

## ANALYSIS

### Item 14: Oregon Health Authority COVID-19 Federal Awards

**Analyst:** Tom MacDonald

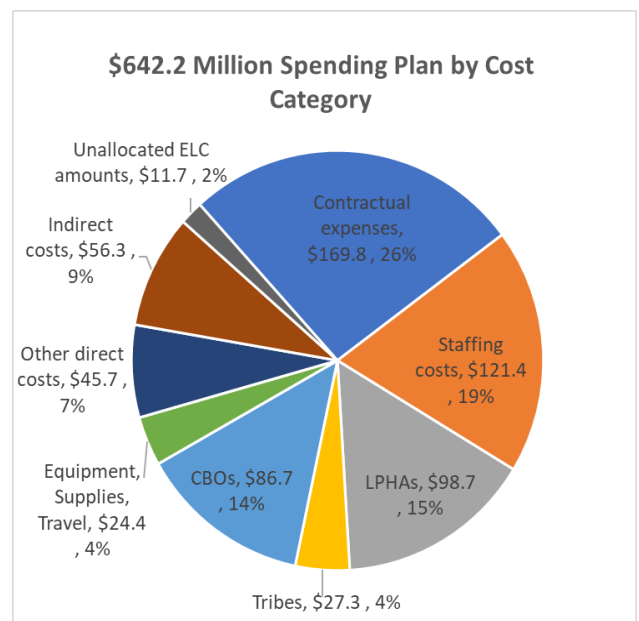
**Request:** Acknowledge receipt of a report on supplemental federal grant awards received for COVID-19 response activities.

**Analysis:** At the request of the Legislative Fiscal Office, the Oregon Health Authority (OHA) has submitted a report on increased federal awards totaling \$642.2 million received by the Public Health Division from March 2020 through early October 2021 to respond to the COVID-19 pandemic. All amounts identified in the report are from the Centers for Disease Control and Prevention (CDC) and became available to states through the passage of several federal COVID-19 relief packages. The following table provides a high-level summary of OHA’s grant increases by CDC program:

CDC Grant Program	OHA Increased Awards	2019-21 Expenditures	2021-23 Remaining Amounts
Epidemiology and Laboratory Capacity	\$482,399,912	\$105,901,114	\$376,498,798
Immunization and Vaccines for Children	\$86,429,786	\$20,196,209	\$66,233,577
Public Health Crisis Cooperative Agreement	\$33,466,743	\$6,016,913	\$27,449,830
Emerging Infections Program	\$4,137,777	\$1,331,804	\$2,805,973
Hospital Preparedness Program	\$1,791,968	\$1,301,440	\$490,528
Health Equity Grant	\$33,925,082	\$7,630	\$33,917,452
<b>Total</b>	<b>\$642,151,268</b>	<b>\$134,755,110</b>	<b>\$507,396,158</b>

Most of the reported funding increases represent direct supplemental awards to existing federally funded programs that did not require applications from states. Additionally, the federal government did not announce most of the increased awards until the spring of 2021 and the amounts were not included in OHA’s 2021-23 budget. For these reasons, the main purpose of the agency’s report is to update the Legislature about the large sum of federal funding received and how the agency is spending it. OHA’s budget will eventually need an increase in Federal Funds expenditure limitation for these awards, which the agency plans to request ahead of the February 2022 legislative session.

**Summary of CDC Awards:** Of the reported \$642.2 million identified in OHA’s report, \$608.2 million is from direct supplemental awards to existing grant programs. The total amount reported also includes a \$33.9 million federal grant awarded to the Public Health Division in May 2021 to address health disparities; the agency received approval to apply for it from the Joint Committee on Ways and Means during the 2021 legislative session.



In terms of existing grant programs, the largest source of supplemental funding reported (\$482.4 million) is from the CDC Epidemiology and Laboratory Capacity (ELC) program. OHA's increased ELC award is the agency's main source of federal funding to support core pandemic response activities, including disease surveillance, case investigation, quarantine services, education and outreach, and laboratory testing. Other important sources of increased federal funding are from the Immunization and Vaccines for Children (\$86.4 million) and Public Health Crisis Cooperative Agreement (\$33.5 million) programs, which support vaccine delivery and emergency response efforts at the state and local levels.

Across all award increases, OHA's largest budgeted cost is for contractual expenses totaling \$169.8 million for testing, vaccine events, field operations, consultants, and non-government staffing support. The next highest cost categories include a combined \$212.7 million for grant agreements with local public health authorities (LPHAs), tribes, and community-based organizations (CBOs) to primarily provide case investigation, contact tracing, vaccine delivery, and wraparound services, and \$121.4 million for staffing costs in the Public Health Division and Coronavirus Response and Recovery Unit.

*FEMA Reimbursement:* In addition to increased CDC grant awards, OHA continues to request FEMA reimbursement for eligible COVID-related costs, which do not require state match. Through October 2021, OHA has received approval for \$110.8 million in FEMA reimbursement, most of which has been for vaccine distribution and related costs. OHA has various other requests for FEMA reimbursement pending approval to cover other Public Health Division costs, as well as costs in the Oregon State Hospital, related to the pandemic.

