



TESTIMONY OF DILYNN ROETTKER IN SUPPORT OF HB 7  
FROM THE LEGAL AID SOCIETY OF COLUMBUS  
TO THE FINANCE COMMITTEE

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Chair Edwards, and members of the Committee, my name is Dilynn Roettker, and I am the attorney coordinator for our Medical-Legal partnership (MLP) program at the Legal Aid Society of Columbus. Thank you for the opportunity to testify on House Bill 7, and the role MLPs play to improve the health outcomes of pregnant women, mothers, and children.

Today, I'd like to share with you how our MLP program works as a public health intervention to improve patient outcomes. At Legal Aid, our MLP is building on previous studies that show helping patients keep their food assistance, get a civil protection order, or stay housed improves their economic and social well-being.

For almost seven years, I have had the pleasure of working as an attorney for the Legal Aid Society of Columbus, which serves low-income residents of six counties in Central Ohio. Through partnerships with Ohio Better Birth Outcomes and Nationwide Children's Hospital, we have connected with thousands of children and families through their doctor's appointments. Our partners screen patients for legal needs in a variety of settings to see if they need legal help in areas like housing, benefits, domestic violence, education, employment, immigration, tax, and consumer finance issues. We never run out of happy outcomes to share with our partners, and over the years have





developed enough data to begin measuring the value of these interventions to referred patients.<sup>1</sup>

While numbers don't tell the whole story, they do illustrate a part of how powerful MLPs can be to improve health outcomes. For example, studies show that when people have access to critical legal services, their mental health improves, and they are less likely to be hospitalized.<sup>2</sup> Internally, our clients report a 16-30 percent reduction in stress after referral to the MLP, and 83% of those we've surveyed delivered full term. We've also found that our outcomes mirror those in Cincinnati, where children referred for legal help were less likely to be hospitalized in the next year.

In many cases, the team-based partnership with the referring provider makes all the difference, because they have the trust of their patients. While it's more likely that a patient will recognize the need for a legal consult in some cases, often their initial reactions are fear, for example, that their landlord or spouse will find out and retaliate, or a lack of awareness of the availability of free legal help. And in other cases, the added value of legal advocacy is less visible, such as health insurance denials, or termination of a child care subsidy.

Many of those stories remind me of Katie, one of the first pregnant patients referred for help with her housing conditions. She told her doctor she felt overwhelmed. Her apartment had bugs, and was starting to smell like mold. She had a leak in the living room ceiling, and an unstable sinking spot in the dining room floor. Two weeks before her due date, she told her doctor that the landlord had pest control spray her building without telling her, and asked her to pay for repairs. Her provider urged her to share this information with her attorney, and let us know she hadn't heard back from code enforcement yet. We wrote a letter to Katie's landlord, and helped her get code enforcement to inspect the property. Within days, repairs had been made and Katie was able to stay in her home.

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<sup>1</sup> All names are pseudonyms of former or current MLP clients.

<sup>2</sup> The National Center for Medical-Legal Partnership. Reductions In Hospitalizations Among Children Referred To A Primary Care-Based Medical-Legal Partnership, HEALTH AFFAIRS 41, NO. 3 (2022).



Katie is not unique. From Jasmine, whose water had been shut off after her landlord passed away, to Liz, whose repeated requests for repairs to her windows—which would not close, and doors—which would not lock, went unanswered, and Kim, whose landlord threatened eviction after her ex showed up and threatened to shoot her, the MLP is a lifeline for patients who need guidance and support beyond the doctor's office.

During the COVID-19 pandemic, we saw a 6-fold increase in clients calling for help with accessing unemployment benefits. Through the MLP, we were able to help many like Chris, who lost her job as a nurse's aide when her doctor told her not to lift more than 20 pounds for the rest of her pregnancy. When her application for unemployment was denied, the prenatal clinic told her an attorney may be able to help, and sent her our way. We helped her appeal and she was ultimately awarded \$4,840 in unemployment assistance. We have also helped make sure others who cannot work while pregnant have access to benefits like Medicaid, food assistance, and once they give birth, subsidized child care.

Beyond direct referrals, we collaborate with partners like the Fetal-Infant Mortality Review team in Central Ohio to identify trends in cases of infant mortality and develop recommendations to improve outcomes. There, we often encounter cases of domestic violence survivors who could have used an MLP referral to help keep them and their children safe. I often think of stories like Nadine's, a survivor we were fortunate enough to help when she was referred with her newborn. Her then-husband had moved out of Ohio and threatened to leave the country with the baby. In many cases like Nadine's, the attorneys coordinate with the health providers as a care team. For example, when Nadine lost cell service while traveling, the hospital social worker was able to let her attorneys know so they weren't worried and could keep working on the case. Ultimately, Legal Aid attorneys succeeded in getting Nadine a stable financial and emotional environment through safety planning, and a divorce including sole custody.



With this overview, I hope that I've been able to help provide context for how our MLP has grown over the years to provide a vital connection for pregnant women and children across the State, helping more people maintain their housing, safety, and stability. We appreciate that House Bill 7 includes funding to expand the reach of MLPs. The grant program will allow Ohio's MLPs to serve more low-income pregnant women and children improving health outcomes and saving health care costs.

I'd like to thank the Chair and members of the Committee for the opportunity to share my testimony with you.

Respectfully,

Dilynn Roettker

Medical-Legal Partnership Coordinator