

Report on the Status of the Maryland MEDBANK Program – FY 2006 December 1, 2006

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 by providing a process and system statewide to access pharmaceutical patient assistance programs (PAP). PAPs are open to all patients regardless of age, therefore all Maryland age groups benefit. This is the report for the most recent year fiscal year (2006).

Throughout its brief history MEDBANK has sought to simplify the method by which patients can access free medications. The means to access these medications – through PAPs – had been in place for over thirty years but the paperwork, the level of need and the fact that applications were required, often four times per year, prevented most physicians from participating.

MEDBANK provided the following:

- Processing paperwork through regional offices, thus freeing up physician and staff time (without MEDBANK, average time per patient to apply for five medications is 2-4 hours)
- Use of a common database (RxBridge™) that integrates all the patient and physician information and links it to the appropriate manufacturer PAP forms for printing and signing
- 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 eliminates the need to prepare and send applications to the drug manufacturers, which allows individuals to receive their medications sooner. Current participants include Pfizer, AstraZeneca, Abbott and Novartis

II. Impact of the Maryland MEDBANK Program

- The Maryland MEDBANK Program operates 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
- As of June 30, 2006, 8,082 patients were actively being served, although 5,178 were deactivated in FY2006 because they began to receive prescription drug services through Medicare Part D
- Nearly 34,700 patients had been served in the program's history as of June 30, 2006
- The cost to the State of Maryland in FY2006 was \$700,000. The value of the medicines received through the Maryland MEDBANK Program in FY2006 was estimated (based on Average Wholesale Price) to be \$22,423,616
- Over 5,600 providers participate in the Maryland MEDBANK Program

III. Background

MEDBANK of Maryland, Inc. is committed to obtaining the resources needed to help ensure that Maryland's underserved population is provided access to life sustaining and life saving prescription medications. Roughly 50 percent of the Maryland MEDBANK Program patients were in Medicare or became Medicare-eligible in FY2006 and were counseled to sign-up for Medicare Part D by the Maryland MEDBANK Program (5,178 Medicare patients were disenrolled in FY2006 because they signed up for Part D). The result was that MEDBANK's population was now reduced to mainly those patients under age 65. MEDBANK is working to ensure that seniors who are not signed-up for Part D are directed to PAPs as well as any Part D patients who have prescriptions from drug companies that allow patients in the "doughnut hole" to participate in their assistance programs. The level of assistance, however, will depend on the eligibility rules established by the drug manufacturers, and eligibility has been changing constantly over the first nine months of 2006.

IV. Maryland MEDBANK Program Implementation

MEDBANK of Maryland, Inc. currently administers the Maryland MEDBANK Program with funding from the State of Maryland, private foundation support and software subscription sales. MEDBANK contracts with eight government and non-profit entities that operate the Program in five regions. MEDBANK of Maryland, Inc. provides services through patient service representatives at its Towson office that covers Central Maryland (Cecil, Harford, Howard, Carroll, Kent and Queen Anne's and Baltimore Counties, and Baltimore City), the three lower counties of Worcester, Wicomico and Somerset 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 are regional coordinating offices; an entity that serves the residents of a defined county in Maryland; or a specific site. These sites may be a community action agency, a health department, a rural hospital, a faith-based charity or a non-profit community health care provider. All share in the mission to provide access to medications for patients who cannot afford them and who do not qualify for other programs.

The responsibilities of MEDBANK's central coordinating office in Towson include:

- 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 applying for State and federal grants and selling subscriptions nationally to its proprietary software, RxBridge™ (all proceeds of these sales inure to the Maryland MEDBANK Program)
- 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

The responsibilities of the subcontracted sites throughout the State include:

- 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
- Providing case management services to link patients with other sources such as the local departments of social services and DHMH's programs
- Utilizing high-speed Internet access to facilitate data transmission to the central coordinating office for processing
- Submitting statistical and financial reports to MEDBANK of Maryland, Inc.

