

Out from the Ivory Tower: The Academic/Academic Medical-Legal Partnership

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Abstract

A medical-legal partnership (hereinafter *MLP*) is a collaboration between a health care partner and a legal partner that employs legal means to improve health care access, delivery, and outcomes. This paper reviews academic MLPs that combine academic medical centers and law schools. It outlines their particular strengths and suggests elements to consider in the design and implementation of new academic MLPs. It also reviews research on effectiveness of MLPs and suggests implications and opportunities for academic/academic partnerships in particular.

I. **Introduction**

Medical-legal partnerships (hereinafter *MLPs*) arose as a response to the recognition that many individual health problems and systemic health disparities have roots in patients' social context, and may improve through legal interventions.¹ An MLP is a collaboration between a health care partner, such as a clinic or a physician group, and a legal partner, such as a legal aid service or law school, that employs legal means to improve health care access, delivery, and outcomes.²

The aim of this paper is to review the implementation of MLPs in the United States that include academic medical centers as partners and especially academic/academic partnerships between academic medical centers and law schools (hereinafter *AA-MLPs*). Our goal is both to encourage the development of AA-MLPs by outlining their particular strengths and to suggest elements to consider in the design and implementation of new AA-MLPs. Part II of the paper provides background on the motivation for, and history of, MLPs. It also describes the features of academic medical and legal centers and their particular concern with underserved patients/clients. Part III

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¹ See *Social Determinants of Health at CDC*, CTRS. DISEASE CONTROL, <https://www.cdc.gov/about/sdoh/index.html> [<https://perma.cc/MP8X-PA8W>] (last visited Apr. 9, 2023) (defining social determinants of health and explaining CDC's approach to addressing them); see also *The Need*, NAT'L CTR. FOR MEDICAL-LEGAL P'SHIPS, <https://medical-legalpartnership.org/need/> [<https://perma.cc/EEH9-LDPZ>] (indicating that 60% of a person's health is socially determined); Megan Sandel et al., *Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations*, 29 HEALTH AFFS. 1697 (2010) (describing role of MLPs in addressing social determinants).

² See *The Response*, NAT'L CTR. FOR MEDICAL-LEGAL P'SHIPS, <https://medical-legalpartnership.org/response/> [<https://perma.cc/YJL3-X3GJ>].

discusses the implementation of MLPs and presents a four-factor analytic taxonomy for classifying MLPs based on structure, target population, activities, and partnership integration model. It applies the taxonomy to review the population, activities, and models in academic MLPs, and discusses currently operating AA-MLP partnerships. Part IV reviews research on the effectiveness of MLPs, including what is known and where gaps in knowledge remain, and suggests implications for AA-MLPs in particular. Part V concludes by recapitulating the AA-MLP's advantages in resources, research, training, and sustainability.

II. Background

This Part reviews the concepts of social and legal determinants of health. It defines medical-legal partnerships, which arose to address the greater recognition of the importance of social determinants and the value of legal interventions to advance the health of patients, families, and populations. After recounting the early history of MLPs, it reviews the definitions and missions of academic medical centers and law schools in the context of seeking to care for the medically and legally underserved.

A. Social and Legal Determinants of Health

There is increasing global recognition that the social environment significantly impacts health, and differences in social factors contribute to disparities in health outcomes.³ These social determinants of health include both proximal determinants, such as attitudes toward health care, and more distal determinants, like experiences of racial inequity in providing care that may shape those attitudes.⁴ Many social determinants are rooted in poverty and/or inequitable treatment by gender, race, disability, or other social categories.⁵

The legal environment is a component of the social environment, and social determinants of health include legal determinants.⁶ Gostin et al.'s seminal work proposed four key legal determinants in the context of global health.⁷ First, the extent of health coverage is essential to improving health and health equity and contributes to sustainable economic development; ideally health coverage would be universal.⁸ Second, good governance of health institutions and effective interactions among them affect the

³ See ORIELLE SOLAR & ALEC IRWIN, A CONCEPTUAL FRAMEWORK FOR ACTION ON THE SOCIAL DETERMINANTS OF HEALTH 5 (2010); see also MICHAEL MARMOT ET AL., FAIR SOCIETY, HEALTHY LIVES 60-81 (2010) (reviewing key social determinants of health and evaluating their status in England); Michael Marmot et al., *WHO European Review of Social Determinants of Health and the Health Divide*, 380 LANCET 1011 (2012) (reviewing key social determinants of health and evaluating their status in Europe).

⁴ See Paula Braveman et al., *The Social Determinants of Health: Coming of Age*, 32 ANN. REV. PUB. HEALTH 381 (2011).

⁵ See *id.* at 381-82.

⁶ See Lawrence O. Gostin et al., *The Legal Determinants of Health: Harnessing the Power of Law for Global Health and Sustainable Development*, 393 LANCET 1857 (2019).

⁷ See *id.* Perhaps this is most especially true in countries like the United States, where interstate variation in economic development, political governance, and health law can be analogized to international variation.

⁸ See Gostin et al., *supra* note 6, at 1870-77.

responses of health care actors to public health challenges, such as epidemics.⁹ Third, the degree to which implemented health interventions are both fair and evidence-based contribute to their uptake, their outcomes, and the distribution of benefits throughout society.¹⁰ Fourth, the capacity of legal practice in connection with health affects the robustness of potential legal solutions; for example, lawyers and lawmakers may be more effective with improved training in public health.¹¹ Although the report focuses on health laws specifically, other areas of law address other aspects of the social context, such as housing, insurance, access to food, disability, and civil rights, that may directly influence health care access and outcomes.¹²

B. Medical-Legal Partnerships

MLPs were created to integrate medical and legal interventions to improve the health of people in poverty.¹³ Because they provide legal services where patients are already seeking health care, MLPs also expand access to legal help.¹⁴ They are an interdisciplinary response to the problem of health inequity.¹⁵

The first MLP was formed in Boston in 1993 through the efforts of pediatrician Barry Zuckerman.¹⁶ "He saw patients who suffered from malnutrition, which could be ameliorated by food stamps; asthma that could be lessened by appropriate housing and pest control; and students with attention deficit hyperactivity disorder (ADHD), for whom schools did not provide appropriate social services . . . These patients required attorneys to enforce the legal solutions."¹⁷ Boston Medical Center and Greater Boston Legal Aid Services established their MLP to provide legal services to patients, training for medical and legal professionals, and advocacy for policy improvements.¹⁸

The Boston MLP received national press attention in 2001, and over 70 new MLPs were formed between 2001 and 2006.¹⁹ In 2006, the National Center for Medical-Legal Partnership (hereinafter *NCMLP*) was established to assist, support, advocate, and

⁹ See *id.* at 1877-82.

¹⁰ See *id.* at 1882-93.

¹¹ See *id.* at 1893-99.

¹² See Sanne Magnan, *Social Determinants of Health 101 for Health Care: Five Plus Five*, NAM PERSPS. (Oct. 9, 2017), <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/> [<https://perma.cc/HVY2-UFK2>] (noting that social determinants account for 80-90% of modifiable contributors to health outcomes).

¹³ See Monica Carmean, *Medical-Legal Partnerships: Unmet Potential for Legislative Advocacy*, 19 GEO. J. ON POVERTY L. & POL'Y 499 (2012). See generally Joel Teitelbaum & Ellen Lawton, *The Roots and Branches of the Medical-Legal Partnership Approach to Health*, 17 YALE J. HEALTH POL'Y, L. & ETHICS 343 (2017) (recounting history of relationships between medical and legal professions and emergence of MLPs).

¹⁴ See Carmean, *supra* note 13, at 499.

¹⁵ See Emily A. Benfer et al., *Setting the Health Justice Agenda: Addressing Health Inequity & Injustice in the Post-Pandemic Clinic*, 28 CLINICAL L. REV. 45, 52 (discussing problem of health inequity and needs of legal strategies).

¹⁶ See *id.* See generally Teitelbaum & Lawton, *supra* note 13, at 357-58 (discussing early MLPs).

¹⁷ See Benfer, *supra* note 15; see also Teitelbaum & Lawton, *supra* note 13, at 357-58 (discussing early goals of Boston MLPs)

¹⁸ See Teitelbaum & Lawton, *supra* note 13, at 357-58 (discussing role of MLP).

¹⁹ See *id.* at 358 (discussing media and growth of MLPs).

study MLPs.²⁰ As of March 2023, NCMLP reports that there are MLPs operating in 49 of the 50 states, and involving 450 health care partners and 228 legal partners.²¹

C. Academic Medical Centers

Academic medical centers (hereinafter *AMCs*) are formed when medical schools own or operate clinical services in addition to training medical students.²² AMCs generally have three missions: (1) educating future health professionals; (2) conducting medical research; and (3) providing patient care.²³ When additional health professions education programs, such as nursing, pharmacy, or public health, are integrated into the system, AMCs are referred to as academic health centers.²⁴

In many cases, AMCs provide care to poorer and more medically underserved patients than private hospitals and clinics might.²⁵ They also have greater resources and broader missions than public clinics.²⁶ Thus, AMCs provide a natural partner in an MLP

²⁰ See *id.* at 358-59 (discussing NCMLP).

²¹ *The Partnerships*, NAT'L. CTR. FOR MEDICAL-LEGAL P'SHIP., <https://medical-legalpartnership.org/partnerships/> [<https://perma.cc/MZ7A-Z65F>] (last visited Mar. 24, 2023) (discussing MLP prevalence and goals). South Dakota was the only state without an MLP at the time this paper was written. *Id.* See also *Directory of Medical-Legal Partnership Programs*, AM. BAR. ASS'N., https://www.americanbar.org/groups/probono_public_service/projects_awards/medical_legal_partnerships_pro_bono_project/directory_of_programs/ [<https://perma.cc/RZ8E-3NRM>] (last visited Apr. 8, 2023) (listing MLPs).

²² See S. Claiborne Johnston, *Academic Medical Centers: Too Large for Their Own Health?*, 322 JAMA 203, 203 (2019) (defining academic medical centers and role in health care system). The Association of American Medical Colleges, the member organization of allopathic medical schools, reports that the United States had 154 accredited medical schools in 2019, affiliated with over 400 hospitals and health systems. See Karen Fisher, *Academic Health Centers Save Millions of Lives*, AAMCNEWS (June 4, 2019), <https://www.aamc.org/news/academic-health-centers-save-millions-lives> [<https://perma.cc/G3RU-ZGEM>].

²³ See David Lubarsky & Elizabeth Keating, *The Academic Medical Center as Collaborative Partner: Six Strategic Questions for a Reinvention*, 2 NEJM CATALYST (2021). Of particular importance in the context of medical-legal partnerships, we also consider academic-affiliated freestanding children's hospitals to be academic medical centers when they engage substantially in these missions and provide core pediatric training for medical students at the affiliated medical school.

²⁴ See *Academic Health Centers*, ASS'N. OF ACAD. HEALTH CTRS., <https://www.aahcdc.org/About/Academic-Health-Centers> [<https://web.archive.org/web/20230327184437/https://www.aahcdc.org/About/Academic-Health-Centers>] (last visited March 22, 2023). The Association of Academic Health Centers is now the Alliance of Academic Health Centers. See *The Alliance of Academic Health Centers and AAHCI*, ASS'N OF AM. MED. COLLS., <https://www.aamc.org/career-development/affinity-groups/alliance-academic-health-centers-and-aahci> (last visited May 8, 2024). See generally INSTITUTE OF MED. COMM. ON THE ROLES OF ACAD. HEALTH CTRS IN THE 21ST CENTURY, THE ROLES OF ACADEMIC HEALTH CENTERS IN THE 21ST CENTURY: A WORKSHOP SUMMARY. (Linda T. Kohn ed., 2002) (examining roles, opportunities, and challenges of academic health centers). Most often, this occurs in the context of a research university.

²⁵ See Fisher, *supra* note 22 ("[Academic medical centers] provide treatment for a disproportionately high percentage of Medicare and Medicaid beneficiaries, as well as for those who are uninsured.")

²⁶ See *id.* "Through clinical programs, community partnerships and outreach, research, and health care provider education initiatives, the nation's medical schools and teaching hospitals also run

seeking to increase access to legal services for underserved patients that will improve health and reduce health disparities.²⁷

D. Academic Legal Centers

In 2021, there were 196 American Bar Association-accredited law schools.²⁸ Just as the academic medical center pursues a tripartite mission of education, research, and patient care, university-based law schools not only educate law students, but also conduct legal research and, in most cases, provide legal services to the community through law clinics or pro bono projects.²⁹ The American Bar Association accreditation standards require law schools to include at least six credit hours of experiential learning in their curricula.³⁰ Nearly all law schools offer law clinics as an option for students to meet this requirement.³¹ Half of all law students participate in at least one clinic before graduation.³² Twenty percent of law schools reported offering a health or MLP clinic in 2019-2020.³³

innovative programs to address underlying social and economic factors in their communities that can lead to poor health." *Id.*

²⁷ See Edward Paul et al., *Medical-Legal Partnerships: Addressing Competency Needs Through Lawyers*, 1 J. GRADUATE MED. EDUC. 304, 305 (2009) (noting patient populations served in academic medical centers).

²⁸ See Stephen Francis Ward, *Overall, Law Schools See Increase in 1Ls and Decrease in Non-JD Students*, AMER. BAR ASS'N J. (Dec. 15, 2021), <https://www.abajournal.com/news/article/overall-law-schools-see-increase-in-1ls-and-decrease-in-non-jd-students>. "Out of the 196 ABA-accredited law schools, 153 reported class size increases or no change from the previous year." *Id.*

²⁹ See Margaret Martin Barry et al., *Clinical Education for This Millennium: The Third Wave*, 7 CLINICAL L. REV. 1, 12-16 (2000); see also *Northwestern University Center for Wrongful Convictions*, NORTHWESTERN PRITZKER SCH. OF L., <https://cwc.law.northwestern.edu/> (last visited March 24, 2023).

³⁰ See ABA STANDARDS & RULES OF PROCEDURE FOR APPROVAL OF LAW SCHOOLS (AMER. BAR ASS'N 2022),

https://www.americanbar.org/content/dam/aba/administrative/legal_education_and_admissions_to_the_bar/standards/2022-2023/22-23-standard-ch3.pdf. Experiential learning includes clinics, field placements, and simulations. *Id.* Although clinics and some field placements engage students in pro bono legal work for needy clients, students can also meet this requirement with simulation courses that do not involve real clients or field placements including judicial externships or government agency lawyering that, while unpaid, are not pro bono client advocacy. *Id.*

³¹ See ROBERT R. KUEHN ET AL., 2019-2020 SURVEY OF APPLIED LEGAL EDUCATION (2020), https://uploads-ssl.webflow.com/5d8cde48c96867b8ea8c6720/628457f6d9c25cc6c1457af4_Report%20on%202019-20%20CSALE%20Survey.Rev.5.2022.pdf. The Center conducts triennial surveys of law schools' clinic and field placement courses. *Id.* at 1. See also *Public Interest Clinics*, AM. BAR ASS'N, https://www.americanbar.org/groups/center-pro-bono/resources/directory_of_law_school_public_interest_pro_bono_programs/definitions/pi_pi_clinics/ (last visited Apr. 18, 2023) (providing a directory of law school public interest and pro bono clinics and projects).

³² See KUEHN ET AL., *supra* note 31, at 13.

³³ *Id.* at 7. Given the survey sample size of 185 law schools, 37 of the surveyed schools offer a health or MLP clinic. *Id.* As only 9 schools did not participate in the survey, this suggests that in 2019-2020 there were 37-46 law schools with health law clinics or MLPs. Overall, 16% of law school clinics are interdisciplinary, with social work and psychology as the most common other disciplines. *Id.* at 33.

As with AMCs, the legal services provided by law schools often focus on assisting poorer and more legally underserved clients than a private firm might.³⁴ Law schools, particularly those incorporated into universities, are also natural partners in MLPs, because they generally have greater resources and broader missions than public legal aid services.³⁵

III. Implementations of MLPs

This Part proposes a four-factor taxonomy for classifying MLPs. We then define the academic/academic MLP (hereinafter *AA-MLP*), a partnership involving an academic medical center and a law school.³⁶ Finally, we review currently operating examples of AA-MLPs.

A. A Four-Factor Taxonomy of MLPs

MLPs can be categorized in several ways. Among the most important factors on which they vary are their structures (who are the partners?), their target populations (who are the patients/clients?), their activities (what are the services provided?), and their integration (how and where are services provided?).

a. Structure

Structural classification of MLPs focuses on the nature of the partners. At minimum, there must be a medical partner and a legal partner working together to serve the same population of patients/clients.³⁷ There can be multiple health care or legal partners in an MLP, and the same health care or legal partner may be involved in more

³⁴ See Stephen Wizner & Jane Aiken, *Teaching and Doing: The Role of Law School Clinics in Enhancing Access to Justice*, 73 FORDHAM L. REV. 997, 997-98 (2004).

