

My name is Dr. Mariah Robertson. I am double-boarded in Internal Medicine and Geriatric Medicine, and I work as a house call and hospital medicine doctor in the Baltimore and mid-Maryland region. The patients I serve often exist at the margins of healthcare, forgotten by the systems that are built for ambulatory patients who can get to the office for their care. My patients have significantly higher medical complexity than the average patient, and because of existing structural and systemic disparities in healthcare, my patients often fall into the donut hole of healthcare coverage. This translates to significant difficulty paying for basic necessities such as food, utilities, and housing. This also means that affording medications can be prohibitive. Of the medications most difficult to pay for, oral diabetes medications (specifically the GLP-1 agonists and SGLT2 inhibitors) and direct oral anticoagulants are some of the most cost-prohibitive. Given the medical complexity of my patients, these medications often serve multiple overlapping purposes and are often not able to be taken as prescribed because of exorbitant costs. In many cases I am forced to choose less expensive medications that carry higher risk profiles or are not first line for treatment. When I think about the rich and incredible lives my patients have lived and the challenges they have overcome, I hope deeply that we can do better by them and support legislation to make essential medications affordable.