

MEMORANDUM

To: Dean Smith
Cc: Professor Price
From: Miriam Shumway
Re: Research on Medical-Legal Partnerships (MLP)
Date: October 30, 2018

Summary Analysis

A majority of the sources listed below are positive reviews of a medical-legal partnership (MLP). The few that criticize these partnerships list how these can be fixed to improve the MLP. Funding seems to come from a variety of sources but primarily from federal or local government grants. The area of MLPs that has the most questions is the field of confidentiality: secondary sources are still unsure about how doctors and lawyers should balance each profession’s privileged information. One thing is for sure: the number of medical-legal partnerships has increased significantly over the past twenty years or so.

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Medical Journals

1. Emily A Benfer, *Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Education*, 35 THE JOURNAL OF LEGAL MEDICINE 113 (2014).

URL: <https://www.tandfonline.com/doi/full/10.1080/01947648.2014.884910?src=recsys>

This article is written for educators who are developing MLP programs in graduate schools and discusses learning goals and components for those programs. The author discusses the idea of “interprofessional care,” which involves multiple health workers from different professional background working together to deliver quality care.

Publication: The Journal of Legal Medicine is a publication of the American College of Legal Medicine. It is an interdisciplinary and peer-reviewed journal that includes articles about health, law, science, and policy.

2. Daniel Atkins, et al., *Medical-Legal Partnership and Healthy Start: Integrating Civil Legal Aid Services into Public Health Advocacy*, 35 THE JOURNAL OF LEGAL MEDICINE 195 (2014).

URL: <https://www.tandfonline.com/doi/full/10.1080/01947648.2014.885333?src=recsys>

This article was written for civil legal-aid attorneys who are working with low-income clients who may also have health problems. This article provides a framework for medical-legal partnerships. The authors state that a civil legal aid attorney should help low-income clients by providing the assistance critical for their well-being. For example, the attorney can improve housing conditions and restore utilities, which directly impact an individual’s health.

The authors also write in depth about the MLP model, i.e., how doctors assist attorneys, and vice versa, which in turn leads to helping the patients. Specifically, one approach is when the MLP focuses on the most vulnerable part of the individual’s life first, thereby alleviating a major problem. For example, when the MLP worked with pregnant women, it was important for the women to have access to good healthcare. So the partnership provided health education, prenatal depression assistance, and interpretation services to expecting mothers, along with family advocacy needs.

3. Mary M. O’Sullivan, et al., *Environmental Improvements Brought by the Legal Interventions in the Homes of Poorly Controlled Inner-city Adult Asthmatic Patients: A Proof-of-Concept Study*, 49 JOURNAL OF ASTHMA, 911 (2012).

URL: <https://www.tandfonline.com/doi/full/10.3109/02770903.2012.724131?scroll=top&needAccess=true>

The New York Legal Assistance Group partnered with the authors' hospital to start the Legal Health Clinic so that clinic patients may consult with an attorney within the same building. The authors studied the effect of a medical-legal collaboration to help patients with poorly controlled asthma by encouraging landlords to provide better housing for these patients. After intervention, nearly all of the 12 patients dropped to a lower class of asthma severity because their housing conditions improved. Researchers concluded that medical-legal partnerships are very effective because it can improve the domestic situations of these asthma patients at a very low cost.

Publication: The Journal of Asthma is a peer-reviewed publication that is an authority on asthma and related conditions. The journal publishes clinical research on topics like asthma management and patient education.

4. Joel Teitelbaum, *Obligation and Opportunity: Medical-Legal Partnership in the Age of Health Reform*, 35 THE JOURNAL OF LEGAL MEDICINE 7 (2014).

URL: <https://www.tandfonline.com/doi/full/10.1080/01947648.2014.884429?src=recsys>

This author discusses two efforts, one of which is the MLP, that aim to alleviate economic inequality. MLPs have been successful in providing legal assistance to low-income individuals who have health needs and re-orienting the healthcare system to focus on prevention.

The article also addresses the risk that the rights established through these efforts aren't "durable" and how to ensure the partnerships become part of the community. This article was sparked by the holdings in Supreme Court cases *Shelby County v. Holder* (voting rights), and *United States v. Windsor* (same-sex marriage). Each decision, the authors write, holds that legal barriers designed to suppress minorities' rights are falling away, yet economic inequality still exists.