³⁵ Compare *Quick Facts*, LEGAL SRVCS. CORP., <https://www.lsc.gov/about-lsc/who-we-are/what-we-fund/quick-facts> (last visited May 8, 2024) (reporting \$560,000 in federal funding for legal aid services) with *Cost of Attendance*, L. SCH. TRANSPARENCY, <https://www.lawschooltransparency.com/trends/investments> (last visited May 8, 2024) (reporting approximately \$3 billion in federal investment in law schools through student loans) and Brian Leiter, *Per-Student Value of Law School Endowments*, BRIAN LEITER'S L. SCH. REPS., <https://leiterlawschool.typepad.com/leiter/2022/05/per-student-value-of-law-school-endowments-2021.html> (May 9, 2022) (reporting \$2 million in endowments to Yale Law School alone).

³⁶ We term these partnerships "AA-MLP" because that term naturally extends the concept of an academic MLP (an MLP with at least one academic partner, often written "A-MLP"). See Vicki W. Girard et al., *infra* note 40. Because AA-MLP is not euphonious when spelled out letter by letter, we recommend pronouncing it as "Double-A MLP" for clarity, much as the Association of American Medical Colleges is often pronounced "Double-A MC".

³⁷ See Eileen Weber & Bryan Polkey, *Building a Health Care Legal Partnership Learning Collaborative*, 21 CREATIVE NURSING 144 (2015). The medical partner provides health care services; the legal partner provides legal services. *Id.* Although we employ MLP throughout this article, some partnerships prefer the term "health care legal partnership" to recognize the important roles of non-physician care providers. *Id.*

than one MLP.³⁸ Figure 1 illustrates potential combinations of medical and legal partners.³⁹

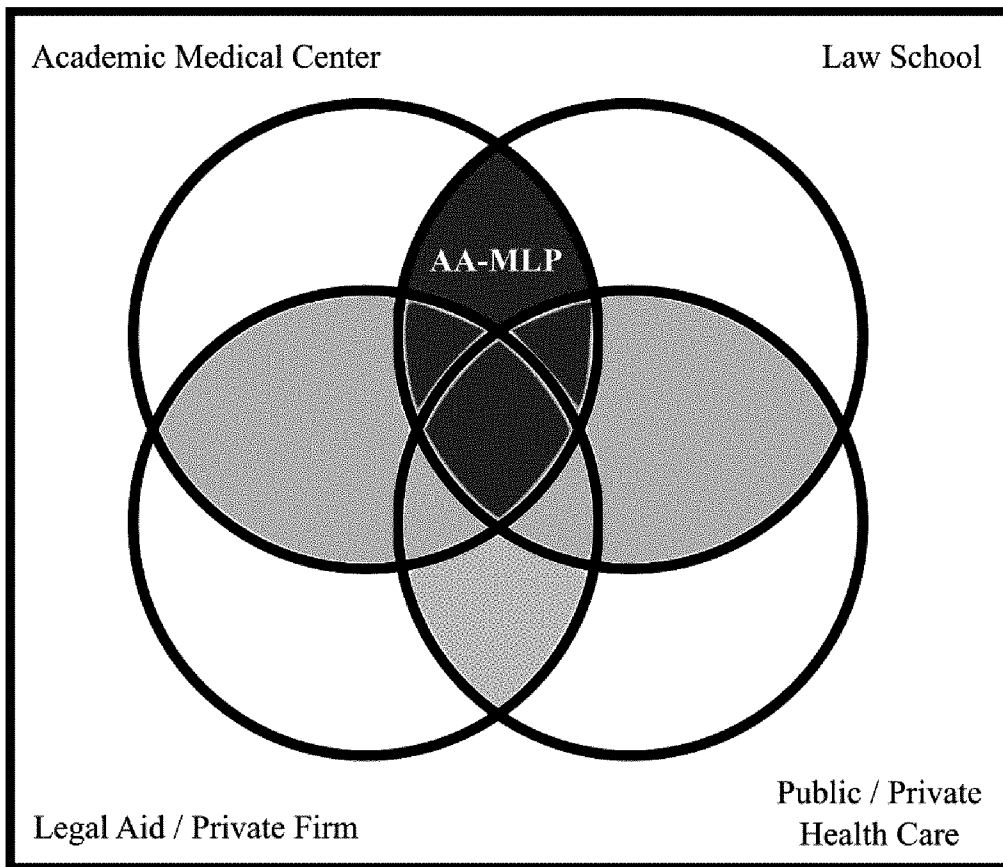


Figure 1: MLP structures. Shaded combinations represent the universe of medical-legal partnerships. Light shading represents MLPs that include at least one academic partner. Dark shading represents academic/academic MLPs ("AA-MLPs").

³⁸ See Emily A. Benfer et al., *Medical-Legal Partnership: Lessons from Five Diverse MLPs in New Haven Connecticut*, 46 J. L. MED. & ETHICS 602 (2018). The article describes five MLPs that involve several different collaborations between Yale New Haven Medical Center clinics, community clinics, Yale Law School, and New Haven Legal Assistance Association. *Id.*

³⁹ See also Medical-Legal Partnerships Plus, U.S. DEP'T OF HEALTH & HUM. SERVS. OFF. OF CMTY. SERVS., <https://www.acf.hhs.gov/ocs/programs/mlp-plus> [<https://perma.cc/9T45-USNX>] (describing demonstration program in 2023 to expand existing MLPs to include community social service providers). As those examples illustrate, MLPs could also include additional partners, such as non-law social service agencies or other community programs that focus on specific frequent needs of the target population, such as churches, YMCAs, food banks, community housing or job referral agencies, etc. See *id.*

Academic medical centers and law schools may each serve as MLP partners, alone or together.⁴⁰ Such partnerships have been termed Academic MLPs.⁴¹ In a first-of-its-kind survey of medical schools and law schools conducted by the Georgetown Health Justice Alliance and the National Center for Medical-Legal Partnership in 2019 (hereinafter *Georgetown Survey*), 35 law schools and 16 medical schools confirmed their participation in an MLP.⁴² Often, academic MLPs involve a single academic partner, such as when an academic medical center forms an MLP with a legal aid service.⁴³ Conversely, a law school may join with a public clinic in an MLP.⁴⁴

Among the 35 academic MLPs identified in the Georgetown Survey, 15 involved *both* an academic medical center and a law school as partners.⁴⁵ We refer to these as academic/academic MLPs (hereinafter *AA-MLPs*). Moreover, the academic medical and legal partner in an AA-MLP may be part of the same university. Ten of the AA-MLPs in the Georgetown Survey took this form.⁴⁶ When the academic medical center does not have an affiliated law school, it may form an AA-MLP with a free-standing law school; five of the AA-MLPs in the Georgetown Survey took this form.⁴⁷

MLP funding often follows MLP structure. MLPs that involve public legal aid or public clinics are likely to be supported through either public funding or philanthropy.⁴⁸ MLPs that include for-profit partners like law firms or for-profit hospitals may be supported through profit revenue and may contribute to pro bono or charitable efforts, while tax-exempt non-profit hospitals may find MLPs valuable in meeting needs identified through their required Community Health Needs Assessment.⁴⁹ MLPs that include academic partners may be supported by either or both academic partners through tuition, state appropriations, endowments, training grants, and indirect graduate medical education funding.

⁴⁰ See Vicki W. Girard et al., *THE ACADEMIC MEDICAL-LEGAL PARTNERSHIP: TRAINING THE NEXT GENERATION OF HEALTH & LEGAL PROFESSIONALS TO WORK TOGETHER TO ADVANCE HEALTH JUSTICE* 9 (2022), https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4250173.

⁴¹ *Id.*

⁴² See *id.* at 8 (explaining data on survey).

⁴³ See *id.* at 9 (showing examples of MLP relationships). For example, the COMER Medical-Legal Partnership involves the University of Chicago Comer Children's Hospital and the Legal Council for Health Justice. *Id.* See generally *Map of Medical-Legal Partnerships in Illinois*, MLP ILLINOIS, <https://www.mlpillinois.org/map-of-illinois-mlps> [<https://perma.cc/6GSR-WEKW>].

⁴⁴ See Girard et al., *supra* note 40; see also Emily A. Benfer et al., *supra* note 38, at 606 (2018). For example, the HAVEN MLP involves the HAVEN Free Clinic and the Yale Law School. *Id.*

⁴⁵ See Girard et al., *supra* note 40, at 8.

⁴⁶ See *id.* at 9.

⁴⁷ See *id.*

⁴⁸ See *FAQs*, NAT'L CTR. FOR MED. LEGAL P'SHIP, <https://medical-legalpartnership.org/about-us/faq/> (last visited May 8, 2024). Public funding could include state, federal, or Legal Services Corporation funding. *Id.*

⁴⁹ See 26 U.S.C. § 501(r)(3) (providing that hospitals must conduct an assessment every three years to retain tax exemption).

b. Target Population

Although all MLPs focus on legally underserved clients, many target more specific marginalized or minoritized populations for their services.⁵⁰ Table 1 below provides examples of target population characteristics and MLPs created to serve them. In some cases, population characteristics, particularly income, may be combined; for example, an MLP may focus on children in poverty or non-English-speaking immigrants.

Because in most cases MLP clients first contact the MLP through the health care partner, access to health care itself typically is a prerequisite to access MLP legal services. Patients who are eligible for publicly-subsidized care, such as children, veterans, and persons with disabilities, are thus natural clients for MLPs, as are patients with regular health-care visits, such as children and their parents, and persons with chronic diseases.

⁵⁰ See Yael Zakai Cannon & Vida Johnson, *Advancing Racial Justice through Civil and Criminal Academic Medical-Legal Partnerships*, 30 CLINICAL L. REV. 56 (2023) (reviewing intersection of racism and health injustice).

Table 1: Examples of MLPs organized around target population characteristics

Population characteristics	MLP example
Low-income	KU School of Law Medical-Legal Partnership (MLP) ⁵¹
Children	University of Michigan Pediatric Advocacy Clinic ⁵²
Elderly	Medical-Legal Partnership for Seniors Clinic (MLPS) ⁵³
Persons with disabilities	CCA's Medical-Legal Partnership Project ⁵⁴
Veterans	Medical-Legal Partnership with Bay Pines VA ⁵⁵
Immigrants	University of Nebraska MLP ⁵⁶
Non-English speakers	Kokua Kalihi Valley Comprehensive Family Services & Medical-Legal Partnership for Children in Hawaii ⁵⁷
Disease status (e.g., patients with HIV/AIDs, cancer, trauma victims)	Palliative Care MLP (PMLP) at Yale New Haven Hospital Smilow Cancer Center ⁵⁸
Prisoners	Georgetown's Health Justice Alliance ⁵⁹

⁵¹ See *Medical-Legal Partnership Field Placement Program*, KU SCH. L., <https://law.ku.edu/academics/hands-on-learning/field-placements/medical-legal-partnership> (last visited Apr 8, 2023).

⁵² See *Pediatric Advocacy Clinic*, U. MICH. SCH. L., <https://michigan.law.umich.edu/academics/experiential-learning/clinics/pediatric-advocacy-clinic> (last visited Apr. 8, 2023).

⁵³ See *Medical-Legal Partnership for Seniors Clinic*, U.C. COLL. L., S.F., <https://www.uchastings.edu/academics/experiential-learning-opportunities/clinical-programs/medical-legal-partnership-for-seniors-clinic/> [<https://perma.cc/DR7Z-ENPJ>] (explaining law school program assisting elderly in variety of legal issues).

⁵⁴ See *Health Equity*, CTR. CHILD.'S ADVOC., https://cca-ct.org/our-work/aboutus_programs_mlpp/ [<https://perma.cc/DE8L-AU2R>]. The CCA MLPP at Connecticut Children's Medical Center includes a specific Disability Rights Project. *Id.*

⁵⁵ See *Medical-Legal Partnership with Bay Pines VA*, BAY AREA LEGAL SRVCS., <https://bals.org/clinics/mlp-bay-pines> [<https://perma.cc/G9PD-RESV>] (describing various ways staff can assist with legal problems). See generally *Additional Resources for Veterans' Medical and Legal Needs Will Support Their Whole Health*, U.S. DEPT. VETERANS AFFS. (Apr. 6, 2020), <https://www.va.gov/healthpartnerships/updates/mlp/mlpadditionalresources.asp> [<https://perma.cc/7FB5-RXJH>] (announcing plans to expand MLPs involving VA health care systems).

⁵⁶ See Athena K. Ramos et al., *Immigrant-focused Medical Legal Partnerships: A Practical Innovation to Improve Immigrant Health and Social Well-being*, 17 PROGRESS IN CMTY. HEALTH P'SHIPS: RSCH., EDUC., AND ACTION 135, 137 (2023) (exploring impact of immigrant focused MLPs).

⁵⁷ See *Providing Civil Legal Aid Through Medical-Legal Partnerships: A Critical Enabling Service for Health Centers Serving Asian Americans, Native Hawaiians and Pacific Islanders*, ASS'N ASIAN PACIFIC CMTY. HEALTH ORGS. 1, 8, https://aapcho.org/wp-content/uploads/2016/10/AAPCHO-Hawaii-MLP-Case-Study-FINAL_100416.pdf [<https://perma.cc/S2TB-QDNE>] (describing legal issues specific to those with limited English proficiency addressed by MLP).

⁵⁸ See Benfer et al., *supra* note 38 (describing Yale Law School MLPs assisting patients with cancer in palliative care).

⁵⁹ See Cannon & Johnson, *supra* note 50, at 47-51 (illustrating how Georgetown's MLP for prisoners came to be).

Another common approach to targeting a population involves identifying the services offered and the clients who need those services. An MLP may target patients based on particular legal needs that it is prepared to address, such as the needs of children seeking special education supports. A widely-used mnemonic for screening and classifying needs is I-HELP: Income/insurance, Housing/utilities, Education/employment, Legal status, and Personal/family stability.⁶⁰

c. *Activities*

Generally, MLPs engage in three types of activity, but may vary in the degree to which they emphasize each type.⁶¹ Thus, the mix or emphasis of the activities can be useful in classifying and comparing MLPs.

First, MLPs provide direct legal assistance to their clients. This legal help encompasses a variety of services, such as helping clients recognize their needs, informing them about legal and social services available in their community, referring them to external pro bono legal or social service providers, and offering them direct representation in specific cases by MLP lawyers.⁶² Direct services typically begin with a screening process initiated by the health care partner to connect patients potentially in need of legal assistance with the MLP, followed by a screening or intake process conducted by the legal partner to determine specific needs within the MLP's purview.⁶³ Although most hospitals offer patients and providers consultation with an ethicist or ethics committee that may include facility lawyers, legal consultation by an MLP lawyer involves different standards of confidentiality and fiduciary duty.⁶⁴ An MLP lawyer representing a patient/client owes their duty to the client, not to the health care institution.⁶⁵

⁶⁰ See, e.g., Teitelbaum & Lawton, *supra* note 13, at 363-64 (explaining how I-HELP relates to MLPs); Kate Marple, *Framing Legal Care as Health Care*, NAT'L CTR. MED. LEGAL P'SHIP 1, 3 (Jan. 2015) (describing how I-HELP issues have impact on health care).

⁶¹ See generally Tamar Ezer, *Medical-Legal Partnerships with Communities: Legal Empowerment to Transform Care*, 17 YALE J. HEALTH POL'Y, L. & ETHICS 309, 312 (2017) (describing three typical activities and proposing additional community mission).

⁶² See generally MARSHA REGENSTEIN ET AL., THE STATE OF THE MEDICAL-LEGAL PARTNERSHIP FIELD: FINDINGS FROM THE 2016 NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP SURVEYS (2017), <https://medical-legalpartnership.org/mlp-resources/2016-ncmlp-survey-report/> [<https://perma.cc/9XSV-4SYW>] (discussing services provided by MLPs).

⁶³ See *id.* at 12-15 (exploring different screening processes for identifying patients needing MLPs).

