



April 28, 2026

In today's bargaining session (our 54th) with Doctors Council SEIU, we reached a tentative agreement on the seniority and leaves of absence package proposal. The seniority provision allows for seniority restoration within eight years of accepting a leadership position in which there is a patient care requirement. This will enable physicians to move into temporary leadership roles without losing seniority if they later return to the bargaining unit. The leaves of absence provision mirrors what was agreed to in the primary and urgent care settlement and sets out much of Allina Health's current leave policies.

We also addressed the union's most recent proposal on recognition and explained why we cannot agree to the complex and multilayered process it seeks.

Recognition

Before we continue to discuss other contract articles like compensation, it is essential that we agree on how to determine which physicians will be part of the bargaining unit, defined by the NLRB as those who work 20% or more of their time at the Mercy campuses. Our proposal aims to determine which physicians meet this requirement by applying an objective standard through a user-friendly physician self-reporting tool. We have concerns about the union's proposal for the following reasons:

- The union organized all physicians as one bargaining unit but is now proposing two distinct methods to determine unit eligibility. That approach does not comply with the NLRB "time worked" standard and treats physicians disparately. Unit eligibility needs to be determined the same way for all physicians within the singular bargaining unit.
- The union's proposal presumes that all hospitalists and certain specialists are part of the bargaining unit based on an undefined concept of "primarily works at Mercy Hospital campus" without any defined metric or audit mechanism. The parties must have an objective method to verify unit eligibility, and exempting entire groups from an audit is not consistent with that obligation.
- Physicians are sometimes required to work at various hospitals due to coverage demands and the nature of their duties. Therefore, we need a flexible and up-to-date way to assess whether they consistently meet the 20% time worked threshold.
- For other specialties, the union suggests an alternate eligibility standard using wRVUs as a measurement. However, wRVUs gauge productivity, service value and billing intensity, rather than physical presence or time spent on site. Again, this process would not comply with the NLRB 'time worked' standard.
- The union's proposal that Allina Health should use QGenda, a comprehensive scheduling and workforce management tool, to determine who meets the standard is excessive. QGenda's features like geo-verification and RFID badge go well beyond a simple time calculator. The union rejected less intrusive options we previously proposed such as badge-in/out and physician self-reporting.

We are interested in coming to an agreement with the union on a way to track physician time on campus accurately and efficiently, creating minimal burden on administration and the physicians. We look forward to continuing this discussion.

Next steps

Our next session is Monday, May 4. Thank you for your dedication to our caring mission.