ARTICLE 3 - PAID TIME OFF

A. The Paid Time Off ("PTO"): Program encompasses time taken in connection with vacation, illness, personal business, and holidays. Except for unexpected illness or emergencies, PTO should be scheduled in advance. Copies of PTO guidelines will be available to the nurses clinicians, and the Association will be notified of revisions to the guidelines.

B. Accrual: Effective January 5, 2020, Regular nurses with an FTE of 0.5—1.0 will accrue PTO as follows:

1. From and after the nurse's most recent date of employment until the nurse's third (3rd) anniversary of continuous employment—0.0961 hours per hour worked, not to exceed 80 paid hours per two-week pay period (approximately 25 days of PTO per year with 200 hours' pay for a full-time nurse);

2. From and after the nurse's third (3rd) anniversary of continuous employment until the nurse's fifth (5th) anniversary of continuous employment—0.1078 hours per hour worked, not to exceed 80 paid hours per two-week pay period (approximately 28 days of PTO per year with 224 hours' pay for a full-time nurse);

3. From and after the nurse's fifth (5th) anniversary of continuous employment until the nurse's tenth (10th) anniversary of continuous employment—0.1154 hours per hour worked, not to exceed 80 paid hours per two-week pay period (approximately 30 days of PTO per year with 240 hours' pay for a full-time nurse);

4. From and after the nurses' tenth (10th) anniversary of continuous employment until the nurses' fifteenth (15th) anniversary of continuous employment—0.1269 hours per hour worked for a 0.50 to 1.0 nurse, not to
exceed 80 hours per two-week pay period (approximately 33 days of PTO per year with 264 hours’ pay for a full-time nurse);

5. From and after the nurses’ fifteenth (15th) anniversary of continuous employment - 0.1346 hours per hour worked, not to exceed 80 hours per two-week pay period (approximately 35 days of PTO per year with 280 hours’ pay for a full-time nurse);

**The number of hours is based on an 8-hour shift or 80 hours per pay period.

1. For regular nurses on schedules consisting of three (3) days each week, with each workday consisting of a 12-hour shift, or four (4) days each week, with each workday consisting of a 9-hour shift, the accrual rates in paragraphs B 2.1 – 5 immediately above will be changed to 0.1004, 0.1122, 0.1197, 0.1314, and 0.1389 hours, respectively, per paid hour, not to exceed 72 paid hours per two-week pay period.

1. Regular clinicians working an FTE based upon an eight (8) hour shift or a forty (40) hour workweek (or variant thereof) will accrue PTO at the following rates:

<table>
<thead>
<tr>
<th>Years of Continuous Employment</th>
<th>PTO Accrual per Paid Hour</th>
<th>PTO Accrual per Year per 1.0 FTE</th>
<th>Maximum PTO Accrual per 1.0 FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 years</td>
<td>0.1057 hours</td>
<td>220 hours</td>
<td>330 hours</td>
</tr>
<tr>
<td>3 to less than 5 years</td>
<td>0.11538 hours</td>
<td>240 hours</td>
<td>360 hours</td>
</tr>
<tr>
<td>5 to less than 10 years</td>
<td>0.13462 hours</td>
<td>280 hours</td>
<td>420 hours</td>
</tr>
<tr>
<td>10 to less than 15 years</td>
<td>0.15384 hours</td>
<td>320 hours</td>
<td>480 hours</td>
</tr>
<tr>
<td>15 or more years</td>
<td>0.16153 hours</td>
<td>336 hours</td>
<td>504 hours</td>
</tr>
</tbody>
</table>
2. Regular clinicians working an FTE based upon a nine (9) or twelve (12) hour shift or a thirty-six (36) hour workweek (or variant thereof) will accrue PTO at the following rate:

<table>
<thead>
<tr>
<th>Years of Continuous Employment</th>
<th>PTO Accrual per Paid Hour</th>
<th>PTO Accrual per Year per 0.9 FTE</th>
<th>Maximum PTO Accrual per 0.9 FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 years</td>
<td>0.10683 hours</td>
<td>200 hours</td>
<td>300 hours</td>
</tr>
<tr>
<td>3 to less than 5 years</td>
<td>0.11966 hours</td>
<td>224 hours</td>
<td>336 hours</td>
</tr>
<tr>
<td>5 to less than 10 years</td>
<td>0.13889 hours</td>
<td>260 hours</td>
<td>390 hours</td>
</tr>
<tr>
<td>10 to less than 15 years</td>
<td>0.15812 hours</td>
<td>296 hours</td>
<td>444 hours</td>
</tr>
<tr>
<td>15 or more years</td>
<td>0.16453 hours</td>
<td>308 hours</td>
<td>462 hours</td>
</tr>
</tbody>
</table>

3. Accrual will cease when a nurse clinician has unused PTO accrual equal to one and one-half (1 ½) times the applicable annual accrual set forth above.

