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SHINE LECTURE: LEGAL AID'S PIVOTAL ROLE IN PATIENT ADVOCACY

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>> MICHAEL STEIN: Good afternoon. We're on here. Great. Good afternoon. My name's Michael Stein, and I currently serve as Dean of the Boston University School of Public Health. And on behalf of the school, welcome to today's Public Health Conversation.

These events are meant as spaces where we come together to discuss the ideas that shape a healthier world, through a process of free speech, open ideas, debate, the generative exchange of ideas. We aim to sharpen our approach to building such a world. Guided by expert speakers, we work toward a deeper understanding of what matters most to the creation of healthy populations.

Thank you for joining us for today's conversation. Thank you to our school's Center for Health Law, Ethics, and Human Rights, for presenting this event. Thank you to the Dean's Office and the Communications team for putting this together.

Today's conversation honors the memory of Cathy Shine, a remarkable woman who turned a traumatic experience into the making of a healthier, better world. After being physically restrained against her will in a hospital where she was recovering from an asthma attack, she went on to become an author and patient rights advocate. Before her death in 1992, she wrote a book about race-based discrimination on criminal justice proceedings. Her work connected her with Professor George Annas, the Director of our Center for Health Law, Ethics, and Human Rights. Professor Annas would cite her experience when arguing in the New England Journal of Medicine for the right of patients to refuse restraints.

Cathy Shine's legacy continues to help inform the conversation about supporting the health and dignity of patients. We are grateful to the Shine family for helping to establish this lecture to continue the conversation.

I will now turn the event over to today's moderator, George Annas. Professor Annas is William Fairfield Warren Distinguished Professor of Health Law, Ethics, and Human Rights at our school and eager to be up here. He will introduce today's speaker, Matt Selig, the Executive Director of Health Law Advocates. Thanks for being here, Matt.

>> GEORGE ANNAS: Thank you, Dean Stein. It is amazing to be here for the 15th amazing Shine Lecture. They've been going on for a long time and evolving great. This is the third dean to welcome the lecture. My job is simpler than that. I'm just going to welcome our speaker. And even if you had no knowledge of the Shine Lecture, you could know just by the words that are used in the title: Legal Aid's Pivotal Role in Patient Advocacy. And patient advocacy is the title and the theme of all of the Shine lectures.

I'm thrilled to have Matt Selig here today. I'll give you a little bit of his background, but I don't think you need much, because it's pretty straightforward and great. He's been an attorney, first a staff attorney, then the Executive Director for almost the last 20 years at Health Law Advocates. And he'll tell you about his work and what Health Law Advocates do. And why would we need Health Law Advocates in Massachusetts, where we're supposed to have such a welcoming health care system?

Matt has worked -- I think this is language from his brochure -- with the organization's outstanding staff to significantly expand HLA's efforts to expand access to health care, which is their goal. Its growth has included establishment of several strategic areas serving children with mental illness, which is amazingly difficult thing to do, as you know, immigrants, consumers with unaffordable medical debt -- a new area -- and the gender-diverse community and people with disabilities.

He got his undergraduate degree at Washington University in St. Louis, then went to Washington to work with Senator Edward Kennedy on his health committee. It's got a longer name than that, but that's all you need to know. Worked on that for a number of years, then came to Boston to get his law degree at Suffolk University, magna cum laude, then went to work with Representative Kay Khan, who I'm sure many of you know was deeply dedicated to people with mental illnesses and prisoners. And after that, he went to Health Law Advocates and came here, and he's going to tell you about it. Matt, delighted to have you.

>> MATT SELIG: Well, thank you very much, Dean Stein and George. I am incredibly honored to present this year's Shine Lecture. I want to thank the School of Public Health, including the staff who helped organize, for providing this forum, and thank you, George, for inviting me and for creating, along with the Shine family, this important series about our rights as patients and consumers in the health care system. And of course, I'm grateful to the Shine family for establishing this series in memory of Cathy Shine and her dedication to the rights of all those in need of health care.

Tragically, as the dean just mentioned, it was the failure of our health care system or at least part of it, that led to Cathy's death in 1992. So, we are here in Cathy's memory to talk about ways we can ensure our health care system doesn't fail other people.

We can all think of plenty of ways our health care system is fantastic. But I also know we can all think of ways that our health care system works very poorly, and that is devastating, because health care is so important in all of our lives. But because of that, there are a lot of people who work really hard to make the system better, and Cathy Shine was one of those people. And I know a lot of people that are here, in person and online, are as well. So, we're all kind of in this together.

My presentation today is about the role that legal aid plays in making our system better, particularly for individuals or entire populations that don't have finally resources and are members of marginalized groups. So, here we go, Legal Aid's Pivotal Role in Patient Advocacy.

