We continued negotiations on Monday, Aug. 17 which included discussions about the proposed changes to:

- The health care plan
- Floating
- Clearer definition of the process for meal and break relief staffing
- Staffing and safety issues around the “boarding” of patients
- Earned Time Off (ETO) accrual rates
- Employee Sponsored Disability Plan (ESDP) usage limitations
- Standby requirements
- Compensation issues and how all of these issues impact our ability to recruit and retain great nurses

We met again on August 18 at which time we provided a comprehensive proposal package to the hospital. The hospital had indicated on several occasions that they had moved as far as they were able to.

After a short period of time and little progress on Monday to reach additional agreements, the hospital suggested that it was time to seek help from the Federal Mediator. While we were disappointed that we could not move forward with the negotiations it was not a surprise and we agreed to mediation.

We have secured mediation on Wednesday, Sept. 9, 2020.

Mediation is different than regular negotiations in that we no longer speak directly to the hospital leadership team. We share proposals via an impartial 3rd party. We are also not allowed to have observers during mediation.

Your ongoing support and feedback is critical to ensuring we get an agreement you will support.

Our next Facebook live will be Thursday, Aug. 20 at 8 p.m. Please join us there for more information. If you have questions about negotiations please contact a negotiation team member or ONA Labor Representative Susan Bruce at Bruce@oregonrn.org.
Stalled Negotiations (continued from page 1)

Nurses want to work at a place that fully supports a work/life balance that has staffing that enable them to provide not just adequate care but exceptional care. Places that offer health insurance plans that offer plentiful options of providers, are affordable and decrease the likelihood of a financial catastrophe related to illness or injury. Places that encourage continued education and professional development.

ARRMC does provide many of these benefits at some level. We know, based on current and expected staffing needs with the planned expansion that the current incentives are not adequate to highlight ARRMC as a premier employer of choice for nurses. We know the competition for nurses will continue to grow in the future. The hospital leadership shared many times during our negotiations that the proposals they made are “in line with market comparators”.

As we have repeatedly shared; ARRMC has been one of the top performers in the nation for several years in a row, not because we are “in line” with other facilities, but because we provide exceptional and outstanding care. In order to continue to provide that level of service to our community we must be easily recognized as an exceptional employer. That means being a leader, not just “in line with market comparators”.

We have worked to improve the process for addressing missed meals and breaks. While we are getting closer we simply don’t agree that it should take six months to decide there is a real problem and start the correction process.

We are not in agreement that Women and Children service line staff should be the fall back resolution to inadequate staffing of other units.

We do not agree that if you have volunteered for ASI/CNI and you are not needed at the time of the shift that you should be mandated to be on standby. Current contract language says you are the first to be called off. We believe that called off means no responsibility to be available, not put on mandatory standby. You have agreed to work a normal day off because of urgent need. If the need no longer exists you should have a choice to continue to make yourself available or not.

We are not yet in agreement about provisions for assignments related to “boarding” patients.

We have not yet reached agreement to changes to the ETO accrual rates which have not been modified for years.

And of course we have not yet reached agreement on financial issues.

We have made a lot of progress but still have much work to do.

Health Benefit Plan Changes

We have taken a different approach to Health Benefit negotiations this year. The expired contract language said that we had the opportunity to meet and discuss hospital dictated changes to the health benefit plans, offer suggestions and then the hospital would decide what changes to make.

Our proposal this year is to actually negotiate there are no changes to the financials components of the 2020 plan or forced movement to Tier 3 or even Tier 2 for the duration of the contract life other than premium increases equivalent to the across the board wage increases.

The previous process has had some success and also resulted in annual changes to at least some piece of the plans. Changes over the past several years have included plan provider coverage, plan costs, premiums, and incentives all of which the hospital has the final authority to do as they choose and that we get what everyone else at ARRMC gets.

We have seen some added value and benefits through this process and we have seen some negative changes as well. We have brought issues forward that have led to changes the hospital might not have known about or made without those discussions. The problem is that ultimately, the hospital makes the final decisions and we do not have any real negotiation power on an issue that is a mandatory subject of bargaining.

The hospital has shared some of their strategic plan to grow Asante as an organization in multiple ways

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including growing Asante Physician Partners and the Asante Health Network (providers who are independent providers or part of a group of providers and have a contract negotiated with Asante that includes a variety of metrics and compensation components) in order to provide quality services at affordable options.

To be clear we support that type of growth for the organization. Our concerns are about the process of moving that vision forward and the accessibility that is currently available.