C. Definition of a Paid Hour: A paid hour under B above will include only (1) hours directly compensated by Home Health and Hospice, and (2) hours not worked on one of a nurse’s clinician’s scheduled working days in accordance with Article 5 O (Low Census/Daily Reduction in Hours) of this Agreement, and (3) scheduled hours compensated through third parties; and will exclude overtime hours, unworked standby hours, hours compensated through third parties, hours paid in lieu of notice of termination, or hours while not classified as a regular nurse clinician.

D. Pay: PTO pay will be at the nurse’s clinician’s straight-time hourly rate of pay, including regularly scheduled shift, certification, and clinical ladder differentials provided under Appendix A and B, at the time of use. PTO pay is paid on regular paydays after the PTO is used.
E. **PTO Share Program:** Bargaining unit nurses clinicians may participate in Home Health and Hospice’s PTO Share Program consistent with the policy then in effect.

F. **Hold**

G. **Hold**

H. **Change in Status:** A nurse’s clinician’s unused PTO account will be paid to the nurse clinician in the following circumstances:

1. Upon termination of employment and, in cases of resignation, if the nurse clinician has also provided the required notice of intended resignation. Home Health and Hospice will have the discretion to allow a nurse clinician who experiences a bona fide emergency which precludes the nurse clinician from being able to give the required notice, in which case no deduction of PTO will be made.

2. Upon changing from benefits-eligible (FTE 0.5 – 1.0) to non-eligible status (FTE less than 0.5).

I. **Paid Leave Oregon.** For the full duration of a regular clinician’s approved leave of absence under Paid Leave Oregon (PLO)/Oregon Family Medical Leave Insurance (OFMLI), Home Health and Hospice will top-off wage replacement to 100% of the regular clinician’s regular rate of pay including applicable shift, certification, and clinical ladder differentials at the time of the leave, without the clinician’s use of PTO hours.

J. **Short-Term Disability/Paid Parental Leave:** Home Health and Hospice will provide a Short Term Disability and Paid Parental Leave benefit.

1. For absences not covered by Paid Leave Oregon (PLO), short term disability and/or paid parental leave benefits will be paid at sixty-five (65%) of the nurse’s clinician’s base rate of pay plus shift differential plus certification premium, including clinical ladder, at the time of the leave, if
applicable. The benefit will increase to 66-2/3% beginning the first full pay
period of 2024.

2. Beginning the first full pay period of 2024, Home Health and Hospice will
provide an enhanced short-term disability benefit for absences not
covered by PLO, in which benefits-eligible nurses clinicians will be
eligible for up to eight weeks of leave with 100% pay following the 7-day
waiting period (when PTO can be used) and then 66-2/3% thereafter for a
combined total of 26 weeks, including base pay plus all applicable shift
differentials, certification premiums and clinical ladder pay provided under
Appendix A and B, at the time of use.

3. For the purpose of short-term disability benefits, an eligible nurse will
receive the difference between their normal base and applicable shift
differentials and the Oregon State paid leave program funding to equal
100% of pay for eight weeks and a combined benefit of 66 2/3% between
the Oregon state paid leave program and short-term disability benefit for
leaves lasting more than ten weeks up to 26 weeks combined.

K. (Formerly J) HOLD

L. PTO Cash Out: A clinician may cash out up to 30% of their PTO balance up to
two (2) times per rolling year. To cash out their PTO, the clinician must notify Home
Health and Hospice of the amount of hours they would like to cash out by the end of the
pay period prior to the pay period for which they would like to receive the cash value of
their PTO. PTO will be cashed out consistent with Section D above.
ARTICLE 7 - LEAVES OF ABSENCE

A. Leaves of absence without pay may be granted to regular nurses clinicians, who have been continuously employed for at least six (6) months, at the option of Home Health and Hospice for good cause shown when applied for in writing in advance, except that no leaves of absence other than for health (including parental leave) or extended professional study purposes will be granted between June 1 and September 1 each year. Leaves of absence will be granted only in writing. However, a nurse clinician will be deemed to be on a leave of absence from the beginning of any approved period of unpaid absence, other than layoff, regardless of the completion of paperwork under this section.