Here's an overview of what I'm going to talk about. I'm going to start by paying tribute, if you will, to the roots of health care legal aid, to better understand the values of what we do and our goals. Then, I'll give you a snapshot of the players in the health care legal aid field, so you know who's out there doing the work and how we all work together. Followed by an overview of the kinds of legal advocacy that make such a big impact. And then, we're going to highlight some specific areas, which maybe is the part that will spark the most interest, some specific areas where health care legal aid has made a real difference for people, removing barriers to health care. And then, we're going to wrap up before we do the Q&A with just thinking a little bit about what might be coming down the pike pretty soon in health care legal aid.

So, I thought it was important and kind of exciting, at least to me as a person in the field, to begin by talking about the roots of health care legal aid, because it really explains a lot about what inspires this area of health advocacy, its goals and its values. And I want to specify, when I'm referring to health care legal aid -- I'll use that as a phrase -- what I'm talking about in this context is free legal assistance -- no charge for the clients -- that's helping clients, usually income-eligible clients, most often, with access to health care problems.

In talking about the roots of health care legal aid, I want to use my organization as a proxy for the health care legal field because we're unique in that the vast, vast majority of what we do as an organization is provide legal services. And you'll hear a little bit later about what other related organizations do. Plus, all of our cases relate to health care access. And there are two different views, in my mind, in my experience, that have intertwined, that have combined over many years, decades, and even longer, to make health care legal aid a powerful force.

So, first of all, on the top, there's the consumer health care advocacy movement. And then, on the bottom, the legal aid movement. The consumer health care advocacy movement is all about the belief that for health care to work for patients, we as patients and consumers, as we talk about ourselves and our field, we have to have a meaningful voice, a seat at the table in setting the policies that determine how our health care system operates. And that's especially true for people who are members of marginalized groups and lack power in society generally.

So, a real watershed moment in the advocacy movement was a particular moment in time was the founding of the Villers Foundation in 1982 by Kate and Phil Villers, and they endowed the Villers Foundation in 1982 with a \$40 million contribution, which equates to about \$130 million today. And they set out with a mission to improve health care access. That was their entire mission, for all Americans, by organizing and empowering consumers so their voices were heard and impacted, and impacted policy debates.

The Villers Foundation was located in Washington, D.C., later changed its name to Families USA, and remains one of, if

not the central organization helping consumers determine health care policy nationally. The Villers Foundation set up one satellite office, and lucky for us that was located in Boston. And what it did, it was piloting the movement of amplifying consumers' voices in health care policy debates at the state level, where we all know so much health care policy is made. That satellite office of the Villers Foundation, evolved in 1985 into the organization called Health Care for All, and as many of you know, that remains the leading consumer-focused health care policy organization in Massachusetts, and it's been replicated in many different states and in different forums across the whole country over the past now 40 years.

Of course, there have been other grassroots movements that have pushed for health care rights for consumers over many, many years -- the labor movement, the civil rights movement -- but I'm highlighting this area and this strand in time because this is purely about consumers impacting policy to improve health care access.

So, as Health Care for All and Families USA and other organizations are organizing consumers to demand public policies to expand access, there's the question of, so, what happens when the political system doesn't respond? You organize, you go to the Statehouse, you go to Capitol Hill, and there's no movement. And that obviously can happen because there's a lot of powerful forces out there. So, what happens when it doesn't deliver what consumers want? Or what happens if consumers win and they get a good law passed? What happens if nobody follows the law? They're not enforced. And that can happen, too, as people know. And that, in my mind, is often where health care legal aid plays the essential role.

So, now we'll look at the legal aid movement that intertwined with the health care legal aid movement for consumers. The concept of a legal aid system in the U.S. goes back to the creation of the Legal Aid Societies in the decades before the turn of the century, and they were charitable groups, often run by volunteer attorneys, established initially to protect the rights of poor immigrants, and gradually expanded to protect the legal rights of all financially impoverished residents, to help them meet basic needs. But they were very thinly staffed, not that we're robust now, but they were really shoestring operations, but really started the movement.

In the early 1960s, legal action by the ACLU and NAACP to protect civil rights inspired the Ford Foundation to pour major financial resources into local legal aid organizations and around the country to solidify the infrastructure of legal aid. In 1965, the federal government takes the baton from the Ford Foundation in the war on poverty, LBJ's war on poverty, and the creation of the Office of Economic Opportunity, which funded and expanded legal aid offices all across the country.

