THE BENEFITS OF MEDICAL-LEGAL PARTNERSHIPS FOR LOW-INCOME FAMILIES

CHARLEY CONNOR†

I. BACKGROUND

A. Introduction

A medical-legal partnership (“MLP”) involves a legal service partnering with a medical provider to screen and refer healthcare clients for potential legal issues.¹ The legal service then conducts an intake with the client in question to determine their specific legal issues and find ways to help them.² This has proved to be particularly useful for discovering housing/habitability, discrimination, and welfare issues that predominantly affect low-income families and individuals.³ These people often do not have the resources to seek effective legal assistance themselves, and training hospital staff to screen for potential legal issues allows that missing link to be filled in.⁴ MLPs have increased in popularity and were formally endorsed by the American Bar Association in 2007.⁵ This Comment analyzes some of the key ways in which MLPs can (and have) played a role in identifying common issues by examining cases involving habitability, disability, and child welfare. It will also examine potential concerns that arise from MLPs, including confidentiality and funding concerns. Finally, it will advocate for increasing the

† Charley Connor graduated from Wake Forest Law School in May of 2017.
¹ Dana Weintraub et al., Pilot Study of Medical-Legal Partnership to Address Social and Legal Needs of Patients, 21 J. HEALTH CARE FOR POOR & UNDERSERVED 157, 158 (2010).
² Id.
³ Id.
⁴ Id.
number of MLPs, due to the positive effects of MLPs on individuals, communities, and partners.

B. The Social Determinants of Health

A key concept underlying the creation and proliferation of MLPs is the idea of “social determinants of health.”\(^6\) The social determinants of health include “the conditions in which people are born, grow, live, work and age,” and the effect of race, socioeconomic status, environment, and political forces on those conditions.\(^7\) Scientific data has consistently shown that individuals with lower income and education levels experience poorer health and lower life expectancies.\(^8\) For example, the life expectancy for women with a low level of education declined from the years 1981–2000, whilst it improved between 1.6–3.3 years for those with a higher education level.\(^9\) The Office of Disease Prevention and Health Promotion initiated a project entitled “Healthy People 2020,” which has identified five key social determinants of health: economic stability, education, social and community context, health and health care, and neighborhood and environment.\(^10\) When one of these determinants of health is lacking, an individual is at a higher risk for health problems.\(^11\) When, as in many cases, multiple determinants are lacking, health problems are exacerbated and likely to be chronic.\(^12\) The Secretary Advisory Committee’s report on the social determinants of health used the example of three risk factors (tobacco use, poor diet, and low exercise level) that contribute to four chronic diseases (heart disease, Type 2 diabetes, lung disease, and many cancers).\(^13\) It suggested that interventions into societal factors that influence or

---

7. Id.
9. Id.
11. Id.
12. Id.
cause these risk factors could, in turn, reduce the high level of these major chronic diseases.\textsuperscript{14} The report specifically called on the public health community to assist in intervening in and solving these societal problems, but many other scholars have called on governments, schools, workplace institutions, and the medical and mental health community to take action in balancing the inequality that results in poor social determinants of health.\textsuperscript{15} It is the legal community, however, that has taken a proactive role in forming MLPs to address some of these determinants.\textsuperscript{16}

\textit{C. The Medical-Legal Partnership}

Although it is social determinants that impact health, it was poor health that illuminated these social determinants.\textsuperscript{17} As the medical community became increasingly aware of the impact that these determinants have on patients’ health, it realized that it alone could not solve the health problems of its patients.\textsuperscript{18} In order to improve the health of a patient, it may be necessary to solve the underlying problem that is contributing to or causing the medical issue—which could require non-medical intervention.\textsuperscript{19} For example, imagine a three-year-old child arriving in the emergency room suffering from severe asthma. She is treated and sent home with medication. Yet, she keeps appearing in the

\textsuperscript{14} \textit{Id.}


\textsuperscript{17} Elizabeth Tobin Tyler, \textit{Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality}, 11 J. HEALTH CARE L. & POLY 249, 253 (2008) (discussing how the connection between poor health and social determinants is complex and discussions about the problem are becoming more prevalent in academia and the legal profession); von Wilpert, \textit{supra} note 16, at 212 (describing how social determinants contribute to poor health).

