UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 06

UNIVERSITY OF PITTSBURGH PHYSICIANS (UPP)

Employer

and **Case 06-RC-367606**

SEIU HEALTHCARE PENNSYLVANIA

Petitioner

DECISION AND DIRECTION OF ELECTION

On June 17, 2025, SEIU Healthcare Pennsylvania (Petitioner) filed a petition with the National Labor Relations Board seeking to represent a unit of Registered Nurses (RNs) employed by University of Pittsburgh Physicians (the Employer) at UPMC Magee-Womens Hospital in Pittsburgh, Pennsylvania, where the Employer provides clinical services.

The parties disagree on the proposed exclusion of Certified Registered Nurse Anesthetists (CRNAs) from the petitioned-for RN unit. The Employer maintains that the unit sought by Petitioner is not appropriate and that the only appropriate unit must also include CRNAs employed by the Employer at UPMC Magee-Womens Hospital. The parties have stipulated that any unit found appropriate in this matter should include all other Registered Nurses employed by the Employer who have a primary work location of 300 Halket St., Pittsburgh, PA 15213, and exclude all other employees, directors, managers, and supervisors as defined in the Act. B. Exh. 2, ¶ 10.

The Employer raises two main objections to the petitioned-for unit:

1) That the Board's Health Care Rule (Appropriate Bargaining Units in the Healthcare Industry, 29 CFR § 103.30, 54 FR 16336–16348 (1989)), must apply and requires the inclusion of CRNAs in the petitioned-for RN unit; and
2) That, should the Healthcare Rule be found not to apply, the petitioned-for unit is fractured because the petitioned-for employees lack a distinctive community from the excluded CRNAs.

A hearing officer of the Board held a hearing in this matter[1] on June 26, June 27, and July 1, 2025, and the parties subsequently filed briefs with me on July 14, 2025.[2] As described below, based on the record and relevant Board cases, the unit sought by Petitioner (i.e. excluding CRNAs) is appropriate.

SUMMARY OF FACTS

Petitioner seeks to represent a unit of certain Registered Nurses employed by the Employer who primarily work at UPMC Magee-Womens Hospital, an acute care hospital located at 300 Halket Street, Pittsburgh, Pennsylvania, 15213.[3]

The petitioned-for unit comprises Certified Registered Nurse Practitioners (CRNPs), Neonatal Nurse Practitioners (NNPs), and Certified Nurse Midwives (CNMs), as well as four other registered nurse positions.[4] In dispute is a group of 45 Certified Registered Nurse Anesthetists (CRNAs), who the Employer contends must be included in the RN unit.

A. Employer Operations

The Employer is a multi-specialty faculty / physician practice that employs "a little over 5000" healthcare providers and staff at various University of Pittsburgh Medical Center (UPMC)

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[1] In this Decision, hearing exhibits introduced by the Employer and Petitioner will be cited as (Er. Exh. _) and (Pet. Exh. _) respectively, and Board exhibits will be cited as (B. Exh. _). References to the hearing transcript are designated as (Tr. __:__), including page and line citations. On July 16, 2025, the Employer filed a Motion to Exclude/Strike the Certified Registered Nurse Anesthetists Letter in Opposition to Inclusion in the Petitioned-For Collective-Bargaining Unit (the Letter) submitted to the Regional Office by Petitioner on July 11, 2025. Because there was no motion to intervene in these proceedings and the group purportedly represented in this submission is not a party to the instant case, the Employer's Motion is granted.

[2] On July 21, 2025, the Employer filed a Motion to Strike Post-Hearing Brief Of Petitioner SEIU Healthcare Pennsylvania Or, In The Alternative, To Permit The Employer To File A Response Brief because Petitioner filed their brief at 8:55 PM on the due date, and the Hearing Office had stated on the record that briefs would be due "by the end of the business day." Under §102.2(b) of the Board's Rules and Regulations, "If there is a time limit for the filing of a [brief], such document must be received by the Board or the officer or agent designated to receive such matter on or before the last day of the time limit for such filing… E-Filed documents must be received by 11:59 p.m. of the time zone of the receiving office." As such, Petitioner's brief was timely filed, and the Employer's July 21 Motion to Strike is hereby denied.

[3] The parties have stipulated that Magee-Womens Hospital is an acute care hospital as defined at 29 CFR § 103.30(f)(2). B. Exh. 2, ¶ 6.

[4] Specifically, one Nurse Navigator, one Clinical Project Director EM, one Collaborative Practice Nurse, and one Professional Staff Nurse. B. Exh. 3. There is there is no record evidence regarding these positions; however, the Parties have stipulated that the inclusion of these employees in the Registered Nurses unit is appropriate (B. Exh. 2, ¶10)

healthcare facilities throughout Western Pennsylvania.[5] Tr. 15:20-24, 53:7-12. All of the Employer's employees have access to the same benefits, including vacation and paid time off based on years of experience. Tr. 49:21–50:07.

Employees are organized into various departments and provider groups; however, the record does not contain an organizational / hierarchy chart for the Employer. The record indicates that the Employer does not have a standardized supervisory structure: different positions may report to a Supervisor, Manager, or Director.

The Employer's employees are either based out of a specific UPMC facility (which is designated on their job posting, see e.g., Er. Exhs. 1–3, 5) or have a "float" role, where they may be assigned to different facilities based on operational need. Tr. 17:13–18:12.

The sole facility at issue in this matter is UPMC Magee-Womens Hospital (Magee), an acute care hospital located at 300 Halket Street, Pittsburgh, Pennsylvania, 15213. Magee provides outpatient and inpatient medical care, including pregnancy and childbirth services, intensive care for newborns and infants, an emergency department, general medical/surgical services, operating room care, and oncology services. The Employer's employees at Magee are all subject to certain UMPC policies (e.g., code of conduct and social media), certain Employer policies (e.g., attendance), and certain facility-specific policies (e.g., parking). Tr. 30:06–18, 97:12–23.