B. Paid Leave Protected Leave. Paid Leave Oregon (PLO), Family Medical Leave Act (FMLA), Oregon Family Leave Act (OFLA), and workers’ compensation leaves of absence will be granted in accordance with applicable law. Home Health and Hospice will permit a nurse clinician who is approved for such leave to use accrued PTO for all hours taken for such leave that are not otherwise compensated to care for themself and/or qualifying family members, as outlined in the provisions of applicable law and this Agreement.

C. Regardless of eligibility for leave under PLO, FMLA, or OFLA, nurses clinicians who have completed the first six months of employment are eligible for up to six months of leave to care for their own serious health condition and parental leave. This leave will be available on an intermittent basis, as long as the nurse clinician also qualifies under PLO, FMLA, or OFLA; if the nurse clinician does not qualify under PLO, FMLA, or OFLA, such leave will not be available on an intermittent basis, unless approved in writing. Time taken under PLO, FMLA, OFLA will count toward the six-month maximum. Benefits continue as required under PLO, FMLA, or OFLA, or as long as the nurse clinician is using PTO or Short Term Disability (STD) EIT. Nurses Clinicians are not
guaranteed reinstatement while on non-STD, PLO, FMLA, or OFLA leave to the same position except (a) as required by law or (b) as stated in Sections J and K below.

D. **Armed Services Leave:** Leaves of absence for service in the Armed Forces of the United States will be granted in accordance with federal law. An employee on an Armed Forces Leave may use available PTO during such leave or may choose to take the leave unpaid.

E. A nurse clinician will not lose previously accrued benefits as provided in this Agreement but will not accrue additional benefits during the term of a properly authorized leave of absence. A nurse's clinician’s anniversary date for purposes of wage increases and vacation accrual rates shall not be changed because of being on a leave for 30 days or less.

F. A nurse clinician who continues to be absent following the expiration of a written leave of absence, or emergency extension thereof granted by Home Health and Hospice, may be subject to discipline, suspension or discharge.

G. **Bereavement Leave:** A nurse clinician who has a death in the nurse’s immediate family will be granted up to 3 (three) days' time off with pay. A member of the nurse clinician's immediate family for this purpose is defined as the parent, grandparent, parent-in-law, spouse, child (including foster child), grandchild, sibling of the nurse clinician; parent, child, or sibling of the nurse's clinician's spouse; spouse of the nurse's clinician's child; or other person whose association with the nurse clinician was, at the time of death, equivalent to any of these relationships (including legal guardianships). Consistent with OFLA, nurses clinicians may be off work for up to two (2) weeks to make funeral arrangements, attend the funeral, or to grieve a family member who has passed away. Such leave will be taken within sixty (60) days of the nurse clinician learning of the death of the family member. Nurses Clinicians may use accrued leave
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to cover time off work beyond the three (3) days referenced in this section or they may elect to take additional time off unpaid.

h. jury duty: a nurse clinician who is required to perform jury duty will, if they request, be rescheduled to a comparable schedule on day shift during the monday through friday period and be permitted the necessary time off from such new schedule to perform such service, for a period not to exceed the required length of jury service two (2) calendar weeks per year. a nurse clinician who is required to perform jury duty will be paid the nurse’s clinician’s regular straight-time pay plus applicable shift, certification, and clinical ladder differentials the scheduled workdays missed provided that they have made arrangements with the nurse’s clinician’s supervisor in advance. the nurse clinician must furnish a signed statement from a responsible officer of the court as proof of jury service.

i. nurses clinicians who are subpoenaed to appear as a witness in a court case, in which neither nurses clinicians nor the association is making a claim against home health and hospice, involving their duties at home health and hospice, during their normal time off duty will be compensated for the time spent in connection with such an appearance as follows. they will be paid their straight-time rate of pay, not including shift differential, provided that the subpoenaed nurse clinician notifies home health and hospice immediately upon receipt of the subpoena. such pay will not be deemed to be for hours worked. they will also be given, if they so request, equivalent time off from work in their scheduled shift immediately before or their scheduled shift immediately after such an appearance, provided that the subpoenaed nurse clinician makes the request immediately upon receipt of the subpoena.

j. return from non-plo, fmla, or ofla leave in 60 90 days or less: upon completion of a leave of absence of 60 90 days (180 days where the leave is for a compensable injury/illness under Oregon’s workers’ compensation law or covered by short term disability, or more if required by that law) or less, the nurse clinician will be
reinstated in the nurse’s clinician’s former job (including position, assignment/territory, unit, shift and schedule).

