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HB 1050: Hospitals – Discharge or Transfer of Patients – Prior Authorization of Prescriptions  
(The Mae Abraham Act)

Health and Government Operations

March 2, 2020

Dear Chairwoman Pendergrass and Members of the Health and Government Operation Committee,

I am writing to urge your support of HB 1050: Hospitals – Discharge or Transfer of Patients – Prior Authorization of Prescriptions (The Mae Abraham Act). HB1050 is important to me personally because my mother-in-law, Mae Abraham was unable to obtain a preauthorization for a medication she needed due to a hospital physician not pre-authorizing the prescription before her release. The simple oversight of not pre authorizing a prescription added unnecessary emotional turmoil in my mother in law at a time when we were trying to keep her calm and help her with an end of life scenario.

I would like to share the story of Mae Abraham. Mae was a pioneer in co-founding “Ashley Addiction Treatment” with Father Joseph C. Martin. Father Martin’s Ashley is a world renowned treatment facility for the treatment of alcoholics and addicts. Mae had taken a piece of her life, her own addiction, and used it for good in dedicating her life to helping others. She treated patients and families that came to Ashley with dignity and compassion, touching the lives of over 45,000 patients and their families. Compassionate care was her legacy.

In April of 2019, Mae was diagnosed with Cdiff: Clostridium difficile colitis, which results from disruption of normal healthy bacteria in the colon, often from antibiotics. C. difficile can also be transmitted from person to person by spores that can live without a host for many years. It can cause severe damage to the colon and even be fatal. In my mother in law’s case, Cdiff claimed her life, 4 months later in August of 2019. As Mae’s medical power of attorney, I over saw her treatment and helped with her medical decisions.

Mae was hospitalized for the first time in April of 2019, diagnosed with Cdiff, stabilized at University of Maryland Harford Memorial Hospital in Havre de Grace, then released 7 days later with a prescription for Vancomycin. She finished the antibiotic as prescribed. Within weeks, we called 911 when we found her unresponsive at home. This scenario continued for 3 consecutive months: Call 911, admitted to UMHHM, stabilized and released with Vancomycin. Each time, the dosage of Vancomycin was stronger and for a longer period of time with hopes of not only providing comfort care to her but protecting the family from this highly contagious bacteria. Each time, I was able to acquire the medicine without incident.

In July, her 4<sup>th</sup> bout with Cdiff, she was released with even more Vancomycin and Home Hospice Care. I dropped off her prescription and ran back home. By the time I got home, the pharmacist called and stated that the insurance company required a pre authorization that hadn't been done and the out of pocket expense would be \$3,600.

Even though Mae asked us to not fill the prescription, as her medical power of attorney, I decided to fill the prescription a week at a time and continue to work on getting a preauthorization. The pharmacist tried without success to track down the prescribing doctor, who was an infectious disease doctor that we believed to be out of Upper Chesapeake in Bel Air. In reality, his home base was University of Maryland Hospital in Baltimore. In the meantime, I tried to contact Mae's primary care physician. Mae's family doctor wouldn't preauthorize the medicine since he hadn't seen her and I was unable to transport her to his office. Each week I went into the pharmacy, I could see the pain in the pharmacist's eyes. I remember asking her "Is this a unique situation? What do people do?" She stated that it happens all the time and the majority of prescriptions are abandoned. 3 weeks later, in August of 2019, without a preauthorization and \$2500 out of pocket expense, Mae succumbed to Cdiff and passed peacefully in her home.

During the last 4 months of her life, Mae had a team of caregivers in and out of the hospital. Her insurance was verified many times over for care. We heard more than a few times "we'll verify her insurance and schedule her procedure", "we'll verify her insurance and schedule her home care", "and we'll verify her insurance and deliver her comfort care items" and so on. Our situation is not unique. Many of us will be caregivers for our elderly parents. As our loved ones transition to end of life scenarios, their care gets more complex. Any one of us, could have the same issue and the solution is a simple one. Check the insurance and if a preauthorization is required, preauthorize them prior to discharge.

Mae Abraham, lived her life with great dignity and purpose. It is my hope that in her death, as in her life, she has the chance to again effect the lives of others. It is my hope that no other family would have to struggle with large out of pocket expenses at a time that is already traumatic and stressful. Please support HB1050.