

and inform them during this process. The extremely short period granted for negotiations on these critical monetary issues was insufficient. We should have an opportunity to bargain any reductions in compensation for our members. We oppose reductions to compensation of healthcare professionals without engaging in the collective bargaining process.

We understand that state revenues were severely impacted by the “shutdown”. We were and are willing to engage in discussions about temporary salary reductions, to include implementation procedures which would not jeopardize the safety of our members working in 24/7 facilities and would not increase overtime. We welcome an opportunity to discuss reductions contingent on future revenues. We fear that a salary reduction will have unintended consequences. While our members are dedicated, hard working healthcare professionals, a salary reduction will increase the vacancy rate for our unit. In the last 3 years the vacancy rate has continued to climb approximately 2% per year. Unit E has 2,464 positions and 597 vacancies today, which means over 31% of healthcare professional positions in state government are currently vacant. The healthcare professional staffing crisis must be taken into consideration.

We oppose the change in the process for determining overtime eligibility. In our bargaining unit, Registered Nurses working in 24/7 facilities are primarily the employees eligible to earn overtime at time and a half. These nurses are forced to work overtime due to the severe staffing shortages in many of these facilities. Having worked for over 30 years with Maryland State Employees, I have received complaints about the unfair, unequal and sometimes abusive way in which management enforces mandatory overtime in these facilities. Even though the facilities all have mandatory overtime policies to ensure fairness and equal distribution of overtime, complaints are numerous and constant. The proposed change in procedure removes earned leave time from the calculation of “work time” used to determine overtime eligibility. This means if John takes a day of annual leave on Monday, works his regular 7 am to 3 pm shift Tuesday through Friday and is required to work an additional 8 hour shift on Friday from 3 pm to 11 pm, he will get paid for 48 hours. Currently, if John takes annual leave on Monday, works the same schedule with 8 hours of overtime, he will be paid at time and one half for 8 hours for a total of 52 hours of compensation. DBM’s proposal on overtime will mean that management at any 24/7 facilities can reduce overtime expenditures by 33% by forcing overtime on employees who take earned leave in the same pay period. This will discourage employees from taking leave. It will punish employees monetarily for taking leave. And it will increase the turnover of healthcare professionals who are essential to the operation of state hospitals. At a time when healthcare professionals in state government are working more overtime than ever before, due to the current state of emergency, reduction in overtime compensation will have devastating unintended consequences for state operations.

While the proposed change to the health insurance premium split was discussed in our brief negotiations with DBM, the change to the formulary list was not. We do not know the impact on our members and therefore, oppose this change. Since the proposed changes would be effective at the start of the new plan year, January 1, 2021, we request an opportunity to discuss and bargain this issue.

Lastly, we oppose the elimination of funding for the Annual Salary Review upgrades for classifications assigned to our bargaining unit. These upgrades, both negotiated and legislated, are necessary to attract and retain competent healthcare professionals in state government. State salaries are not competitive with private industry, and there are many employment opportunities for healthcare professionals outside state government.