### 111TH CONGRESS 2D SESSION

# H. R. 5961

To require the Secretary of Health and Human Services to establish a demonstration project to award grants to, and enter into contracts with, medical-legal partnerships to assist patients and their families to navigate health-related programs and activities.

### IN THE HOUSE OF REPRESENTATIVES

July 29, 2010

Mr. Maffei (for himself, Mr. Murphy of Connecticut, Mr. Braley of Iowa, Mr. Kennedy, Mr. Langevin, Mr. Grijalva, and Ms. Sutton) introduced the following bill; which was referred to the Committee on Energy and Commerce

# A BILL

To require the Secretary of Health and Human Services to establish a demonstration project to award grants to, and enter into contracts with, medical-legal partnerships to assist patients and their families to navigate health-related programs and activities.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE.
- 4 This Act may be cited as the "Medical-Legal Partner-
- 5 ship for Health Act".

## SEC. 2. FINDINGS; PURPOSE.

- (a) FINDINGS.—Congress finds the following:
- 1) Numerous studies and reports, including the annual National Healthcare Disparities Report and Unequal Treatment, the 2002 Institute of Medicine Report, document the extensiveness to which vulnerable populations suffer from health disparities across the country.
  - (2) These studies have found that, on average, racial and ethnic minorities and low-income populations are disproportionately afflicted with chronic and acute conditions such as asthma, cancer, diabetes, and hypertension and suffer worse health outcomes, worse health status, and higher mortality rates.
  - (3) Several recent studies also show that health and healthcare quality are a function of not only access to healthcare, but also the social determinants of health, including the environment, the physical structure of communities, socio-economic status, nutrition, educational attainment, employment, race, ethnicity, geography, and language preference, that directly and indirectly affect the health, healthcare, and wellness of individuals and communities.
  - (4) Formally integrating medical and legal professionals in the health setting can more effectively

- address the health needs of vulnerable populations
  and ultimately reduce health disparities.
  - (5) All over the United States, healthcare providers who take care of low-income individuals and families are partnering with legal professionals to assist them in providing better quality of healthcare.
  - (6) Medical-legal partnerships integrate lawyers in a health setting to help patients navigate the complex government, legal, and service systems in addressing social determinants of health, such as income supports for food insecure families and mold removal from the home of asthmatics.
  - (b) Purposes.—The purposes of this Act are to—
  - (1) support and advance opportunity for medical-legal partnerships to be more fully integrated in healthcare settings nationwide;
  - (2) to improve the quality of care for vulnerable populations by reducing health disparities among health disparities populations and addressing the social determinants of health; and
  - (3) identify and develop cost-effective strategies that will improve patient outcomes and realize savings for healthcare systems.

#### SEC. 3. MEDICAL-LEGAL PARTNERSHIPS.

- 2 (a) In General.—The Secretary of Health and 3 Human Services shall establish a nationwide demonstration project consisting of— 4 5 (1) awarding grants to, and entering into con-
- 6 tracts with, medical-legal partnerships to assist pa-7 tients and their families to navigate programs and 8 activities; and
- 9 (2) evaluating the effectiveness of such partner-10 ships.

### (b) TECHNICAL ASSISTANCE.—

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- (1) IN GENERAL.—The Secretary may, directly or through grants or contracts, provide technical assistance to grantees under subsection (a)(1) or through a national organization described in paragraph (2) to support the establishment and sustainability of medical-legal partnerships. Not to exceed 5 percent of the amount appropriated to carry out this section in a fiscal year may be used for purposes of this subsection.
  - (2) National organization described.—A national organization described in this paragraph is a national organization experienced in bringing together both the medical and legal professions on behalf of vulnerable populations.

- 1 (c) Use of Funds.—Amounts received as a grant
- 2 or pursuant to a contract under this section shall be used
- 3 to assist patients and their families to navigate health-
- 4 related programs and activities for purposes of achieving
- 5 one or more of the following goals:
- 6 (1) Enhancing access to health care services.
- 7 (2) Improving health outcomes for low-income 8 individuals, as defined in subsection (h).
- 9 (3) Reducing health disparities among health disparities populations.
- 11 (4) Enhancing wellness and prevention of 12 chronic conditions and other health problems.
- 13 (5) Reducing cost of care to the healthcare sys-14 tem.
- 15 (6) Addressing the social determinants of health.
- 17 (7) Addressing situational factors that con-18 tribute to poor health, such as poor housing.
- 19 (d) APPLICATION.—To be eligible to receive a grant
- 20 or contract under this section, an entity shall submit to
- 21 the Secretary an application at such time, in such manner,
- 22 and containing such information as the Secretary may re-
- 23 quire, including information demonstrating that the appli-
- 24 cant has experience in bridging the medical and legal pro-

