

Recommended Tentative Agreement (TA) Summary

ONA at Hillsboro Medical Center

October 21, 2026

Highlights of new language and improvements

DURATION OF CONTRACT

- 3- year contract (effective upon ratification to June 30, 2029)

WAGE INCREASES & DIFFERENTIALS (APPENDIX A)

- Significant improvements to the wage scale, including market adjustments for all steps and removing all “ghost steps,” ensuring each step receives a step increase every single year
- Average dollar increase in first year is \$8.76/hr and 13.45% increase; Over three years, average dollar increase is \$18.68 and average percentage increase is 28.68%

Cost of Living Adjustments

- 6% increase to all steps effective the first full pay period after July 1, 2027
- 7% increase to all steps effective the first full pay period after July 1, 2028

Step	Year 1 (New wage scale)				Year 2 (6% increase)			Year 3 (7% increase)		
	Current Wage	Wage Effective at Ratification	Total \$ Increase from Current	Total % Increase from Current	Wage Effective after 7/1/2027	Total \$ Increase from Current	Total % Increase from Current	Wage Effective after 7/1/2027	Total \$ Increase from Current	Total % Increase from Current
0	\$49.34	\$57.00	\$7.66	15.52%	\$60.42	\$11.08	22.46%	\$64.65	\$15.31	31.03%
1	\$52.23	\$59.28	\$7.05	13.50%	\$62.84	\$10.61	20.31%	\$67.24	\$15.01	28.73%
2	\$54.29	\$61.65	\$7.36	13.56%	\$65.35	\$11.06	20.37%	\$69.92	\$15.63	28.80%
3	\$55.93	\$64.12	\$8.19	14.64%	\$67.96	\$12.03	21.52%	\$72.72	\$16.79	30.02%
4	\$57.96	\$66.04	\$8.08	13.94%	\$70.00	\$12.04	20.78%	\$74.90	\$16.94	29.23%
5	\$60.56	\$67.36	\$6.80	11.23%	\$71.40	\$10.84	17.91%	\$76.40	\$15.84	26.16%
6	\$61.44	\$68.71	\$7.27	11.83%	\$72.83	\$11.39	18.54%	\$77.93	\$16.49	26.84%
7	\$62.31	\$70.08	\$7.77	12.47%	\$74.29	\$11.98	19.22%	\$79.49	\$17.18	27.57%
8	\$62.61	\$70.78	\$8.17	13.06%	\$75.03	\$12.42	19.84%	\$80.28	\$17.67	28.23%
9	\$63.44	\$71.49	\$8.05	12.69%	\$75.78	\$12.34	19.45%	\$81.09	\$17.65	27.82%
10	\$63.69	\$72.21	\$8.52	13.37%	\$76.54	\$12.85	20.17%	\$81.90	\$18.21	28.59%
11	\$63.69	\$72.93	\$9.24	14.51%	\$77.30	\$13.61	21.38%	\$82.72	\$19.03	29.87%
12	\$64.86	\$73.66	\$8.80	13.56%	\$78.08	\$13.22	20.38%	\$83.54	\$18.68	28.80%
13	\$64.86	\$74.39	\$9.53	14.70%	\$78.86	\$14.00	21.58%	\$84.38	\$19.52	30.09%
14	\$65.63	\$74.89	\$9.26	14.11%	\$79.38	\$13.75	20.96%	\$84.94	\$19.31	29.42%
15	\$65.63	\$75.39	\$9.76	14.87%	\$79.91	\$14.28	21.76%	\$85.51	\$19.88	30.29%
16	\$66.96	\$75.89	\$8.93	13.34%	\$80.45	\$13.49	20.14%	\$86.08	\$19.12	28.55%
17	\$66.96	\$76.40	\$9.44	14.10%	\$80.98	\$14.02	20.94%	\$86.65	\$19.69	29.41%
18	\$67.67	\$76.91	\$9.24	13.65%	\$81.52	\$13.85	20.47%	\$87.23	\$19.56	28.90%
19	\$67.67	\$77.42	\$9.75	14.41%	\$82.07	\$14.40	21.27%	\$87.81	\$20.14	29.76%
20	\$69.10	\$77.94	\$8.84	12.79%	\$82.61	\$13.51	19.56%	\$88.40	\$19.30	27.92%
21	\$69.10	\$78.46	\$9.36	13.54%	\$83.16	\$14.06	20.35%	\$88.98	\$19.88	28.78%
22	\$70.49	\$78.98	\$8.49	12.04%	\$83.72	\$13.23	18.77%	\$89.58	\$19.09	27.08%
23	\$70.49	\$79.51	\$9.02	12.79%	\$84.28	\$13.79	19.56%	\$90.18	\$19.69	27.93%
24	\$70.49	\$80.04	\$9.55	13.54%	\$84.84	\$14.35	20.35%	\$90.78	\$20.29	28.78%
25	\$71.17	\$80.57	\$9.40	13.21%	\$85.40	\$14.23	20.00%	\$91.38	\$20.21	28.40%
26	\$71.17	\$81.11	\$9.94	13.96%	\$85.97	\$14.80	20.80%	\$91.99	\$20.82	29.25%
27	\$72.61	\$81.65	\$9.04	12.45%	\$86.55	\$13.94	19.19%	\$92.60	\$19.99	27.54%
28	\$72.61	\$82.19	\$9.58	13.20%	\$87.12	\$14.51	19.99%	\$93.22	\$20.61	28.39%
29	\$72.61	\$82.74	\$10.13	13.95%	\$87.70	\$15.09	20.79%	\$93.84	\$21.23	29.24%
30	\$74.08	\$83.29	\$9.21	12.43%	\$88.29	\$14.21	19.18%	\$94.47	\$20.39	27.52%

