

112TH CONGRESS
1ST SESSION

S. 1609

To require the Secretary of Health and Human Services to establish a demonstration program 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 SENATE OF THE UNITED STATES

SEPTEMBER 22, 2011

Mr. HARKIN (for himself, Mr. LEAHY, and Mr. INOUE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To require the Secretary of Health and Human Services to establish a demonstration program 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”.

6 **SEC. 2. FINDINGS; PURPOSE.**

7 (a) FINDINGS.—Congress finds the following:

1 (1) Numerous studies and reports, including
2 the annual National Healthcare Disparities Report
3 and Unequal Treatment, the 2002 Institute of Medi-
4 cine Report, document the extensiveness to which
5 vulnerable populations suffer from health disparities
6 across the country.

7 (2) These studies have found that, on average,
8 racial and ethnic minorities and low-income popu-
9 lations are disproportionately afflicted with chronic
10 and acute conditions such as asthma, cancer, diabe-
11 tes, and hypertension and suffer worse health out-
12 comes, worse health status, and higher mortality
13 rates.

14 (3) Several recent studies also show that health
15 and healthcare quality are a function of not only ac-
16 cess to healthcare, but also the social determinants
17 of health, including the environment, the physical
18 structure of communities, socio-economic status, nu-
19 trition, educational attainment, employment, race,
20 ethnicity, geography, and language preference, that
21 directly and indirectly affect the health, healthcare,
22 and wellness of individuals and communities.

23 (4) Formally integrating medical and legal pro-
24 fessionals in the health setting can more effectively

1 address the health needs of vulnerable populations
2 and ultimately reduce health disparities.

3 (5) All over the United States, healthcare pro-
4 viders who take care of low-income individuals and
5 families are partnering with legal professionals to
6 assist them in providing better quality of healthcare.

7 (6) Medical-legal partnerships integrate lawyers
8 in a health setting to help patients navigate the com-
9 plex government, legal, and service systems in ad-
10 dressing social determinants of health, such as in-
11 come supports for food insecure families and mold
12 removal from the home of asthmatics.

13 (b) PURPOSES.—The purposes of this Act are to—

14 (1) support and advance opportunity for med-
15 ical-legal partnerships to be more fully integrated in
16 healthcare settings nationwide;

17 (2) to improve the quality of care for vulnerable
18 populations by reducing health disparities among
19 health disparities populations and addressing the so-
20 cial determinants of health; and

21 (3) identify and develop cost-effective strategies
22 that will improve patient outcomes and realize sav-
23 ings for healthcare systems.

1 **SEC. 3. MEDICAL-LEGAL PARTNERSHIPS.**

2 (a) IN GENERAL.—The Secretary of Health and
3 Human Services shall establish a nationwide demonstra-
4 tion project consisting of—

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.

11 (b) TECHNICAL ASSISTANCE.—The Secretary may,
12 directly or through grants or contracts, provide technical
13 assistance to grantees under subsection (a)(1) to support
14 the establishment and sustainability of medical-legal part-
15 nerships. Not to exceed 5 percent of the amount appro-
16 priated to carry out this section in a fiscal year may be
17 used for purposes of this subsection.

18 (c) FUNDING.—

19 (1) USE OF FUNDS.—Amounts received as a
20 grant or pursuant to a contract under this section
21 shall be used to assist patients and their families to
22 navigate health-related programs and activities for
23 purposes of achieving one or more of the following
24 goals:

25 (A) Enhancing access to healthcare serv-
26 ices.

1 (B) Improving health outcomes for low-in-
2 come individuals, as defined in subsection (g).

3 (C) Reducing health disparities among
4 health disparities populations.

5 (D) Enhancing wellness and prevention of
6 chronic conditions and other health problems.

7 (E) Reducing cost of care to the healthcare
8 system.

9 (F) Addressing the social determinants of
10 health.

11 (G) Addressing situational contributing
12 factors.

13 (2) AUTHORIZATION OF APPROPRIATIONS.—
14 There are authorized to be appropriated to carry out
15 this section such sums as may be necessary, but not
16 to exceed \$10,000,000, for each of the fiscal years
17 2012 through 2016.