K. Return from non-PLO, FMLA, or OFLA leave of 61–91 days or longer: Upon completion of a leave of absence of over 60–90 days (180 days where the leave is for a compensable injury/illness under Oregon’s Workers’ Compensation Law, or more if required by that law), the nurse clinician will be offered reinstatement to the nurse’s clinician’s former job (including position (but not necessarily the same assignment/territory), unit, shift and schedule), if such job has not been filled. If such job has been filled, the nurse clinician will be given preference for a vacancy for which the nurse clinician applies in the same or a lower position on the nurse clinician’s former shift which the nurse clinician is qualified to fill and, if the former job thereafter becomes available within 150 days of commencement of such leave (210 days where the leave is for a compensable injury/illness under Oregon’s Workers’ Compensation Law, or more if required by that law), preference upon application for the nurse’s clinician’s former job (including position (but not necessarily the same assignment/territory), unit, shift and schedule). The layoff provisions of Article 16 of this Agreement are not applicable to a nurse clinician who is eligible for reinstatement, but has not yet been reinstated, under the preceding two sentences; except for purposes of the recall provision. Under the recall provision, such a nurse’s clinician’s position for recall from among the nurses clinicians eligible for recall will be determined as if the nurse clinician was laid off in accordance with his/her their seniority.

(Leaves of absence for educational purposes are also referred to in the Professional Development article of this Agreement.).

NOTE: ONA’s Articles 3 and 7 packaged with withdrawal of December 12, 2022 NEW ARTICLE: PAID LEAVE OREGON
ARTICLE 8 - HEALTH AND WELFARE

A. Laboratory examinations, and prophylactic treatments, when indicated because of exposure to communicable diseases at work, shall be provided by Home Health and Hospice without cost to the nurse clinician.

B. In the event of an exposure, Home Health and Hospice will provide any exposure specific testing as defined by the Center for Disease Control (CDC) at no cost to the nurse clinician. A nurse clinician, upon request, will be furnished a copy of all results of the aforementioned tests. If Home Health and Hospice requires quarantine of the clinician, Home Health and Hospice will provide the clinician with work from home duties, paid leave, or a combination of the two to maintain the clinician’s regular paid hours for the quarantine period.

C. Home Health and Hospice will provide Group Life Insurance on the same terms as provided to a majority of Home Health and Hospice’s other employees.

D. Each actively working regular nurse clinician will participate in the benefit program offered to a majority of Home Health and Hospice’s other employees, in accordance with their terms and Appendix C. From the Providence benefits program, the nurse clinician will select: (1) a medical coverage (Health Reimbursement Medical Plan, Health Savings Medical Plan, or the Exclusive Provider Organization (EPO) Plan); (2) dental coverage (Delta Dental PPO 1500 or Delta Dental PPO 2000), (3) supplemental life insurance, (4) voluntary accidental death and dismemberment insurance, (5) dependent life insurance, (6) health care Flexible Spending Account (FSA), (7) day care Flexible Spending Account (FSA), (8) long term disability coverage, (9) short term disability; and (10) vision coverage. Home Health and Hospice will offer all such benefits directly or through insurance carriers selected by Home Health and Hospice.
Nurses clinicians who transfer from other Providence employers within Oregon to benefit-eligible positions at Home Health and Hospice will retain their current medical benefits, including any benefit selections for the year and any account balances.

E. For the term of this collective bargaining agreement, Home Health and Hospice will not make any significant or material changes in the medical, dental, and vision insurance plan design with regard to (a) amount of the in-network net deductible (defined as deductible minus monetary contributions from Home Health and Hospice for either the HRA or the SA); (b) the percentage of employee medical premium contributions; (c) annual out-of-pocket maximums for in-network expenses; and (d) amount of spousal surcharge, except as outlined below. The spousal surcharge will be the only such surcharge in the medical and dental insurance plan.

Home Health and Hospice shall offer a medical insurance plan with coverage substantially similar to their status quo plans in Oregon, but with an annual employee total cost (deductible plus annual employee premium share less subsidy) of not more than $400 for individuals and not more than $1000 for a family.