And in addition to funding organizations that were assisting individuals with their concerns, they also established national legal support centers, which is an important part of our network, as you'll see in a subsequent slide. And these were based in universities, and one of them was the National Health Law Program. And the OEO also made a point of saying, all of these organizations out here, you're not only going to focus on serving individuals, but you're going to strive to achieve reform in the law, as a goal of legal aid.

The OEO eventually got defunded in the Nixon years. It was replaced, the funding for legal services, because there was

significant bipartisan support for legal aid that was transferred to the new Legal Services Corporation, and subsequently there have been opposition to the funding of legal aid and leading to in Massachusetts the creation of the Massachusetts Legal Assistance Corporation in 1983, which is now the largest funder of civil legal aid in Massachusetts.

So, by the 1990s, there is legal aid organizations and legal support centers collaborating with the consumer health care policy advocacy movement, but there were still a number of health care barriers that were not addressed, not being addressed by legal aid and health policy advocates, and that was the impetus for the creation of the organization where I work, Health Law Advocates in Massachusetts.

And what we were meant to do was to fight for health care access in areas where policy change wasn't the right solution at the time, or even possible, and that the legal aid movement -- and that other parts of the legal aid movement weren't addressing. One really prime example is providing representation for people who can't access health care because they're having trouble with a commercial health plan. So, legal aid organizations are doing great work, helping people who are on Medicaid, but most people in Massachusetts have private insurance, and a lot of those people have low income. So that with one big area that our organization filled the gap and the whole constellation of legal aid.

Another gap we filled was providing representation for people who made just too much income for legal aid, which, the eligibility levels are very, very low, just above the poverty level. And so, there were people facing access barriers, not eligible for legal aid, facing health care barriers, but no way they can afford a lawyer to help them address their issues. So, that was another area where Health Law Advocates stepped in to help with.

So, we came along 30 years ago, and our field of health care legal aid is still, of course, evolving, and has evolved over the past 30 years and will continue to evolve with new organizations being created similar to HLA and new areas of practice being developed to address unmet needs, just like HLA was meant. So, moving on to the conversation about the constellation of organizations that provide health care legal aid to folks who need our help to access care.

So, each of the kinds of organizations here fills a really unique and, I think, important role in the constellation of health care legal aid providers, and we're at the center because this topic of discussion is all we do, purely all we do, and that's not so much the case for the other organizations.

So, on the far side, you have general legal aid organizations. And they're the heirs to the legal aid societies, and they, for the most part, the vast majority of what they do is provide legal aid for individual residents who are having trouble accessing basic needs in their lives, so things like housing, immigration law help, and other issues, but they also typically will have a division within a larger organization that works on public benefits, including Medicaid, and that overlaps with an important part of our work.

We also on this side have issue-based legal aid organizations, developed mostly in the 1970s, '80s, and '90s, and they're the local heirs to the legal support centers created by the OEO that I talked about, to for the most part seek health care reform and reform in other areas of the law.

You have their counterparts on the national level, like the National Health Law Program that I mentioned, the National Consumer Law Center, and these are organizations that provide technical assistance, they call it, support for local legal aid organizations who are trying to build cases -- maybe large cases or even small cases -- and they provide really a reservoir of information and guidance to local legal aid organizations around the country, and they also play an important role in large class-action lawsuits.

The Private Bar. I wanted to give a shout-out to the Private Bar, for sure, because they play such an important role in both representing individual clients and also in taking on class action cases, and I'll get to a couple of those in a few minutes.

Then there's the really important alignment that I talked about on the previous slide with health care policy. And how that plays out is that these organizations, like Health Care for All, and other organizations that focus on policy, for the most part, they have a lot of success with their policy advocacy. But when they identify health care access barriers that the political system just isn't responding to, they'll often look to legal aid to move the needle.

Similarly, it also goes the other way where organizations like ours, we're representing hundreds and hundreds of people who may face similar problems, and a legal case just isn't -- it's not feasible, it's not the right moment, it's not possible to bring it. And we'll often work with policy advocates to take on an effort to solve a problem through the political system.

So, that's who's out there doing this work and where we fit in and overlap with other folks. So, how are we doing? So, there's a lot of words and stats on this slide, but you know we have to talk about what's, you know, what's going on. I said at the outset that there's a lot of great things about our health care system and there's a lot of things that really aren't working very well. And this slide is meant to review some of those and give a hint to some of the issues that we work on.

So, there's data from the Massachusetts Center, the Center for Health Information and Analysis, CHIA, and their most-recent survey said 41.2% of Massachusetts residents report a barrier to health care. Not very encouraging. It's higher, obviously, as you can see, among folks on the lowest income scale and for people in the poorest health, even higher.