Certain non-physician employees with advanced training, certifications, and education are part of a 'job family" referred to by the Employer as Advanced Practice Providers (APPs). Tr. 34:02–05, 42:07–21. The Employer's APP positions at Magee include: Certified Registered Nurse Practitioner (CRNP), Neonatal Nurse Practitioner (NNP), Certified Nurse Midwife (CNM or Midwife), Certified Registered Nurse Anesthetist (CRNA), and Physician Assistant. Id. CRNPs, NNPs, CNMs, and CRNAs[6] will be collectively referred to herein as APPs.

B. Advanced Practice Providers

Each APP classification at issue here (CRNP, NNP, CNM, and CRNA) requires an RN license, as well as additional position-specific certifications. All APPs are credentialed at each facility where they work, and obtain privileges to perform certain procedures within their scope of practice.[7] Tr. 25:23–26:19; see, e.g., Er. Exh. 12.

The different classifications of APP do not interchange due to their specialized training (Tr. 216:20–23), but they do have frequent contact with each other on and off of the work floor, including shared provider offices, breakrooms, and locker rooms (except NNPs, who have their

[5] Petitioner does not contend that UPMC is a joint and/or single employer of the employees in the petitioned-for unit.

[6] There are no Physician Assistants at issue in this matter.

[7] The credentialling process is overseen by the Employer's Allied Health Professional Committee through a centralized Credentials Verification Office. Tr. 203:13–204:06.

own call room). Tr. 76:09–22, 78:21–79:05, 172:09–179:08, 218:02–14, 247:20–248:25, 315:23–316:03, 318:13–20, 349:25–351:05.

An APP may work under a collaborating, supervising, and/or medically-directing physician—which respectively provides increasing amounts of oversight. Under Pennsylvania law, certain APP positions are classified as Advanced Practice RNs (APRNs), and are permitted to practice autonomously (i.e. without direct supervision) and prescribe medication through a "collaborative agreement" with collaborating physician, who assumes liability for the APRN's work.[8] Tr. 67:02–70:15, 204:11–25, 307:22–308:06. A supervising physician provides more hands-on oversight, such as countersignature of patient charts or direct involvement in procedures. Tr. 70:07–15. Medical direction is a concept specific to CRNAs under the Tax Equity and Fiscal Responsibilities Act, which requires seven criteria for the medically-directing physician's involvement with the anesthesia procedure (Tr. 152:09–153:09)—as CRNA Laura Wiggins testified, those criteria are as follows:

> [O]ne is to perform a pre-anesthetic evaluation. Two is to prescribe the anesthesia plan. Three is to personally participate in key procedures, such as induction and emergence. Four is to ensure qualified personnel perform any procedures not done by the anesthesiologist. Number five is to monitor the course of anesthesia at frequent intervals. Number six is to remain physically present and available for emergencies, and number seven is to provide indicated post anesthesia care.

Tr. 168:08–17. Medical direction is a closer working relationship than supervision, because the medically-directing physician directly oversees and is actively involved with the performance of anesthesia procedures. Tr. 152:13–16.

The APP positions all have three-step career ladders (Staff, Senior, and Expert). To advance between levels, an employee must have a certain number of years of experience, a positive performance rating, and approval from their manager and HR—although the specific requirements vary for each position. Tr. 25:02–10, 36:16–37:06, 64:13–65:22, 86:12–89:23, 331:05–07; see e.g., P. Exh. 2. To apply for a career ladder promotion, an employee submits a completed "compendium" documenting their professional contributions, which is reviewed and approved by the Employer's Allied Health Committee APP Clinical Career Ladder Governing Council. Tr. 72:08–24; see e.g., Er. Exh. 6. Separate from the career ladder, CRNAs are also eligible for a "Tier Program," unique to the CRNA position, through which an employee can move up the pay scale by working certain number of hours at particular UPMC facilities outside of their home site each month. Er. Exh. 11.

Certified Registered Nurse Practitioner (CRNP)

[8] These collaborative agreements are on file with the Commonwealth of Pennsylvania, as required by state regulation. Tr. 69:21–70:06, 79:24–80:05,

CRNPs are nurse practitioners who work in a variety of inpatient and outpatient settings.[9] Tr. 19:07–12. CRNPs fall under a number of the Employer's departments, including the Womens Health, Medicine, and Emergency Departments. Tr. 86:16–87–03, 211:12–15. CRNPs who do outpatient work at Magee are in one of two provider groups: OB-GYN Associates of Pittsburgh (OGAP) or University Obstetrics and Gynecology (UOG). Tr. 59:03–11. At Magee, the OGAP group is supervised by the OGAP Practice Manager, and the UOG group has its own APP Supervisor. Tr. 78:13–79:16, 91:24–92:11. The inpatient CRNPs at Magee are on a separate team that is not part of a particular provider group and has a separate APP Supervisor. Tr. 59:11–14, 79:17–21. All CRNPs report up to APP Director Lacie Rodman. Tr. 196:11–18.

CRNPs are able to practice independently and prescribe medication if they have a collaborative agreement with a physician. Tr. 79:22–80:05, 90:09–91:12, 204:11–25. Most CRNPs work autonomously; however, less experienced CNRPs and those working in an inpatient setting tend to work more closely with a supervising physician Id.

CRNP Erica Winger testified that, as an inpatient CRNP, she "[has] a variety of patients each day on my shift that I follow throughout the day that are specifically my patients for the day… I provide care that's needed to them. If they have something come up, I round on them. Nurses will call about specific patient concerns, and I'll address them for, you know, prescribe medications, assess them if needed." Tr. 193:17–24. She testified that she does "not necessarily" see patients for follow-up care after they are discharged. Tr. 194:11–13. Depending on the particular CRNP position, they may work frequently alongside CNMs (Tr. 81:08–20, 201:24–202:20) and NNPs (Tr. 215:20–24, 318:08–20) at Magee. CNM Ronni Getz testified that there is a lot of overlap between the job skills of the CRNPs in the Women's Health Department and those of CNMs. Tr. 233:16–234:10.

