

Report on the Status of the Maryland MEDBANK Program – FY 2005

November 1, 2005

I. Purpose of The Maryland MEDBANK Program

As stated in HB6/SB236 (Chapters 134 and 135 of the Acts of 2001), “the purpose of the Maryland MEDBANK Program is to improve the health status of individuals throughout the State who lack prescription drug coverage by providing access to medically- necessary prescription drugs through patient assistance programs sponsored by pharmaceutical drug manufacturers.”

The Program seeks to increase the accessibility and availability of free or low-cost brand name medicines from pharmaceutical manufacturing companies across the country for low-income individuals who lack coverage for prescription medicines. MEDBANK programs primarily serve the chronically ill and seek to reduce the incidence of emergency room and hospital visits attributable to involuntary non-compliance of medications.

The Maryland MEDBANK Program expedites service by:

- Processing paperwork through regional offices, thus freeing up physician and staff time across the State (without MEDBANK, average time per patient to apply for five medications is two – four hours); and
- Use of a common database, RxBridge™ that integrates all the patient and physician information and links it to the appropriate PAP forms for printing and signing; and
- Networking by high-speed computer to MEDBANK of Maryland, Inc.(MEDBANK provides support for RxBridge™ during regular business hours); and
- 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 (MEDBANK Pharmacy provides approximately one third of the total medications provided by the program in Maryland from Pfizer, AstraZeneca, Abbott, Ortho McNeil (ended in June 05), Novartis (added in June 05) , thus eliminating the need to send paper applications to these companies and providing for once a year qualifying of the patients).

II. Impact of the Maryland MEDBANK Program

- Since October 2001, the Maryland MEDBANK Program has operated in all geographic regions of the State of Maryland as defined in the legislation.
- As of June 30, 2005, 8,146 patients were actively being served.
- Nearly 30,000 patients had been served in the program’s history as of June 30, 2005.
- The cost to the State of Maryland in FY05 was \$1,000,000.The value of the medicines received through the Maryland MEDBANK Program in FY2005 was conservatively

estimated (based on AWP) to be \$ \$23,456,186, a better than 23:1 return on investment.

- Through the Maryland MEDBANK Program, over \$4.5M in mental health medicines were made available to Maryland residents in FY2005.
- Over 5,600 providers participate in the Maryland MEDBANK Program. 94% of providers responding to the 2005 Prescriber Survey said that the Maryland MEDBANK Program has improved their patients' medication compliance. 96% responded that they are likely to refer other providers to the Maryland MEDBANK Program.

III. Background

Prescription drug costs continue to be the fastest growing health care cost, nationally and in Maryland. The Maryland MEDBANK Program is dedicated to helping Maryland's uninsured and low-income population obtain prescription medications. In July 2001, The *Senior Prescription Drug Relief Act* provided funding to expand MEDBANK services statewide. Previously, services were available only to Western Maryland and Central Maryland residents. The legislation provided \$2.5 million in FY02 and \$2.0 million in FY03. House Bill 935 authorized funding through June 30, 2006, including a total of \$2.0 million in FY04, \$1.0 million in FY05, \$500,000 in FY06 and \$0 in FY07.

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. While the legislation that created the Maryland MEDBANK Program was originally targeted at reaching seniors, the manufacturer assistance programs that MEDBANK accesses do not discriminate based on age and the program has therefore always been available for all age groups.

While the new Medicare Prescription Drug and Modernization Act of 2003 and its prescription drug component (Part D) were aimed at improving the access to medications by seniors, it currently did not supplant the assistance that senior patients received through MEDBANK's efforts and the pharmaceutical patient assistance programs. MEDBANK encouraged all patients that qualified, by being below 135% of the Federal Poverty Level (FPL), to access the \$600 Transitional Assistance Program offered with the new Medicare discount card.

It is estimated by the Centers for Medicare and Medicaid Services that over 180,000 Marylanders on Medicare (26.8% of the total Medicare population in Maryland) are earning less than the 135% FPL cut-off that allows patients to qualify for transitional assistance. Roughly 50% of Maryland MEDBANK Program patients are in Medicare or are Medicare-eligible and make too much to qualify for the Maryland Pharmacy Assistance Program. These patients also accessed the CareFirst Senior Prescription Drug Plan or the Maryland Pharmacy Discount Program either alone or in combination with MEDBANK in FY2005.

