There have been a lot of questions about insurance. Even though our contract expired on July 31, 2020, the hospital is required to maintain the “status quo” for most issues of the contract. That includes pay raises, education and health insurance. The only parts of the contract that are not enforceable at this time are the Grievance Process, (Article 17), Arbitration Process, (Article 18) and the No Strike, No Lockout (Article 5).

The "status quo" for health insurance is set out in Article 13. This language allows the hospital leadership to unilaterally implement changes in the insurance benefits and premiums – applicable to all Asante hourly and salaried employees – by August 15 each year. Before doing so, the hospital is required to confer with our RRMC ONA leaders. This is not the same as “negotiating.” As a practical matter, our RRMC ONA leaders have been successful in lessening the negative impact of some proposed changes and improving other benefits (such as early varicose vein treatment, prescription coverage and fertility treatment), but we have no ability to prevent changes. As a consequence, over the last three years, the hospital has been pushing hard to move all staff to the Asante Health Network (AHN), by substantially increasing deductibles and maximum out-of-pocket costs for providers that are not in the AHN plan. With regard to premiums, the contract allows up to a 10 percent increase each year.

We have heard from staff that the current insurance plan is too expensive and too hard to navigate. The AHN offers insufficient choices and many staff only learn after-the-fact that their provider is out of network. Staff also told us that the premiums are significantly higher than the other Medford hospital and other employers. Based on this input, during the current bargaining, we have proposed a “maintenance of benefits” clause that would prevent the hospital from making substantive changes in the plan and benefits for the term of the contract. In addition, we have proposed that premium increases be no greater than the general cost of living raise. This type of “maintenance of benefits” clause is common in many contracts, but it would be an enormous change for the hospital. If accepted, no one would be forced into Tier 2 or 3 during the life of the agreement and premium increases would be capped.

The hospital rejected this proposal. Then, as permitted under the “status quo” (i.e., current language in Article 13), it announced its proposed changes to the plan, claiming that it listened to our concerns. Under the announced plan, individuals will not be forced to move from Tier 1 to Tier 3 if they stay with non-AHN PCP providers. However, they will be moved to Tier 2, which still has significant additional costs. Similarly, providers at the Medford Women’s Clinic, who are not currently part of the AHN and deliver a majority of
What Is Going on With the Insurance?  

the babies at ARRMC, will be considered Tier 2 rather than Tier 3 for 2021. While this is better than the hospital’s original proposal, the new plan will still cost many members significantly more.

To Be Clear, The Bargaining Team Has Not Agreed to These Changes.

We are excited to see the AHN grow. We are not excited to be used as weapons by Asante to push local providers into the AHN. Asante is telling you that you will get the best care for the best price only by seeing providers within the Asante Health Network. We are not convinced.

Such pressure is not illegal. It is unreasonable and insulting that Asante believes they know better how to meet your medical needs than you do.

Is There Anything We Can Do Now to Stop the Proposed Changes For 2021?

As it stands today, the hospital intends to move forward with the plan they have shared for 2021 and has zero interest in changing the contract language to allow us to truly “negotiate” changes to the plans. We are still negotiating – we have mediation on Sept. 9 and will continue to push for greater protection in the contract for health benefits. BUT WE NEED YOUR HELP. If you really want to have a say about the changes to your health care benefits it is critical that we show unified support for this proposal:

- We are asking all nurses to wear navy blue scrubs on September 9, which is our first day of mediation.
- We will be asking nurses to wear stickers each and every day.
- We will be coordinating video statements about how these changes will affect you and your family.
- We will be considering if we need an informational picket to make our point and we will also be considering what other action will be necessary to ensure that health care is affordable for health care providers and their families.

We need you to be present and active more than ever if there is any chance that we will be able to better secure your health benefits for the coming years. There are over 900 nurses at ARRMC. We need the support of 900 plus nurses to negotiate meaningful and enforceable change.

Make Our Union Stronger by Becoming a Steward

Are you interested in learning more about representing your coworkers, problem-solving workplace issues, welcoming new members to their union, and building our union's overall power to make improvements for nurses?

ONA stewards are the lifeblood of what makes our union strong. A strong union has at least one steward for every unit and shift. Stewards are there to answer colleagues’ questions and discuss concerns and help keep every nurse up to date on important union activities.

Register today to participate in a virtual steward training, Saturday, Sept. 26, 9 a.m.-1 p.m.

More steward training dates are being finalized for October and November.

Visit www.OregonRN.org to learn more.

Saturday, Sept. 26