Publication: The Journal of Legal Medicine is a publication of the American College of Legal Medicine. It is an interdisciplinary and peer-reviewed journal that includes articles about health, law, science, and policy.

5. Lynn Hallarman, et al., *Blueprint for Success: Translating Innovations from the Field of Palliative Medicine to the Medical-Legal Partnership*, 35 THE JOURNAL OF LEGAL MEDICINE 179 (2014).

URL: <https://www.tandfonline.com/doi/full/10.1080/01947648.2014.885330?src=recsys>

This article discusses the similarities between MLPs and "palliative medicine" with the aim of providing recommendations to improve the integration and sustainability of MLPs. Palliative medicine is a medical specialty that focuses on relieving symptoms and stress of serious illness by using approaches from multiple disciplines. Both palliative medicine and medical-legal partnerships are interdisciplinary and aim to help patients in all aspects of their lives. The article discusses how medical-legal partnerships can learn from the palliative medicine field.

Publication: The Journal of Legal Medicine is a publication of the American College of Legal Medicine. It is an interdisciplinary and peer-reviewed journal that includes articles about health, law, science, and policy.

Law Journals

6. Joel Teitelbaum & Ellen Lawton, *The Roots and Branches of the Medical-Legal Partnership Approach to Health: From Collegiality to Civils Rights to Health Equity*, 17 YALE J. HEALTH POL'Y, LAW & ETHICS 343 (2017).

URL: <https://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1258&context=yjhple>

This article was written by the co-directors of the National Center for Medical-Legal Partnerships (NCMLP) whose goal is to promote MLPs. This issue (Volume 17, Issue 2) was a symposium issue of the Yale Journal of Health Policy, Law, and Ethics that included articles about medical-legal partnerships.

The article dives into the history and structure of MLPs. In the 1800s and early 1900s, physicians and attorneys didn't trust one another, partly due to the rise of medical malpractice litigation. However, professional collaboration strengthened when both lawyers and physicians fought to address human and civil rights abuses like victims of war crimes during World War II, legal and medical concerns of activists during the Civil Rights movement, and patients affected by the HIV/AIDS crisis. It was actually after the AIDS crisis that the first MLP emerged when clinicians at the Boston Medical Center saw pediatric asthma patients' conditions worsening because of mold in the patients' apartments and reached out to Greater Boston Legal Services for legal help.

The authors not only discuss how patients benefit from MLPs, but also how the institutions benefit. For example, lawyers connect with clients in the initial stages of legal problems—allowing the lawyer to be effective without going into time-consuming and expensive litigation. Lawyers are also close in proximity to medical professionals, so expertise is on hand for any health research. Also, when lawyers successfully appeal Medicaid or Social Security benefits that have been denied, funds are returned to the hospital. The article further suggests that an MLP brings community benefits like better policies and laws that protect disadvantaged people.

Finally, the authors list four issues that MLPs could improve on. First, the MLP field lacks standardized tools for assessing patient information and informing legal and health providers. MLPs also lack a uniform definition of “legal need,” i.e., when to call the lawyer to help with the patient's care. Second, doctors and lawyers may measure a positive outcome differently, therefore the MLP field needs evaluation standards or a common set of metrics to test the quality of an MLP. Third, the field lacks an approach that emerging MLPs can follow to identify social, legal, or health needs. Fourth, in order to increase the number of MLPs, empirical evidence and common process metrics are essential to support the expansion.

7. Yael Cannon, *A Mental Health Checkup for Children at the Doctor 's Office: Lessons from the Medical-Legal Partnership Movement to Fulfill Medicaid's Promise*, 17 YALE J.

HEALTH POL'Y, LAW & ETHICS 253 (2017).

URL: <https://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1255&context=yjhple>

This article focuses on how an MLP can help children who have suffered trauma. The author states that when doctors partner with law school clinics, they are more likely to identify and help children living in abusive environments. By collaborating, health and legal institutions are better equipped to identify medical problems linked to legal issues, and in turn to support policy change at state and local levels.

8. Tamar Ezer, *Medical-Legal Partnerships with Communities: Legal Empowerment to Transform Care*, 17 YALE J. HEALTH POL'Y, LAW & ETHICS 309 (2017).

