

## HEALTH MATTERS

# Practicing Preventative Law: A Day in the Life of a Medical-Legal Partnership Attorney

by Lisa Pilnik

A family goes to a pediatrician if their child has asthma or lupus. They go to a lawyer if they have a dispute with their landlord or need help obtaining welfare benefits. But when a family has a chronically ill child and is in the midst of a legal crisis, whether the two are related or not, the burden may be too much to bear.

Around the country, lawyers and medical professionals in Medical-Legal Partnerships (MLPs) are working together to address families' legal and medical problems. Lawyers in MLPs help families address issues such as evictions, loss of public benefits, or school refusals to provide an appropriate education, enabling parents and doctors to re-focus on children's medical needs. By ensuring families' basic needs for shelter, food, safety and security are met, these professionals are giving children the best possible chance at good health.

Through a resolution adopted in August 2007, the American Bar Association has encouraged attorneys to form and participate in MLPs. Fortunately there are good role models throughout the country who are already doing this work. Mallory Curran, an attorney with the Community Advocacy Program (CAP) in Cleveland, Ohio is one. She shared a typical day in her practice with *CLP*.

### Protecting Health Benefits

It's 9 a.m. and Curran is meeting with her first client in her office at MetroHealth Medical Center. The client, a grandmother who has custody of her two grandsons, recently received a letter from the county saying that the boys' Medicaid coverage is going to be terminated. Curran assures her client that she will call the county to determine why they think coverage should end, and that she will file an appeal so that benefits will continue

while the matter is being resolved. Just as Curran's medical colleagues practice preventative medicine to keep their young patients healthy, Curran and the other CAP attorneys try to practice "preventative law," by resolving Medicaid and welfare issues *before* benefits are interrupted. The family thanks Curran and continues down the hall for their next appointment with the children's psychiatrist. Having legal and medical services in the same place helps poor and overburdened families save time and money, leaving them with more resources to focus on their children.

With a few moments before her next appointment, Curran reads through e-mail messages from clients and other members of the CAP team, which includes two other attorneys who work out of neighborhood health centers, a paralegal who helps formerly incarcerated persons with re-entry issues, a social worker, an adminis-

trative assistant, and two physician "medical champions" who help integrate the legal team into the medical community.

### Guaranteeing Access to Appropriate Education

At 10:30 a.m. Curran meets with a Latino family to discuss their daughter, a third grader who has been receiving poor grades in school. The parents were concerned that the girl might have a learning disability, so their pediatrician wrote a letter to the school requesting a special education evaluation. When the school failed to respond to his request, the doctor sent the family to CAP. After talking to the family about their concerns and obtaining their permission to speak with the child's health care providers, Curran explains that the next step is for her to write to the school district. If the district fails to respond, Curran will file a due process request alleging that

### Medical-Legal Partnerships Across the Nation

Sixty-five active MLP programs and 25 programs in development in 43 states serve more than 8,000 individuals and families per year, according to the **Medical-Legal Partnership for Children—National Center**. Many are partnerships between hospitals (and/or related community health centers) and legal aid societies, but law schools and other nonprofit legal advocacy groups are also serving as the legal partner for some sites. Sites are also leveraging pro bono partners to meet the demand. Most programs are based in pediatrics departments but there are some in other settings, including family medicine, internal medicine and geriatrics. Others may be based in a pediatrics department, but still reach out to other vulnerable populations (the CAP program's reentry clinic, for example).

With three attorneys, a paralegal, an administrative assistant, two physician medical champions and a social worker, the Cleveland CAP is one of the larger programs (most have one to five attorneys), but current programs are rapidly expanding and new ones are starting frequently.

- To see if there is a program in your area, visit [www.mlpsforchildren.org/partnershipsites.aspx](http://www.mlpsforchildren.org/partnershipsites.aspx) or call your local hospital or legal services corporation.
- For more information about starting a partnership, send an e-mail to Kate Marple, National Program Coordinator for the **Medical-Legal Partnership for Children—National Center** at [Kate.Marple@bmc.org](mailto:Kate.Marple@bmc.org).
- You can get tips on building a successful MLP from the article "Law as Preventative Medicine," which appeared in the August 1999 issue of *Child Law Practice*.

the district is denying the child her right to a free, appropriate public education. Curran believes this will not be necessary, however. Due to CAP's strong relationship with the school district, they have only needed a due process hearing once in the past five years.

### Ensuring Parents can Meet Kids' Health Needs

The next "break" in Curran's schedule is spent on legal research for a case she took yesterday: A mother whose two children have sickle-cell anemia came to CAP because her welfare benefits were in danger of being terminated (due to limits on the amount of time individuals can remain on welfare). The children's frequent, unpredictable pain crises mean their mother often has to drop everything to take them to the hospital, preventing her from keeping a steady job. After researching the requirements for receiving an extension to the time restrictions, Curran will contact the county benefits department and try to negotiate a resolution without the need for a hearing.

### Educating Health Care Providers

At lunchtime Curran leads a training for medical residents and other health professionals about housing issues. Mold, lead paint and other substandard living conditions can cause serious health problems for children, so Curran explains the rights of tenants to safe living spaces using a case study to illustrate. Curran also highlights the work that CAP does on behalf of clients, such as writing letters to landlords, preparing clients for housing court, defending against evictions, and documenting key facts in housing disputes, so that her audience will know that they can refer patients to CAP for help with these issues. This lecture and previous ones, on topics such as domestic violence and family law, serve a dual role, giving doctors basic legal knowledge that may help their patients and raising awareness of and generating referrals to CAP.

