Contract Re	<mark>view Shee</mark>	t	Contract for Service	es HE-	6551-25
Title: Purchase Opioid	l Treatment Medi	cations			
Contractor's Name:	Cardinal Health 4	1 11			
Department: Health an	d Human Service	s	Contact: Diar	a Lee Adams Hi	11
Analyst: Sandra Fixse	n		Phone #: (503) 576-4652	
Term - Date From:	May 1, 2025		Expires: July	31, 2026	
Original Contract Amou	nt: \$ 1,	500,000.00 Prev	vious Amendments A	mount:	\$ -
Current Amendment:	\$	- New Contr	ract Total: \$	1,500,000.00	Amd% 0%
Outgoing Funds	Federal Funds	Reinstatement	Retroactive	Amendment	greater than 25%
Source Selection Method	d: 10-0400 C o	operative		Coop	erative#
Description of Services	or Grant Award				
Total contract value \$1,5	500,000.00				4/0/2025
Desired BOC Session Da	ate: 4/	/ <mark>30/2025</mark> C	Contract should be in	DocuSign by:	4/9/2025
Agenda Planning Date			rinted packets due in		4/15/2025
Management Update			OC upload / Board S	Session email:	4/16/2025
BOC Session Presenter(s) <u>Carol Hear</u>	rd			Code: <u>Y</u>
REQUIRED APPROVALS					
DocuSigned by:		3/27/2025	DocuSigned by: Diana Vee A	DAMS HILL	3/28/2025
Finance - Contracts		Date	Contract Specialis	t	Date
Signed by: Scott Norms		3/27/2025	Jan Frity		3/27/2025
Legal Counsel		Date	Chief Administrati	ve Officer	Date



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: April 3	80, 2025		
Department: Health & Human Services			
_			
Title:	HE-6551-25 Purchase Opioid Treatment Medications		
Management Update/	Work Session Date: April 15, 2025 Audio/Visual aids		
Time Required: 10 Mi			
	Approve request for Opioid Treatment Medications to be purchased through the state price agreement with Cardinal Health.		
& Background:	Health & Human Services Alcohol and Drug Program will purchase opioid treatment medications from Cardinal Health per the State Price Agreement 10700-00041601/MMCAP Infuse Contract #MMS2401062.		
Financial Impacts:	Department anticipates yearly costs to be no more that \$500,000, and will renew in line with the state price agreement term. Total contract amount not to exceed \$1,500,000 (for five year term).		
Impacts to Department & External Agencies:	Department anticipates no impact to other departments.		
List of attachments:	Cooperative Agreement		
Presenter:	Carol Heard		
Department Head Signature:	Pyan Mathuws TD28A787656F458		



MARION COUNTY FINANCE DEPARTMENT

PO Box 14500 555 Court St NE #4247 Salem, OR 97309-5036

Cardinal Health 110 LLC c/o Bank of America Lockbox 3715 Collections Center Dr. Chicago, IL 60693 United States

*** MARION COUNTY COPY ONLY ***

Purchase Order				
Purchase Order No	Revision	Page		
932325	0	1		

Ship To:

Marion County Health & Human Services 3160 Center Street NE Salem, OR 97301 United States

Bill To:

Marion County Health & Human Services 3160 Center Street NE Salem, OR 97301 United States

Custome	r Acct No	Supplier No 580526	1-May-2025 D Adams Hill			Revised Date / Buyer D Adams Hill	
Immediate		Ship Via Best Method		Γ	F.O.B Destination		
Freight T Prepaid	erms		Request Or Deliv	er To	C (onfirm To / Te	elephone
Line #	Description		Delivery Date	Quantity	Unit	Unit Price	Total
	Purchase Agree	ement					1,500,000.00
	Effective From	: 01-May-25 To: 31-Jul-26					
	SUCH AGREED PARTICIPATIN	ISE IS PLACED AGAINST MENT AS SUPPLEMENTED AGAINST AS SUPPLEMENTED AGAINST AND CONDITION AT THE AGAINST AND CONDITION AGAINST AND CONDITION AGAINST AND CONDITION AGAINST AND CONDITION AGAINST AGAINST AND CONDITION AGAINST	AND MODIFIED 041601 APPLY TO	BY STATE OF THIS PURCHA	OREGON	MEMBER-RE	QUESTED
	1			<u> </u>			1 700 000 00

