The ONA/Providence Home Health & Hospice (PHHH) and Providence Home Care Services (PHCS) bargaining teams met on Feb. 22 and March 15 to continue negotiations for a successor to our 2015-16 ONA contract, which expired at the end of last year. While the parties continue negotiations, the provisions of the 2015-16 ONA contract remain in effect, nurses continue to progress through the wage step system, all current practices affecting our working conditions must go unchanged.

We've made progress on many issues, but there still a few major sticking points, including our medical insurance benefits for 2018 and the amount of increase to our wage scale. For a look at the status of all of the proposals, see the ONA/PHHH Proposal Tracking Form on your ONA/PHHH webpage. To provide input to the bargaining team on any of the proposals, contact Gieryn@OregonRN.org.

Key Areas of Disagreement
- Health Insurance
- Wages

Health Insurance Benefits
The details of your health benefits are currently defined in Appendix C of the current contract and cover terms and conditions such as premiums charged to nurses, the deductible, co-insurance, and copay amounts that nurses must pay when using the health and prescription drug plans, as well as amounts contributed by PHCS to our health savings and health reimbursement accounts, the coordination of benefits, and dental and vision benefits and costs.

**Health insurance benefits did not change significantly from 2016 to 2017.** You received information about minor changes to those benefits during the open enrollment period late last year.

**The question is about 2018.** Our past contracts came with a guarantee that the medical, dental, and vision benefits would not change significantly in the second year of the contract. That guarantee can be found in the Memorandum of Understanding (MOU) – 2016 Medical Insurance Benefits, on page 68 of the current ONA contract.

**Providene wants to eliminate this MOU guaranteeing our medical insurance benefits.**

They are not willing to commit to any specific benefits for 2018. They are only (Continued on page 2)
willing to commit to continuing to offer ONA nurses the same benefits that they offer other Providence employees. They want to have the freedom to adjust those benefits (we’re guessing downward) without having to negotiate with any of their union-represented employees.

We think Providence’s insurance plans are going the wrong direction. Providence’s nurses are the front line of their health care system. Due to our dedication and professionalism, Providence maintains respect as a quality health care provider.

Don’t Providence nurses deserve the best health care that Providence can provide?

The answer is yes! But Providence’s medical insurance benefits for nurses have declined to the point where some nurses delay or even forego medical care due to the large out-of-pocket costs. The maximum annual out-of-pocket cost for nurses covering dependents now stands at $6,600 under the Health Reimbursement Medical Plan (HRMP) and $6,600 under the Health Savings Medical Plan (HSMP). We also pay 20 percent of the cost of brand name prescriptions with no out-of-pocket limit. Even generic drugs are 10 percent until we’ve paid the plan deductible and $10 each thereafter with, again, no limit.

Providence has flatly rejected our proposal to increase their annual contribution to our medical savings and medical reimbursements accounts from $750 to $1,150 for individual coverage and from $1,400 to $2,300 for those covering dependents. In fact, they are unwilling to commit to contribute the current amounts next year. In addition, they have also proposed eliminating the portion of the contract that specifies what health risk assessment activities a nurse must undertake to receive the contributions. Our current contract calls for a biometric screen that assesses the following health indicators: blood pressure, cholesterol (fasting or non-fasting), body mass index, and glucose. Lately, and without our objection, Providence has substituted an online health risk assessment (HRA), for the biometric screen. We proposed modifying that part of the contract to provide for the HRA, but Providence wants freedom to change the requirement without bargaining with us, and we cannot accept the possibility of new and onerous requirements. The requirement needs to be spelled out in the contract.

Wage Increases
Both negotiating teams moved closer to a final deal on wages in the last two sessions. We most recently proposed a 2.75 percent increase effective 1/1/17, and another 2.75 percent increase effective 1/1/18. Providence’s most recent proposal calls for a 2.0 percent increase effective 1/1/17, and a 1.5 percent increase effective 1/1/18.

We’re not sure why Providence feels we should receive a smaller wage increase than other Providence nurses.

Providence Milwaukie nurses already received a 2.75 percent increase for 2017. The new ONA contract at Providence Newberg calls for 2.5 percent increases in 2017 and 2018, and nurses at Providence St. Vincent Medical Center also received a 2.5 percent increase in 2017.

Nurses at Providence Portland Medical Center, Providence Seaside Hospital and Providence Willamette Falls Medical Center are all in the process of negotiating with Providence over wage increases for 2017 and 2018, so Providence has a lot at stake. They’re not likely to offer anything above our bottom line, so they’re waiting to see how low we will go.