The core operations and services of each MEDBANK Program include:

- Operating through a combination of paid staff and community volunteers
- Accepting referrals
- Enrolling patients and verifying income and other qualifications to receive medications
- Case management, including contact with the patient's physician and follow-up to see if the patient received medicines
- Data collection, analysis and reporting
- Patient screening and referral for other public and private prescription medicine programs, including the Maryland Primary Adult Care Program and the CareFirst Senior Assistance Prescription Drug Program

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

Funding is 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 are due by the fifteenth day of the month following the end of each quarter. Each of four quarterly reports are submitted by each subcontractor and reviewed by MEDBANK. Budget modifications must be approved by MEDBANK and DHMH. In addition, MEDBANK of Maryland, Inc., convenes quarterly meetings, holds monthly conference calls and offers ongoing support via email and telephone. Each subcontractor uses 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 are 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.

The methodology used to determine funding allocations in FY2006 was based on the number of scripts plus renewals processed for the patients in the previous year, times the total State funding amount. Programs are conducting local private sector fundraising and seeking 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 and number of new patients served for each of the regions in the Maryland MEDBANK Program in FY2006.

**Table 1
Funding Levels and Number of New Patients Served by Geographic Area, FY2006**

REGION	COUNTY	New PATIENTS SERVED in FY2006	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.)	1,236	290,925	537,671
Western Maryland	Garrett (Garrett County Health Department)	63	56,100	24,557
	Allegany (Associated Charities of Cumberland)	166	80,978	156,945
	Washington (Washington County Health System)	168	106,367	106,685
DC Metro	Montgomery (Primary Care Coalition)	316	19,556	157,000
	Prince Georges (Catholic Charities of the Archdiocese of DC)	108	19,355	13,600
	Frederick Community Action Agency	187	9,329	4,041
Eastern Shore	Dorchester, Caroline (Choptank Community Health)	268	50,491	-0-
	Kent, Queen Annes, Talbot	164		
	Saint Mary's	38		
Southern	Anne Arundel	200	66,899	33,124
	Charles	50		
	Calvert (Calvert Memorial Hospital)	63		
Total	All Programs	3,027	\$700,000	\$1,033,623

V. Data Requirements

The following data elements are required reporting from the Maryland MEDBANK Program:

- 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 3,027 patients from July 1, 2005 through June 30, 2006.
- Hypertension, high cholesterol, diabetes, depression, acid reflux, arthritis and asthma are the most common patient diagnoses
- The average number of medications per patient is five
- 5,600 physicians participate in the Maryland MEDBANK program

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

- As of June 30, 2006, there were 200 pharmaceutical companies with patient assistance programs
- There were 826 medications included in the patient assistance programs.

As of June 30, 2006, the top 10 utilized pharmaceutical companies were:

Pfizer Connection to Care
Bristol-Myers Squibb Company
AstraZeneca Pharmaceuticals
Merck Patient Assistance Program
Abbott Laboratories
GlaxoSmithKline Bridges to Access
Schering Laboratories SP-Cares Program
Wyeth Pharmaceuticals
Novartis Pharmaceuticals
TAP Pharmaceuticals

As of June 30, 2006, the top 10 most-requested prescribed medications were:

Lipitor
Toprol XL
Norvasc

Synthroid
Prevacid
Nexium
Plavix
Zoloft
Glucophage
Accupril

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

- Each of the eight MEDBANK-contracted programs is operational. Each has partners in their respective regions
- Regional communications were made to local physicians, hospitals, local health departments, local departments of social services, area agencies on aging, senior centers, and in some areas, local churches and employee outplacement firms
- Maryland MEDBANK partners with the Department of Aging, the retired senior volunteer programs, and various community health centers for distribution of a statewide brochure in their regions

Additional distribution partners included:

- All Maryland area agencies on aging and Senior Health Insurance Programs
 - Hospitals and health clinics
 - Departments of social services in Central Maryland
 - United Way of Central Maryland
 - Central Maryland churches through the Interdenominational Ministerial Alliance
 - Combined health charities
- The Maryland MEDBANK program and office locations and telephone numbers are listed in the DHMH prescription drug assistance brochure
 - Articles about the Maryland MEDBANK program appeared in local newspapers
 - A Maryland MEDBANK program website is available that links all MEDBANK program partners. The website has a map of Maryland, and when the viewer selects a county, the local MEDBANK program contact information appears. It can be accessed at <http://www.medbankmd.org>

D. Total volume of medication accessed through the MEDBANK program

- 84,345 scripts plus renewals (90-day supply) were processed from July 1, 2005 through June 30, 2006 (a decrease of 11,516 scripts from FY2005)
- Over \$22.4 million (AWP) worth of free medications were received from July 1, 2005 through June 30, 2006 (a decrease of \$1 million from FY2005)

Table 2 shows the number of new patients added, total patients served and the value of the medications received from July 1, 2005 through June 30, 2006.

**Table 2
New Patients Added, Total Patients Served and Value of Medications, FY2006**

County by Region	Number of New Patients Added	Total Number of Patients Receiving Medication	Wholesale Value of Medications Requested	Wholesale Value of Medications Received
Central Maryland				
Baltimore City	371	1063	\$3,968,809.34	\$3,488,204.46
Baltimore County	354	752	\$2,457,416.31	\$2,158,732.29
Carroll County	214	352	\$880,674.20	\$669,065.30
Harford County	70	239	\$626,128.24	\$575,842.98
Howard County	38	100	\$333,358.75	\$301,135.49
Region Total:	1,047	2506	\$8,266,386.84	\$7,192,980.51
DC – Metro				
Frederick County	74	336	\$865,293.55	\$742,080.26
Montgomery County	38	435	\$862,246.93	\$705,557.43
Prince George’s County	20	243	\$410,771.85	\$310,166.69
Region Subtotal	132	1014	\$2,138,312.32	\$1,757,804.39
Eastern Shore				
Caroline County	123	266	\$869,270.28	\$454,522.38
Cecil County (served by Central)	18	72	\$168,290.13	\$161,090.08
Dorchester County	145	311	\$772,974.16	\$528,882.00
Kent County (served by Central)	10	13	\$108,999.22	\$105,765.21
Queen Annes County (served by Central)	37	28	\$71,704.34	\$46,875.70
Somerset County (served by Central)	74	112	\$405,351.37	\$361,377.47
Talbot (served by Central)	117	119	\$459,255.65	\$399,449.99
Wicomico (served by Central)	82	169	\$694,825.20	\$576,555.24
Worcester (served by Central)	15	68	\$147,980.24	\$129,802.91
Region Subtotal	621	1158	\$3,698,650.58	\$2,764,320.99
Southern				
Anne Arundel County	200	393	\$1,993,390.84	\$1,768,914.00
Calvert County	63	193	\$964,161.06	\$897,282.69
Charles County	50	129	\$665,374.51	\$623,544.93
St. Mary’s County	38	149	\$783,979.37	\$730,433.50
Region Subtotal	351	864	\$4,406,905.78	\$4,020,175.12
Western				
Allegany County	166	929	\$2,992,802.22	\$2,599,349.13
Garrett County	63	520	\$1,468,002.48	\$1,184,160.73
Washington County	168	1091	\$3,403,653.17	\$2,904,826.01
Region Total	397	2540	\$7,864,457.87	\$6,688,335.87
State Totals	3,027	8,082 (5,178 were deactivated due to start of Medicare Part D)	\$26,374,713.40	\$22,423,616.88

VI. Overview of the MEDBANK Program in 2006

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 is accessible via the Internet to integrate the information from patients and physicians with applicable pharmaceutical manufacturer patient assistance program forms. This is a relational database that is used to access information about the statewide program, to provide each of the sites that use it with measures of their performance and the ability to do health policy research.

