On May 10, 2017, our Oregon Nurses Association (ONA) bargaining team had their first bargaining session with the Samaritan Albany General Hospital (SAGH) management team. The teams completed introductions and ground rules, confirmed dates for future bargaining, reviewed several highlights from the recent pre-negotiation survey of bargaining unit nurses, and presented several contract articles of interest. The ONA and management teams also reached two tentative agreements (TAs) during this first session.

The first TA is on a contract article presented by our ONA team that contains new language for a labor management cooperation committee (LMCC). This committee will work with a management team to keep communication open and resolve issues before they become grievances. The committee will also be a way to deal with immediate concerns from nurses. Per the language of the TA, the LMCC will be led by co-chairs, and minutes will be kept and sent out to the bargaining unit.

The second TA was on language changes to Article 10, Leaves of Absence. Both teams made improvements for night shift workers who are summoned for jury duty, and bereavement leave is now in line with Oregon law.
Upcoming Bargaining Dates

Nurses are always welcome to come and observe bargaining sessions. Please enter quietly and sit in the chairs provided. Please don’t interrupt or have side conversations. The team will have sticky notes available for you to write down your questions or concerns and pass them to the team.

Remember, you may only attend bargaining during non-work time, so please attend on your break or lunch, before or after work, or on your days off.

Join the team! It is YOUR contract we are bargaining!

Who Pays for OHP? OHP and 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 Hewitt at hewitt@oregonrn.org.