



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

JAN 26 2010

The Honorable Martin O'Malley
Governor
100 State Circle
Annapolis, MD 21401-1925

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House of Delegates
H-101 State House
Annapolis, MD 21401-1991

**RE: Report on the Status of the Maryland MEDBANK Program - HB 1004, Ch. 636 (2007),
formerly SB 334, Ch. 236 (2003) and HG § 15-124.2(i)**

Dear Governor O'Malley, President Miller and Speaker Busch:

As required by law, enclosed is a copy of the 2009 Annual Report of The Maryland MEDBANK Program. MEDBANK of Maryland, Inc., a non-profit, 501(c)(3) corporation, works by helping low-income, chronically-ill Marylanders access much-needed prescription drugs at no cost from pharmaceutical manufacturers' patient assistance programs.

If you have questions or need more information about any of the topics covered in this report, please contact Wynee Hawk, Director of Governmental Affairs at (410) 767-6480.

Sincerely,

John M. Colmers
Secretary
Department of Health and
Mental Hygiene

Robert N. McEwan
Chief Executive Officer
Medbank of Maryland, Inc.

Enclosure

cc: John Folkemer
Hank Fitzer
Tricia Roddy
Christopher Coats
Sarah Albert, MSAR # 6163
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Year-End Report on the Status of the Maryland MEDBANK Program – FY 2009

I. Purpose of The Maryland MEDBANK Program

The Maryland MEDBANK Program became a statewide program in 2001 through the enactment of the Senior Prescription Drug Relief Act (HB 6/SB 236 – Ch. 135/134 of the Acts of 2001). The intent of the bills was to provide a safety net for seniors who could not afford their medications. Specifically, seniors would receive assistance with accessing pharmaceutical patient assistance programs (PAP). The target population now expands beyond seniors.

This is the report for the most recent year fiscal year (2009). It addresses the interim status of the Maryland MEDBANK Program, which has undergone modification in systems and processes due to the elimination of state funding for the Maryland MEDBANK Program in FY2010.

During 2009, MEDBANK provided the following:

- Processing of PAP paperwork through regional offices using a common database (RxBridge™), thus freeing up physician and staff time. The average wait time to receive these medications through PAPs is 4 weeks.
- Use of the MEDBANK Pharmacy, Inc., the 501(c)(3) corporation created by MEDBANK of Maryland, Inc. to receive bulk medications from manufacturers and distribute them by mail-order statewide to physicians and clinics. This eliminated the need to prepare and send applications to the drug manufacturers, which allows individuals to receive their medications sooner. This system allowed for rapid turn-around of shipping of medications and reduced the waiting time for patients to receive their medications. Participants in FY09 included Pfizer, AstraZeneca, Abbott and Novartis and Merck.

II. Impact of the Maryland MEDBANK Program

- The Maryland MEDBANK Program operated in all geographic regions of the State as defined in HB 6/SB 236 through either local enrollment or toll-free access to a call center.
- Through Medbank, 3,900 individuals received free medications. These individuals received 27,463 prescription drugs and refills. For Maryland's most vulnerable residents, who require expensive medications to manage their chronic conditions, the MEDBANK Program was able to save Maryland residents an out of pocket expense of \$380 per prescription on average, for a total of \$1728 per resident served for the year.
- There is no data on the amount free drugs received by Marylanders prior to the start of Medbank. The value of the medicines received through the Maryland MEDBANK Program in FY2009, however, was estimated (based on Average Wholesale Price) to be slightly in excess of \$10.4M.
- Over 6,000 providers have participated in the Maryland MEDBANK Program over its ten year history.

III. Maryland MEDBANK Program Implementation

MEDBANK of Maryland, Inc. administered the Maryland MEDBANK Program with funding from the State of Maryland, private foundation support, software subscription sales, and MEDBANKUS discount card commissions. MEDBANK contracted with five government and non-profit entities that operated the Program in three regions. MEDBANK of Maryland, Inc.

provided direct services through patient service representatives at its Towson office to the remainder of the state including Central Maryland (Cecil, Harford, Howard, Carroll, Kent and Queen Anne's and Baltimore Counties, and Baltimore City), the Eastern Shore (three lower counties of Worcester, Wicomico, Somerset), Southern Maryland (Calvert, Charles and St. Mary's) and Prince George's County and to other patients throughout the State through its toll-free access number (as a back-up to regional sites around the State).