URL: <https://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1256&context=yjhple>

This article identifies a weakness with MLPs, arguing that these partnerships should focus more on “community empowerment.” The article suggests that MLPs should involve the community if they wish to expand as true social change requires a shift to community leadership. The authors advocate for increased training on a patient rights with the legal assistance side of the MLP, better utilization of other community health care providers and legal professionals like paralegals, and greater community involvement in designing programs.

9. Jesselyn Friley, *Ethics of Evidence: Health Care Professionals in Public Benefits and Immigration Proceedings*, 17 YALE J. HEALTH POL'Y, LAW & ETHICS 327 (2017).

URL: <https://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1257&context=yjhple>

The author discusses a health care provider’s role in administrative proceedings. MLPs may represent clients in need of public assistance, like helping a patient apply for public benefits or immigration relief. These cases often depend on solid evidence showing the patient’s medical needs to succeed.

10. Joel Teitelbaum and Ellen Lawton, *The Roots and Branches of the Medical-Legal Partnership Approach to Health: From Collegiality to Civil Rights to Health Equity*, 17 YALE J. HEALTH POL'Y, LAW & ETHICS 343 (2017).

URL: <https://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1258&context=yjhple>

This article focuses on the history of MLPs and how these initiatives have been an example of using resources effectively to remedy societal issues. The author argues that history of medical-legal partnerships shows that the next generation of health care professionals should be trained to use the law to achieve health promotion and disease prevention. When physicians and lawyers

collaborate on legal strategies, then together they can address societal or legal issues impacting the public's health.

11. JoNel Newman, *Miami's Medical-Legal Partnership: Preparing Lawyers and Physicians for Holistic Practice*, 9 IND. HEALTH L. REV. 473 (2012).

URL: <https://mckinneylaw.iu.edu/iplr/pdf/vol9p471.pdf>

The Medical-Legal Clinic at the University of Miami partnered with the VA Medical Center in Miami. The clinic started as an interdisciplinary collaboration between the law school and medical school at the university, then grew into a joint clinic. The medical side of the clinic services patients with low incomes, including pregnant women, HIV patients, and children. The legal side of the clinic works with the patients on services like representing the clients in Social Security cases, Medicaid and other insurance claims, and landlord-tenant claims, as well as drafting legal documents like wills, guardianship requests, and health care surrogacy forms. The clinic's goal is to provide "holistic" medical and legal services to its patients since the problems facing health-impaired patients are often connected to legal problems. "People's lives are not neatly compartmentalized," the author writes.

This journal is published by Indiana University McKinney School of Law and focuses on health care law and policies. Article topics include bioethics, malpractice liability, antitrust, health care organizations, medical-legal research, and any other health-related topics.

12. Jennifer Rosen Valverde, *Preparing Tomorrow's Lawyers to Tackle Twenty-First Century Health and Social Justice Issues*, 95 DENV. L. REV. 539 (2018).

URL:

http://static1.1.sqspcdn.com/static/f/276323/27945274/1531287527523/Vol95_Issue3_Valverde_FINAL.pdf?token=A4WFAPY8xFIW3OONJW0MM%2BkSRLM%3D

This author proposes that law schools should provide more opportunities through classes and clinics so that law students may learn more about and participate in medical-legal partnerships. The article gives direction to law schools on setting up the clinic model, for example, establishing "interdisciplinary collaboration" and working more closely with the community. Challenges that arise in an MLP are also discussed, such as steep learning curves for law students and practicing attorneys, setting aside the adversarial approach and strengthening collaboration, and settling the parameters and logistics of an MLP. Specifically, when logistics are tied closely to an academic calendar, semester breaks and time limitations can interrupt the flow of a clinic.

13. Monica Carmean, Note, *Medical-Legal Partnerships: Unmet Potential for Legislative Advocacy*, 19 GEO. J. POVERTY L. & POL'Y 499 (2012).

URL: through Lexis [here](#), available on Georgetown website for fee [here](#).

This student note discusses two potential improvements for MLPs. First, they should spend more time lobbying for policy changes that would support their clients. Second, since a majority of MLPs focus on children, the author suggests that serving a wider age range of patients would strengthen MLPs.

The author also discusses the differing ethical requirements for doctors and attorney. Lawyers and doctors should understand that the other might be working under different requirements. Both swear oaths to follow ethical rules, but these are not the same rules. Although there is overlap, this can differ state by state. There are also potential confidentiality and reporting issues. For example, doctors have the legal obligation to report any suspicion of child or elder abuse while attorneys are blocked from reporting that confidential information by attorney-client privilege. This can be further complicated because whether or not to allow family members in the room might depend on whether it's the doctor's office or the lawyer's office.

