We met with the County for our ninth bargaining session on Monday, March 21. They presented proposals on the following subjects:

- Health insurance increases for the Kaiser plan. There will be no increases to the new Cigna plan.
- Added language for nurses who telecommute in Washington 50 percent or more of the time. This is to be in compliance with state law on paid sick leave, paid medical leaves and worker’s compensation.
- A Nurse Practitioner fellowship program.

The Kaiser premium proposal would increase the employee contribution per paycheck as follows:

- 1 party: $8.63.
- 2 parties: $17.22.
- Family: $24.55.

They rationalized this with these comments:

- Full-time employees’ Kaiser contributions have historically been lower than for the contributions for the higher-level PPO plans, based on prior situation where the Kaiser plan cost less.
- Employee contributions for Kaiser as a percentage of premium have not changed since 2009.
- Kaiser premium cost has increased 18.3 percent from 2017 to 2021, with a 1.3 percent enrollment increase.

- Moda actual costs (claims +administration + stop-loss) increased 6.4 percent from 2017 to 2021 with a 4 percent enrollment increase.
- Cigna budget rates for 2022 represented over a 10 percent decrease from 2021.
- Actual costs of coverage under Kaiser have exceeded the cost of PPO coverage for many years.

Regardless, it is unacceptable for this to be presented without a substantial wage increase. We pressed them again for their full economic package proposal. They assured us that they would be presenting that in the next bargaining session on Monday, April 4.

We did make our first tentative agreement on Article 5- Association Security, Check-Off and Business with the following changes:

- We removed the maintenance of membership language.
- We added: “Employee turnover will be a standing agenda item for the NERC during the 2022-2025 term of this Agreement. The County will on a semi-annual basis provide the NERC with information to allow it to review the employee turnover rate and an assessment of the impact of employee turnover. The NERC will review that information twice annually and will provide to the County any feedback it may have on how best to reduce employee turnover”.

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All of their proposals can be found on our webpage here: www.OregonRN.org/MCHD.

We would love a big turnout of observers for the next virtual session where the economics should be presented by management.

Please RSVP to Jocelyn at Pitman@OregonRN.org so that you can receive the bargaining meeting link.

Proposals (continued from page 1)

"Three weeks ago, one by one, each of the nurses who work in the Student Health Center program (SHC) were told that the entire RN discipline within the program were being completely eliminated effective June 30, 2022.

We were told that the reasoning behind this decision was that the nurses are unable to bill for RN services in the same way the nurse practitioners are able to, thus not generating sufficient profits.

I have worked in the SHCs for nearly eight years now. The personal impact this will have on me, and my family is devastating. The work that I have had the privilege of doing is my passion and I will miss it greatly. My team members, as well as my colleagues at the eight additional sites who will no longer have an RN, will no doubt also feel the impact of this. They will all have to shoulder the work that the nurses did.

However, the greatest impact will be for the kids and families we serve. The service the RNs provide for our patients is invaluable through our relationship building, care coordination and case management, our school and community outreach and education, spending that extra time with the patients that the nurse practitioners do not have time for on their schedules, and the numerous other services we provide.

We were told by upper leadership that these budget cuts were determined necessary because our program needs to run “as a business model.”

I wholeheartedly disagree. Multnomah County Health Department is a public health entity, funded by federal and state monies. We receive this funding because we work with some of the most vulnerable populations in Multnomah County. The students and families who seek care at the SHCs come to us because they are met with friendly faces who aren’t concerned about their gender identity, immigration status or monthly income. They come to us because we value equitable care for all and it shows in the care we provide.

The SHC model was not built to be a profitable business. It was created to provide high-quality primary care to historically marginalized youth.

With the removal of the RNs from this program, it will no longer be able to do so. I am speaking out on this not to save my job, but to speak up for the people we serve, and in hopes that the programs that currently exist within the Multnomah County Health Department remain intact." – Tammy Mazelin

Please stay tuned on next steps in this important effort to save the four community health nurse (CHN) positions that the county is cutting.

They have proposed to replace these four positions with a nurse practitioner float and two behavioral health positions.

While we fully support these positions being added, we do not accept cutting CHNs in order to provide room for these other positions.

These passionate and dedicated CHNs provide vital care coordination for our county’s most vulnerable students. **The work they do is irreplaceable.**