⁶⁴ See Amy T. Campbell et al., *How Bioethics can Enrich Medical-Legal Collaborations*, 38 J. L. MED. ETHICS 847, 847 (2010) (distinguishing role of bioethics and legal consultation with illustrative case studies); see also Marcia M. 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, 114-15 (2010) (contrasting issues arising when physicians and lawyers share information). In order for MLPs to work, physicians and lawyers must exchange information about patients/clients, causing problems to arise, such as the conflict between mandated reporting and duty of confidentiality. *Id.*

⁶⁵ See Campbell et al., *supra* note 64, at 849; see also Boumil et al., *supra* note 64, at 115-16. This client duty can result in misunderstandings when sharing clinical information with the client's health care provider might be beneficial to the client's health but a violation of the client's confidence. 64*Id.* But cf. Jessica Mantel & Leah Fowler, *Thinking Outside the Silos: Information Sharing in Medical-Legal Partnerships*, 40 J. LEGAL MED. 369, 378-81 (2020) (finding, in interviews

Second, MLPs provide training. MLPs train health care partners, including medical students, in how the law impacts patients' health and the provision of health care.⁶⁶ For example, MLP lawyers may conduct state law trainings on reporting suspected domestic violence in trauma victims, or certifying a medical need to prevent a utility shut-off.⁶⁷ MLP physicians may also train legal partners, including law students, in aspects of health care that will make them more effective advocates.⁶⁸ For example, law students may learn:

. . . strategies for reaching a doctor by phone, for learning medical terminology and acronyms (not to mention learning to read the often illegible chart notes), and for talking to a doctor with medical vocabulary rather than legal jargon. As law students develop their skills in communicating with doctors and other members of the medical profession, they find themselves better equipped to represent their clients. With some guided reflection, the students also learn that they can use the same adaptation skills with professionals in other fields, enhancing their abilities to communicate well across professional norms.⁶⁹

The Georgetown Survey identified the prioritization of pre-professional education as a unique element of academic MLPs, and therefore of AA-MLPs.⁷⁰ A second unique element is that academic MLPs design and maintain interprofessional learning environments in which health care and legal providers learn together.⁷¹

with MLP doctors, that MLP lawyers often shared case status information without particularized information that could have helped the doctors provide better care).

⁶⁶ See REGENSTEIN ET AL., *supra* note 62, at 25 (stating common practice of MLP to train healthcare partners and staff on legal health harms); see also Amy T. Campbell, *Teaching Law in Medical Schools: First, Reflect*, 40 J. L. MED. & ETHICS 301 (2012) (emphasizing importance of considering how and why to teach medical students about law).

⁶⁷ See J. Rosenberg et al., *Medical Certification for Utility Shut-Off Protection and Health-Related Social Needs*, 150 PEDIATRICS 5 (2022) (discussing MLP's advocacy on utility concerns of health, social, and legal needs). See generally *Medical-Legal Partnerships Plus*, *supra* note 39 (providing information on mission of MLP).

⁶⁸ See, e.g., Edward B. Heaton et al., *Training Future Health Justice Leaders - A Role for Medical-Legal Partnerships*, 384 NEW ENG. J. MED. 1879, 1881 (2021) (describing role of medical students helping law students obtain medical evidence). Medical students have helped law students obtain medical evidence in support of COVID-19 compassionate release of inmates. *Id.*

⁶⁹ See Jane R. Wettach, *The Law School Clinic as a Partner in a Medical-Legal Partnership*, 75 TENN. L. REV. 305, 310 (2008) (listing skills that law students develop in MLP). Law students develop phone strategies and medical terminology and acronyms for communicating with a doctor on the phone. *Id.* These skills prepare law students to better represent their clients. *Id.* See generally *About Our Work: Medical-Legal Partnerships*, SOLOMON CTR. FOR HEALTH L. & POL'Y AT YALE L. SCH., <https://law.yale.edu/solomon-center/medical-legal-partnerships> [<https://perma.cc/CR47-A9L3>] (providing insight into Yale Law School MLPs). Students that participate in the MLP clinic are supervised by an MLP attorney and collaborate with physicians, nurses, social workers, and community health workers. *Id.* Law students also meet with patients at local health clinics to help address patient legal needs in housing, employment, and family law matters. *Id.*

⁷⁰ See Girard et al., *supra* note 40, at 15-16.

⁷¹ See *id.* at 17-18. Some clinics offer rotations for medical students and social work students to learn about legal issues and the way they can affect patients and clients. *Id.*

Third, MLPs engage in policy work through impact litigation and law and regulatory reform.⁷² MLPs also contribute to health care system actors' broader understanding of, and response to, their patients' needs, assets, and struggles.⁷³ At a governmental level, an MLP may educate legislators or regulators about the impact of laws and rules on its patient population and suggest ways in which the law might be improved to better promote patient health.⁷⁴ For example, an MLP might advocate for regulations encouraging the use of telehealth to lessen barriers to health care for patients with difficulty accessing transportation.⁷⁵ MLPs may also seek to shape institutional policy.⁷⁶ For example, an MLP might recommend posting signs reassuring undocumented immigrants that their immigration status will not limit emergency care, and that providers will keep it confidential.⁷⁷

Lastly, an often implicit activity of the MLP is to shape or reshape attitudes toward lawyers, both through their activities in the MLP and through their association with health care providers.⁷⁸ Nurses and doctors are highly trusted professionals; lawyers have a more mixed reputation.⁷⁹ Many MLPs hope to model the value of lawyers and the law as a helping profession for patients and medical providers rather than irrelevant or an obstruction.⁸⁰ MLPs cast lawyers as patient advocates, sharing a common purpose with others on the health care team, and promote an expanded view of coordinated interprofessional care in light of social determinants of health.⁸¹

⁷² See Yael Zakai Cannon, *Medical-Legal Partnership as a Model for Access to Justice*, 75 STAN. L. REV. 73, 79-80 (2023) (discussing MLPs' commitment to policy change for patients).

⁷³ See, e.g., Megha Garg et al., *Hospital-Based Medical-Legal Partnerships for Complex Care Patients: Intersectionality and Ethics Considerations*, 51 J. OF L., MED. & ETHICS 764, 766 (2023).

⁷⁴ See *Impact*, NAT'L CTR. FOR MED. LEGAL P'SHIP (2024), <https://medical-legalpartnership.org/impact> (last visited May 8, 2024) [<https://perma.cc/FP5B-FRFA>] (reviewing MLP success in resolving legal issues for patients).

⁷⁵ Cf. Krista Selnau & Rose Carmen Goldberg, *Medical-Legal Partnerships in the VA*, in INTERSECTIONS BETWEEN MENTAL HEALTH AND LAW AMONG VETERANS 64 (Jack Tsai & Evan R. Seamone eds., 2019) (discussing the value of telehealth platforms for both health care and access to MLP legal services).

⁷⁶ Cf. Jay M. Brenner et al., *Ethical Issues in the Access to Emergency Care for Undocumented Immigrants*, 2 J. AM. COLL. EMERGENCY PHYSICIANS OPEN 3 (2021) (discussing ethical issues facing emergency physicians when caring for undocumented immigrants, including confidentiality).

⁷⁷ *Id.*; see also Grace Kim et al., *Should Immigration Status Information be Included in a Patient's Health Record?*, 21 AMA J. ETHICS E8-16 (2019) (reviewing ethics of documenting immigration status in health records and physician options).

⁷⁸ See Cannon, *supra* note 72, at 74 (stating MLPs' mission to use lawyers to address legal needs of patients).

⁷⁹ See Megan Brenan, *Nurses Retain Top Ethics Rating in U.S., but Below 2020 High*, GALLUP (Jan. 10, 2023), <https://news.gallup.com/poll/467804/nurses-retain-top-ethics-rating-below-2020-high.aspx> [<https://perma.cc/3NWG-UPVG>] (exhibiting percentages of nurses, doctors, and lawyers' ethics). Nurses and doctors are rated as more ethical than average by 79% and 62% of respondents. *Id.* Lawyers are rated as more honest than average by only 21%. *Id.*

⁸⁰ See Wettach, *supra* note 69, at 312 (showing significance of collaborative efforts of lawyers and medical providers).

⁸¹ See *id.* at 306.

d. *Partner Integration*

MLPs integrate their health care and legal activities through a variety of approaches. At one end of the integration spectrum, health care providers may refer their patients to the MLP to obtain legal services that take place at a later time and in a different location outside of the health care setting.⁸² At the other end, the MLP lawyers or a legal clinic may be embedded in the health care setting itself, offering patients immediate on-site consultation for legal needs.⁸³ In the middle of the spectrum is the partially-integrated MLP.⁸⁴ In the partially-integrated MLP, the MLP is formally affiliated with a particular department or clinic of the health care institution, but legal services are provided largely independently of health care.⁸⁵

Several other control and coordination decisions are relevant to the degree of medical-legal integration in the partnership. An important issue is whether and how health records document legal actions and outcomes and vice versa.⁸⁶ MLPs also vary as to how much contact the health care and legal providers have with one another outside of trainings. Models with greater integration will generally involve more regular and frequent interactions between health care and legal providers, such as multidisciplinary case rounds.⁸⁷

Additionally, MLPs must determine whether and how governance of the partnership is shared among the partners.⁸⁸ Here, again, there is a continuum of options. At one extreme, the health care organization could govern the partnership solely or primarily, with the legal partner acting as an additional service offered to patients.⁸⁹ At the other extreme, the legal partner could govern the partnership solely or primarily, with

⁸² See Jodi Siegel et al., *Benefits of Pediatric Medical-Legal Partnerships*, 71 FLA. L. REV. F. 145, 147-48 (2019) (contrasting referral and embedded approaches).

⁸³ See *id.* The medical and legal teams work together to help set clinical and systemic priorities. *Id.* They participate in trainings, gather, share, and analyze data. *Id.*

⁸⁴ See *The Medical-Legal Partnership Toolkit, Phase I: Laying the Groundwork*, NAT'L CTR. FOR MED.-LEGAL P'SHIP, 9 (Mar. 2015), <https://www.medical-legalpartnership.org/wp-content/uploads/2014/03/MLP-Toolkit-Phase-I-FINAL-FILLABLE.pdf> [<https://perma.cc/BA28-G6M2>] (providing graph that demonstrates integration of legal care into health care system).

⁸⁵ See *id.* (explaining not all patients get access to legal care).

⁸⁶ See Boumil et al., *supra* note 64, at 121-22 (discussing attorney-client privilege); *id.* at 129-37 (discussing HIPAA and patient privacy).

⁸⁷ Cf. *The Role of Medical-Legal Partnerships for Socially Vulnerable Older Adults*, NAT'L CTR. FOR MED.-LEGAL P'SHIP & NAT'L CTR. FOR EQUITABLE CARE FOR ELDERS 5 (July 2020), <https://medical-legalpartnership.org/wp-content/uploads/2020/07/Elder-Fact-Sheet-July-2020.pdf> [<https://perma.cc/85PQ-XMVP>] (describing UCSF Center for Geriatric Care multidisciplinary case rounds involving law and health professions students).

⁸⁸ See Pamela C. Tames et al., *Medical-Legal Partnership Evolution or Revolution*, 45 CLEARINGHOUSE REV. 124, 138 (2011) (identifying MLP stakeholders and discussing need to allocate roles and responsibilities).

⁸⁹ Cf. *Medical-Legal Partnership*, SIU SCH. OF MED.

<https://www.siumed.edu/popscipolicy/medical-legal-partnership-mlp> [<https://perma.cc/L9UM-6R35>] (last visited Mar. 6, 2024) (demonstrating SIU Medical Legal Partnership primarily governed by SIU Medicine).

the health care institution acting as a source of referrals for legal help.⁹⁰ Perhaps most frequently, the partners share governance, although the partner providing greater resources may expect or require greater control over the activities of the partnership.⁹¹

e. Application of the Taxonomy

As an example, using the four-factor taxonomy framework, the Healthy Kids MLP between the University of Florida Severe Asthma Center and the Southern Legal Council might be characterized as an AMC/public legal aid partnership (structure).⁹² It targets children with severe asthma (population), emphasizing primarily direct service and secondarily systemic advocacy (activities).⁹³ The MLP employs a partial integration model with legal staff on-site operating to complement health services (integration).⁹⁴

This four-factor framework may be seen as a simplification of the eight MLP "core elements" defined by Professor Marsha Regenstein and colleagues.⁹⁵ Table 2 provides a mapping between the frameworks. However, unlike the core elements, our four-factor framework is primarily descriptive, rather than normative, making it particularly suitable for studying the MLP environment.

Table 2: Mapping between Regenstein et al.'s eight core elements of MLPs⁹⁶ and the four-factor framework.

Core element	Factor
1. MLPs are created by formal agreements	Structure
2. MLPs define a population for their work	Target population
3. MLPs screen patients for legal needs	Activities
4. MLPs are staffed by the legal partner	Structure, Integration model
5. MLP legal staff work at the health care site	Integration model
6. MLP lawyers provide training to health care team members	Activities
7. MLPs share information between legal and health care staff	Integration model
8. MLPs require resources for operation	Structure

⁹⁰ *Cf. Law 693: Medical-Legal Partnership Clinic*, ILL. COLL. OF L.

<https://law.illinois.edu/academics/courses/medical-legal-partnership-clinic/> [<https://perma.cc/74G2-2LRL>] (last visited Mar. 6, 2024) (demonstrating University of Illinois College of Law primarily governed by legal partners).

⁹¹ *Cf. Tames et al.*, *supra* note 88, at 138 (discussing areas of joint concern).

⁹² *See Siegel et al.*, *supra* note 82, at 152 (describing AMC/public legal aid partnership)

⁹³ *See id.*

⁹⁴ *See id.* at 151 (describing planned model for Healthy Kids MLP).

⁹⁵ *See Marsha Regenstein et al.*, *Addressing Social Determinants of Health Through Medical-Legal Partnerships*, 37 HEALTH AFFS. 378, 380-81 (2018) (explaining eight core elements of MLP).

⁹⁶ *Id.*

B. Academic/Academic MLPs

As with all MLPs, academic/academic MLPs (hereinafter *AA-MLPs*) engage in direct legal services, training of medical and legal providers, and policy work.⁹⁷ However, the resources and missions of academic medical centers and law schools shape the nature and emphasis of each of these activities.⁹⁸ When an MLP includes a law school and an AMC that are components of the same university, there may be additional opportunities for efficiency and economy in operation.⁹⁹

a. Practice

Academic medical centers typically have substantial investment in health care technology, particularly electronic medical records (hereinafter *EMRs*).¹⁰⁰ The involvement of an academic medical center as an MLP partner presents opportunities to leverage EMR capabilities to support scalable models of screening, referral, and feedback.¹⁰¹ For example, the patient portal features of EMRs can automate the collection of information about patients' social contexts that can be part of a legal needs assessment screening.¹⁰² Similarly, the healthcare-facing components of the EMR can alert health care providers to the need for screening, assist them in determining whether a patient should be referred to the MLP's legal partner, record the referral, and track future changes in the patient's health.¹⁰³ Academic centers may be particularly likely to invest in the research components of EMRs, which could be used to summarize and analyze patient needs and the outcomes of MLP referrals.¹⁰⁴

Law schools will most often organize the legal assistance through student law clinics, supervised by law professors or other staff lawyers employed by the school. The Georgetown Survey reported that law clinics were the primary mode of law student

⁹⁷ See *The Response*, *supra* note 2.

⁹⁸ See Girard et al., *supra* note 40, at 19 (summarizing goals and activities unique to academic partners in MLPs). Professor Girard and colleagues identify these as focusing on pre-professional education, employing interprofessional educational settings, and conducting research. See *id.*

⁹⁹ See *id.* at 12 (discussing advantages to partnerships within the same institution).

¹⁰⁰ See Adeel A. Faruki et al., *The Role of Academic Health Systems in Leading the "Third Wave" of Digital Health Innovation*, 8 JMIR MED. EDUC. e32679, 1-2 (2022) (describing past investments by academic health centers and arguing for their role in future innovation).

¹⁰¹ See Regenstein et al., *supra* note 95, at 379 (discussing potential uses of EMRs to screen for legal needs).

¹⁰² See, e.g., Laura M. Gottlieb et al., *Moving Electronic Medical Records Upstream: Incorporating Social Determinants of Health*, 48 AM. J. PREVENTIVE MED. 215 (2015) (identifying functions of EMRs that support integration of social determinants of health); cf. Saul J. Weiner et al., *Effect of Electronic Health Record Clinical Decision Support on Contextualization of Care: A Randomized Clinical Trial*, 5 JAMA NETWORK OPEN (2022), (employing patient portal to collect information about patient life context, including social determinants of health).

¹⁰³ See Emily A. Benfer, *Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Medical Education*, 33 J. LEGAL MED. 113, 126, 131 (2014).

¹⁰⁴ See generally Min Chen et al., *Social Determinants of Health in Electronic Health Records and Their Impact on Analysis and Risk Prediction: A Systematic Review*, 27 J. AM. MED. INFORMATICS ASS'N 1764 (2020) (collecting studies using EMRs to analyze associations between social determinants of health and clinical outcomes).

engagement in academic MLPs.¹⁰⁵ When properly supervised, law students can be highly effective advocates. By their nature, student clinics need procedures and technology to support the pursuit of legal matters that may extend beyond the schooling of any individual student. Fortunately, law schools (and particularly those associated with universities) often have resources to invest in such technology. They also have extensive law libraries and other electronic legal resources.

When the academic medical center and the law school are part of the same institution (e.g., a research university), there may be additional integration opportunities and benefits.¹⁰⁶ Fuller integration may be easier to achieve when the legal and medical clinicians have a common employer. For example, AA-MLP lawyers may be integrated as medical consultants, much like social workers, allowing the EMR to be used directly to place referrals to the legal partner and to record the legal consultation, subject to both HIPAA privacy rules and attorney professional duties of confidentiality.¹⁰⁷ Referrals from the law partner to the health care partner, though less common, are also likely to be easier when the partners are part of a more integrated system.¹⁰⁸

b. *Training*

Training is naturally a primary focus for academic MLPs, because both the academic medical center and the law school partner have core educational missions.¹⁰⁹ Although most MLPs engage in at least incidental legal trainings by the legal partner for the health care practitioners, AA-MLPs offer the opportunity to contribute more broadly and deeply in the education of law students, medical (and other health professions) students, and medical residents and fellows as well as attending physicians, nurses, and other health professionals.

