUTHORSHIP AND SUPPORT

[¶2] Pursuant to North Dakota Rule of Appellate Procedure 29(a)(4)(D), this brief was authored solely by legal counsel for Global Justice Center and no other person contributed money to support the preparation or submission of this brief.

SUMMARY

[¶3] North Dakota Century Code Chapter 12.1-36.1 (the "Health Care Ban" or "Ban") categorically prohibits adolescents from receiving medically necessary treatment when their gender identity does not align with their sex assigned at birth, while permitting the same interventions for other minors and for other medical purposes. The Health Care Ban impermissibly intrudes on multiple rights protected by the North Dakota Constitution: its guarantees of individuals' bodily autonomy and access to life-preserving medical care; its protections for family integrity safeguarding parents' right to make individualized medical decisions in their children's best interests; and its equal-protection provisions prohibiting laws that discriminate on the basis of sex or otherwise restrict important substantive rights for a subset

of people without compelling reason. Each of these constitutional guarantees is supported by international and regional human rights law and by the laws and practices of many other nations. Together, these domestic, regional, and international authorities demonstrate that North Dakota’s ban is both unconstitutional and inconsistent with established human rights norms. This Court should therefore reverse the lower court’s decision.

ARGUMENT

I. THE HEALTH CARE BAN VIOLATES NORTH DAKOTA’S CONSTITUTION AND IS CONTRARY TO INTERNATIONAL HUMAN RIGHTS LAW

A. Banning Access to Gender-Affirming Medical Care Violates Individuals’ Rights to Life, Liberty, Reputation, Safety, Happiness, and Self-Determination

[¶4] Article I, Section 1 of the North Dakota Constitution provides that “[a]ll individuals ... have certain inalienable rights ... which shall not be infringed,” including rights of “enjoying and defending life and liberty” and “pursuing and obtaining safety and happiness.” N.D. Const. art. I, §1. Among other protections, this Section guarantees adolescents’ right to bodily autonomy and life-preserving care and parents’ right to parent their child in a manner consistent with their child’s best interests. International and regional human rights law likewise safeguards these rights. The North Dakota Legislature, in enacting the Health Care Ban, ran afoul of each of these guarantees.

1. Banning Access to Gender-Affirming Medical Care Is Contrary to Adolescents’ Right to Bodily Autonomy and Life-Preserving Care

[¶5] North Dakotans’ right to autonomy is protected by Article I, Section 1 of the North Dakota Constitution. Among the inalienable rights listed in Article I, Section 1 are “enjoying and defending ... liberty ... [and] pursuing and obtaining safety and happiness.” N.D. Const. art. I, §1. Together, these enumerated rights form the foundation of North Dakotans’ constitutional right to autonomy. This Court has recognized that “[a] person’s interest in

personal autonomy and self-determination is a fundamentally commanding one, with well-established legal and philosophical underpinnings.” *State ex rel. Schuetzle v. Vogel*, 537 N.W.2d 358, 360 (N.D. 1995). “*All individuals*”—including adolescents—possess these rights. N.D. Const. art. I, §1 (emphasis added).

[¶6] Article I, Section 1’s protections of the right to autonomy extend to individuals’ right to make decisions in matters of bodily integrity and medical care. *Vogel*, 537 N.W.2d at 360 (describing individual autonomy in medical decisions as a “constitutionally protected interest”); *see also Wrigley v. Romanick*, 2023 ND 50, ¶¶26-27, 988 N.W.2d 231, 241-242 (N.D. 2023) (right to protect life and safety “necessarily includes” right to obtain healthcare required to “preserve [individuals’] life or health”); *Access Indep. Health Servs., Inc. v. Wrigley*, 2025 ND 26, ¶18, 16 N.W.3d 902, 911 (N.D. 2025) (recognizing “patient autonomy” as one of the “paramount aspects of [North Dakota] citizens’ lives”). Individuals’ right to consult with doctors and pursue the best course of medical treatment have also been recognized as an exercise of “autonomy and self-determination” protected by the North Dakota Constitution. *MKB Mgmt. Corp. v. Burdick*, 2014 ND 197, ¶¶96-98, 855 N.W.2d 31, 64-65 (N.D. 2014) (Kapsner, J., opining separately). In accordance with that safeguard, this Court has explained that North Dakota law requires, where feasible, that individuals be afforded the opportunity to participate in decisions about their care. *In re Guardianship/Conservatorship of Van Sickle*, 2005 ND 69, ¶23, 694 N.W.2d 212, 220 (N.D. 2005).