The remaining 50% of MEDBANK's patients are not Medicare eligible. Regardless of how much the Medicare benefit ultimately covers, low-income individuals that are not eligible for Medicare may be eligible for free medication under MEDBANK.

IV. Maryland MEDBANK Program Implementation

MEDBANK of Maryland, Inc. administers the Maryland MEDBANK Program with funding through DHMH. MEDBANK contracts with eight government and nonprofit 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, and Baltimore Counties, and Baltimore City), the three lower counties of Worcester, Wicomico and Somerset and other patients throughout the state through its toll-free access number (as needed as a back-up only, to local regional sites).

A. Designation of Maryland 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 nonprofit community healthcare provider. All share in the mission to provide access to medications for patients that cannot afford them and who do not qualify for other programs.

The responsibilities of the central coordinating office at MEDBANK's central 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;
- Implementing relationships with PhRMA and the 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 the DHMH; and
- Submitting reports to the regional Programs.

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 Department of Social Services DHMH's pharmacy assistance programs
- Providing high speed Internet access to facilitate data transmission to the central coordinating office for processing; and,
- Submitting reports to MEDBANK of Maryland, Inc.

The core operations and services of each MEDBANK Program include:

- Operating by a combination of paid staff, and community volunteers.
- Accepting referrals;
- Enrolling patients and verifying income and 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; and,
- Patient screening and referral for other public and private prescription medicine programs, including the Maryland Pharmacy Assistance Program, the Maryland Pharmacy Discount Program and the CareFirst Senior Prescription Drug Plan.

Budgets for all regional programs are submitted to 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 the MEDBANK. Budget modifications must be approved by the MEDBANK and DHMH. In addition, MEDBANK of Maryland, Inc convenes quarterly meetings. Each subcontractor uses that 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 Maryland MEDBANK Program

HB6/SB236 require that the geographical areas to be served are: Western Maryland, the Eastern Shore, the Baltimore metropolitan area, the Maryland counties in the Washington, DC metropolitan area, and Southern Maryland.

The methodology used to determine the funding levels in FY2005 was based on the number of scripts processed for the patients. Programs are conducting local private sector fundraising and matching in-kind contributions to supplement program costs. Examples of these in-kind contributions and local funding are shown in the Table 1 below. In some instances, private funds raised are used to cover emergency interim medications for approved patients who are awaiting the delivery of the medications from the manufacturing companies.

Table 1 provides the funding levels and number of new patients served for each of the regions in the Maryland MEDBANK Program in FY 2005.

Table 1
Maryland MEDBANK Program,
Funding Levels and Number of New Patients Served by Geographic Area, FY 2005

REGION	COUNTY	PATIENTS SERVED in FY2005	FUNDING LEVEL	In-kind Contributions or Donor Contributions	Maryland Health Care Foundation Funding *
Baltimore Metro Region	Baltimore, Harford, Howard, Carroll, Cecil, Baltimore City, (Three Lower Counties) Wicomico, Worcester, Somerset (MEDBANK of Maryland, Inc.)	3,088	377,749	645,892	116,571
Western Maryland	Garrett (Garrett County Health Department)	555	76,696	20,684	19,810
	Allegany (Associated Charities of Cumberland)	895	123,106	116,920	31,797
	Washington (Washington County Health System)	1,130	131,021	52,646	19,842
DC Metro	Montgomery (Primary Care Coalition)	449	45,307		11,702
	Prince Georges (Catholic Charities of the Archdiocese of DC)	251	37,786	45,231	9,760
	Frederick Community Action Agency	236	23,534		6,079
Eastern Shore	Dorchester, Caroline (Choptank Community Health)	567	92,375		18,860
	Kent, Queen Annes, Talbot	114			
	Saint Mary's	145			
Southern	Anne Arundel	400	92,426	17,861	23,872
	Charles	124			
	Calvert (Calvert Memorial Hospital)	192			
Total	All Programs	8,146	\$1,000,000	\$899,234	\$258,293

* MHCFF Funding was for FY 05 only

V. Data Requirements

HB6/SB236 requires reporting on the following data elements 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 inform state residents of the assistance available through the Program; and,
- the total volume and value of medications, accessed through the Program.

