

Negotiations 2019

Minnesota Nurses Association
and
Children's Minnesota

Initial Proposals Part 2

March 27, 2019

Children's Minnesota - Union Proposals

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MNA Proposal to Children's Minnesota

Time: _____

UNION PROPOSAL NO. 19:

AMEND ARTICLE 2 (MINNEAPOLIS AND ST. PAUL), EDUCATIONAL DEVELOPMENT, A. TUITION REIMBURSEMENT. WORKSHOPS, COURSES AND OTHER EDUCATIONAL PROGRAMS

(a) Tuition Reimbursement

The Hospital shall pay the nurse minimum reimbursement in the amount of one hundred percent (100%) of tuition and required fees and books up to ~~two thousand five hundred~~ five thousand ~~(\$2500)~~ (\$5,000) per year for educational course work at an accredited institution under the following circumstances. If the nurse is taking course work toward a bachelor's or master's degree in nursing, the reimbursement is increased to ~~three thousand~~ six thousand ~~(\$3000)~~ (\$6,000) per year.

(1) The manager must approve the proposed course or sequence of studies as having a reasonable relation to the nurse's professional employment.

(2) The nurse must sign a certificate that he/she will continue to or return to work at the Hospital for at least one (1) year after completion of the course or sequence of studies. If a nurse fails to continue or return to work for at least one (1) year, the repayment shall be prorated based on the amount of time the nurse continues to work for the Hospital. Nurses who have 20,800 seniority hours or more at the time of termination shall not be required to make any repayment. At the time of layoff, a nurse will continue to be eligible for reimbursement as provided in this Section for courses previously approved, and shall not be required to repay the Hospital any reimbursement which would otherwise be required to be repaid.

(3) Payment shall be made upon satisfactory completion of each course for which reimbursement has been requested and will be backdated to the date of course completion. Provided, nevertheless, that the nurse shall repay the Hospital any reimbursement he/she has been paid hereunder to the extent that he/she does not continue to or make he/she available to return to work at the Hospital for at least one (1) year after completion of the course or sequence of studies.

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Time: _____

UNION PROPOSAL NO. 20:

Amend Article 2 (MINNEAPOLIS and ST. PAUL), EDUCATIONAL DEVELOPMENT, C. TUITION REIMBURSEMENT. WORKSHOPS, COURSES AND OTHER EDUCATIONAL PROGRAMS

(c) Workshops, Courses and Other Educational Programs

A nurse may use up to ~~four hundred~~ eight hundred dollars (\$400) (\$800) per year of the amount provided in this Section, reimbursed at one hundred percent (100%) for workshops, courses, and other types of educational programs

(f) Paid Educational Time

Nurses will receive forty (40) hours of paid educational hours per calendar year to towards educational programs, conferences, workshops that meet the requirements under this article. Such hours will be paid at the nurse's base rate of pay.

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UNION PROPOSAL NO. 21:

AMEND ARTICLE 3 (MINNEAPOLIS and ST. PAUL), HOURS, B BREAKS

(b) Breaks

A nurse shall be entitled to, in any combination if agreed upon mutually, one (1) paid fifteen (15) minute rest break for each four (4) hours on duty. In addition, she or he will be given one (1) thirty (30) minute duty-free meal break for each scheduled shift. This meal break will extend the scheduled shift time by one-half (1/2) hour and if a nurse does not receive this meal break she or he will be paid for the additional one-half (1/2) hour on duty time as provided in Section 3, Hours. If no duty-free meal break is included in the scheduled time for any specified shift, that scheduled shift time will not be extended. The Hospital will plan for break relief for nurses in units where staffing is not conducive to duty-free breaks. A regular review of the ability for nurses on the unit to take their breaks will be included in the quarterly dialogue between the manager, unit Association representative(s) and Association chairperson. A nurse will not be required to remain on the unit during any unpaid meal break, and may choose whether or not to take technological equipment with her/him while on break.

The following Missed Breaks Process shall be put into effect by Management:

Managers of each department are responsible for ensuring that nurses are relieved from duty for a 15-minute rest period for every four hours of work and for a 30-minute meal break each shift. In no case shall such mechanism result in a violation of the staffing levels provided for in the department or unit's nursing grid. The intent of rest periods is they are reasonably close to the middle of a four-hour block of work and the intent of meal periods is they are reasonably close to the middle of a shift, unless a nurse desires a different time. Mechanisms available to management to assure breaks may include, but not be limited to, utilizing break nurses.