Health care trainees may be introduced to concepts of public policy, health care regulation, and how the legal system can reify or dismantle disparities in health care and health outcomes. They may come to appreciate the work of lawyers and to see the value in future interprofessional teamwork and policy advocacy. When the academic medical center and law school partners are at the same institution, the health care trainees may have easier access to lawyers for collaborations.

At the same time, law students may be introduced to concepts of health care delivery, health professions education, and the lived experience of patients with health

¹⁰⁵ See Girard et al., *supra* note 40, at 17 (comparing how law and medical schools engage their learners through various educational settings).

¹⁰⁶ See *infra* part III.C (listing specific AA-MLPs and their institutional partners).

¹⁰⁷ See Jessica Mantel & Leah Fowler, *A Qualitative Study of the Promises and Perils of Medical-Legal Partnerships*, 12 NE. U. L. REV. 186, 207-11, 219-221 (2020) (describing benefit and challenges of lawyer access to EMRs in integrated models). Unlike social workers, however, health care payers do not currently reimburse for legal consultation, so integrated models will need to ensure sustainable funding from the partners themselves, obtain external grants or donors, or advocate for changes in reimbursement policy. *Id.*; see also Lynn Hallarman et al., *Blueprint for Success: Translating Innovations From the Field of Palliative Medicine to the Medical-Legal Partnership*, 35 J. LEGAL MED. 179, 190 (2014) (noting payment models for sustainable MLP services paving way for transitioning to billable service).

¹⁰⁸ See Jessica Mantel & Leah Fowler, *supra* note 107, at 195-197 (describing relationship between law and health care partners in highly-integrated MLP settings).

¹⁰⁹ See Girard et al., *supra* note 40, at 15-18 (describing academic MLP learning activities).

and health care barriers. They may learn how the health care system can reify or dismantle these barriers. They may also be exposed to more recent developments in care for underserved populations, including trauma-informed care and asset-based approaches to reducing health inequities.¹¹⁰ The clinical environment may lead them to identify policy areas where they can make a difference through legislation or impact litigation.¹¹¹ When the academic medical center and law school partners are at the same institution, it may be possible to offer classes or clinics jointly-listed for medical school or law school credit.¹¹²

Just as MLPs vary in how the partners work to deliver integrated health and legal services, there is a continuum of models for interprofessional training. Law schools and medical schools, during at least the pre-clinical years, are both structured primarily around didactic courses.¹¹³ One common model involves joint interprofessional courses or seminars in which medical students and law students study topics relevant to the MLP's patient/client population.¹¹⁴ This approach also easily allows for incorporation of other kinds of health professions students, such as students of social work, nursing, and pharmacy.¹¹⁵

Professor Elizabeth Tobin Tyler, an early innovator of this approach, and co-author of the only extant MLP casebook, described such an interdisciplinary seminar, organized around a simulated lead poisoning problem.¹¹⁶ In the seminar, students read about lead poisoning's dangers, the disparities associated with exposure to lead, and tenant's rights; hear from guest community experts; and observe a simulation of an encounter between a pediatrician and a mother whose child has screened high for lead and is facing threats of eviction.¹¹⁷ Students reflect on their professional obligations, boundaries, and assumptions, and, working in small groups, attempt to reconcile their professional concerns and creatively design solutions for the patient/client.¹¹⁸ Professor Emily Benfer has described Loyola University Chicago's Health Justice Project "boot

¹¹⁰ See Elizabeth Reeves, *A Synthesis of the Literature on Trauma-Informed Care*, 36 ISSUES MENTAL HEALTH NURSING 698 (2015); see also Viola Casseti et al., *A systematic scoping review of asset-based approaches to promote health in communities: development of a framework*, 27 GLOB. HEALTH PROMOTION 15 (2020).

¹¹¹ See Regenstein et al., *supra* note 95, at 380 ("Over time, lawyers see patterns of benefit denials or discriminatory practices and work to change rules and policies to mitigate barriers to health and improve health equity.").

¹¹² See Girard et al., *supra* note 40, at 12.

¹¹³ See 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, 290-293 (2008) (describing educational issues in MLPs).

¹¹⁴ See Girard et al., *supra* note 40, at 17 (noting how law schools and medical schools use academic MLP or MLP-related courses).

¹¹⁵ See *id.* at 15 (listing health professions students involved in academic MLPs).

¹¹⁶ See Elizabeth Tobin Tyler, *Teaching Social Justice and Health: Professionalism, Ethics, and Problem-Solving in the Medical-Legal Classroom*, 38 J. L. MED. & ETHICS 701, 701 (2010) (recounting work as law student at Boston Medical Center MLP); see also MEGAN BAIR-MERRITT, ET AL. POVERTY, HEALTH AND LAW: READINGS AND CASES FOR MEDICAL-LEGAL PARTNERSHIP, i, xxxi (Elizabeth Tobin Tyler et al., 2011) (noting lead poisoning research conducted by Elizabeth Tobin Tyler); Tyler, *supra* note 113, at 251 (describing correlation between social conditions and lead poisoning).

¹¹⁷ See Tyler, *supra* note 113, at 284 (describing research conducted in lead poisoning clinic).

¹¹⁸ See Tyler, *supra* note 113, at 284-88 (describing how lead poisoning research clinic operated).

camp" orientation, which presents experiential educational activities for law, medical, social work, and public health students.¹¹⁹

During the clinical years of medical student education, as well as residency training, medical schools have offered elective clinical rotations at law school clinics.¹²⁰ Law school clinics are a key opportunity for law students to develop legal advocacy and communication skills. MLP-based law school clinics also help develop positive interprofessional attitudes in students and can bring valuable publicity and visibility to the law school in the community.¹²¹ For example, the University of Miami's medical school and law school experimented with a "weekly hospital-based clinical practicum supplemented with interdisciplinary didactic sessions" that grew into a combination law clinic and medical resident clinical rotation at the Miami VA Healthcare System.¹²² In that highly integrated medical-legal clinic, when patients presented after having been referred by their social workers, and after authorizing the referral and access to their chart, they were taken to a medical examination room.¹²³ Medical staff and clinical supervisors reviewed the chart for health issues; legal clinicians reviewed the referral information for legal issues.¹²⁴ After meeting with the patient, the medical and legal clinicians jointly develop a plan to present to the patient.¹²⁵ Subsequently, in interdisciplinary case rounds, the team would document the encounter in the medical record and follow up on the plan.¹²⁶

¹¹⁹ See Benfer, *supra* note 103, at 122 (noting how "boot camp" orientation experience operates).

¹²⁰ See Wettach, *supra* note 69, at 309-10 (suggesting that children's law clinics make natural MLP partners for pediatric practices). See generally Elizabeth Tobin Tyler et al., *Medical-Legal Partnership in Medical Education: Pathways and Opportunities*, 35 J. LEGAL MED. 149 (2014) (reviewing several MLPs involving residency programs as partners); Robert Pettignano et al., *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 J. LEGAL MED. 57, 70-71 (2014) (describing participation of pediatrics residents in academic MLP clinical case rounds as satisfying required training in systems-based practice).

¹²¹ See Wettach, *supra* note 69, at 312-13 (describing MLP benefits to student development and law school visibility). In cases of a partnership between a university's law school and medical school, the university administration may be more willing to provide program encouragement, publicity, and financial support. *Id.* at 313. MLP-based law school clinics can also reduce animosities between doctors and lawyers by giving medical students insights on the ways lawyers may beneficially intersect with their profession. See Tyler, *supra* note 120, at 161 (noting lawyers can play helpful role in addressing social determinants of health).

¹²² See JoNel Newman, *Miami's Medical-Legal Partnership: Preparing Lawyers and Physicians for Holistic Practice*, 9 IND. HEALTH L. REV. 471, 474 (2012). The program growth allowed the University of Miami and their medical faculty to not only offer services to veterans but open another clinic to operate jointly. *Id.* at 478.

¹²³ *Id.* at 479.

¹²⁴ See Newman, *supra* note 122, at 479 (describing process of chart reviews and impact on patient encounters). These reviews help legal clinicians prepare questionnaires tailored to a specific patient and promote efficiency during a patient encounter. *Id.* at 479-80.

¹²⁵ *Id.* at 480.

¹²⁶ See Newman, *supra* note 122, at 479-480 (providing an example of a patient in need of an advance directive).

Differences in the nature of medical and legal training can make interdisciplinary programs logistically challenging.¹²⁷ Although the law school curriculum allows considerable flexibility in elective choices after the first year, medical school curricula are more constrained until the fourth year.¹²⁸ However, the complete course of medical training, including residency and potentially fellowship, is much longer than law school and offers more time for engaging in medical-legal experiences as a trainee. In addition, many medical students in academic medical centers plan or hope to continue their graduate medical education at the same institution, which offers much greater ongoing connection with the same patients and patient populations.¹²⁹

Teaching methods also differ between law and medical schools. Much of the current pedagogy in medical education emphasizes small group learning, reflective practice, and flipped classrooms.¹³⁰ The Socratic approach is largely out of favor.¹³¹

Professor Tobin Tyler has suggested that one of the most significant barriers to interdisciplinary medical-legal education is geographic: even in universities that integrate an academic medical center and a law school, the two schools will have separate specialized facilities and may be far from one another.¹³² Addressing this barrier requires physically locating the MLP clinic or offices at the health center—where the patients are.¹³³ To limit travel time, law student participation may need to be organized into half-day or full-day blocks.

¹²⁷ See Tyler et al., *supra* note 113, at 290-291 (comparing legal and medical education). Because law schools offer full elective credit for the clinical course, law students tend to be more invested in the course than medical school students, who do not receive full elective credit. See *id.* at 291.

¹²⁸ See *id.* First-year medical students often lack the exposure to issues of poverty and health, leading to a mismatch between their knowledge and that of upper-level law students. See *id.* Third- and fourth-year medical students can participate in joint sessions as a stand-alone seminar. See Tyler et al., *supra* note 113, at 291. Although the seminar includes these most clinically-experienced medical students, their performance in the seminar is less consequential for them than it would be for law students because of the structure of elective credit. See *id.*

¹²⁹ See Wettach, *supra* note 69, at 305 (describing importance for lawyers to possess societal connections). Of course, law students who choose to practice with legal aid services also have opportunities to form ongoing connections with clients, but these occur in a primarily practice-focused, rather than training-focused, environment. See *id.*

¹³⁰ See, e.g., Annette Burgess et al., *Facilitating Small Group Learning in the Health Professions*, 20 BMC MED. EDUC. 457 (2020) (suggesting approaches to teaching small groups); Karen Mann et al., *Reflection and Reflective Practice in Health Professions Education: A Systematic Review*, 14 ADVANCES HEALTH SCIS. EDUC. 595 (2009) (reviewing evidence about use of reflective practice); Khe Foon Hew & Chung Kwan Lo, *Flipped Classroom Improves Student Learning in Health Professions Education: A Meta-Analysis*, 18 BMC MED. EDUC., 2018 (synthesizing from 28 studies that flipped classrooms were significantly more effective than traditional classrooms).

¹³¹ See Amanda Kost & Frederick M. Chen, *Socrates Was Not a Pimp: Changing the Paradigm of Questioning in Medical Education*, 90 ACAD. MED. 20, 21 (2015). Socratic methods used in clinical teaching are referred to in medicine as "pimping", which has increasingly become associated with mistreatment of medical students. *Id.* See also Jill Elizabeth Thistlethwaite et al., *The Effectiveness of Case-Based Learning in Health Professional Education. A BEME Systematic Review: BEME Guide No. 23*, 34 MED. TCHR. e421 (2012) (finding a preference for case-based approaches but inconclusive evidence of educational impact). Some health professions education programs are embracing case-based learning over lecture approaches. *Id.*

¹³² See Tyler et al., *supra* note 113, at 293.

¹³³ Cf. Regenstein et al., *supra* note 95, at 380 (identifying the "lawyer-in-residence" as a core element of MLPs).

c. *Advocacy and Policy*

A third focus for medical-legal partnerships is advocacy for policy changes that will improve the health of target populations.¹³⁴ As medical and legal partners identify common patient needs for legal help, repeated provision of similar services to patients may suggest valuable systemic changes.¹³⁵ Lawyers and law students are well-positioned to develop changes in regulations and statutes that agencies and lawmakers can introduce; physicians and medical students, as members of a highly trusted profession, are well-positioned to advocate for these changes based on their stories of caring for patients. Legal partners can also conduct public training on legal rights and solutions for community groups identified through the MLP.¹³⁶

A potential advantage of AA-MLPs is that the law school partner may be subject to fewer (or, at minimum, different) restrictions than MLPs that involve legal aid societies supported by federal funds.¹³⁷ However, even in an AA-MLP, restrictions on legislative advocacy may depend on whether the academic institution is public or private.¹³⁸ In addition, law students and medical students in a same-institution AA-MLP environment are likely to have access to both legal and medical library resources, enriching their ability to conduct health policy research projects to support systemic advocacy.

Some law reform projects spearheaded by AA-MLPs have resulted in statutory change.¹³⁹ For example, Atlanta's HeLP MLP conducted a project that resulted in legislation mandating booster seats for children up to eight years old when traveling in a car.¹⁴⁰ Others were less successful. Since at least 2011, the Florida State University Center for Innovative Collaboration in Medicine and Law has advocated for Florida to create and provide legal force to a Physician Orders for Life-Sustaining Treatment (hereinafter *POLST*) form.¹⁴¹ The most recently introduced version of the *POLST* bill, Senate Bill 206 in 2019, died in committee along with its predecessors,¹⁴² and a new *POLST* bill has not been introduced.

¹³⁴ See *The Response*, *supra* note 2.

¹³⁵ See Tyler et al., *supra* note 113, at 281 (advocating for school services for teen parents, tenants' rights, and utility shutoff policies).

¹³⁶ See Regenstern et al., *supra* note 95, at 381 (providing examples of public workshops conducted by the Medical Legal Partnership for Children at Kokua Kalihi Valley Family Health services).

¹³⁷ See *LSC Restrictions and Other Funding Sources*, LEGAL SRVCS. CORP. (Jan. 23, 2024), <https://lsc.gov/about-lsc/laws-regulations-and-guidance/lsc-restrictions-and-other-funding-sources> [<https://perma.cc/NEF6-U75M>] (describing how LSC grantees may use LSC, private, and public funds). LSC funds generally may not be used for lobbying, but LSC grantees may use non-LSC funds to testify or comment on proposed legislation in response to a written request from an agency or official. 45 C.F.R. § 1612 (2024). LSC grantees are also limited in their ability to take on fee-generating cases. *Id.* § 1609.3.

¹³⁸ Compare Lobbyist Registration Act, 25 ILL. COMP. STAT. ANN. 170 (West 2023) (requiring all lobbyists to register with the Illinois Secretary of State) *with* State Officials and Employees Ethics Act, 5 ILL. COMP. STAT. ANN. 430 (West 2023) (imposing additional restrictions on political activity by state employees, including state university faculty).

¹³⁹ See generally Pettignano et al., *supra* note 120.

¹⁴⁰ See Pettignano et al., *supra* note 120, at 73-75.

¹⁴¹ See Marshall B. Kapp, *A Collaborative Center in Medicine and Law: Lessons From a Disruptive Innovation*, 9 IND. HEALTH L. REV. 455, 460-62 (2012).

¹⁴² S.B. 206, 2019 Sess. (Fla. 2019).

C. Examples of Specific Academic/Academic Partnerships

The academic/academic MLPs that follow were identified through the Directory of Medical-Legal Programs of the American Bar Association, references in published papers located using legal and medical article databases, and general internet searches.¹⁴³ They are listed roughly in order of their founding; longer-standing MLPs tend to have published more information. Because several AA-MLPs that appear in the Directory or other sources are no longer open, each was checked against its law school or medical school's current web site to confirm that its continued operation. One methodological finding of this review was that many AA-MLPs are operating "quietly", with only limited public or published information about their work and outcomes. Information about integration model is rarely available. Each program is described by its structure, population, activities (practice, training, and policy), and integration model, where possible based on published information.

a. University of Maryland Medical-Legal Partnership Clinic

The University of Maryland's (hereinafter *UMD*) Medical-Legal Partnership Clinic is a project of the UMD Francis King Carey School of Law and the UMD Medical Center that began in 1990.¹⁴⁴ Its target population is people living with HIV.¹⁴⁵ Patients are referred from two UMD HIV clinics through the THRIVE program (Together, Healing, Reaching, Inspiring to achieve Victory over illness and Embrace life) for adults and the Pediatric AIDS Care and Evaluation (PACE) clinic.¹⁴⁶ Law students participate through a year-long 8-credit clinic.¹⁴⁷

b. UNM Medical-Legal Alliance for Children

The University of New Mexico's Medical-Legal Alliance for Children (hereinafter *MLA*) is a component of the Child Justice Initiative of the UNM law school.¹⁴⁸ MLA began in 1994 as a partnership between the law school and the University of New Mexico Medical School and Health Sciences Center, and operates at two community-based UNM

¹⁴³ See *Directory of Medical-Legal Programs*, AM. BAR ASS'N, https://www.americanbar.org/groups/probono_public_service/projects_awards/medical_legal_partnerships_pro_bono_project/directory_of_programs/ (last visited Apr. 8, 2023).