In terms of affordability and medical debt -- so, these are debts that it's not just folks can't afford them and they're paying off over time -- these are debts that are absolutely not affordable, that are just sitting on people's accounts and oftentimes are subject to collection activities and even lawsuits in some cases. So, 1 out of 8 Massachusetts residents has medical debt, even though we have 97% rates of coverage. Across the country, it's much, much higher because of the difference in rates of insurance coverage, obviously.

As George mentioned earlier, mental health care access for youth. One study by Mental Health America shows nearly half of kids nationwide, and even in Massachusetts, with major depression, don't receive any treatment. And then, access to health care for immigrants, also another area where, even though we provide pretty generous coverage for immigrants in Massachusetts -- subsidized coverage -- the uninsurance rates for immigrants is four times that of U.S. citizens living in

Massachusetts. And that includes immigrants who are just on emergency Medicaid are counted as insured there, so they have very, very poor benefits.

And then, there are other issues that I know folks are really familiar with -- gender-affirming health care for transgender people. There are certainly many racial and ethnic barriers in health care that are deservedly getting more and more attention. Reproductive health care. It's not a particular area of practice for health law advocates because there are some other really important groups that lead the way in that area, but I wanted to mention it. And then, of course, Medicaid is an area where, you know, obviously, a fantastic program, but it's in the crosshairs, so to speak, of the Congress now, and there could be problems coming down the road. Hopefully not.

So, as I said at the top, there's all these issues out there that need to be addressed, but when is legal aid the right tool to use, the best tool? So, here are some things to think about, how it -- the big picture of what a case might look like, when you're looking to handle a case, either for an individual or a larger case.

So, in some situations, the political process, like I said, has worked. So, for example, the Affordable Care Act passed. Consumers had a big amount of credit for that. But some of the rights in that law, maybe even more than some, they're not real life for people. They're not being enforced by the government or private practice. So, that's one way to look at health care legal aid, enforcing the rights that we've achieved in the law.

In other situations -- and some of the examples will get to this -- the political process has failed. And it has either done nothing or even produced bad laws, worst-case scenario, that impose health care barriers, and we'll get to one of those examples in a little bit, and those have to be challenged. And then, I also mentioned, we're constantly looking for ways to play off of policy advocacy and look at ways where one strand of advocacy can maybe put pressure on or provide support to the other.

And who are we trying to help? Well, you know, thousands and thousands of cases are brought for individuals in Massachusetts who are having health care difficulties, and you know, obviously more across the country, but also, really important class actions and other impact-type lawsuits are being brought for entire populations. And we always consider both types of cases when we're doing our work. So, that's the big picture.

And now, I want to get to some examples, real-life examples of how legal aid has really made a big difference in health care access for patients or consumers. So, I think a great example, in a couple of different ways, is work that's been done by our organization and others to protect immigrants' rights to access to health care.

So, the last time we had a major, major budget crisis in Massachusetts, folks I think will remember, it was the Great Recession, 2008-2009, and billions needed to be cut from the budget as a result of that economic downturn. And what happened was that after Massachusetts Health Care Reform Law was passed in 2006, during that period of time, that law expanded coverage, publicly subsidized coverage it all low-income residents, regardless of immigration status, except undocumented immigrants were left out, unfortunately.

And for most residents who relied on this subsidized

coverage, the federal government shared the cost. But for thousands of immigrants, the State had to pay the whole cost because of federal law. So, as a result, when they were looking for cuts, to achieve the most savings, the State decided to cut benefits for tens of thousands of immigrant residents. Policy advocates went out there and tried to reverse those cuts, but the governor signed that into law, and the law stood, and benefits were reduced for tens of thousands of immigrant residents. Folks that were here legally and under different statuses.

So, seeing that policy advocacy had failed, we filed a lawsuit challenging those cuts, saying that they violated our state constitution. The case was heard in the Supreme Judicial Court, and they held that the cuts were unconstitutional because they discriminated on the basis of national origin, as prohibited by our state constitution. So, as a result, the State was forced to restore full benefits. They had no choice. The political process wasn't at issue anymore. A court had ordered them, and that meant something, to restore full benefits to about 30,000 Massachusetts residents. That was very, very important. And established an important precedent.

But for years, we've also been expanding access for immigrants by enforcing the law, as opposed to challenging the law. So, every year, we represent hundreds -- hundreds -- 300 and more immigrants per year -- who are eligible for comprehensive benefits under Mass Health, but they've been assigned to plans with limited benefits. Sometimes, they only have coverage for emergency care, but they're eligible for comprehensive coverage. And there are all sorts of reasons why this happened -- the eligibility rules are complicated; the application process is hard to navigate.