The RN shall record a missed meal or rest break by making either an appropriate electronic entry or using a variance form. Management approval shall not be required in order for a nurse to record or be paid for a missed meal or rest period.

Paychecks given to RNs will reflect payment for missed meal or rest breaks on a separate category on the paycheck.

In the rare case that a rest break is missed, the missed rest break shall be treated as hours worked and will be compensated at the rate of 15 minutes of double time.

In the rare case that a meal break is missed, the missed meal break shall be treated as hours worked and will be compensated at the rate of 30 minutes of double time.

Nurses will take breaks when they are afforded the opportunity to under their specific unit/department break plan, so long as doing would not jeopardize patient safety, as determined by the nurse's professional judgment.

Management will not tolerate any retaliation of any kind of a Nurse who requests relief to take a rest period or records a missed rest or meal period. Management will promptly investigate any accusation of retaliation against a RN for requesting relief or recording a missed break and take corrective action to ensure that retaliation does not reoccur. In accordance with principles of a culture of safety, in no case shall Management discipline or counsel a Nurse for recording a missed rest period, requesting relief, or incurring incidental overtime. If at any time during the investigation there is a need to speak with a nurse regarding retaliation for taking a break, the nurse shall have MNA representation for any and all conversations. There will be no use of electronic monitoring or surveillance to enforce break plans.

Management will track and provide MNA department-level data on missed meal and rest breaks on a monthly basis. The union and management shall review this data monthly. If a unit/department has more than 5% breaks missed the following steps will be initiated:

Break nurses will be assigned to this unit so nurses can be relieved for their 15 rest minute breaks and their 30 minute meal break.

A grid review will be automatically initiated within thirty (30) days to evaluate the break plans

A new break plan shall be implemented immediately to ensure nurses receive their breaks.

Additional staff resources provided to any shift shall not result in the reduction of support staff levels or the reduction of staffing on other shifts.

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Time: _____

UNION PROPOSAL NO. 22:

AMEND ARTICLE 3 (MINNEAPOLIS and ST. PAUL), HOURS, E (MINNEAPOLIS), I (ST. PAUL) SCHEDULING

Bonus for Extra Unscheduled Weekend Shifts

Full-time and regularly scheduled part-time nurses who work more weekend shifts than the alternate weekends as authorized under Section 3, Hours, (c) (1) of this Contract Agreement shall be paid an additional ~~seventy-five dollars (\$75.00)~~ one hundred fifty dollars (\$150.00) for each full non-scheduled weekend shift on days and/or evenings, and ~~one hundred dollars (\$100.00)~~ two hundred dollars (\$200.00) for each full nonscheduled weekend shift on nights. The provisions of this Section shall apply to all shifts worked between 3:00 p.m. Friday and 7:00 a.m. Monday. This weekend bonus will apply to Operating Room nurses who voluntarily work additional nonscheduled weekend shifts above scheduled call. The weekend bonus payment shall not be paid if additional shifts are worked as a result of nurse's voluntarily exchanging hours.

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Time: _____

UNION PROPOSAL NO. 23:

AMEND ARTICLE 6 (MINNEAPOLIS), SALARY, A, SALARY AND INCREMENTS

(a) Salary and Increments

~~The basic minimum salaries by classification and the increments through the years of employment (including all employment both before and after execution of this Agreement) to become effective the pay periods beginning closest to June 1, 2016, June 1, 2017 and June 1, 2018 as shown on the attached Salary Charts.~~

The basic minimum salaries by classification and the increments through the years of employment (including all employment both before and after execution of this Agreement) shall be shown on the attached Salary Charts. Commencing with the pay period beginning closest to June 1, 2019, a seven percent (7%) across the board increase. Commencing with the pay period beginning closest to June 1, 2020, a seven percent (7%) across the board increase. Commencing with the pay period beginning closest to June 1, 2021, a seven percent (7%) across the board increase.

(Revise the attached Salary Charts accordingly.)