*Limitations on Use of Federal Funds:* OHA is currently unable to quantify estimated expenditures for key COVID-19 response activities through the remainder of the 2021-23 biennium. Consequently, the extent to which OHA's existing funding will support activities like testing, case investigation, contact tracing, vaccine distribution, and quarantine services is unknown and will depend, in part, on FEMA reimbursements. Although OHA's report does not address this question in detail, it identifies several limitations regarding allowable uses of the increased CDC awards and FEMA reimbursement. These limitations include \$100 caps on per-person funding spent on vaccine incentives, such as gift cards, and a prohibition on spending funds to support child care, elder care, or transportation for people in quarantine; the implementation of a digital vaccine record application; protection and crisis counseling services for public health employees; and legal counsel costs associated with the development of Executive Orders and administrative rules, and response to legal challenges.

*Other Grant Increases:* Aside from increased CDC grant awards, OHA's report briefly mentions increased federal COVID-19 relief funding the agency has received for the Mental Health and Substance Abuse Prevention and Treatment Block Grant programs. Through October 2021, OHA has received a combined increase of \$73.2 million for these programs. While OHA is still determining how to spend some of this funding, OHA plans to use a large portion for the 9-8-8 crisis system, mental health services for children and adolescents, methamphetamine addiction services for women and families with children, behavioral health workforce capacity, and veterans' behavioral health services.

**Recommendation:** The Legislative Fiscal Office recommends that the Joint Interim Committee on Ways and Means acknowledge receipt of the report.

**14**  
**Oregon Health Authority**  
**Heath**

**Request:** Report on supplemental federal grants received by the Oregon Health Authority (OHA) for responding to the COVID-19 pandemic.

**Recommendation:** Acknowledge receipt of the report.

**Discussion:** The federal government has provided significant financial resources to the state of Oregon to assist with responding to the COVID-19 pandemic. In addition to more flexible resources provided on a statewide basis through the Coronavirus Relief Fund and the American Rescue Plan Act state and local fiscal recovery funds, OHA estimates it has received \$642.2 million dedicated to programs it administers to assist with COVID-19 response work since the beginning of the pandemic. This funding has been largely authorized through federal legislation to support COVID response efforts and passed through to the agency by its federal partners using existing funding agreements. Due to the lack of an application process, the agency has not needed to submit requests for authorization through the usual grant authorization process. This report attempts to show the sources and uses of supplemental federal funds as well as potential limitations on the use of those funds.

OHA has submitted budgets to its funders showing plans to spend the supplemental awards as follows:

<b>Category</b>	<b>Amount</b>	<b>Examples</b>
Personal Services	\$121.4	Staff for the Coronavirus Relief and Recovery Unit
Contracted Services	\$169.8	COVID testing, vaccine events
Services and Supplies	\$24.4	Travel, office supplies
Special Payments		
Local Public Health	\$98.7	Contract tracing, case investigation, wraparound support, culturally and linguistically responsive engagement
Tribes	\$27.3	
Community Based Organizations	\$86.7	
Overhead Charges	\$56.3	Federally approved cost allocation for agency administration
Other	\$45.7	
Unallocated	\$11.7	Recently received awards
<b>Total</b>	<b>\$642.2</b>	
All \$ in millions		

In addition to the above funding, which is concentrated in the Public Health Division, OHA received \$73.2 million in funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) through supplements to the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant. OHA spent \$140.4 million of the supplemental public health awards during 2019-21, leaving \$501.7 million to spend during 2021-23 for pandemic response.

OHA may not have sufficient resources to continue its pandemic response at current levels, and if not, it is not clear what activities would need additional funding. Significant unknowns include

the future trajectory of the pandemic, the potential for future federal action, and the level of reimbursement approved by the Federal Emergency Management Agency (FEMA). OHA has two large contracts with FEMA for reimbursement for its vaccine efforts (with a not-to-exceed amount of \$132.7 million) and its overall COVID response not funded by its other grants (with a not-to-exceed amount of \$257.1 million). To date, OHA received \$110 million in prepayment from FEMA for the vaccine administration work.

In the process of attempting to allocate restricted federal resources to its existing or planned COVID response activities, OHA identified some limitations on its ability to use the supplemental federal grants and FEMA reimbursements. This includes the size and type of vaccine incentives it can offer, the scope of supports for individuals in isolation and quarantine, as well as unreimbursed costs for security and counseling for public health workers facing potential threats in the workplace and legal costs. OHA has preliminary estimates for these costs at \$14.4 million through the remainder of the biennium and is working to refine these estimates and determine the best way to proceed operationally in the face of these limitations. OHA has received \$118.0 million in Federal Funds expenditure limitation related to the supplemental grant awards for the 2021-23 biennium. It is not clear at this time whether OHA has sufficient Federal Funds limitation to use its grants and reimbursements as planned during the biennium, and the Department may need to request additional limitation at a future meeting of the legislature.

