



April 24, 2018

The Honorable Dr. Deborah G. Schult  
Assistant Director  
Health Services Division  
Federal Bureau of Prisons  
320 First St., NW  
Washington, DC 20534

Dear Dr. Schult:

On behalf of the American Academy of Family Physicians (AAFP), which represents 129,000 physicians and medical students across the country, I write to express our organization's concern with and opposition to policies and practices compelling individuals involved in the justice system to seek family planning services including sterilization, contraception, and abortion, and incentivizing justice-involved individuals to choose one form of Medication-Assisted Treatment over another.

The AAFP has long recognized the importance of providing care to vulnerable populations, including justice-involved individuals. The justice system and drug enforcement policy in the United States disproportionately incarcerates and sentences people of color, and the dictation of treatment for reproductive decision-making or substance abuse treatment can be expected to perpetuate and worsen these systemic injustices. Furthermore, by compelling justice-involved individuals to choose specific medical treatments or therapies as part of the sentencing process, judges remove this decision from the appropriate realm of the doctor-patient relationship.

The AAFP recognizes that the policies and practices of our nation's complex, multi-tiered justice system are not monolithic. They are set variously by city, county, state and federal precedent, regulation, legislation or judicial preference or ruling. While not all courts or judges require defendants to accept medical treatment as a condition of sentencing, there are abundant examples from across the country of judges reducing or mitigating sentences based on the acceptance of one form of treatment or another by the convicted individual.

There are also examples of judges ordering specific treatments and therapies for those incarcerated individuals who are suffering from opioid use disorder (OUD). Justice-directed treatment can effectively coerce patient consent by incentivizing the acceptance of a specific medical treatment which may not be medically appropriate. The Substance Abuse and Mental Health Services Administration recommends multiple options for Medication-Assisted Treatment for OUD for use in Adult Drug Courts, each with varying risks and benefits, including methadone, buprenorphine and Naltrexone. Only a physician, in consultation with the patient, can make an appropriate decision on the form of treatment best suited to a particular patient's unique medical situation.

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We appreciate the opportunity to provide these comments on incentivizing or compelling justice-involved individuals into undergoing specific procedures or treatments as a condition of their sentence. Individuals have the right to make informed choices about their healthcare and reproduction, and these decisions should be made in discussion with a health care provider, not law enforcement.

Please contact Mark Cribben in the AAFP Government Relations Division, at 202-232-9033 or [mcribber@aafp.org](mailto:mcribber@aafp.org) for any further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Meigs, Jr.', with a stylized flourish at the end that includes the initials 'MS'.

John Meigs, Jr., MD, FAAFP  
Board Chair

**About Family Medicine**

Family physicians conduct approximately one in five of the total medical office visits in the United States per year – more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families and communities. Family medicine’s cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient’s integrated care team. More Americans depend on family physicians than on any other medical specialty.