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Time: _____

UNION PROPOSAL NO. 24:

AMEND ARTICLE 6 (MINNEAPOLIS), SALARY, G J, I, P, Q, R CHARGE DIFFERENTIAL, SHIFT DIFFERENTIAL, WEEKEND PREMIUM, NEW S STAFFING CRISIS BONUS

(g) Charge Differential

A nurse recognized by the Hospital to be acting in an authorized charge capacity on any shift of work for at least four (4) hours shall be paid an additional four (4) ~~two (2)~~ dollars (\$4.00) ~~(\$2.00)~~ per hour for all hours worked in that capacity

(j) Shift Differential

Nurses working the relief shift shall be paid a shift differential at the rate of three dollars (\$3.00) per hour. ~~one dollar (\$1.00)~~

Nurses working the night shift shall be paid a shift differential at the rate of four dollars (\$4.00) per hour. ~~two dollars (\$2.00)~~

Nurses who agree to work twelve (12) consecutive weeks or more on the relief shift shall be paid a shift differential at the rate of four dollars and fifty cents (\$4.50) per hour. ~~two dollars and fifty cents (\$2.50)~~

Nurses who agree to work twelve (12) consecutive weeks or more on the night shift or straight relief/night shift rotation with at least fifty percent (50%) of the hours worked on the night shift shall be paid a shift differential at the rate of six dollars (\$6.00) per hour. ~~four dollars (\$4.00)~~

Nurses with a confirmed shift of choice of straight evenings or straight nights, pursuant to Section 7, Rotation and Shift of Choice, shall be paid a four dollar (\$4.00) per hour differential in addition to the applicable shift differential for straight evenings or straight nights. ~~two dollar (\$2.00)~~

Nurses who are precepting will receive an additional four dollars (\$4.00) an hour for all hours precepting.

(l) Weekend Premium

A nurse shall receive premium pay at the rate of three dollars and twenty-five cents (\$3.25) ~~one dollar and twenty-five cents (\$1.25)~~ per hour for each hour worked starting 3:00 p.m. Friday through 7:00 a.m. Monday.

(p) Clinical Educator Differential

A Clinical Educator will receive an additional three dollars (\$3.00) ~~one dollar (\$1.00)~~ per hour.

(q) Float Team Differential

A Float Team nurse will receive an additional four dollars (\$4.00) ~~additional two dollars (\$2.00)~~ per hour.

(r) Cross Campus Floating Differential

A nurse who floats cross campus will receive an additional eight dollars and fifty cents (\$8.50) ~~six dollars and fifty cents (\$6.50)~~ per hour for each hour floated.

(s) Staffing Crisis Bonus

The Employer and the Union recognize that ensuring all shifts are filled will help avoid unsafe staffing situations. Accordingly, the Hospital will offer capacity pay (triple time, in addition to any otherwise applicable premiums and differentials, for a minimum of four (4) hours) for any shifts that are not filled at least twenty-four (24) hours prior to the start of the shift. Shifts would be awarded based on the eligibility for awarding extra shifts as described in SAC policy. If the shift is still not filled within four (4) hours prior to the start of the shift, the following will be implemented:

As soon as unstable patients are stabilized, the patient will be transferred to another unit or facility, and;

Stable patients and or family members shall be offered the option of being transferred to another unit or facility. These shall continue until such time the Charge Nurse informs the supervisor that it is safe to re-open the unit.

Units excluding the Emergency Department and Obstetrical Units will be automatically closed to admissions or transfers until such time as the Charge Nurse informs the supervisor is that it is safe to re-open the unit.

For Emergency Department and Obstetrical Units the following will apply:

The ED and OB will go on divert and the units will be closed until such time as the Charge Nurse informs the supervisor that it is safe to re-open the unit.

As soon as unstable patients are stabilized, the patient will be transferred to another unit or facility, and;

Stable patients and or family members shall be offered the option of being transferred to another unit or facility. These shall continue until such time the Charge Nurse informs the supervisor that it is safe to re-open the unit.

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UNION PROPOSAL NO. 25:

AMEND ARTICLE 6 (MINNEAPOLIS), PART-TIME NURSES

(3) Part-Time Sick Leave

Regularly scheduled part-time nurses as described in part (c) of this Section 6 who have averaged thirty-two (32) compensated hours or more per two (2) week payroll period will be entitled to sick leave with pay for personal illness. The Hospital may request reasonable evidence of such illness. Sick leave will be granted for absences from work only on a day scheduled as a work day.