Full-time CRNPs are salaried (Tr. 37:22–24), and receive straight hourly pay for any extra hours worked. Tr. 95:13–25, 191:07–12. CRNPs do not receive differential pay for weekend shifts. Tr. 192:04–15. CRNPs are eligible for an enhanced sign-on bonus and an annual "incentive" bonus for meeting certain criteria based on their career ladder position. Tr. 197:11–18, 200:08–12, 216:03–13.

CRNPs at Magee do not pick up full shifts at other UPMC facilities, although they occasionally are called to provide services at other facilities. Tr. 195:11–18.

Neonatal Nurse Practitioner (NNP)

[9] The CNRP position requires the following licenses and certifications: CRNP; RN; and one of the following (depending on position/level): Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS), Pediatric Advanced Life Support (PALS), International Trauma Life Support (ITLS), Neonatal Advanced Life Support (NALS), Certified Lactation Consultant, Certified Pediatric Nurse, Neonatal Resuscitation Program (NRP), or Cardiopulmonary Resuscitation (CPR). Er. Exh. 7.

NNPs are specialized nurse practitioners who provide inpatient care to neonatal infants (babies from 22 to 40 weeks) in the Neonatal Intensive Care Unit (NICU).[10] Tr. 306:17–307:21. NNPs at Magee are part of the Employer's Department of Pediatrics, and they report to NNP Director Belinda Callaghan (currently acting as the Employer's Internal NNP Manager at Magee while the position is vacant). Tr. 305:08–306:10. Callaghan testified that she reports to a vice president, and the record is silent as to whether this falls under the same APP chain of command followed by the CRNPs. Id.

NNPs are able to practice independently and prescribe medication if they have a collaborative agreement with a physician. Tr. 307:22–308:06. There is limited information on the record about whether NNPs carry a patient load (i.e., see the same patients repeatedly), although NNP Director Belinda Callaghan testified that NNPs do "communicate with the families, updating them with the care plans, making sure that they're involved in the care." Tr. 306:17–307:20. NNPs may work with CRNPs and CNMs during a delivery. Tr. 318:08–20. NNPs only work with CRNAs in an operating room setting. Tr. 318:03–07, 341:16–22.

Full-time NNPs are salaried, and part-time NNPs are hourly. Tr. 316:07–08. All NNPs receive a supplemental bonus ($130/hr) for extra hours worked. Tr. 316:09–22. NNPs are eligible for an enhanced sign on bonus of $30,000 and tuition reimbursement. Tr. 317:01–10, Er. Exh. 2.

NNPs at Magee can voluntarily pick up shifts at other hospitals where they are credentialed to meet staffing needs— the record indicates that shift coverage is an informal process: openings may be disseminated by text messages, emails, or phone calls between colleagues. Tr. 313:03–25. There are a couple NNPs who have float positions, rotating between Magee and UPMC Children's Hospital. Tr. 40:22–24, 312:20–313:06.

Certified Nurse Midwife (CNM)

CNMs provide obstetric (childbirth) care to patients in both inpatient and outpatient settings, and are the only APPs qualified to independently manage deliveries.[11] Tr. 20:03–05, 234:02–05. Tr. 230:21–231:08 There are two provider groups at Magee that contain CNMs: Midwives at Magee (M&M) or Women Care Associates (WCA)— both are within Employer's Department of Womens Health. Tr. 58:01–25. Each of the two provider groups has its own Midwife Supervisor, and both supervisors report to Midwife Director Julie Trachta. Tr. 74:02–11, 229:01–215. CNM Ronni Getz testified that this chain of command is a separate line from the APP leadership. Tr. 229:11–14.

[10] The NNP position requires the following licenses and certifications: CRNP; Neonatal Nurse Practitioner (NCC-NNP); RN; NRP; and either BLS or CPR. Er. Exh. 10.

[11] The CNM position requires the following licenses and certifications: CNM; RN; and one of the following (depending on position/level): ACLS, BLS, PALS, ITLS, NALS, or CPR. Er. Exh. 4. CNM Ronni Getz testified that she also has a CRNP certification in women's health. Tr. 228:13–19.

CNMs are able to practice independently and prescribe medication if they have a collaborative agreement with a physician. Tr. 67:02–70:15. CNMs see the same patients repeatedly. Tr. 99:21–100:09. Administrator Zoe Ribar testified that CNMs independently manage routine or normal pregnancies, but high-risk patients are typically referred to a physician. Tr. 62:12–63:04. Inpatient CNM work at Magee takes place in the labor & delivery and post-partum units, and outpatient CNM work is done in the clinical offices, as well as at three satellite offices located in Bethel, Cranberry Township, and Mount Oliver. Tr. 227:19–24, 230:21–231:08. CNMs who work in the satellite offices do not need specific credentialling or privileges for those facilities. Tr. 243:02–10. CNM Ronni Getz, who does both inpatient and outpatient work, testified that she works at a satellite office 0–2 times per week. Tr. 227:25–228:02.

Outpatient CNMs do not work with CRNAs. Tr. 230:21–231:03. In an inpatient setting, a CNM and CRNA may handle the same patient, but in those circumstances, the CNM is generally in a social role (i.e. emotional support or patient advocacy), rather than providing direct medical care, and may not even be in the same room for the process. Tr. 231:18–232:16, 240:08–241:01; see also Tr. 136:01–12 Usually, most interaction with the CRNA is done by the beside nurse, rather than the CNM. Tr. 231:18–232:16, 239:20–240:03. CNM Ronni Getz testified that the highest level of interaction she has with Magee's anesthesia team is to advocate for her patient's comfort, and in those circumstances, she doesn't always know whether she is speaking to a CRNA, student, resident, or attending physician. Tr. 232:05–233:08, 245:18–246:04

CNMs are salaried (Tr. 37:22–24), and they receive straight hourly pay for extra hours worked[12] (Tr. 229:19–230:01) and a slightly increased rate for call-ins. Tr. 241:06–12. CNMs are eligible for an enhanced sign-on bonus when they are hired (Tr. 105:09–11), an end-of-year merit bonus based on performance reviews, and an annual "incentive" bonus for meeting certain criteria based on their career ladder position (Tr. 230:02–11). CNMs are required to work on weekends and do not receive shift differentials. Tr. 231:04–08. Administrator Zoe Ribar testified that the Employer "will provide incentives or rates for midwives to pick up extra hours in a different setting, or in a setting they sometimes are assigned to" (Tr. 105:05–08); however, the record is silent on how this incentive rate functions.