\textsuperscript{18} Weintraub et al., \textit{supra} note 1, at 158.

\textsuperscript{19} See Megan Sandel et al., \textit{Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations} 29 HEALTH AFF. 1697, 1703 (2010).
emergency room. The medication works, but not always, and it has not rid her of her condition; it merely temporarily alleviates it. The doctor asks the family some questions and determines that the asthma is triggered by mold growing in the family’s home, which the landlord refuses to address. Such an issue cannot be resolved by the doctor; legal advice (and possibly intervention) will be more effective in assisting this family and preventing the child from suffering more asthma attacks in the future. If an MLP were in place, the doctor would be able to refer the family directly to the legal services in the partnership. Typically, in such a partnership, limited information would be sent directly from the medical facility to the legal service, mentioning what the medical facility believes may be the problem.\textsuperscript{20} The legal service would receive this referral, contact the client to gather more information, and determine the best course of action to take.\textsuperscript{21}

The benefit of such a partnership is far from minimal. The direct pipeline between a medical facility and a legal service provides for a speedy referral service and allows patients to receive legal help as fast as possible.\textsuperscript{22} Additionally, it allows medical professionals to identify potential legal issues that the patients themselves may not be aware of.\textsuperscript{23} Furthermore, it enables the legal service to reach out to patients, instead of leaving patients to try to navigate the complicated system of finding legal services themselves.\textsuperscript{24} A 2010 case study in California found that most study participants in the MLP had multiple legal issues.\textsuperscript{25} The majority related to health insurance, government benefits, housing, and immigration.\textsuperscript{26} Although a patient may initially be referred to the legal service for only one issue, the referral allows other legal issues to come to the surface and enables the patient (now client) to receive even more help than anticipated.\textsuperscript{27} In the California study, ninety percent of referred clients received legal assistance.

\textsuperscript{20} Id. at 1698.
\textsuperscript{21} Id. at 1699.
\textsuperscript{22} Weintraub et al., supra note 1, at 158.
\textsuperscript{23} Id.
\textsuperscript{24} Sandel et al., supra note 19, at 1698.
\textsuperscript{25} Weintraub et al., supra note 1, at 163.
\textsuperscript{26} Id.
\textsuperscript{27} DeMuro, supra note 5, at 2.
or advice, and over two-thirds of their issues were resolved within a six-month time frame. In August 2007, the American Bar Association’s Health Law Section officially recommended MLPs. In its recommendation, it encouraged “lawyers, law firms, legal services agencies, law schools and bar associations to develop medical-legal partnerships with hospitals, community-based health care providers, and social service organizations to help identify and resolve diverse legal issues that affect patients’ health and well-being.” Although the first MLP was established in 1993, it was only after this official endorsement that MLPs became widespread. The National Center for Medical-Legal Partnership reported that, as of 2016, MLPs have been established in 294 health care institutions in forty-one states. Common MLPs are between legal aid agencies and university hospitals or medical facilities and law schools. For example, three law schools and three medical schools participate in MLPs in North Carolina. Involving medical and law students in these partnerships keeps costs down and provides for extra resources.

II. ANALYSIS

A. Landlord-Tenant Law

While quantifiable data illustrates how effective medical-legal partnerships can be, case law illustrates the need for these partnerships on a personal level. Cases involving landlord-tenant

28. Weintraub et al., supra note 1, at 163.
29. DeMuro, supra note 5, at 1.
30. Id.
34. Id.
disputes, disability claims, and child welfare illuminate the need for legal intervention in medical situations.