Regularly scheduled nurses averaging 32 hours per pay period or more will be entitled to sick leave with pay for personal illness, not to exceed the accumulated amount. ~~Nurses may choose one (1) of two (2) accrual rates based on her/his selection of short term disability. The following rates apply:~~

~~(a) — If Short Term Disability (STD) is not selected during open enrollment, seven (7) days per year will accumulate to the Flex Time Bank and five (5) days will accumulate to the Sick Time Bank on a prorated basis.~~

~~(b) — If Short Term Disability (STD) is selected during open enrollment, six (6) days per year will accumulate to the Flex Time Bank and two (2) days per year will accumulate to the Sick Time Bank on a prorated basis.~~

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UNION PROPOSAL NO. 26:

AMEND ARTICLE 9 TIME OFF PLAN, D, 1 SICK LEAVE

(d) Sick Leave

(1) Sick Time Bank and Maximum Accrual

Nurses will be entitled to sick leave with pay for personal illness, not to exceed the accumulated amount. So long as a nurse has ninety (90) days of accumulated and unused sick leave to her or his credit, she or he will earn and accumulate no further sick leave. If and when any of the accumulated sick leave is used, then the nurse will accumulate sick leave at the rate herein specified until she or he again has reached an accumulated credit of ninety (90) days of accumulated and unused sick leave.

Sick leave accrual will be based on the following:

Regularly scheduled nurses averaging 32 hours per pay period or more will be entitled to sick leave with pay for personal illness, not to exceed the accumulated amount. ~~Nurses may choose one (1) of two (2) accrual rates based on her/his selection of short term disability.~~ The following rates apply:

(a) ~~If Short Term Disability (STD) is not selected during open enrollment,~~ Seven (7) days per year will accumulate to the Flex Time Bank and five (5) days will accumulate to the Sick Time Bank on a prorated basis.

~~(b) — If Short Term Disability (STD) is selected during open enrollment, six (6) days per year will accumulate to the Flex Time Bank and two (2) days per year will accumulate to the Sick Time Bank on a prorated basis.~~

(2) Sick Time Bank Usage

Sick Time Bank usage may occur in one (1) of two (2) ways:

Nurses with ~~120~~ 80 hours or more of accumulated sick leave may access this bank on the first shift missed of an illness.

(b) Nurses with ~~119~~ 79 hours or less of accumulated sick leave must use one (1) day of their Flex Time Bank before accessing their Sick Time Bank. Sick Time Bank may continue to be accessed as long as the illness is continuous.

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MNA Proposal to Children's Minnesota

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UNION PROPOSAL NO. 27:

AMEND ARTICLE 9, A, 1, (MINNEAPOLIS), TIME OFF PLAN, VACATIONS

(a) Vacations (Flex Time Bank)

(1) Vacation Accrual

On a prorated basis staff nurses who have completed one (1) full year of continuous service in the Hospital will be granted two (2) calendar weeks' vacation with pay; after completing two (2), three (3) or four (4) full years of continuous service will be granted three (3) calendar weeks' vacation with pay; ~~and~~ after completing five (5) or more full years of continuous service will be granted four (4) calendar weeks' vacation with pay; and after completing ten (10) or more full years of continuous service will be granted five (5) calendar weeks' vacation with pay.

On a prorated basis assistant nurse managers who have completed one (1) full year of continuous service in the Hospital will be granted two (2) calendar weeks' vacation with pay; after completing two (2) or three (3) full years of continuous service will be granted three (3) calendar weeks' vacation with pay; and after completing four (4) or more full years of continuous service will be granted four (4) calendar weeks' vacation with pay.

Vacation shall be accrued from the nurse's most recent date of employment by the Hospital. Vacation may be utilized as it is accrued in accordance with vacation scheduling provisions in this Contract.

Vacation shall be accrued based on compensated hours as such hours are defined in Section 6, Part-Time Nurses, (g). The accrual rate for full-time and regularly scheduled part-time nurses shall be determined by dividing the annual number of hours of vacation to which a nurse would be entitled based on the above schedule by 2,080 hours and shall be as follows:

- (a) Two (2) weeks' vacation - .0385 vacation hours accrued for each compensated hour.
- (b) Three (3) weeks' vacation - .0577 vacation hours accrued for each compensated hour.
- (c) Four (4) weeks' vacation - .0769 vacation hours accrued for each compensated hour.
- (d) Five (5) weeks' vacation- .0961 vacation hours accrued for each compensated hour.

During the first year of employment, staff and assistant nurse managers shall accrue vacation at the rate of .0385 hours of vacation for each compensated hour.

During the second and third years of employment, staff and assistant ~~nurse~~ managers shall accrue vacation at the rate of .0577 hours of vacation for each compensated hour.

During the fourth year of employment a staff nurse will continue to accrue vacation at the rate of .0577 hours of vacation for each compensated hour.

During the fourth year of employment and thereafter, an assistant nurse manager will accrue vacation at the rate of .0769 hours of vacation for each compensated hour.