Certified Registered Nurse Anesthetist (CRNA)

CNRAs are part of the Employer's Department of Anesthesia and Perioperative Medicine, and are the only APPs qualified to administer anesthesia and acute pain management.[13] Full-time and regular part-time CRNAs at Magee are supervised by CRNA Clinical Director Danielle Meholic, who reports to Senior CRNA Director Toni Orsino who oversees all of the Employer's CRNAs. Tr. 140:18–25, 325:07–326:01. CRNA Laura Wiggins testified that she does not report up to APP leadership. Tr. 140:15–17. At Magee, CRNAs work mostly in the Labor and Delivery

[12] Casuals receive a supplemental bonus ($100/hr) for extra hours. Tr. 241:09–21.

[13] The CRNA position requires the following licenses and certifications: CRNA; RN; and either BLS or CPR. Er. Exh. 1.

unit and the OB unit . See Er. Exhs. 13–14. The Employer also has a network pool of CRNAs, who do not have a primary location and can be assigned to work at any UPMC facility[14]. Tr. 330:14–24.

Unlike the other APP positions at issue, CRNAs are not classified as APRNs by the Commonwealth of Pennsylvania and therefore do not use the same collaborative agreement model and cannot prescribe medication. Tr. 148:04–16. Rather, CRNAs work under a supervising or medically-directing physician anesthesiologist, and their privileges come solely through the Employer's credentialling process. Tr. 150:10–22, see also Er. Exh. 12. There is no evidence on the record indicating that CRNAs practice autonomously at Magee.[15]

CRNAs work in high-acuity or emergency situations, so they handle one patient at a time rather than providing continuing care to the same patients. Tr. 131:19–24, 246:11–22. One witness described CRNAs as "the 9-1-1 of the hospital." 173:17. CRNAs work as part of an "anesthesia care team" with physician and resident anesthesiologists. Tr. 134:09–135:05; see also Tr. 232:17–233:08. There is an anesthesia workroom in the OB unit where the anesthesia professionals collaborate. Tr. 172:18–21.CRNAs use anesthesia-specific metrics, charts, and tools that are not used by other APP nurses. Tr. 136:20–137:138:13, 182:16–20. 216:24–217:13, 351:06–352:13. CRNA billing is also different from other APP positions. Tr. 151:19–153:09, 183:02–16, 359:05–360:16. Because of their unique specialization, CRNAs at Magee interact with the other APP nurses rarely and in limited circumstances[16]: most often, when administering an epidural, assisting with an unexpected c-section, or in a rapid-response emergency. Tr. 82:01–17, 135:09–136:17, 146:18–148:03, 230:14–233–05, 245:18–246:04. CRNP Erica Winger testified that working inpatient at Magee, she sees CRNAs "[i]n relation to patient care, never. Maybe in passing in the hallway, but I wouldn't know them from a physician or a resident… They all look the same, and they don't identify themselves any differently, and I don't work with them." Tr, 200:17–24.

Unlike the other APP positions at issue, CRNAs are nonexempt hourly employees who receive overtime pay and shift differentials for extra hours or weekends. Tr. 37:17–21, 154:04–

[14] The Employer does not contend that this group should be included in the petitioned-for unit.

[15] CRNA Laura Wiggins testified that "at one point" Magee had an infertility clinic in which CRNAs could practice independently, and that CRNAs practice without oversight of a physician anesthesiologist in other parts of the UPMC system (specifically, in GI clinics, which she described as similar to ambulatory surgery centers). Tr. 133:10–25.

[16] Magee CRNA Director Danielle Meholic testified that "[CRNAs] may not have a lot of interaction with [APP nurses] that are in an office space setting, unless, potentially, some catastrophic condition is called on a patient. We -- we typically would not interact with a provider in those spaces. However, those that work in more of an operative setting or down in the obstetric department, we would have the most access to. But then again, they're even -- I know a lot of our nurse practitioners work on our 4800 intensive care setting. And we would respond to conditions up there. We actually have been called in the past to help with vascular access or help with intubations. So we would interact with them there, as well." Tr. 342:05–16.

155:01, 358:15–24. CRNAs are eligible for an enhanced sign on bonus and referral bonuses (Tr. 275:04–21), annual merit raises (Tr. 141:19–23), and a QI incentive bonus[17] (Tr. 144:14–146:23). CRNAs at Magee can be assigned full or partial shifts at different hospitals. Tr. 270:09–04. Unique to the CRNA position is a "site movement" bonus that is paid when the employee works at multiple facilities during the same day. Tr. 278:24–279:03, 356:08–18.

CRNAs also have a unique "Tier Program," through which employees can increase their earnings by working a certain number of hours at different UPMC sites.[18] See Er. Exh. 11, Tr. 331:17–332:10. There are four tier levels, each accompanied by a four-percent pay raise. Tr. 276:12–18. The Tier Program is intended to build the CRNAs experience with different specializations and populations, and is separate from the career ladder system. Tr. 276:02–13, 328:05–329:08. The CRNA Tier Program is system-wide across the Employer, not specific to Magee. Tr. 275:24–277:01, 328:05–329:08, 331:20–332:10; Er. Exh. 11. Of the 39 non-casual CRNAs listed in Er. Exh. 13— in the past six months, just over half (20 ees) worked at least 10% of their time at UPMC facilities other than Magee, and half of those (10 ees) worked more than 20% of their time at other facilities. See Er. Exh. 13.

