In bargaining with the PeaceHealth corporation, we have sought to achieve one goal: the recruitment and retention of experienced nurses in our community. Our Oregon Nurses Association (ONA) bargaining team has offered numerous proposals that would continue our nurses’ tradition of offering award-winning patient care in Florence.

The plain fact is Florence faces a looming nurse shortage. Oregon’s nursing workforce is shrinking, and in the next eight years, Oregon will have more than 6,000 unfilled nursing positions. However, our bargaining team’s proposals anticipate that challenge. We developed a range of proposals aimed at enticing nurses to move to and remain in our community.

We want to get out in front of the nurse shortage so that Peace Harbor can continue to hire and keep high-quality nurses, and at the bargaining table we have been positive and transparent about this goal. In response, our employer has continually rejected nearly all of our proposals with little to no explanation.

Our unity break in the cafeteria on Feb. 28, 2017, was a huge success, with one-third of our bargaining unit participating. We followed that up with a positive outpouring of support at our community meeting on April 4, where about one-half of our nurses met more than 100 community members, who listened as we told our stories. It is clear the Florence community stands with our nurses and is eager to take action to support us! We appreciate their input and backing!
MEDIATION YIELDS MODEST MOVEMENT BY EMPLOYER

Employer agrees on market differentials; our team remains firm on major issues

Our efforts to rally nurses and our community paid off at our bargaining session on Monday, April 10, 2017, which was the first session facilitated by a mediator. The mediator is a federal employee charged with persuading both sides to come to an agreement without economic disruption. Mediators are not arbitrators and they do not decide on outcomes. Instead they facilitate communication between the two parties. On Monday, the mediator shuttled back and forth between the two conference rooms where our bargaining team and the PeaceHealth team met separately, assisting with dialogue between the respective teams.

The support shown for our nurses and bargaining team at our Feb. 28 unity break and April 4 community meeting had an effect. The employer finally made some movement on one of our major issues, differentials. They agreed to pay differentials comparable to the prevailing standard in nearly all categories.

As a good faith response to the employer’s movement, we winnowed down our proposals to the major issues in contention. We withdrew nearly two dozen proposals and offered a couple of counter-proposals, which you can review on the bargaining unit webpage (ONA/PHH Bargaining Withdrawals, Counters and TAs as of April 10). You can also review most recent bargaining tracker for a list of all proposals that remain open and those on which we have a tentative agreement (TA).

However, we still remain far apart from the employer on several major issues, including wages, employee health benefits, uniformed security, and limits on call. The table below provides detailed descriptions of these issues.

After much debate, our team decided to withdraw our proposal to return to our health care insurance plan from two contracts ago. Our negotiators recognize that nurses recall our previous plan fondly, especially when compared to the current standard PeaceHealth plan. Improving health care insurance was the number one issue on our pre-negotiation survey of nurses at Peace Harbor. This bargaining concession was a major move on our part.

Nurses know that other employers offer good health insurance plans, including some plans offered to nurses’ spouses who work outside of health care. Other hospitals in our region are using generous insurance plans as an incentive to recruit nurses. It is unfortunate that our employer is short-sighted with regard to the upcoming nurse shortage and so far has refused to consider changes to make our health insurance a recruitment tool instead of a disincentive.

Bargaining Teams Remain Far Apart on Major Issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>The employer moved to offer 2% annual increases. Their original offer was 1.5% increases in the first two years and 1% in the third year. We have proposed 4% annual increases to bring in us in line with the local market of nurse wages.</td>
</tr>
<tr>
<td>Employee health benefits</td>
<td>We continue to ask for the return of discounts on PeaceHealth clinical services for nurses and the continuation of our retiree pharmacy benefit program. The employer still rejects these proposals.</td>
</tr>
<tr>
<td>24/7 uniformed security</td>
<td>Last year, as a result of our work to pressure the employer, local administrators found funds to hire a professional security firm on nights and weekends. Now we want to institutionalize this benefit in our contract. Although this is not a mandatory topic of bargaining, we do not want to see this service to our patients disappear.</td>
</tr>
<tr>
<td>Limits on call</td>
<td>We have several proposals, including (a) an on-call position in home health and hospice, (b) maximum limits on call for surgical services, and (c) nurses’ ability to reduce their schedules after lengthy or repeated call-ins.</td>
</tr>
</tbody>
</table>

(Continued on page 3)
It is clear that the PeaceHealth corporation is wedded to its standard insurance plan, even in the face of concerted opposition by nurses at Peace Harbor. The Vancouver-based PeaceHealth negotiators were intransigent on this issue, refusing to offer our 75 nurses a plan that would recruit new nurses and retain experienced nurses. Despite withdrawing our health insurance proposal, our bargaining team remains committed to the issue of better health insurance for our nurses. Our leadership will collaborate with others to move PeaceHealth to offer better insurance in the future.

We are scheduled for a second mediation session on Wednesday, April 26, 2017. Our bargaining team continues to need your help moving our employer on major issues!

Our ONA/PHH executive committee has arranged for a vote to authorize our bargaining team to call an informational picket. An informational picket is NOT a strike. During a picket, nurses continue to work their scheduled shifts, but walk the picket line on breaks and their days off. A picket line is held on public property, and nurses and our supporters hold signs and provide information to the general public. In the healthcare industry, unions are required to provide the employer with 10 days’ notice before holding an informational picket.

This informational picket authorization vote is open to bargaining unit members in good standing and fair share payers. It will run from Monday, April 17, through Thursday, April 20. During this time, eligible nurses may vote either online or in person. On Monday, we will provide you with the link to vote online, and your bargaining unit leaders will start collecting paper ballots on campus. We want everyone to participate in this important vote!

In anticipation of this vote, nurse leaders are asking nurses to sign cards pledging to vote YES on authorizing our team to call an informational picket. If you haven’t signed the pledge card, please print it from our bargaining unit webpage and submit it as soon as possible.

On April 4, 2017, at the Florence Senior Center, more than 100 community members joined about half of the nurses at Peace Harbor to learn about the difficulty our nurses face as our bargaining team negotiates with the PeaceHealth corporation. The community listened to our story and offered their support.
Right: Members of our contract action team (CAT) have distributed more than 400 window signs throughout our Florence community. We appreciate the community’s support in displaying these signs, attending our April 4 community meeting, and writing letters in support of our efforts in bargaining.

Below: Nurses gather to support their bargaining team during the unity break in the cafeteria on Feb. 28, 2017.

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.