[¶7] Like the North Dakota Constitution, regional and international human rights law also recognizes that all adolescents have a right of bodily autonomy and health, which includes the right to access necessary gender-affirming medical care. The Universal Declaration of Human Rights (“UDHR”) provides that “[e]veryone has the right to a standard of living adequate for the

health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services.” UDHR, G.A. Res. 217A, art. 25(1), U.N. Doc. A/810 (Dec. 12, 1948). The International Covenant on Civil and Political Rights (“ICCPR”) likewise safeguards individuals’ rights to life, privacy, and personal security, which encompass the right to make decisions about one’s own medical care. ICCPR, arts. 6, 9, 17, Dec. 16, 1966, 999 U.N.T.S. 171. The United States has signed and ratified the ICCPR, thereby agreeing to respect, protect, and fulfill the rights and obligations articulated within it. U.S. Const., art. II, §2, cl. 2. The Human Rights Committee, the expert body tasked with reviewing governments’ compliance with the ICCPR, has advised that this right to life should be interpreted broadly to prohibit “acts and omissions” that “may be expected to cause ... premature death” and to guarantee “a life with dignity.” Human Rights Committee, *General Comment No. 36: Right to Life*, ¶3, U.N. Doc. CCPR/C/GC/36 (2018); *see also id.* ¶23 (duty to protect right to life requires States to take “special measures of protection towards persons in vulnerable situations,” including “transgender and intersex persons”). Consistent with these protections, a United Nations Special Rapporteur recently concluded that, when governments withhold “specific health services, including trans health-care” from adolescents with diverse gender identities, they necessarily infringe on adolescents’ bodily integrity and right to autonomy. Cannataci, *Report of Special Rapporteur on the Right to Privacy: Artificial Intelligence and Privacy, and Children’s Privacy*, ¶98(c), UN Doc. A/HRC/46/37 (Jan. 25, 2021).

[¶8] For some adolescents, the care prohibited by the Ban could be life-preserving care: gender dysphoria, for which the banned care is a treatment, can cause extreme distress, depression, anxiety, and suicidal ideation. *See* Kraschel et al., *Legislation Restricting Gender-Affirming Care for Transgender Youth: Politics Eclipse Healthcare* 4, 3 Cell Reports Medicine

(2022), <https://doi.org/10.1016/j.xcrm.2022.100719>. Evidence shows that “transgender people who accessed GAH [Gender-Affirming Hormones] during early or late adolescence had lower odds of past-month suicidal ideation and past-month severe psychological distress in adulthood, when compared to those who desired but did not access GAH.” Turban. et al., *Access to Gender-Affirming Hormones During Adolescence and Mental Health Outcomes Among Transgender Adults*, 18 PLOS One (2022), <https://tinyurl.com/55eh7727>. By contrast, state restrictions on transgender rights—including access to gender-affirming care—are associated with sharp increases in past-year suicide attempts among transgender adolescents. Lee, et al., *State-Level Anti-Transgender Laws Increase Past-Year Suicide Attempts Among Transgender and Non-binary Young People in the USA*, 8 Nature Human Behaviour 2096, 2100 (2024), <https://www.nature.com/articles/s41562-024-01979-5>.