1. Database

MEDBANK of Maryland, Inc. is technologically advanced with high-speed Internet connections as well as telephone and fax, allowing its specially designed database application to provide detailed program accountability data. MEDBANK of Maryland, Inc. developed this database application in FY03, without using state funds, in conjunction with a private vendor, Apcosoft. The database application is called RxBridge™. Access to this database application is available to organizations participating in the Maryland MEDBANK Program. MEDBANK organizations with the necessary capabilities to send data via the Internet are able to input local data into the system as well as receive utilization reports on their programs.

All Maryland MEDBANK Programs and their partners have access to and have been trained to use RxBridge™ by staff from the central coordinating office. In addition, RxBridge™ is available to any health care provider in the state that is currently assisting patients in accessing PAPs and wants to use this database.

2. Data collected from the Maryland MEDBANK Program are as follows:

a. Number and demographic characteristics of the State residents served by the Maryland MEDBANK Program:

- The Maryland MEDBANK Program served 8,146 uninsured patients from July 1, 2004 through June 30, 2005. Hundreds of patients were referred to the Maryland Pharmacy Assistance Program or other programs.
- Hypertension, high cholesterol, diabetes, depression, acid reflux, arthritis and asthma are the most common patient diagnoses.
- The average of 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 Maryland MEDBANK Program

- As of June 30, 2005, there were 130 pharmaceutical companies with patient assistance programs.
- There were 826 medications included in the patient assistance programs.
- As of June 30, 2005, the top ten utilized pharmaceutical companies were:
 1. Pfizer
 2. Bristol-Myers Squibb
 3. Merck
 4. AstraZeneca
 5. Abbott Laboratories
 6. Novartis Pharmaceuticals
 7. Glaxo SmithKline
 8. TAP Pharmaceuticals
 9. Wyeth Pharmaceuticals
 10. Schering Laboratories
- As of June 30, 2005, the top ten most requested prescribed medications were:
 1. Lipitor, from Pfizer
 2. Toprol XL, from AstraZeneca
 3. Norvasc, from Pfizer
 4. Prevacid, from TAP
 5. Synthroid, from Abbott Laboratories
 6. Plavix, from Bristol-Myers Squibb
 7. Nexium, from AstraZeneca
 8. Prinivil, from Merck
 9. Zocor, from Merck
 10. Zoloft, from Pfizer

c. Nature and extent of outreach performed to inform State residents of the assistance through the Maryland 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 in their regions. A statewide brochure was distributed.

Additional distribution partners included:

- Maryland State legislators for constituent inquiries
 - Maryland Congressional delegation for constituent inquiries
 - All Maryland area agencies on aging for their Senior Health Insurance Program and Senior Information & Assistance
 - Hospitals and health clinics
 - Departments of Social Services in Central Maryland
 - United Way of Central Maryland
 - Central Maryland churches through the Interdenominational Ministerial Alliance
- The Maryland MEDBANK Program and office locations and telephone numbers are listed in the DHMH prescription brochure.
- Articles about the Maryland MEDBANK Program were included in local newspapers.

A Maryland MEDBANK Program website is available. It links all Maryland 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 www.medbankmd.org.

d. Total volume of medication accessed through the Maryland MEDBANK Program

- 95,861 scripts plus renewals (90 day supply) were processed from July 1, 2004 through June 30, 2005.
- Over \$23.4M worth of free medications were received from July 1, 2004 through June 30, 2005.

Table 2 on the next page, shows the number new patients added, total number of patients served and the value of the medications received by jurisdiction in Maryland from July 1, 2004 through June 30, 2005.