In 1994, a seminal North Carolina case highlighted the multitude of health problems caused by uninhabitable dwellings.\textsuperscript{36} In \textit{Creekside Apartments v. Poteat}, the North Carolina Court of Appeals acknowledged that tenants can refuse to pay rent if the dwelling is not fit for habitability.\textsuperscript{37} The tenants of Creekside Apartments experienced cockroach infestations, unreliable heat and air conditioning, unreliable appliances, leaking and stopped-up plumbing, apartments that were not weathertight, entire apartment buildings in unsafe disrepair, no lights in hallways and common areas, dumpsters not emptied regularly, and mice, amongst other problems.\textsuperscript{38} However, their remedy was limited to rent abatement. It was not until 1999 that North Carolina officially allowed special and consequential damages for uninhabitable conditions.\textsuperscript{39} This meant that the Creekside plaintiffs, despite suffering deplorable conditions, were unable to receive compensation for the money they spent on the healthcare costs stemming directly from these conditions.\textsuperscript{40} Although the Court in Creekside did not address the specific medical conditions suffered by the plaintiffs,\textsuperscript{41} an article in the \textit{Journal of Allergy and Clinical Immunology} discussed the link between asthma morbidity and cockroach infestation and provided evidence demonstrating that exposure to cockroach allergens in the first three months of life is associated with repeated wheezing and asthma.\textsuperscript{42} Substandard and deteriorating housing has been found to contribute to respiratory disease, neurological disorders, and psychological and behavioral dysfunction.\textsuperscript{43} Many medical conditions encountered by those similarly situated to the Creekside plaintiffs are caused by

\begin{flushright}
\textsuperscript{37} \textit{Id.} at 34, 446 S.E.2d at 832.
\textsuperscript{38} \textit{Id.} at 29, 446 S.E.2d at 828.
\textsuperscript{40} Creekside, 116 N.C. App. at 35, 446 S.E.2d at 832.
\textsuperscript{41} \textit{Id.} at 29, 446 S.E.2d at 828.
\textsuperscript{42} L. Karla Arruda et al., \textit{Cockroach Allergens and Asthma}, 107 J. ALLERGY \& CLINICAL IMMUNOLOGY 419, 419 (2001).
\end{flushright}
comparable, uninhabitable living conditions and cannot be resolved without addressing their housing.44

B. Public Benefits

MLPs are also needed to address many public benefit-related issues. Legal assistance is often required to obtain Medicare and Medicaid, Social Security disability payments, and other welfare programs such as the Supplemental Nutrition Assistance Program (“S.N.A.P.”).45 An MLP can identify these potential issues in several ways. First, a medical facility can spot a problem with an individual’s health insurance, which requires legal knowledge to amend.46 Second, a medical facility can recognize that an individual can no longer work due to their health condition and provide information to a legal service who can apply for, or appeal the denial of, disability benefits on behalf of the disabled individual.47 Third, a medical provider is in an ideal position to notice if an individual, particularly a child, is suffering from poor nutrition due to an inability to afford food, and can, therefore, refer the individual or family to a legal service for assistance in obtaining access to a food-stamp program or other welfare program.48 Public benefits systems are notoriously complex and hard to navigate and can result in adversarial hearings before an administrative law judge (“ALJ”).49 The individuals involved in these hearings are inherently at a disadvantage without legal representation, and an MLP can help the individual obtain the assistance needed to be successful at these hearings.50

One particularly difficult and frustrating public benefit to obtain is Supplemental Security Income (“SSI”). This federally-funded, state-administered program provides cash assistance to the elderly, blind, and disabled and is awarded by the Social Security Administration (“SSA”).51 Knowledge of the SSA’s lengthy