A. Designation of MEDBANK Programs

MEDBANK-contracted organizations were regional coordinating offices; an entity that served the residents of a defined county in Maryland; or a specific site. These sites included a community action agency, a health department, a rural hospital, a charity care association and a non-profit community health care provider. All shared in the mission to provide access to medications for patients who could not afford them and who did not qualify for other programs.

The responsibilities of MEDBANK of Maryland, Inc.'s central coordinating office in Towson included:

- Managing paid staff and community volunteers
- Providing information technology development, high-speed Internet access, maintenance and training for all regions in the State
- Fostering relationships with PhRMA and other respective companies in the pharmaceutical industry
- Training regional MEDBANK staff
- Raising funds through lobbying; applying for State and federal grants; and selling subscriptions nationally to its proprietary software, RxBridge™ (all sale proceeds go towards furthering Maryland Medbank's mission)
- Administering interim medicines programs (if available)
- Administering the program in a geographical area that does not have a MEDBANK-designated site
- Submitting reports to DHMH
- Submitting reports to the regional programs
- Establishing partnerships
- Marketing and public awareness development
- Administering the statewide grant from DHMH.

The administrative and oversight responsibilities of the subcontracted sites throughout the State included:

- Managing paid staff and community volunteers
- Coordinating with counties in the region (if a regional coordinator), and submitting program budgets
- Conducting local marketing and outreach
- Utilizing high-speed Internet access to facilitate data transmission to the central coordinating office for processing
- Data collection, analysis and reporting
- Submitting statistical and financial reports to Medbank of Maryland, Inc.

The core operations and services of each MEDBANK Program included:

- Providing access to medications through a combination of paid staff and community volunteers
- Providing case management services to link patients with other sources such as the local departments of social services and DHMH's programs
- Accepting referrals from all sources and conducting eligibility determinations for clients referred
- Enrolling patients into all pharmacy assistance programs for which they qualify, and verifying income and other qualifications to receive medications
- Case management, including contact with the patient's physician to assure that the patient received medicines
- Patient screening and referral for other public and private prescription medicine programs, including the Maryland Medicaid, the Maryland Primary Adult Care Program and the other prescription resource options in Maryland such as the Maryland AIDS Drug Assistance Program.

Budgets for all regional programs were submitted to the central office of the MEDBANK of Maryland, Inc. and approved prior to contract signing. MEDBANK had signed contracts with each of the organizations in each of the regions.

Funding was distributed to the regional programs by MEDBANK on a quarterly basis, after MEDBANK's review and approval of quarterly program and financial reports submitted by the regional programs. The first quarterly reports were due by the fifteenth day of the month following the end of each quarter. Each of four quarterly reports were submitted by each subcontractor and reviewed by MEDBANK. Budget modifications were approved by MEDBANK and DHMH. In addition, MEDBANK of Maryland, Inc., convened quarterly meetings, holds monthly conference calls and offers ongoing support via email and telephone. Each subcontractor used the conference call and meeting time to update others on the status of their programs. Additionally, pharmacy, funding, marketing plans, enrollment challenges, and computer and data issues were among the topics for group discussion.

B. Geographical Areas Covered by the MEDBANK Program

HB 6/SB 236 states that the geographical areas to be served are: Western Maryland, the Eastern Shore, Central Maryland, the Maryland counties in the Washington, DC metropolitan area, and Southern Maryland, in short, the entire state.

Each rural site supported in FY09 received a grant of \$20,000 to provide access to the program for its rural patients. Programs conducted local private sector fundraising and sought matching in-kind contributions to supplement program costs. Examples of these in-kind contributions and local funding are shown in Table 1 below. The table provides the funding levels for each of the regions in the Maryland MEDBANK Program in FY2009.