CRNA Karen Maresch testified that she works about 70% of her time in OB at Magee, about 25% of her time at UPMC Children's Hospital, and about 5% of her time in the Trauma and Burn Unit at UPMC Mercy Hospital.[19] Tr. 268:06–269:02, 276:02–12. CRNA Laura Wiggins, who works primarily in Magee's operating room, testified that she currently only tiers within Magee (making her Tier 2 status), but earlier in her career she was at Tier 4 status, working at UPMC Passavant, UPMC East, and UPMC Shadyside in addition to her home site at Magee. Tr. 126:10–17, 139:22–140:10.

BOARD LAW

A. Health Care Rule

In 1989, having been tasked by Congress to avoid undue proliferation of bargaining units in the health care industry, the Board issued a final rule relating to units in acute-care hospitals. The Board's Health Care Rule (the Rule) proscribes eight appropriate units applicable to "acute

[17] There is no explanation on the record as to what "QI" stands for.

[18] The Labor and Delivery unit and the OB unit at Magee are considered different sites for the purpose of the tier program. Er. Exh. 14; Tr. 126:10–17, 139:22–140:10, 332:11–13.

[19] The Employer's records show that, in the past six months, Maresch worked 66% of her time at Magee, 31% at Children's, and 3% at Mercy. Er. Exh. 13.

care hospitals,"[20] absent "extraordinary circumstances[21] or existing non-conforming units." Those units are:

> (1) all registered nurses; (2) all physicians; (3) all professionals except for registered nurses and physicians; (4) all technical employees; (5) all skilled maintenance employees; (6) all business office clerical employees; (7) all guards; and (8) all nonprofessional employees except for technical employees, skilled maintenance employees, business office clerical employees, and guards. 29 C.F.R. § 103.30.

The issue of which employee classifications belong in each unit is considered on a case-by-case basis. Collective-Bargaining Units In the Health Care Industry, 54 FR 16344 (Apr. 21, 1989).

The Board set forth the reasons considered in its determination that RNs in acute care hospitals constitute a discrete group warranting separate representation, including (1) unique work schedules, (2) unique responsibilities, (3) common supervision by other nurses, (4) separate labor market and distinct wages from those of other professionals, (5) separate education, training and licensing requirements, (6) interaction with other RNs, (7) lack of regular and recurring contact with other professionals, (8) lack of interchange, and (9) history of representation and bargaining in separate units. *Jefferson Health Sys.*, 330 NLRB 653, 656 (2000). If extraordinary circumstances are found to exist, such that application of the Rule "may, possibly, lead to an anomalous or impractical result, depending on the RNs' relationship to the other professionals and nonprofessionals in the facility, and the extent to which such relationship differs from, or is similar to, that found in the normal, acute care hospital setting," the appropriate unit is decided by adjudication under the traditional community of interest test. *Child's Hosp.*, 307 NLRB at fn 15.

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[20] The Rule defines the term "acute care hospital" as a "short term care hospital," including "hospitals operating as acute care facilities" (emphasis added). For the purpose of the Rule, "hospital" is defined in the same manner as defined in the Medicare Act (42 U.S.C. 1395x(e)). The Board has stated that the Rule is "designed to cover the more typical free-standing acute care hospital." *Child's Hosp.*, 307 NLRB 90, 92 (1992).

[21] Extraordinary circumstances exist only where a hospital is shown to be uniquely situated such that application of the Rule would be unjust or an abuse of discretion. GC 91-03 at 9. The party claiming extraordinary circumstances bears a "heavy burden" to demonstrate that its arguments are "substantially different from those which have been carefully considered at the rulemaking proceeding." GC Memo. 91-03 at 5 (quoting Second Notice of Proposed Rulemaking, 53 Fed.Reg. 33,900, 33,933 (Sept. 1, 1988)). The Board clarified that it would not consider as "extraordinary" variations between acute care hospitals that were raised and resolved in the rulemaking proceedings, including such matters as facility size and staffing patterns, increased functional integration, degree of work contacts, cross training, and changes in traditional employee groupings. 53 Fed.Reg. at 33,932; see also GC Memo. 91-03 at 5 (listing "increase in specialization of RNs" as an example of a change to traditional employee groupings that is not considered an extraordinary circumstance).

Prior to the issuance of the Rule, nurse anesthetists were usually found to share a community of interest with RNs. *Trustees of Noble Hosp.*, 218 NLRB 1441, 1444 (1975) (approving petitioned-for RN unit including nurse anesthetists over Employer's objection); *Addison-Gilbert Hosp.*, 253 NLRB 1010 (1981) (approving petitioned-for RN unit including nurse anesthetists); *Kaiser Foundation Hosps.*, 219 NLRB 325, 326 fn. 2 (1975) (finding nurse anesthetists to have a sufficient community of interest with the other RNs to justify exclusion from non-RN professional unit); *Samaritan Health Servs., Inc.*, 238 NLRB 629, 634 fn. 14 (1978) (same); but cf. *Long Island College Hosp.*, 256 NLRB 202, 207 fn. 21 (1981) (accepting stip excluding nurse anesthetists from RN unit where "record accords with the stip"). However, in the rulemaking process, the Board specifically noted that the placement of nurse anesthetists in an RN unit may be disputed. 54 FR at 16344; see also GC Memo. 91-03 at 9.

B. Scope of Unit

The Act does not require a petitioner to seek representation of employees in the most appropriate unit possible, but only in *an* appropriate unit. *Overnite Transportation Co*., 322 NLRB 723 (1996). In *Am. Steel Constr., Inc.*, the Board explained that it will approve a petitioned-for "subdivision" of employee classifications if the petitioned-for unit: (1) shares an internal community of interest; (2) is readily identifiable as a group based on job classifications, departments, functions, work locations, skills, or similar factors; and (3) is sufficiently distinct. 372 NLRB No. 23, slip op. at 17 (Dec. 14, 2022) (reinstating *Specialty Healthcare and Rehab. Ctr.*, 357 NLRB 934 (2011)).

