

HSA board of directors recommends rejecting tentative agreement

FEBRUARY 2, 2010

HSA is recommending that members covered by the Health Services and Support Community Subsector contract reject a new collective agreement that guts hard-fought Long Term Disability Benefits.

The proposed two-year agreement features no general wage increase, no new money for benefits, and no major improvements to members rights.

Instead, your collective agreement was “mined.” This means that existing benefits that have been hard fought for in the past were traded off for new benefits. The new benefits and monetary changes in the proposed collective agreement will be paid for by reducing your existing benefits.

For example, to pay for a new \$0.25 per hour weekend shift premium, Long Term Disability coverage for disabled employees was reduced from 24 months to 19 months.

HSA’s bargaining team and board of directors is recommending rejection.

HSA President Reid Johnson said the board did not make this decision lightly. “This tentative agreement guts Long Term Disability coverage, offers no general wage increases, and increases the extended health deductible from \$25 to \$100 a year,” he said. “In exchange, the agreement incorporates a weekend shift premium -- although members typically work Monday through Friday.”

Of most concern is the threat to the Long Term Disability plan, Johnson said. “The proposal to decrease the coverage period – from 24 months to 19 months – is bad enough. But eliminating pre-existing conditions from coverage is devastating.

“We agree with our union’s Community Health Services and Support bargaining team that this contract asks members to give up too many benefits,” he said. “The HSA board of directors recommends that you reject this tentative agreement.”



Outline of proposed changes

WAGE ADJUSTMENTS

There are no general wage increases for this two-year contract. The following wage adjustments were negotiated:

- **Licensed Practical Nurses (LPNs)** – On April 2, 2010, which is the first pay period following ratification, all LPNs at Step 4 of the pay grid will move to a new Step 5 which is 3% higher than Step 4. Also on April 2, 2010, Step 1 of the LPN wage schedule will be eliminated and new hires will start at Step 2. In April 2011, a new Step 6 will be added and Step 2 will be eliminated. This affects approximately 300 LPNs in Community Health.
- **LPN Supervisors** - A new benchmark has been established for the LPN Supervisors and this will provide these members with a 3% compensation increase on April 2, 2010 and a 3% increase beginning in the first pay period of April 2011.
- **Certified Dental Assistants (CDAs)** - On the first pay period in April 2010, CDAs will receive a 3% compensation increase and, beginning the first pay period of April 2011, they will again receive a 3% compensation increase.

BENEFIT IMPROVEMENTS

The following benefit improvements were agreed to:

- **BlueNet Card** - Effective April 1, 2010 members will be issued a BlueNet Card (direct pay drug card). With this card, when members purchase prescription drugs at most local drug stores, their expenditures are automatically reported to Pacific Blue Cross. Members will pay 20% of the cost of their purchase once their expenses exceed the annual deductible \$100.
- **Vision Care** - The vision care benefit has been increased from \$225 to \$350 every 24 months.
- **Compassionate Care Leave with Benefits** - Members will be entitled to take an eight-week leave of absence to care for a seriously ill family member. In addition to any compensation from Employment Insurance, regular employees will have their coverage for medical and dental benefits continued for the duration of the leave.
- **Weekend Shift Premium** - Effective April 2, 2010, members will be paid \$0.25 for hours worked after midnight on Friday up to and including midnight on Sunday.

BENEFIT REDUCTIONS

This agreement features the reductions of the following benefits, which were used to fund benefit improvements and other cost items:

- **Extended Health Deductible** - Effective April 1, 2010, the annual deductible for extended health benefits will be increased to \$100 from \$25.
- **Massage Therapy Benefits** - Effective April 1, 2010, the maximum massage therapy benefit will be \$1000. Currently there is no maximum.

- **Long Term Disability - Pre-existing Conditions** - The entitlement to Long Term Disability has been reduced for new workers hired after April 1, 2010. If a worker is treated for a medical condition in the 90 days before they are hired, and if because of that condition they are unable to work without an absence related to that condition for any 12 consecutive month period, then they are excluded from coverage for Long Term Disability. This restriction is entirely new to the health sector and represents a significant step backward.
- **Long Term Disability – Term of Benefits** - Effective April 1, 2010, the Long Term Disability portion for eligible claimants who are unable to work in their own occupations will be reduced from 24 months to 19 months. This reduces community health workers' LTD coverage below the industry standard and is a significant loss for all members.

