

Progress and Impact Mid-Biennium Report: Vaccine Access Program (2025-2027)

The Oregon Health Authority (OHA) relies primarily on federal Centers for Disease Control and Prevention (CDC) grant funding to support the Vaccine Access Program (VAP). OHA has utilized General Fund money, as it is available, to support program operations but has not had dedicated operational funding.

Program background and summary

The VAP was established in 2003 to ensure that everyone in Oregon can access life-saving vaccines. The program supports safety-net providers who serve Oregon's most vulnerable populations by allowing them to access state supplied vaccines. When vaccines are provided to insured clients, 100% of vaccine costs are repaid by the clinics after they bill and receive payment from the insurer. This allows OHA to reinvest these recovered funds in additional vaccine purchases.

VAP aims to prevent vaccine-preventable diseases and advance health equity by ensuring all communities have access to timely and effective immunization services. VAP fills access gaps for many who are at risk of disproportionate health

outcomes. The program also reduces upfront costs and simplifies ordering and inventory management for approximately 300 participating clinics, including local public health authority (LPHA) clinics and Federally Qualified Health Centers (FQHCs).

VAP complements the federally funded Vaccines for Children (VFC) program as part of a coordinated, statewide approach led by OHA to prevent vaccine-preventable diseases. While VFC focuses on eligible children, VAP expands access to vaccines for broader populations, helping ensure that more Oregonians are protected. The Oregon Immunization Program (OIP) receives a federal grant that supports both VFC and VAP.

Trends and outcomes summary

The federal funding OHA relies on to support VAP was reduced for the fiscal year 2026 by 18 percent. This reduction is resulting in cutbacks to key services, and the program has not been able to enroll new VAP providers, with some exceptions, since March of 2024.

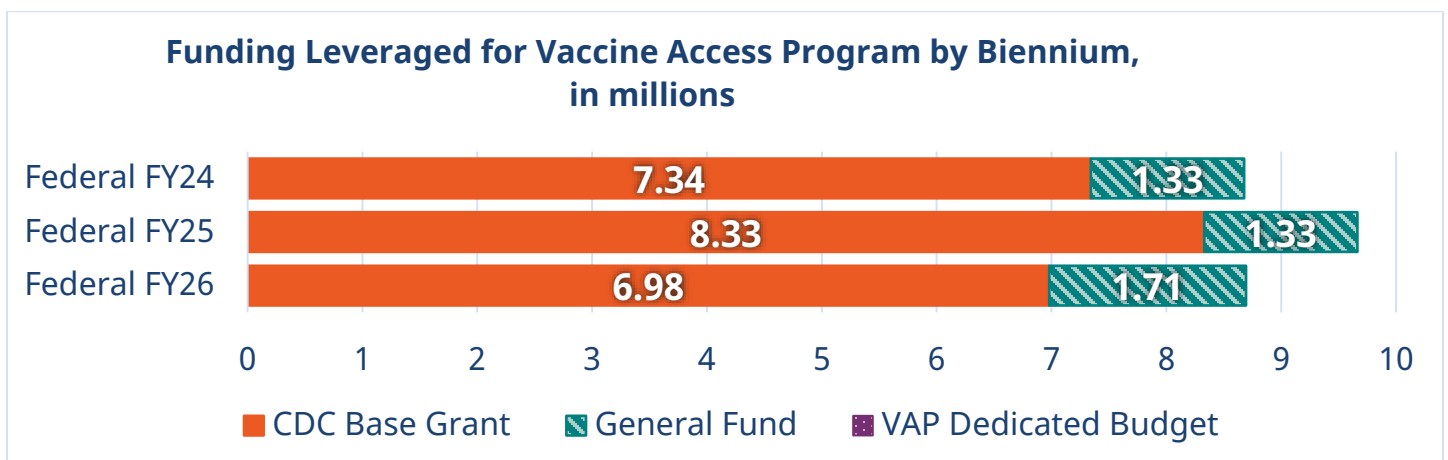
If federal support continues to decline and no new state investments are appropriated, OHA's capacity to effectively manage the VFC and VAP programs will be further compromised, undermining the coordinated, statewide strategy

to ensure access to routine immunizations and prevent vaccine-preventable diseases.

VAP currently supports 300 enrolled sites across the state. In addition to managing enrollment, OHA provides education and technical support to enrolled providers to maintain confidence and compliance in vaccine practices.

In fiscal year 2026, OHA anticipates spending approximately \$17 million on billable vaccines provided at VAP clinics to insured clients.

Program funding



OHA leverages a federal CDC immunization grant to support VAP in addition to VFC; there are no dedicated, ongoing operational funds for the program. VAP also utilizes Other Funds solely to purchase vaccines for VAP-enrolled providers, which are reimbursed to OHA through quarterly clinic invoices. Other Funds are not cited in the program funding table because they are constantly replenishing.

Objectives, outputs and outcomes

The below represents select measures that exemplify work of the VAP during the first 12 months of the 2025-2027 biennium. Metrics highlighted in green indicate performance that has met or exceeded the established benchmark, target, or expected outcome during the reporting period.

Objective 1: Provide funds to LPHAs to support clinical immunization services, surveillance, screening, education and prevention. Outputs: 100% of LPHAs were funded for immunization services between July 1, 2025 – June 30, 2026. Contracts were executed with Immunize Oregon and 211info to provide education and immunization referrals. Outcome: Oregon communities benefited from local public health efforts to ensure vaccine access, conduct surveillance on vaccine-preventable disease, perform school immunization activities and prevent perinatal Hepatitis B infection.	Objective 2: Ensure sufficient statewide vaccine supply is available to both public and private clinics. Output: Demonstrated actions with health care providers to improve access to vaccinations for two-year olds. • Purchased bulk orders for billable vaccines quarterly with state funds. • Leveraged the ALERT Immunization Information System to track state-supplied vaccine and recover costs for vaccines administered to insured clients served at VAP clinics. Outcome: Providers had sufficient vaccine supply to immunize their population, except for the RSV monoclonal antibody for newborns and infants, which was distributed in limited quantities at the start of the season based on CDC-determined allocations. This led to reduced availability of the state-supplied product for some clinics.	Objective 3: Recruit and support providers to participate in VAP. Outputs: Assessed staff capacity to support enrolled providers and determined that 1.5 FTE is needed to meet CDC site visit requirements. Conducted 154 site visits at enrolled clinics and 5 triennial reviews at LPHAs. Outcomes: Maintained provider adherence to program requirements and vaccine storage, handling and documentation standards. VAP expansion efforts to new providers are paused due to inadequate OHA staffing.
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Considerations

Oregon has seen a continued erosion in vaccine access, due in part to the growing cost and administrative complexity that exists for immunization providers. This hurts uninsured, rural and historically marginalized people the

most. Gaps in vaccine access put children, seniors and entire communities at risk. Oregon's immunization coverage rates have declined since the COVID-19 pandemic, and we have seen a resurgence of vaccine-preventable diseases.

Other formats and languages

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