Table 2

County by region	Number of New Patients Added in FY05	Total Number of Patients Receiving Medication in FY05	Wholesale Value of Medication Requested	Wholesale Value of Medication Received
Central Maryland				
Baltimore City	511	1,138	\$5,131,044.08	\$4,270,816.96
Baltimore County	304	870	3,542,638.33	2,891,222.52
Carroll County	58	186	564,052.46	525,050.07
Harford County	85	259	960,514.49	821,913.19
Howard County	52	98	317,044.70	275,555.01
Region Total:	1,010	2,751	\$10,515,294.05	\$8,784,557.75
DC – Metro				
Frederick County	244	236	\$126,599.97	\$102,449.66
Montgomery County	473	449	1,321,440.08	1,121,794.41
Prince George’s County	76	251	635,471.47	513,579.97
Region Subtotal	793	936	\$2,083,511.52	\$1,737,824.05
Eastern Shore				
Caroline County	123	271	\$1,256,275.08	\$2,579,902.84
Cecil County (served by Central)	28	64	165,049.72	141,916.74
Dorchester County	131	296	850,729.67	587,315.84
Kent County (served by Central)	9	6	19,295.97	16,849.44
Queen Annes County (served by Central)	36	27	71,798.22	44,380.80
Somerset County (served by Central)	44	67	511,522.69	472,765.25
Talbot (served by Central)	98	81	356,000.50	225,189.91
Wicomico (served by Central)	63	131	421,218.33	333,005.94
Worcester (served by Central)	23	75	240,598.88	205,569.35
Region Subtotal	555	1,018	\$3,892,189.07	\$2,606,896.11
Southern				
Anne Arundel County	304	400	\$1,558,971.27	\$1,285,317.36
Calvert County	89	192	816,410.20	709,611.74
Charles County	58	124	720,955.80	644,967.08
St. Mary’s County	58	145	791,332.40	663,541.21
Region Subtotal	509	861	\$3,887,669.68	\$3,303,437.38
Western				
Allegany County	160	895	\$3,041,797.43	\$2,433,714.58
Garrett County	136	555	1,906,543.82	1,619,573.72
Saint Mary’s County	248	1,130	3,496,262.41	2,970,182.85
Region Total	544	2,580	\$8,444,603.67	\$7,023,471.15
State Totals	3,411	8,146	\$28,823,268.00	\$23,456,186.00

VI. Overview of the Maryland MEDBANK Program in 2005

A. Data:

As a result of legislation enacted in 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 patient assistance program (PAP) forms. This is a relational database that is used to access information about the statewide program, to provide each of the sites using it with measures of their performance and 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. For these companies, Abbot, AstraZeneca, Ortho McNeil (ended in June 2005), Novartis (began in June 2005) and Pfizer, their bulk contributions to the pharmacy are in lieu of requiring individual applications to the companies themselves. Thus, patients are qualified annually instead of four times per year, the Maryland MEDBANK Program provides the “means testing” and qualifying of the patients for the companies so that once proof of income is on file, a prescription and pharmacy request can be submitted and drug can be shipped immediately. By doing this it reduces the requirement for interim medications. 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.

2005 Maryland MEDBANK Program data show:

- In FY2005, 95,861 scripts plus new prescription applications were processed for 8,146 underinsured and underinsured Maryland residents resulting in over \$23.4 million worth of free medication received by patients (based on average wholesale price).
- Patient Characteristics Statewide:
 - 66% are women.
 - 66% are Caucasian; 20% are African American; 6% are Hispanic; and 8% are other ethnicities.
 - 24% do not have health insurance. 100% do not have prescription coverage.
 - The average patient age is 58.
 - The average household income for a family of two is \$1,526 per month (143% of the 2005 Federal Poverty Guidelines).
 - 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.
 - Over 5,600 providers have participated in the Program.

Table 3 provides the demographic statistics for the Program in FY2005.