Assessment of the first criterion (community of interest) is a "well-established test [that] considers whether the employees are organized into a separate department; have distinct skills and training; have distinct job functions and perform distinct work, including inquiry into the amount and type of job overlap between classifications; are functionally integrated with the employer's other employees; have frequent contact with other employees; interchange with other employees; have distinct terms and conditions of employment; and are separately supervised." *Am. Steel Constr., Inc.*, 372 NLRB No. 23, slip op. at 3. Particularly important in considering whether the unit sought is appropriate are the organization of the plant and the utilization of skills. *Gustave Fisher, Inc.*, 256 NLRB 1069, fn. 5 (1981). However, all relevant factors must be weighed in determining community of interest. See, e.g., *United Operations, Inc.*, 338 NLRB 123 (2002); *Publix Super Markets*, 343 NLRB 1023, 1027 (2004).

The second criterion (readily identifiably group) looks at whether the unit employees can "logically and reasonably be segregated from other employees for the purposes of collective bargaining." *Am. Steel Constr., Inc.*, 372 NLRB No. 23, slip op. at 5. In this regard, the Board has made clear that it will not approve fractured units; that is, combinations of employees that have no rational basis. *Odwalla, Inc.,* 357 NLRB No. 132 (2011); *Seaboard Marine*, 327 NLRB 556 (1999). This element is met when there is "a substantial, rational basis for the Petitioner's dividing line between the [] employees it would include and those it would exclude." *Johnson Controls, Inc.*, 322 NLRB 669, 672 (1996); see also *DPI Secuprint*, 362 NLRB 1407, 1410 fn.10 ("'Readily

identifiable as a group' is not, as the dissent seems to suggest, another version of the community-of-interest analysis. It means simply that the description of the unit is sufficient to specify the group of employees the petitioner seeks to include.").

When the third criterion (sufficiently distinct) is disputed, the party contesting the petitioned-for unit bears the burden of proving that there is an "overwhelming community of interest" between the petitioned-for and excluded employees in order to add the excluded employees to the petitioned-for unit. This requires a heightened showing to demonstrate that "the interests of the petitioned-for and excluded employees are so similar that the petitioner is seeking, in essence, an arbitrary segment of an otherwise appropriate unit." *Am. Steel Constr., Inc.*, 372 NLRB No. 23, slip op. at 6. Thus, additional employees share an overwhelming community of interest with the petitioned-for employees only when there "is no legitimate basis upon which to exclude (the) employees from" the larger unit because the traditional community-of-interest factors "overlap almost completely." *Specialty Healthcare*, supra, at 11–13, and fn. 28 (quoting *Blue Man Vegas, LLC. V. NLRB*, 529 F.3d 417, 421–422 (D.C. Cir. 2008)). "Crucially, the Board has always made clear that the presence of *some* overlapping interests between the petitioned-for and excluded employees does not invalidate the petitioned-for unit, even if those overlapping interests indicate that a larger unit would also be appropriate for collective bargaining." *Am. Steel Constr., Inc.*, 372 NLRB No. 23, slip op. at 5. (explaining that the excluded employees must share "strong," "substantial," "overwhelming," "significant," or extremely "close" interests with the petitioned-for employees to mandate inclusion).

PARTY POSITIONS

Petitioner submits that the Rule does not apply because the Employer does not have a license to operate an acute care facility and is more is akin to staffing agency, which places its workers in and out of acute care facilities and outpatient clinics owned and/or operated by UPMC. Petitioner argues that the unit must be analyzed under a traditional community of interest test as articulated in *Am. Steel Constr., Inc.*, 372 NLRB No. 23. Petitioner contends that the application of that test demonstrates that the exclusion of CRNAs is appropriate, as the interests of those employees does not "overlap almost completely" with the petitioned-for classifications. Petitioner also proffers an alternative argument that, should the Rule be found to apply, extraordinary circumstances justify the exclusion of the CRNAs—specifically, Petitioner points to the CRNAs' history of system-wide bargaining with the Employer.

The Employer contends that the Rule must apply because the employees work at an acute care hospital, and that application of the Rule mandates the inclusion of the CRNAs. The Employer also argues that, even if the Rule does not apply, the smallest appropriate unit must include the CRNAs because the petitioned-for classifications are not a readily identifiable group and do not have sufficiently distinct interests from the CRNAs.

APPLICATION OF BOARD LAW TO THE FACTS OF THIS CASE

A. Health Care Rule

Although the Employer itself is not an acute care hospital, it is undisputed that UPMC Magee-Womens Hospital, the primary workplace of the employees at issue, is an acute care hospital.[22] Thus, application of the Health Care Rule is appropriate.

Although I agree with the Employer's contention that the Rule applies here, that does not resolve the question of whether the Employer's CRNAs must be included in the petitioned-for RN unit, as the Board's rulemaking left the issue of the unit placement to case-by-case adjudication.[23] 54 FR 16344.

The factors considered by the Board in finding that an RN unit is an appropriate grouping include the employees' (1) unique work schedules, (2) unique responsibilities, (3) common supervision by other nurses, (4) separate labor market and distinct wages from those of other professionals, (5) separate education, training and licensing requirements, (6) interaction with other RNs, (7) lack of regular and recurring contact with other professionals, (8) lack of interchange, and (9) history of representation and bargaining in separate units. *Jefferson Health Sys.*, 330 NLRB 653, 656 (2000)

In this case, the CRNAs do not share work schedules, responsibilities, supervision, labor market, or training and licensing (except for the RN license) with the other APPs. Moreover, the record indicates that the CRNAs work and interact with the other professionals in the Department of Anesthesia significantly more often than they do with the other APPs, and have some history (albeit minimal) of bargaining as a separate unit. Thus, CRNAs do not share many of the distinct interests contemplated by the Board in establishing a standard RN unit.

