



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 – Joshua M. Sharfstein, M.D., Secretary

June 23, 2011

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 – Required by HB 1004 (Ch. 636 of the Acts of 2007), formerly SB 334 (Ch. 236 of the Acts of 2003) and Health – General §15-124.2(i)**

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

As required by law, enclosed is a copy of the 2010 Annual Report of The Maryland MEDBANK Program. It addresses the 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 for FY2010.

In May 2010, MEDBANK of Maryland, Inc. legally became a member organization of Peoples Community Health Centers in Baltimore, Maryland. MEDBANK of Maryland, Inc. remains a separate 501(c)(3) not-for-profit corporation and administrator of the Maryland Medbank Program as a wholly-owned subsidiary of Peoples. MEDBANK of Maryland, Inc. works by helping low-income, chronically-ill Marylanders access 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,

Joshua M. Sharfstein, M.D.  
Secretary  
Department of Health and  
Mental Hygiene

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

Enclosure

cc: Chuck Milligan  
Hank Fitzer  
Tricia Roddy

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# **Year End Report on the Status of the Maryland MEDBANK Program – FY 2010**

## **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 chronically ill, low-income, uninsured or underinsured patients in the state of Maryland who could not afford their medications. Specifically, patients in Maryland would receive assistance with accessing pharmaceutical patient assistance programs (PAPs). The target population is now much smaller as a result of the implementation of the Medicare prescription drug benefit in 2006 and the loss of State funding at the end of FY09.

This is the report for the most recent year fiscal year (2010). 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 for FY2010.

In May 2010, MEDBANK of Maryland, Inc. legally became a member organization of Peoples Community Health Centers in Baltimore, Maryland. MEDBANK of Maryland, Inc. remains a separate 501(c)(3) not-for-profit corporation and administrator of the Maryland Medbank Program as a wholly-owned subsidiary of Peoples.

During 2010, the Maryland MEDBANK Program provided processing of patient assistance program paperwork through independently owned and operated (previously contracted) MEDBANK Program sites using a web-based application (RxBridge™). This application was historically provided free throughout the state when State funding supported this software application and its upgrade. However, this software is now available by subscription to help cover the cost of running it and keeping it up-to-date. Maintenance and revisions to the programming that are necessitated by the upgrade releases and changes in eligibility requirements result in on-going costs to maintain this software. RxBridge was developed by the Medbank of Maryland, Inc., and the software engineer who created this product is retained on staff so that upgrades and improvements are readily-available.

### **A. Impact of the Maryland MEDBANK Program**

The Maryland MEDBANK Program operated during the year in all geographic regions of the state as defined in HB6/SB 236 through either local enrollment or toll-free access to a call center at the Peoples Community Health Center's corporate office. Participating sites outside of Peoples 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. Current sites/subscribers and participants in this report are:

The Primary Care Coalition of Montgomery County  
The Garrett County Health Department  
Associated Charities of Cumberland  
Washington County Health System  
Frederick Community Action Agency  
Choptank Community Health Centers  
Peoples Community Health Centers

- Throughout the state, these sites have provided 2,860 individuals (1,363 of which were new in 2010) with access to free medications. These patients received 14,636 new and refill prescriptions
- For Maryland's chronically ill, low-income, uninsured and underinsured patients, who require expensive medications to manage their conditions, the MEDBANK Program was able to save Maryland residents an out-of-pocket expense of \$400 per prescription on average, for a total of \$1,600 per resident served for the year

- While there is no State data on the amount of free drugs received by Marylanders prior to the start of the Medbank Program in 2000, anecdotal pharmaceutical company data provided in hearings in 2000 set the total benefit prior to MEDBANK in the low thousands of dollars. The value of the medicines received through the Maryland MEDBANK Program in FY2010, however, was estimated (based on Average Wholesale Price) to be \$6.4 million
- 944 providers participated in the Maryland MEDBANK Program in FY2010, the fewest in the program's history, compared to 6,000 that participated in past years. Physician, provider and hospital outreach is performed on a limited basis, due to the challenge of funding reduction.