Differentials:

- Night Shift: \$8 effective upon ratification & increases to \$10/hr on July 1, 2027 (currently \$6/hr)
- Preceptor: \$4.50/hr (currently \$2/hr)
- Relief Charge: \$4.50/hr (currently \$3.50/hr)
- Standby (for Endoscopy, PACU, Cath Lab, OR): \$6.50/hr (currently \$5.50/hr)
- Break Relief Nurse (BLT): \$3.50/hr (currently \$3/hr)
- Weekend: \$2/hr (currently \$1.50/hr)
- New! BSN or higher level of education differential: \$1/hr
- New! \$1.25/hr Certification Differential starting the first full period after January 1, 2028
 - The certification bonus remains in place until December 31, 2027 when the 2027 bonus will be paid out. The new hourly certification differential means you won't have 40% taxes taken out of our bonus, and will earn more for your certification.

PAID TIME OFF (ARTICLE 4)

- Eliminated Appendix B and moved all Paid Time Off language into Article 4, so it is easier to read
- Maintained 480 hour PLH accrual cap & fought off take-away attempt by HMC to lower your PLH accrual cap to 200 hours a year
- Maintained 360 PLH cash-out upon separation & fought HMC proposed takeaway to lower PLH cash-out upon separation from 360 hours to 200 hours
- Fought off take-away attempt by HMC to remove ability to take two prescheduled days a year unpaid if you have less than 60 hours PLH in bank
- Changed PLH accrual table to reflect 12-hour nurses accrual rates, instead of 8-hour nurse accrual rates

New Flex Leave Hours! (MOU)

- New 24 hours of NEW Flex Leave Hours, at straight pay plus applicable shift differential, starting July 1, 2027 and July 1, 2028 to be used for low census or for any other type of leave that is covered under PLH. Will be pro-rated by quarter for new hires hired after July 2 of 2027 and 2028.
 - 24 hours will be put into each nurses account on July 1, 2027 and July 1, 2028. It is a “use it or lose it” by June 30 of the following year.
- Effective the first full pay period after ratification, new additional 12 hours of Flex Leave Hours, at straight pay plus applicable shift differential, to be put into regular nurses accounts as a “ratification bonus”