Finally, the article touched on a financial concern. The author recommended that MLPs should not get financing from the federally-funded Legal Services Corporation that often funds legal aid clinics.

14. Bharath Krishnamurthy, et al., *White Paper: What We Know and Need to Know About Medical-Legal Partnership*, 67 S.C. L. REV. 377 (2016).

URL: <https://heinonline.org/HOL/P?h=hein.journals/sclr67&i=393>

The authors, employees at the National Center for Medical-Legal Partnership, write that MLPs can help a hospital or clinic financially because they can give a significant return on investment. For example, a cancer-focused MLP generated nearly \$1 million through resolving denied benefit claims. The authors write that the impact of MLPs has yet to be measured. There are a number of pilot studies showing that the partnerships are effective, but more research needs to be conducted on the financial impact on partners and patients.

15. Marcia Boumil, et al., *Multidisciplinary Representation of Patients: The Potential for Ethical Issues and Professional Duty Conflicts in the Medical-Legal Partnership Model*, 13 J. HEALTH CARE L. & POL'Y 107 (2010).

URL: <https://digitalcommons.law.umaryland.edu/jhclp/vol13/iss1/7/> or through Lexis [here](#).

This article discusses the conflicts between the medical and legal profession that can lead to jeopardizing the rights of the patients. The article discusses HIPAA, confidential medical information and privileged legal information, the issue of informed consent in making MLP referrals, mandated reporting of issues revealed during patient/client interactions, and an MLPs exposure to liability. Some of the issues discussed in the article include:

- (1) Identification of the client. An MLP needs to identify the client so a lawyer knows who benefits from the attorney-client relationship.

(2) Sharing of information. An MLP needs to consider the information that can be shared between legal and medical staff. Three legal doctrines protect client information: confidentiality, attorney-client privilege, and the work product doctrine.

(3) Scope of the attorney-client privilege. An MLP needs to define the scope of attorney-client privilege when the matter is handled by a law student under the supervision of a licensed attorney. Whether the privilege extends to students depends on the jurisdiction. As a solution, the authors suggest that clients/patients sign a waiver allowing the MLP to share private health information among the doctors and lawyers involved or designating what information is provided to whom.

16. Cathryn Miller-Wilson, *Medical-Legal Partnerships: Origins and Ethical Lessons*, 93 NEB. L. REV. 636 (2015).

URL: <http://digitalcommons.unl.edu/nlr/vol93/iss3/4/>

This article discusses the fear that doctors who aren't legally trained but who provide law-related opinions can hurt their patients.

17. Charity Scott, *Special Feature: Fall 2017 Symposium on Advanced Issues in Dispute Resolution: Doctors and Lawyers: Pathways to Collaboration: Doctors as Advocates, Lawyers as Healers*, 29 HAMLIN J. PUB. L. & POL'Y 331 (2008).

URL: <https://heinonline.org/HOL/P?h=hein.journals/hplp29&i=353> or through Lexis [here](#).

This article discusses the role of doctors and lawyers in conflict resolution regarding a patient's care. Doctors owe a fiduciary duty to their patients – i.e., doctors should put their patient's interests above their own – and owe their patient the duties of good faith, trust, confidence, and candor. The article also discusses lawyer's fiduciary duties, citing ABA rules. The author writes that a lawyer's zealous actions can naturally turn him or her into the role of "healer." The role of healer includes solving problems, resolving conflicts, giving counsel, advancing client's cause, and being a friend when others have abandoned the client.

Legislation

18. Medical-Legal Partnership for Health Act, 112th Congress, S. 1609, 112th Cong. § 2(a)(4) (2011); Cong. Rec S5906 (daily ed. Sept. 22, 2011).

URL: <https://www.congress.gov/bill/112th-congress/senate-bill/1609>

This proposed legislation sought to establish a nationwide network to direct grants to medical-legal partnerships that assist patients who are navigating health-related programs and then to evaluate those partnerships' effectiveness. The bill was introduced by then-Senator Tom Harkin (D-IA) in September 2011.

