Protecting Vaccine Access in Oregon SENATE BILL 42

Last year, physicians, public health officials, insurers, clinic providers and state officials met to address the current state of vaccine finance and access in Oregon. This diverse group agreed there is an **urgent need to fix the state's vaccine finance model and is considering options for a more sustainable model with plans to report back to the legislature by the end of 2026.**



In the meantime, we must act urgently to protect vaccine access in Oregon. The current Vaccine Access program will face an estimated reduction of 65-70% of currently enrolled clinics.¹ **This kind of reduction will threaten vaccine access** statewide and **particularly for low-income populations, rural communities, and historically marginalized groups.**

This is the worst time to risk vaccine access in Oregon.

Last year, our communities saw the highest number of measles cases in 30 years and the largest pertussis outbreak in the last 50 years with over 1,000 cases. Meanwhile, childhood immunization rates are at the lowest we've seen in Oregon since 2018.



Senate Bill 42 directs additional bridge funding to Oregon's Vaccine Access Program until a more sustainable model can be recommended by the end of 2026, including:



5.5 FTE (\$1.8M 2025-2026 biennium) to avoid making cuts to the Vaccine Access Program and enroll the waitlist. The Oregon Immunization Program already has the position authority for 3.5 FTE, approved but not funded last year.

\$5M one time investment for the purchase of billable vaccine. This estimate is based on the current OIP vaccine price list.

1. This estimation was provided by the current program staff with the note that it is a high-level, simplified estimate. 2. CDC Data on Oregon Measles Outbreak: https://www.cdc.gov/measles/data-research/index.htm meg@oregonfamiliesforvaccines.org

3. "Oregon's pertussis case numbers highest in more than 50 years" https://www.opb.org/article/2025/01/02/oregon-pertussis-case-numbers-2024

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