Kaiser Contract Campaign Update February 9, 2020

This past week, representatives for Governor Gavin Newsom, State Senate President Toni Atkins and Assembly Speaker Anthony Rendon convened a call with Kaiser Senior Vice President Dennis Dabney and Kaiser Government Relations Vice President John Garcia. I was informed that during the call, they told the Kaiser executives — in the clearest possible terms — to go back to the bargaining table with fair offers for NUHW to settle our contracts. In response, Dabney committed to reaching out to the Federal Mediation and Conciliation Service to bring both sides together for bargaining.

This is an important development that should help us quickly settle contracts. Since top elected officials have been clear in their support for us, bringing in a neutral federal mediator is a reasonable approach to resume productive negotiations and move quickly to get a reasonable final offer from Kaiser that we can take to a vote.

Below is a list of what we've achieved so far in negotiations, and what we're still trying to accomplish. Further below is a list of our political achievements so far in this campaign. This political work is critical because we can't accomplish real parity for mental health care without the support of elected leaders and the cooperation of agencies like the Department of Managed Health Care in holding Kaiser accountable.

First a few additional news items:

- 1. The American Psychological Association and California Psychological Association have released a scathing letter outlining the findings of their review of Kaiser's mental health system. They wrote, "we have never seen such an egregious case of delayed access for follow-up appointments." Also, they found that "Kaiser's practices violate California law," and that "patients risk being harmed by Kaiser falling far below professional standards of care." Click here to read the full letter.
- 2. Kaiser reported a \$7.4 billion net profit last year nearly triple its profit from 2018. This is important to note because we know it will cost a lot of money for Kaiser to provide the same level of care for mental illness as it does for its other services. But this shows that Kaiser really does have the money to become a model mental health care provider, it just doesn't want to spend it.
- 3. We have followed up with the Department of Managed Healthcare following our meeting this week to ensure they have the information they will need to hold Kaiser accountable to mental health parity rules. Click here to see comments from clinicians who attended last week's meeting. And click <a href=here to see the PowerPoint presentation that we presented to DMHC officials.
- 4. We have been in contact with leaders of UNAC, and they have assured us that they will not aid in any attempts to decertify NUHW members in Southern California. Our relations remain very strong with UNAC and other Alliance unions, and they support our fight for a fair contract and parity for mental health care.

We remain ready to immediately get back to the bargaining table. We'll update you during the week with any new information about getting federal mediators to reconvene bargaining and bring it to a close.

In the meantime, please scroll down to see a list of what we've accomplished so far in bargaining and what has not yet been accomplished.

In Unity,
Sal Rosselli, President
National Union of Healthcare Workers

Contract Improvements so far – IBHS

- Added Loan Repayment Assistance of \$2,500 per year up to 4 years for Licensed Masters Level and \$5,000 per year up to 4 years for Psychologists.
- Increased Tuition Reimbursement to \$3,500 per year, of which \$750 can be used for travel expenses.
- Master's Level Clinicians (LCSW, LMFT, LPCC) will receive an additional 4% increase, beyond the ATB increases.
- Dental benefit increased from \$1,000/per year to \$1,500 per year, same increase for orthodontia.
- Health Reimbursement Account for retirees increased from \$1,000/year of service to \$2,000/year of service.
- Now eligible for the Alternative Compensation Program ability to receive 20% pay differential in lieu of benefits if employee can show they are covered by other health insurance.
- Now Eligible for Benefits by Design Voluntary Program (group rates for various types of insurance, such as long-term care insurance, additional life insurance, pet insurance).
- Collaborative committee to develop an appropriate model of care for mental health services.
- Proposed wage increases improved from initial offer of 2%, 2%, 2% to Last, Best & Final offer of 3%, 2.75%, 2.75% with 0.5 percent lump sum payouts in the second and third years. Subsequently, Kaiser's mediator in December suggested wage increases of 3%, 2.75%, 2.75%, 2.75% (4 years) with 0.25% lump sums in the second, third and fourth years.

In addition to contract improvements, our efforts have resulted in a net increase of 165 employees in the bargaining unit over the past year.

Issues that remain unresolved, some of which could be addressed during the worker-management committee to re-imagine Kaiser's model for mental health care.

- An agreed upon mechanism to ensure adequate return access. Kaiser has agreed to a ratio of 5 return appointments for every new appointment, but has demanded language that would delay implementation.
- Sufficient Indirect Patient Care time built into provider schedules. We still need clarification on the suggestion from Kaiser's mediator that was made prior to our strike in December.
- Reducing medical co-pays from \$20 to \$5.
- Bringing across-the-board wage increases up to 3% each year without the lump sum payouts.

NUHW patient advocacy and political influence victories

- 1. **Support from the governor.** Because of our advocacy, Governor Newsom in January announced that achieving mental health parity will be a top priority this year and pledged to hit violators with "high-profile fines."
- 2. **State regulators are ready to enforce parity.** Following our December protest outside the headquarters of the Department of Managed Health Care, department officials met with our members and made a commitment to work with our union to assemble the data and evidence they need to make Kaiser follow the law.
- 3. **Support from the elected officials.** After hundreds of meetings with elected officials, more than two thirds of Democratic state legislators and House members from California have declared their support for our settlement proposals.
- 4. **Key legislation is being introduced.** Our ally, Assemblyman Phil Ting is introducing legislation to require healthcare providers such as Kaiser to provide follow-up mental health treatment

- appointments within 10 business days. Providers would only be allowed to extend wait times beyond 10 days when a clinician determined that the patient didn't need to be seen within that time frame.
- 5. **Support from the American Psychological Association.** In response to our psychologists, the American Psychological Association investigated their complaints about Kaiser's mental health system and informed Kaiser in writing that they had "never seen such egregious cases of delayed access for follow-up appointments.
- 6. **Greater clout benefits all NUHW members.** We are using the clout we've gained as a union from our mental health fight to advocate for the interests of our non-psych Kaiser healthcare professionals both with elected leaders and Kaiser management.
- 7. **Generating powerful media coverage.** By confronting Kaiser and speaking out about conditions in our clinic, we have generated powerful news stories including a major Los Angeles Times investigation. These stories have raised awareness about the lack of parity for mental health care and created a far better political climate for achieving real parity.
- 8. **Building momentum to hold Kaiser accountable.** Through our hard work with NUHW, we have built momentum to hold Kaiser accountable to and advance the cause of mental health parity. Decertification would halt those efforts and give Kaiser free reign to continue shortchanging mental health care and saddle clinicians with unsustainable caseloads.