[¶9] For these reasons, European human rights jurisprudence treats similar restrictions on gender-affirming medical care as violations of the right to private life. Article 8 of the European Convention on Human Rights (“ECHR”) protects “the right to respect for his private and family life, his home and his correspondence” from unjustified state interference, which the European Court of Human Rights (“ECtHR”) has interpreted to include the right to autonomy. *Y.Y. v. Turkey*, Application No. 14793/08, ¶¶56-57 (European Ct. Hum. Rts. Oct. 6, 2015) (Judgment), <https://hudoc.echr.coe.int/fre?i=001-153134>. The ECtHR has repeatedly held that autonomy, as protected by Article 8, encompasses the rights to control one’s own body and to develop one’s sense of identity, including physical and psychological integrity, gender identity, self-determination, and personal development. *Id.* In one such case, the ECtHR determined that a country violated Article 8 by denying the applicant access to gender-affirming medical care under a statute requiring transgender individuals to demonstrate permanent infertility before

receiving certain gender-affirming treatments. *Id.* ¶¶116, 119-122. By denying treatment on these medically unnecessary grounds, the country unjustifiably interfered with the applicant’s right to bodily integrity, personal autonomy, and ability to live in accordance with his gender identity. *Id.* In an earlier case, another country violated Article 8 because its failure to adopt gender-affirming medical care regulations created “distressing uncertainty *vis-à-vis* [the applicant’s] private life and the recognition of his true identity.” *L. v. Lithuania*, Application No. 27527/03, ¶¶57, 59 (European Ct. Hum. Rts. Sept. 11, 2007) (Judgment), <https://hudoc.echr.coe.int/eng?i=001-82243>. North Dakota’s Health Care Ban works the same injustice.

[¶10] North Dakota’s constitutional protection of adolescents’ right to autonomy comports with widely recognized international and regional international human rights law and determinations that governments violate individuals’ right to autonomy when they interfere with their ability to receive gender-affirming medical care. Yet the Ban does precisely that. It should be struck down under the Constitution’s guarantees of bodily autonomy and life-preserving medical care and in accordance with international human rights law.

2. Banning Access to Gender-Affirming Medical Care Impedes Parents’ Rights to Parent In the Best Interest of Their Children

[¶11] Both the North Dakota Constitution and international and regional human rights law protect a parent’s right to parent their own child, a right that the Health Care Ban impermissibly contravenes. Under Article I, Section 1, “parents have a fundamental constitutional right to parent their children which is of the highest order.” *In re Adoption of K.A.S.*, 499 N.W.2d 558, 564-565 (N.D. 1993); *see also Romanick*, 2023 ND ¶26, 988 N.W.2d at 241-242 (similar). This important constitutional safeguard extends to a parent’s “rights in making decisions in the course of raising their children,” and this Court has previously struck down laws permitting intrusions

on that right based on presumptions rather than “individualized determination[s]” about a child’s best interest. *Hoff v. Berg*, 1999 ND 115, ¶¶8-20, 595 N.W.2d 285, 288-292 (N.D. 1999).

[¶12] International and regional human rights law likewise recognize that parents have a right to make decisions on behalf of their child. Article 24 of the ICCPR specifies that “[e]very child shall have, without any discrimination as to ... sex ... the right to such measures of protection as are required by his status as a minor, on the part of his family, society and the State.” The Human Rights Committee has recognized that the “[r]esponsibility for guaranteeing children the necessary protection” under Article 24 lies “particularly on the parents.” *See Human Rights Committee, General Comment No. 17, Article 24 (Rights of the Child)*, ¶6, U.N. Doc. HRI/GEN/1/Rev.1 (1994). In making those decisions, international law requires that the child’s best interests—including their access to healthcare—shall be a “primary consideration.” Convention on the Rights of the Child (“CRC”), art. 3, Nov. 20, 1989, 1577 U.N.T.S. 3 (the U.S. has signed the CRC thus agreeing to not take actions that undermine the treaty’s object and purpose); *see also* Committee on the Rights of the Child, *General Comment No. 14, On the Right of the Child to Have His or Her Best Interests Taken As a Primary Consideration (Art. 3, para. 1)*, ¶¶1, 6, U.N. Doc. CRC/C/GC/14 (2013) (describing the child’s best interests as “one of the fundamental values of the Convention”).