Table 1
Funding Levels by Geographic Area, FY2009

REGION	COUNTY	State Funding Level	In-kind Contributions or Donor Contributions
Baltimore Metro Region	Baltimore, Harford, Howard, Carroll, Cecil, Baltimore City, Wicomico, Worcester, Somerset (MEDBANK of Maryland, Inc.)	\$305,000	\$10,173
Western Maryland	Garrett (Garrett County Health Department)	\$20,000	\$52,946
	Allegany (Associated Charities of Cumberland)	\$20,000	\$69,852
	Washington (Washington County Health System)	\$20,000	\$97,220
DC Metro	Montgomery (Primary Care Coalition)	0	Funded totally by local funding
	Prince George's Central MEDBANK	Served by Baltimore Metro & dollars are included there	0
	Frederick Community Action Agency	\$20,000	\$0
Eastern Shore	Dorchester, Caroline (Choptank Community Health)	\$20,000	\$65,559
	Kent, Queen Anne's, Talbot(Central MEDBANK)		
	Saint Mary's(Central MEDBANK)		
Southern	Anne Arundel(Central MEDBANK)	\$20,000	\$0
	Charles(Central MEDBANK)		
	Calvert (Central MEDBANK)		
Total	All Programs	\$425,000	\$285,750

V. Data Requirements

The Maryland MEDBANK Program is required to report the following data elements:

- The number and demographic characteristics of the State residents served by the program.
- The types and value of prescription drugs accessed through the program.
- The nature and extent of outreach performed to alert State residents of the assistance available through the program.
- The total volume and value of medications accessed through the program.

A. Number and demographic characteristics of the State residents served by the MEDBANK program

- The program served 3,900 patients with free medications (and another 3,365 patients received access to another program or discount) from July 1, 2008 through June 30, 2009.
- Hypertension, depression, high cholesterol, diabetes, asthma, gastrointestinal reflux, and arthritis are the most common patient diagnoses.
- The average number of medications per patient is seven.

B. Types and value of prescription drugs accessed through the MEDBANK program

- As of June 30, 2009, there were 200 pharmaceutical companies' patient assistance programs.
- There were over 900 medications included in the patient assistance programs.

As of June 30, 2009, the top 10 utilized pharmaceutical companies were:

Pfizer
AstraZeneca
GlaxoSmithKline
Abbott
BristolMyersSquibb
Sanofi-Aventis
Schering
Janssen
Takeda
Eli Lilly

As of June 30, 2009, the top 10 most-requested prescribed medications were:

Lipitor
Nexium
Toprol XL
Norvasc
Synthroid
Accupril
Plavix
Advair discus
Zoloft
Singulair

As of June 30, 2009 the top 10 diagnoses of patients assisted by MEDBANK were:

Hypertension
Depression
High cholesterol
Diabetes
Asthma
Gerd
Arthritis
CAD, CHF
Anxiety disorders
Hypothyroidism

C. Nature and extent of outreach performed to inform State residents of the assistance through the MEDBANK program.

- Each of the six MEDBANK sites across the state had partners in their specific geographical areas
- Regional communications or presentations were made to local physicians, hospitals, health care clinics, health departments, and departments of social services, area agencies on aging, food resource centers and at MHIP Senior Drug Prescription Program open season enrollment sessions in the fall
- Participation in many community and church sponsored health fairs
- MEDBANK developed new brochures and a display stand that was distributed at health fairs, presentation sites, health departments, emergency rooms and clinics
- Maryland MEDBANK partnered with the Department of Aging, the Retired Senior Volunteer Program, and various community health centers to distribute program information
- Articles about the MEDBANK program appeared in local newspapers
- A Maryland MEDBANK program website was available that linked all MEDBANK program partners. The website had a map of Maryland and when the viewer selected a county, the local MEDBANK program contact information appeared. It was accessible at <http://www.MEDBANKmd.org>
- Additional distribution partners included:
 - United Way of Central Maryland
 - Central Maryland churches through the Interdenominational Ministerial Alliance
 - Combined Health Charities
 - National Alliance of Mental Illness
 - American Cancer Society

D. Total volume of medication accessed through the MEDBANK program

- Over 27,400 scripts plus renewals (90-day supply) were processed from July 1, 2008 through June 30, 2009.
- Over \$10.4 million (AWP) worth of free medications were received from July 1, 2008 through June 30, 2009.

Table 2 shows the number of new patients added, total patients served and the value of the medications received from July 1, 2008 through June 30, 2009.

