Economics Move to Forefront of Negotiations

Employer counters with two options: 1% wage increase and traditional steps, or 3% with elimination of steps

At our bargaining session on May 8, we continued our professional dialogue with the employer to revise our existing collective bargaining agreement. Cascade Health (CH) presented their economic proposals. They reminded us that CH is a small, non-profit in a challenging, ever-changing health care environment. Thus, our employer claims they cannot offer the same wages and benefits as larger hospitals in our region.

CH rejected all five of our non-wage economic proposals. (See related article below.) We had suggested to reach market parity at the end of a three-year contract would require 4.75 percent annual wage increases. They countered with two options (See table page 2).

Option #1 is a 1 percent across-the-board wage increase that retains our traditional step scale. Wage scales with steps compensate nurses for their years of experience. Early in their careers at CH, nurses receive an annual step increase on their work anniversary until Step 6.

We continued to make progress at the table by resolving minor proposals.

We tentatively agreed to 25 of the employer’s proposals, which were minor grammatical changes and clarification or simplification of existing language.

We rejected six of their proposals, including (1) that layoffs could occur by job specialization within a department and (2) the removal of certain vision and dental benefits.

The employer rejected five of our proposals, all economic in nature:

- An additional day of PTO accrual at each tier to match our local comparators.
- Bachelor of Science in nursing (BSN) differential of 2 percent and Master of Science in nursing (MSN) differential of 3 percent, same as McKenzie-Willamette Medical Center.
- Increased educational expenses to $300 (from current $200) and two days paid time off (from current one day).
- Additional paid bereavement leave to six days (from current three days)
- Increased cell phone stipends to $50 for a 32-hour nurse (from current $40).

These actions mean 21 proposals remain on the bargaining table. Click Here to...
Economics Move to Forefront of Negotiations (continued from page 1)

### Employer Offers Two Wage Options

<table>
<thead>
<tr>
<th></th>
<th>Option #1</th>
<th>Option #2</th>
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<tbody>
<tr>
<td><strong>Annual wage increases, 2019 – 2021</strong></td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Step Scale</strong></td>
<td>Retention of the step scale, which rewards experience. And elevation of the step scale by eliminating step 1.</td>
<td>Elimination of the step scale entirely. Nurses retain their current wage. But, forgo any future step increases. In future contracts, we only bargain annual across-the-board wage increases.</td>
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<tr>
<td><strong>Overall net increase in labor costs</strong></td>
<td>Individual wage increases vary, depending on a nurse’s step and where they are in their step. The employer reports overall wages would increase by slightly less than 3%. (That is, 2.84% in 2019, 2.60% in 2020, 2.98% in 2021.)</td>
<td>All nurses would receive 3% annually over the next three years, but no step increases ever again.</td>
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</tbody>
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Thereafter, they move forward a step every two years until Step 13. A nurse at Step 13 advances to Step 14 after three years.

In our step wage scale, the gap between all steps is one percent. So, when a nurse moves up a step, they gain a one percent wage increase based on their experience. On top of this, they also earn the annual wage increase we negotiate for all nurses that year.

In many years, nurses receive both the step and annual wage increase. This traditional approach is used in all Oregon Nurses Association (ONA) contracts. And, virtually every union contract nationwide rewards seniority by utilizing a step scale. At CH, the employer reports that twelve nurses in our bargaining unit of 50 RNs and LPNs will move up a step on their next anniversary under this option.

In addition, in the employer’s Option #1, they also propose to move our wage scale up a step. By eliminating the first step and renumbering the steps, nurses would accelerate through the steps more quickly.

Option #2 eliminates the step scale entirely. Nurses would retain their current wage. Henceforth, all nurses would only receive across-the-board increases.

As a part of Option #2, the employer proposes a three percent wage increase in each of the next three years. In exchange, Cascade Health nurses would permanently forgo the step scale as well as any associated future increases tied to experience.

Gazing into our crystal ball, we see danger in Option #2. As a part of Option #2, the employer proposes a three percent wage increase in each of the next three years. In exchange, Cascade Health nurses would permanently forgo the step scale as well as any associated future increases tied to experience.

Bargaining away a step scale is a one-time decision. Once we give it up, it would be nearly impossible to negotiate it back into any future contract.

In short, the employer is offering a three-year bargain that does not increase their labor costs but restricts our future ability to bargain decent wage raises in upcoming contracts. Option #2 is a radical alternative that upends decades of received wisdom in thousands of contracts bargained by workers nationwide in every industry.

### Other PTO decisions

Besides the wage options, we are asking for nurses input on two other employer proposals: (1) a proposed limit on paid time off (PTO) to one nurse during low staffing and (2) a proposed cap of 3 consecutive weeks of PTO during summer and December.