[¶13] Under the CRC, a child’s best interests with respect to their healthcare should be based on their physical, emotional, social, and educational needs; age; sex; relationships with parents and caregivers; and their family and social background, and it should be determined after the child’s views are heard. This is the exact opposite of the blanket prohibition that the Health Care Ban imposes on certain forms of adolescent medical care. Committee on the Rights of the Child, *General Comment No. 15, On the Right of the Child to the Enjoyment of the Highest Attainable*

Standard of Health, ¶12, U.N. Doc. CRC/C/GC/15 (2013). Interpreting this Convention, the Inter-American Court of Human Rights (“IACtHR”) has confirmed that children must be afforded the same gender-identity-based protections as adults. IACtHR, Advisory Opinion OC-24/17, ¶153 (Nov 24, 2017). The Court explained that any restriction imposed on the full exercise of children’s gender-identity based protections “can only be justified based on [the] principles” of non-discrimination, the child’s best interests, respect for the right to life, survival and development, and respect for the child’s views in all matters affecting the child. *Id.* at ¶ 154. The Court further found that any such restriction “should not be disproportionate.” *Id.* at ¶ 154.

[¶14] By imposing a blanket prohibition, the Ban denies parents the ability to make decisions for their children in one of the most sensitive, private, and important sectors of domestic decision making—medical care. What’s more, it does so without requiring a finding that this denial is essential to each individual child’s welfare or best interest, or that each child’s parent is unfit for making such a decision. This is inconsistent with this Court’s approach to the protection of parental rights in other arenas—such as termination proceedings—wherein this Court has found that intrusion into parental rights to parent their child may *only* be made if it is in the best interest of children, and they required an individualized determination that the termination of parental rights are in the best interests of the child. *Asendorf v. M.S.S.*, 342 N.W.2d 203, 206-207 (N.D. 1983). It is also inconsistent with human rights law in failing to consider “the particular circumstances of each specific case.” IACtHR, Advisory Opinion OC-24/17, ¶149.

[¶15] A blanket ban is plainly not in the best interests of children. Gender-affirming medical care is beneficial, if not essential, to some adolescents’ health, well-being, and quality of life. *Supra* ¶8. Further, sweeping restrictions like the Health Care Ban “provide little or no opportunities to consider the unique and particular needs of individual trans children.” Human

Rights Watch, “*They’re Ruining People’s Lives*”: *Bans on Gender-Affirming Care for Transgender Youth in the US* (June 3, 2025), <https://tinyurl.com/3uupurhx>. This is far more significant than other situations this Court has found to constitute an unconstitutional infringement on parents’ rights to parent their child. *Hoff*, 1999 ND ¶20, 595 N.W.2d at 292. By imposing a blanket prohibition on essential health care for certain adolescents, the Ban unconstitutionally denies parents their rights to make decisions in the child’s best interests.

B. Banning Access to Gender-Affirming Medical Care Violates Adolescents’ Rights to Equal Protection

[¶16] The Health Care Ban impermissibly discriminates against transgender adolescents, contrary to the North Dakota Constitution and international human rights law. Article I, Sections 21 and 22 of the Constitution bar the State from conferring unequal privileges and instead require uniform operation of general laws, while Section 1 anchors those guarantees in interests of life, liberty, and property. *Baldock v. N. Dakota Workers Comp. Bureau*, 554 N.W.2d 441, 443-444 (N.D. 1996). The Health Care Ban violates these guarantees because it both classifies based on sex—an inherently suspect classification under North Dakota law, *State ex rel. Olson v. Maxwell*, 259 N.W.2d 621 (N.D. 1977)—and inequitably burdens “important substantive right[s],” *Bismarck Pub. Sch. Dist. No. 1 v. State ex rel. N. Dakota Legislative Assembly*, 511 N.W.2d 247, 256 (N.D. 1994).