¹⁴⁴ See *Medical-Legal Partnership Clinic*, U. MD., <https://www.law.umaryland.edu/academics/clinics/medical-legal-partnership-clinic/> (last visited March 28, 2023); see also *Medical-Legal Partnership Clinic: Three Decades of Service*, MD. CAREY L. MAGAZINE 20 (2020),

<https://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=1196&context=mcl> (last accessed Mar. 31, 2023) (noting founding of MLP 30 years prior).

¹⁴⁵ See *Medical-Legal Partnership Clinic*, *supra* note 144 (describing which groups medical partnership helps).

¹⁴⁶ See *Medical-Legal Partnership Clinic: Three Decades of Service*, *supra* note 144.

¹⁴⁷ See *Medical-Legal Partnership Clinic: Course Description*, UNIV. MD., <https://www.law.umaryland.edu/academics/course-catalog/course.php?coursenum=549d> [<https://perma.cc/4P79-QQR9>]. Students engage in both litigation and non-litigation matters, in areas including employment discrimination, obtaining Social Security Disability benefits, and others. *Id.*

¹⁴⁸ See *Child & Family Justice Initiative*, UNIV. N.M. SCH. L., <https://lawschool.unm.edu/cfji/preparation/index.html#mla> [<https://perma.cc/UB9G-6BNE>].

medical clinics in Albuquerque.¹⁴⁹ Its target population is "low income, marginalized, and otherwise vulnerable" children and families who use the clinics.¹⁵⁰ In 2007, the partnership was formalized and funded by the McCune Charitable Foundation.¹⁵¹ The MLA employs third-year law students who train alongside medical students in the medical clinics.¹⁵² Law students conduct screening interviews and may later represent patients in judicial and administrative hearings through UNM's Community Lawyering Clinic.¹⁵³ Other activities include training health care workers in legal issues that impact their patients' health and training the law students in health issues that impact legal cases as well as interdisciplinary practice.¹⁵⁴ In addition to integrating law students in medical clinics, fourth year medical students also rotate through the Community Lawyering Clinic, allowing both law students and medical students to gain interprofessional experience.¹⁵⁵

MLA's policy work particularly focuses on children in the child protective service or juvenile justice systems.¹⁵⁶ Following a thorough study of adverse childhood experiences in this population, MLA made recommendations to policymakers for improvements in trauma screening and trauma-informed care both as part of Medicaid well-child visits and during intake of children into the juvenile justice system.¹⁵⁷ MLA

¹⁴⁹ See *id.*

¹⁵⁰ See *Child & Family Justice Initiative*, *supra* note 148.

¹⁵¹ See *Medical-Legal Alliance for Children*, UNIV. NM SCH. L. (June 5, 2007), <https://lawschool.unm.edu/news/2009/06/norwood.html> [<https://perma.cc/BP95-3X3C>] (describing formalization of the partnership and a two-year \$25,000 gift from the McClune Foundation).

¹⁵² See *Child & Family Justice Initiative*, *supra* note 148 ("Because of the law student's engagement, the health care providers, social workers, or community support workers are better able to identify legal issues and to refer patients for MLA legal help.").

¹⁵³ See *id.* (describing the duties that law students employ while participating in the MLA); see also 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. OF HEALTH POL'Y, L., & ETHICS 253, 280 (2017) (discussing the MLA program and the work they do).

¹⁵⁴ See *Child & Family Justice Initiative*, *supra* note 148 (describing the experiences the health care workers and law students get while participating in the MLA).

¹⁵⁵ See Cannon, *supra* note 153, at 288.

The medical students join classroom discussions on advocacy skills, ethics, and social justice values. They participate in legal intakes, transforming the legal interview into a collaborative, holistic problem-identification and problem-solving session by a medical student/law student team. Medical students come to court and participate in and observe other case events. . . . In case rounds in the Community Lawyering Clinic, law and medical students discuss the challenges facing traumatized children and families in their cases, work through various dimensions of the problem, develop possible solutions, and begin to make a plan for next steps.

Id.

¹⁵⁶ See Yael Cannon et al., *Adverse Childhood Experiences in the New Mexico Juvenile Justice Population*, GEO. L. CTR. 1 (Feb. 2016), <https://scholarship.law.georgetown.edu/facpub/2191> [<https://perma.cc/Y75B-LJRY>].

¹⁵⁷ See Cannon, *supra* note 153, at 294-95 (describing recommendations MLA made to policymakers). MLA made policy recommendations to the state to incorporate trauma screening for children in a variety of interactions with the state: returning and entering the criminal justice system and Medicaid well child checks. *Id.*

also used the research results to augment its practice, by emphasizing early detection of adverse childhood experiences during medical visits by children with prenatal drug exposure, and its training of law students and health care providers.¹⁵⁸

c. *University of Miami Health Rights Clinic*

The Health Rights Clinic (hereinafter *HRC*) is a partnership between the University of Miami's School of Law and its Miller School of Medicine.¹⁵⁹ HRC's target population is low-income patients at University of Miami's hospital and at clinical centers, including those focused on AIDS, cancer, and child development.¹⁶⁰ HRC specifically works on issues relating to immigration and veteran benefits.¹⁶¹ Law students participate in the MLP through a year-long 12-credit clinic and/or a summer 6-credit clinic.¹⁶² Medical students can participate in the clinic as an elective rotation; legal and medical trainees learn interprofessionally at both the law school and medical school.¹⁶³

In addition to direct representation of clients and cross-training students, HRC engaged in a number of policy projects focused on the needs of local communities.¹⁶⁴ For

¹⁵⁸ See Yael Cannon & Andrew Hsi, *Disrupting the Path from Childhood Trauma to Juvenile Justice: An Upstream Health and Justice Approach*, 43 *FORDHAM URB. L.J.* 425, 483 (2016) (elaborating on the importance of early detection and prevention); see also Carly Loughran, *Maternal Substance Use: How the MLP Model Can Address Issues Surrounding Mandatory Reporting Laws*, 30 *GEO. J. POVERTY L. & POL'Y* 115, 124-26 (2022) (describing MLA as example of MLP regularly encountering mothers who may have used drugs while pregnant); Cannon, *supra* note 153, at 297 (discussing incorporating cited studies into teaching students).

¹⁵⁹ See *Health Rights Clinic*, U. MIA., <https://www.law.miami.edu/academics/experiential-learning/clinics/health-rights/index.html> [<https://perma.cc/LKA2-B38G>] (introducing Health Rights Clinic and clinic goals). The clinic was established in 2006. See *10 Year Anniversary Celebration*, 4 *CLINICIAN* (U. Mia., Miami, Fla.), Fall 2015, at 1, 1 (noting ten-year anniversary celebration of the Health Rights Clinic in 2016).

¹⁶⁰ See *Health Rights Clinic*, *supra* note 159 (describing HRC's areas of concentration); see also Miami Law Staff Report, *Presence at Pediatric Mobile Clinic Enables Health Rights Clinic to Provide Legal Services to Immigrant Children*, U. MIA. (Apr. 1, 2015), <https://news.miami.edu/law/stories/2015/04/presence-at-pediatric-mobile-clinic-enables-health-rights-clinic-to-provide-legal-services-to-immigrant-children.html> [[https://perma.cc/BKD9-Y\]KHJ](https://perma.cc/BKD9-Y]KHJ)] (describing program embedding law students in mobile clinic bus).

¹⁶¹ See *10 Year Anniversary Celebration*, *supra* note 159, at 7 (noting priority areas for representation). Along with concentrating on immigration and veteran benefit related representation, HRC also focuses on advance directives and public benefits. *Id.*

¹⁶² See *Health Rights Clinic – Students*, U. MIA., <https://www.law.miami.edu/academics/experiential-learning/clinics/health-rights/students/index.html> [<https://perma.cc/9SU7-J4Y2>] (detailing expectations for students in HRC).

¹⁶³ See *id.* In HRC, medical professionals teach law students and law students instruct at the medical school. *Id.*

¹⁶⁴ See, e.g., Lauren Beiley, *Fighting for the Afflicted and Underserved: Health Rights Clinic Secures Multiple Client Wins in 2022*, U. MIA. (Dec. 15, 2022), <https://news.miami.edu/law/stories/2022/12/health-rights-clinic-secures-client-wins.html> [<https://perma.cc/3KFJ-UQLD>]; see also Miami Law Staff Report, *Health Rights Clinic Helps Cancer Patient to Naturalize Despite Unprecedented USCIS Backlog*, U. MIA. (Dec. 8, 2021), <https://news.miami.edu/law/stories/2021/12/health-rights-clinic-helps-cancer-patient-to-naturalize-despite-unprecedented-uscis-backlog.html> [<https://perma.cc/V3CY-UYTJ>]; Patricia

example, following Hurricane Irma, HRC's criticism of the implementation of the federal Disaster Supplemental Nutrition Assistance Program by Miami-Dade County's Department of Children and Families led to public response by the Department with plans to improve the application process.¹⁶⁵ In 2010, HRC received the Award for Excellence in a Public Interest Case or Project from the Clinical Legal Education Association for its work in assisting Haitians in Miami filing for temporary protected status (hereinafter *TPS*) immediately after the January 2010 earthquake.¹⁶⁶ HRC has since established an "alternative spring break" program for visiting law students to participate in TPS cases.¹⁶⁷

d. *Health Law Partnership (HeLP), Georgia*

Founded in 2007, the Health Law Partnership (hereinafter *HeLP*) is an MLP between the Georgia State University College of Law and three academic medical partners: Emory University School of Medicine, Morehouse School of Medicine, and Children's Healthcare of Atlanta (hereinafter *CHOA*).¹⁶⁸ Atlanta Legal Aid Services is a non-academic legal partner in HeLP.¹⁶⁹ HeLP's target population is families with incomes at or below 200% of the federal poverty level with a child who is seen at CHOA.¹⁷⁰

Borns, *UM Law Students Dig Into Healthcare Policy to Help a Patient Get Life-Saving Treatment - Sometimes Getting Treatment Takes More Than a Healthcare Navigator. It Takes a Lawyer -- or Four*, MIA. HERALD (Apr. 18, 2014, 9:08 PM),

<https://www.miamiherald.com/news/local/community/miami-dade/article1962973.html> [https://perma.cc/R9UW-FRHF].

¹⁶⁵ See Carli Teproff, *U.M. Law Clinic Takes on DCF Over Snarled Food-Stamp Lines in the Heat After Irma*, MIA. HERALD (Oct. 18, 2017, 8:57 PM),

<https://www.miamiherald.com/news/local/community/miami-dade/coral-gables/article179429671.html> [https://perma.cc/8CZR-7QFY].

¹⁶⁶ See *Committee Reports: Awards Committee*, 18 CLEA NEWSL. no. 3 (CLEA, New York, N.Y.), May 2010, at 3, 4. The HRC had great success in assisting Haitians in Miami with their immigration filings. *Id.* HRC, in conjunction with other law clinics from around the country, processed 150 temporary protected status applications, with most fee-waived. *Id.*

¹⁶⁷ See *Health Rights Clinic: Innovative Projects*, UNIV. OF MIA.,

<https://www.law.miami.edu/academics/experiential-learning/clinics/health-rights/projects/index.html> [https://perma.cc/5J4E-2TXQ] (describing clinic projects and programs). The clinic has been actively assisting Haitian citizens applying for temporary protected status. *Id.* Involvement encompasses educating community leaders and advocates about the application procedure and offering essential aid to a vulnerable population requiring humanitarian support. *Id.*

¹⁶⁸ See Pettignano et al., *supra* note 120 (describing formation of HeLP); see also *Health Law Partnership Legal Services Clinic*, GA. STATE UNIV., <https://law.gsu.edu/student-experience/experiential-learning/clinics/health-law-partnership-legal-services-clinic/> [https://perma.cc/RH3X-BP7Y] (noting clinic was founded in 2007). HeLP cases cover various areas such as housing, education, family law, supplemental security income, and other social benefits. *Id.* HeLP students and supervising attorneys offer pro bono legal aid to individuals who cannot afford legal representation. *Id.*

¹⁶⁹ See *Health Law Partnership Legal Services Clinic*, *supra* note 168.

¹⁷⁰ See *id.* (noting over 50% of CHOA's patients qualify). HeLP's four goals are:

- (1) to provide legal services to low-income families whose children are treated by Children's Healthcare of Atlanta;
- (2) to provide interdisciplinary education related to the legal and social issues facing HeLP's clients;
- (3) to promote

HeLP's legal practice is extensive, recovering over \$1 million annually on average in benefits for its clients.¹⁷¹ Services are provided at four locations on hospital campuses in the Atlanta area, where clients are identified through referrals from hospital social workers or self-referrals.¹⁷² Intake occurs through an interdisciplinary meeting, and results in clients receiving self-help support, representation by a staff attorney, or supervised representation by law students.¹⁷³

Up to 20 law students participate in HeLP through a semester-long 6-credit clinic that can be repeated for 4-6 credits in subsequent semesters.¹⁷⁴ Fourth-year medical students at Emory or Morehouse participate through an elective rotation in law and medicine.¹⁷⁵ Additionally, pediatric residents from Emory participate in clinic case rounds.¹⁷⁶ Graduate students in public health and social work at Georgia State can also participate in the MLP.¹⁷⁷ In addition to interprofessional training within the MLP, HeLP provides in-service training to hospital staff.¹⁷⁸

HeLP's policy reform endeavors have included conducting a study on seatbelt injuries in school-aged children who did not use booster seats.¹⁷⁹ The study resulted in proposed legislation drafted by students that requires booster seats for children up to 8

advocacy on behalf of the health and well being of children; and (4) to engage in on-going evaluation and research of HeLP's operations and impact on the community so that it can serve as a model demonstration project for other health care institutions, legal services organizations, and law schools who wish to develop similar medical-legal partnerships.

Id.

¹⁷¹ *See id.*

¹⁷² *See* Pettignano et al., *supra* note 120, at 65 (describing client intake process and eligibility requirements). HeLP staff persistently acknowledges feedback's crucial role in the healthcare delivery system. *Id.* HeLP attorneys seek explicit consent from clients before sharing information with healthcare provider colleagues. *Id.*

¹⁷³ *See id.* at 67.

¹⁷⁴ *See Health Law Partnership Legal Services Clinic, supra* note 168; *see also* Lisa Bliss et al., *A Model for Interdisciplinary Clinical Education: Medical and Legal Professionals Learning and Working Together to Promote Public Health*, 18 INT'L J. CLINICAL LEGAL EDUC. 149 (2012) (detailing educational components of HeLP in 2012).

¹⁷⁵ *See* Pettignano et al., *supra* note 120, at 68 (explaining engagement opportunities for student in HeLP).

¹⁷⁶ *See id.* at 70-71. Case rounds are bi-weekly group discussions held throughout the semester to review the status of clinic cases and address specific legal, medical, ethical, and other issues that emerge during client representation. *Id.* During these sessions, the class deliberates on student learning and client advocacy matters. *Id.*

¹⁷⁷ *See Health Law Partnership Legal Services Clinic, supra* note 168.

¹⁷⁸ *See* Pettignano et al., *supra* note 120, at 72-73 (explaining HeLP's education component). HeLP's hospital-based interdisciplinary educational component aims to enhance the enduring impact of the legal services segment by educating hospital professionals to recognize, understand, and appropriately refer children and their families. *Id.* This ensures that their social needs and legal rights are addressed effectively. *Id.*

¹⁷⁹ *Id.* at 73-74 (showing awareness of injuries and need for study).

years old.¹⁸⁰ The bills were taken up in the state legislature, enacted into law, and signed by the Governor.¹⁸¹

HeLP intends its work to be rigorously evaluated.¹⁸² Consequently, it has published a series of extensive evaluation reports outlining its accomplishments across a series of well-defined metrics, such as professional education activities, sources of referral, trainee satisfaction, client experience, and administrative claims.¹⁸³ More recently, it has been engaged in developing an MLP scorecard to measure internal processes, outcomes to clients and other stakeholders, sustainability and growth, and financial status.¹⁸⁴

The HeLP partners share governance of the MLP through an Advisory Council and by conducting annual strategic planning processes.¹⁸⁵ The partners share responsibility for providing financial and human resources to the MLP and seeking outside support.¹⁸⁶

e. Kansas University Medical-Legal Partnership

The MLP at Kansas University (hereinafter *KU MLP*) includes the KU School of Law and the University of Kansas Health System at KU Medical Center.¹⁸⁷ KU MLP was founded in 2008.¹⁸⁸ Non-academic health care partner Lawrence Memorial Hospital (hereinafter *LMH Health*) joined the MLP as a second site in 2016.¹⁸⁹ KU MLP's target

¹⁸⁰ *Id.* at 75 (highlighting parameters of proposed law that students created).