Senator Betsy Johnson  
Senator Elizabeth Steiner Hayward  
Representative Dan Rayfield  
October 22, 2021  
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Office of the Director

Kate Brown, Governor

Oregon  
**Health**  
Authority

500 Summer Street NE E20  
Salem, OR 97301  
Voice: 503-947-2340  
Fax: 503-947-2341  
TTY: 503-947-5080

October 22, 2021

Senator Elizabeth Steiner Hayward, Co-Chair  
Senator Betsy Johnson, Co-Chair  
Representative Dan Rayfield, Co-Chair  
Interim Joint Committee on Ways and Means  
900 Court Street NE  
H-178 State Capitol  
Salem, OR 97301

Dear Co-Chairpersons:

### **Nature of the Request**

The Oregon Health Authority (OHA) requests receipt of this replacement letter as its Supplemental Federal Funding for COVID-19 Pandemic Response Report requested by the Legislative Fiscal Office.

### **Agency Action**

The Oregon Health Authority (OHA) has received a significant influx of federal funds through supplemental awards to existing cooperative agreements with the Centers for Disease Control and Prevention since March 2020 through each Congressional relief package authorized since that time. Additionally, since starting the COVID-19 response work in January 2020, OHA has had the opportunity to request FEMA reimbursement for additional costs related to the COVID-19 response, and more recently, a FEMA project for COVID-19 vaccine delivery.

### *Summary of funding sources*

- Epidemiology & Laboratory Capacity Grant: Supports case investigation, contact tracing, data collection, community-based testing, outbreak mitigation and laboratory services.

- Vaccines for Children – CARES Supplements: Supports COVID-19 vaccine delivery with focus on eliminating vaccine-related health inequities.
- Emerging Infections Program: Supports special studies related to COVID-19.
- Crisis Cooperative Agreement: Supports emergency response and maintenance of the school-based, local and state public health workforce.
- National Initiative to Eliminate Health Disparities: Focused on eliminating COVID-19 related health inequities and building long-term health equity infrastructure within state health departments to implement community-led and culturally-specific programs.
- FEMA Vaccine Project: Supports delivery of COVID-19 vaccines across a variety of partners and settings, including health care, pharmacies, local public health authorities and community-based organizations.
- COVID-19 FEMA: Payer of last resort for expenses that go beyond allowable costs and budget from federal grants.
- SAMHSA Block Grants: Support Mental Health and Substance Use Disorder Prevention and Treatment programs and resources for COVID-19 testing and mitigation in the behavioral health system.

Attachment A and Attachment B provide more details on the response activities this funding supports within the Public Health Division.

### **Limitations to federal funds for Oregon response**

Although Congress has appropriated significant resources for the COVID-19 response, all of these funding sources are short-term and OHA has directed their use to respond to immediate needs.

Second, each cooperative agreement supplemental award comes with a significant number of programmatic requirements that states must meet in order to comply with the Notice of Award. This includes prescriptive reporting, studies and approaches that do not align with Oregon's needs or Oregon's approach to mitigating the spread of COVID-19. Cooperative agreements such as the Epidemiology & Laboratory Capacity grant have not typically supported pass-through funding to local public health authorities, federally-recognized Tribes or community-based organizations, so routine justification for the use of these funds to support Oregon's decentralized public health system has been necessary.

There are significant challenges in staffing the COVID-19 response with these short-term funds. The Epidemiology & Laboratory Capacity Grant only allowed a certain number and type of COVID-19 Response & Recovery Unit (CRRU) staff to be allocated to the grant, which then had OHA moving others onto other funding streams and requiring the hire of short-term, non-state employees and contractors. OHA will be seeking FEMA reimbursement for those costs to the extent the Federal Public Health Emergency Declaration continues to be extended. Given the demands on public health professionals for nearly two years, it is difficult to recruit, train and retain talented staff with these short-term assignments and staff are quickly departing from their roles for positions with more job security. Additionally, OHA has only a small amount of flexibility in federal grants to cover salaries for existing state employees deployed to support the COVID-19 response. The quarterly extensions on contracts increases workload and burden on shared services like the Offices of Financial Services, Contracts and Procurement, and Human Resources.

### **Examples of limitations in practice**

Although OHA has done a tremendous job of maximizing federal resources for Oregon's response, there are a variety of community needs and leadership priorities that simply cannot be fulfilled through a complex web of federal restrictions. Below are some examples.

#### *Vaccine incentives*

CDC Vaccines for Children – CARES supplementals for COVID-19 vaccine delivery allow for a \$100 per person cap on incentives to vaccinate, using a specific list of pre-approved chain store or VISA/Mastercard vendors. Local public health authorities, Tribes and community-based organizations are required to submit and receive approval on a standard Incentive Request Form prior to being able to use their funds this way. FEMA does not allow costs for incentives to vaccinate although does cover other costs related to vaccine events, such as food that CDC will not cover. This limits communities' ability to conduct culturally-specific vaccine events and community engagement and requires using both funding sources to patch together a response.