Table 3 - Demographics of Patient Population FY 2005

Region	% Female	% Male	Avg. Income \$	Avg # In Home	Avg. Age	% Cauc.	% African American	% Hispanic	% Other	Marital Status by %					New	Renew	Total Script Count	Avg. Script Count Per Pt.	% of Patients Without Health Ins.
										M	S	D	Sep	Wid.					
# 1 -- CENTRAL																			
Baltimore City	61	39	1,285.51	2	61	26	59	10	5	30	31	12	6	22	3,965	10,610	14,575	7	18
Baltimore County	69	31	1,427.59	2	60	59	28	9	5	29	26	15	5	25	2,682	7,901	10,583	6	14
Carroll County	71	29	1,441.59	2	67	90	5	0	5	40	14	10	0	36	521	1,754	2,275	7	9
Harford County	66	34	1,411.47	2	58	68	21	4	7	32	22	24	4	19	737	2,303	3,040	4	16
Howard County	69	31	1,476.81	2	56	48	25	12	13	42	25	17	6	10	353	763	1,116	5	31
Region Total:	67	33	1,408.59	2	60	58	28	7	7	34	24	16	4	22	8,258	23,331	31,589	6	18
#2 – DC METRO																			
Frederick County	63	37	1,445.66	2	54	62	15	2	21	36	22	20	4	18	1,039	197	1,236	3	5
Montgomery County	64	36	1,909.49	2	48	16	10	34	37	26	58	7	5	5	877	1,615	2,492	2	20
Prince George's County	71	29	1,461.19	2	53	24	36	24	16	39	34	7	5	14	651	1,904	2,555	3	17
Region Total:	66	34	1,605.45	2	52	34	20	20	25	34	38	11	5	12	2,567	3,716	6,283	3	14
#3 – LOWER SHORE																			
Caroline County	62	38	1,309.79	2	52	76	22	1	2	32	33	11	7	19	877	2,197	3,074	6	43
Cecil County	64	36	1,639.04	2	66	96	0	0	4	61	7	11	0	21	211	564	775	7	14
Dorchester	60	40	1,213.19	2	55	63	35	1	1	39	36	8	3	14	836	2,162	2,998	6	37
Kent County	67	33	1,265.70	2	58	67	22	0	11	44	22	11	0	22	38	43	81	5	22
Queen Anne's County	44	56	1,582.22	2	62	75	25	0	0	69	17	8	0	6	100	196	296	5	14
Somerset County	68	32	1,457.60	2	65	70	25	0	5	50	7	7	7	30	281	697	978	4	18
Talbot County	60	40	1,423.45	2	53	70	30	0	0	33	38	7	7	15	329	665	994	5	21
Wicomico County	62	38	1,531.04	2	57	43	46	3	6	40	25	14	8	13	461	1,164	1,625	3	24
Worcester County	61	39	1,601.57	2	64	65	26	0	9	48	9	26	4	13	274	920	1,194	3	17
Region Total:	61	39	1,447.07	2	59	70	26	1	4	46	21	11	4	17	3,407	8,608	12,015	5	23

Region	% Female	% Male	Avg. Income \$	Avg # In Home	Avg. Age	% Cauc.	% African American	% Hispanic	% Other	Marital Status by %					Prescriptions				% of Patients Without Health Ins.
										M	S	D	Sep	Wid.	New	Renew	Total Script Count	Avg. Script Count Per Pt.	
#4 – WESTERN																			
Allegany County	68	33	1,763.55	2	60	96	3	1	1	53	14	14	3	17	2,907	8,315	11,222	7	31
Garrett County	64	36	1,719.06	2	60	99	0	0	1	65	9	4	1	21	2,192	5,238	7,430	6	37
Washington County	70	30	1,448.65	2	62	96	3	1	0	40	10	20	6	25	3,452	11,404	14,856	7	35
Region Total:	67	33	1,643.75	2	61	97	2	0	1	53	11	13	3	21	8,551	24,957	33,508	6	34
#5 – SOUTHERN																			
Anne Arundel County	69	31	1,524.67	2	57	78	19	1	2	40	17	15	7	21	1,511	2,874	4,385	6	40
Calvert County	76	24	1,470.03	2	55	72	37	1	0	36	30	10	6	18	669	1,568	2,237	7	39
Charles County	71	29	1,530.08	2	65	71	28	0	2	47	7	16	3	28	482	1,126	1,608	7	24
St. Mary's County	67	33	1,587.27	2	56	72	24	2	2	50	19	10	5	16	612	1,624	2,236	11	28
Region Total:	71	29	1,528.01	2	58	73	24	1	1	43	18	13	5	20	3,274	7,192	10,466	8	33
FY05 TOTALS	66	34	1,526.57	2	58	66	20	6	8	42	22	13	4	19	26,057	67,804	93,861	6	24

B. 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/year).
- Each drug company's qualification criteria and process is unique to the manufacturer.
- Patients should not have prescription insurance, public or private.
- Patients must meet income criteria established by pharmaceutical manufacturer.
- Eligible patients are 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, 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. Brand name only 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 (Allegany, Garrett, and Washington counties)

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

Central Maryland (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 (Dorchester and Caroline counties)

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

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

- Three Lower Counties Community Services, Inc., in partnership with Community Health Integrated Partnership, Inc. and MEDBANK of Maryland, Inc.