44. Id. at 738.
45. Sandel et al., supra note 19, at 1608.
46. Id. at 1700.
47. Id. at 1699.
48. Id. at 1698, 1702.
49. Lisa Brodoff et al., The ADA: One Avenue to Appointed Counsel Before a Full Civil Gideon, 2 SEATTLE J. SOC. JUST. 609, 623 (2004).
50. Id.
51. 20 C.F.R. § 404.701 (2016).
and intricate claims process can be incredibly useful when filing or appealing a claim. For example, a Middle District of North Carolina case, Harris v. Calvin, outlined the new six-step determination that Social Security Hearing Officers and ALJs have to go through in order to adjudicate disability claims when substance abuse is involved.\textsuperscript{52} In March 2016, the SSA changed its Program Operating Manual System (“POMS”) to introduce this new six-step process.\textsuperscript{53} First, the SSA employee must determine whether a claimant has a drug or alcohol addiction (“DAA”).\textsuperscript{54} Second, the agent must determine if the claimant is disabled considering all impairments, including the DAA.\textsuperscript{55} Third, the agent must determine if the DAA is the only impairment.\textsuperscript{56} Fourth, the agent considers whether the other impairment(s) is disabling by itself while the claimant is dependent upon or abusing drugs or alcohol.\textsuperscript{57} Fifth, the agent determines if the DAA causes or affects the claimant’s medically determinable impairment(s).\textsuperscript{58} Finally, the agent must consider whether the other impairment(s) improve to the point of non-disability in the absence of a DAA.\textsuperscript{59} Essentially, the claimant must prove that he or she would still be disabled if they did not have a DAA.\textsuperscript{60} This is incredibly difficult to prove. In Harris v. Calvin, for example, even though the plaintiff was represented by counsel, the court ultimately found that, although it was a “sad case,” the plaintiff “utterly failed to show entitlement to relief.”\textsuperscript{61} In order for a claimant to make such a showing, an abundance of medical information must be presented.\textsuperscript{62} Where a medical-legal partnership exists, a legal service will have a head start on collecting this medical

\textsuperscript{52} Harris v. Calvin, No. 1:14CV1005, 2016 U.S. Dist. LEXIS 20253, at *7–12 (M.D.N.C. Feb. 19, 2016).
\textsuperscript{54} Id. at 11,941.
\textsuperscript{55} Id.
\textsuperscript{56} Id.
\textsuperscript{57} Id.
\textsuperscript{58} Id.
\textsuperscript{59} Id.
\textsuperscript{60} Id.
information, as it is easier to transfer medical records between the healthcare provider and the legal service once the client gives consent. Furthermore, the training provided to medical personnel by the legal service allows a medical provider to more efficiently and accurately state the medical information needed to be successful on a claim. SSA favors medical information that uses specific language, as it makes it easier for its employees to make disability determinations. Through MLP training, medical providers learn this language and receive legal assistance when writing letters of support for disability claims. The bond that forms between medical providers and legal services due to an MLP cannot be understated; thinking of each other as colleagues facilitates an atmosphere in which lawyers and doctors freely exchange thoughts and information to best benefit the client.

C. Child Welfare

Many MLPs are formed primarily to benefit and assist children from low-income families. For example, both Duke Children’s Hospital and North Carolina Children’s Hospital have formed MLPs with legal services. These MLPs seek to identify and resolve issues that affect children before the issues become detrimental to the child. Public benefits, such as S.N.A.P. and other food assistance programs, along with programs such as North Carolina’s Health Choice for Children and Work First, are often available for low-income families who need help. However, these programs often require applicants to jump through burdensome, bureaucratic hoops to receive assistance.

64. Id. at 667.
66. Miller-Wilson, supra note 63, at 667.
67. Id. at 668.
70. Teufel et al., supra note 68.
example, federal regulations require that any addition to the household be reported within two weeks to avoid termination of the family’s benefits. To families who have just welcomed a newborn, this regulation may be the last thing on their mind. However, by training medical professionals through an MLP, these professionals are more likely to be aware of this and other regulations, so the family can either be referred to a legal professional or simply reminded of what regulations they need to comply with.