#### *Isolation and quarantine support*

Communities that are disproportionately impacted by COVID-19 have been supported by a network of community-based organizations, Tribes and local public health authorities to safely isolate or quarantine at home. The costs for short-term

housing, utility and food support have been tremendous, especially with the latest Delta surge. OHA requested a \$18 million redirection of Epidemiology & Laboratory Capacity – Reopening Schools supplemental for community-based organizations to fund the latest round of investments for isolation and quarantine supports. CDC disallowed any costs for child and elder care and for transportation, which has been an unfortunate limitation due to the fact that many parents are needing to stay home from work with their children who have been impacted by isolation or quarantine due to exposures at school or day care.

#### *Digital vaccine record*

It has long been a request of Oregon leadership to implement a digital vaccine record solution. Although OHA will request to redirect its Epidemiology & Laboratory Capacity – Traveler’s Health supplemental to supporting the digital vaccine record, there is no other funding source available for this work.

#### *Protection for public health and health care workers*

The divisiveness within our communities has created unsafe working conditions for public health staff, several of whom have been threatened and contacted directly in their homes. There is no federal funding available for basic costs to protect staff and support their mental health through nearly two years of pandemic response. FEMA has rejected claims for armed security at the Portland State Office Building and crisis counseling supports.

#### *Legal costs*

Department of Justice costs associated with the pandemic response are significant, between supporting the development of Executive Orders, temporary and permanent administrative rules and responding to legal challenges. Currently, there is no funding in Epidemiology & Laboratory Capacity grants to support legal costs, a small allocation in Vaccines for Children – CARES supplementals, and FEMA will not reimburse for legal costs.

#### *Additional resources*

National Council of State Legislatures, ARPA State Fiscal Recovery Fund

Allocations:

<https://app.powerbi.com/view?r=eyJrIjoiODMxYjI1NGMtZWQ0Ny00YzNiLTkxNjQtMTBNDZjYTkzNzhhIiwidCI6IjM4MmZiOGIwLTRkYzMtNDEwNy04MGJkLTM1OTViMjQzMmZhZSIsImMiOiJZ9&pageName=ReportSection>



Senator Betsy Johnson  
Senator Elizabeth Steiner Hayward  
Representative Dan Rayfield  
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Why Public Health is in Crisis:

<https://www.nytimes.com/2021/10/18/us/coronavirus-public-health.html>

OHA will continue to provide information to the Legislative Fiscal Office on how the agency has and continues to use funding to support the state's COVID-19 response.

**Action Requested**

Acknowledge receipt of the report.

**Legislation Affected**

None.

Sincerely,



Patrick M. Allen  
Director

Enc: Attachment A — COVID-19 Response Federal Funding by Activity  
Attachment B — COVID-19 Response Federal Funding by Cooperative  
Agreement Supplements

EC: Tom MacDonald, Legislative Fiscal Office  
Patrick Heath, Department of Administrative Services  
George Naughton, Department of Administrative Services  
Laurie Byerly, Legislative Fiscal Office

**Attachment A – COVID-19 Response Federal Funding by Activity**

Oregon Health Authority Public Health Division

<b>Response Activity Area</b>	<b>Description</b>	<b>Federal Fund Sources Supporting the Activity</b>	<b>Limitations</b>	<b>Approximate Total Funds Allocated</b> (not including CARES funds that have ended)
Personal Services	Funds support all of COVID-19 Response & Recovery Unit (CRRU) staffing, programmatic staffing within the Public Health Division (PHD) and the Oregon State Public Health Laboratory and staff within the Office of the State Public Health Director staff to manage investments and support the work happening at the local level with local public health authorities (LPHAs), Tribes and community-based organizations (CBOs).	Epidemiology and Laboratory Capacity (ELC) grants; Coronavirus Aid, Relief, and Economic Security Act (CARES) grants; Crisis CoAg	ELC grants cannot pay for any vaccine staff or policy-related staff. CARES grants cannot pay for any response staff. Federal Emergency Management Administration (FEMA) cannot be used for any permanent staff deployed to the COVID response or vaccine effort.	\$121,425,495
Contracts	Funds support COVID-19 testing, vaccine events, field operations, consultants, staffing due to FEMA restrictions listed above.	ELC grants, CARES grants, Crisis CoAg		\$169,780,905
Special Payments to LPHAs	LPHAs conduct case investigation, contact tracing, outbreak supports, wraparound services and vaccine delivery.	ELC grants, CARES grants, Crisis CoAg	Vaccination incentives limited to \$100 per person	\$98,674,342
Special Payments to Tribes	Tribes may conduct case investigation, contact tracing, outbreak supports, wraparound services and vaccine delivery.	ELC grants, CARES grants, equity grant	Vaccination incentives limited to \$100 per person	\$27,305,508