18 (3) MATCHING REQUIREMENT.—For each fiscal
19 year, the Secretary may not award a grant or con-
20 tract under this section to an entity unless the entity
21 agrees to make available non-Federal contributions
22 (which may include in-kind contributions) toward
23 the costs of a grant or contract awarded under this
24 section in an amount that is not less than \$1 for

1 each \$10 of Federal funds provided under the grant
2 or contract.

3 (4) ALLOCATION.—Of the amounts appro-
4 priated pursuant to paragraph (2) for a fiscal year,
5 the Secretary may obligate not more than 5 percent
6 for the administrative expenses of the Secretary in
7 carrying out this section.

8 (d) ELIGIBLE ENTITIES.—To be eligible to receive a
9 grant or contract under this section, an entity shall—

10 (1) be an organization experienced in bridging
11 the medical and legal professions on behalf of vul-
12 nerable populations nationally; and

13 (2) submit to the Secretary an application at
14 such time, in such manner, and containing such in-
15 formation as the Secretary may require, including
16 information demonstrating that the applicant has ex-
17 perience in bridging the medical and legal profes-
18 sions or a strategy or plan for cultivating and build-
19 ing medical-legal partnerships.

20 (e) PROHIBITIONS.—No funds under this section may
21 be used—

22 (1) for any medical malpractice action or pro-
23 ceeding;

24 (2) to provide any support to an alien who is
25 not—

1 (A) a qualified alien (as defined in section
2 431 of the Immigration and Nationality Act);

3 (B) a nonimmigrant under the Immigra-
4 tion and Nationality Act; or

5 (C) an alien who is paroled into the United
6 States under section 212(d)(5) of such Act for
7 less than one year;

8 (3) to provide legal assistance with respect to
9 any proceeding or litigation which seeks to procure
10 an abortion or to compel any individual or institu-
11 tion to perform an abortion, or assist in the per-
12 formance of an abortion; or

13 (4) to initiate or participate in a class action
14 lawsuit.

15 (f) REPORTS.—

16 (1) FINAL REPORT BY SECRETARY.—Not later
17 than 6 months after the date of the completion of
18 the demonstration program under this section, the
19 Secretary shall conduct a study of the results of the
20 program and submit to the Congress a report on
21 such results that includes the following:

22 (A) An evaluation of the program out-
23 comes, including—

24 (i) a description of the extent to which
25 medical-legal partnerships funded through

1 this section achieved the goals described in
2 subsection (b);

3 (ii) quantitative and qualitative anal-
4 ysis of baseline and benchmark measures;
5 and

6 (iii) aggregate information about the
7 individuals served and program activities.

8 (B) Recommendations on whether the pro-
9 grams funded under this section could be used
10 to improve patient outcomes in other public
11 health areas.

12 (2) INTERIM REPORTS BY SECRETARY.—The
13 Secretary may provide interim reports to the Con-
14 gress on the demonstration program under this sec-
15 tion at such intervals as the Secretary determines to
16 be appropriate.

17 (3) REPORTS BY GRANTEEES.—The Secretary
18 may require each recipient of a grant under this sec-
19 tion to submit interim and final reports on the pro-
20 grams carried out by such recipient with such grant.

21 (g) DEFINITIONS.—In this section:

22 (1) The term “health disparities populations”
23 has the meaning given such term in section 485E(d)
24 of the Public Health Service Act.

1 (2) The term “low-income individuals” refers to
2 the population of individuals and families who earn
3 up to 200 percent of the Federal poverty level.

4 (3) The term “medical-legal partnership”
5 means an entity—

6 (A) that is a partnership between—

7 (i) a community health center, public
8 hospital, children’s hospital, or other pro-
9 vider of healthcare services to a significant
10 number of low-income beneficiaries; and

11 (ii) one or more legal professionals;

12 and

13 (B) whose primary mission is to assist pa-
14 tients and their families navigate health-related
15 programs, activities, and services through the
16 provision of relevant civil legal assistance on-
17 site in the healthcare setting involved, in con-
18 junction with regular training for healthcare
19 staff and providers regarding the connections
20 between legal interventions, social determinants,
21 and health of low-income individuals.

22 (4) The term “Secretary” means the Secretary
23 of Health and Human Services.

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