1	tessions or a strategy or plan for cultivating and building
2	medical-legal partnerships.
3	(e) MATCHING REQUIREMENT.—For each fiscal year,
4	the Secretary may not award a grant or contract under
5	this section to an entity unless the entity agrees to make
6	available non-Federal contributions (which may include in-
7	kind contributions) toward the costs of a grant or contract
8	awarded under this section in an amount that is not less
9	than \$1 for each \$10 of Federal funds provided under the
10	grant or contract.
11	(f) Prohibition.—No funds under this section may
12	be used—
13	(1) for any medical malpractice action or pro-
14	ceeding;
15	(2) to provide any State or local public benefit
16	(as defined in section 411(c) of the Personal Re-
17	sponsibility and Work Opportunity Reconciliation
18	Act of 1996 (8 U.S.C. 1621(c)) to an alien who is
19	not—
20	(A) a qualified alien (as defined in section
21	431 of the Immigration and Nationality Act);
22	(B) a nonimmigrant under the Immigra-
23	tion and Nationality Act. or

1	(C) an alien who is paroled into the United
2	States under section 212(d)(5) of such Act for
3	less than one year; or
4	(3) to provide legal assistance with respect to
5	any proceeding or litigation which seeks to procure
6	an abortion or to compel any individual or institu-
7	tion to perform an abortion, or assist in the per-
8	formance of an abortion.
9	(g) Reports.—
10	(1) Final Report by Secretary.—Not later
11	than 6 months after the date of the completion of
12	the demonstration project under this section, the
13	Secretary shall conduct a study of the results of the
14	project and submit to the Congress a report on such
15	results that includes the following:
16	(A) An evaluation of the project outcomes,
17	including—
18	(i) a description of the extent to which
19	medical-legal partnerships funded through
20	this section achieved the purposes de-
21	scribed in section 2(b);
22	(ii) quantitative and qualitative anal-
23	ysis of baseline and benchmark measures
24	of the project's impact as delineated under
25	subsection (e); and

1	(iii) aggregate information about the
2	individuals served and project activities.
3	(B) Recommendations on whether the ac-
4	tivities funded under this section could be used
5	to improve patient outcomes in other public
6	health areas.
7	(2) Interim reports by secretary.—The
8	Secretary may provide interim reports to the Con-
9	gress on the demonstration project under this sec-
10	tion at such intervals as the Secretary determines to
11	be appropriate.
12	(3) Reports by grantees.—The Secretary
13	may require each recipient of a grant or contract
14	under this section to submit interim and final re-
15	ports on the activities carried out by such recipient
16	with such grant.
17	(h) Definitions.—In this section:
18	(1) The term "health disparities populations"
19	has the meaning given such term in section 485E(d)
20	of the Public Health Service Act.
21	(2) The term "low-income individuals" refers to
22	the population of individuals and families who earn
23	up to 200 percent of the Federal poverty level appli-

cable to the size of the family involved.

1	(3) The term "medical-legal partnership"
2	means an entity—
3	(A) that is a partnership between—
4	(i) a community health center, public
5	hospital, children's hospital, or other pro-
6	vider of health care services to a signifi-
7	cant number of low-income individuals; and
8	(ii) one or more legal professionals
9	and
10	(B) whose primary mission is to assist pa-
11	tients and their families navigate health-related
12	programs, activities, and services through the
13	provision of relevant civil legal assistance on
14	site in the healthcare setting involved, in con-
15	junction with regular training for healthcare
16	staff and providers regarding the connections
17	between legal interventions, social determinants
18	and health of low-income individuals.
19	(4) The term "Secretary" means the Secretary
20	of Health and Human Services.
21	(i) Funding.—
22	(1) Authorization of appropriations.—
23	There are authorized to be appropriated to carry out
24	this section such sums as may be necessary, but not

- to exceed \$10,000,000, for each of the fiscal years 2 2011 through 2015.
- 3 (2) LIMITATION.—Of the amounts appropriated 4 pursuant to paragraph (1) for a fiscal year, the Sec-5 retary may obligate not more than 5 percent for the 6 administrative expenses of the Secretary in carrying 7 out this section.

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