Therefore, in determining whether CRNAs nevertheless belong in the petitioned-for RN unit, I apply a traditional community of interest analysis.

B. The Classifications Sought By Petitioner Constitute a Readily Identifiable Group and Share a Community of Interest

The petitioned-for classifications is a readily identifiable group, as it contains all of the Employer's APRNs who have a primary work location of UPMC Magee-Womens hospital.

Employer Organization

An important consideration in any unit determination is whether the proposed unit conforms to an administrative function or grouping of an employer's operation. The record is

[22] The parties have stipulated that Magee-Womens Hospital is an acute care hospital as defined at 29 CFR § 103.30(f)(2). B. Exh. 2, ¶ 6.

[23] The Board has specifically stated that, in applying the Rule, the appropriateness of including nurse anesthetists in an RN unit should be decided on a case-by-case basis. 54 FR at 16344; see also GC Memo. 91-03 at 9. Thus, while other Regional Directors may have made determinations on the inclusion of CRNAs in RN units at different employers, I am not bound by those decisions and make my decision based on the facts and circumstances presented in this case.

sparse on details about the overall organization of the Employer's departments and provider groups, but it is clear that CRNPs, NNPs, and CNMs are all part of the Employer's APP job family.

Accordingly, this factor weighs in favor of finding that the petitioned-for unit employees share a community of interest.

Common Supervision

The fact that groups of employees are separately supervised weighs in favor of finding against their inclusion in the same unit. In this case, the record reveals that there are different supervisory structures for the CRNP, NNP, and CNM positions. CRNPs are split into three provider groups or teams, which each have a separate supervisor; CNMs report to a Midwife Supervisor; and NNPs report to a NNP Manager.

Accordingly, this factor weighs against finding that the petitioned-for unit employees share a community of interest. However, separate supervision does not mandate separate units. *Casino Aztar*, at 607, fn 11. Rather, more important is the degree of interchange, contact and functional integration. Id. at 607.

Interchangeability and Contact Among Employees

Interchangeability refers to temporary work assignments or transfers between two groups of employees. Frequent interchange "may suggest blurred departmental lines and a truly fluid work force with roughly comparable skills." *Hilton Hotel Corp*., 287 NLRB 359, 360 (1987). As a result, the Board has held that the frequency of employee interchange is a critical factor in determining whether employees who work in different groups share a community of interest sufficient to justify their inclusion in a single bargaining unit. *Executive Resource Associates*, 301 NLRB 400, 401 (1991), citing *Spring City Knitting Co. v. NLRB*, 647 F.2d 1011, 1015 (9th Cir. 1081). In this case, the record indicates that there is no significant interchange between the CRNPs, NNPs, and CNMs, due to the separate licensing requirements and specializations of each position.

Also relevant is the amount of work-related contact among employees, including whether they work beside one another. See, e.g., *Casino Aztar*, 349 NLRB 603, 605–606 (2007). Here, there is evidence of significant work-related contact between the employees in the petitioned-for unit. Although CNMs and NNPs rarely work together directly because they are based on different floors of Magee and see different patient populations (i.e. pregnant mothers and neonatal infants), both groups interact frequently during patient care with CRNPs, who work throughout Magee. 81:08–20, 201:24–202:20, 215:20–24. CRNPs and CNMs use shared office spaces and break rooms, while NNPs have separate locker rooms. Tr. 76:09–22, 78:21–79:05, 172:09–179:08, 218:02–14, 247:20–248:25, 315:23–316:03, 318:13–20, 349:25–351:05.

I find this factor is neutral because, while there is no interchangeability among the petitioned-for positions, there is a lot of work-related contact among the employees.

Degree of Functional Integration

Functional integration refers to when employees' work constitutes integral elements of an employer's production process or business. Thus, for example, functional integration exists when employees in a unit sought by a union work on different phases of the same product or as a group provides a service. Another example of functional integration is when the Employer's work flow involves all employees in a unit sought by a union. Evidence that employees work together on the same matters, have frequent contact with one another, and perform similar functions is relevant when examining whether functional integration exists. *Transerv Systems*, 311 NLRB 766 (1993).

In this case, employees in the petitioned-for unit all participate in providing team-based medical care for pregnancy and childbirth: CNMs provide care to the birthing parent, NNPs provide care to the newborn infant, and CRNPs can be involved at various stages throughout the process, depending on the specific position. Accordingly, this factor weighs in favor of finding that the petitioned-for unit employees share a community of interest.

Employee Skills and Job Functions

This factor examines whether employees can be distinguished from one another on the basis of job functions, duties or skills. If they cannot be distinguished, this factor weighs in favor of a single unit. Evidence that employees perform the same basic function or have the same duties, that there is a high degree of overlap in job functions or of performing one another's work, or that disputed employees work together as a crew, support a finding of similarity of functions. Evidence that disputed employees have similar requirements to obtain employment; that they have similar job descriptions or licensure requirements; that they participate in the same Employer training programs; and/or that they use similar equipment supports a finding of similarity of skills. *Casino Aztar*, 349 NLRB 603 (2007); *J.C. Penny Company*, *Inc*., 328 NLRB 766 (1999); *Brand Precision Services*, 313 NLRB 657 (1994); *Phoenician*, 308 NLRB 826 (1992).

In this case, the petitioned-for classifications use similar equipment, and there is a significant amount of overlap between the job duties of CRNPs and those of CNMs or NNPs (although no overlap between CNMs and NNPs). However, because each job classification has position-specific training, education, and licensure requirements, I find that this factor is neutral on balance.

Terms and Conditions of Employment

Terms and conditions of employment include whether employees receive similar wage ranges and are paid in a similar fashion (for example hourly); whether employees have the same fringe benefits; and whether employees are subject to the same work rules, disciplinary policies and other terms of employment that might be described in an employee handbook.