INSTRUCTIONS TO VENDOR

- Please direct any questions concerning this purchase order to invoiced department.
- Purchase Order Number must appear on all invoices, packages and shipping documents relating to this order.
- 3. Separate invoices must be submitted for each Purchase Order.
- 4. Do not overship or substitute.
- If you cannot supply the items requested, please notify issuing authority at once.

Note : Please notify department contact (above) for all inquiries regarding this Purchase Order

DocuSigned by:

Authorized By:_

MARION COUNTY PURCHASING
NOT VALID Unless Signed By Purchasing

Total

1,500,000.00

MARION COUNTY TERMS AND CONDITIONS

- 1. INSPECTIONS: County may inspect and test the Goods and related Services (collectively, Goods). County may reject non-conforming Goods and require Contractor to correct them without charge or deliver them at a reduced price, as negotiated. If Contractor does not cure any defects within a reasonable time, County may reject the Goods and cancel the PO in whole or in part. This paragraph does not affect or limit County's rights, including its rights under the Uniform Commercial Code, ORS chapter 72 (UCC).
- **2. DELIVERY:** Deliveries will be F.O.B destination. Contractor shall pay all transportation and handling charges. Contractor is responsible and liable for loss or damage until final inspection and acceptance of the Goods. Contractor remains liable for latent defects, fraud, and warranties.
- **3. PAYMENT:** County shall pay Contractor within 30 days from (i) the date the Goods are delivered and accepted or (ii) the date the invoice is received, whichever is later
- **4. COUNTY PAYMENT OF CONTRACTOR CLAIMS:** If Contractor does not pay promptly any claim that is due for Goods or Services furnished to the Contractor by any subcontractor in connection with this PO, the County may pay such claim and charge that payment against any payment due to the Contractor under this PO. The County's payment of a claim does not relieve the Contractor or its surety, if any, from their obligations for any unpaid claims.
- **5. WARRANTIES:** Contractor agrees to perform its services with that highest standard of care, skill and diligence normally provided by a professional individual in the performance of similar services. Contractor represents and warrants that the Goods are new, current, and fully warranted by the manufacturer. Delivered Goods will comply with specifications and be free from defects in labor, material and manufacture. All UCC implied and expressed warranties are incorporated in this PO. Contractor shall transfer all warranties to the County.
- 6. TERMINATION OF PO: The PO may be terminated under the following conditions: a. By written mutual agreement of both parties. Termination under this provision may be immediate. b. Upon fifteen (15) calendar days written notice by either Party to the other of intent to terminate. c. The County may terminate all or part of this PO for the following reasons: (1) If the consultant fails to provide services, or fails to meet the performance standards as specified in this PO (or subsequent modifications of this PO), within the time specified herein or any extension thereof. Termination under this provision may be immediate; (2) If the consultant fails to start services on the date specified by Marion County in this PO or subsequent modifications to this contract. Termination under this provision may be immediate. (3) Failure of the consultant or Marion County to comply with the provisions of this PO and all applicable federal, state, and local laws and rules may be cause for termination of this contract. Such termination shall be without prejudice to any obligations or liabilities of either party accrued prior to such
- **7. INDEMNIFICATION.** The Contractor shall save harmless, indemnify, and defend the County for any and all claims, damages, losses and expenses including but not limited to reasonable attorney's fees arising out of or resulting from Contractor's performance of or failure to perform the obligations of this PO to the extent same are caused by the negligence or misconduct of Contractor or its employees or agents.

termination. If this PO is terminated by either party, for reasons other than breach of contract, the County agrees to pay to the consultant all costs and expenses associated with services satisfactorily provided to the effective date of termination.

