CSG reserves the right to use or publish in other CSG products and services the information provided in this Innovations Awards Program Application. If your agency objects to this policy, please advise us in a separate attachment to your program’s application.

ID # (assigned by CSG): 07-MW-10OHBESTRX

Please provide the following information, adding space as necessary:

State: Ohio

Assign Program Category (applicant): Human Services (Use list at end of application)

1. **Program Name** – Ohio’s Best Rx

2. **Administering Agency** – Ohio Department of Job and Family Services

3. **Contact Person (Name and Title)** – Jennifer Lopez, Program Director

4. **Address**– PO Box 182709 Columbus, OH 43218-2709

5. **Telephone Number** – 614-644-1492

6. **FAX Number** – 614-466-9181

7. **E-mail Address**- lopezj01@odjfs.state.oh.us

8. **Web site Address**- www.ohiobestrx.org

9. **Please provide a two-sentence description of the program**.– Ohio’s Best Rx (OBRx) is a public-private prescription discount program for Ohioans of any age without prescription insurance. The first of its kind in the United States, the goal of OBRx is to improve access to medications for Ohio’s uninsured and underinsured populations by creating a self-funded program in partnership with Ohio pharmacies, pharmaceutical manufacturers, and consumer advocates.

10. **How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on April 2, 2007, to be considered**.– The OBRx program began on January 11, 2005.
11. Why was the program created? What problem[s] or issue[s] was it designed to address? Ohio’s Best Rx began as a petition drive by the Ohio Coalition for Affordable Prescription Drugs to address the estimated 1.2 million uninsured Ohioans who needed access to affordable medication. Coalition members, who included PhRMA (Pharmaceutical Research and Manufacturers of America), the Ohio AFL-CIO, Ohio Legal Aid Society, Ohio AARP, Ohio United Way, the Ohio Council of Churches, and others, pursued legislation that was eventually enacted in December 2003 with bipartisan support. Persons eligible for the program are those over the age 60 at any income, and those under age 60 at or below 250% of the federal poverty level. Effective April 2007, income eligibility will increase to 300% FPL. The program’s 34% average discount for participants is provided by Ohio’s pharmacies in combination with drug manufacturer rebates. Almost all brand and generic prescription drugs are discounted. Participation from drug manufacturers and pharmacies is voluntary. As of February 28, 2007, more than 85,000 participants have saved in excess of $8 million dollars on over 500,000 prescriptions.

12. Describe the specific activities and operations of the program in chronological order.

2003 – Petition drive led by Coalition for Affordable Prescription Drugs, legislation to begin program.
2004- Program start-up and implementation; contracts established with pharmacies and manufacturers.
2005- Initial program enrollment; consumer education and public awareness through outreach.
2006- Program enhancements made through statute amendments.

13. Why is the program a new and creative approach or method? This program, the first of its kind in the U.S., is different than other prescription discount programs in three ways: Best Rx is for Ohioans of all ages who lack prescription insurance; discounts for participants reflect voluntary, state-negotiated drug pricing and rebates without using a pharmacy benefit manager (PBM) which could otherwise distract from the savings; almost all brand and generic prescription drugs are discounted – not just from a few manufacturers; the program has the potential to be self-funded within the first few years so that no additional state dollars are needed.

14. What were the program’s start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.) The program began with a team of five full time employees and once implemented, four staff remain: program director, contract manager, outreach coordinator, and administrative assistant. The program purchased equipment such as laptops, desktop computers, an emulator, fax machine, printers (black and white and color), and office supplies with a one-time state appropriation of $10 million of which $1.2 million was used in the start up of the program. Start-up costs included staff, equipment, and funding for a contractor to administer claims, rebate payments and assist with consumer-related activities and outreach.
15. **What are the program’s annual operational costs?**

Annual operational costs are approximately $360,000.00

16. **How is the program funded?**  The program received a one time appropriation from the General Revenue Fund in 2004 and has spent only approximately 20% of that amount for administrative costs. Once Ohio’s Best Rx reaches a volume of 200,000 prescriptions filled per month, the program is expected to maintain self sufficiency without using ongoing state funding due to a finding formula that charges consumers a $1.00 per prescription administration fee and retains 5% of each participating drug manufacturer rebate for program operation.