What should our bottom line be? What do you think? Please feel free to contact us via our ONA labor relations representative, Sam Gieryn, at Gieryn@oregonrn.org.

| Current Differential Proposals: |
|------------------|------------------|
|                  | ONA              | PHCS             |
| **Evening Shift**| $0.10            | $0.10            |
| **Night Shift**  | $0.10            | $0.10            |
| **Weekend**      | $0.10            | no increase      |
| **Preceptor**    | $0.40            | $0.25            |
| **Certification**| $0.20            | no increase      |
We are Close to Agreement on the Following Issues

Increases to several differentials are being discussed at our table. See the table on page 2 for a break down of where both parties stand.

Extra-Shift Differential
Extra shift pay is used to encourage nurses to pick up additional shifts in addition to their normal hours in order to maintain census and quality care. We are concerned that Providence proposals to eliminate or weaken the differential would result in many vacant shifts not getting filled and the impact would fall on our patients, who need timely care from nurses who are not overburdened with double duty due to short staffing.

Management initially proposed to remove extra-shift differential (Appendix A, Section M) from the contract completely. Upon our strong objection, they withdrew that proposal. Later they proposed that they would not pay extra-shift differential and overtime simultaneously. That would mean that nurses who pick up extra shifts would not earn the differential if they were also earning overtime for the same hours. We reminded them that full-time nurses would have little incentive to pick up extra shifts.

Providence has since indicated a willingness to withdraw that proposal if we’ll agree that extra shift differential would only be paid when they have designated a specific shift as “incentive shift” in advance. The proposal would give Providence a chance to find replacements who are willing to work an extra-shift without the incentive, before offering out the incentive. We’re considering management’s most recent proposal. In some part that’s because Providence has linked to other proposals that would benefit nurses. We also know that despite contract language to the contrary, in some departments the payment extra-shift differential has not been automatic when nurses work above their FTE for many years. See a thorough explanation of this issue on page 3 of Update #4.

Shift start times which may vary by no more than six hours.

For example, Providence could hire a nurse to work a variable position with a range of start times between 7:00 a.m. and 1:00 p.m. The nurse could refuse to work any shift that started outside those parameters. Exceptions would be allowed for emergencies and educational programs.

Once hired, the nurse could voluntarily agree to work any hours they choose beyond the required parameters. The scheduling notice requirements would still apply so that the nurse would know well in advance what their start times are for the scheduling period.

Caseload Limits
We initially proposed caseload limits adjusted for acuity and prorated for FTE. Unfortunately, Providence doesn’t want to commit to any particular number of patients as a limit. They feel that managers have been sympathetic to nurses' concerns about their caseloads, so there’s no need for a set limit. They also feel that in certain situations, like when all the patients are in the same facility, a higher caseload can be absorbed.

We’ve been able to agree that Home Health and Hospice will work collaboratively with nurses when determining appropriate caseloads. Nurses who are experiencing difficulty meeting patient care needs due to the acuity or complexity of the patients assigned, travel time or required documentation, will be encouraged to inform

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their supervisor and/or manager, who will work collaboratively with the nurse to adjust the nurse’s caseload appropriately.

We are hopeful that this will result in caseload assignments that meet our patients’ needs, but nurses who feel that they are not being heard regarding these concerns should contact a member of the ONA/PHHH Executive Committee.

### 30-Year Bonus

Full-time nurses are currently eligible for a bonus of $1,500 upon reaching their 30th years of continuous employment with Home Health and Hospice. Part-time nurses are eligible for a $1,000 bonus. Unfortunately very few nurses reach this milestone. A good deal more of us have worked for Providence for 30 years or more, but started our careers at a different Providence facility. Under a proposed tentative agreement, service with any Providence Health System employer would count toward the 30-year requirement. Nurses who have already passed that milestone, but did not receive a bonus will have a one-time opportunity to request a review of their employment history and obtain the bonus. In addition, the bonus will be increased from $1,500 to $1,800 for full-time nurses and from $1,000 to $1,200 for part-time nurses.

### Credit for Prior Experience

A newly hired nurse may be hired at any pay step, but not less than the step number that corresponds with the number of years of the nurse's completed related experience during the immediately preceding five years. So, five years is the maximum number of years of experience that Providence is required to credit to new nurses. We proposed increasing that number to 10 years, so that more experienced nurses would be able to join our staff without taking too large of a cut in pay. Providence has not agreed with that, but has agreed to another proposal we made to reduce the number of hours of work required for a year of experience to be counted. Currently, a year of experience need not be counted by Providence if it was less than full-time (2,080) hours. We’ve agreed that a year of experience will be counted if the nurse worked 1,200 hours in the year.