While the majority of MLP children’s services involve issues such as public benefits, the training of medical professionals to recognize instances of abuse and neglect can also be a major benefit of a partnership. Additionally, MLPs usually involve legal professionals being on-site at the hospital or other provider to streamline access to these services. Although there is no quantifiable data on how MLPs have played a role in child abuse and neglect cases, professionals working within these partnerships have repeatedly identified individual incidents where they were able to help a child or family in an abusive or neglectful situation. An example of the positive benefits MLPs is evidenced by an MLP that identified at-risk newborns and provided their families with supportive services. This MLP was also able to assist clients in finding legal services to assist with domestic violence issues, even though they were directed to the MLP’s services for a public benefits-related matter. One harrowing case from the North Carolina Court of Appeals illustrates how beneficial an MLP can be in intervening in such cases. In In re Greene, a child by the name of Kayla was admitted to the emergency room on twenty-five separate occasions, had sixty different office visits to pediatricians, and was prescribed medication 143 times during a two-year period. Eventually, the mother was diagnosed with Munchausen

Choice for Children, a child health insurance scheme); N.C. GEN. STAT. § 108A-27.11 (2015) (establishing Work First, a family assistance program).
72. 7 C.F.R. § 271.2 (2016).
73. Weintraub et al., supra note 1, at 158.
74. See id. at 160.
76. See generally id.
by Proxy Syndrome, a condition that caused her to deliberately make Kayla ill for sympathy and attention. The mother’s parental rights were terminated, and Kayla became a ward of the state. However, Kayla was subjected to this abuse for years. It was not until a medical professional contacted the Department of Social Services, who conducted its own investigation, that she could be removed from the home. In a medical provider setting without an MLP, it took far too long for this mother’s behavior to be identified. A crucial aspect of the training that medical professionals undergo when partnering with legal services is how to “screen” for potential legal issues, including domestic abuse. This additional training may have helped medical professionals in Kayla’s case identify her abuse sooner. MLP professionals have suggested that integrating social workers into the MLP would be another beneficial way to identify more children who are at risk for similar abuse. Providing a holistic support system for families facing struggles with social determinants of health could, they argue, reduce the instances of child abuse and allow for intervention before events escalate.

D. Challenges to MLPs

It is clear from the preceding sections that MLPs can and do assist individuals and families in a wide variety of situations. However, they are not free from scrutiny. Commentators are concerned about the ethical and confidentiality issues that could arise from partnerships where medical and legal information may be exchanged. For example, the Health Insurance Portability

---

79. Id. at 412-13.
80. Id. at 413.
81. Id. at 412.
82. Id. at 412-13.
84. Jeffrey D. Colvin et al., Integrating Social Workers into Medical-Legal Partnerships: Comprehensive Problem Solving for Patients, 57 SOC. WORK 333, 335 (2012).
85. Id.
86. Weintraub et al., supra note 1, at 159.
and Accountability Act of 1996 ("HIPAA") requires a strict justification for sharing private health information.\(^8\) One way to justify sharing this information is with written authorization.\(^9\) Another justification is for treatment, payment, and health care operation.\(^9\) Finally, information can be shared under a business associate agreement, on or for the behalf of covered entities, for limited purposes.\(^9\) MLPs must navigate this system for health services to justify sharing patient’s private health information with the legal side of the partnership. This blurring of lines between where medical care ends and legal services begin has forced MLPs to form strict internal rules about how information is and can be shared.\(^9\)

Obviously, the easiest way for MLPs to avoid violating HIPAA is to have the patient sign a written authorization.\(^9\) This is the most prominent way that MLPs obtain information.\(^9\) However, the information that is to be shared must be specifically noted on the document and, although all private health information can be shared if authorization is given, patients are often initially unwilling to allow this.\(^9\) The authorization form must be legally sufficient, and many states have additional areas where more substantive authorization is required before those medical records can be released (for example, mental health records or the results of HIV/AIDS testing).\(^9\) Additionally, clients who are incapacitated may not be able to sign a written authorization. For MLPs formed to help a client obtain power of attorney, this could be a difficult roadblock to overcome. Therefore, MLPs can consider using one of the other justifications alongside the practice of written authorizations.\(^9\)