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 include Abbott, AstraZeneca, Novartis and Pfizer. The Maryland MEDBANK program determines who is eligible and mails the drugs immediately. This expedites the process and reduces the administrative burden for individuals. Physicians, recognizing the speed and simplicity of using the MEDBANK Pharmacy, have expanded their use of its formulary accordingly. The Harry and Jeanette Weinberg Foundation has funded the MEDBANK Pharmacy since its inception.

1. 2006 MEDBANK Program data show:

- In FY2006, 84,345 scripts plus new prescription applications were processed for 8,082 uninsured and underinsured Maryland residents resulting in over \$22.4 million worth of free medication being received by patients (based on average wholesale price).
- Patient characteristics statewide:
 - 64% are women
 - 66% are Caucasian; 22% are African American; 6% are Hispanic; and 6% are other ethnicities
 - 40% 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 \$1,548 per month
 - Hypertension, high cholesterol, diabetes, depression, acid reflux, asthma, and anxiety disorder are the most common patient diagnoses
 - The average number of medications per patient is five
 - Over 5,600 providers have participated in the Program

Table 3 provides the demographic statistics for the Program in FY2006

**Table 3
Demographics of Patient Population FY 2006**

	Sex by %	Sex by %				Rac e by %	Race by %	Rac e by %	Ra ce by %	Mar ital Stat us by %					Rx	Rx	Rx	Rx	Insur ance by %	Insura nce by %	
County	Female	Male	Avg Household Income	Av g Ho us eh old	Avg Age	Afri can Am eric	Cauc asian	His pani c	Ot he r	Div or	Mar ried	Sepera ted	Singl e	Wido w	New	Renew	Rx Count	Avg Scri pts per Pati ent	Unin sured	Medic are	
#1 Central																					
BALTIMORE CITY	64	36	\$1,322	2	55	63%	19%	10%	8%	13%	27%	7%	37%	15%	2,380	8,432	10,812	6	33%	9%	
BALTIMORE COUNTY	64	36	\$1,419	2	50	28%	46%	8%	18%	8%	37%	3%	42%	10%	1,560	6,224	7,784	5	20%	6%	
CARROLL COUNTY	69	31	\$1,402	2	46	12%	82%	5%	1%	24%	17%	21%	26%	11%	796	1,542	2,338	3	78%	3%	
HARFORD COUNTY	60	40	\$1,724	2	57	17%	73%	3%	7%	19%	37%	4%	26%	14%	439	1,810	2,249	5	33%	11%	
HOWARD COUNTY	68	32	\$1,162	2	52	45%	34%	3%	18%	18%	29%	11%	37%	5%	298	831	1,129	6	32%	8%	
Region Total	64	36	\$1,467	2	52	33%	51%	6%	10%	17%	30%	9%	34%	11%	5,473	18,839	24,312	5	39	7	
EASTERN SHORE																					
CECIL COUNTY (a)	61	39	\$1,873	2	62	11%	78%	6%	6%	6%	56%	0%	22%	17%	150	530	680	6	33%	6%	
KENT COUNTY (a)	70	30	\$1,519	2	49	20%	80%	0%	0%	10%	50%	0%	20%	20%	37	60	97	8	50%	0%	
QUEEN ANNES COUNTY (a)	57	43	\$1,486	2	53	24%	76%	0%	0%	5%	38%	5%	38%	14%	88	199	287	11	24%	0%	
SOMERSET COUNTY (a)	59	41	\$1,551	2	63	15%	81%	3%	1%	11%	59%	0%	9%	20%	433	914	1,347	7	26%	19%	
TALBOT COUNTY (a)	63	37	\$1,748	2	54	26%	68%	3%	3%	12%	39%	9%	29%	11%	264	831	1,095	5	28%	9%	
WICOMICO COUNTY (a)	76	24	\$1,748	2	58	27%	61%	4%	9%	18%	38%	13%	16%	15%	522	1,318	1,840	6	38%	16%	
WORCESTER COUNTY (a)	53	47	\$1,679	2	65	33%	67%	0%	0%	0%	67%	7%	7%	20%	154	654	808	8	27%	7%	
CAROLINE COUNTY	56	44	\$1,538	2	53	24%	72%	2%	2%	13%	43%	2%	28%	14%	565	1,945	2,510	6	28%	18%	
DORCHESTER COUNTY	63	37	\$1,368	2	56	34%	62%	1%	3%	6%	43%	3%	34%	12%	740	2,384	3,124	7	28%	17%	
Region Total	62	38	\$1,612	2	57	24%	72%	2%	3%	9%	48%	4%	23%	16%	2,953	8,835	11,788	7	31%	10%	

