

AFSCME/AFL-CIO Proposal

Concerning Statewide Collective Bargaining For School Healthcare

Provided To: Senate Education Committee

Submitted by David Van Deusen,

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Vermont Senate Education Committee: AFSCME and the AFL-CIO are not seeking a change to the current local democratic system through which healthcare benefits are collectively bargained for our school employees. However, we view a democratic statewide system of healthcare collective bargaining as desirable in comparison to healthcare being undemocratically imposed by legislation or a commission (regardless of the commission make up). Even so, a change of this magnitude should be coupled with an effort to ensure as many workers as possible are represented in this process (and by the collective bargaining process generally) and have a voice in the ratification process outlined below. To that end, we, firmly assert that any change in the law should only be made if accompanied by legislation that allows public employees to form a union through so card check and AFSCME and the AFL-CIO would only support a change if card check legislation is included in the legislation.

AFSCME and the Vermont AFL-CIO view the elimination or reduction of school collective bargaining rights as a red line that we cannot cross. We view the proposal brought forth by the NEA on this subject to cross that line, and we cannot support it.

What follows are proposed changes to the framework put forth by the VSBA. With these changes in place along with card check, AFSCME and the AFL-CIO would support statewide collective bargaining for school healthcare.

A Framework for Statewide School Employee Health Benefit Negotiations

Nicole Mace, VSBA

1) Representation

- a) Employers would be represented by a council of **ten** school board members or designees.
 - i) VSBA Board is responsible for appointments, pursuant to procedures determined either in statute or by the VSBA (e.g. region diversity, urban/rural balance.). **The Governor may additionally appoint two persons serve on the Association bargaining team. These two appointees of the Governor shall serve as full participating members, and may serve as lead negotiators, but shall not have a vote on the bargaining team when an internal decision making process requires such a vote.**
 - ii) **Collective Bargaining for healthcare shall be done in a manner which reflects the principle of income sensitivity among Union members.**
 - iii) ~~A council would be appointed to bargain with each of the employee bargaining units.~~
- b) Employees would be represented by a council of **ten** ~~association~~ **Union** representatives organized in ~~two~~ **one** bargaining units:
 - †) **The Employee bargaining team must include representatives from both NEA and AFSCME and any other labor Union which may represent school employees; eight from NEA and two from AFSCME. The employee bargaining team members shall be elected by the membership of the Union whom they are representing. NEA and AFSCME may additionally appoint one staff person each to serve on the Union bargaining team. These Union staff shall serve as full**

participating members, and may serve as lead negotiators, but shall not have a vote on the bargaining team when an internal decision making process requires such a vote. ~~Support Staff Unit~~

~~(1) Representing support staff members who belong to a local bargaining unit.~~

~~ii) Teacher Unit~~

~~(1) Representing licensed employees, other than administrators, who belong to a local bargaining unit.~~

2) Time to Bargain **[Note: AFSCME and the AFL-CIO is not opposed to statewide collective bargaining going into effect at a later date than outlined below.]**

a) Keeping in mind that all healthcare provisions expire in 2019:

i) Bargaining must begin on or before August 1, 2018.

(1) At the first session, parties must receive a joint presentation by VEHI **or other body who's task it may be to define the benefit plan** and must schedule fact-finding and agree to a fact-finder, in the event that fact-finding is needed.

ii) Bargaining must conclude by October 1, 2018. If not, then impasse procedures are triggered.

3) Impasse Procedures

a) Mediated fact-finding must occur by October 15, 2018. The fact-finder must also receive a presentation from VEHI **or other body whose task it may be to define the benefit plan**. The report must reflect clear standards in statute for the fact-finder **as are presently defined in statute concerning our current system of local collective bargaining for school employees**.

i) The fact finder's report is due November 1. On the same day, the parties must agree to a panel of arbitrators and agree to a date for arbitration.

(1) One arbitrator **from the AAA list** ~~appointed~~ **selected** by the council of school board members

(2) One arbitrator **from the AAA list** ~~appointed~~ **selected** by the council of association representatives

(3) One arbitrator ~~appointed by the Governor~~ **selected mutually by both parties or, where mutually agreement prove impossible, as may be made available by AAA.**

ii) The parties have 30 days from the fact finder's report to settle, or arbitration is triggered.

(1) A decision must be rendered by December 21, 2018.

iii) The decision of the arbitration panel is final.

4) Incorporation into Agreements

a) Local agreements shall incorporate all health care provisions. Local parties are prohibited from negotiating additional health care benefits and coverage including HRAs and HSAs.

5) Ratification

a) ~~Each~~ **The** association/~~bargaining council~~ will be required to develop **democratic** procedures governing ratification, with statutory guidance/parameters.

b) **The Unions shall have their members vote to ratify the agreement, with a 50%+1 vote in favor required to ratify. Ratification shall only occur if and when each participating Union votes in favor; therefore any agreement**

would have to be democratically ratified by NEA members and AFSCME members, etc..

6) Unfair Labor Practices

- a) Adjudicated by the Vermont Labor Relations Board.