Our pressure on Congress worked. Thousands of nurses across the country asked their elected representatives to protect health care for all Americans and on March 24, Republicans in the U.S. House of Representatives pulled their bill to repeal and replace the Affordable Care Act (ACA) because they could not gain enough support.

While we still have a long way to go to expand affordable, quality and comprehensive health care, this is a huge victory for the 24 million Americans who were at risk of losing their health care under the Republican plan, and it speaks volumes to what nurses can achieve when we make our voices heard.

Click here to email the Oregon Congressional delegation members who supported the Affordable Care Act including Congresswoman Suzanne Bonamici and Congressmen Kurt Schrader, Earl Blumenauer, and Peter Defazio, to thank them for standing with nurses and patients to protect high-quality, affordable health care.

Our pre-negotiation survey closed on Friday, March 31, 2017, with 100 percent participation! The bargaining team will review the survey results and will report on some of the top findings next week.

Coming Soon: Survey Results

ACA Repeal Bill Fails
You Can Make a Difference in the Next Election

When Oregonians study the candidates for local school boards, service districts, and city councils this spring, they won’t see many nurses. Imagine what we could accomplish if our elected leaders shared nurses’ experiences and values. If you’ve ever thought about running for public office, sign up for the Oregon Labor Candidate School (OLCS) today and find out if you’ve got what it takes to be a great elected leader.

ONA partnered with other local unions to found the OLCS in 2012 to train and support union members who are interested in running for public office. Over the last four years, OLCS has successfully trained 72 union members from 20 different unions including ONA. Twenty-six OLCS participants have gone on to run for office and 18 graduates are currently serving in elected office including on school boards, community college boards, educational service districts, city councils, the state Legislature and state boards and commissions across Oregon.

OLCS is currently accepting applications for classes starting in Portland in October. Classes are held on the third Saturday of the month for six months. OLCS’s engaging and interactive curriculum will benefit political newbies and experienced campaigners alike. All participants will learn essentials of fundraising, campaigning, and policy. If you are interested in learning more about OLCS, contact Sara Ryan at 503-957-0306 or sara@oregonlaborcandidateschool.org, or visit www.oregonlaborcandidateschool.org.

Who Pays for OHP? Explaining Oregon’s Hospital Provider Tax

More than 1.1 million Oregonians and their families rely on the Oregon Health Plan—Oregon’s Medicaid program—for basic health care services. For many people, being a member of the Oregon Health Plan (OHP) is the only way they can afford to access critical preventative and emergency services.

Oregon funds the OHP through a mix of state and federal tax dollars, including Oregon’s “hospital provider tax.” The provider tax is an assessment on 28 of the largest hospitals in Oregon, which are designated as Diagnostic Related Group (DRG) hospitals.

Oregon’s DRG hospitals pay an average 5.5 percent tax on net patient revenue to the state. This tax triggers matching federal funds which come back to the state. For every $1 DRG hospitals contribute, the federal government contributes $2.60.

The state uses the federal matching funds to pay for OHP services, refunding hospitals’ original tax through enhanced Medicaid reimbursement payments and other programs only hospitals which pay the tax are eligible for.

The tax works like a complex loan. Large hospitals make an initial contribution to the state to generate matching federal funds. The state then uses the federal dollars to fully reimburse the hospitals and pay for the OHP.

Hospitals benefit from a well-funded Medicaid program. When more patients have health care coverage; charity care drops and revenue increases. According to the Oregon Health Authority, from 2013 to 2015, hospital revenues increased 17 percent and charity care dropped 65 percent as more Oregonians gained access to OHP and private health insurance under the Affordable Care Act.

Oregon is one of 49 states which rely on provider taxes. It’s clear that our hospitals and patients need a provider tax—and the federal match it triggers—to fund the OHP.

Oregon’s $1.7 billion state budget crisis and decreasing federal funding for the Affordable Care Act’s Medicaid expansion has led state lawmakers to begin reevaluating Oregon’s hospital provider tax.

Nurses have a critical role to play in these discussions. Get involved today to make sure lawmakers understand what’s at stake for OHP patients and to make sure our state’s leaders keep working to preserve and expand Oregonians’ access to high-quality, affordable health care.

To get involved, contact Chris at Hewitt@OregonRN.org.