Use of PLH and Legacy EIH

- Newly hired nurses can now accrue and take PLH starting on their first day of employment (instead of waiting until they pass their 90 day introductory period)
- Removed requirement to use 96 hours of PLH a year
- New PLH Cash-out ability for 40 hours twice per year (instead of once per year) in July and November
- New ability to take Legacy EIH in 15-minute increments (instead of one-hour increments)
- New ability to request vacation up to 1 year in advance, without having needed PLH hours in your bank at the time of the request

- New priority consideration for previously denied vacation requests (if you are denied, and later the time slot becomes open, you can submit another request with your original request date used)- UBC will work on unit wide vacation tracking so nurse's can see when others have vacation, or when vacation slots open up if a coworker cancels or leaves HMC

Bereavement Leave and Jury Duty

- New ability to take up to 24 hours on non-consecutive time for bereavement leave for all nurses
- Removed one day bereavement leave restriction for Portland based deaths
- New Jury Duty protections: can take unpaid time or PLH if on jury duty before or after shift, or with less than 10 hours rest between shifts

INSURANCE BENEFITS

- Removed ranges of employer paid premiums for all but employee-only, but increases the base rate HMC pays for employee-only
- Highest of the current range rate now paid by HMC for employee + spouse, and employee + children
- Establishes set rate HMC pays for family premiums (HMC has been paying this rate, and not the top, so this is a win)
- Fought off HMC proposal to remove maximum rate for short term disability payouts

	Full-time	Part-time*
Employee Only	~~90~~ 1 - 100%	~~81.5~~ 83 - 87.5%
Employee + Spouse	~~80~~ - 87.5%	~~66.5~~ - 72.5%
Employee + Child(ren)	~~80~~ - 87.5%	~~66.5%~~ - 72.5%
Family	~~80~~ - ~~87.5%~~ 85%	~~66.5~~ - ~~72.5%~~ 71.5%

WORKING CONDITIONS (ARTICLES 1 AND 5)

Floating

- **Big win!** Maintained current floating language by unit or cluster! Fought off HMC's attempts to change our floating language, in which nurses would float by patient assignment!

Per Diem Requirements

- Improved Per Diem shift requirements: a per diem nurse must sign up for 5 shifts to keep employment (currently a per diem nurse must work 6 shifts to keep employment). A per diem nurse whose shift was called off for low census will count towards the shift requirement.
 - Per Diems will be eligible for Short Notice Shift Incentive after they are scheduled for 6 shifts in a scheduling period.
 - "Full" open shifts will be defined by the unit or department
 - Maintained language stating each unit can adopt their *own* per diem requirements, as long as they're not more than the standard requirement

Preceptor

- New Preceptor definition that includes time orienting traveler nurses, newly graduated nurses and currently employed nurses who are new to the unit. Preceptor pay for nurses who are temporarily assigned to be a preceptor by management.
- \$4.50/hr preceptor differential (currently \$2/hr)

Meals and Breaks

- New ability to combine meal and rest periods on a voluntary basis if approved by management
- Cleaned up language to be easier to read and fought against HMC's proposals to have nurses take their meal period three hours before the end of their shift.

Weekends

- Improved consecutive weekend language
- Establishes process of rotation by seniority for self-scheduling units who must volunteer or mandatory schedule weekends, nurses who volunteer or are moved will receive consecutive weekend pay (time and a half)

UNION REPRESENTATION, DISCIPLINE GUIDELINES, AND NEW STANDARDS OF BEHAVIOR (ARTICLE 6)

Investigatory Interviews

- Exit Interviews: nurses can request union representation at their exit interviews! This helps ensure ONA knows why nurses are leaving, and ensures nurses can be honest about why they are leaving. If you do return to HMC, having ONA present ensures no retaliation for being honest is possible.
 - Employers cannot legally share the details of why you are leaving with another employer. They only confirm your employment and the dates.
- Coaching: removed outdated language and ensures if a manager documents a coaching session, which are non-disciplinary, that the nurse will receive a copy of this documentation. "Coaching's" cannot be used to build a case for discipline or referenced in discipline;
- Performance Improvement Plans (PIPS): establishes a PIP template to be used hospital-wide by managers. PIPs are non-disciplinary by nature. They should have measurable goals, assistance and training by management to ensure you are able to meet the PIP, and frequent check-ins to ensure a nurse's success.
- Standards of behavior: New section! We have heard loud and clear that HMC managers have discriminated, harassed, bullied and retaliated against non-white nurses in the past. This section was something we fought for to ensure that HMC administration is holding their own managers accountable when ONA reports situations. In the past, HMC has stated they would do something about it, but never took action. Now we can grieve managers behavior and hold them to the standard agreed upon by both sides.
- Investigatory Interviews: Allows up to two ONA rep's at these meetings now. Previously, only one rep was allowed. Having two reps ensures we can take adequate notes, advise, and train new stewards and unit reps