Notwithstanding the above reductions, that medical insurance plan shall limit out-of-pocket-maximums to not more than $1,700 for an individual and not more than $3,450 for a family.

If Home Health and Hospice is not able to offer a substantially similar plan which conforms to the above requirements due to geographic and/or provider restrictions, then Home Health and Hospice shall increase the subsidy and/or decrease the employee premium share for one or more of its existing plans to conform to the annual employee total cost requirements as set forth above.

Home Health and Hospice shall provide the subsidy to all bargaining unit clinicians and their dependents, regardless of their participation in the Employer’s Virgin Pulse program.
program or similar programs. Participation in Virgin Pulse or similar programs shall be voluntary.

Home Health and Hospice’s plans shall provide 100% coverage for out-of-pocket costs related to outpatient mental health services. If there is a delay greater than 30 days to access in-network mental health services, Providence will allow the enrolled clinician or their enrolled family member to access out-of-network mental health services without prior authorization or a single case agreement and reimburse associated out-of-pocket expenses at 100% of the cost to the enrolled clinician or their enrolled family member. If a medical provider moves from in-network to out-of-network during the term of treatment for an enrolled health plan member, coverage will be provided at the in-network coverage rate for the duration of the treatment.

For the duration of the collective bargaining agreement, there shall be no increase to employee total costs.

For the duration of the collective bargaining agreement, Home Health and Hospice shall maintain substantially similar medical coverage and a Caregiver Assistance Program that provides for access to virtual mental health services under substantially similar terms.

No later than 30 days after ratification, the parties will use Task Force to jointly produce and distribute a resource that outlines currently available mental health services.

F. For the term of the collective bargaining agreement, Home Health and Hospice will not charge or create any significant or material newly contemplated never before charged fee for the medical, dental and vision insurance plans.
ARTICLE 12 - GRIEVANCE PROCEDURE

A. A grievance is defined as any dispute by a nurse clinician over Home Health and Hospice’s interpretation and application of the provisions of this Agreement. During a nurse’s clinician’s probationary period, the nurse clinician may present grievances under this Article to the same extent as a nurse clinician, except that neither discipline/corrective action nor termination of a probationary period nurse clinician will be subject to this Article. A grievance shall be presented exclusively in accordance with the following procedure:

Step 1 — If a nurse clinician has a grievance, they may present it in writing (containing, to the best of the nurse’s clinician’s understanding, the facts and Agreement provisions involved) to the nurse’s clinician’s immediate core leader (Clinical Manager or Manager) within twenty-one (21) days of the date when they had knowledge or, in the normal course of events, should have had knowledge of the occurrence involved in the grievance. Upon mutual agreement between Home Health and Hospice and the Nurse clinician, the Nurse clinician may present the grievance to a core leader other than the nurse’s clinician’s immediate core leader. A grievance concerning discipline/corrective action or termination must be presented within fourteen (14) days after the date of notice. Only a nurse clinician who was actually involved in the occurrence may present a grievance, unless (a) another nurse clinician presents the grievance because the former nurse clinician is mentally or physically incapable of doing so or (b) any nurse clinician who is an officer of the bargaining unit presents a group grievance where the occurrence actually involved two or more nurse clinicians. The immediate core leader’s reply is due within fourteen (14) days of such presentation. The Association may choose to present a group grievance at Step 1 if the affected nurses clinicians have the same immediate core leader. Otherwise, the grievance will be presented at Step 2.

Step 2 — If the grievance is not resolved to the nurse’s clinician’s satisfaction at Step 1, they may present the grievance in writing to the Senior Manager or
Director (and/or designee) within fourteen (14) days after receipt of the response in Step 1. If no Step 1 response is received within the time required, they may present the grievance in writing to the Senior Manager or Director (and/or designee) within fourteen (14) days after the deadline for response. The Senior Manager's or Director's (and/or designee's) written response to the grievant and the Association is due within fourteen (14) days after a meeting between such Home Health and Hospice representative, the grievant, and the grievant’s representative, if any. If no meeting is held, such written response is due within fourteen (14) days after presentation of the grievance.

**Step 3** — If the grievance is not resolved to the nurse's clinician's satisfaction at Step 2, they may present the grievance in writing to the Director or Executive Director (and/or designee) within fourteen (14) days after receipt of the response in Step 2. If no Step 2 response is received within the time required, they may present the grievance in writing to the Director or Executive Director (and/or designee) within fourteen (14) days after the deadline for response. The Director's or Executive Director's (and/or designee's) written response to the grievant and the Association is due within fourteen (14) days after a meeting between such Home Health and Hospice representative, the grievant, and the grievant’s representative, if any. If no meeting is held, such written response is due within fourteen (14) days after presentation of the grievance.