Table 2
New Patients Added, Total Patients Served and Value of Medications, FY2009

County by Region	Total Patients Receiving Free Medication New and Existing	Wholesale Value of Medications Requested	Wholesale Value of Medications Received
Central Maryland			
Baltimore City	317	950,156	807,423
Baltimore County	252	473,852	441,994
Carroll County	15	31,753	29,622
Harford County	128	572,707	451,733
Howard County	36	68,367	59,093
Region Total:	748	2,096,835	1,789,865
DC – Metro			
Frederick County	239	422,402	258,641
Montgomery County	1,105	3,049,918	2,871,663
Prince George’s County	72	192,393	178,432
Region Subtotal	1,416	3,664,713	3,308,736
Eastern Shore			
Caroline County	198	699,970	548,651
Cecil County (served by Central)	34	51,678	46,977
Dorchester County	138	665,174	477,275
Kent County (served by Central)	2	799	679
Queen Anne’s County (served by Central)	17	39,368	21,434
Somerset County (served by Central)	15	15,251	14,818
Talbot (served by Central)	79	542,901	417,603
Wicomico (served by Central)	31	91,073	85,638
Worcester (served by Central)	15	44,743	38,883
Region Subtotal	529	2,150,957	1,651,958

Table 2 (cont'd)
New Patients Added, Total Patients Served and Value of Medications, FY2009

County by Region	Total Patients Receiving Free Medication New and Existing	Wholesale Value of Medications Requested	Wholesale Value of Medications Received
Southern			
Anne Arundel County	153	465,019	412,194
Calvert County	66	292,114	279,302
Charles County	202	220,749	176,613
St. Mary's County	29	212,053	206,596
Region Subtotal	450	1,189,935	1,074,705
Western			
Allegany County	248	1,110,621	1,194,269
Garrett County	162	462,323	421,253
Washington County	347	1,101,640	1,022,283
Region Total	757	2,674,584	2,637,805
State Totals	3,900	11,777,024	10,463,069

VI. Overview of the MEDBANK Program in 2009

A. Data

As a result of legislation enacted during the 2001 and 2003 sessions of the Maryland General Assembly, patients across the State have access to MEDBANK. MEDBANK of Maryland, Inc. created a proprietary database (RxBridge™) that was accessible via the Internet to integrate the information from patients and physicians with applicable pharmaceutical manufacturer patient assistance program forms. This was a relational database that was used to access information about the statewide program.

In 2002, MEDBANK Pharmacy, Inc. was created to provide a means to receive bulk medication donations from pharmaceutical companies and provide those medications by mail-order to patients all over the State at no cost to the individual. Individuals do not have to apply directly to the manufacturers for these drugs. Participating companies included Abbott, AstraZeneca, Novartis and Pfizer. The Maryland MEDBANK program determined who was eligible and mailed the drugs immediately. This expedited the process and reduced the administrative burden for individuals and physicians. CareFirst Connection to Care funded the MEDBANK Pharmacy in FY09.

1. 2009 MEDBANK Program data show:

- In FY2009, 27,463 prescriptions were processed for 3,900 uninsured and underinsured Maryland residents resulting in over \$10.4 million worth of free medication being received by patients (based on average wholesale price).
- Patient characteristics statewide:
 - 63% are women
 - 54% are Caucasian; 21% are African American; 4% are Hispanic; and 20% are other ethnicities
 - 67% do not have health insurance
 - 100% do not have prescription coverage
 - The average patient age is 52
 - The average household income for a family of two is \$1,862 per month
 - The average number of medications per patient is seven

Table 3 shows the patient population demographics for FY09:

**Table 3
Demographics of Patient Population FY 2009**

County	Avg. Home Income	# Avg. Home	Avg Age	African American	Caucasian	Hispanic	Other	% Male	% Female	Uninsured	Divorced	Married	Separated	Single	Widow	New Script	Renewal Script Count	Total Scripts Count	Avg. Script Count
ALLEGANY	\$ 1,727	2	54	0%	100%	0%	0%	33%	67%	79%	12%	50%	6%	24%	9%	433	2073	2506	10
ANNE ARUNDEL	\$ 4,060	2	50	13%	49%	4%	33%	34%	66%	74%	16%	30%	3%	41%	10%	419	1049	1468	7
BALTIMORE CITY	\$ 1,757	2	48	59%	23%	5%	11%	33%	67%	67%	12%	20%	8%	53%	8%	780	1994	2774	7
BALTIMORE COUNTY	\$ 2,293	2	45	27%	49%	7%	13%	35%	65%	81%	12%	29%	8%	45%	7%	595	1270	1865	6
CALVERT	\$ 1,493	2	52	20%	48%	0%	32%	20%	80%	58%	8%	36%	4%	48%	4%	164	673	837	10
CAROLINE	\$ 1,658	2	52	17%	82%	1%	0%	35%	65%	61%	9%	40%	10%	35%	6%	494	989	1483	7
CARROLL	\$ 1,404	2	45	7%	36%	0%	57%	30%	70%	45%	7%	29%	0%	50%	14%	37	108	145	6
CECIL	\$ 1,289	2	47	3%	80%	0%	17%	41%	59%	74%	17%	34%	6%	40%	3%	86	228	314	7
CHARLES	\$ 1,763	2	49	41%	44%	3%	12%	35%	65%	94%	5%	11%	1%	79%	4%	342	299	641	3
DORCHESTER	\$ 1,347	2	54	35%	60%	0%	2%	38%	62%	60%	15%	15%	10%	52%	10%	341	772	1113	8
FREDERICK	\$ 1,546	2	50	18%	74%	2%	5%	43%	57%	63%	18%	26%	5%	46%	4%	535	538	1073	3
GARRETT	\$ 1,717	2	50	1%	98%	1%	1%	41%	59%	1%	20%	41%	5%	26%	7%	413	1168	1581	8
HARFORD	\$ 1,724	2	51	22%	57%	6%	14%	37%	63%	75%	19%	33%	4%	34%	10%	391	993	1384	9
HOWARD	\$ 2,277	2	48	18%	33%	16%	32%	37%	63%	80%	11%	40%	5%	39%	6%	88	124	212	4
KENT	\$ 2,251	2	52	25%	50%	0%	25%	50%	50%	100%	13%	75%	0%	13%	0%	8	2	10	4
MONTGOMERY	\$ 1,623	3	47	22%	17%	41%	16%	40%	60%	93%	10%	32%	7%	46%	5%	1291	3286	4577	5
PRINCE GEORGE'S	\$ 2,703	2	55	37%	17%	12%	33%	35%	65%	66%	11%	32%	5%	44%	8%	235	379	614	6
QUEEN ANNE'S	\$ 1,564	2	55	30%	70%	0%	0%	63%	38%	63%	0%	30%	10%	50%	10%	43	84	127	7
SAINT MARYS	\$ 1,426	2	52	0%	36%	0%	64%	27%	73%	77%	21%	29%	14%	21%	14%	91	375	466	13
SOMERSET	\$ 1,687	2	60	38%	38%	0%	25%	18%	82%	27%	0%	50%	0%	38%	13%	26	99	125	7

County	Avg. Home Income	# Avg. Home	Avg Age	African American	Caucasian	Hispanic	Other	% Male	% Female	Uninsured	Divorced	Married	Separated	Single	Widow	New Script	Renewal Script Count	Total Scripts Count	Avg. Script Count
TALBOT	\$ 1,720	2	50	39%	48%	0%	13%	40%	60%	75%	19%	42%	3%	23%	13%	183	361	544	6
WASHINGTON	\$ 1,783	2	51	8%	74%	1%	17%	43%	57%	79%	16%	33%	1%	41%	9%	763	2385	3148	9
WICOMICO	\$ 1,537	2	60	30%	47%	0%	23%	36%	64%	55%	2%	44%	7%	35%	12%	123	175	298	8
WORCHESTER	\$ 1,471	2	59	7%	64%	0%	29%	47%	53%	53%	21%	57%	7%	7%	7%	71	87	158	8
Statewide	\$ 1,826	2	52	21%	54%	4%	20%	37%	63%	67%	12%	36%	5%	39%	8%	7,952	19,511	27,463	7

2. Services:

- The Maryland MEDBANK Program links eligible individuals with pharmaceutical manufacturers' patient assistance programs.
- The Program covers brand-name drugs only – **no generics** (however, now through MEDBANK's discount card, MEDBANKUS, patients can purchase generics at 40% off AWP).
- Each drug company's qualification criteria and process is unique to the manufacturer. The services provided by MEDBANK of Maryland in this regard are the interpretation of this inclusion criterion and a sophisticated screening process so that it is simplified for the client and physician.
- Patients should not have public or private coverage for prescription drugs. MEDBANK of Maryland assures that all clients meet this eligibility requirement.
- Patients must meet income criteria established by the pharmaceutical manufacturer. Due to the variances between pharmaceutical companies in this regard, MEDBANK of Maryland provided a service to clients and physician offices alike to translate these criterion and assure that clients met the eligibility requirements before going through the burdensome application processes.
- Eligible patients are also referred to public and private insurance programs.