## **B. Maryland MEDBANK Program Implementation**

MEDBANK of Maryland, Inc. administered the Maryland MEDBANK Program with funding from: the Peoples Community Health Centers, Inc.; private foundation support from the Weinberg Foundation, on the last of its three-year grant to Peoples Community Health Centers; software subscription sales (including sites listed above as participants); and MedbankUS Discount card commissions. MEDBANK of Maryland, Inc. provided direct services throughout 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.

### **A. Designation of MEDBANK Programs**

**The responsibilities of MEDBANK of Maryland, Inc.'s office include:**

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

**The core operations and services of each MEDBANK Program Site included:**

- Providing access to medications through a combination of paid staff and community volunteer work
- 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 pharmaceutical manufacturer PAPs for which they qualify, and verifying income and other qualifications to receive medications
- Triaging patients into the most appropriate type of PAP, including access to 340B medications under certain circumstances
- Case management, including contact with the patient's physician to ensure that the patient received medicines

- Patient screening and referral for other public and private prescription medicine programs, including Maryland Medicaid, the Maryland Primary Adult Care Program and other prescription resource options in Maryland such as the Maryland AIDS Drug Assistance Program.

### 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.

None of the sites reporting in FY10 received a grant from the State to provide access to the program for its 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 FY2010.

**Table 1  
Funding Levels by Geographic Area, FY2009**

<b>REGION</b>	<b>COUNTY</b>	<b>State Funding Level</b>	<b>In-kind Contributions or Donor Contributions</b>
<b>Baltimore Metro Region</b>	Baltimore, Harford, Howard, Carroll, Cecil, Baltimore City, Wicomico, Worcester, Somerset (MEDBANK of Maryland, Inc.)	N/A	\$110,629
<b>Western Maryland</b>	Garrett (Garrett County Health Department)	N/A	None reported
	Allegany (Associated Charities of Cumberland)	N/A	None reported
	Washington (Washington County Health System)	N/A	\$116,081
<b>DC Metro</b>	Montgomery (Primary Care Coalition)	N/A	None reported
	Prince George's Central MEDBANK	N/A	None reported
	Frederick Community Action Agency	N/A	\$53,936.64
<b>Eastern Shore</b>	Dorchester, Caroline (Choptank Community Health)	N/A	None reported
	Kent, Queen Anne's, Talbot(Central MEDBANK)		
	Saint Mary's(Central MEDBANK)		
<b>Southern</b>	Anne Arundel(Central MEDBANK)	N/A	\$10,000
	Charles(Central MEDBANK)	N/A	None reported
	Calvert (Central MEDBANK)	N/A	None reported
<b>Total</b>	<b>All Programs</b>	<b>N/A</b>	<b>\$290,646</b>

### C. 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 1,363 new patients. An average 4,000 additional prescriptions were received per month by patients throughout Maryland using the MedbankUS Discount Card from July 1, 2009 through June 30, 2010 at an average savings of \$45,000-\$50,000 per month on the cost of their medications based on claims reports, or total savings of \$540,000 to \$600,000 during 2010
- Hypertension, depression, diabetes, gastro-esophageal reflux disease (GERD), asthma, high cholesterol, allergy and pain, arthritis and thyroid diseases were the top ten most common patient diagnoses. Hypertension, depression, and diabetes remain very frequent co-morbidities with GERD being a common side-effect of many of the medications used to treat some of the common top diagnoses
- The average number of medications per patient is four (down from seven in FY2009) reflecting the change in availability through PAPs (brand medications lose their free status through PAPs when they go off-patent and become generic)

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

- As of June 30, 2010, there were 90 pharmaceutical company patient assistance programs
- There were over 400 different brand medications provided to Maryland patients through the patient assistance programs

As of June 30, 2010, the top 10 most-utilized pharmaceutical companies were:

Pfizer Connection to Care
GlaxoSmithKline Bridges to Access
AstraZeneca Pharmaceuticals
Abbott Laboratories
Merck Patient Assistance Program
Sanofi-Aventis Pharmaceuticals
Bristol-Myers Squibb Company
Janssen Ortho Patient Assistance Program
Schering Laboratories SP-Cares Program
Boehringer Ingelheim

As of June 30, 2010, the top 10 most-prescribed medications were:

Lipitor
Advair Diskus
Plavix
Lantus (vial)
Nexium
Toprol XL
Norvasc
Singulair
Synthroid
Proventil Inhaler (HFA)

As of June 30, 2010 the top 10 diagnoses of patients assisted by MEDBANK were:

HTN (Hypertension)
DEPRESSION
DIABETES
GERD (Gastroesophageal Reflux Disease)
ASTHMA
HIGH CHOLESTEROL
ALLERGIES
PAIN
ARTHRITIS
HYPOTHYROIDISM

### C. Nature and Extent of Outreach

- The Maryland MEDBANK Program has been serving Marylanders since 2001 and in those ten years it has established its reputation for assisting Maryland's underserved to obtain medications and is known by physicians and clinics throughout the state
- Innovative efforts have been used throughout rural Maryland in a year in which the need for assistance was even greater due to the economic downturn, the high unemployment rates and the loss of health insurance by thousands of Marylanders

- In Baltimore City and Anne Arundel county, Peoples Community Health Centers maintains outreach programs that support outreach for the Medbank Program. This included outreach workers for the Ryan White Program, embedded clinical workers within the Helping Up Mission, case management workers who work with local hospitals including Harbor Hospital and Baltimore Washington Medical Center specifically in 2010, and the Anne Arundel health department which helped keep MEDBANK visible publicly, and accessible to those who need it most. In collaboration with United Healthcare, Peoples now provides a walk-up kiosk at one of its largest clinics to provide information and forms for assistance programs encompassing healthcare and non-healthcare programs for patients to use while waiting to see a provider. Success in this model will lead to expansion of this model locally. This kiosk is available to all local residents, regardless of their status as a Peoples client. Those individuals who do not qualify for public benefits often qualify for PAPs, and therefore can provide a referral stream to the Medbank Program.

**D. Total Volume of Medication Accessed Through the MEDBANK Program**

- Over 14,000 scripts plus renewals (90-day supply) were processed from July 1, 2009 through June 30, 2010
- Nearly \$6.4 million (AWP) worth of free medications were received from July 1, 2009 through June 30, 2010

Table 2 shows the number of new patients added, total patients served and the value of the medications received from July 1, 2009 through June 30, 2010:

**Table 2  
New + Existing Patients Served and Value of Medications, FY2010**

<b>County by Region</b>	<b>Total Patients Receiving Free Medication FY2010/FY2009</b>	<b>Wholesale Value of Medications Requested 2010</b>	<b>Wholesale Value of Medications Received 2010</b>
<b>Central Maryland</b>			
Baltimore City	170 / 317	\$117,438	\$2,084
Baltimore County	155 / 252	\$80,922	\$8,022
Carroll County	3 / 15	\$2,724	\$1,384
Harford County	20 / 128	\$18,343	\$2,854
Howard County	32 / 36	\$17,158	\$1,070
<b>Region Total:</b>	<b>380 / 748</b>	<b>\$236,585</b>	<b>\$15,414</b>
<b>DC – Metro</b>			
Frederick County	338 / 239	\$370,509	\$250,758

Montgomery County	1118 / 1,105	\$3,071,117	\$2,848,550
Prince George's County	22 / 72	\$19,229	\$2,167
<b>Region Subtotal</b>	<b>1,478 / 1,416</b>	<b>\$3,460,855</b>	<b>\$3,101,475</b>
<b>Eastern Shore</b>			
Caroline County	135 / 198	\$633,438	\$500,788
Cecil County (served by Central)	0 / 34	\$3,817	\$734
Dorchester County	107 / 138	\$817,685	\$561,594
Kent County (served by Central)	2 / 2	\$17,945	\$0
Queen Anne's County (served by Central)	15 / 17	\$11,934	\$11,487
Somerset County (served by Central)	0 / 15	\$0	\$0
Talbot (served by Central)	57 / 79	\$204,172	\$121,733
Wicomico (served by Central)	5 / 31	\$14,106	\$11,162
Worcester (served by Central)	2 / 15	\$22,700	\$15,446
<b>Region Subtotal</b>	<b>323 / 529</b>	<b>\$1,725,797</b>	<b>\$1,222,944</b>