[¶17] The Ban facially classifies based on sex and enforces sex conformity and burdens adolescents’ important substantive rights. It prohibits interventions “for the purpose of changing or affirming the minor’s perception of the minor’s sex” when that perception “is inconsistent with the minor’s sex,” and describes prohibited medications in sex-coded terms: “supraphysiologic doses of testosterone to females” and “supraphysiologic doses of estrogen to males.” N.D.C.C. §12.1-36.1-02(1), (1)(c)(2). As written, the statute permits comparable sex-

linked interventions when they reinforce certain development—for example, prescribers may provide hormones to minors with hypogonadism, gynecomastia, or central precocious puberty—while criminalizing their use in treatment of gender dysphoria. The Ban thus conditions medical access on sex and sex expectations. *See Tang v. Ping*, 209 N.W.2d 624, 627 (N.D. 1973) (invalidating statute that barred male claimant from state insurance benefits because of age-based eligibility differences for men and women). The Ban’s carveout for male circumcision sharpens the point. N.D.C.C. §12.1-36.1-02(1)(d). That exception reveals that the law is not a neutral response to medical risk—it is a selective rule about which sex-linked bodily interventions the State will tolerate and for whom. The Ban thus categorically eliminates an entire class of medical care for one group of patients and criminalizes its provision. *Id.* §12.1-36.1-02. In doing so, it also triggers heightened scrutiny under North Dakota’s important-substantive-rights line of cases, which find a “commanding interest” in “individual autonomy in medical decisions.” *Access Indep. Health Servs.*, 2025 ND ¶18, 16 N.W.3d at 911. Indeed, as explained *supra* ¶¶7-9, human rights law confirms that access to necessary medical care and bodily autonomy are precisely the sort of interests with “well-established legal and philosophical underpinnings” whose discriminatory restriction warrants heightened judicial scrutiny under North Dakota law. *See Vogel*, 537 N.W.2d at 360.

[¶18] International treaty bodies have interpreted guarantees of non-discrimination to encompass sexual orientation and gender identity. *See* UDHR, arts. 2, 7; ICCPR, arts. 2, 26; Int’l Covenant on Econ., Soc. & Cultural Rts. (“ICESCR”), art. 2(2), Dec.16. 1966, 993 U.N.T.S. 3 (signed but not ratified by the U.S.); CRC, art. 2; Comm. on Econ., Soc. & Cultural Rts. (“CESCR”), *General Comment No. 20, Non-Discrimination in Economic, Social, and Cultural Rights* (art. 2. para. 2), ¶32, U.N. Doc. E/C.12/GC/20 (2009). Critically, the CESCR, which is

tasked with reviewing governments' compliance with the ICESCR, has explained that nondiscrimination in the context of sexual and reproductive health includes full respect for gender identity, and that regulations treating transgender persons as disordered or in need of a "cure" violate the right to health. CESCR, *General Comment No. 22, on the Right to Sexual and Reproductive Health (art. 12)*, ¶23, U.N. Doc E/c.12/GC/22 (2016). Meanwhile, the Health Care Ban rests on precisely the premise that a transgender minor's gender identity is a condition to be prevented.

[¶19] The Human Rights Committee has likewise held that differential treatment of transgender individuals violates Article 26 (right to equal protection) when it is not based on reasonable and objective criteria. *G. v. Australia*, ¶7.15, U.N. Doc. CCPR/C/119/D/2172/2012 (2017). A law that permits the same medications and procedures for some minors but criminalizes them for others, solely because the treatment relates to gender dysphoria, cannot be reconciled with those principles. These authorities thus reinforce the conclusion North Dakota constitutional law supplies: the Ban is discriminatory because it disregards the child's welfare and autonomy and impermissibly denies equal access to healthcare.