Institutes Focused on MLPs

19. National Center or Medical-Legal Partnership; Milken Institute School of Public Health, George Washington University

URL: <https://medical-legalpartnership.org/need/>

URL: <https://medical-legalpartnership.org/wp-content/uploads/2017/07/2016-MLP-Survey-Report.pdf>

The National Center for MLP, launched in 2006, has played a major role in cultivating new partnerships and in providing financial and technical assistance to existing partnerships. In 2013, it moved to its current location at George Washington University's Milken Institute School of Public Health.

The website makes three recommendations for future growth in MLP initiatives: (1) establish standard practices for identifying and addressing health-harming civil legal needs, (2) capture the impact of MLP services on patients, e.g., collect data on financial benefits, and (3) build out critical infrastructure like funding, technology support, and staffing.

Case Studies

20. Robert Pettignano, Lisa Bliss & Sylvia Caley, *The Health Law Partnership: A Medical-Legal Partnership Strategically Designed to Provide a Coordinated Approach to Public Health Legal Services, Education, Advocacy, Evaluation, Research, and Scholarship*, 35 THE JOURNAL OF LEGAL MEDICINE 57-79 (2014).

URL: <https://www.tandfonline.com/doi/full/10.1080/01947648.2014.884892?src=recsys>

This article discusses Health Law Partnership (HeLP), established to respond to the legal needs of patients from Children's Healthcare of Atlanta clinic, who are low-income children, and their families. In many cases, the children's illnesses were caused by negative socioeconomic factors. The initiative was successful because attorneys and healthcare professionals had a common goal.

Publication:

The Journal of Legal Medicine is a publication of the American College of Legal Medicine. It is an interdisciplinary and peer-reviewed journal that includes articles about health, law, science, and policy. This article seemed directed to either health-care or legal professionals who are interested in

21. Melissa D. Klein, et al., *Doctors and Lawyers Collaborating to HeLP Children—Outcomes from a Successful Partnership between Professions*, 24 J HEALTH CARE FOR POOR & UNDERSERVED 1063-1073 (2013).

URL: <https://muse.jhu.edu/article/519262/pdf>

This article discusses the association between health and socioeconomic status, and whether corresponding risks can be eliminated by legal assistance. The case study described here involves three pediatric primary care centers that serve high-risk populations. The care centers partnered with attorneys who are experts in the rights of underserved populations.

Publication:

This is a peer-reviewed journal that focuses on health care issues in the medically under-served communities across the globe (North and Central America, Caribbean, sub-Saharan Africa). Journal articles are about health care access, legislation, and disease prevention.

Newspaper Articles

22. Carey Goldberg, *Boston Medical Center Turns to Lawyers for a Cure*, N.Y. TIMES (May 16, 2001) <https://www.nytimes.com/2001/05/16/us/boston-medical-center-turns-to-lawyers-for-a-cure.html>.

The article focuses on the Boston Medical Center's initiative to recruit and support lawyers to help with legal issues affecting pediatric asthma patients. Lawyers hit the ground running by helping patients with things like applying for food stamps and working with insurance companies. The lawyers helped low-income families navigate the "administrative byways." Boston Medical Center actually got the idea from Connecticut Children's Medical Center who partnered with the Center for Children's Advocacy at the University of Connecticut Law School.

One hurdle that doctors had to overcome is the bias against lawyers. Apparently, it took some time for the medical personnel to understand the medical-legal partnership because the lawyers made them nervous. Doctors knew lawyers only in the context of malpractice issues, so it was different to see lawyers working with poverty issues that would help patients' health. Before the MLP, doctors were hesitant to ask patients questions like "do you have enough food?" because they didn't want to screen for something they couldn't help. Because trust was established, the doctors were more willing to ask those questions.

23. Maddie Vincent, *Partnership brings non-criminal legal services to Southwest Montana Community Health Center patients*, THE MONTANA STANDARD, Aug. 9, 2018.

URL: https://mtstandard.com/news/local/partnership-brings-non-criminal-legal-services-to-southwest-montana-community/article_96d5e4e1-d838-599e-be3a-fdcceedfc33.html

This newspaper article reports on four local health centers that joined with Montana Legal Services to provide free health and non-criminal legal services to low-income people. The partnership is funded by a \$100,000 foundation grant from the Montana Health Care Foundation that will be awarded over two years.

The article says the idea for the partnership came about because people trust their doctors more than lawyers, so the health clinic is "backing up" the legal group and supporting the lawyers with its positive reputation.