VII. How the Program Works

Based on income and other criteria used by the pharmaceutical manufacturing companies, a patient may be referred to the program by a health care or human resource professional, or may self-refer. The patient should not have public entitlement or private insurance covering prescription medicines.

The patient application process may be initiated by a physician (or his or her staff) or by staff from a community health center, local health department, hospital or other health care provider. This process can be very time-consuming. The Maryland MEDBANK program provides an opportunity to process the paperwork through a central location in each region, which frees up physician and staff time across the State. Local and regional offices screen and enroll eligible patients, accept applications, refer patients as appropriate, conduct renewals, and forward information to the central coordinating organization office for data collecting and reporting.

Maryland MEDBANK programs may have face-to-face patient interaction to allow triage to appropriate support programs, to facilitate proper case management, and to allow quick and complete information gathering from the patient for entry into the database. All MEDBANK programs have some face-to-face patient interaction, except MEDBANK of Maryland, Inc. (Baltimore Metro), which uses a fax and telephone-based communication system.

Under the current program, prescription medicines are typically shipped from the manufacturers to the patient's physician. In some instances, the manufacturer may opt to ship the medicines directly to the patient. Only brand-name drugs are available, no generics through MEDBANK. It generally takes 1-2 weeks to get all patient information and another 4-6 weeks from the time applications are sent to the manufacturing company until medicines are shipped to the physician. For drugs requested from the MEDBANK Pharmacy, shipping via mail-order to the physician can occur as quickly as 24 hours after confirmation of all the patient's qualifications. The pharmacy formulary contains about 83 branded medications from Abbott, AstraZeneca, Novartis, Pfizer and Merck. These companies make monthly bulk shipments of medications to the MEDBANK Pharmacy and replenish what has been dispensed during the previous month. MEDBANK is continually seeking new companies to adopt this approach because of the efficiencies it brings to the process and the speed with which drugs can be shipped to patients.

Table 4 shows the currently available medications through the MEDBANK Pharmacy, Inc.:

Table 4
Medications Available Through Medbank Pharmacy In FY2009

Abbott	Merck	Pfizer
Advicor	Cozaar	Celebrex
Azmacort	Emend	Chantix
Biaxin	Hyzaar	Covera HS
Biaxin XL	Janumet	Cytotec
Cardizem LA	Januvia	Detrol
Depakote	Maxalt	Detrol LA
Depakote ER	Proscar	Diflucan
Depakote Sprinkles	Singulair	Dilantin
Mavik	Trusopt	Feldene
Niaspan		Geoton
Omnicef	Novartis	Glucotrol
Synthroid	Comtan	Glucotrol XL
Tarka	Diovan	Lipitor
Teveten	Diovan HCT	Lopid
Teveten HCT	Elidel Cream	Minipress
Tricor	Enablex	Navene
	Exelon	Neurontin
AstraZeneca	Lescol	Nitrostat
Accolate	Lescol XL	Norvasc
Arimidex	Stalevo	Procardia
Atacand	Starlix	Procardia XL
Atacand HCT	Tegetrol XR	Relpax
Casodex		Viagra
Crestor		Vibratabs
Nexium		Vibramycin
Pulmicort Respules		Vistaril

Pulmicort Flexhaler		Xalatan
Rhinocort AQ		Zarontin
Seroquel		Zoloft
Seroquel XR		
Symbocort		
Toprol XL		

Computer, Internet and toll-free phone lines for data-entry into the central coordinating office are networked with program sites in all regions across the State. Eligible locations for satellite offices must have access to high-speed Internet (DSL or cable). They may access a local hospital (or other) LAN if DSL or cable is not available at the facility.

Partnerships in the Maryland MEDBANK Program include but are not limited to:

- Federally-qualified community health centers
- Volunteers in health care
- Area agencies on aging
- Local departments of health
- Community action agencies
- Hospitals and clinics
- Faith-based groups
- Johns Hopkins Urban Health Institute & School of Nursing
- University of Maryland School of Pharmacy

Western Maryland Region (Allegany, Garrett, and Washington counties)

- Washington County Health System, Inc.
- Garrett County Health Department
- Associated Charities of Cumberland Maryland

Central Maryland Region (Baltimore City, Baltimore, Harford, Carroll and Howard counties)

Upper Eastern Shore (Cecil, Kent, Queen Anne’s, and Talbot counties)

- MEDBANK of Maryland, Inc.