II. THE HEALTH CARE BAN IS CONTRARY TO THE PRACTICES OF MANY OTHER COUNTRIES

[¶20] In upholding the Health Care Ban, the court referenced the policies and practices of a few European countries—namely, Sweden, Finland, and the United Kingdom—regarding the treatment of transgender adolescents seeking medical care in concluding that the Cass Review does not support a gender-affirming care model for adolescents. Findings of Fact, Conclusions of Law, and Order for Judgement, at 69, *TD v. Wrigley*, Case No. 08-2023-CV-2189 (Dist. Ct. Cnty. Burleigh Oct. 8, 2025). These select countries' reports and practices, however, neither amount to nor support a wholesale ban on gender-affirming treatment for adolescents. Although some assessments have recommended changes to how medical care is delivered, the

governments in those countries—unlike North Dakota’s—have not categorically prohibited all gender-affirming medical care. Instead, in all of those countries, gender-affirming medical care is available to adolescents who need it. The Health Care Ban is thus inconsistent with laws, policies and practices in these and other countries with similar types of governance and levels of development as the United States.

[¶21] **Sweden.** Gender-affirming medical care is available to adolescents on an individual basis in Sweden. Since 2015, the Swedish National Board of Health and Welfare guidelines have addressed hormone treatment for gender dysphoria. And although those guidelines were updated in 2022 to advise that hormone treatment should be “administered in exceptional cases” rather than at “[a] group level”—the guidelines still permit the use of puberty blockers and gender-affirming hormones on a case-by-case basis, and they emphasize the importance of young people with gender dysphoria continuing to receive care within the healthcare system. Socialstyrelsen, *Care of Children and Adolescents with Gender Dysphoria 3* (Dec. 2022), <https://tinyurl.com/ycxnbh7k>. In other words, Sweden permits the medical care that North Dakota prohibits.

[¶22] **Finland.** Finland also permits adolescents to receive gender-affirming medical care on a case-by-case basis. In 2020, COHERE Finland, the Finnish health authority, adopted a recommendation regarding medical treatment methods for gender dysphoria of minors. Palveluvalikoima, *Medical Treatment Methods for Dysphoria Associated with Variations in Gender Identity in Minors – Recommendation* (June 16, 2020), <https://tinyurl.com/2s4c5nwc>. Pursuant to this recommendation, a child diagnosed prior to the onset of puberty with a persistent experience of identifying as the other sex and showing symptoms of gender-related anxiety, which increase in severity during puberty, may receive puberty suppression treatment on a case-

by-case basis following careful consideration and appropriate diagnostic examinations. *Id.* at 1. The recommendation also provides for the initiation of hormonal interventions during adolescence on an individualized basis if it can be ascertained that the patient’s identity as the other sex is of a permanent nature, causes severe dysphoria, and the patient is able to understand the benefits and disadvantages of the treatment. *Id.* at 2. Such guidance bears no resemblance to the whole denial of care under the Health Care Ban here.

[¶23] **United Kingdom.** The United Kingdom’s publicly funded National Health Service (the “NHS”) continues to examine how best to deliver gender-affirming medical care to adolescents. In 2020, the NHS commissioned the Cass Review to conduct an independent assessment to develop recommendations concerning the provision of gender-affirming healthcare to minors. The Cass Review, *Terms of Reference*, <https://tinyurl.com/3r649kdu> (visited Apr. 6, 2026). The Cass Review’s April 2024 Final Report emphasizes collaboration between the patient, the patient’s family, and the patient’s clinical care team. *Independent Review of Gender Identity Services for Children and Young People: Final Report* (Apr. 2024), <https://cass.independent-review.uk/home/publications/final-report/>. It does not recommend a ban on gender-affirming medical care akin to North Dakota’s Health Care Ban. To the contrary, the Report recognizes that medical interventions will be appropriate for some youth. *Id.* at 15. Indeed, while the Report recommends “an extremely cautious clinical approach and a strong clinical rationale for providing hormones before the age of 18,” *id.* at 34, hormone treatment continues to be available through the NHS to youth age 16 and over. NHS England, *Gender Dysphoria—Treatment*, <https://www.nhs.uk/conditions/gender-dysphoria/treatment/> (visited Apr. 6, 2026). And while the NHS recently stopped the routine prescription of puberty blocker treatments for adolescents, it has initiated a clinical trial of minors’ use of puberty blockers—thereby permitting some