<b>Response Activity Area</b>	<b>Description</b>	<b>Federal Fund Sources Supporting the Activity</b>	<b>Limitations</b>	<b>Approximate Total Funds Allocated</b> (not including CARES funds that have ended)
Grants with Community-Based Organizations	CBOs conduct culturally and linguistically responsive community engagement, contact tracing, wraparound services and support community-driven vaccine events.	ELC grants, CARES grants	Vaccination incentives limited to \$100 per person; ELC-Reopening Schools supplement does not allow for isolation/quarantine supports for childcare or transportation.	\$86,748,885
Travel	Funds support travel for numerous activities, including field operations and community-led testing and vaccine events.	ELC grants, CARES grants, Equity grant		\$1,005,735
Equipment	Includes laboratory equipment, computers and mobile phones.	ELC grants, CARES grants, Crisis CoAg		\$3,375,142
Supplies	Funds support office supplies, printing, personal protective equipment, signage and other supplies needed to conduct COVID-19 testing and vaccinations in the field.	ELC grants, CARES grants, Crisis CoAg, Equity		\$20,048,692
Other Direct Costs	Includes program costs not covered in any of the above-listed categories.	ELC grants, CARES grants, Crisis CoAg, Equity		\$45,731,667
Indirect	OHA established indirect rate applied to federal grants.	ELC grants, CARES grants, Crisis CoAg, Equity		\$56,306,147
2 Grants not allocated	CDC Epidemiology and Laboratory Capacity supplement: Data Modernization - COVID; DC Epidemiology and Laboratory Capacity supplement: Detection & Mitigation of COVID-19 in Confinement Facilities	ARPA grant		\$11,748,750
<b>Total</b>				<b>\$642,151,268</b>

**Attachment B - COVID-19 Response Federal Funding by Cooperative Agreement Supplements**

Oregon Health Authority Public Health Division

<b>Federal Cooperative Agreement Supplement / Title</b>	<b>Federal Funds</b>	<b>Timeline</b>	<b>Activities</b>	<b>Federal Statute</b>
<b><u>Crisis Cooperative Agreement (Crisis CoAg) - HSPR</u></b>				
<b>CDC Public Health Crisis Cooperative Agreement #1</b>	\$7,798,826	through March 2022	Funds have been encumbered by local public health authorities and Tribes. Other projects at the lab and contracts are underway to ensure work is completed and all funds are spent by 03/15/2022.	Coronavirus Preparedness and Response Supplemental Appropriations Act
<i>Lab Supplies &amp; Equipment</i>	\$1,837,659			
<i>Contracts</i>	\$1,610,234			
<i>Special Payments to LPHA</i>	\$3,447,894			
<i>Special Payments to Tribes</i>	\$389,941			
<i>Indirect</i>	\$513,098			
<b>CDC Public Health Crisis Cooperative Agreement #2</b>	\$25,667,917	May 14, 2021 - June 30, 2023	A total of 25% of the award must be allocated to school-based health programs, which is managed by the Adolescent, Genetics and Reproductive Health Section. A total of 40% of the award is allocated to support to LPHAs, which was awarded in September 2021 for a total of \$10M (50% each for FY22 and FY23) and remaining \$9M for PHD staff positions; training and to further enhance modernization initiatives supporting health equity will occur throughout the biennium.	American Rescue Plan Act of 2021
<i>Personal Services</i>	\$8,983,771		<i>PHD staffing, training &amp; further</i>	

<b>Federal Cooperative Agreement Supplement / Title</b>	<b>Federal Funds</b>	<b>Timeline</b>	<b>Activities</b>	<b>Federal Statute</b>
			<i>enhance modernization initiatives supporting health equity throughout the biennium</i>	
<i>Contracts</i>	<i>\$6,416,979</i>		<i>Adolscent, Genetics, and Reproductive Health to contract to develop grant agreement for culturally specific shool outreach on COVID-19 &amp; nursing profession - schools based health centers</i>	
<i>Special Payments to LPHA</i>	<i>\$10,267,167</i>			
<b>Hospital Preparedness Program (HPP) -HSPR</b>				
<b>CDC Hospital Preparedness Program #1</b>	\$405,107	through June 30, 2021- extended to June 30, 2022	Funds were awarded to the 5 Hospital Preparedness Regions.	Coronavirus Preparedness and Response Supplemental Appropriations Act
<i>Contracts</i>	<i>\$405,107</i>		<i>Awarded to regional hospitals. Unspent funds requested as carryover for new end date of 6/30/2022.</i>	
<b>CDC Hospital Preparedness Program #2</b>	\$1,386,861	through June 30, 2021- extended to June 30, 2022	Status: will request carryover of unspent funds all of which will remain allocated under sub-recipient awards to the 5 Hospital Preparedness Regions. Per Project Officeer agreement; awards have been extended for time through 06/30/2022.	Coronavirus Aid, Relief, and Economic Security Act of 2020
<i>Personnel</i>	<i>\$105,223</i>			
<i>Contracts</i>	<i>\$1,258,438</i>		<i>Awarded to Healthcare Coalitions</i>	
<i>Indirect</i>	<i>\$23,200</i>		<i>Indirect costs</i>	

