

January 7, 2010

Community Bargaining Association addressed membership priorities in tough round of bargaining

The 14,000 Community Health Workers in the Community Bargaining Association (CBA), including PEA members in the Community Health Services and Support Staff Chapter, were represented at the bargaining table in a very difficult environment for collective bargaining. The CBA was successful in achieving improvements on priority issues taken to the table and the CBA is encouraging members to ratify a new collective agreement.

Gains made in bargaining will put extra money in members' pockets, including the new BlueNet card (a direct pay drug card), shift premiums for weekend work and an increase in vision care benefits.

A joint committee will address long-standing scheduling issues that will increase access to work hours for members and improve opportunities for members to complete their workday in an 8 ½ hour window.

Members will be able to continue their medical and dental benefits for up to 8 weeks while on compassionate care leave. And, a working group will be established to develop recommendations for a short term illness and injury protection plan for members who exhaust sick leave banks before reaching coverage for long-term disability protection.

Members identified job security as a priority and the CBA reached agreement on a provision to increase the cost of contracting out work by lowering of the threshold for provisions to take effect.

The agreement also has changes to wage grids and benchmarks for a relatively small number of LPNs, LPN Supervisors and Certified Dental Assistants to recognize an expansion in the scope of practice, and to address recruitment and retention issues.

This was a very tough year to be at the bargaining table, with the employer mandated to hold to a zero increase in the compensation package. "The CBA worked hard to access funds from underused benefits to provide a range of improvements for the CHSS membership", says PEA Labour Relations Officer Frank Greenlay.

The PEA is recommending the CHSS membership accept the agreement.

New Direct Pay Drug Card

Members will no longer have to save receipts, file a claim and wait for reimbursement of prescription drug costs. 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 only 20% of the cost of their purchase once their expenses exceed the annual deductible \$100.

Shifting to the BlueNet Card was identified by BCGEU members as their highest priority in bargaining.

Weekend Shift Premium

Community care is required seven days a week and many community health workers work on Saturday and Sunday. These workers strongly identified that they would like to be recognized for this work; they wanted a show of respect.

Effective April 2, 2010 every person employed in this sector will be paid \$0.25 for every hour they work from after midnight on Friday up to and including midnight on Sunday. The majority of members working in the community health sector would benefit from this pay increase. The committee recognizes that this premium falls short of the committee's proposal but it is a good start and builds on the gains made last time when shifts were defined in the collective agreement.

Improvements in Vision Care

The vision care benefit has been increased from \$225 to \$350 every 24 months. This means that members who purchase eyeglasses will be entitled to increased reimbursement. This improvement was ranked by the members as a very high priority for this round of bargaining.

New 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.

Joint Committee on Home Support Scheduling

Despite changes to the scheduling provisions in the last round of bargaining, members have continued to experience difficulties with scheduling. Most members identified scheduling as a very high priority for this round of bargaining. In order to address these problems, a joint union-management working group has been established to review and make recommendations regarding the scheduling of work under Articles 14 and 15.

The working group will get to work immediately and will gather information and make recommendations on the 10-hour window by June 30, 2010. Other work of the committee will be completed in accordance with specified time lines. The details are set out in the Memorandum of Agreement - Scheduling Joint Working Group. (See Appendix following.)

Employment Security Provisions

Employment Opportunities – Memorandum of Agreement #22
Consequences of Contracting Out/Re-tendering by Health Authorities – MOA #23

Members identified job security as a key priority in this round of bargaining. MOA #22 and MOA #23 were added to the collective agreement in the last round of bargaining. They provided for stability, enhanced severance and employment opportunities for displaced employees, including dovetailed seniority rights. These MOAs were due to expire on March 30, 2010.

Both these memoranda were renewed and the rights gained in the last round will continue for the term of this agreement. MOA #23 has a quota or trigger; if the number of workers laid off exceeds the trigger, then any additional workers laid off as a result of contacting out will be entitled to enhanced severance. The trigger for the 2006 – 2010 agreement was set at 700. In this round of bargaining, we were able to have the trigger reduced to 500 for any layoffs that occur for the period April 1, 2010 to March 31, 2012.

Licensed Practical Nurses (LPNs), LPN Supervisors and Certified Dental Assistants (CDAs)

There are changes to the wage grid and benchmarks for LPNs, LPN supervisors and CDAs to recognize expansion in scope of practice, and changes in duties and responsibilities. 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.

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.

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.

STIIP Joint Working Group

We will be participating in a joint working group to develop a plan and make recommendations regarding a Short Term Illness and Injury plan. 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 first date of disability to the beginning of the LTD period.

Faced by the government's "zero mandate" , your committee looked for under-utilized benefits in the collective agreement where they could find money to fund key priorities and improve the situation of as many members as possible within the community health sector. This has meant changes in three areas—the Extended Health deductible, Massage Therapy benefits, and Long Term Disability as follows;

Extended Health Deductible

Effective April 1, 2010, the annual deductible for extended health benefits will be \$100. The present deductible of \$25 has been in place since the beginning of the plan. Many plans, including the plan covering BCGEU members who work directly for the BC government, have recently increased this deductible.

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 modified for new workers who are 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 included in many disability plans including the Public Service plan which covers BCGEU members working for the provincial government.

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 19 months. Eligible claimants will be able to claim sick leave for five months and if they continue to be unable to work in their own occupation, they will be able to claim for the additional 19 months of LTD. The total of sick leave and LTD will be 24 months.

If a claimant continues to be ill or unable to work beyond this 24 month period, their entitlement to benefits remains unchanged. The present entitlement is five months of sick leave and 24 months of LTD.

Other significant changes in the new agreement include agreements to set up working groups to resolve longstanding issues.

New Benefits Joint Working Group

Our union, along with the other unions in the Community Health Sector, will meet with the employer to review the health and welfare benefit plans and identify areas where we can improve the benefits and reduce the growth of benefit costs. The committee will deliver their report by September 30, 2010.

Health Benefit Trust

The provision requiring that Healthcare Benefit Trust be the designated benefits carrier has been modified to allow for a different, mutually agreeable carrier. This will allow the Benefits Joint Working group to consider other carriers that may provide the same benefit package at a lower cost.

New Community Health Joint Committee Established

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 HEABC. 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.

Seniority

The new Community Health Joint Committee will review the way seniority is calculated and will try to develop a standard approach to the method of calculating seniority.

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 the public service. A detailed list of these Memoranda are found in the Appendix following.

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 Appendix.

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.

Term

The term of this tentative agreement is two years from April 1, 2010 to March 31, 2012.