During the fifth year of employment and thereafter, a staff nurse will accrue vacation at the rate of .0769 hours of vacation for each compensated hour.

During the tenth year of employment and thereafter, a staff nurse will accrue vacation at the rate of .0961 hours of vacation for each compensated hour.

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UNION PROPOSAL NO. 28:

AMEND ARTICLE 13, NEW SUBSECTION J, (MINNEAPOLIS), LEAVE OF ABSENCE,

Paid Family Leave

All employees who work or are scheduled an average of .4 FTE or more are eligible for paid Adoption/Childbirth leave upon the birth or adoption of a child for care, bonding and/or acclimation of the child, or to care for immediate family members' serious health conditions. A family member's serious health condition that qualifies for this leave is an illness, injury, impairment or physical or mental condition that involves—(A) inpatient care in a hospital, hospice or residential medical care facility; or (B) continuing treatment by a health care provider. Leave under this section shall be limited to twelve (12) weeks of paid leave per calendar year at the employee's regular rate of pay. No minimum length of service is necessary to establish eligibility for this leave. Eligibility for leave is established on the day of the birth of a child or the day upon which custody of a child is taken for adoption placement by the prospective parents. To be eligible for leave an employee must be the biological parent; or in the case of adoption the employee must be the prospective adoptive parent. Whenever an employee adopts multiple children, the event shall be considered as a single qualifying event, and will not serve to increase the length of leave for an employee. In the event an infant child dies while an employee is using Adoption/Childbirth leave for that infant, Adoption/Childbirth leave terminates on the date of the death.

Requested bereavement leave may begin on the day following the death of the family member, and may be supplemented by other leaves.

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Time: _____

UNION PROPOSAL NO. 29:

AMEND ARTICLE 19, COMMITTEES, 2D, NURSING CARE DELIVERY NEW SUBSECTION D
GRID REVIEW

(d) Grid Review

The Union and the Hospital will agree on the core staffing required for each unit on a calendar year basis. Core staffing numbers will not change unless there is mutual agreement.

A structured review of the staffing grid of each unit will be completed annually prior to the budgeting period. Hospital designees will coordinate this review. The Union will participate in this review. The team evaluating the staffing grids will be composed of a minimum of three (3) Union Registered Nurses that work on the unit, with a goal of participation from each shift (selected or appointed by the Minnesota Nurses Association) as well as MNA representatives, including Chairs and/or stewards from the unit.

Should the character of the unit change or staff nurses deem it necessary, a structured review of that unit's grid or pattern for staffing may be initiated by either party outside of the annual grid review process. The judgment of the staff RNs will carry authority in determining staffing levels. The responsibility for review of the reliability and validity of staffing grids, and for recommending any modifications or adjustments necessary to assure accuracy in patient care needs will be the function of the team evaluating the staffing grids.

Additionally, the following factors shall be considered in determining appropriate staffing levels. They include, but are not limited to:

1. Trends for all Concern for Safe Staffing forms
2. Budgeted census
3. Nursing judgement of acuity, including items such as severity of illness, multiple diagnoses, emotional support needed, teaching needs, mobility and use of 1:1s.
4. Patient volume month by month for the past twelve (12) months
5. The number of admissions, transfers and discharges per shift, per day, per month.
6. Skill mix including items such as classification of staff on the unit (including ancillary staff), as well as the experience level of staff e.g., regular unit staff, novice staff, etc.
7. Unit geography
8. Temporary nurse usage (agency and travelers)
9. Consistent availability of other in-house resources
10. Inability to find adequate staff to fill core shifts on a regular basis.
11. Inability to meet approved staffing grids on a regular basis
12. Inability of staff nurses to take both paid and unpaid breaks on a regular basis.
13. 25% of staff working greater than 30 minutes of overtime on a particular shift on a regular basis.
14. Greater than a 15% increase or decrease in volumes for a period of one month.

15. Increased vacancy or turnover rates greater than 15%.
16. Increase in patient or family concerns for a particular unit.
17. Increase in RN work related injuries.
18. Increased trends in medication errors and falls.

Bargaining unit members shall be paid for time spent in attendance at such designated work team meetings and authorized time spent preparing for and/or authorized work outside the work team meetings and shall accrue hours for the purposes of seniority as well as contractual benefits. Union members shall be relieved from duty in order to attend scheduled meetings. Unit management will be given a list of work team members and scheduled meeting dates and will make arrangements to relieve the nurse from duty on those dates/times in order to attend.

