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LC 220: Ensuring Access to Vaccines for all Oregonians

Modernizing the vaccine financing system will ensure as many people in Oregon as possible have access to affordable vaccines, reduce costs, and ease administrative work for health care providers.

Vaccine access in Oregon is expensive, complicated and unsustainable

Oregon's current method for purchasing and distributing vaccines is expensive, complicated, and unsustainable. Oregon Health Authority (OHA) purchases and distributes vaccines for under- and uninsured people through multiple channels: Medicaid, the federal Vaccines for Children (VFC) program, and the state funded Vaccine Access Program (VAP). Individual health care providers must purchase and acquire their own vaccines for privately insured patients. Larger provider groups can purchase large quantities at lower bulk prices, but clinics purchasing fewer doses pay a higher rate. As a result, small and medium clinics face higher costs, which may hinder their ability to continue providing vaccines to their patients. This risk is greatest in rural, frontier and other communities where access to health care is already difficult to obtain.

The current vaccine financing system has created financial risks for many vaccine providers, including local and state public health agencies that purchase and administer vaccines. Although Oregon receives federal funds to maintain immunization program operations, years of flat or reduced funding – including an 18% reduction in fiscal year 2026 – have made it difficult to sustain services, particularly in the face of new and more expensive vaccines and increased staffing costs. In addition to financial burden, the current fractured system further strains understaffed health care providers by requiring

burdensome vaccine storage, coding, and reimbursement procedures, which vary based on insurance type and patient eligibility.

Combined, these factors place Oregon at risk of losing health care providers willing to offer immunizations as they balance other critical services with their fiscal and staffing capacity. Rural and frontier communities, uninsured populations and other marginalized communities are heavily reliant on VFC and (especially) VAP-enrolled clinics and will be most impacted by growing access gaps.

Standardized, universal purchase supports vaccine access

Oregon is in a good position to join twelve other states (AK, CT, HI, ID, ME, MA, NH, NM, RI, VT, WA, WY) who have successfully implemented a centralized model for purchasing vaccines, commonly referred to as "universal vaccine purchase" (UVP).

UVP models combine up-front payments by private and public insurers for the vaccines they provide to their members, as well as other dedicated federal and state vaccine funds. By pooling these dollars, vaccines may be purchased by OHA in bulk at the lowest rates available, eliminating the need for clinics to separately purchase and bill for vaccines. Public and private insurers in Oregon save by paying lower prices. The model pays for itself within the first year as ongoing operating costs are built into the quarterly insurer payments.

Organizing the purchase and distribution of vaccines this way has several benefits beyond the immediate cost savings on vaccines. It maintains or improves access to vaccines for people of all ages, regardless of insurance status, protecting the health of communities. It supports health care providers who offer routine immunizations by reducing up-front costs and lowering operational burden. Also, it lowers other healthcare costs through reduced need for treatment of vaccine-preventable disease.

A UVP model is a path to sustainable funding for vaccines. Pooling multiple sources of funding from private and public entities saves healthcare system costs and supports access for Oregon communities.

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