But as a result, immigrants go without care because they don't have the benefits. And it's actually not uncommon for immigrant patients to even get stuck in hospital beds because they don't have coverage for community-based care, and they, therefore, can't be safely discharged from hospital inpatient beds. That ends up, of course, being really very terrible for patient's health, and it also ends up being really expensive for the hospitals as well. So, until we get a hold of these cases -- and our team does a great job getting folks into higher levels of coverage that they're simply eligible for but have been denied, and they then have benefits for community-based care, and they can be safely discharged legally by the hospital.

So, to prove how effective that work is, we conducted a study with the pro bono help of a big consulting firm, which stepped forward to help us pro bono, called Analysis Group. And they analyzed the work that we did right around the corner here with Boston Medical Center's Immigrant Refugee Health Center. And what they found is that the hospital was incurring about \$250,000 in annual costs for a group of about nine immigrant patients over a five-year period, \$250,000 annually over a five-year period, because they didn't have coverage for services that would allow them to be discharged safely. So, those hospital costs were eliminated once we were able to represent these patients and get them the benefits that allowed them to be discharged.

And then, lastly, through all these cases, we identify other inequities, and where a lawsuit or legal action might not be the best course of action for a group of immigrants experiencing the same situation, we'll advocate with

policymakers as opposed to a judge to change the law.

So, the second of two areas that I wanted to talk about where there's been important, really important work by legal advocates is protecting access to health care on behalf of people who are transgender and suffering from gender dysphoria. So, we start off here, obviously, with the fact that extensive medical research over decades has concluded that gender dysphoria is a serious medical condition for transgender adults as well as adolescents, and that certain treatments are medically necessary.

In January, the Trump Administration issued an executive order, directing federal agencies to take all federal funding away -- so, presumably, Medicaid, Medicare, all research funding -- from any entities that were providing treatment for gender dysphoria for patients under age 19. So, it caused panic among families, when some hospitals across the country immediately paused or ceased providing gender dysphoria treatment for adolescents. And there was really, obviously, no realistic avenue to immediately challenge the policy through the political system.

So, the ACLU and Lambda Legal and two big law firms, Jenner & Block and Hogan Lovells, sued in federal court in Maryland to stop the implementation of the order, under claims that it violated the U.S. Constitution, and also claims that it contradicted other federal non-discrimination laws that needed to be enforced. So, they're playing both sides of the strategies that I mentioned earlier. They got a preliminary injunction, and the case -- that enabled services to be continued to be provided, and the case is ongoing in federal court. But the regulatory changes suggested in the executive order are now on court order. So, that's an example of using legal aid to expand health care access for an entire marginalized population.

And now, the third area, third and final specific area that I wanted to talk about is children's mental health care. And as we saw before, we saw the statistics showing that really, tragically, you know, there's just so many children out there who aren't able to access really needed treatment for mental illness. But legal aid has made a really, really enormous difference in this area of the health care system as well.

In 2001, two statewide, issue-based legal aid agencies, that I talked about during the constellation slide -- the center for public representation, which helps folks with mental disabilities, the mental health legal advisors, along with a big law firm, they sued the state on behalf of tens of thousands of children on Medicaid with mental illness who were not receiving intensive, home-based services, as required by federal Medicaid law. And this was called the Rosie D. case, which may be familiar to a lot of people. And Rosie D. was a 13-year-old girl with intensive medical needs who was not receiving the care that she needed.

So, after a years-long trial, a federal judge ruled in the plaintiff's favor, and they ordered the State to really restructure its mental health system for kids, pretty much entirely, and it made just a huge difference for kids and allowed them to live much healthier lives as a result.

The court in that case actually kept oversight over the case for 20 years after the case was filed, so you can see the long-term impact a case can have. It's not just a court order, and then, you know, good luck to the system to implement it. A court, in this case, the court made sure that the State was

complying with the law, over 15 years or so after the case was decided, and it made an enormous difference. But obviously, that didn't solve the whole problem for children's mental health. And HLA has made a big investment in that area of health care access as well.

Our largest program is our Mental Health Advocacy Program for kids, which provides individual representation for more than 800 kids and their families per year. They're unable to access mental health care, and these are 800 intensive cases. They're not just like, you make a call and you solve the problem. They're intensive cases that last on average six months or so. And it's had a huge impact. And we actually have the Boston University School of Public Health to thank for the data analysis that proves that.

So, for ten years -- I'm not sure if folks know this -- now I'm excited to let you know, if you didn't know this. But for ten years, a research team here at the School of Public Health, led by Dr. Patricia Elliott, here at the School of Public Health, they've studied our program and found that children who receive services from our program have measurably significantly improved mental health.