## Hot Topics in MLP Practice

As MLPs across the country expand and refine their work, Ellen Lawton, Executive Director of the **Medical-Legal Partnership for Children** says they are working to address several major issues:

**Evaluation:** Measuring impact of legal interventions in the medical setting is key for improving and spreading the model, and for keeping and increasing funding. Current research includes a study of stress measures at the Tucson partnership and a cost-benefit analysis being conducted in New York.

**Confidentiality and communication with medical providers:** This is perhaps the biggest practice issue MLPs are dealing with in the age of HIPAA and widespread use of electronic medical records. Many MLPs have enlisted the help of pro bono counsel and are working with their local bar associations and ethics committees. Together, they are developing opinion letters that will guide MLPs in developing communication strategies that are efficient for the clinical setting they are working in *and* comply with their legal obligations.

**Deepening physician engagement:** In addition to providing training and case-specific guidance, MLP lawyers are engaging residents and medical students in advocacy activities for their own patients and on a larger scale. These lawyers go beyond cultivating physicians as a referral source, and are helping to change the way physicians practice medicine.

**Working with law schools and medical schools:** MLP physicians and attorneys are co-teaching courses and sponsoring joint activities to encourage the next generation of lawyers and doctors to integrate legal and medical responses. Roger Williams Law School in Rhode Island is even working with its medical partners to develop a case book for MLP practice.

Hearing about CAP's "success stories" can also encourage medical providers to send their patients to Curran and her colleagues. Another training session given at MetroHealth focused on teen parents' rights and used the example of a teen mother who had been kicked out of her home and was living with a nonrelative when she came to CAP because she'd been denied welfare benefits. Curran did not want to call the Department of Child and Family Services because the girl's living situation was stable, so she worked directly with the welfare office, whose original position was not to open a case for someone under 18 who was living with a nonrelative. CAP successfully persuaded the welfare office to reconsider, and the client received 70 hours per week in child care vouchers. This allowed her to successfully finish high school and begin a career as a nursing assistant.

On her way back to her office Curran stops for several "curbside consults" during which medical provid-

ers she runs into in the halls ask general legal questions or inquire about specific situations. Curran gives advice or encourages the provider to refer the family to CAP for more formal help if appropriate. Curran always emphasizes the importance of immediate referrals for situations where benefits are at issue (because there are time limits relating to appeals), so the medical staff know to waste no time in connecting her to families whose Medicaid, SSI, or welfare benefits are threatened. Strong relationships with healthcare providers are also important for the CAP attorneys because getting the child's medical records and a clear explanation of their condition can make a huge difference in a brief or hearing.

### Collaborating with Legal and Medical Colleagues

In the afternoon, Curran heads over to her other office, at the Legal Aid Society of Cleveland, MetroHealth's partner in the CAP project. She consults with colleagues on a few

cases, then it is time for a staff meeting with the two other CAP attorneys and several other lawyers who practice at Legal Aid full time. The group updates each other on recent changes in the law and on pending and recently closed cases. Curran talks about two matters that have just been resolved. The first involved an autistic girl whose psychiatrist did not understand why she was not receiving SSI benefits. Curran submitted a brief on behalf of the family, containing ample legal and medical information about why her client was entitled to benefits. She received a favorable decision, saving the family a year-long wait for benefits and eliminating the need for a hearing.

The second case was a family law custody case involving a six-year-old with multiple health care needs, including autism and a seizure disorder. There was a court order requiring the child to move to another state, but the child's nurse practitioner was concerned because there was no medical plan for the child there. Along with her legal submissions, Curran included a letter from the nurse practitioner to the court explaining that the move would be dangerous from a medical perspective. Through Curran's work, the cooperation of both parents, and input from the neurology department, the court modified the order to allow the child to remain in Ohio. The father re-

ceived scheduled visitation and training from Ohio hospital staff to make sure he could properly take care of the child during visits. Many of the clients the CAP attorneys perform initial intake with are ultimately referred to other Legal Aid staff, so the updates from other attorneys are also a nice way to keep track of families and cases. Curran and her CAP peers are no longer working on.

### **Engaging Doctors and Lawyers in Broader Advocacy**

After the staff meeting Curran spends an hour contacting medical practitioners on behalf of Ohio's statewide task force on MLPs. There are four active programs and three emerging ones, which meet quarterly to think about broader advocacy, share materials, troubleshoot, and develop their agenda. As part of the state's first MLP, Curran is active in the statewide group. Her outreach includes touching

base with health professionals on important issues and seeking their input and volunteer efforts through an online survey that asks if they would be interested in attending brainstorming sessions, calling state legislators, or writing letters to the editor.

After many hours of educating and advocating, Curran's work is done for the day. Tomorrow, however, will bring new challenges and successes, and in each Curran will benefit from her collaboration with her legal and medical colleagues. This collaboration ultimately helps children and families resolve health problems through legal advocacy.

*Lisa Pilnik, J.D., M.S., is a staff attorney at the ABA Center on Children and the Law. She works on Center projects related to child and adolescent health, juvenile status offenders, and father involvement in the child welfare system.*

### **ABA Resolution Supports Medical-Legal Partnerships**

In August 2007, the American Bar Association House of Delegates adopted a resolution in favor of Medical-Legal Partnerships as official ABA policy. The resolution, sponsored by the ABA Health Law Section, encourages lawyers and legal organizations (such as law schools and legal services agencies) to form partnerships with health and social services organizations to improve patient health through the resolution of legal issues. The complete policy, along with the Health Law Section's background report addressing the issue can be found at [www.abanet.org/AIDS/docs/ABA\\_MLP\\_Resolution\\_Aug2007adopted.doc](http://www.abanet.org/AIDS/docs/ABA_MLP_Resolution_Aug2007adopted.doc)



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