#2 DC Metro																				
FREDERICK COUNTY	50	50	\$1,618	2	46	5%	76%	2%	17%	8%	28%	6%	51%	6%	1,054	2,524	3,578	3	1%	5%
MONTGOMERY COUNTY	65	35	\$1,792	3	43	14%	13%	45%	26%	8%	27%	6%	55%	3%	760	1,754	2,514	3	61%	3%
PRINCE GEORGES COUNTY (b)	67	33	\$1,457	2	51	52%	13%	28%	7%	9%	23%	13%	44%	11%	589	1,301	1,890	3	34%	8%
Region Total	60	40	\$1,622	2	46	23%	34%	25%	17%	8%	26%	9%	50%	7%	2,403	5,579	7,982	3	32%	5%
#3 Lower Shore																				
CAROLINE COUNTY	56	44	\$1,538	2	53	24%	72%	2%	2%	13%	43%	2%	28%	14%	565	1,945	2,510	6	28%	18%
DORCHESTER COUNTY	63	37	\$1,368	2	56	34%	62%	1%	3%	6%	43%	3%	34%	12%	740	2,384	3,124	7	28%	17%
Region Total	60	40	\$1,453	2	55	29%	67%	1%	2%	10%	43%	3%	31%	13%	1,305	4,329	5,634	6	28%	18%
#4 Western																				
ALLEGANY COUNTY	57	43	\$1,547	2	56	2%	98%	1%	0%	12%	54%	5%	16%	13%	2,172	8,519	10,691	6	64%	32%
GARRETT COUNTY	71	29	\$1,748	2	52	2%	97%	0%	2%	11%	60%	2%	13%	14%	1,231	3,928	5,159	4	17%	19%
WASHINGTON COUNTY	70	30	\$1,535	2	54	8%	92%	1%	0%	17%	39%	7%	20%	17%	2,421	11,951	14,372	8	60%	2%
Region Total	66	34	\$1,610	2	54	4%	95%	0%	1%	13%	51%	5%	16%	15%	5,824	24,398	30,222	6	47%	18%
#5 Southern																				
ANNE ARUNDEL COUNTY	66	34	\$1,533	2	52	21%	71%	4%	5%	18%	31%	8%	31%	14%	770	3,448	4,218	6	63%	23%
CALVERT COUNTY	65	35	\$1,512	2	50	22%	67%	5%	6%	14%	37%	5%	29%	16%	414	1,865	2,279	6	63%	16%
CHARLES COUNTY	66	34	\$1,445	2	57	34%	58%	2%	4%	8%	34%	8%	32%	18%	234	1,305	1,539	6	56%	28%
SAINT MARYS COUNTY	79	21	\$1,520	2	49	26%	74%	0%	0%	18%	29%	11%	37%	5%	290	1,715	2,005	5	55%	26%
Region Total	69	31	\$1,503	2	52	26%	67%	3%	4%	15%	33%	8%	32%	13%	1,708	8,333	10,041	6	59%	23%
Year-to-Date Total	64	36	\$1,560	2	53	23%	64%	6%	6%	12%	38%	6%	31%	12%	19,666	51,474	65,667	5	47%	16%

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 a program called RxOutreach patients can purchase generics for the cost of shipment and an administration fee from Express Scripts; typically one medication can be obtained for less than \$50 per year)
- Each drug company's qualification criteria and process is unique to the manufacturer
- Patients should not have public or private coverage for prescription drugs
- Patients must meet income criteria established by the pharmaceutical manufacturer
- 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

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

Lower Eastern Shore Region (Wicomico, Worcester, and Somerset counties)

- Three Lower Counties region is serviced by the central office of MEDBANK of Maryland, Inc.