Middle Eastern Shore Region (Dorchester and Caroline counties)

- Choptank Community Health System, Inc., in partnership with Dorchester County Health Department

MEDBANK of Maryland, Inc.

- Southern Maryland MEDBANK of Maryland, Inc.

Washington, D.C. Metropolitan Area Region (Frederick, Prince George’s, and Montgomery Counties)

- Frederick Community Action Agency, serving Frederick County

VIII. Summary Observations

TRANSFER TO THE PEOPLE'S COMMUNITY HEALTH CENTER, INC.

The State funding allocated for Medbank was eliminated during FY 2010 due to fiscal pressures. As the budget shortfall of MEDBANK OF MARYLAND, INC. worsened, MEDBANK sought financial assistance from various health care entities which serve underserved populations. MEDBANK also considered transferring assets essential to dispensing prescription drugs to Maryland's underserved population.

MEDBANK reached an agreement in principle with The People's Community Health Center, Inc. ("People's"), a 501(c)(3) tax exempt health clinic that provides health care in health professional shortage areas in and around Baltimore. MEDBANK anticipates that this relationship will result in People's sustaining MEDBANK's essential assets and core operations.

The geographic area that will be sustained by centralized staff in this transfer process include Baltimore City, Baltimore County and Anne Arundel County. An assessment is currently underway regarding the continuation of access to RxBridge software and technical support to locations outside of the above-mentioned geography. Help-desk support may be available to these formerly-contracted entities, such that their medication application process can continue. MEDBANK of Maryland has retained relationships with all pharmaceutical companies which donated bulk drugs to its licensed pharmacy. At present, People's Community Health Center's licensed pharmacy is accepting and dispensing these drugs to patients who meet the eligibility criterion. MEDBANK of Maryland will renew its pharmacy license in 2010 and resume its bulk drug distribution activity at that time. Simultaneously, MEDBANK of Maryland will fortify its discount drug card system and endeavor to increase medication access through these means.

People's Community Health Center has dedicated its resources for medication access, including grants from the Ryan White Treatment Act Program and the Weinberg Foundation to support and join forces with the medication access activities of the MEDBANK of Maryland. MEDBANK of Maryland will continue to meet the legislative intent, within an achievable geographic reach in light of no state funding. The geographic reach will be expanded through a variety of means and only after evaluation of efficacy without state funds.

Other Observations

- MEDBANK will continue to secure private sector financing and in-kind donations to supplement the cost of the program.
- The rising cost of prescription medicines – double-digit increases in the costs of prescription medications – is driving the overall out-of-pocket cost of outpatient health care. Until the issue of insurance access can be resolved, prescription medicines will continue to be out-of-reach for people on fixed incomes and those with low incomes. Rising prescription medicine costs currently outpace any increase in income, thus putting prescription drugs continually out of reach for low-income, uninsured persons. The Maryland MEDBANK Program assists those who cannot pay out-of-pocket for prescription medicines and provides the newest brand medications available at no cost to patients.

- The Maryland MEDBANK Program refers individuals to the Maryland Primary Adult Care Program (PAC) that began on July 1, 2006. Individuals who are not enrolled found eligible for PAC or MCHP will receive pharmacy assistance through Medbank. Individuals waiting for their PAC or MCHP applications to be processed will receive access to drugs through People's Community Health Center's pharmacy.
- The health care reform proposals in Congress would improve access to health insurance – including prescription drug coverage – for many, if not all of the individuals served by Medbank. The bills passed by the House and Senate provide subsidies to individuals and families with incomes up to 400% of the federal poverty level to help them purchase private health insurance. Medicaid would also be significantly expanded under both proposals: the House bill would extend coverage to individuals and families with incomes up to 150% of poverty, and the Senate bill extends Medicaid coverage to those with incomes up to 133% of poverty.
- The Department also is working on including a link to various organizations that assist individuals with accessing patient assistance programs and pharmacy discount programs, e.g., NeedyMeds, TogetherRx, and Medbank, on its webpage.