The same is true for their parents of the kids who receive our services. Their family functioning significantly improves. The family's ability to earn income improves. That's a new finding of the study. Kids are much less likely to be hospitalized, as well, and also less likely to be in the emergency room. So, those are three, I think, really prime examples where legal aid has made the essential difference for patients and consumers in the health care system.

Sometimes, health care legal aid isn't the right solution to improve health care access. Sometimes it's the only solution. And I hope after hearing this, you're a new believer or an even stronger believer in the essential role of legal aid in health care.

And just a few comments to talk about what's to come, because folks may be thinking, well, that's great, but what's happening in the future? There's obviously a lot of issues in the health care system, to say the least. And I think George mentioned, we have a new focus area on medical debt, which is a really important issue for us. There's a lot of legal protections out there in the Affordable Care Act and elsewhere in the law that are supposed to help people from medical debt. The policy advocates have done a great job, but a lot of those laws aren't really well enforced. If there are huge cuts to Medicaid, we'll see what happens, if legal action will have an important role, especially for folks with disabilities. There's a lot of law out there that's supposed to protect people with disabilities. What if health care coverage is taken away. And other areas, immigrants and transgender people are obviously big targets right now, and I think legal aid's going to have a really important role, along with all sorts of other types of advocacy to help those groups maintain access. To care.

So, I know we'll be busy, and hope you'll follow along on the work that we're doing, and I'll be following along with everything that you're doing as well. So, thank you very much.

>> GEORGE ANNAS: Matt, thank you. Matt, thank you very much. That was terrific. As a law student who spent time working in legal aid my second and third year, it brings back old memories, but legal aid's been around a long time, but it's obviously much more sophisticated than it was in my days as a

student. And I guess that was uplifting?

>> MATT SELIG: It was meant to be.

>> GEORGE ANNAS: I guess you pick your shots, and if you win, you do good, but yeah. There are obviously a lot of people out there who need care. I don't need to tell you that. But rather than me monopolizing this, let me just throw it open.

We have online audience questions, and in a little while, we'll take personal questions here for people who are with us. Let me just ask you these questions. How can students or early career attorneys get involved in patient advocacy?

>> MATT SELIG: Great question, and such a helpful question. And I think that as it's indicative of the fact that I think that there's a big sense of people wanting to help, students and folks looking to continue their education. I saw, we were talking earlier that I've seen articles saying that applications at law school are at their top level ever.

And so, there's a lot of ways that students or early career lawyers, a lot of ways that folks can help. Of course, there's the tried-and-true internship with a legal aid organization, an organization like ours that does all legal aid. But look around. There's tons of organizations out there that, you know, are so easy to find online, through maybe some of the foundations that support legal aid organizations. You can see who all their grantees are, and there's larger social service organizations who have lawyers working there.

So, there's all sorts of places where undergrads, probably more likely law students, can go in and spend a summer or a semester volunteering and really helping clients getting on the phone with people, doing intake interviews, and learning a ton. Just the immersion of being in that setting. The amount you can learn in a short period of time is significant.

And probably easier for younger lawyers. Our organization has a pro bono legal network, and we love it when we get an email from somebody and they say, "I want to be in your legal network and I want to volunteer to take a case." We were -- I was just looking at our brand-new database that we got for our organization to see, just in half of our organization, we have more than 50 cases that have gone through intake already and need a lawyer, and one of our lawyers doesn't have capacity to help. So, we would love those cases to go out to a voluntary lawyer, and you know, organizations like ours and other peer organizations get it, that we're not just going to hand off the case and say, oh, just run with it, you know how to handle it.

There's obviously a sense that folks need mentoring and support and so forth. So, volunteers are welcome and needed, I think, in our field. And it's a great way to learn and then to take back into school or the law firm where you work and kind of preach the gospel and tell your co-workers that this is important and these are ways that you can support the movement, too.

>> GEORGE ANNAS: Good. I got a question before all this started about how you retain staff. Is there a burnout problem with volunteer lawyers?

>> MATT SELIG: So, burnout is very real in our field. The work is really challenging. The people, you know, in a lot of fields, maybe in some parts of health care, too. Your whole day is hearing about problems that people are having, and that is, obviously, you know, not an easy way to go about, like, your day. And they're really difficult problems. They're problems that are impacting their life in a really terrible way. And so,

that in itself can be very stressful. So, we try to do our best to keep morale up.

And we love it when folks, you know, stay for a long time with our organization, for years and years. For a lot of people, that works for them. And for other people, it's a shorter period of time, and you move on to something else, and that's fine. You know, whatever people can give to the profession is fantastic. We try to be cognizant -- and really, I think the whole legal aid field is becoming more and more interested in wellness among attorneys, and there's support groups among the licensing agency in Massachusetts that's trying to help people cope with the stresses of being a lawyer.