---

8. Id.
10. Id. § 164.506.
11. Id. § 164.502.
93. AKIN GUMP STRAUSS HAUER & FELD, LLP, supra note 87.
94. Id.
95. 45 C.F.R. § 164.508 (2016).
97. AKIN GUMP STRAUSS HAUER & FELD, LLP, supra note 87.
One could argue that releasing private patient information to a legal partner falls under the “treatment, payment, and health care operation” justification of HIPAA.\textsuperscript{98} Therefore, releasing such information is to assist the patient in obtaining further treatment or resolving problems with payment for medical services.\textsuperscript{99} There is little literature that addresses whether this method is sufficient, which suggests that it has not yet been challenged. It may certainly help those clients who need a power of attorney but are unable to sign a written authorization. However, commentators generally warn against relying on this justification for releasing private patient information, mostly because the outcome of such a practice is unknown.\textsuperscript{100} More research on the effectiveness of this justification should be conducted in the future.

The final justification to release private healthcare records is when the release is made to a business associate.\textsuperscript{101} MLPs differ on whether a business associate agreement is made.\textsuperscript{102} Making a business associate agreement allows the transfer of private patient information from the healthcare provider to the legal service, as long as that transfer was on or for the behalf of the covered entity, so it seems to be an easy method to avoid violating HIPAA.\textsuperscript{103} However, the “covered entity” in such a case is the hospital or other healthcare provider, not the patients themselves. Therefore, commentators are concerned that providing legal advice to the patient may not be on or for the behalf of the covered entity.\textsuperscript{104} Nonetheless, several MLPs have created business associate agreements to make it easier to share patient information.\textsuperscript{105}

Privacy laws do not just affect the flow of information from the healthcare provider; they also arise in the context of attorney-client privilege and the duty of confidentiality when deciding how

\textsuperscript{98} Marcia M. Boumil et al., Multidisciplinary Representation of Patients: The Potential and Ethical Issues and Professional Duty on Conflicts in the Medical-Legal Partnership Model, \textit{13 J. Health & Pol'y 107}, 139 (2010).
\textsuperscript{99} Id. at 133.
\textsuperscript{100} Id. at 122.
\textsuperscript{101} 45 C.F.R. § 160.103 (2016).
\textsuperscript{102} AKIN GUMP STRAUSS HAUER & FELD, LLP, supra note 87.
\textsuperscript{103} Id.
\textsuperscript{104} JANE HYATT THORPE ET AL., INFORMATION SHARING IN MEDICAL-LEGAL PARTNERSHIPS: FOUNDATIONAL CONCEPTS AND RESOURCES 13 (2017).
\textsuperscript{105} DEVON MCGRaw ET AL., BUSINESS ASSOCIATE COMPLIANCE WITH HIPAA: FINDINGS FROM A SURVEY OF COVERED ENTITIES AND BUSINESS ASSOCIATES 3 (Manatt 2014).
much information can be shared from the legal service back to the healthcare provider.\textsuperscript{106} If an attorney reveals a piece of privileged information to a healthcare provider regarding a client, all of the privileged information relating to that subject matter is waived.\textsuperscript{107} These concerns arise particularly in the use of electronic medical records, which is a common practice amongst MLPs.\textsuperscript{108} Both the healthcare provider and the legal service has access to these records, and both are able to make notes on the records regarding the client.\textsuperscript{109} Therefore, attorneys must be incredibly careful to avoid placing privileged information in the records when using this type of system.\textsuperscript{110} Further, the duty of confidentiality requires the attorney to keep information obtained through representation confidential.\textsuperscript{111} This information includes matters of public record, not just information that is obtained directly from the client in a legal interview.\textsuperscript{112} Therefore, an attorney telling the client’s referring physician information, such as “the client was denied Supplemental Security Income due to his substance abuse,” could violate the duty of confidentiality, even though the ALJ’s opinion regarding the case is a matter of public record. The duty of confidentiality can be waived, however, unlike attorney-client privilege. Therefore, obtaining a waiver of specific information that will be beneficial for the healthcare provider to know is a method that MLPs can use to avoid violating this duty.\textsuperscript{113}