First, the employer proposed to limit the number of nurses on PTO in home health and hospice when the minimum staffing drops below eight nurses. In particular, they see this happening in home health on Mondays and Fridays when we have a large number of admits. They suggest that granting PTO to two nurses means that the nurses on duty have increased workload.

In our last bargaining round, we worked hard to increase the minimum number of nurses off at a time to two. We wonder whether nurses will now agree to return to one when minimum staffing is low.

Second, the employer proposed limiting PTO to three consecutive weeks during prime periods of June – August and December.
They suggest this would improve the chances of less-senior nurses getting some vacation during these high-demand months.

We Want to Hear from You!
To allow nurses time to understand the options and voice their opinions, we canceled the bargaining session scheduled for Monday, May 13.

Our only remaining bargaining session is scheduled for Wednesday, May 22.
Please attend our membership meeting on Thursday, May 16 at Zach’s house. Or communicate with Zach or Susan at your earliest convenience.

Bargaining by The Numbers (continued from page 1)
view complete bargaining tracker, or visit www.OregonRN.org/53 and follow the link.
Besides the ones mentioned elsewhere in this newsletter, another substantive proposal still in dispute is the employer’s proposal to restrict a nurse who has corrective action from transferring to another department for 12 months.
We countered with a limit of only six months and language that allows the hiring manager discretion to accept a nurse under corrective action.

We are seeking nominations for these officers for our local bargaining unit:
- Chair
- Vice Chair
- Secretary-Treasurer
- Membership/Education Chair
- Grievance Chair

Full descriptions can be found on your ONA/CH webpage www.oregonrn.org/53 and following the bylaws link or CLICK HERE.
If you are interested, text/call our labor representative Gary Aguiar at (503)444-0690
or email at Aguiar@OregonRN.org

Officer Nominations Are Now Open

Membership Meeting
Thursday, May 16, 7:00 p.m.
@ Zach Page’s house
For his address, contact Zach, Susan Coven or Gary Aguiar (aguiar@oregonrn.org or text/call (503) 444-0690)
Or join our conference call at 888-537-7715 and use the participant code 42244904.
Staffing Education & Advocacy Training

Have you recently been elected to your hospital’s staffing committee or do you desire to be a more prepared and effective staffing advocate? If so, we encourage you to take a SEAT with ONA for our online Staffing Education & Advocacy Training (SEAT). This is the only comprehensive staffing law training in Oregon and is available online through our OCEAN platform. It is available 24/7 and can be taken at your own pace. It is free for ONA members and available to non-members at a discounted price.

Nurses can earn 2.25 continuing nursing education contact hours for completion of the entire SEAT series.

Visit www.OregonRN.org/OnlineCE to get started.

Don’t Miss ImportantONA Emails

ONA wants to make sure all members receive timely communications, ensuring you have the most up-to-date information on your contract, bargaining issues, upcoming votes, nursing research, practice issues and workplace policies. If you are not receiving ONA emails, we can help.

First, check to make sure ONA emails are not being filtered into a junk, spam or clutter folder. Many email providers, like Comcast, Yahoo and Gmail, have built in Spam/Junk filters or blockers. The filters are intended to prevent you from getting junk mail or spam, but can unintentionally block emails you want to receive. If ONA emails are in one of these folders, flag them as “not junk” and add News@OregonRN.org to your safe sender list.

If there are no ONA emails in those folders and you still aren’t receiving ONA emails, there are various causes listed to the right.

You can fix most problems by simply emailing ONA at News@OregonRN.org with your name, personal email address and the name of the facility you work at in the body of the email.

We will update our records to ensure you don’t miss future ONA emails.

Common Reasons for Not Receiving ONA Emails

1. **Mislabeled**: Emails from ONA are being flagged as junk or spam by your email service provider.

2. **No Email**: ONA does not have an email on file for you.

3. **Bad Email**: ONA has an incorrect or outdated email on file.

4. **Blocked**: Due to several failed delivery attempts, our system has stopped attempting to send emails to your email address.

5. **Opted Out**: You have opted out of receiving emails.

6. **Work Email Filters**: Some health care systems filter out ONA emails so nurses don’t receive ONA-related emails. This is why we encourage nurses to use their personal email addresses instead of work emails.

Fixing Problems to Receive ONA Emails

1. **Check your junk/spam/clutter folder for ONA emails**: Flag ONA emails as “not junk/spam” and add News@OregonRN.org to your safe sender list.

2. **Email ONA**: To fix reasons 2-6, simply email ONA at News@OregonRN.org, and include your name, personal email and facility you work at in the body of the email.