

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 601  
(November 2020)

Introduced by: Women Physicians Section

Subject: Support for the Establishment of Medical-Legal Partnerships

Referred to: Reference Committee F

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1 Whereas, Social determinants of health such as employment, housing, transportation, and  
2 literacy are known to effect patients' overall health status and health outcomes;<sup>1</sup> and  
3  
4 Whereas, Physicians and trainees are inadequately trained to effectively and respectfully screen  
5 patients for social determinants of health;<sup>2</sup> and  
6  
7 Whereas, Simply screening patients for social determinants of health without providing  
8 resources or treatment options is ineffective;<sup>2</sup> and  
9  
10 Whereas, Addressing social determinants of health cannot be done by the medical community  
11 in isolation, but will need changes in law and policy as well;<sup>3</sup> and  
12  
13 Whereas, The medical system is full of complicated policies and administrative barriers that can  
14 be difficult to overcome without knowledge in poverty law and administrative law;<sup>4</sup> and  
15  
16 Whereas, Medical-legal partnerships formally include lawyers on a care team to address legal  
17 issues that may lead to poor health outcomes and contribute to population health  
18 inequities;<sup>5,6</sup> and  
19  
20 Whereas, Medical-legal partnerships seek to address patients' needs regarding social  
21 determinants of health through providing healthcare, and social and legal support at the same  
22 location;<sup>7</sup> and  
23  
24 Whereas, The most common needs medical-legal partnerships address are: income, housing  
25 and utilities, education and employment, legal status, and personal and family stability;<sup>7</sup> and  
26  
27 Whereas, Providing legal assistance at the same location as healthcare facilitates patients' use  
28 of these services to remediate their lack of basic human needs such as food and shelter;<sup>7</sup> and  
29  
30 Whereas, Medical-legal partnerships exist across 48 states with 442 partnerships across 333  
31 healthcare entities;<sup>5</sup> and  
32  
33 Whereas, Medical-legal partnerships provide education for medical professionals to better  
34 identify unmet needs in their patients and to begin addressing those needs;<sup>8</sup> and  
35  
36 Whereas; Medical-legal partnerships have been proven to improve health outcomes for patients  
37 including reducing hospital admissions for chronic health conditions, reducing stress and  
38 improving mental health, and increasing the use of preventive health services;<sup>9</sup> and

- 1 Whereas, Medical-legal partnerships have also been proven to increase patient compliance with  
2 treatment, including patients regularly taking prescribed medications;<sup>10</sup> and  
3  
4 Whereas, Medical-legal partnerships have demonstrated a cost-savings to health care  
5 organizations through assisting patients in gaining health insurance coverage and in end-of-life  
6 planning;<sup>11</sup> therefore be it  
7  
8 RESOLVED, That our American Medical Association encourage the widespread establishment  
9 of medical-legal partnerships to address unmet patient needs relating to social determinants of  
10 health. (Directive to Take Action)

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

Received: 09/30/20

References:

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2. Garg, Arvin, et al. "Avoiding the Unintended Consequences of Screening for Social Determinants of Health." *JAMA*, vol. 316, no. 8, 2016, p. 813., doi:10.1001/jama.2016.9282. <https://jamanetwork.com/journals/jama/fullarticle/2531579>.
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4. *The Need for Medical-Legal Partnership*. National Center for Medical-Legal Partnership, 2015, [medical-legalpartnership.org/need/](http://medical-legalpartnership.org/need/).
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8. Cohen, Ellen, et al. "Medical-Legal Partnership: Collaborating with Lawyers to Identify and Address Health Disparities." *Journal of General Internal Medicine*, vol. 25, no. S2, 2010, pp. 136–139., doi:10.1007/s11606-009-1239-7.
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10. Fleishman, Stewart B., et al. "The Attorney As the Newest Member of the Cancer Treatment Team." *Journal of Clinical Oncology*, vol. 24, no. 13, Jan. 2006, pp. 2123–2126., doi:10.1200/jco.2006.04.2788.
11. "Impact." *The Impact*, National Center for Medical-Legal Partnerships, [medical-legalpartnership.org/impact/](http://medical-legalpartnership.org/impact/).

## RELEVANT AMA POLICY

### Legal Protection and Social Services for Commercially Sexually Exploited Youth D-60.969

Our AMA will work with state medical societies and specialty societies to: (1) where appropriate, advocate for legal protection and alternatives to incarceration for commercially sexually exploited youth as an alternative to prosecution for crimes related to their sexual or criminal exploitation; and (2) encourage the development of appropriate and comprehensive services as an alternative to criminal detention in order to overcome barriers to necessary services and care for commercially sexually exploited youth.

Citation: (Res. 4, I-14)

### Providing Medical Services through School-Based Health Programs H-60.991

(1) The AMA supports further objective research into the potential benefits and problems associated with school-based health services by credible organizations in the public and private sectors. (2) Where school-based services exist, the AMA recommends that they meet the following minimum standards: (a) Health services in schools must be supervised by a physician, preferably one who is experienced in the care of children and adolescents. Additionally, a physician should be accessible to administer care on a regular basis. (b) On-site services should be provided by a professionally prepared school nurse or similarly qualified health

professional. Expertise in child and adolescent development, psychosocial and behavioral problems, and emergency care is desirable. Responsibilities of this professional would include coordinating the health care of students with the student, the parents, the school and the student's personal physician and assisting with the development and presentation of health education programs in the classroom. (c) There should be a written policy to govern provision of health services in the school. Such a policy should be developed by a school health council consisting of school and community-based physicians, nurses, school faculty and administrators, parents, and (as appropriate) students, community leaders and others. Health services and curricula should be carefully designed to reflect community standards and values, while emphasizing positive health practices in the school environment. (d) Before patient services begin, policies on confidentiality should be established with the advice of expert legal advisors and the school health council. (e) Policies for ongoing monitoring, quality assurance and evaluation should be established with the advice of expert legal advisors and the school health council. (f) Health care services should be available during school hours. During other hours, an appropriate referral system should be instituted. (g) School-based health programs should draw on outside resources for care, such as private practitioners, public health and mental health clinics, and mental health and neighborhood health programs. (h) Services should be coordinated to ensure comprehensive care. Parents should be encouraged to be intimately involved in the health supervision and education of their children.

Citation: (CSA Rep. D, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: Res. 412, A-05; Reaffirmed in lieu of Res. 908, I-12)

**Ensuring Access to Health Care, Mental Health Care, Legal and Social Services for Unaccompanied Minors and Other Recently Immigrated Children and Youth D-60.968**

Our AMA will work with medical societies and all clinicians to (i) work together with other child-serving sectors to ensure that new immigrant children receive timely and age-appropriate services that support their health and well-being, and (ii) secure federal, state, and other funding sources to support those services.

Citation: (Res. 8, I-14)