But it's really rewarding, too. Like, every day, you go and, you know, your salary probably isn't as high as somebody who's working at a corporate law firm, of course, and that's real, but you do come away from the work, and go to work every day, feeling like, "I'm in the game! I'm in the action! And I'm really making a difference and my work means something." And that is, I think, and that's the countervailing force behind, you know, against the burnout, is the reward of it and the feeling that you're on the right side of a lot of things and you're helping people. And that's why people are in it, because they're just, they're helpers. They're people who want to help.

>> GEORGE ANNAS: We know they're not in it to try to make \$10 to \$20 million a year. Didn't even know you could make that much as a lawyer. Obviously doing something else, being a lawyer. I want to take a question from the audience, if that's okay. Go ahead. Heidi?

>> AUDIENCE: Thanks, Matt, great presentation and really helpful. We are incredibly lucky to be in Massachusetts and have an organization like yours. But I know that we have a national audience online, and I'm wondering, for the advocates who are online, if they are in other states, where do you recommend looking, or what do you Google to find out what is available in their state, in terms of legal aid? Families USA? Is there a central organization?

>> MATT SELIG: Families USA could be one place. And help, the National Health Law Program, I think really unifies organizations like ours all around the country, and finding somebody there who -- Jane Perkins is one name that comes to mind. She's a real champion and a real leader, organizing legal aid across the whole country. And to reach out. They, I'm sure, have connections in every state or practically every state. So, them, for sure.

Bar associations, you know, finding online, are always places to find where folks are being given opportunities to volunteer and so forth. So, those are a couple of thoughts. And like I said, there are new organizations springing up all the time and new areas of practice that are happening to react to new issues. So, it's a field that continues to grow, and I think react in a really positive way, really across the country, to the issues that are out there.

So, I hope that answers your question a little bit. But I know, your point is really important, because my talk was a little bit Massachusetts focused, but yeah, there's organizations like ours, I think, in many different states that people can find without too much difficulty.

>> GEORGE ANNAS: Yes, Nicole.

>> AUDIENCE: Thank you so much. Your work is so important, and we're really grateful to have you here. You mentioned

something in passing that I was hoping you could talk about a little bit more, which is how administrative issues and paperwork are real barriers to access to care. And I always find it surprising that Massachusetts still doesn't have a unified application system for its social program. So, I wondered if you think Massachusetts is going to make any headway there? I mean, in other states, I would say it's purposeful rationing. Here, I can't figure out --

>> MATT SELIG: I just want to say to Heidi's question, I want to add, folks can find me. Reach out to me. And that was just off the top of my head where people can -- you know, I'm happy to dig into it. I get those questions all the time. What legal aid organization is in Colorado? So, I'm happy to help, if somebody's online looking for something and couldn't find it.

So, I saw the article. I think it was in the paper the other day. There was a law passed that was supposed to create one that was worked on very hard by the policy advocates that I talked about, to get a unified application for public benefits. And to my -- I should probably know this -- but to my surprise, it's not online. And I just kind of thought that it was, to be honest with you. And so, I mean, that's, you know, that's one of those governmental things, and it kind of goes along with what I said about all this effort goes into passing a law. And you finally convince the policymakers that something is really important. You've rallied everybody, and you go through three legislative sessions, six years to get something passed, and then it's on the books, and then it's, like some of the health care rights laws, it's not really reality. So, I don't know if there's -- you know, I have no idea. I hadn't thought about it before now, if there's a lawsuit, saying that needs to be in place but isn't. But it's obviously really important.

It reminds me of what I said about immigrants trying to apply for Medicaid. You know, it's so complicated to upload your documents and to get all sorts of information to the state that they need to determine your eligibility. I mean, that's the health care system for you, which just -- I mean, and public benefits, in a way. It's really complicated, and there's so much -- regulation can be a really good thing in some ways, but it also can gum up the works in implementation, because you know, state agencies, they're not -- they're really busy. And advocacy groups are really successful in saying, do this, do that, do this, do that. And there are people in agencies, and they have a lot going on. And we want to, in a perfect world, get things programmed and ready to go, and that's in a perfect world, and sometimes that happens, and other times, you know, it doesn't. And that's just, I guess, the real world.

>> GEORGE ANNAS: We'll do our other online one first. "My name is Mohamed. I'm a doctor in Somaliland. What will be the eligibility of health care access for immigrants for legal care in Massachusetts, given the cuts in funding for federal government?" I guess how afraid are you that those are going to change?

