

Making the Case for Medical-Legal Partnerships

An Updated Review of the Evidence, 2020-2024

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AUTHOR

Michael Gallo

Research Consultant
National Center for Medical-Legal
Partnership

CONTACT

National Center for Medical-Legal Partnership

Website: medical-legalpartnership.org
Email: ncmlp@gwu.edu

BRIEF SNAPSHOT

This brief provides an updated overview of medical-legal partnerships, summarizing findings from peer-reviewed research between September 2020 and August 2024. Developed by the National Center for Medical-Legal Partnership, this report continues a series of literature reviews examining the evaluation and impact of the MLP model.

Introduction

Over the past several decades, medical-legal partnerships (MLPs) have gained recognition as a vital strategy for addressing the legal and structural drivers of poor health. By embedding legal services within healthcare settings, MLPs have redefined how clinicians, social workers, and attorneys collaborate to support patients facing challenges such as unsafe housing, denial of public benefits, employment issues, and other social determinants of health. As these partnerships have grown across a broad range of clinical contexts, so too has the imperative to evaluate and refine the models that underpin them.

In response to this need, the National Center for Medical-Legal Partnership (NCMLP) has been pivotal in consolidating and analyzing research on MLPs. Its first literature review, published in 2013¹, provided a foundational overview of how MLPs function, their influence on health and legal outcomes, and their potential to drive institutional and policy-level change. An updated review in 2020² reflected the rapid proliferation of MLP programs and the growing body of evidence surrounding their effectiveness.

Since then, the MLP field has continued to evolve, influenced by changing healthcare policies, a greater emphasis on health equity, and the widespread impacts of the COVID-19 pandemic. MLPs have responded by deepening their integration into value-based care models³, advancing legal and policy reforms, and working to reduce racial and socioeconomic disparities in health.



Background

About this Brief

This brief represents the third installment in NCMLP’s literature review series. It synthesizes peer-reviewed research published between **September 2020 and August 2024**, offering new insights into the MLP movement’s progress and growing impact at the intersection of health, law, and social justice.

This review followed the same framework as previous versions, compiling literature into three different categories:

1. **Descriptive articles**, which describe the need for and approach of MLPs among general and special populations;
2. **Practice reports**, which take a “case study” approach to describing MLPs in practice (but do not necessarily robustly measure outcomes); and
3. **Observational studies**, which seek to measure MLP’s impact on patients, providers, and communities.

Observational studies have added to the growing body of evidence demonstrating the impact of MLPs on patient outcomes, provider capacity, and community well-being. **This brief focuses solely on outcomes observed within the observational study category**; however, a complete list of the MLP-related peer-reviewed literature included in this review can be found in this [literature review](#).

Search Strategy

For the purposes of this brief, the research databases PubMed and SCOPUS were scanned for all peer-reviewed articles written between September 2020 and August 2024, utilizing the key search term “medical legal partnership(s)”. This initial search generated a total of 142 articles on PubMed and 99 articles on SCOPUS. After removing duplicate articles across sources, the search yielded 135 articles. (Please note that while we aimed to capture all relevant articles, some may be missing due to limited full-text access or publication timing, which may have impacted the dataset’s completeness.) Next, a scan of all identified articles was conducted, resulting in 74 articles meeting the review’s inclusion criteria. Articles were subsequently sorted into one of three categories:

1. Descriptive articles: 42
2. Practice reports: 18
3. Observational studies: 14

While most literature described the MLP intervention, several descriptive articles and practice reports detail the emerging efforts to train legal and medical students in MLP approaches. All 14 observational studies were thoroughly reviewed to identify the “category” of MLP outcome described. These categories include, for example, improvements in patient health and wellbeing, increased housing stability for patients, improvements in healthcare systems, or changes to policies, laws, and regulations. The five high-level outcomes from the 2020 NCMLP literature review remain unchanged, with 13 MLP sub-outcomes identified. The evidence supporting each of these outcomes and sub-outcomes is outlined in the next section.

Emerging Evidence of the Impact of Medical-Legal Partnerships (2020-2024)

This section details evidence that supports five high-level outcomes associated with MLPs: 1) changes in health and wellbeing of patients; 2) improved housing and utility stability among patients; 3) improved access to financial resources and concrete supports among patients; 4) improvements in healthcare systems and workforce; and 5) improvements in policies, laws, and regulations.

OUTCOME 01. Changes in the health and well-being of patients

Sub-outcome #1: Adults and children have fewer emergency department visits.

A retrospective cohort study examined the effect of referral to an MLP on hospitalization rates among urban, low-income children. It found that the median predicted hospitalization rate for children in the year after referral was 37.9 percent lower for those who received the legal intervention than for those who did not.⁴

Sub-outcome #2: Reduction in asthma exacerbation encounters and hospitalizations.