¹⁸¹ *Id.* The law that the students proposed was introduced to both the State Senate and State House of Representatives after sponsors were found. *Id.* After the law was passed by both the senate and the house, it was signed into law by the governor. *Id.*; see also 2011 Ga. Laws 62 (showing proposed legislation).

¹⁸² See Pettignano et al., *supra* note 120, at 76-78. HeLP holds an annual event which has the purpose of reflecting on prior accomplishments. *Id.* The other purpose of the event is to plan for the future by discussing issues such as services offered, research priorities and scholarships. *Id.*

¹⁸³ See *Program Evaluation*, HEALTH L. P'SHIP, https://web.archive.org/web/20230325211017/https://healthlawpartnership.org/evaluation_research/program_evaluation/ (collecting executive summaries of evaluation reports between 2009 and 2014).

¹⁸⁴ Sylvia B. Caley et al., *Speaking Their Language: Developing a Scorecard for Medical-Legal Partnership to Balance Quality & Productivity*, 5 INT'L J. HEALTH, WELLNESS & SOC'Y 9, 13 (Aug. 13, 2015).

¹⁸⁵ See Pettignano et al., *supra* note 120, at 62-63. The Advisory Council was first formed in 2003 and has people knowledgeable in areas such as medicine, law, public health, social work and education. *Id.* The council meets quarterly. *Id.*

¹⁸⁶ *Id.* at 63 (showing various ways partners support MLP).

¹⁸⁷ See *Medical-Legal Partnership Field Placement Program*, UNIV. KAN. SCHL. L., <https://law.ku.edu/academics/hands-on-learning/field-placements/medical-legal-partnership> (last visited Apr. 8, 2023) (showing the composition of the MLP).

¹⁸⁸ See *KU Law Medical-Legal Partnership giving high quality work to More Kansans than ever*, WIBW 580 (Oct. 10, 2019), <https://www.580wibw.com/ku-law-medical-legal-partnership-giving-high-quality-work-to-more-kansans-than-ever/> (last visited Apr. 4, 2024) (noting 2008 as the start date for the MLP).

¹⁸⁹ See Jessica Thomas, *Achieving better health outcomes with a little legal help*, LMH Health (Feb. 23, 2022), <https://www.lmh.org/news/2022-news/achieving-better-health-outcomes-with-a-little-legal-help/> (last visited Apr 15, 2023) (discussing implementation of MLP at LMH, including support from the LMH Health Foundation in 2022).

population is low-income patients and families.¹⁹⁰ Representation is focused on the "I-HELP" areas.¹⁹¹

Between 2016 and 2019, the KU MLP reported receiving over 2,500 referrals from participating health care providers.¹⁹² Participating law students enroll in a 3-6 credit semester-long externship-style field placement, rather than a clinic within the law school.¹⁹³ Students work at a single clinic site for the duration of the field placement and may "conduct intake interviews, develop case strategies, conduct legal research, prepare legal documents, and provide representation in administrative hearings and court."¹⁹⁴

f. Medical-Legal Partnership – Richmond (MLP-R), Virginia

The Medical-Legal Partnership – Richmond (hereinafter *MLP-R*) involves the University of Richmond Law School and the hospitals and clinics of Virginia Commonwealth University, as well as non-academic legal partners such as the Legal Aid Justice Center and the Virginia Legal Aid Society.¹⁹⁵ MLP-R began operating in 2011 in connection with the VCU Massey Cancer Center and expanded to VCU Children's Hospital in 2018.¹⁹⁶ MLP-R's target population is low-income patients of the VCU health

¹⁹⁰ *Medical-Legal Partnership Field Placement Program*, *supra* note 187. Students assist low-income patients as well as their families by giving transactional legal help while being supervised by attorneys that are a part of MLP. *Id.*

¹⁹¹ See *Medical-Legal Assistance*, KU SCH. L., <https://law.ku.edu/public-resources/mlp> [<https://perma.cc/9TBE-KAHY>] (explaining focus of KU School of Law MLP on I-HELP priority areas); Marple, *supra* note 60, at 3 (discussing relationship between I-HELP priority areas and civil legal aid interventions). Rather than focusing solely on civil legal aid interventions, analyzing the effects of social determinants of health on access to resources and basic necessities will help improve patient outcomes. See Marple, *supra* note 60, at 3. I-HELP areas include Income/insurance, Housing/utilities, Education/employment, Legal status, and Personal/family stability. See generally Teitelbaum & Lawton, *supra* note 13, at 363-64.

¹⁹² See Margaret Hair, *KU's Medical-Legal Partnership Sees Increase in Patient Referrals*, KU NEWS (Oct. 4, 2019), <https://today.ku.edu/medical-legal-partnership-provides-legal-services-those-need> [<https://perma.cc/8GCG-2JV9>] (describing rapid growth in patient referrals).

¹⁹³ See *Medical-Legal Partnership Field Placement Program*, *supra* note 187 (detailing KU School of Law MLP field placement program requirements).

¹⁹⁴ See *The KU School of Law Medical-Legal Partnership Field Placement Application*, KU SCH. L., <https://law.ku.edu/sites/law/files/documents/academics/hands-on-learning/mlp-application-apr-2023.pdf> [<https://perma.cc/J6SB-H6YS>] (outlining program structure and activities student-participants complete).

¹⁹⁵ See *Pro Bono Programs*, U. RICH. SCH. L., <https://law.richmond.edu/public-service/pro-bono/programs.html> [<https://perma.cc/XX3H-9FN4>] (highlighting elements of pro bono programs at University of Richmond School of Law); *Health Justice and Public Benefits*, LEGAL AID JUST. CTR., <https://www.justice4all.org/economic-justice/medical-legal-partnership/> [<https://perma.cc/4QLT-TRS3>] (discussing goal of MLPs Legal Aid Justice Center operates).

¹⁹⁶ See Aferia, *Medical-Legal Partnership Works to Improve Patient Health and Well-Being at CHOR*, CHILD'S MIRACLE NETWORK HOSPS.'S (Jan. 22, 2020), <https://chfrichmond.childrensmiraclenetworkhospitals.org/medical-legal-partnership-works-to-improve-patient-health-and-well-being-at-chor/> [<https://perma.cc/3HYJ-B7J7>] (noting issues MLP addresses include housing and public benefits). MLP-Richmond offers aid to families and children. *Id.* "While housing issues remain the most common challenge for CHoR patients, MLP-Richmond also assists families with matters related to health and public benefits, employment law, family law and consumer law." *Id.*

care system.¹⁹⁷ Law students work in MLP-R through the law school's pro bono center, and students do not receive academic credit for MLP-R participation.¹⁹⁸

g. *Veterans Advocacy Clinic, Florida*

The Veterans Advocacy Clinic (hereinafter *VAC*) is an example of a medical-legal partnership between a law school and a medical school that are not both within the same university.¹⁹⁹ *VAC* is a partnership between the Stetson University College of Law and the University of South Florida Morsani College of Medicine.²⁰⁰ *VAC* was established in 2012.²⁰¹ Its target population is veterans seeking entitled disability benefits.²⁰² An unusual feature of the MLP is that in many cases, the veterans begin as law clinic clients and are referred to the health care partner to obtain examinations and evaluations necessary to support their benefit claims.²⁰³

Law students participate in the MLP through a 4-5 credit law clinic.²⁰⁴ The law clinic conducts medical case reviews in conjunction with USF Health trainees.²⁰⁵ Through the MLP, law students train medical students and faculty in VA benefit requirements.²⁰⁶

¹⁹⁷ See *Video: The Virginia Law Foundation Supports Medical-Legal Partnership – Richmond, VA*, L. FOUND., <https://www.virginialawfoundation.org/story/video-medical-legal-partnership-richmond/> [https://perma.cc/E2HF-4CVT] (recognizing financial support provided by Virginia Law Foundation to MLP-R).

¹⁹⁸ See *Pro Bono Programs*, *supra* note 195; see also *Carrico Center Student Agreement*, U. RICH. SCH. L., <https://law.richmond.edu/public-service/pro-bono/student-agreement.html> [https://perma.cc/FGQ9-M8CM] (mentioning students do not receive academic credit for pro bono work). *But cf. Health Law Curriculum*, U. RICH. SCH. L., https://law.richmond.edu/academics/curriculum/choosing_courses/planning/health-law.html [https://perma.cc/WUA3-LDLL] (referring to MLP participation as externship).

¹⁹⁹ See Stacey-Rae Simcox, *Lightening the VA's Rucksack: A Proposal for Higher Education Medical-Legal Partnerships to Assist the VA in Efficiently and Accurately Granting Veterans Disability Compensation*, 25 CORNELL J. L. & PUB. POL'Y 141, 176 (2015); *Veterans Law Institute – About Our Partnerships*, STETSON L., <https://www.stetson.edu/law/veterans/vli-partnerships.php> [https://perma.cc/6PSW-UQS7] (describing partnerships between Stetson University College of Law and various local and national organizations).

²⁰⁰ See *Veterans Law Institute – About Our Partnerships*, *supra* note 199.

²⁰¹ See Gary Blankenship, *Stetson Clinic Assists Veterans, Teaches Law Students*, FLA. BAR NEWS (July 24, 2020), <https://www.floridabar.org/the-florida-bar-news/stetson-clinic-assists-veterans-teaches-law-students/> [https://perma.cc/D8E9-SQEY] (noting clinic established in 2012).

²⁰² See *Veterans Law Institute – About Our Partnerships*, *supra* note 199; *Stetson University and USF Health Form First-of-a-Kind Partnership to Help Veterans*, USF HEALTH (Oct. 2, 2014), <https://hscweb3.hsc.usf.edu/blog/2014/10/02/stetson-university-usf-health-form-first-kind-partnership-help-veterans/> [https://perma.cc/64JY-VLB9] (detailing relationship between Stetson University and USF Health).

²⁰³ See Stacey-Rae Simcox, *The Need for Better Evidence in VA Disability Compensation Cases and the Argument for More Medical-Legal Partnerships*, 68 S.C. L. REV. 223, 239–40 (2016) (recounting story of client referred to and treated by Morsani College of Medicine).

²⁰⁴ See *Veterans Advocacy Clinic*, STETSON L., <https://www.stetson.edu/law/academics/clinical-education/po-veterans-appellate-rights-clinic.php> [https://perma.cc/XG9E-3X4A].

²⁰⁵ See *Stetson University and USF Health Form First-of-a-Kind Partnership to Help Veterans*, *supra* note 202; see also Simcox, *supra* note 199.

²⁰⁶ See Simcox, *supra* note 199, at 241–42.

h. Medical-Legal Partnership for Seniors, California

The Medical-Legal Partnership for Seniors Clinic (hereinafter *MLPS*) is a collaboration between UC Law San Francisco and the UCSF Medical Center.²⁰⁷ The San Francisco VA Medical Center is an additional non-academic partner.²⁰⁸ The MLP was formed in 2012.²⁰⁹ Its target population is senior citizens, and its work includes advance directives, estate planning, benefits, and probate conservatorships.²¹⁰

MLPS provides direct legal services onsite at medical clinics and hospitals, and its staff also visit clients' homes.²¹¹ Collaboration with the health care partner facilitates obtaining medical records for clients, as well as providing access to social workers.²¹² In 2019, MLPS reported that it obtained additional in-home care hours, increased monthly income benefits, debt waivers, and other financial benefits for its clients, as well as savings to the health care partners.²¹³ Law student participation takes the form of a law school clinic with an average of 12-15 hours of weekly fieldwork.²¹⁴

i. Pediatric Advocacy Clinic, Michigan

The Pediatric Advocacy Clinic (hereinafter *PAC*) is an MLP between the University of Michigan Law School and the University of Michigan health care system.²¹⁵ The earliest published information about the MLP appeared in 2014.²¹⁶ PAC's target population is children and their families referred by University of Michigan health care providers at the C.S. Mott Children's Hospital, Ypsilanti Health Center, Corner Health Center, or Washtenaw County Maternal Infant Health Program.²¹⁷

PAC provides direct legal services to patients and families in areas including special education, Medicaid and other public benefits, family law, and housing. PAC also conducts trainings for health care providers, families, and community organizations on related topics.²¹⁸ PAC's policy work includes an advocacy letter project, in which the MLP identified its patients' common medical-legal issues and created advocacy letter templates

²⁰⁷ See *Medical-Legal Partnership for Seniors Clinic*, *supra* note 53.

²⁰⁸ See *id.*

²⁰⁹ See Paula Span, *The Doctor's New Prescription: A Lawyer*, N.Y. TIMES (Mar. 21, 2013), <https://archive.nytimes.com/newoldage.blogs.nytimes.com/2013/03/21/lawyers-join-a-seniors-clinic/> [<https://perma.cc/PDL3-399J>] (noting program began September 2012, under previous name of U.C. Hastings College of Law).

²¹⁰ See *Medical-Legal Partnership for Seniors Clinic*, *supra* note 53.

²¹¹ See Sarah Hooper, *The Medical-Legal Partnership Model: A Focus on Older Adults and Social Determinants of Health*, 43 GENERATIONS: J. AM. SOC'Y AGEING 99, 101 (2019).

²¹² See *id.*

²¹³ See *id.*

²¹⁴ See *Medical-Legal Partnership for Seniors Clinic*, *supra* note 53.

²¹⁵ See *Pediatric Advocacy Clinic*, *supra* note 52.

²¹⁶ Cf. Lori Atherton, *Appleberry: Tax Issues and Domestic Violence Survivors*, Spring-2014 L. QUADRANGLE 51 (2014) (noting referrals from Pediatric Advocacy Clinic to Low-Income Taxpayer Clinic by 2014).

²¹⁷ See *Pediatric Advocacy Clinic*, *supra* note 52.

²¹⁸ See *id.* ("These presentations provide an overview of essential legal topics as well as an opportunity to develop advocacy skills, such as asking screening questions or writing a letter to a government agency or landlord on a patient's behalf.")

within the electronic medical record for health care providers to use on behalf of their patients.²¹⁹

j. Yale MLPs, Connecticut

Through its Solomon Center for Health Law and Policy, Yale Law School participates in eight MLPs formed between 2013 and 2017, six of which also involve the Yale School of Medicine and Yale-New Haven Hospital.²²⁰ Target populations include the elderly (Geriatric MLP), cancer patients (Oncology MLP and Palliative Care MLP), children (Pediatric Care MLP and Pediatric Gender MLP), and the formerly incarcerated (Transitions MLP).²²¹ Although each MLP has its own associated faculty supervisors, the Solomon Center named Professor James Bhandary-Alexander as overall MLP director in 2020 as the MLP programs expanded.²²²

Law students participate in an MLP as a law school clinic, and areas of practice vary by MLP.²²³ Although the typical MLP experience placed law students on-site in health care clinics, some of the newer Yale MLPs organized near in time to the COVID-19 pandemic incorporated remote practice from their inception to protect immunocompromised and otherwise at-risk patients.²²⁴

²¹⁹ See Kayla B. Phelps et al., *Strengthening Medical-Legal Partnerships: The Advocacy Letter Project*, 19 ACAD. PEDIATRICS e40-41 (2019); see also Rahul Vanjani et al., *The Social Determinants of Health — Moving Beyond Screen-and-Refer to Intervention*, 389 NEW ENG. J. MED. 569 (2023) (describing development of letter templates and electronic health record shortcuts). Providing advocacy letters and other tools directly to health care providers is also the basis of Docs for Health, which provides legacy free resources and a commercial subscription. See also *Docs For Health*, DOCS FOR HEALTH, <https://docsforhealth.org> [<https://perma.cc/EE23-Z9LD>].

²²⁰ See *Medical-Legal Partnerships*, YALE L. SCH., <https://law.yale.edu/solomon-center/medical-legal-partnerships> [<https://perma.cc/WWU5-6S36>]. The two non-academic MLPs are Haven MLP (partnership with free clinic staffing Yale medical students yet not part of Yale medical school) and the Veterans MLP of the Connecticut Veterans Legal Center and VA Connecticut. See *id.*; see also Benfer, *supra* note 38.

²²¹ See *About our Medical Legal Partnerships*, YALE L. SCH., <https://law.yale.edu/solomon-center/medical-legal-partnerships/about-our-medical-legal-partnerships> [<https://perma.cc/MZ4F-VHWB>].