17. **Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.**  The legislation was originally enacted as Am. Sub. H.B. 311. Recent statute amendments resulted in new legislation Am. Sub. H.B. 468 which was signed January 4, 2007 and will be effective April 4, 2007.

18. **What equipment, technology and software are used to operate and administer this program?**  The program utilizes Microsoft Windows XP (Word, Excel, etc.) for office operations. The website uses ASP.net software maintained by the program’s MIS department.

19. **To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator’s name, present address, telephone number and e-mail address.**  Yes, a coalition led by the following innovators.

   - **Tim Burga,** Legislative Director, Ohio AFL-CIO  
     395 E. Broad St. Ste. 800  
     Cols. OH 43215  
     614-224-8271  
     tburga@ohioaflcio.org

   - **James Ruvolo,**  
     Ruvolo and Associates/ PhRMA  
     PO Box 2752  
     Toledo, OH  
     419-531-3510  
     jimruv@sbcglobal.net

   - **Representative John P. Hagan**  
     77 South High Street, 11th Floor  
     Columbus, OH 43215-6111
20. **Are you aware of similar programs in other states? If YES, which ones and how does this program differ?** No, however Ohio’s Best Rx was the model for Proposition 78 on the California 2005 ballot, which did not pass. It has been under consideration as a model in other states such as Colorado, Tennessee, New Jersey, North Carolina and West Virginia, however, to our knowledge, the Ohio’s Best Rx model has not been implemented by any other state.

21. **Has the program been fully implemented?** Yes

22. **Briefly evaluate (pro and con) the program’s effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.**

Pros: As of February 2007, 85,928 enrollees, $8 million saved, average brand discount 24%; average generic discount 34.3%.

Cons: The prescription uninsured population remains hard to identify and to reach.

23. **How has the program grown and/or changed since its inception?** Statute amendments were introduced and passed that enhanced the program by removing barriers to participation and increasing enrollment. These include an increase in the income limits for those under age 60 from 250% to 300% of the Federal Poverty Level, the addition of online and telephone submission of applications and, use of the OBRx card during the Medicare Part D “doughnut hole” or coverage gap. In addition, the Ohio’s Best Rx program will merge with Ohio’s other less effective prescription discount program, Golden Buckeye Rx. The program merger is expected to add up to 120,000 utilizing participants to Ohio’s Best Rx.

24. **What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?** Outreach to target populations (under age 60, working individuals who do not have Rx coverage or participate in assistance programs) is challenging and, advertising is costly. Obtaining information by which to compare the competitiveness of program rebates from the state’s health and retirement plans was unsuccessful due to confidentiality and trade secret allegations.
## 2007 Innovations Awards Program
### Program Categories and Subcategories

Use these as guidelines to determine the appropriate *Program Category* for your state’s submission and list that program category on page one of this application. Choose only one.

**Infrastructure and Economic Development**
- Business/Commerce
- Economic Development
- Transportation

**Government Operations**
- Administration
- Elections
- Public Information
- Revenue

**Health & Human Services**
- Aging
- Children & Families
- Health Services
- Housing
- Human Services

**Human Resources/Education**
- Education
- Labor
- Management
- Personnel
- Training and Development
- Workforce Development

**Natural Resources**
- Agriculture
- Energy
- Environment
- Environmental Protection
- Natural Resources
- Parks & Recreation
- Water Resources

**Public Safety/Corrections**
- Corrections
- Courts
- Criminal Justice
- Drugs
- Emergency Management
- Public Safety

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CSG Innovations Awards 2007  
The Council of State Governments  
2760 Research Park Drive, P.O. Box 11910  
Lexington, KY 40578-1910

**Contact:**

Nancy J. Vickers, National Program Associate  
Phone: 859.244.8105  
Fax: 859.244.8001 – Attn: Innovations Awards Program  
The Council of State Governments  
E-mail: nvickers@csg.org

This application is also available at www.csg.org, in the Programs section.

**Deadline:** April 2, 2007