adolescents to start puberty blocker treatment. King’s College London, *Pathways Trial*, <https://www.kcl.ac.uk/research/pathways-trial> (visited Apr. 6, 2026). This cautious, evidence-based, scientific approach to one aspect of gender-affirming medical care bears no resemblance to North Dakota’s wholesale ban.

[¶24] Other countries also continue to support adolescent gender-affirming care. Canada, Germany, and Switzerland, for example, place no national restrictions on the availability of gender-affirming care for adolescents. *See generally* Eappen et al., *Teenagers, Children, and Gender Transition Policy: A Comparison of Transgender Medical Policy for Minors in Canada, the United States, and Europe* (July 29, 2024), <https://tinyurl.com/4d66bvc5>; Press Release: German, *Ethics Council Publishes Ad Hoc Recommendation on Trans Identity in Children and Adolescents* (Feb. 20, 2020), <https://tinyurl.com/ycynkhew> (visited Apr. 6, 2026); Swiss Info, *Surgery for Trans Adolescents: The Laws in Switzerland* (Sept. 23, 2025), <https://tinyurl.com/bddx4yb5>. By outright prohibiting gender-affirming medical care for adolescents, the Health Care Ban puts North Dakota out of alignment with many countries.

CONCLUSION

[¶25] For the foregoing reasons, this Court should reverse the decision below.

Dated: April 6, 2026

Respectfully submitted,

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CERTIFICATE OF COMPLIANCE

Pursuant to Rule 32(d) of the North Dakota Rules of Appellate Procedure, the undersigned certifies that the foregoing Brief of Amicus Curiae in Support of Plaintiff-Appellants was prepared in a proportionally spaced, 12-point type; is 19 pages in length; and complies with the page limitation applicable to amicus curiae briefs under Rule 29(a)(5) and Rule 32(a)(8)(B).

/s/ Stormy Vickers
Stormy Vickers

**IN THE SUPREME COURT FOR THE STATE OF NORTH DAKOTA
CASE NO. 20260075**

T.D., by and through his parents, Devon Dolney and Robert Dolney, DEVON DOLNEY, an individual, ROBERT DOLNEY, an individual, PAMELA ROE, by and through her parents, Peter Roe and Paula Roe, PETER ROE, an individual, PAULA ROE, an individual, JAMES DOE, by and through his parents, John Doe and Jane Doe, JOHN DOE, an individual, JANE DOE, an individual, and DR. LUIS CASAS, an individual, on behalf of himself and his patients,

Plaintiffs-Appellants,

vs.

DREW H. WRIGLEY, in his official capacity as Attorney General for the State of North Dakota, KIMBERLEE JO HEGVIK, in her official capacity as the State's Attorney for Cass County, JULIE LAWYER, in her official capacity as the State's Attorney for Burleigh County, and AMANDA ENGELSTAD, in her official capacity as the State's Attorney for Stark County,

Defendants-Appellees.

CERTIFICATE OF SERVICE BY ELECTRONIC MAIL

I hereby certify that true and correct copies of the following documents:

**BRIEF OF *AMICUS CURIAE* THE GLOBAL JUSTICE CENTER IN SUPPORT OF
PLAINTIFF-APPELLANTS AND REVERSAL OF AMENDED JUDGMENT BELOW**

was, on April 6, 2026, served via electronic mail to the following:

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by electronically serving through the North Dakota Supreme Court filing system, the same to the person above-named at the above-referenced email address. To the best knowledge of the undersigned, the email address above given is the actual email address of the party intended to be so served. The above documents were emailed in accordance with the provisions of the North Dakota Rules of Appellate Procedure.

Dated: April 6, 2026

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