In 2019 the plan had three options: APP/AHN; Regence network; and all others not affiliated with APP/AHN or Regence. In 2020 the plan changed and added a new tier Regence Adequacy. That tier was included to address choices of non APP/AHN providers who were still part of Regence, but of whom APP/AHN unilaterally decided there were enough providers to offer care to plan members. During our discussions we clarified that the ability in 2019 and 2020 to get an appointment with an APP/AHN Primary Care Provider (PCP) was significantly difficult and resulted in long delays. The hospital agreed and added that all PCP in Jackson and Josephine county, regardless of affiliation would be Tier 1 providers, until APP/AHN was able to gain additional (adequate and sufficient) primary care providers and would not move those providers from Tier 1 until 2021. The hospitals initial information about Health benefit changes for 2021 would move members who have a Providence PCP into Tier 3. That move would more than double and in some cases triple all the out of pocket maximums and deductibles for individuals and families in every plan as well as increasing the premiums for the PPO plan by nearly 10 percent and the premiums for the HSA and HRA plans by more than five percent.

After further discussion, the hospital modified their proposed Health Benefit proposal to only move non-APP/AHN PCP and Medford Women’s Clinic providers to Tier 2 rather than Tier 3 only for 2021. That change will result in increases for the PPO plan of individual deductible by $250, $500 for family deductible, OOP individual max of $1500 and OOP family max of $3000 for the year. For the HSA plan the individual and family deductibles will remain unchanged; however the OOP individual max will increase by $1000 and the OOP family max will increase by $3000. For the HRA plan individual deductible will increase by $500; Family deductible will increase by $1000; OOP individual max will increase by $1500 and OOP family max will increase by $3000. All of those increases are for your Primary Care Provider if you do not choose a provider within the APP/AHN network and Asante has unilaterally decided that there is adequacy and sufficiency to provide that care within their system. In addition nearly all other services also increase.

The hospital has shared that they believe the best value for exceptional care is with care provided by APP and AHN providers. While that may or may not be true, requiring people to see only a select group of providers OR face extraordinary financial penalties does not respect our decisions for the health of us and our families. People want to go where there is great service not just because it is the only thing they can afford.

Asante has the ability to do what is right, especially during an unprecedented global pandemic.

COVID-19 MOU

We finalized the Memorandum of Understanding (MOU) related to COVID-19 issue which offers some security for nurses. It is not as generous as the Memorandum of understanding that was in force from early March through May 9 of this year, but it is the best we were able to secure at this time.

This MOU is effective July 27, 2020 until December 31, 2020.

While some provisions remain unchanged from the previous version, such as ETO accrual cap language, grievance timelines, teleconference attendance for union related meetings, staffing reassignments and
COVID-19 MOU  (continued from page 3)

floating, Unsafe assignments and Personal Protective Equipment, Patient/Nurse safety and exposure precautions, COVID-19 specific unit/facility staffing and notice and communication of exposure other areas have changed.

Access to the Administrative pay has been drastically reduced and is only available if you have been exposed to COVID-19 at work and had an accepted Workers comp claim. In that circumstance you would be paid out of the Administrative leave bank for the required 3 day waiting period before Workers comp actually begins to pay.

Nurses who choose to not take an alternate assignment when offered will be required to use ETO or go unpaid.

All vulnerable/high risk employees may request an accommodation assignment. If the accommodation cannot be granted, they will be granted a leave as an accommodation and will need to utilize their ESDP and or ETO in order to be paid.

Nurses who are unable to obtain childcare are entitled by current state rules to request OFLA/FMLA leave and would need to use ETO to cover the leave.

Licensing and certification timelines will be driven by OSBN and DNV.

Housing and food accommodations will be provided at hospital expense for nurses who have known COVID-19 exposure from patients or co-workers and are being actively monitored but do not require hospitalization at the employees request.

Nurses who have been exposed to COVID-19 as part of their patient care assignments and are required to report to Jackson County Public Health and Asante Employee health may request a payment of no more than $500. These payments shall be made from the HIV/Hepatitis fund (Article 13.4 D) and subject to the balance of the fund.

For more information you can view the MOU here (link), or go to www.OregonRN.org/84 and follow the link.

Labor Day Food Bag Drive!
September 7, 2020
from 11 a.m. – 3 p.m.
Hosted by: Southern Oregon Central Labor Chapter
4480 Rogue Valley Highway
Central Point, OR 97502

Due to COVID-19, the Labor Chapter has decided to turn the annual Labor Day picnic into a food drive for our community.

350 bags filled with non-perishables and a gift card to help with purchasing perishables will be available. Pickup and delivery options available - see links below to sign up!

Sign up to reserve a bag, click here: https://forms.gle/TzimzTEfFJUCChFJ7
Sign up to volunteer, click here: https://forms.gle/bz537yUuyocQZnmh9
Questions contact: misha@oraflcio.org & president@iatse154.com