<b>Federal Cooperative Agreement Supplement / Title</b>	<b>Federal Funds</b>	<b>Timeline</b>	<b>Activities</b>	<b>Federal Statute</b>
<b>Epidemiology &amp; Laboratory Capacity (ELC) - ACDP</b>				
<b>CDC Epidemiology and Laboratory Capacity supplemental #1</b>	\$8,109,807	June 2020 - May 2022	ELC CARES supports COVID-19 work such as: case identification and contact tracing; community-based communicable disease surveillance; lab testing and reporting; and regional strategies to address testing and outbreaks. One-third of projects are completed; an additional 51% are in process/ongoing.	Coronavirus Aid, Relief, and Economic Security Act of 2020
<i>Personal Services</i>	\$4,980,798			
<i>Travel</i>	\$50,000			
<i>Supplies</i>	\$174,306			
<i>Contractual</i>	\$780,000			
<i>Other</i>	\$895,779			
<i>Indirect</i>	\$1,228,924			
<b>CDC Epidemiology and Laboratory Capacity supplemental #2</b>	\$86,954,065	30 months ending ~December 2022	ELC Enhancing Detection supports increasing lab and surveillance workforce capacity to address COVID-19; strengthen COVID-19 testing capacity; enhance ability to report and exchange public health electronic laboratory and health data; use lab data to enhance investigation, response, and prevention; and to support, coordinate and engage with partners. One third of projects are completed; an additional 43% are in process.	Paycheck Protection Program and Health Care Enhancement Act
<i>Personal Services</i>	\$16,469,943			
<i>Travel</i>	\$29,207			
<i>Equipment</i>	\$100,000			
<i>Supplies</i>	\$10,446,488			
<i>Contractual</i>	\$48,268,219			
LPHA	\$21,173,031			
Tribal	\$5,603,900			
Other	\$21,491,288			
<i>Other</i>	\$2,711,476			

<b>Federal Cooperative Agreement Supplement / Title</b>	<b>Federal Funds</b>	<b>Timeline</b>	<b>Activities</b>	<b>Federal Statute</b>
<i>Indirect</i>	\$8,928,732			
<b>CDC Epidemiology and Laboratory Capacity supplemental #3</b>	\$1,138,385	through May 2022	An Infection Prevention Control learning needs assessment sent to 21,000 licensed healthcare providers and other frontline healthcare workers has thus far yielded 1,500 responses. Results will be used to tailor Oregon’s training approaches to healthcare infection prevention control to address COVID-19 and other communicable diseases.	Coronavirus Preparedness and Response Supplemental Appropriations Act
<i>Personal Services</i>	\$499,856			
<i>Travel</i>	\$83,433			
<i>Supplies</i>	\$15,954			
<i>Contractual</i>	\$343,487			
<i>Other</i>	\$38,787			
<i>Indirect</i>	\$156,868			
<b>CDC Epidemiology and Laboratory Capacity supplemental #4</b>	\$100,000	through June 2021	Provided medical professionals with education, training, expertise, and consultation on Multisystem Inflammatory Syndrome in Children, MIS-C, that has been associated with SARS-CoV-2. Work under this award is complete.	
<i>Other</i>	\$100,000			
<b>CDC Epidemiology and Laboratory Capacity supplemental #5</b>	\$242,766,122	Jan. 15, 2021 - July 31, 2023	ELC Enhancing Detection Expansion provides additional support for COVID-19 work begun with Enhancing Detection, including case investigation and contact tracing for tribes and CBOs; additional wastewater testing, SARS-CoV modeling, and other work to enhance understanding and subsequent containment of COVID-19; improve public health	Consolidated Appropriations Act
<i>Personal Services</i>	\$72,948,390			
<i>Travel</i>	\$546,107			
<i>Equipment</i>	\$687,768			
<i>Supplies</i>	\$7,739,445			
<i>Contractual</i>	\$110,266,493			
LPHA	\$37,136,250			

<b>Federal Cooperative Agreement Supplement / Title</b>	<b>Federal Funds</b>	<b>Timeline</b>	<b>Activities</b>	<b>Federal Statute</b>
Tribal	\$8,320,000		laboratory reporting and data exchange; and continue ongoing local and regional partnerships. Approximately one-fourth of the milestones are complete; an additional 55% is in process.	
CBO	\$37,248,750			
Other	\$27,561,493			
<i>Other</i>	\$30,994,850			
<i>Indirect</i>	\$19,583,069			
<b>CDC Epidemiology and Laboratory Capacity supplemental #6</b>	\$127,036,170	April 7, 2021 - July 31, 2022	ELC Reopening Schools funding provides for K-12 COVID-19 screening testing statewide for students, staff, and teachers during the 2021-22 school year, as well as for summer day and overnight camp. The approach is regional and provided primarily through contracts with regional laboratories.	American Rescue Plan Act of 2021
<i>Personal Services</i>	\$599,448			
<i>Supplies</i>	\$15,049			
<i>Contractual</i>	\$110,032,943			
CBO	\$18,243,809			
Other	\$91,789,134			
<i>Other</i>	\$75,426			
<i>Indirect</i>	\$16,313,304			
<b>CDC Epidemiology and Laboratory Capacity supplemental #7</b>	\$3,359,613	August 1, 2021 - July 31, 2024	This funding supports advanced molecular detection for SARS-CoV-2 (sequencing surveillance) as well as emergency preparedness activities.	American Rescue Plan Act of 2021
<i>Personal Services</i>	\$786,326			
<i>Equipment</i>	\$387,409			
<i>Supplies</i>	\$1,382,924			
<i>Contractual</i>	\$286,148			
<i>Other</i>	\$71,127			
<i>Indirect</i>	\$445,679			