²²² See *Medical Legal Partnership Welcomes First Legal Director*, YALE NEW HAVEN HOSP. (July 30, 2020), <https://www.ynhhs.org/publications/bulletin/archive/073020/medical-legal-partnership-welcomes-first-legal-director> [<https://perma.cc/VA2A-BHLE>]. "In his new role as MLP legal director, Bhandary-Alexander will work closely with medical partners . . . to expand legal representation available to patients. He will also lead a strategic planning effort for YNHH to identify additional community needs and opportunities for possible expansion of the MLP at the hospital." *Id.*

²²³ See *About our Medical Legal Partnerships*, *supra* note 221. See, e.g., Emily Montemerlo, *Medical-Legal Partnerships Bring Comfort, Relieve Stress*, YALE SCH. MED. (Nov. 1, 2022), <https://medicine.yale.edu/news-article/medical-legal-partnerships-bring-comfort-relieve-stress/> [<https://perma.cc/2LLY-L62N>] (discussing experiences with palliative care MLP); *Clinics & Experiential Learning*, YALE L. SCH., <https://law.yale.edu/solomon-center/students/clinics-experiential-learning> [<https://perma.cc/N5ZH-72CR>].

²²⁴ See *Medical-Legal Partnerships Advocate for Equitable Care*, YALE L. SCH. (June 10, 2022), <https://law.yale.edu/yls-today/news/medical-legal-partnerships-advocate-equitable-care> [<https://perma.cc/BVF9-EMR4>].

k. Family Justice Partnership, Philadelphia

The Family Justice Partnership (hereinafter *FJP*) is an MLP between the University of Pennsylvania Carey Law School and the Children's Hospital of Philadelphia (hereinafter *CHOP*) formed in 2015.²²⁵ Community Legal Services of Philadelphia is an additional non-academic legal partner.²²⁶ The MLP's target population is children seen at CHOP and their families.²²⁷ Law students participate in the MLP through the law school's one-semester 7-credit interdisciplinary child advocacy clinic, which also includes graduate social work students.²²⁸ Cross-training is a feature of FJP, with health care providers training lawyers and law students in issues relevant to the patient population, and lawyers training health care providers on legal advocacy.²²⁹

l. Georgetown University Health Justice Alliance

The Georgetown University Health Justice Alliance (hereinafter *HJA*) was formed in 2016 by the Georgetown University's Schools of Law and Medicine.²³⁰ In addition to the MLP at Georgetown University Medical Center, HJA is expanding to other sites to address cancer patients and pregnant women.²³¹ Families of Georgetown's community pediatrics division are the target population of the primary MLP.²³²

Law students participate in the MLP through the semester-long 10-credit HJA law clinic.²³³ Fourth-year medical students may rotate through the law clinic as part of a

²²⁵ See *Family Justice Partnership*, CHILD.'S HOSP. PHILA. (Mar. 19, 2018),

<https://www.chop.edu/resources/family-justice-partnership> [https://perma.cc/RM7H-HY9R].

²²⁶ See Leigh Wilson-Hall et al., *Family Justice Partnership: A Medical Legal Partnership Making the Case for Kids at CHOP*, CHILD.'S HOSP. PHILA. (Jan. 18, 2019),

<https://policyab.chop.edu/blog/family-justice-partnership-medical-legal-partnership-making-case-kids-chop> [https://perma.cc/99EL-GX6F].

²²⁷ See *Family Justice Partnership*, *supra* note 225.

²²⁸ See *Interdisciplinary Child Advocacy Clinic*, UNIV. PA., <https://www.law.upenn.edu/clinic/child/>

[https://perma.cc/WE9E-AYMQ]; see also *ICAC Students*, UNIV. PA.,

<https://www.law.upenn.edu/clinic/child/students.php> [https://perma.cc/5PCH-C283].

²²⁹ See Leigh Wilson-Hall et al., *supra* note 226.

²³⁰ See *About Us*, GEO. U. HEALTH JUST. ALL., <https://www.law.georgetown.edu/health-justice-alliance/about-us/> [https://perma.cc/STN2-XLK7].

²³¹ See *Delivering Health Justice*, GEO. U. HEALTH JUST. ALL., <https://www.law.georgetown.edu/health-justice-alliance/delivering-health-justice/> [https://perma.cc/GZ58-R6H3]; *Cancer LAW Project*, GEO. U. HEALTH JUST. ALL., <https://www.law.georgetown.edu/health-justice-alliance/our-work/delivering-health-justice/cancer-law-project/> [https://perma.cc/A2DK-ZSJA] (describing Cancer Legal Assistance & Well-being project started in 2019); *Perinatal LAW Project*, GEO. U. HEALTH JUST. ALL., <https://www.law.georgetown.edu/health-justice-alliance/our-work/delivering-health-justice/perinatal-law-project/> [https://perma.cc/HB8D-7DTW] (describing Perinatal Legal Assistance & Well-being project started in 2021).

²³² See *Law*, GEO. U. HEALTH JUST. ALL., <https://www.law.georgetown.edu/health-justice-alliance/student-opportunities/law> [https://perma.cc/JCB8-7C77].

²³³ See *Health Justice Alliance Clinic*, GEO. L., <https://www.law.georgetown.edu/experiential-learning/clinics/our-clinics/health-justice-alliance-clinic/> [https://perma.cc/KKF4-LTKF].

broader Health Justice Scholars track in the School of Medicine.²³⁴ The medical school also offers a selective for first-year medical students that introduces MLPs.²³⁵

HJA specifically identifies itself as an academic MLP.²³⁶ HJA has published several reports and toolkits intended to spur policy changes or assist other MLPs.²³⁷ HJA is currently conducting the Prospective Inter-Professional Education Study, or PIPELINE, in which it follows its law and medical school graduates during their training and into practice to assess the impact of their MLP participation.²³⁸

m. Carolina Health Advocacy Medicolegal Partnership (CHAMPS)

The Carolina Health Advocacy Medicolegal Partnership (hereinafter *CHAMPS*) is a partnership founded in 2017 between the University of South Carolina Schools of Law and Medicine, along with non-academic partner Prisma Health.²³⁹ CHAMPS is part of the South Carolina Medical Legal Partnership Collaborative, which is funded by the Duke Endowment, and includes non-AA-MLPs as well.²⁴⁰ CHAMPS's target population is low-income children seen at Prisma Health and their families.²⁴¹ Law students participate through a law school clinic and visits to Prisma Children's Hospital.²⁴²

²³⁴ See *Law*, *supra* note 232; *Medicine*, GEO. U. HEALTH JUST. ALL., <https://www.law.georgetown.edu/health-justice-alliance/student-opportunities/medicine> [<https://perma.cc/79UB-7CN7>].

²³⁵ See *Medicine*, *supra* note 234. There are also opportunities for nursing students at Georgetown to participate. See *Nursing*, GEO. U. HEALTH JUST. ALL., <https://www.law.georgetown.edu/health-justice-alliance/student-opportunities/nursing> [<https://perma.cc/NH4S-QYKH>].

²³⁶ See *About Us*, *supra* note 230.

²³⁷ See *generally Publications & Resources*, GEO. U. HEALTH JUST. ALL., <https://www.law.georgetown.edu/health-justice-alliance/publications-resources/> [<https://perma.cc/9YTF-8TVM>].

²³⁸ See *Training Health Justice Leaders*, GEO. U. HEALTH JUST. ALL., <https://www.law.georgetown.edu/health-justice-alliance/our-work/training-health-justice-leaders/> [<https://perma.cc/MG6B-BS4N>].

²³⁹ See Kirby Mitchell & Lori Horst, *Sharpest Tool in a Doctor's Toolkit: Medical Legal Partnerships in South Carolina*, 33 S.C. LAW. 49, 53-58 (2022); see also *SC Medical-Legal Partnership Collaborative*, MLP COLLABORATIVE, <https://mlpcollaborative.org/champs/> [<https://perma.cc/XGK4-3PC2>] (noting establishment of CHAMPS in 2017).

²⁴⁰ See *SC Medical-Legal Partnership Collaborative*, *supra* note 239; see also Andersen Cook, *CHAMPS Awarded Second Million-Dollar Duke Endowment Grant*, UNIV. S.C. JOSEPH F. RICE SCH. L. (Jan. 22, 2024), https://sc.edu/study/colleges_schools/law/about/news/2024/champs_awarded_second_million_dollar_duke_endowment_grant.php [<https://perma.cc/799A-4BMD>].

²⁴¹ See *Carolina Health Advocacy Medicolegal Partnership (CHAMPS) Clinic*, UNIV. S.C. SCH. L., https://sc.edu/study/colleges_schools/law/academics/experiential_learning/clinics/champs_clinic/ [<https://perma.cc/9MDV-NHES>] [hereinafter *Carolina Health*]; see also *SC Medical-Legal Partnership Collaborative*, *supra* note 239.

²⁴² See *Carolina Health*, *supra* note 241. Through this interdisciplinary clinic, law students can visit the hospital to learn about patient records, meet with patients, and attend ethics conferences, in addition to working on the matters brought to the clinic. *Id.*

n. Health Justice Project Maywood Medical-Legal Partnership

Loyola University's School of Law began the Health Justice Project in 2010 as an MLP including the law school, Legal Aid Chicago, and the Erie Family Health Center.²⁴³ In 2021, the Health Justice Project initiated the Maywood Medical-Legal Partnership as its second MLP by collaborating with the Loyola University Chicago Stritch School of Medicine.²⁴⁴ The Maywood MLP's target population are poor and vulnerable patients at the Loyola Center for Health, two other community hospitals, and a school-based health center.²⁴⁵ Law students participate through the Health Justice Project law school clinic, where they engage in direct representation, educational outreach, and policy advocacy.²⁴⁶

o. Other Possible AA-MLPs

For two additional MLPs, it is not clear whether they are in fact AA-MLPs. The Common Cause Medical-Legal Partnership pairs the Legal Aid Justice Center (hereinafter LAJC) with the University of Virginia Children's Hospital.²⁴⁷ Common Cause was founded in 2017, and it appears to be the successor of other MLP efforts that began in 2008.²⁴⁸ The University of Virginia School of Law is also a legal partner, but its integration is less clear. UVA Law offers a yearlong 8-credit Health and Disability Law Clinic supervised by LAJC attorneys, but that clinic is not described as interdisciplinary or as co-located in a medical setting.²⁴⁹ On the other hand, Common Cause has described its MLP

²⁴³ See *Health Justice Project*, LOY. UNIV. CHI. SCH. L., <https://www.luc.edu/law/academics/clinical-programs/healthjusticeproject/> [<https://perma.cc/NXH3-EXLP>] (explaining mission and goals of initiative).

²⁴⁴ *Id.*; see also Emily A. Benfer, *supra* note 103; Emily A. Benfer et al., *The Health Justice Project: Interdisciplinary Advocacy to Overcome Social Determinants of Health*, 1 CAN. J. POVERTY L. 16 (2012) (outlining mission and interdisciplinary work completed at Health Justice Project).

²⁴⁵ See *Health Justice Project*, *supra* note 243.

²⁴⁶ See *id.*; see also Emily A. Benfer et al., *supra* note 244.

²⁴⁷ See *Health Justice and Public Benefits*, LEGAL AID JUST. CTR., <https://www.justice4all.org/economic-justice/medical-legal-partnership/> [<https://perma.cc/B2BE-2T3X>]; see also *Legal Aid*, UVACHILD.'S, <https://childrens.uvahealth.com/services/legal-aid> [<https://perma.cc/D49A-VMTB>] (describing legal aid offered through Legal Aid Justice Center); see also *Community Engagement*, UNIV. OF VA. SCH. OF MED.,

<https://web.archive.org/web/20230604111719/https://med.virginia.edu/phs/education-programs-in-public-health-sciences/the-master-of-public-health-program-at-the-university-of-virginia/community-engagement/>. See generally Kristian Welch et al., *Teaching the Social Determinants of Health Through Medical Legal Partnerships: A Systematic Review*, 21 BMC MED. EDUC. 1 (2021) (describing importance of MLPs). See generally *Michaela Lzeberman*, UNIV. OF VA. SCH. OF L., <https://www.law.virginia.edu/faculty/adjunct-profile/mrl3ea/2570789> [<https://perma.cc/2YSC-YWCR>]. The Common Cause Medical-Legal Partnership's goal is to improve the social determinants of health through legal advocacy. *Id.*

²⁴⁸ See *Community Engagement*, *supra* note 247; see also *Virginia MLP Network*, UNIV. OF VA. SCH. OF MED., <https://med.virginia.edu/pediatrics/clinical-and-patient-services/child-advocacy-program/virginia-mlp-network/> [<https://perma.cc/G4AE-M6X4>] (noting 2008 launch of Virginia MLP network).

²⁴⁹ See *Health and Disability Law Clinic*, UNIV. OF VA. SCH. OF L., <https://www.law.virginia.edu/clinics/health-and-disability-law-clinic> [<https://perma.cc/AMZ9-B55S>].

as including law, public health, and medical students in screening patients for unmet social needs in the health system.²⁵⁰

The Center for Innovative Collaboration in Medicine and Law (hereinafter *CICML*) pairs the Colleges of Law and Medicine at Florida State University.²⁵¹ *CICML* was started in 2010.²⁵² *CICML* coordinates a variety of medical-legal scholarly projects and activities, including its MLP.²⁵³ The MLP's target population is impoverished patients.²⁵⁴ Unlike most academic MLPs, *CICML* is led by a physician faculty member, and appears to be organizationally housed within the College of Medicine.²⁵⁵ The MLP is not mentioned as part of the law school's experiential education offerings, however, and its current integration with the law school is unclear.²⁵⁶

IV. Research on Effectiveness of MLPs

This Part reviews research on the effectiveness of MLPs. It begins by describing the kinds of outcomes that have been, or could be, measured, and published findings about MLP impact. It then identifies gaps in our knowledge about MLPs. Finally, it discusses how AA-MLPs are particularly suited to advancing our knowledge about the impacts of MLPs in several specific ways.

A. Findings

a. Study Designs for MLP Evaluation

Research conducted by MLPs has demonstrated success using a variety of metrics and study designs, although few have involved more rigorous controlled studies.²⁵⁷ One reason for the lack of controlled studies may be that pre/post studies require planning

²⁵⁰ See *Community Engagement*, *supra* note 247.

²⁵¹ See Kapp, *supra* note 141 (describing center and its goals); see also *Center for Innovative Collaboration in Medicine and Law*, FLA. STATE U. COLL. MED., <https://med.fsu.edu/innovativecollaboration/home> [<https://perma.cc/26UA-9UPP>]. The mission of the center is to facilitate opportunity for those in medical and legal fields working together. *Id.*

²⁵² See Ron Hartung, *New Center Emphasizes Collaboration Between Medicine and Law*, FLA. STATE U. COLL. MED. (Mar. 2010), <https://med.fsu.edu/newspubs/press-releases/new-center-emphasizes-collaboration-between-medicine-and-law> [<https://perma.cc/8Y5F-DQAC>] (announcing creation of center).

²⁵³ See *Center for Innovative Collaboration in Medicine and Law*, *supra* note 251 (explaining purpose and goal of the center's creation).

²⁵⁴ See *id.*

²⁵⁵ See *id.* Dr. Gregory Todd leads the center as an associate professor in both the College of Medicine and the School of Law. *Id.*

²⁵⁶ See Kapp, *supra* note 141, at n.3 (providing 2012 link to MLP as part of law school's Public Interest Law Center). The Public Interest Law Center, however, no longer includes the MLP. See also *Public Interest Law Center*, FLA. STATE U., <https://law.fsu.edu/academics/clinical-programs/public-interest-law-center>, [<https://perma.cc/2MFT-37H6>] (showing existence of Public Interest Law Center).

²⁵⁷ See Omar Martinez et al., *Bridging Health Disparity Gaps through the Use of Medical Legal Partnerships in Patient Care: A Systematic Review*, 45 J. L. MED. ETHICS 260, 264-67 (2017) (reviewing our system of MLPs).

ahead and conducting data collection during the pre-MLP period.²⁵⁸ Comparative controlled studies are difficult to perform for several reasons.²⁵⁹ For example, clinics will differ from one another in several ways other than their involvement with an MLP, and these differences confound the measurement of the impact of the MLP. Additionally, in many health care settings, the same providers may serve patients in both MLP and "control" clinics, leading to contaminated data from providers and reducing the apparent impact of the MLP in comparisons between the clinics.²⁶⁰

Studies also vary in the outcomes they choose to examine.²⁶¹ One useful framework from the field of continuing medical education for organizing findings on MLP impact is Moore's expanded outcomes framework.²⁶² In Moore's framework, outcomes are organized into seven levels: (1) participation; (2) satisfaction; (3) learning – declarative knowledge (knowing information), learning – procedural knowledge (knowing how to do something); (4) competence (applying knowledge and skills in an educational context); (5) performance (applying knowledge and skills in a practice context); (6) patient health; and (7) community health.²⁶³

b. Participation

Because AA-MLPs operate in the context of formal education programs, they normally retain detailed records on how many students have participated in MLP courses or clinics; similarly, most will have the capability to keep records of the number of patients/clients served. For example, the Health Justice Project reported that 106 students (of all professions), over 200 health professionals, and 1200 patients/clients participated in MLP activities between January 2010 and April 2013.²⁶⁴ By counting cases represented, Health Justice Project handled 149 disability cases and 205 housing cases in that period.²⁶⁵

c. Satisfaction, Learning, and Competence

Fewer published reports assess learner satisfaction, learning, or competence, perhaps because of a lack of standard assessments for the expected development of

²⁵⁸ See generally Aaron Tesch, *Implementing Pre-Post Test Designs in Higher Education Evaluations*, 2016 NEW DIRECTIONS FOR EVALUATION 85 (2016) (describing advantages and approaches to pre-post evaluations).

