

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 205  
(A-24)

Introduced by: Medical Student Section, American Association of Public Health Physicians

Subject: Medical-Legal Partnerships & Legal Aid Services

Referred to: Reference Committee B

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Whereas, medical-legal partnerships (MLPs) address social determinants of health relating to civil law, such as family violence, child support and custody, workplace conditions, employment conflicts, financial exploitation, post-incarceration rehabilitation, housing, utility shutoffs, disability access, debt relief, and veteran benefits, by integrating lawyers in clinical settings team to meet patient's legal needs<sup>1-6</sup>; and

Whereas, 70% of low-income households experience civil legal problems, with 40% experiencing at least 5, 20% experiencing at least 10, and the average low-income individual managing 2 to 3 legal issues at a time<sup>7-8</sup>; and

Whereas, unmet civil legal needs may lead to or exacerbate both physical and mental illness, as seen with inadequate housing, eviction, and even threat of eviction being connected to anxiety, depression, bodily injury, asthma, and respiratory infection<sup>9-11</sup>; and

Whereas, MLPs demonstrate success in access to retroactive benefits, improved asthma control and neonatal preventive care use, and decreased length of hospitalization, readmission rates, and emergency department visits<sup>7</sup>; and

Whereas, while MLPs are found at only 26% of medical schools, studies indicate that MLPs can help educate physicians and medical students on screening for social determinants and legal needs, addressing issues impacting health through legal advocacy, and referring patients to reliable legal resources<sup>1,12-15</sup>; and

Whereas, civil legal aid often includes free or low-cost direct legal services by lawyers as well as legal education to help low- and middle-income people navigate social systems<sup>16</sup>; and

Whereas, the high cost of civil legal aid is a significant barrier to access, with low-income Americans reporting only seek aid for 1 out of 4 civil legal problems and receiving inadequate legal aid for 92% of their needs<sup>8,17</sup>; and

Whereas, civil legal aid services in the US are chronically underfunded, turning away an average of 50% of eligible individuals who seek services due to inadequate funds<sup>16</sup>; and

Whereas, the Association of American Medical Colleges and the American Bar Association both conduct initiatives relating to MLPs, including creation of models and directories<sup>18-19</sup>; therefore be it

RESOLVED, that our American Medical Association support the establishment and funding of medical-legal partnerships and civil legal aid services to meet patients' legal needs. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000

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#### RELEVANT AMA POLICY

##### H-165.822 Health Plan Initiatives Addressing Social Determinants of Health

Our AMA:

1. recognizing that social determinants of health encompass more than health care, encourages new and continued partnerships among all levels of government, the private sector, philanthropic organizations, and community- and faith-based organizations to address non-medical, yet critical health needs and the underlying social determinants of health;
2. supports continued efforts by public and private health plans to address social determinants of health in health insurance benefit designs;
3. encourages public and private health plans to examine implicit bias and the role of racism and social determinants of health, including through such mechanisms as professional development and other training;
4. supports mechanisms, including the establishment of incentives, to improve the acquisition of data related to social determinants of health, while minimizing burdens on patients and physicians;
5. supports research to determine how best to integrate and finance non-medical services as part of health insurance benefit design, and the impact of covering non-medical benefits on health care and societal costs; and
6. encourages coverage pilots to test the impacts of addressing certain non-medical, yet critical health needs, for which sufficient data and evidence are not available, on health outcomes and health care costs. [CMS Rep. 7, I-20Reaffirmed: CMS Rep. 5, I-21Reaffirmed: CMS Rep. 5, A-22]