Ensuring that privacy and confidentiality laws are not violated can be effectuated through rigorous training and a detailed policy regarding patient information.\textsuperscript{114} MLPs can address this policy in a business associate agreement or in a Memorandum of Understanding that is created at the formation of the MLP.\textsuperscript{115} The National Center for Medical-Legal Partnerships provides a checklist to assist in creating a Memorandum of Understanding between the parties to an MLP, which includes detailing the legal

\textsuperscript{106} Boumil et al., supra note 98, at 117–18.
\textsuperscript{107} Model Rules of Prof'l. Conduct r. 1.6 (Am. Bar. Ass’n 2009).
\textsuperscript{108} Terry & Francis, supra note 96, at 683.
\textsuperscript{109} Id.
\textsuperscript{110} See id.
\textsuperscript{111} See Model Rules of Prof'l. Conduct r. 1.6.
\textsuperscript{112} See id. at r. 1.6 cmt. 3.
\textsuperscript{113} See id. at r. 1.6(a).
\textsuperscript{114} Nat’l Ctr. for Med. Legal P'ships, supra note 83.
\textsuperscript{115} See id. at 2.
obligation of each party in regards to patient information and outlining which party will keep which records.\textsuperscript{116} This checklist also suggests detailing the training that each party will receive, including training on HIPAA and state-law compliance regarding privacy and confidentiality.\textsuperscript{117} Having firm policies set in place at the formation of the MLP could alleviate many concerns about the sharing of information between the parties.

Concern about the cost of implementing MLPs should not be a barrier to their formation, as MLPs can financially benefit healthcare providers.\textsuperscript{118} If, for example, a legal service is able to assist a client in getting Medicaid, the hospital would receive a higher return than if that patient had no healthcare coverage.\textsuperscript{119} One New York study found that, for one hospital, reimbursement totaled $923,188 as a direct result of the MLP helping to obtain Medicare or Medicaid for seventeen patients.\textsuperscript{120} Another study found that the return on investment for the funding partner of an Illinois-based MLP exceeded the original cost per client of $270 by $402.\textsuperscript{121} This figure was calculated by taking the difference between the documented Medicaid adjusted reimbursement collected by the funding partner and the funding partner’s original funding for the program.\textsuperscript{122} The total amount invested into the MLP by the healthcare provider over four years in this Illinois study was $115,438, while it was able to collect $296,704 in Medicaid reimbursements.\textsuperscript{123} The legal service could benefit if its funding is directly proportional to the number of clients it serves.\textsuperscript{124} By getting referrals through the MLP system, it can obtain more clients and therefore receive more funding.\textsuperscript{125} One commentator suggests that a greater variety of stakeholders will be

\begin{itemize}
\item \textsuperscript{116} Id. at 5–10.
\item \textsuperscript{117} Id. at 5, 7–9.
\item \textsuperscript{118} See generally Kerry Rodabaugh et al., MedicalLegal Partnership as a Component of a Palliative Care Model, 13 J. PALLIATIVE MED. 15, 16 (2010).
\item \textsuperscript{119} Teufel et al., supra note 68, at 382.
\item \textsuperscript{120} Rodabaugh et al., supra note 118, at 16.
\item \textsuperscript{121} Teufel et al., supra note 68, at 382.
\item \textsuperscript{122} Id.
\item \textsuperscript{123} Id.
\item \textsuperscript{124} See Daniel Atkins et al., MedicalLegal Partnership and Healthy Start: Integrating Civil Legal Aid Services into Public Health Advocacy, 35 J. LEGAL MED. 195, 209 (2014).
\item \textsuperscript{125} Id. at 207.
\end{itemize}
interested in investing in legal services due to the healthcare benefits that come from MLPs.\textsuperscript{126}

Although the financial benefits to the parties themselves have been researched, quantifiable studies on the benefits to the public are lacking.\textsuperscript{127} However, financial benefits arise from the resolution of both medical and legal problems.\textsuperscript{128} For example, providing legal services to solve an ongoing medical issue reduces the amount of long-term medical care that patients require.\textsuperscript{129} Therefore, their overall cost of treatment is reduced compared to if they had not received the legal assistance. MLPs can financially benefit the communities they serve by helping community members obtain public benefits, such as disability or food stamps.\textsuperscript{130} This assistance can help decrease homelessness and promote economic growth for local businesses.\textsuperscript{131} More research could certainly be done to discover just how much MLPs improve the local community financially.