<b>Federal Cooperative Agreement Supplement / Title</b>	<b>Federal Funds</b>	<b>Timeline</b>	<b>Activities</b>	<b>Federal Statute</b>
<b>CDC Epidemiology and Laboratory Capacity supplement: Data Modernization - COVID</b>	\$4,188,750	August 5, 2021 - July 31, 2023	The workplans and budget for this supplement are due in November; planning is underway.	Coronavirus Aid, Relief, and Economic Security Act of 2020
<b>CDC Epidemiology and Laboratory Capacity supplement: Detection &amp; Mitigation of COVID-19 in Confinement Facilities</b>	\$7,560,000	August 5, 2021 - July 31, 2024	The workplans and budget for this supplement are due in November; planning is underway.	American Rescue Plan Act of 2021
<b>CDC Epidemiology and Laboratory Capacity supplement: COVID-19 Special Projects</b>	\$1,187,000	Through Dec 2021	ELC Special Projects are Advanced Molecular Detection (AMD), Public Health Lab (PHL) Preparedness and Travelers Health. AMD funds required national surveillance with specimen preparation and shipping costs for SARS-CoV-2 representative, deidentified samples to CDC for sequencing. PHL Preparedness supports public health laboratories' purchase of sequencing and other equipment for the identification of pathogens, toxins, and newly emerging infectious diseases. Travelers Health is supporting a vaccine verification system.	Paycheck Protection Program and Health Care Enhancement Act (PPHCEA)
<i>Personal Services</i>	\$280,719			
<i>Equipment</i>	\$362,306			
<i>Supplies</i>	\$55,718			
<i>Contractual</i>	\$338,143			
<i>Other</i>	\$69,809			
<i>Indirect</i>	\$80,305			
<b>Emerging Infections Program (EIP) - ACDP</b>				
<b>CDC Emerging Infections Program cooperative agreement #1</b>	\$2,600,000	through December 31, 2021	This supplement funds CDC Emerging Infections Program COVID-19-related work, including COVID-19-Associated	Coronavirus Preparedness and Response
<i>Personal Services</i>	\$1,259,406			

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<i>Travel</i>	\$21,404		Hospitalization Surveillance Network (COVID-NET) work in the Oregon catchment (Multnomah, Clackamas, Washington Counties). For additional information, see: <a href="https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covid-net/purpose-methods.html">https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covid-net/purpose-methods.html</a>	Supplemental Appropriations Act
<i>Supplies</i>	\$48,814			
<i>Contractual</i>	\$611,789			
<i>Other</i>	\$264,594			
<i>Indirect</i>	\$393,993			
<b>CDC Emerging Infections Program cooperative agreement: COVID VE activities</b>	\$977,777	through December 2021	This funding supports vaccine effectiveness projects within the CDC Emerging Infections Program COVID-19-Associated Hospitalization Surveillance Network (COVID-NET) work in the Oregon catchment (Multnomah, Clackamas, Washington Counties).	Coronavirus Preparedness & Response Supplemental Appropriations Act (CPRSA)
<i>Personal Services</i>	\$656,162			
<i>Supplies</i>	\$34,692			
<i>Contractual</i>	\$45,000			
<i>Other</i>	\$94,810			
<i>Indirect</i>	\$147,113			
<b>CDC Emerging Infections Program cooperative agreement: COVID strategic sequencing and analysis</b>	\$560,000	through December 2021	This funding supports SARS-CoV-2 sequencing projects within the CDC Emerging Infections Program COVID-19-Associated Hospitalization Surveillance Network (COVID-NET) work in the Oregon catchment (Multnomah, Clackamas, Washington Counties).	Coronavirus Aid, Relief & Economic Security Act (CARES)
<i>Personal Services</i>	\$361,029			
<i>Supplies</i>	\$40,000			
<i>Other</i>	\$75,000			
<i>Indirect</i>	\$83,971			

<b>Federal Cooperative Agreement Supplement / Title</b>	<b>Federal Funds</b>	<b>Timeline</b>	<b>Activities</b>	<b>Federal Statute</b>
<b><u>Vaccines for Children Program, COVID-19 Vaccine - Immunization</u></b>				
<b>CDC Immunization and Vaccines for Children #1</b>	\$1,721,438	through June 2024	Supplemental funding from the CDC under the CARES Act for immunization and Vaccines for Children program. OHA is using this funding to pay for program staff, related supplies and an influenza/COVID-19 media campaign; Contracts to support COVID-19 planning for LPHAs and the Oregon Tribes; Equipment to support vaccine storage and handling for LPHAs, the Oregon Tribes, Department of Corrections and Oregon Youth Authority vaccination sites.	Coronavirus Aid, Relief, and Economic Security Act of 2020
<i>Personal Services</i>	\$61,776			
<i>Supplies</i>	\$273			
<i>Contractual</i>	\$1,515,158			
LPHA	\$800,000			
Tribal	\$100,000			
CBO	\$127,347			
Other	\$487,811			
<i>Other</i>	\$54,275			
<i>Indirect</i>	\$89,956			
<b>CDC Immunization and Vaccines for Children #2</b>	\$2,565,601	through June 2024	OHA is using this funding to pay for program staff and contracts to support COVID-19 planning for LPHAs and the Oregon Tribes; contracts to support a COVID-19 vaccine access hotline and an influenza/COVID-19 media campaign. Equipment to support vaccine storage and handling for Vaccines for Children (VFC), influenza and COVID-19 providers in order to improve Oregon’s immunization infrastructure statewide.	Coronavirus Aid, Relief, and Economic Security Act of 2020
<i>Personal Services</i>	\$42,961			
<i>Travel</i>	-			
<i>Equipment</i>	-			
<i>Supplies</i>	\$315			
<i>Contractual</i>	\$1,614,296			
LPHA	\$850,000			
Tribal	\$200,000			