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

- Calvert Memorial Hospital

Washington, D.C. Metropolitan Area (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 through FY 2005

TABLE 5
MEDBANK Program Patient Goals vs. Actual Patients Served, by Region, FY2005

Region Cumulative Goal through FY 2005	Name of Organization	FY 2005 Patient Cumulative Goals	FY 2005 Actual Cumulative Patients Served
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).	10,302	10,042 regional total (does not include patients serviced from other areas of the State)
Eastern Shore	Choptank Community Health System, Inc.—coordinating office for Midshore counties of Dorchester and Caroline counties; in partnership with Dorchester County Health Department.	2,858	2,978
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).	5,406	5,228
Maryland counties of Washington, D.C. Metro	Access for clients of federally qualified community health centers in Prince George’s and Montgomery counties.	6,464	7,537
Western Maryland	Associated Charities of Cumberland Garrett County Health Department Washington County Health System, Inc.	5,558	5,356
Total Cumulative Patients Served		30,588**	29,980

** MEDBANK came within 608 patients of its’ MFR goal

VIII. Interim Medicines

Once approved by the pharmaceutical manufacturer, delivery of medications to patients' physicians or to patients can take 6-8 weeks. MEDBANK Pharmacy, Inc. administered medications reduce the need for interim medications since shipment can proceed by mail-order as soon as the patient is qualified, anywhere in the state. Otherwise, patients must rely on physician samples or pay for medications out-of-pocket until MEDBANK medications can be shipped by the donating companies.

X. Summary Observations

A. The 2003 legislation renewed funding of the Maryland MEDBANK Program sunsets June 30, 2006.

1. With an investment by the State of \$1M, the value of the medicines received through the Maryland MEDBANK Program was over \$23.4 million in FY 2005. With State funding, nearly 30,000 patients have received free medicines through the end of FY 2005.

2. 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 branded medications available at no cost to patients and less than a tenth of their real cost to the state.

3. While the Medicare Part D and the Maryland Pharmacy Discount Program provide some relief for seniors at the higher end of the income brackets, MEDBANK patients cannot afford to buy their own medications, even with a discount. This is because of the cost and the number of medications taken on average per patient. The \$600 transitional assistance from Medicare and the CareFirst Senior Prescription Drug Plan (\$1,100 benefit) provide some support, but usually these patients receive some services from MEDBANK after those benefits are exhausted in 2-3 months. MEDBANK supports patients as they move in and out of existing programs that are not comprehensive for all.

50% of Maryland MEDBANK enrollees are under age 65 and not eligible for Medicare. The Maryland MEDBANK Program helps the uninsured and those on Medicare with prescription coverage access needed medications.

5. Maryland Pharmacy Assistance Program—The Maryland MEDBANK Program has referred thousands of people to the Maryland Pharmacy Assistance Program (MPAP). When a MPAP enrollee needs a medicine that is not on the MPAP formulary, or when a person is denied enrollment because of either being over income or having too many assets, the Maryland MEDBANK Program can help. The Maryland MEDBANK Program helps those who do not qualify for state assistance.

- B.** Sustainability – State funding that supports the Maryland MEDBANK Program does not pay the full cost to provide MEDBANK services. Local MEDBANK partners continue to look to private sector fundraising and seek in-kind donations to cover the costs.
- C.** The Maryland MEDBANK Program is an example of a partnership between the public, private and non-profit sectors. Maryland has created a means of helping patients with their medication needs and provides a continuum in pharmaceutical care.
- D.** The consequences of not providing medications to the chronically ill have a much higher price tag for everyone in society. The cost to the patient is in lower quality of life, more repeat hospitalizations and likely faster disease progression. MEDBANK can help Maryland and its chronically ill avoid these outcomes through proper administration of pharmaceutical medications.