In a cohort of low-income pediatric asthma patients, the MLP intervention was linked to a statistically significant 69.7 percent reduction in hospitalization rates and a 44.2 percent decline in total asthma exacerbation-related encounters.⁵ These findings suggest improved asthma control through targeted legal advocacy addressing environmental and social risk factors.

Sub-outcome #3: Improved access to care and holistic well-being for children.

In a survey of providers involved in a pilot program at a tertiary children's hospital, respondents reported positive direct health impacts from MLP engagement, encompassing physical, emotional, and mental health and improved access to care. Parents indicated they were more available to attend to their child due to better finances, access to providers through guardianship, and reduced parental stress.⁶

Sub-outcome #4: Fewer days with poor physical/mental health and feelings of stress/worry.

In an evaluation study of an MLP at a large federally qualified health center in Colorado, 61.4 percent of clients reported significant improvements in their healthcare experience due to the MLP. Statistically significant improvements were observed in days of poor physical and mental health and feelings of stress and worry. There was a decrease in emergency department visits, hospitalization days, and missed appointments, although only the latter was statistically significant.⁷

OUTCOME 02.

Improved housing and utility stability among patients

The housing team at an MLP collaborated with the medical team to proactively identify patients experiencing issues with pest infestations and water leakages. Advocacy led to new roofs, pest management, and refurbishing air-conditioning and ventilation systems for nearly 700 low-income housing units.⁸

OUTCOME 03.

Improved access to financial resources and concrete supports among patients

Sub-outcome #1: Patients can secure, retain, or recover financial benefits.

Since the inception of the Cincinnati Child Health-Law Partnership in 2008, MLP referrals have led to an estimated \$1,360,000 in recovered benefits, improvements to housing conditions, and educational achievement.⁸

Over two years, an MLP reported \$738,944 in cost avoidance for patients through assistance with food stamps, Supplemental Security Income, Medicaid, housing, and education-related cases.⁹

One large MLP's total annual financial impact was reported to be \$18.2 million, with approximately \$23,262 recovered per case.⁹ Another MLP site reported \$469,446 in monetary benefits to patients over two years.⁹

An MLP in rural North Carolina reported \$309,902 in monetary outcomes, primarily from securing patients' Social Security benefits, and an additional \$174,733 from tax returns and Earned Income Tax Credit over a two-year study period.¹⁰

The Georgetown University Cancer Legal Assistance and Well-Being Project, launched in 2020 as an MLP, has secured

over \$700,000 for patients through insurance coverage, disability benefits, and other income supports, paid leave, and debt relief.¹¹

The benefits obtained or retained through legal services at a pediatric MLP totaled over \$4.9 million throughout the study. Resolved cases involving Medicaid, the State Children's Health Insurance Program (SCHIP), and other health-related assistance generated an average benefit value of \$18,925 per case. This was followed by Social Security Income cases, averaging \$9,585, and education cases with an average benefit value of \$5,336.¹²

OUTCOME 04.

Improvements to healthcare system and workforce

Sub-outcome #1: Families are more successful at navigating complex service systems.

A study found that reduced hospitalizations via MLP referral resulted in an estimated \$40,000 annual savings for every 100 patients referred.⁴ Given the potential cost savings, future studies in partnership with payers such as Medicaid managed care organizations could explore a more detailed return on investment for social needs interventions.

A study estimating the cost impact that an MLP would have on an academic medical center (AMC) in North Carolina found that the AMC would save \$825 for each day reduced in an inpatient stay. Approximately 75 patients a year experience extended inpatient stays due to guardianship issues; since these extended stays often exceed 30 days, it was estimated that an MLP would reduce the length of stay (LOS) by 20 days. This would result in an overall expense reduction of $(\$825/\text{day}) \times (75 \text{ patients}) \times (20 \text{ days/patient}) = \$1,237,500$ for \$342,985.¹³

Sub-outcome #2: Clinicians have greater capacity to address the Social Determinants of Health (SDOH) of their patients.

A survey of pediatric and geriatric providers (n=85) who referred patients to the Upstate MLP revealed that 92.9 percent agreed or strongly agreed that the MLP enhanced their overall capacity to serve patients, and 88.5 percent strongly agreed or agreed that it improved their ability to

address their patients' SDOH needs.¹⁴

A survey of pediatric providers at Yale New Haven Children's Hospital reported that the MLP was a proactive educator, enhancing their overall awareness of SDOH and health-harming legal needs (HHLN). The MLP significantly influenced residents' sensitivity to SDOH by participating in resident development and education. It equipped providers with the tools and skills necessary to screen for and respond to SDOH more effectively.¹⁵

In a study of pediatric and combined internal medicine/pediatrics residents, when compared to residents who had their continuity clinic in a setting without co-located MLP, those with access to a co-located MLP: (1) had increased confidence in their knowledge of benefits and food insecurity (2) were more likely to inquire about their patients' housing, Women, Infants, and Children (WIC) program, public benefits, and food insecurity (3) spent a greater amount of time discussing social history with their patients.¹⁶

Sub-outcome #3: Reduction in clinician stress.