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CBO	-			
Other	\$564,296			
<i>Other</i>	\$680,766			
<i>Indirect</i>	\$227,263			
<b>CDC Immunization and Vaccines for Children #3</b>	\$1,721,438	July 1, 2020 - June 30, 2024	Adds supplemental funding to June and September 2020 supplemental awards. OHA is using this funding to pay for program staff and COVID-19 responders and related supplies; Contracts to support regional COVID-19 vaccine administration hubs, COVID-19 Vaccine Advisory Committee facilitation and a COVID-19 vaccine access hotline.	Coronavirus Aid, Relief, and Economic Security Act of 2020
<i>Personal Services</i>	\$182,010			
<i>Supplies</i>	\$900			
<i>Contractual</i>	\$1,370,342			
<i>Other</i>	\$45,012			
<i>Indirect</i>	\$123,174			
<i>Personal Services</i>	\$4,602,268			
<i>Supplies</i>	\$30,624			
<i>Contractual</i>	\$30,200,578			
LPHA	\$17,000,000			
Tribal	\$1,000,000			
CBO	\$3,000,000			
Other	\$9,200,578			
<i>Other</i>	\$1,461,371			
<i>Indirect</i>	\$1,816,010			
<b>CDC Immunization and Vaccines for Children #5</b>	\$38,627,576	July 1, 2020 - June 30, 2024	OHA is using this funding to pay for program staff and related supplies;	Coronavirus Aid, Relief, and

<b>Federal Cooperative Agreement Supplement / Title</b>	<b>Federal Funds</b>	<b>Timeline</b>	<b>Activities</b>	<b>Federal Statute</b>
<i>Personal Services</i>	\$4,442,894		Contracts to support COVID-19 planning and implementation for LPHAs, the Oregon Tribes, and Community-Based Organizations (CBOs) through community engagement, outreach and education, vaccination events and communication to the populations they serve; Contract to support COVID-19 vaccination site visits; In-state regional equity and communications training as part of Oregon’s commitment to end health disparities by 2030 – projected for 2022.	Economic Security Act of 2020
<i>Travel</i>	\$11,476			
<i>Supplies</i>	\$21,120			
<i>Contractual</i>	\$24,400,000			
LPHA	\$8,000,000			
Tribal	\$1,000,000			
CBO	\$14,000,000			
Other	\$1,400,000			
<i>Other</i>	\$7,618,675			
<i>Indirect</i>	\$2,133,411			
<b>CDC Immunization and Vaccines for Children #6</b>	\$586,375	July 1, 2020 - June 30, 2024	OHA is using this funding to pay for COVID-19 vaccine media campaign.	Coronavirus Aid, Relief, and Economic Security Act of 2020
<i>Contractual</i>	\$498,449			
<i>Indirect</i>	\$87,926			
<b>CDC Immunization and Vaccines for Children #7</b>	\$3,096,507	July 1, 2020 - June 6, 2024	OHA is using this funding to pay for contract to support the Governor’s Office media strategy- Increasing vaccine confidence among communities of color and other populations through specific testing of messages and producing content in multiple languages.	Coronavirus Aid, Relief, and Economic Security Act of 2020
<i>Contractual</i>	\$2,632,189			
<i>Indirect</i>	\$464,318			

<b>Federal Cooperative Agreement Supplement / Title</b>	<b>Federal Funds</b>	<b>Timeline</b>	<b>Activities</b>	<b>Federal Statute</b>
<b>OSTLTS Health Equity - CRRU/OSPHD</b>				
<b>National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities</b>	\$33,925,082	June 1, 2021-May 31, 2023	Supports development of equity team including division supports and community-specific approaches to health, invests in Tribal and CBO COVID-19 response and health equity capacity building across the public health system.	American Rescue Plan Act of 2021
<i>Personal Services</i>	\$4,162,515			
<i>Travel</i>	\$264,108			
<i>Supplies</i>	\$42,070			
<i>Community Based Organizations</i>	\$14,128,979			
<i>Tribes</i>	\$10,691,667			
<i>Other Contract</i>	\$690,000			
<i>Other</i>	\$479,910			
<i>Indirect</i>	\$3,465,833			