\section*{III. Conclusion}

The proliferation of MLPs since the American Bar Association officially endorsed the partnerships in 2007 has brought the total number of MLPs in forty-one states to 294.\textsuperscript{132} These partnerships span hospitals, primary care networks, law schools, legal aid agencies, and pro bono partners.\textsuperscript{133} There are benefits to involving each of these partners: hospitals provide critical care and can immediately screen patients; primary care networks routinely see families so they may be able to screen for problems before they become critical; law schools and pro bono partners provide assistance that can help keep costs down; and legal aid agencies may provide expertise in a specific field.\textsuperscript{134}

\begin{flushleft}
\begin{enumerate}
\item \textsuperscript{126} Id.
\item \textsuperscript{127} Rodabaugh \textit{et al.}, supra note 118, at 15, 17.
\item \textsuperscript{128} \textit{Impact Nat'l, CTR. FOR MEDICAL-LEGAL PARTNERSHIP}, http://medicalLegalpartnership.org/impact/ (last visited Sept. 8, 2017).
\item \textsuperscript{129} Rodabaugh \textit{et al.}, supra note 118, at 16-17.
\item \textsuperscript{130} Weintraub \textit{et al.}, supra note 1, at 163.
\item \textsuperscript{132} \textit{Partnerships Across the U.S., Nat'l. CTR. FOR MEDICAL-LEGAL PARTNERSHIP}, http://medicalLegalpartnership.org/ (last visited Sept. 8, 2017).
\item \textsuperscript{133} Id.
\item \textsuperscript{134} Sandel \textit{et al.}, supra note 19, at 1703; Weintraub \textit{et al.}, supra note 1, at 158.
\end{enumerate}
\end{flushleft}
Case studies demonstrate that MLPs serve a valuable purpose in communities where income and health are subpar. Individuals and families served by MLPs are able find solutions to a wide range of problems, from healthcare to housing to child welfare, which in turn benefits the local community by generating economic growth. The case law examined in this Comment evidences why MLPs are needed, and how legal issues resulting from the social determinants of health need to be addressed to allow individuals relief from their healthcare issues. Many indigent clients are not even aware of the legal services available to them to address their needs, and referrals from their doctors are a highly useful way to match clients with the legal services that can best serve them. In order to do so, however, those healthcare providers must be well trained in screening potential legal issues. This is why intensive training on legal matters must be provided to the medical side of the MLP. Conversely, intensive training on patient records and other privacy issues must be provided to the legal side of the partnership. Although this will involve an investment up front, the benefit to the partners has been demonstrated in several case studies, some of which have revealed a return on investment of over 200 percent.

Although this Comment fully supports the proliferation of MLPs, it is conscious of the privacy and confidentiality matter that arise. However, as the number of MLPs increases, so do the resources available to these partnerships to assist them in complying with the relevant legal constraints placed on them. For example, sample Memorandums of Understanding are available, online training seminars can be accessed, and the National Center for Medical-Legal Partnerships provides a three-part toolkit to help potential partners set up an MLP. Combining the medical and legal fields has been a success in serving individuals, communities, and the partners themselves and is a trend that hopefully continues to grow.

135. See supra notes 22–26 and accompanying text.
136. Weintraub et al., supra note 1, at 163–64.
137. Id. at 158.
138. See supra notes 118–23 and accompanying text.
139. See e.g., Memorandum from Elizabeth Slagle Todaro on Proposed Resolution in Support of Medical-Legal Partnerships in Tennessee to the Tenn. Bar Ass’n (Apr. 1, 2015); AKIN GUMP STRAUSS HAUSER & FELD, LLP, supra note 87; NAT’L CTR. FOR MED. LEGAL’SHIPS, supra note 83.