



Minnesota Nurses Association Metro Nurses Initial Coordinated Proposals

Each of the six Metro Negotiating Teams have agreed to advance 9 identical proposals at the table, based on what metro nurses identified as their top issues in the survey. Please note that these initial proposals serve as a starting point for negotiations with the Hospitals.

- Wages: Across the board wage increases of 7% each year of the three-year contract
- Differentials & Call Pay:
 - A \$2.00 per hour increase to each of the following differentials: weekend, preceptor, charge, rotating evening, rotating night, permanent evening, and permanent night
 - Call Pay: Tying call pay to higher Minneapolis and St. Paul minimum wages; holiday on-call pay premium increased to \$1.00 per hour; guaranteed call back hours paid at time and a half (1.5x)
- Workplace Violence Prevention:
 - Improved preventive efforts, including notification of patient history of violence toward hospital staff; heightened security measures on obstetric units upon request; and improved staffing when RN has 1:1 or patient with violence constraints or seclusion
 - More support for RNs around traumatic events; including release from work with pay for up to 72 hours after assault; required resiliency training & debriefs; not being assigned to a patient who committed a violent act against that RN; protocols & notification when building lockdown is necessary; and improved reporting and review processes
- Missed Breaks:
 - No management approval or retaliation for recording a missed meal or rest break.
 - Missed meal or rest breaks are paid out at double time (2x)
 - Units with >5% missed breaks will get a break nurse, a grid review, and new break plan
- Grid Reviews:
 - Required grid reviews with deadlines for Employer responses
 - Nurses on the unit must vote to approve any grid with staffing reductions
 - If the Union and the Hospital do not agree on the grid changes, a neutral arbitrator will make the final and binding decision
- Staffing crisis bonus: triple time for shifts that are left unfilled right before the start of the shift
- Health Insurance:
 - Employer pays 100% of any premium increases after 2019
 - Employer and Union must agree on any changes to insurance plans
- Union staff access: Employers may not unreasonably limit MNA staff access to hospitals
- Paid family leave: 12 weeks of paid leave per 12-month period (or calendar year) for adoption/childbirth or to care for an ill family member