<b>Southern</b>			
Anne Arundel County	22 / 153	\$25,364	\$1,709
Calvert County	4 / 66	\$8,893	\$1,099
Charles County	349 / 202	\$64,162	\$191,350
St. Mary's County	2 / 29	\$23,945	\$911
<b>Region Subtotal</b>	<b>377 / 450</b>	<b>\$122,364</b>	<b>\$195,069</b>
<b>Western</b>			
Allegany County	2 / 248	\$754,929	\$606,364
Garrett County	82/162	\$322,709	\$237,736
Washington County	218/347	\$1,045,316	\$1,019,630

<b>Region Total</b>	<b>302/757</b>	<b>\$2,122,954</b>	<b>\$1,863,730</b>
<b>State Totals</b>	<b>2,860/3,900</b>	<b>\$7,668,555 *</b>	<b>\$6,398,632 *</b>

*NOTE – The roughly \$1 million difference between medications being received compared to medications requested is caused by a combination of patients becoming ineligible for a program as a result of accessing some form of prescription coverage and, in some cases, a shortage of manpower to track patient eligibility information because of the lack of available staff.*

## **VI. Overview of the MEDBANK Program in 2010**

### **A. Data**

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 PAP forms. This is a relational database that was used to access information about the statewide program. It is currently available by subscription and is updated to comply with changes in PAP requirements. The expertise of a software engineer is currently supported by Peoples Community Health Center, Inc. to maintain this software.

### **1. 2010 MEDBANK Program data show:**

- In FY2010, 14,636 prescriptions were processed for 2,860 uninsured and underinsured Maryland residents, resulting in approximately \$6.4 million worth of free medications being received by patients (based on average wholesale price)
- Patient characteristics statewide:
  - 57% are women
  - 57% are Caucasian; 25% are African American; 5% are Hispanic; and 12% are other ethnicities
  - 70% do not have health insurance, and those who do have low incomes and high deductible plans, rendering them unable to afford copes.
  - 100% do not have prescription coverage
  - The average patient age is 54
  - The average household income for a family of two is \$1,673 per month
  - The average number of medications per patient is four

Table 3 shows patient population demographics for FY10:

**Table 3  
Demographics of Patient Population FY 2010**

County	Avg. Household Income	Household Avg.	Avg. Age	African American	Caucasian	Hispanic	Other	New Scripts	Renewal Script Count	Total Scripts Count	Male	Female	Medicare	Uninsured
ALLEGANY COUNTY	\$1,789.51	2	58	0%	100%	0%	0%	212	1174	1386	7	9	24%	71%
ANNE ARUNDEL COUNTY	\$1,659.20	2	54	0%	67%	0%	33%	12	47	59	2	1	11%	77%
BALTIMORE CITY	\$1,519.93	2	55	62%	8%	0%	24%	56	47	103	11	26	8%	60%
BALTIMORE COUNTY	\$1,529.48	2	55	8%	42%	8%	42%	58	44	102	12	14	20%	64%
CAROLINE COUNTY	\$1,485.49	2	52	23%	77%	0%	0%	281	906	1187	31	31	16%	67%
CECIL COUNTY	\$1,607.18	2	58	0%	100%	0%	0%	6	9	15		1	13%	74%
CHARLES COUNTY	\$2,346.49	2	50	53%	40%	2%	4%	285	80	365	45	69	3%	96%
DORCHESTER COUNTY	\$1,332.55	2	53	46%	52%	0%	0%	334	696	1030	22	30	13%	64%
FREDERICK COUNTY	\$1,455.07	2	49	24%	62%	10%	3%	417	267	684	52	67	12%	77%
GARRETT COUNTY	\$1,884.99	2	53	0%	100%	0%	0%	236	732	968	50	50	19%	1%
HARFORD COUNTY	\$1,705.19	2	55	33%	50%	0%	17%	40	43	83	3	9	9%	72%
HOWARD COUNTY	\$1,856.89	2	51	44%	44%	0%	11%	20	10	30	6	3	5%	89%
KENT COUNTY	\$1,825.66	2	52	0%	100%	0%	0%	6				1	13%	63%
MONTGOMERY COUNTY	\$1,720.16	3	51	20%	14%	46%	15%	1366	3792	5158	226	310	4%	92%
PRINCE GEORGES COUNTY	\$1,519.88	2	57	43%	14%	29%	14%	30	22	52	3	11	8%	65%
QUEEN ANNES COUNTY	\$1,433.18	2	52	38%	50%	0%	13%	16	54	70	5	3	6%	68%
SAINT MARYS COUNTY	\$1,863.50	2	56	0%	50%	0%	50%	7	27	34	2	2	18%	82%
TALBOT COUNTY	\$1,570.00	2	52	26%	68%	6%	0%	139	354	493	17	17	8%	78%