24. Tina Rosenberg, *When Poverty Makes You Sick, a Lawyer Can Be the Cure*, N.Y. TIMES, (July 17, 2014, 9:30 PM) https://opinionator.blogs.nytimes.com/2014/07/17/when-poverty-makes-you-sick-a-lawyer-can-be-the-cure/?_r=0.

The article discusses particular cases in which MLPs helped clients/patients. Additionally, the author states that up until five or ten years ago, established MLPs were small in number. As of the article's publication, there were 231 health center institutions that have MLPs (according to the National Center for Medical-Legal Partnership). The largest MLP is in New York, called LegalHealth, which places attorneys inside New York public hospitals. The increase in the number of MLPs is partly caused by the growing attention to social determinants of health.

25. Wendy Cox, *Let's take health care into the 21st century*, WACO TRIBUNE-HERALD, Sept. 27, 2018.

URL: https://www.wacotrib.com/opinion/columns/guest_columns/wendy-cox-guest-columnist-let-s-take-health-care-into/article_1c733c37-4a8c-576c-9e1f-51bce652b347.html

A family health center in Waco, Texas initiated partnerships with groups in the community, one of which was formed to provide legal advice. The health clinic partnered with Greater Waco Legal Services. The health center also wrote "prescriptions for produce" and partnered with an organization called World Hunger Relief to deliver produce to its clinics for patients to pick up. The health center also partnered with Baylor University to provide exercise equipment and fitness advisors.

26. *Doctors should be better prepared to help sexual assault victims*, BAYLOR LARIAT, Sept. 18, 2018.

URL: https://infoweb.newsbank.com/apps/news/openurl?ctx_ver=z39.88-2004&rft_id=info%3Aasid/infoweb.newsbank.com&svc_dat=WORLDNEWS&req_dat=0BB295CEAF424306BCADA379D413C8A3&rft_val_format=info%3Aofi/fmt%3Akev%3Amtx%3Actx&rft_dat=document_id%3Anews%252F16E871EC8C23DD48

This article discusses an area in which MLPs could prove useful: supporting sexual assault victims in hospitals. One approach might be to hire a sexual assault nurse examiner in the ER. These are certified professionals who perform forensic medical and legal exams and often end up testifying when cases go to trials. This specialized examiner also helps patients who are intimidated by the judicial process.

Publication: The Baylor Lariat is university newspaper run by the college's journalism students.

27. Kimberly Donahue, *Hofstra Law Forges Partnership With Northwell Health*, SYOSSET-JERICHO TRIBUNE, Aug. 8, 2018.

URL: https://infoweb.newsbank.com/apps/news/openurl?ctx_ver=z39.88-2004&rft_id=info%3Aasid/infoweb.newsbank.com&svc_dat=AWNB&req_dat=0BB295CEAF42

[4306BCADA379D413C8A3&rft_val_format=info%3Aofi/fmt%3Akev%3Amtx%3Actx&rft_dat=document_id%3Anews%252F16DAC93D13691DC0](https://www.syracuse.com/news/health/2016/07/16/4306BCADA379D413C8A3&rft_val_format=info%3Aofi/fmt%3Akev%3Amtx%3Actx&rft_dat=document_id%3Anews%252F16DAC93D13691DC0)

This article describes a collaboration between the Maurice A. Deane School of Law, at Hofstra University and Northwell Health, a New York-based health care provider of clinics and education programs. Medical professionals at the clinics were seeing the needs of patients and wanted to provide a more “wholistic” care. The legal team consists of two experienced attorneys who are also professors at the law school, along with law students. They work on Medicaid issues, along with areas affecting the patient’s health like housing, disability, and even immigration. A press release about the partnership can be found [here](#).

Publication: The Syosset Jericho Tribune is a newspaper whose audience is Syosset and Jericho Long Island, New York, which is the Long Island area directly east of Brooklyn and Queens.

Other Publications/Resources

28. Joanna Theiss, et al., *Building Resources to Support Civil Legal Aid Access to HRSA-Funded Health Centers*, NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP, July 2016.

URL: <https://medical-legalpartnership.org/wp-content/uploads/2016/07/Building-Resources-to-Support-Civil-Legal-Aid-at-Health-Centers.pdf>

The authors discuss the funding needs of MLPs. Health centers primarily rely on philanthropic investments because their clients may not be covered by insurance. A medical clinic can receive federal funding under the Public Health Service Act because the government recognized that such centers provide “enabling” services like outreach and transportation. In 2014, the Health Resources and Services Administration (HRSA) clarified that civil legal aid services are included as “enabling” services. Other funding avenues include HRSA Expanded Services supplemental funding awards (the article includes six case study examples of this), academic research grants, and other federal, state, or local health funding and appropriations.

