



Maryland  
Hospital Association

**House Bill 1050–Hospitals–Discharge or Transfer of Patients–Prior Authorization of Prescriptions (The Mae Abraham Act)**

**Position: *Support with Amendments***

March 2, 2020

House Health & Government Operations Committee

**MHA Position**

On behalf of Maryland’s 61 nonprofit hospitals and health systems the Maryland Hospital Association (MHA) appreciates the opportunity to comment on House Bill 1050. Everyday hospitals and health systems strive to care for Marylanders and ensure smooth transitions from a hospital or emergency department (ED) to home or to the most appropriate level of care to meet a patient’s needs. Timely movement of patients through the system of care is necessary to improve outcomes and optimize capacity in EDs and inpatient units.

House Bill 1050–Hospitals–Discharge or Transfer of Patients–Prior Authorization of Prescriptions (The Mae Abraham Act), requires a hospital, before the discharge or transfer of a patient, to ensure that prior authorization is obtained for any prescriptions given to the patient that require prior authorization. While we understand the goal of the legislation is to ensure timely access to medication in the community or next level of care after a hospital stay, the bill as drafted will lead to unintended consequences, including longer lengths of stay in hospitals and emergency departments.

Maryland’s hospital physician and nurse leaders, case management professionals and discharge planners have multiple concerns with the legislation as written and believe it requires further study. Payor formularies vary widely and change frequently. Further, prior authorization approval times can take hours to days, and passage of this legislation could further exacerbate ED throughput issues.

Hospitals do believe this issue warrants further study. MHA respectfully requests the legislature assign this issue to the Maryland Health Care Commission’s Provider Carrier Workgroup. The Provider-Carrier Workgroup, established by Chapter 614 of 2014, is tasked with studying issues related to conflicts between provider and payer practices. The group should study this issue over the interim and report to the General Assembly for the 2021 session.

For these reasons, we urge a *favorable* report with amendments.

For more information, please contact:

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