**Step 4** — If the grievance is not resolved to the nurse's clinician's satisfaction at Step 3 or through mediation as described below, Association may submit the grievance to an impartial arbitrator for determination. If it decides to do so, Association must notify the Director or Executive Director (or designee, whomever heard the grievance at Step 3) in writing of such submission no later than fourteen (14) days after receipt of the Step 3 response. If such response has not been received, Association must notify the Director or Executive Director (or designee, whomever heard the grievance at Step 3) in writing of such submission no later than twenty-one (21) days after proper presentation of the
grievance at Step 3, or within fourteen (14) days of the conclusion of the mediation process described below if that process does not result in resolution of the grievance.

B. It is the intent of the parties that meeting(s) will be held at Steps 1 through 3 among the grievant and representatives of Association and Home Health and Hospice. At such meeting(s), the grievance will be discussed in good faith. If meeting(s) are not held because of the unavailability of the grievant or persons from either Home Health and Hospice or Association, the grievance will continue to be processed as set forth above.

C. A grievance will be deemed untimely if the time limits set forth above for presentation of a grievance to a step are not met, unless the parties agree in writing to extend such time limits.

D. If the grievance is not resolved to the nurse’s clinician’s satisfaction at Step 3, Home Health and Hospice and the Association may mutually agree to submit the unresolved grievance to mediation through the Federal Mediation and Conciliation Service within fourteen (14) days following the Step 3 response. Each party shall bear their own costs associated with preparing for the mediation. Costs of mediation, if any, shall be shared equally by both parties. The mediation process will be conducted within sixty (60) days of the request, if feasible, and may be terminated through written notice to the other party at any time.

E. If the parties are unable to mutually agree upon an arbitrator at Step 4, the arbitrator shall be chosen from a list of five (5) names furnished by the Federal Mediation and Conciliation Service. The parties shall alternately strike one (1) name from the list, with the first strike being determined by a flip of a coin, and the last name remaining shall be the arbitrator for the grievance.
E. The arbitrator’s decision shall be rendered within thirty (30) days after the grievance has been submitted to the arbitrator, unless the parties by mutual agreement extend such time limit.

F. The decision of the arbitrator shall be final and binding on the grievant and the parties, except that the arbitrator shall have no power to add to, subtract from or change any of the provisions of this Agreement or to impose any obligation on Association or Home Health and Hospice not expressly agreed to in this Agreement.

G. The fee and expenses of the arbitrator shall be shared equally by Association and Home Health and Hospice, except that each party shall bear the expenses of its own representation and witnesses.

H. As used in this Article, “day” means calendar day.
ARTICLE 21 - TASK FORCE

A. Home Health and Hospice and the Association agree to create a task force for the purpose of facilitating communication and fostering a model of cooperative problem solving of issues related to contract and operational matters arising during the term of the current agreement.

B. The Association shall appoint four (4) six (6) members to the task force, at least three (3) five (5) of whom shall be employed by Home Health and Hospice. Home Health and Hospice shall also appoint four (4) six (6) to the task force.

C. The task force will set a schedule of monthly meetings (unless both parties mutually agree to meet more or less frequently on paid time) or as otherwise agreed to between Home Health and Hospice and the Association. Employed nurse clinician members will be paid up to one (1) hour for attendance at task force meetings and up to one (1) hour for preparation and follow up to task force meetings. If both parties agree the meeting needs to continue longer than one hour, then nurse clinician members will be paid for the extended meeting time. The meetings will be held virtually, except the parties may meet in person by mutual agreement.

D. The inability of task force to solve a problem/issue is not a violation of Article 21 and will not be the subject of any grievance.

E. The task force will designate co-chairs to prepare an agenda five (5) days before each meeting. Minutes for each meeting will be prepared and furnished to members of the task force within ten (10) days. Each co-chair will alternate chairing the meeting. The minutes and information furnished by Home Health and Hospice to the Association and its task force members in connection with the functioning of the task force are to be deemed confidential to the task force and the Home Health and Hospice executive members of ONA and may be disclosed to other persons only by mutual agreement of Home Health and Hospice and the Association.