²⁵⁹ See generally Maithreyi Gopalan et al., *Use of Quasi-Experimental Research Designs in Education Research: Growth, Promise, and Challenges*, 44 REV. OF RSCH. IN EDUC. 281 (2020) (explaining methodological issues in the design of comparative controlled studies).

²⁶⁰ See, e.g., Nicholas Magill et al., *A scoping review of the problems and solutions associated with contamination in trials of complex interventions in mental health*, 19 BMC MED. RSCH. METHODOLOGY 4 (2019) (noting that contamination in mental health studies is frequently associated with having the same providers serve in both intervention and comparison conditions).

²⁶¹ See Martinez et al., *supra* note 257.

²⁶² See Donald E. Moore Jr. et al., *Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activities*, 29 J. CONTINUING EDUC. HEALTH PROFS. 1, 3 (2009).

²⁶³ See *id.* at 3. Declarative knowledge is knowing information. *Id.* Procedural knowledge is knowing how to do something. *Id.*

²⁶⁴ See Benfer, *supra* note 103, at 147.

²⁶⁵ See *id.*

medical or legal students who participate in MLPs.²⁶⁶ One study examined the impact on pediatric residents of a curriculum on social determinants of health taught in part by MLP team members, finding improvements in self-reported knowledge and comfort in screening families for social issues as compared with a control group.²⁶⁷ As many medical schools and residencies have adopted national competency-based assessment models, such as the Core EPAs and ACGME Milestones, there are opportunities for multi-institutional research on the impact of MLP experiences on health care trainees.²⁶⁸ Law schools, however, do not yet share a national set of common competencies.²⁶⁹

d. *Performance*

Some MLPs have assessed their performance of health and legal care services. For example, Professor Megan Sandel and colleagues reported a 350% increase in utility protection letters produced by the Pediatrics department involved in the Boston Medical Center MLP, and describe the Cincinnati MLP's quality improvement strategy for improving legal screening rates in well-child visits with a target of 90% of visits.²⁷⁰ The PhilaKids MLP similarly targeted certificates of medical need to prevent utility shut-off and prevented 396 additional shut-offs over a year by developing standardized criteria for health care providers to apply.²⁷¹ Other researchers have demonstrated improved rates of screening for legal needs, resident referrals, and health care provider comfort in bringing up legal issues with patients following MLP participation.²⁷²

²⁶⁶ See Kristian Welch et al., *Teaching the Social Determinants of Health through Medical Legal Partnerships: A Systematic Review*, 21 BMC MED. EDUC. 302, 305 (2021) (finding only six studies measuring outcomes of health care trainees in MLPs).

²⁶⁷ See Melissa D. Klein et al., *Training in Social Determinants of Health in Primary Care: Does It Change Resident Behavior?* 11 ACAD. PEDIATRICS 387, 390-91 (2011).

²⁶⁸ See Robert Englander et al., *Toward Defining the Foundation of the MD Degree: Core Entrustable Professional Activities for Entering Residency*, 91 ACAD. MED. 1352, 1356 (2016). The Core EPAs define the set of professional activities that medical students should be prepared to be entrusted with upon beginning any specialty residency. *Id.* These activities are associated with competencies in patient care, medical knowledge, practice-based learning and improvement, professionalism, interpersonal and communication skills, system-based practice, and personal and professional development. *Id.* at 1354. See Laura Edgar et al., *Milestones 2.0: A Step Forward*, 10 J. GRADUATE MED. EDUC. 367, 368 (2018). The ACGME program developed national cross-specialty milestones in areas including interpersonal and communication skills, practice-based learning and improvement, professionalism, and systems-based practice. *Id.*

²⁶⁹ See Margaret Martin Barry, *Reflections on Identifying and Mapping Learning Competencies and Outcomes: What Do We Want Law Students to Learn*, 62 N.Y.L. SCH. L. REV. 131 (2017) (discussing process of competency-based curricular mapping for law schools). Although the ABA has standards which encourage law schools to look at their curriculum holistically to ensure law students are learning what they are expected to learn, there is a lack of uniform standards that a law student must meet such as milestones similar to those in Core EPAs and ACGME. *Id.*

²⁷⁰ See Megan Sandel, et al., *Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations*, 29 HEALTH AFFS. 1697, 1701-02 (2010).

²⁷¹ See Daniel R Taylor et al., *Keeping the Heat on for Children's Health: A Successful Medical-Legal Partnership Initiative to Prevent Utility Shutoffs in Vulnerable Children*, 26 J. HEALTH CARE POOR & UNDERSERVED 676 (2015).

²⁷² See Paul et al., *supra* note 27, at 306-07 (mapping general resident competencies to MLP experiences and proposing evaluation methods for each).

e. Patient and System Outcomes

Improved patient and system outcomes, as the ultimate objective of medical-legal practice and the outcomes of greatest interest to potential funders of MLP programs, are a necessity of MLP effectiveness reporting. The Health Justice Project report found that its MLP's work resulted in millions of dollars of medical debt forgiveness, Medicaid reimbursement, and disability benefits, along with \$38,000 in reduced housing expenses for clients.²⁷³ Cook County Health's MLP reported a 263% "return on investment" based on the proportion of the MLP's expenses recouped by increased reimbursement to the health system through obtaining insurance benefits for patients.²⁷⁴

Other MLPs have reported health outcomes, rather than legal or financial outcomes. In one of the few comparative controlled studies, Professor Andrew Beck and colleagues found that an MLP referral reduced twelve-month hospitalization rates in children by 37.9% compared with matched control children.²⁷⁵ The Cook County MLP found improved self-reported health in a small sample of their patients screened and served.²⁷⁶ In another publication, Professor Johnna Murphy and colleagues reviewed studies of the benefits of MLP participation for patients.²⁷⁷ They noted reductions in emergency visits, hospitalizations, and steroid use among asthma patients following MLP interventions to improve housing conditions; increased adherence with care plans and well-child checkups following MLP interventions to increase access to food and income support; and reductions in chronic stress following MLP interventions for low-income populations.²⁷⁸

B. Gaps Remaining

In their review of studies on MLP outcomes, Professor Bharath Krishnamurthy and colleagues noted that much work remains in evaluating MLP impact.²⁷⁹ They suggest that the three primary study areas are in measuring reimbursement, patient health, and

²⁷³ See Robert Pettignano et al., *Can Access to a Medical-Legal Partnership Benefit Patients with Asthma who Live in an Urban Community?*, 24 J. HEALTH CARE POOR & UNDERSERVED 706, 713 (2013). Clients of this MLP experienced financial benefits including public benefits, elimination of consumer debt, educational benefits, child support, health care coverage, housing and utilities benefits. *Id.* MLP clients also experienced many non-financial benefits including increased family stability, protection from foreclosure, assistance with estate planning, and avoiding debt. *Id.* at 714.

²⁷⁴ See Daniel Berg, et al., *A Care Coordinator Screening Strategy to Address Health Harming Legal Needs*, 22 BMC HEALTH SERVS. RSCH. 210, at 5 (2022).

²⁷⁵ See Andrew F. Beck, et al., *Reductions in Hospitalizations Among Children Referred to A Primary Care-Based Medical-Legal Partnership*, 41 HEALTH AFFS. 341 (2022).

²⁷⁶ See Berg, et al., *supra* note 274, at 5. Among 18 patients, 16 reported their health as worse than "very good" prior to legal intervention, compared with only 8 following intervention, a statistically significant difference. *Id.*

²⁷⁷ See Johnna Murphy et al., *Legal Care as Part of Health Care: The Benefits of Medical-Legal Partnerships*, 62 PEDIATRIC CLINICS N. AM. 1263 (2015).

²⁷⁸ See *id.*

²⁷⁹ See Bharath Krishnamurthy et al., *What We Know and Need to Know About Medical-Legal Partnerships*, 67 S.C. L. REV. 377, 382 (2016).

health provider knowledge, but even in these areas there are relatively few studies and fewer controlled studies.²⁸⁰

Professor Abby Nerlinger and colleagues recently listed barriers to standardizing MLP evaluations.²⁸¹ These include variation previously discussed: differences in MLP training activities, trainees, populations and their needs, and health system financing.²⁸² Professor Nerlinger and colleagues also propose a detailed logic model for future evaluations, including a list of 34 indicators of MLP impact on learner outcomes, patient and community health, and health care cost savings.²⁸³

Notably, in both these reviews, only health care learner outcomes are mentioned.²⁸⁴ There are several reasons why health care learner outcomes may be the primary focus of research on the educational impact of MLPs. First, the driving motivation for MLPs is to advance health and health care through legal means, rather than to advance legal access generally.²⁸⁵ Second, the focus on health care learner outcomes may reflect the predominance of non-academic MLPs in which the legal partner is staffed primarily by practicing lawyers, rather than law students.²⁸⁶ Third, assessment of medical students and residents is more likely to be standardized than assessment of law students.²⁸⁷ In particular, most medical schools and all residencies have adopted national competency-based assessment frameworks that frequently provide behavioral, criterion-referenced assessment rubrics for student competence in systems-based practice, or other constructs related to the ability to appreciate and mitigate social determinants of health.²⁸⁸ In contrast, many areas of MLP practice, including employment, insurance, housing, education, and disability law, are not tested on the uniform bar exam and may only be assessed by law clinic supervisors using locally-developed tools.²⁸⁹ Finally, relatively greater resources are available for assessment in the health professions education or health care setting than in the law school setting.²⁹⁰

²⁸⁰ See *id.* at 382.

²⁸¹ See Abby L. Nerlinger et al., *Evaluating the Efficacy of Medical-Legal Partnerships that Address Social Determinants of Health*, 15 PROGRESS CMTY. HEALTH P'SHIPS 255, 256 (2021).

²⁸² See *id.*

²⁸³ See *id.* at 259-60.

²⁸⁴ See Krishnamurthy et al., *supra* note 279; Nerlinger et al., *supra* note 281.

²⁸⁵ Cf. Regenstein et al., *supra* note 95 (discussing MLPs as a health care intervention).

²⁸⁶ See generally REGENSTEIN ET AL., *supra* note 62 (describing the landscape of academic and non-academic partners in MLPs); Girard et al., *supra* note 40 (describing the landscape of academic partners in MLPs).

²⁸⁷ See Barry, *supra* note 269 (discussing need for changes in law student assessment).

²⁸⁸ See sources cited *supra* note 268 (providing examples of competency-based frameworks used in medical education).

²⁸⁹ Cf. *Multistate Essay Examination*, NAT'L CONF. OF BAR EXAM'RS,

<https://www.ncbex.org/exams/mee> (last visited May 10, 2024) (listing the subjects covered on the multistate essay examination, the broadest portion of the uniform bar exam).

²⁹⁰ For example, there is an expectation in medical schools that faculty who are responsible for directing clinical clerkships and residency programs will be permanently-appointed faculty with substantial time devoted to education and "protected" from clinical workload. See generally *Institutional Application and Requirements*, Accreditation Council for Graduate Med. Educ. (Oct. 18, 2023), <https://www.acgme.org/programs-and-institutions/institutions/institutional-application-and-requirements/> (detailing required dedicated time for residency program directors); Bruce Z. Morgenstern et al., *Expectations of and for Clerkship Directors 2.0: A Collaborative Statement from the*

Regardless of the cause, examination of the impact of MLPs on law students' knowledge, skills, attitudes, and success both in school and in later practice remains an area ripe for development. The recently-initiated PIPELINE study is an example of this kind of research.²⁹¹

C. Next Steps for AA-MLPs

Although some research on MLPs exists, little of it is on or by AA-MLPs. Two kinds of research in this area stand out as future needs.

First, comparative case studies of the differences between MLPs with academic vs. non-academic partners may illuminate the degree to which the academic partner(s) support or hinder the primary goal of improving patient health through legal service. A 2x2 (academic vs. non-academic medical partner x academic vs. non-academic legal partner) comparative design with at least two MLPs in each cell would be particularly useful. However, given the observational design and the high degree of variation among MLPs, the results will be more valuable for generating theories of the advantages and disadvantages of academic involvement than providing causal tests.²⁹² The prevalence of non-academic partners in AA-MLPs may suggest a more general comparative design to understand the added effects of academic and non-academic partners in an MLP.

Second, AA-MLPs' academic environment, mission, and resources may be particularly amenable to conducting rigorous studies of specific MLP activities and interventions.²⁹³ In other words, AA-MLPs may have greater opportunities to conduct studies by and of the MLP than non-academic MLPs.²⁹⁴

A major advantage of AA-MLPs in research is the academic mission, which accords higher priority to the generation of new knowledge through research than would be typical in a community health care institution or a legal aid service.²⁹⁵ Legitimate subjects for research include not only evaluation of the direct benefit to patients/clients, but population health, methods of medical and legal pedagogy, health systems science, and public policy.²⁹⁶ Additional topics identified in the Georgetown Survey that apply equally to AA-MLPs include collecting data around expanding academic MLPs to other health care and non-health care professional students, developing standards for academic MLPs to optimize their ability to contribute to their communities, and developing new scholarly frameworks in health justice.²⁹⁷

Alliance for Clinical Education, 33 TEACHING & LEARNING IN MED. 343 (2021) (recommending dedicated time amounts for medical school clerkship directors).

²⁹¹ See *Training Health Justice Leaders*, *supra* note 238.

²⁹² See *id.* at 256. See generally Omar Martinez, *supra* note 257, at 269 (calling for more theory-grounded evaluation of MLPs).

²⁹³ See Georgetown Law School, CONVENING OF ACAD. MED.-LEGAL P'SHIP, 7-8, GEO. U. L. CTR. (Sep. 18, 2019), https://www.law.georgetown.edu/health-justice-alliance/wp-content/uploads/sites/16/2020/09/HJA_ConveningReport_Accessible.pdf [<https://perma.cc/7E24-VKNU>].

²⁹⁴ See *id.*

²⁹⁵ Cf. Girard et al., *supra* note 40, at 18 (noting interest in research among organizers of academic MLPs and challenges in accessing institutional resources).

²⁹⁶ See *id.* at 20 (describing potential research topics).

²⁹⁷ See *id.* at 20-21.

Other AA-MLP advantages follow from the research and teaching missions. Academic institutions will have expertise in research methods from multiple disciplines; access to permanent faculty in law, medicine, and other relevant fields; and access to larger research grants (particularly in health care) and associated indirect costs to support MLP activities. In addition, the AA-MLP's medical center is likely to have already made a significant investment in technology, including electronic medical records, that can further facilitate both coordinated care practice and research.²⁹⁸ AA-MLPs can support the design and implementation of new learner curricula and assessments to support and measure developing competence in addressing the social needs of patients and clients. Once such tools are developed, AA-MLP faculty can promulgate them regionally and nationally through research networks, member organizations, and academic publication. The establishment of the AA-MLP as a distinct model with additional emphasis on outcome measurement could be promoted through, for example, collaboration among the NCMLP, Association of American Medical Colleges, and the Association of American Law Schools.

V. Conclusions

Medical-legal partnerships are increasingly adopted as a means to improve the health of medically and legally underserved patients by advocating to reduce health care inequities arising from social determinants of health and amenable to legal interventions alongside health care. Although considerable opportunity remains for future research into outcomes resulting from MLP activities, several studies have observed positive health impacts for patients. Also well-documented are substantially higher levels of patient (and health system) reimbursement as a result of legal advocacy.

MLPs also provide an important source of training for current and future health care professionals and lawyers. In addition to legal trainings for health care providers conducted by the MLP, health care trainee and law student participation in the MLP itself can be a valuable educational experience. First, each group of trainees may come to better understand their own role and the role of the other professions in advancing health care. Second, the MLP practice itself provides a model for multidisciplinary team-based coordinated health care that continues to expand the concept and value of interprofessional education.

Although academic medicine/academic law AA-MLPs are only a small fraction of all operating MLPs, they have unique resources and opportunities. These resources can be leveraged to provide more coordinated care to patients, more integrated training for students and residents, and more rigorous research and evaluation. Additional study by AA-MLPs of both the outcomes and the mechanisms by which outcomes are achieved will redound to the benefit of all MLPs, and, ultimately, to patients/clients, their communities, and the health care system.

²⁹⁸ See Faruki et al., *supra* note 100, at 1-2.