PHHH Update – May 6, 2023

UPCOMING EVENTS

ONA Providence Systemwide Strike Fundraiser
Monday, May 8, 5-9 p.m. Lucky Lab on Hawthorne (SE Portland)
Join with ONA members from across the Providence system, our community, and our allies to socialize, celebrate recent organizing wins, and to raise a little money for ONA’s strike fund to support striking workers with hardship funds. Family friendly.

ONA-PHHH Strike School
Tuesday, May 9, 7:30-8:00 a.m.; 12-12:30 p.m.; 7:30-8:30 p.m. Virtual via Zoom
Thursday, May 11, 7:30-8:00am; 12-12:30pm; 7:30-8:30pm Virtual via Zoom
Come to one or more offerings of Strike School to get up to speed on ongoing negotiations; learn the basics around union rights, contract campaign escalation, and strikes; and to understand why we are hoping to move quickly to maximize our leverage to win the strongest possible contract.
All offerings are at tinyurl.com/ona-phhh (passcode: ONA).

Bargaining Session
Wednesday, May 10, 8:30 a.m.-4:30 p.m. PHHH Halsey Building (Steele Conference Room)
Drop by our next bargaining session in person if you happen to be near the Halsey building during your lunch or break. You can also drop into our virtual caucus update 12-12:30 p.m. at tinyurl.com/ona-phhh (passcode: ONA).

BARGAINING UPDATE
We held our second bargaining session as a full team across all clinical disciplines on May 3. We moved proposals on issues identified as particular priorities by newly unionized clinicians:

- **Education Hours:** In our Professional Development (Article 13) proposal, we proposed an additional 8 hours of educational leave for all clinicians every year, moving RNs, OTs, PTs, and SLPs to 16 guaranteed hours per year. This proposal has already been accepted for RNs so we anticipate securing it for other disciplines as well. For Social Workers and Bereavement Counselors, who have much higher continuing education requirements, we have proposed an additional 8 hours above their current 16 hours,
bringing them to 24 hours per year. In addition to these guaranteed hours, we have proposed to increase the pool of additional hours available by request to 1365 per year to meet the needs of the larger bargaining unit. Additional hours will be available to clinicians on either the clinical ladder or RCAP (to be negotiated in Appendix B).

- **Education Funding:** To account for the higher continuing education requirements for the newly unionized disciplines, we have proposed increases to education funds for each:
  - PTs $470 per year (up from $300)
  - OTs $585 per year (up from $300)
  - SLPs $615 per year (up from $350)
  - Social Workers and Bereavement Counselors $780 per year (up from $300)

For all disciplines except SLPs, these values are calculated by scaling the values nurses receive up by the proportional to the higher continuing education requirement. SLPs have access to very few applicable continuing education units on Medbridge, so we scaled their funding up a bit more. Additional funds will be available to clinicians on either the clinical ladder or RCAP (to be negotiated in Appendix B).

- **Safe & Healthy Workplace:** Several sessions ago, we introduced a new article of our contract, Safe & Healthy Workplace. Management accepted much of the language we proposed, including creating protections around hostile environments. Based on a robust conversation at the table, we were able to return a proposal that would guarantee a clinician’s right to refuse visits to a patient where they have unresolved safety issues. Our proposal would also ensure that all patients are thoroughly and consistently screened around safety issues before a clinician visits their home. Further, our proposal would provide fully paid leave (without use of PTO) to any clinician who needs time off after experiencing workplace violence. Be sure to read the full proposal—there’s a lot of important detail contained therein!

We also proposed on Recognition and Membership (Article 1), mostly around defining the newly represented disciplines.

The main proposal received from management was on Electronic Visit Verification. Where we have proposed that clinicians will only be required to use Electronic Visit Verification through Rover for the small subset of visits where that will be required under law January 2024, management continues to insist that electronic visit verification is completed for every visit. The law only requires visits to Home Health (not Hospice) Medicaid patients who do not reside in congregate care facilities. We know this is an extremely small subset of our patients, but management is using the change in the law to justify widescale location tracking. Bargaining Team members shared how deeply their colleagues care about this issue, saying that some have expressed a willingness to leave if management’s proposal was adopted.

We reached tentative agreements on a few smaller articles:

- Grievance Procedure (Article 12)
- Task Force (Article 21)
- Employment Status (Article 6)

We believe we are pretty close to reaching agreement on Association Rights (Article 10) as well.
We intend to make a proposal on wages for non-RN clinicians at next week’s bargaining session. We will also propose on several priorities around schedule flexibility, low census, floating, territories, and related working conditions.