Southern Maryland Region (Anne Arundel, Calvert, Charles, and St. Mary's counties)

- Calvert Memorial Hospital

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

- Frederick Community Action Agency, serving Frederick County
- Primary Care Coalition of Montgomery County, Inc., serving Montgomery County and partnering with Catholic Charities to serve Prince George's County residents
- Catholic Charities of the Archdiocese of Washington DC (also serving Prince George's County)

Table 5 compares the original goals of the program by region to the total number of patients served since the beginning of the program in FY2002 through FY2006:

Table 5
MEDBANK Program Patient Goals vs. Actual Patients Served, by Region, From Inception of Program in FY2002 Through FY2006

Region	Name of Organization	Patient Cumulative Goals Through FY2006	Actual Cumulative Patients Served Through FY2006
Baltimore Metropolitan	MEDBANK of Maryland, Inc. — Baltimore Metropolitan MEDBANK Program; regional coordinating office for Baltimore metropolitan area (Baltimore City and Baltimore, Carroll, Harford and Howard counties)	11,542	12,548 (regional total – does not include patients serviced from other areas of the State)
Eastern Shore	Choptank Community Health System, Inc. — coordinating office for Mid-Shore counties of Dorchester and Caroline counties; in partnership with Dorchester County Health Department	3,478	4,136
Southern Maryland	Calvert Memorial Hospital — MEDBANK Program of Southern Maryland; regional coordinating office for St. Mary’s, Charles, Calvert and Anne Arundel counties (excludes clients of federally-qualified community health centers)	5,628	6,092
Maryland counties of Washington, D.C. Metro	Access for clients of federally qualified community health centers in Prince George’s and Montgomery counties	8,337	8,551
Western Maryland	Associated Charities of Cumberland Garrett County Health Department Washington County Health System, Inc.	5,856	7,896
Total Cumulative Patients Served		30,588**	39,223

**MEDBANK came within 608 patients of its MFR goal

VIII. Summary Observations

- HB 935 (2003) authorized State funding of the Maryland MEDBANK program through June 30, 2006
 - With a total investment of \$700,000 in State and private funds in FY2006, the value of the medicines received through the Maryland MEDBANK Program was \$22.4 million. With this funding, 8,082 patients received free medicines at some point during the year (although 5,178 patients were deactivated when the Medicare Part D prescription drug program began, which led to a decrease in the number of scripts received and a \$1 million reduction in the value of medications received)
 - DHMH has been working with MEDBANK so that MEDBANK can achieve financial independence by the end of FY2007. MEDBANK continues 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 – are 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

- Some of the seniors in MEDBANK have difficulty in paying the cost-sharing requirements under Medicare Part D. To this end, MEDBANK has provided medications for some patients. Others that did not elect to enroll in Part D are still receiving free medications through the patient assistance programs via MEDBANK

- The Maryland MEDBANK Program refers individuals to the Maryland Primary Adult Care Program (PAC) that began on July 1, 2006
 - The PAC program combines two DHMH programs – the Maryland Pharmacy Assistance Program and the Maryland Primary Care Program – to cover individuals age 19 and over who are not eligible for Medicare or full Medicaid benefits and meet income and asset requirements (same as MPAP levels). In addition to receiving the MPAP drug benefit, PAC enrollees will receive primary care benefits, coverage for outpatient mental health services and some additional services for individuals with diabetes (PAC does not cover specialty care or inpatient/outpatient hospital care)