

## Doctors, lawyers team up to help low-income families

Yvette C. Hammett  
July 31, 2020

When health insurance companies, social service providers or the community at large fail low-income families dealing with health issues, medical-legal partnerships can help them navigate the system and, in many cases, get them a resolution.

These partnerships embed lawyers within healthcare teams to promote patient health by getting children, the elderly, veterans and those with chronic illnesses past legal hurdles that can compromise their health care. That can go far beyond prescriptions or actual treatment. It may mean finding housing options for a family whose apartment is infested with rats or securing accommodations for a disabled person who is not getting treated fairly, as required by the Americans with Disabilities Act.

It also can mean ensuring special needs students are not being discriminated against as schools reopen amid the ongoing COVID-19 pandemic.

**Bonnie Roswig, an attorney with the Center for Children's Advocacy in Connecticut, specializes in cases involving children with disabilities. She has seen the differences these partnerships can make for families.**

**"It is very much a hospital-based practice," she said. "It started with addressing social determinants of health for the very low-income community but deals with issues for all socio-economic levels."**

The trend is growing. Some 20 years ago, a doctor in Massachusetts prescribed an ointment for a child's rash. Two weeks later, the child returned and still had the rash. Her mother informed the doctor that her apartment had a bug infestation and that meant the child was getting stung or bitten. The doctor hired an attorney to address the housing conditions, which were a legal matter, forming the first medical-legal partnership.

These partnerships are now spreading across the U.S. There are about 450 medical-legal partnerships spread across 48 states, according to Ellen Lawton, co-director of the National Center for Medical-Legal Partnerships.

**"Our medical-legal partnership in Hartford was the second in the country," Roswig said. "We came up with the name, medical-legal partnership. Doctors in their capacity get all kinds of questions and see all kinds of issues and sometimes don't know the answer. They will do developmental screens and ask how s child is doing in school. And maybe the child is 12 but reading on a second-grade level. The doctor doesn't know the special education laws that child should be benefitting from. Doctors appreciate holistic care, how a diagnosis impacts the whole family. That is the role that I play."**

**Roswig works with and trains healthcare providers on issues that come up where legal help is necessary. With that training, they know when to reach out to their legal partners.**

One example is when such a partnership helped secure out-of-state care for a Massachusetts girl with an eating disorder and underlying psychiatric issues. A lawyer persuaded the insurance company to pay for treatment not available in Massachusetts.

"When patients come and tell their doctors these things, no one is formatting it as a legal problem," Roswig said. "It might not be a problem you would necessarily run to a lawyer for, but in the course of working with doctors looking for resources to support their patients, they look to us."

Doctors understand that the legal part of the partnerships is there to support them.

"I see a huge part of my job as supporting and training the doctors," Roswig said. "The doctors' motivation is to help their patients get the best care possible. Maybe the patient can't get to a final visit because they are being evicted or the lights are getting turned off. We're not talking trite issues."

Law students are also in the mix. In addition to places like Connecticut Children's Medical Center, Roswig's hub, medical-legal partnerships can be found in law schools, where lawyers or law students meet with clients in their homes or during doctor's appointments.

The University of Kansas sends law students directly to hospitals to work with doctors. And at the University of Michigan, Professor Debra Chopp runs the Pediatric Advocacy Clinic, working with medical providers and law students to provide free legal services addressing social issues that can affect health.

Chopp calls the medical-legal partnerships "a perfect marriage," helping low-income patients with legal help and at the same time, helping law students use their skills in real-life situations. "Our students really come to us with a range of interests, including health law or special ed or domestic violence or kids. People come in with different passions and get united by the work. I and some others supervise their work. They are not out there just going rogue."

The Michigan clinic, which opened in 2004, helps about 50 families each year, primarily those on Medicaid whose doctors have prescribed treatment, such as a medication or medical device or speech therapy, where a Medicaid provider refuses to cover it, Chopp said.

"We also represent families who are struggling with intimate partner violence and have helped women get personal protection orders from abusive partners," she said. "We've worked on child custody cases and some housing conditions, cases like if there is mold in a home that is exacerbating a child's asthma or allergies."

In that situation, the legal advocates sued the landlord to get them to clean it up and in one case, they sued for damages. One woman's apartment was filled with mold and the landlord refused to clean it up. "She lost all her belongings. Everything had mold spores and they could not bring it to their new place, so we got her damages for that."

They also work with families with disabled children or kids with chronic disease where schools are refusing accommodations. "Often tensions are running really high and when a lawyer comes in and communicates with school personnel in a moderate leveled way, it can help," Chopp said. "We have settled many, many special ed issues just by working it out at an IEP (Individualized Education Program) meeting."

The COVID-19 pandemic has put a spotlight on the need for more medical-legal partnerships.

"It is a strain because there is a strain on health care in general and how we navigate this and all the unknowns," Roswig said. "Parents are calling doctors wanting letters saying they should not have to go to work because their child is compromised and if they get COVID, they could transmit it to their child." Others are out of work and cannot navigate the sometimes-complicated unemployment system in their state to get help, she said. "I can make a phone call."

And there is a huge concern around the education system right now, due to the virus, she said.

"Some of our kids previously have gotten the appropriate resources, but some families can't access technologies," Roswig said. It is a new school year and it is critical our education gets back up to speed and that the education system protects the children. That is going to be a huge challenge."

Roswig said she is also concerned that school systems will tell parents whose kids have disabilities to just keep them home, so they have smaller on-site class sizes. That would violate the ADA, she said.

**"The bottom line, in terms of the focus area, is that a partnership is between healthcare providers and lawyers with the ultimate goal of better healthcare outcome for our families," Roswig said.**

Medical-Legal Partnerships, which do not charge clients, represent them in these matters:

- Medicaid advocacy
- Public benefits
- Disability rights
- Teen legal rights
- Educational rights
- Housing
- Utility protection
- Immigrants and refugees