If health clinics are looking to add legal services, they can reach out to civil legal aid clinics that are funded publicly through Legal Services Corporation (established by Congress to provide financial backing for centers providing legal aid). They can also partner with law schools, law firms and corporate law offices.

29. Randye Retkin, et al., *Medical Legal Partnerships: A Key Strategy for Mitigating the Negative Health Impacts of the Recession*, 22 *The Health Lawyer* 29 (2009).

URL: <https://heinonline.org/HOL/P?h=hein.journals/healaw22&i=29>

This article, in an ABA section magazine focuses on the strategic financial benefits that come from an MLP. The 2008 recession hurt low-income families, and, in turn, also severely affected their health. Rising unemployment led to loss of health insurance, which led to overburdened public hospitals and health centers for low-income people. The authors state that these hospitals

should be the starting point for MLPs because they allow for limited resources to be used most efficiently. When the doctor and lawyer collaborate directly to combat the patient's issues, their working together saves time for both professions down the road. The partnership also reduces barriers that prevent patients from accessing legal help. Another benefit—which is difficult to quantify but can be recorded—is the patient's trust in their doctor or social worker when the latter personally refers the patient to an onsite lawyer.

Publication: This is a bi-monthly ABA magazine that publishes articles related to anything in the health law field.

30. American Bar Association Medical-Legal Partnerships Pro Bono Support Project

URL:

https://www.americanbar.org/groups/probono_public_service/projects_awards/medical_legal_partnerships_pro_bono_project/

In 2007, the ABA passed a resolution to support medical-legal partnerships, encouraging licensed attorneys to work with the healthcare community to resolve legal issues that affect client's health. The purpose of the project was to increase the number of MLPs by increasing the number of volunteer attorneys.

ADDITIONAL RESOURCES

When reading the sources above, these citations were included as additional sources. I have not yet read through this list of additional resources but included the citations if we need to complete further research.

Lynn Hallarman & Denise Snow, *The Medical-Legal Partnership: An Alliance Between Doctors and Lawyers in the Care of Patient-Clients with Advanced Life-Limiting Illness*, 17 N.Y. St. Bar Assn. Health L.J. 44, 46 (2012).

Ellen Lawton et al., *Medical-Legal Partnership: A New Standard of Care for Vulnerable Populations, in Poverty, Health & Law: Readings & Cases from Medical-Legal Partnership* 74 (Elizabeth Tobin Tyler et al. eds., 2011).

Megan Sandel et al., *Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations*, 29 Health Aff. 1697, 1704 (2010), <http://content.healthaffairs.org/content/29/9/1697.full.pdf>.

Ellen Lawton, *Medical Legal Partnerships: From Surgery to Prevention?*, Mgmt. Info. Exch. J. 37, 38 (2007), <http://www.washingtonmlp.org/documents/439011Medical-Legal%20Partnerships%20-%20From%20Surgery%20to%20Prevention.pdf>.

Dr. Jack Geiger, Remarks at the 2013 National Medical-Legal Partnership Summit (Apr. 10, 2013) (on file with author).

Robert Pettignano et al., *The Health Law Partnership: Adding a Lawyer to Health Care Team Reduces Costs and Improves Provider Satisfaction*, 18 J. Pub. Health Mgmt. E1 (2012).

Edward Paul et al., *Medical-Legal Partnerships: Addressing Competency Needs Through Lawyers*, 1 J. Grad. Med. Educ. 304 (2009).

Ellen M. Lawton, *Integrating Healthcare and Legal Services to Optimise Health and Justice for Vulnerable Populations: The Global Opportunity*, in II *The Law of the Future and the Future of Law* 78 (Sam Mueller et al. eds., 2012), http://www.ficnl.org/fileadmin/ficnl/documents/LOTFS/LOTFS_1_Web.pdf.

Elizabeth Tobin Tyler, *Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality*, 11 J. Health Care L. & Pol'y 249 (2008), http://docs.rwu.edu/cgi/viewcontent.cgi?article=1000&context=law_feinstein_sp

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