

**CITY OF BALTIMORE
COUNCIL BILL 05-0075R
(Resolution)**

Introduced by: Councilmembers Harris, Curran, Kraft, Conaway, Branch, Young, Mitchell,
Holton, Welch

Introduced and read first time: August 15, 2005

Assigned to: Judiciary and Legislative Investigations Committee

Committee Report: Favorable

Adopted: October 31, 2005

A COUNCIL RESOLUTION CONCERNING

Investigative Hearing – Establishing the Utilization of Unused Prescription Medications Pilot Program in Baltimore City

FOR the purpose of examining the feasibility of establishing the Utilization of Unused Medications Pilot Program in Baltimore City to determine the efficacy of implementing a program statewide to redirect unused prescription drugs to local government pharmacies where the drugs can be re-dispensed to poor persons at no charge.

Recitals

A study published in the Journal of Family Medicine, in 2001, estimates that across the United States approximately \$1 billion worth of unused prescription drugs are being thrown away each year. As the cost of prescription drugs reach stratospheric heights, more of the nation’s officials and consumers are trying to find ways to stop the waste and, at the same time, to address the needs of those who can not afford life-sustaining medications.

Of the several states, including Louisiana, Ohio, California, Maine, and Washington, that have passed or are considering legislation to allow the redistribution of unused drugs, Oklahoma has the most effective program. The Utilization of Unused Prescription Medications Act was unanimously enacted by the Oklahoma legislature in 2001, to provide for a pilot program in Tulsa County that, after almost 2 full years of accumulated operational experience, was expanded statewide in 2003.

Under regulation of the Oklahoma State Board of Pharmacy, the statewide program allows nursing homes, assisted living facilities, drug manufacturers, and individuals to donate unused, unopened, unexpired prescription drugs to participating pharmacies when patients relocate, die, or change medication protocols. A 2000 report from the state Center for Health and Policy Research estimated that recycling unused drugs to the medically indigent could save the state between \$2.3million and \$7 million annually.

The *Maryland Alliance for the Poor 2005 Briefing Book* reports that the issues of homelessness, housing, health, hunger, employment, child care, income and taxes are interconnected in the lives of the 1 in 13 Marylanders living at or below the federal poverty

EXPLANATION: Underlining indicates matter added by amendment.
~~Strike out~~ indicates matter stricken by amendment.

1 level. These families and individuals struggle every day to meet their basic needs. To the 45,500
2 homeless men, women, and children sheltered in Maryland, the provision of a safety net of
3 public services is critical to survival. Even so, the \$482 that a mother and 2 children or the \$185
4 that a single, disabled adult receives per month in cash assistance does not go far when it must
5 cover the costs of rent, utilities, and other life necessities.

6 Healthcare constitutes a considerable expense for the 43.6 million Americans, including the
7 more than 745,970 Marylanders or 14% of the state’s population, who are uninsured. At least
8 34% of all Marylanders below 100% of the federal poverty level lack comprehensive health
9 coverage, more than 63% of the poor non-elderly adult population do not have health insurance,
10 and among the Marylanders who are so poor that they experience homelessness, as many as 80%
11 are uninsured.

12 In October 2002, the Maryland MEDBANK Program, funded by the Department of Health
13 and Mental Hygiene to meet the needs of the under-insured and uninsured, launched the
14 MEDBANK Pharmacy, a central-fill, mail order licensed pharmacy to receive donations of bulk
15 medicine supplies from Pharmaceutical manufacturers and to more efficiently disperse them at
16 no cost to patients that cannot afford them.

17 In its first 1½ years MEDBANK distributed about \$5 million worth of medicines. The
18 creation of the Utilization of Unused Prescription Medications Program would be a logical
19 extension of the MEDBANK program and would provide for an even greater distribution of
20 unused medicines by expanding the source of medication, beyond that donated by
21 Pharmaceutical companies, to include the large number of unused medications that are currently
22 disposed of by various healthcare facilities across the State.

23 **NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF BALTIMORE,** That this
24 Body will examine the feasibility of establishing the Utilization of Unused Medications Pilot
25 Program in Baltimore City to determine the efficacy of implementing a program statewide to
26 redirect unused prescription drugs to local government pharmacies where the drugs can be re-
27 dispensed to poor persons at no charge.

28 **AND BE IT FURTHER RESOLVED,** That the Honorable Chairs and Members of the Baltimore
29 City Senate and House Delegations to the Maryland General Assembly are invited to take part in
30 the investigative hearing on the Utilization of Unused Medications Pilot Program.

31 **AND BE IT FURTHER RESOLVED,** That a copy of this Resolution be sent to the Mayor, the
32 Honorable Chairs and Members of the Baltimore City Senate and House Delegations to the
33 Maryland General Assembly, the Baltimore City Health Commissioner, the Executive Director
34 of the Maryland Alliance for the Poor, those listed in the Planning Department Directory of
35 Community Associations, the Director of the Mayor’s Office for Children, Youth, and Families,
36 the Director of the Mayor’s Office of Homeless Services, the Director of the Baltimore City
37 Department of Social Services, and the Mayor’s Legislative Liaison to the City Council.