Geriatric providers reported that access to the MLP helps reduce clinician stress by equipping them with the knowledge necessary to assist patients with HHLN.¹⁷

Sub-outcome #4: Improvement in providers' advocacy knowledge, skills, and identity.

One study showed that including legal experts in advocacy training for medical students significantly improved the students' preparedness, confidence, and interest in future advocacy efforts. The interprofessional education model, implemented through an academic MLP, enhanced students' understanding of the legislative process and reinforced their professional identity as health justice advocates. These findings underscore the importance of integrating legal perspectives into health professional training to equip future clinicians better to engage in systems-level change.¹⁸

A survey of pediatric clinicians noted that the MLP helped cultivate their identity as patient advocates and encouraged them to see addressing HHLN as part of their role.¹⁵

Sub-outcome #5: Improved screening abilities and more frequent referrals.

Interviews with patient parents and guardians indicate that the pediatric MLP facilitated the building of relationships between providers and patients' families.¹⁵

Sub-outcome #6: Improved provider-family

relationships.

One non-randomized, controlled study evaluated the delivery of an SDOH video curriculum by a multidisciplinary team within a pediatric primary care center at Cincinnati Children's Hospital in partnership with the Legal Aid Society of Greater Cincinnati. Compared to the control group, those who received the intervention were (1) more confident in screening for housing, benefits, and educational issues, (2) more likely to screen for domestic violence and depression, and (3) more likely to refer patients for formula distribution when food insecurity was present.¹⁶

In a study that examined the delivery of a curriculum designed to educate medical students about MLPs and how they could collaborate with other professionals to address SDOH in their patients and clients, it was found that after the intervention, students were more likely to: (1) appreciate that social determinants, such as access to public benefits, can impact the health of low-income patients; (2) screen patients for socioeconomic and legal issues related to income, education, family law, health insurance, public benefits, and SSI; and (3) refer patients to legal resources when confronting patients with socioeconomic or environmental issues that may affect their health.¹⁶

OUTCOME 05.

Improvement in policies, laws, and regulations

Streamlining Supplemental Nutrition Assistance Program (SNAP) Enrollment Processes

The Cincinnati Child Health-Law Partnership (HeLP) team discovered that a significant barrier to enrolling infants in SNAP benefits was a complicated and outdated application process. To tackle this issue, their legal team collaborated with the county's public benefits office to streamline and enhance the system. Their efforts also led to establishing a new process that allows Medicaid managed care providers to input birth details into the state's benefits system directly, facilitating automatic enrollment in SNAP, Medicaid, and Cash Assistance. This significantly reduced wait times for families in Hamilton County, Ohio, sometimes by several days or weeks. The success of this local approach eventually inspired broader policy changes at the state level.⁸

Looking Ahead

Conclusion

This updated literature review reinforces the growing evidence base supporting MLPs as a critical intervention for addressing the structural determinants of health. The studies reviewed here highlight how MLPs improve patient outcomes, strengthen healthcare systems, and contribute to upstream policy change by reducing hospitalizations and emergency department visits while securing millions in financial benefits for patients.

The findings also highlight the multifaceted value of MLPs—not only as tools for individual advocacy but also as structural innovations that enhance provider capacity, reduce institutional costs, and promote more equitable care delivery. At a time when healthcare systems face rising demand to address health-related social needs, MLPs are increasingly positioned as a practical and impactful solution.

Gaps

Despite these promising developments, gaps remain. The field still lacks standardized evaluation tools that enable more consistent, cross-site comparisons and long-term impact assessments. Additionally, more research is needed to explore how MLPs can be sustainably financed, equitably scaled, and integrated into emerging value-based care models.

Recommendations

As the MLP field continues to evolve, the following steps are recommended to strengthen its foundation and enhance its impact:

1. **Develop shared metrics** and rigorous evaluation frameworks to assess outcomes across clinical, legal, and systems domains.
2. **Expand longitudinal and population-level research** to better understand the sustained impact of MLPs on health equity.
3. **Identify and share scalable financing and staffing models** that promote long-term sustainability across diverse healthcare settings.
4. **Strengthen cross-sector training and workforce development** to equip future clinicians and legal professionals for integrated practice.
5. **Document policy-level achievements and create advocacy tools** to support replication and systems change at local, state, and federal levels.

As MLPs continue to gain traction within the healthcare landscape, these next steps will be critical in strengthening the evidence base and ensuring that the model is implemented effectively and equitably across diverse contexts.

Endnotes

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