In evaluating staffing grids, it is the intent and desire to reach mutual agreement about appropriate staffing. After the review process described above has occurred, the Union will issue its recommendation for changes, if any, to be made to the unit staffing grid. The Hospital designee will respond within twelve (12) work days to the Union's recommendation. Agreed upon action will be implemented within thirty (30) days and the agreed upon staffing grids will be placed in the appropriate manual on every nursing unit, and a copy will be provided to the Union upon request. Regardless of any mutual agreement between the Union and the Hospital, the staffing grid will not be adjusted downward unless the nurses in the department/unit vote on it and agree through a majority of those present and voting. Prior to the vote, the Hospital will provide written notification of any proposed change(s) to the Union with the reasons for the proposed change(s).

If a mutually agreeable decision cannot be reached, the parties will refer the matter to arbitration. Any demand for arbitration shall be in writing and must be received by the other party within twelve (12) workdays receipt of the Hospital's response.

The arbitration request shall be referred to a Board of Arbitration composed of one (1) representative of the Minnesota Nurses Association, one (1) representative of the Hospital, and a third neutral member to be selected by the first two. In the event that the first two cannot agree upon a third neutral member within an additional five (5) days, such third neutral member shall be selected from a list of nine (9) neutral arbitrators to be submitted by the Federal Mediation and Conciliation Service (FMCS), Greater Twin City Metropolitan area list.

A majority decision of the Board of Arbitration will be final and binding upon the Minnesota Nurses Association and the Hospital. The fees and expenses of the neutral arbitrator shall be divided equally between the Hospital and the Union.

The Hospital and the Union may waive the requirement of a three-member panel and agree that the arbitration case may be heard and decided by a single neutral arbitrator.

For all purposes of this Section, workdays shall include Monday through Friday and shall exclude all Saturdays, Sundays, and federal holidays. The time limitations provided herein may be extended by mutual written agreement of the Hospital and the Union.

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MNA Proposal to Children's Minnesota

Time: _____

UNION PROPOSAL NO. 30:

AMEND ARTICLE 24, INSURANCE BENEFITS, A, HOSPITALIZATION INSURANCE

(a) Hospitalization Insurance

The Hospital shall provide nurses the benefits contained in the Hospital's Group Hospitalization and Medical Insurance Program existing from time to time on the following basis:

(1) ~~Nurses will pay the same amount for monthly premiums as non-Contract employees of the Hospital.~~

(1) The employer shall pay 100% of any increase in premium for coverage after the 2019 plan year. There will be no change(s) to the overall plan design, network or benefits, including but not limited to co-pays, deductibles, out-of-pocket maximums or pharmacopoeias without the parties' mutual agreement.

For nurses selecting the HSA plan, employer contributions shall be made on the same basis for full and part time nurses.

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UNION PROPOSAL NO. 31:

AMEND ARTICLE 24, INSURANCE BENEFITS, C, SHORT TERM DISABILITY

(c) Short-Term Disability

The Hospital shall provide a short-term disability plan to nurses who are regularly scheduled thirty-two (32) hours per pay period or more. ~~and who select the Short-term Disability option during the open enrollment period. Nurses may elect to participate in the short term disability plan every two (2) years. Nurses who elect to participate will do so for two (2) years. Nurses who elect not to participate will be unable to participate in the plan for two (2) years.~~ This plan will be a salary continuation plan to which Children's Hospital and Clinics will pay weekly income benefits to covered employees, subject to the terms and conditions of the plan. The weekly income benefit will be paid for each week of continuous total disability, beginning twenty-one (21) days after a nurse becomes totally disabled but not beyond a maximum period through the ninetieth day (90). The weekly income benefit will be 50% of the nurses basic weekly earnings. An individual nurse may purchase, at her or his own expense, an additional 15% for a maximum weekly income benefit of 65% of basic weekly earnings

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UNION PROPOSAL NO. 32:

AMEND ARTICLE 5, A, B (MINNEAPOLIS), ON CALL PAY

AMEND ARTICLE 4, K (ST. PAUL), ON CALL PAY

MNA proposes to update the contract language on On-Premise and Off-Premise rates, to add Minneapolis and St. Paul minimum wages in addition to the state and federal minimum wage in the calculation of the on-call rate.

The Union reserves the right to amend, add, delete, or withdraw without prejudice any and all proposals submitted. The Union also reserves the right to submit future amended, revised or new proposals. Said proposals shall not be used in an Administrative Hearing or Arbitration as evidence of appropriate of interpretation of intent if the proposal is withdrawn by the Union.