8. GOVERNING LAW, VENUE: This PO shall be governed by the laws of the State of Oregon. Any action commenced in connection with this PO shall be in the Circuit Court of Marion County. All rights and remedies of the County shall be cumulative and may be exercised successively or concurrently. The foregoing

- is without limitation to or waiver of any other rights or remedies of the County according to law.
- **9. FORCE MAJEURE:** Neither party is responsible for delay or default caused by an event beyond its reasonable control. County may terminate this PO without liability to Contractor upon written notice after determining the delay or default reasonably prevents performance of this PO.
- **10. SUBCONTRACTING/NONASSIGNMENT**. No portion of the PO may be contracted or assigned to any other individual, firm or entity without the express and prior approval of the County.
- 11. MAINTENANCE, RETENTION, AND CONFIDENTIALITY OF RECORD. The Contractor agrees to establish and maintain records and statistics as follows: Financial records, which indicate the number of hours of service provided under this contract and other appropriate records pertinent to this contract shall be retained for a minimum of three (3) years after the end of the contract period. If there are unresolved audit questions at the end of the three-year period, the records must be maintained until the questions are resolved. To the extent applicable, client records shall be kept confidential in accordance with ORS 179.505, OAR 309-11-020, 45 CFR 205.50 and 42 CFR Part 2.
- **12. COMPLIANCE WITH APPLICABLE LAWS:** The Contractor shall comply with all applicable Federal, State and local laws, rules and regulations. All provisions of ORS 279B (Public Contracts and Purchasing) are incorporated herein to the extent applicable to POs.
- **13. WORKERS' COMPENSATION:** Contractor shall comply with ORS 656.017 and provide the required workers' compensation coverage, unless exempt under ORS 656.126(2). Contractor shall ensure that its Subcontractors, if any, comply with these requirements.
- **14. SAFETY AND HEALTH REQUIREMENTS:** Contractor represents and warrants that the Goods comply with all federal and Oregon safety and health requirements.
- **15. MATERIAL SAFETY DATA SHEET:** Contractor shall provide County with a Material Safety Data Sheet for any Goods which may release, or otherwise result in exposure to, a hazardous chemical under normal conditions of use (OAR 437- 002-0360 and 29 CFR 1910.1020). Contractor shall label, tag or mark such Goods.
- **16. AMENDMENTS:** All amendments to this PO must be in writing, signed by County.
- **17. SEVERABILITY:** If a court of competent jurisdiction declares any provision of this PO to be invalid, the other provisions and the rights and obligations of the parties remain in effect.
- **18. WAIVER:** Failure of either party to enforce any provision of this PO is not a waiver or relinquishment of that party's rights to such performance in the future or to enforce any other provisions.
- 19. TAX CERTIFICATION: Contractor hereby certifies under penalty of perjury: (a) the number shown on this form is the correct Federal Employer Identification Number; (b) it is not subject to backup withholding because (i) it is exempt from backup withholding, (ii) it has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified Contractor that it is no longer subject to backup withholding; and (c) it is not in violation of any Oregon tax laws.

SIGNATURE PAGE FOR PURCHASE OPIOID TREATMENT MEDICATIONS - HE-6551-25 between MARION COUNTY and CARDINAL HEALTH 411

MARION COUNTY SIGNATURES BOARD OF COMMISSIONERS:

Chair		Date
Commissioner		Date
Commissioner	DocuSigned by:	Date
Authorized Signature:	Ryan Matthews	3/27/2025
	Department Director or designee DocuSigned by:	Date
Authorized Signature:	Jan Fritz	3/27/2025
	Chief Administrative Officer Signed by:	Date
Reviewed by Signature:	Scott Norris	3/27/2025
,	Marion County Legal Counsel DocuSigned by:	Date
Reviewed by Signature:	Postabilla	3/27/2025
, ,	Marion County Contracts & Procurement	Date
CARDINAL HEALTH	H 411 SIGNATURE	
Authorized Signature: _		
		Date
Title:		