COMMITTEES/WORKING GROUPS

In the shortened timeline of these “fast track” negotiations, there was not enough time to deal with the important issues identified by community health services and support workers for this round of bargaining. In an attempt to address this, a number of working groups were struck. So, instead of concrete gains, the tentative contract proposes a number of committees as follows:

- **Benefits Joint Working Group** – A joint working group will be set up to review the health and welfare benefit plans and identify areas where we can improve the benefits and reduce the growth of benefit costs.
- **Community Health Joint Committee** - A new Community Health Joint Committee has been established to address problems that arise during the term of the collective agreement. The committee is comprised of representatives from the Community Bargaining Association and from Health Employers' Association of BC. The committee will meet four times each year. The first issue the committee will address is the issue of developing a common method for calculating seniority.
- **Enhanced Disability Management/STIIP Joint Working Group** – A joint working group is to be formed to develop a plan and make recommendations regarding moving to a Short Term Illness and Injury plan and disability management. Our current plan requires that members accumulate sick days on the basis of time worked. Many ill or injured workers who are unable to work for a few months exhaust their sick leave banks and they are without sick pay until five months pass and they become eligible for LTD. A Short Term Illness and Injury Plan (STIIP) pays each eligible worker for the five-month period they are disabled and unable to work. STIIP bridges the time from the date of disability to the beginning of the LTD period.
- **Joint Committee on Home Support Scheduling** – A joint union-management working group has been established to review and make recommendations regarding the scheduling of work.

OTHER CHANGES

- **Employment Security Provisions** - Memorandum of Agreement #22 (Employment Opportunities) and Memorandum of Agreement #23 (Consequences of Contracting Out/Re-tendering by Health Authorities), which were added in the last round of bargaining and provide for stability, enhanced severance and employment opportunities for displaced employees, including dovetailed seniority rights were renewed and the



“trigger” was reduced from 700 to 500. The “trigger” is the maximum number of employees that can be laid off as a result of contacting out before employees are entitled to enhanced severance.

- **Health Benefit Trust** - The provision requiring that Healthcare Benefit Trust be the designated benefits carrier has been modified to allow for a different carrier, but requires the union’s agreement to make such a change.
- **Arbitrators** - Three new arbitrators have been added to the list and there is a new provision intended to reduce the time taken to advance grievances to arbitration.
- **Memoranda of Agreement to Continue** - With the exception of the Memoranda of Agreement that are no longer applicable, all MOAs have been renewed. This includes the MOA concerning superior benefits for members who were devolved from municipal services. A detailed list of these Memoranda are available at the information meeting at your facility, or from your chief steward.
- **Wage Reopener** - Community Health was the first Association to settle their collective agreement under the provincial government’s current mandate of zero for compensation increases. If at any time in the future the government changes their mandate, then we will be able to reopen our agreement and renegotiate the total compensation for the balance of the term of this agreement. However, it should be noted that the entire mandate would have to change and that this reopener would not apply if other unions are able to negotiate wages or other money individually.
- **Consequential Amendments as a Result of the Bill 29 Amendments** - During the term of the 2006 – 2010 collective agreement our union was able to negotiate with the provincial government for payments to our members who lost work or wages because of Bill 29. We also negotiated various agreements that reduced the impact of Bill 29 on our collective agreement. These agreements have now been incorporated into the collective agreement and the details are found in the separate handout.

YOUR BARGAINING COMMITTEE

In November, representatives of HSA members covered by the Health Services and Support (Community Subsector) contract met to elect bargaining representatives, discuss your bargaining proposals, and set priorities. Your bargaining committee recommends rejection of this tentative agreement.

Dani Demetlika, negotiator

Deborah Harmon (Child Development Centre of Prince George)

Heather Picotte (alternate, Living Positive Resource Centre)

Cliff Thorbes (alternate, AIDS Vancouver)