LEAVES OF ABSENCES (ARTICLE 7)

- Eliminated Appendix C and moved to Article 7 so its easier to read and understand all types of leaves available
- Protects nurse's from being written up on leave due to leave administrator error!
- Added crime victim leave, domestic violence leave, Oregon Family and Medical Leave eligibility, Paid Leave Oregon eligibility, and clearer definitions for other types of leave
- Clearer understanding on how to request leaves
- Maintained PLH accrual during leaves, and nurses eligibility for health insurance coverage and hospital contribution during leaves
- Ensures hospital will make effort to reinstate nurse badge, EPIC log-in and work email upon nurse returning from leave

WORKPLACE VIOLENCE AND SAFETY, INCLEMENT WEATHER (NEW ARTICLE 8)

- New article on workplace safety! Establishes shared safety standards and responsibility for ensuring healthy and safe workplace environment
- Establishes new standards for workplace safety: consistent screening of visitors, patients and belongings in the ED and by EMS, posting signs banning weapons and/or violence, clear reporting protocols for violence, unsafe conditions or threats
- HMC will provide annual workplace violence prevention and protection training to nurses
- Workplace violence will now be a standing agenda item for current Employee Safety Committee
- **New Inclement weather language!** Protections when unable to safely report to work due to inclement weather

COMMITTEES (NEW ARTICLE 17)

- New article for committees! Moved PNCC here with Nurse staffing committee and Labor Management Committee (LMC).
- Establishes new Unit Based Councils and shared governance into contract.

SENIORITY (ARTICLE 15)

- Nurses who leave HMC and return upon 90 days will now have seniority reinstated (currently 30 days)
- Seniority by length in unit or dept preference over hospital-wide (affects units which have STP nurses)

LOW CENSUS AND LAYOFFS (ARTICLE 16)

- **New Severance language!** Nurses who are laid-off will be offered the same severance per HMC policy that they offer to non-union nurses (1 week of severance pay per year of service, up to 16 weeks; does not offer HMC contribution for COBRA, but nurse can elect to pay COBRA)
- Float pool now in system of rotation with regular unit nurses- if a MLC occurs, float pool will have system of rotation in their assigned unit and will be considered in rotation with rest of unit

NEW MEMORANDUM OF UNDERSTANDINGS (MOU'S)

- **Union Recognition MOU** stating the Hospital will recognize RN's in Day Surgery, Observation Unit and Geriatric Psychiatry units as part of ONA and in the bargaining unit, in the event the Hospital re-opens any of these units

- **Specialty Training Program MOU** that combined previous MOUs
 - Nurses completing STP must accept a budgeted FTE position
 - Low Census and floating protections for STPs after completion of program increased to 8 weeks (from 4)- fought HMC's proposal of 24 weeks
 - Extends provision for night shift STPs to work days, nights or variable for a period up to 6 months before assuming night position, in order to receive adequate experience
- **Digital Innovation Committee MOU** that states two RN's can be paid to participate in the Hospitals DI committee, which will cover AI in the workplace
- **Task Force for Health Insurance MOU** that states two RN's will be paid to participate in a new task force that will explore more affordable health insurance plans for all hospital employees and their dependents, including Taft-Hartley health insurance plans (health insurance which is provided by the union). Participants will be two HMC management employees, two ONA RN's, two AFSCME represented employees, two HMC non-union and non-management employees. Union labor representatives and expert guest speakers allowed. Task force will meet up to 4 times a year, and will present a annual report.
- **Flex Leave Hours MOU** (See above under Paid Time Off)