County	Avg. Household Income	Household Avg.	Avg. Age	African American	Caucasian	Hispanic	Other	New Scripts	Renewal Script Count	Total Scripts Count	Male	Female	Medicare	Uninsured
WASHINGTON COUNTY	\$1,677.23	2	53	8%	87%	3%	1%	583	2114	2697	95	114	15%	79%
WICOMICO COUNTY	\$1,601.38	2	56	100%	0%	0%	0%	7	45	52		1	16%	60%
WORCHESTER COUNTY	\$1,751.32	2	57	0%	67%	0%	33%	23	45	68	1	2	8%	77%
Statewide	\$1,673.06	2	54	0	57%	5%	12%	4134	10508	14636	590	771	12%	70%

## 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 up to 70% off retail price)
- 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 criteria and a screening process to simplify it for the client and physician
- Patients may not have public or private coverage for prescription drugs to obtain access to manufacturers' PAPs. MEDBANK of Maryland assures that all clients meet this eligibility requirement
- Patients must meet income criteria established by each pharmaceutical manufacturer. Due to the variations between pharmaceutical companies in this regard, MEDBANK of Maryland provides a service to clients and physician offices to translate these criteria and assure that clients meet the eligibility requirements before going through the PAP application processes
- Eligible patients are also referred to public and private insurance programs, and many are assisted in the enrollment process

## VII. How the Program Works

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

The patient application process may be initiated by a physician (or their 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. 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.

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's application to PAPs. It generally takes 1-2 weeks to get all patient information

collected and submitted, and another 4-6 weeks from the time applications are submitted to the PAP until medicines are shipped to the physician or patient.

Computer, Internet and toll-free phone lines for data-entry into the MEDBANK 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.

Eastern Shore Region (Dorchester and Caroline counties)

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

Southern Maryland Region

- MEDBANK of Maryland, Inc.

Washington, DC Metropolitan Area Region (Frederick, Prince George's, and Montgomery Counties)

- Frederick Community Action Agency, serving Frederick County
- Primary Care Coalition of Montgomery County

**VIII. Summary Observations –Transfer to Peoples Community Health Center, Inc.**

State funding allocated for the Maryland MEDBANK Program was eliminated during FY2009 due to fiscal pressures. MEDBANK subsequently became a member organization under Peoples Community Health Centers, Inc., a 501(c)(3) tax-exempt health clinic that provides health care in federally-designated medically-underserved areas and health professions shortage areas in and

around Baltimore and Anne Arundel County. This relationship allows MEDBANK of Maryland, Inc. to continue to serve patients in the state of Maryland by supporting their processes with RxBridge™. The geographic areas that are supported through direct service by MEDBANK of Maryland include Baltimore City, Baltimore County and Anne Arundel County as well as call-in referrals through the statewide toll-free number.

MEDBANK has retained relationships with pharmaceutical companies that donated bulk drugs to its previously-licensed pharmacy on York Road. MEDBANK of Maryland renewed its pharmacy license in 2010 utilizing pharmacists and pharmacy staff shared between Peoples and Medbank. These shared staff also assure that the distribution of medications is managed appropriately to clients who meet the eligibility criteria. Medbank has a new contract with Merck to provide access to their bulk replacement PAP medications. Peoples Community Health Centers' 340B pharmacy provides access to 340B discount drugs only for patients of its health centers, and contracts with Pfizer's Share the Care Program. Simultaneously, MEDBANK of Maryland has continued its discount drug card system. Through all of these means, the best method for access to medication is determined for each Maryland resident who comes to Medbank for guidance, assistance, service or medications.

Peoples Community Health Center has dedicated 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 of State statutes within an achievable geographic reach.