>> MATT SELIG: That's a really good question. So, as I said, in Massachusetts, we're somewhat lucky in that the state has been pretty generous, I think, providing coverage for many immigrants that the federal dollars can't be used for their coverage. We haven't done as good as some other states, and there's bills that are trying to make headway on that. But even though our state, luckily, has invested for a lot of really good reasons, obviously, in health coverage, including for

immigrants, you know, if there's major cuts across the board and restructuring of the Medicaid program, it's going to affect everybody. I mean, we're talking billions of billions of dollars, potentially, being lost. Hundreds, I think, of thousands of people losing coverage I think? If that's not an overstatement. If the worst-case scenario happens in Medicaid. You know, the disastrous Medicaid cuts that are being considered in Congress. But you know, every day in the paper, you also see some glimmers of hope, where there are some people who are going to create a majority against the cuts, and that's encouraging. And there's organizations nationally who are working so hard in preventing these cuts, and they rely on all of you.

If anybody online or anybody here, especially online around the country, call your legislator. Please, call your legislator. That's one of the biggest things that organizations like ours, who aren't on Capitol Hill, we're telling people to do. Please, call your members of Congress and tell them that Medicaid is important to you and that you don't want them to support bills that are going to cut Medicaid. So, that's one of the biggest things that people can do, and I definitely want to get that message out. Luckily, here in Massachusetts, we have a delegation that I think is quite solid in that space. We know they're going to support -- oppose cuts to Medicaid. Thank goodness.

>> GEORGE ANNAS: Yeah.

>> AUDIENCE: Massachusetts can call their state legislators, because the budget that's coming up, there is a specific, important thing you can encourage them to do, which is fund a mental health program --

>> GEORGE ANNAS: How'd you get that?

>> MATT SELIG: Yeah. Thank you. That's very nice. We do have some funding. We're very fortunate that the state legislature and the governor has supported funding for our mental health advocacy program for kids. We're really proud of it, and we are very grateful that we receive funding from the state budget and we're hoping that that continues.

>> GEORGE ANNAS: Well, I assume that it's a pretty unique program.

>> MATT SELIG: It's a really unique program. And you know, again, the BU School of Public Health has such an important role in the way that the program has become so effective and serves so many people, right? When we were first developing the program ten years ago -- and the program is really -- one of the things I didn't mention is one of the -- the roots of the program are -- it was meant to help kids get diverted from the juvenile justice system.

So, we knew and had heard from judges in the juvenile court that there were a lot of kids in the juvenile court system who were there because they were truant or they had run away from home or something like that, that got them into the court system. So, they're sitting there in a court lobby, about to see a judge. And the only reason they're there is because they have a mental health need that's not being addressed. So, we created a very small pilot program. And when we wanted to grow it, got some very generous funding from the Tower Foundation in New York. I want to give them a shout-out. They funded this big study by the BU School of Public Health to look at the program.

And we knew that, in order to really make a fair case to the government that they should invest public dollars in this program -- we wouldn't expect them just to hand it out for

something that we say is a great idea -- we wanted to have some evidence that the program has a good impact. And so, the researchers at the School of Public Health -- Emily Feinberg at first, and now Dr. Elliott -- helped us gather all this data and looked into it, and we got these results that we had expected. You know, you're doing this work and you're finding that, oh, we're done with this family, they seem to be doing so much better. So, that occurs to you. But having data that researchers have gone through to really show that kids' mental health, you know, through diagnostic tools, is getting much better.

The idea was that by keeping kids out of the hospital -- because you know, they're pretty much all on Medicaid, and so you're saving all these dollars from kids going into -- being detained in the juvenile justice system or hospitalization. So, any dollars that are going in to support our work are really saving, presumably, much more on the other end by keeping kids out of hospitals that's being paid for by Medicaid and out of juvenile lock-up, which is, you know, \$100,000 a year there, or more, probably by now, or more.

>> GEORGE ANNAS: Great work. Great example. Good to work with the School of Public Health, too.

>> MATT SELIG: Absolutely.

>> GEORGE ANNAS: We'll get the dean up here to take us away.

>> MICHAEL STEIN: Perfect. Perfect segue. So, Matt, thank you. Thanks for the talk.

>> MATT SELIG: Thank you. Thank you.

>> MICHAEL STEIN: Thanks for the work you do every day.

>> MATT SELIG: Thank you.

>> MICHAEL STEIN: George, thank you for running this. Thanks to the Center for Health Law, Ethics and Human Rights. Thank you to those of you who came out today, on this sunny Boston day. Thank you to those of you who are online. And we will see you next time. Take care, everybody. Thanks.

(Session concluded at 2:00 p.m. ET)

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