In this case, the CRNPs, NNPs, and CNMs are all paid on a salary basis, with pay ranges as follows:

- CRNP wage range: $49.50/hr – $79.25/hr. Er. Exh. 3.
- NNP wage range: $57.50/hr – $84.82/hr. Er. Exh. 2
- CNM annual salary starts around 109,000 (approx. $52.40/hr). Tr: 115:06–09

The differences in pay between CRNPs, NNPs and CNMs, can be significant; however, the wage ranges have substantial overlap. Additionally, the three positions share many of the same benefits, work variable shifts on a seven-day schedule, have similar career ladders, and are subject to the same work rules and policies. I conclude that, on balance, this factor favors finding a community of interest.

C. The CRNAs Do Not Share an Overwhelming Community of Interest with the Classifications Sought by Petitioner

I conclude that the employees the Employer seeks to add to the unit do not share an overwhelming community of interest warranting their inclusion with the employees sought by Petitioner. Specifically, as discussed below, the CRNAs are grouped in a separate department with different supervisors, have significantly more interchange and work-related contacts with other anesthesia professionals than with other APPs, and have distinct terms and conditions of employment—in particular: hourly pay with overtime, higher wages, and the ability to earn raises (separate from career ladder promotions) by working regular monthly hours at different UPMC facilities through the Employer's CRNA Tier Program. .

Although CRNAs belong to the same APP job family as the petitioned-for classifications, CRNA positions, unlike the other APP positions, are within the Employer's Department of Anesthesiology. CRNAs report to a CRNA Clinical Director and Senior CRNA Director, both of whom are within the Department of Anesthesiology. CRNAs are subject to a greater degree of supervision than other APPs: they work under medically-directing physician anesthesiologists and are not permitted to prescribe medication or practice autonomously under Pennsylvania law.

Due to their unique specialization and licensure requirements, CRNAs have no interchange with the petitioned-for classifications. CRNAs do have work-related contacts with the other APPs, mostly in the context of shared breakrooms and common patient care spaces. However, the record indicates that CRNAs mostly work within an "anesthesia team" comprising CRNAs, physicians, and resident anesthesiologists, and that they have minimal work-related contacts with other APPs.

CRNAs have relatively less functional integration when compared to the unit sought by petitioner. Whereas other APPs provide continuity of care to the same patients over the course of their treatments, CRNAs are only involved in anesthesia intervention and therefore work exclusively in high-acuity and emergency situations. One witness described CRNAs as "the 9-1-1 of the hospital." 173:17. CRNAs also use anesthesia-specific billing, metrics, charts, and tools that are not used by other APPs.

Unlike other APPs, CRNAs are paid on an hourly basis, rather than salaried, and receive overtime pay for extra hours and weekend work. Moreover, CRNAs receive significantly higher wages than the other positions, ranging from $89.21/hr – $133.81/hr. Notably, the starting wage rate for a CRNA is greater than the maximum wage rates for the other APPs. More significantly, the Tier Program is unique to the CRNA position and allows CRNAs to get a pay increase for interchanging among different UPMC facilities.

I acknowledge that the employees the Employer contends must be included in the unit share the same benefits and break rooms, have some degree of functional integration (insofar as they are all healthcare providers), and interact with one another in certain circumstances. While the Employer's contentions may establish that the broader unit sought by the Employer is an appropriate unit, they are insufficient to establish that the CRNAs share such an overwhelming community of interest as to require their inclusion in the unit.

D. Conclusion

Based upon the entire record in this matter and in accordance with the discussion above, I conclude and find as follows:

1. The rulings at the hearing are free from prejudicial error and are hereby affirmed.
2. The Employer is engaged in commerce within the meaning of the Act, and it will effectuate the purposes of the Act to assert jurisdiction herein.
3. The Petitioner is a labor organization within the meaning of Section 2(5) of the Act and claims to represent certain employees of the Employer.
4. A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(1) and Section 2(6) and (7) of the Act.
5. The following employees of the Employer constitute a unit appropriate for the purposes of collective bargaining within the meaning of Section 9(b) of the Act:

> Included: All full-time and regular part time Registered Nurses, including but not limited to Certified Registered Nurse Practitioners (CRNPs), Neonatal Nurse Practitioners (NNPs), Certified Nurse Midwives (CNMs), Nurse Navigators, Clinical Project Director EM, Collaborative Practice Nurse, and Professional Staff Nurses, employed by University of Pittsburgh Physicians who have a primary work location of 300 Halket St., Pittsburgh, PA 15213.
>
> Excluded: All other employees including Certified Registered Nurse Anesthetists (CRNAs), directors, managers, and supervisors as defined in the Act.

DIRECTION OF ELECTION

The National Labor Relations Board will conduct a secret ballot election among the employees in the unit found appropriate above. Employees will vote whether or not they wish to be represented for purposes of collective bargaining by SEIU Healthcare Pennsylvania.

A. Election Details

The election will be held on **Saturday, September 6, 2025** and **Tuesday, September 9, 2025**, from 6:00 a.m. to 8:30 a.m.; 11:30 a.m. to 12:30 p.m.; 2:00 p.m. to 4:30 p.m.; and 6:00 p.m.

to 8:30 p.m. in the Hayashi Auditorium at UPMC Magee-Women's Hospital located at 300 Halket Street, Pittsburgh, PA 15213.

B. Voting Eligibility

Eligible to vote are those in the unit who were employed during the payroll period ending **Saturday, August 9, 2025**, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Also eligible to vote are all employees in the unit who have worked an average of four (4) hours or more per week during the 13 weeks immediately preceding the eligibility date for the election. In a mail ballot election, employees are eligible to vote if they are in the unit on both the payroll period ending date and on the date they mail in their ballots to the Board's designated office.

Employees engaged in an economic strike, who have retained their status as strikers and who have not been permanently replaced, are also eligible to vote. In addition, in an economic strike that commenced less than 12 months before the election date, employees engaged in such strike who have retained their status as strikers but who have been permanently replaced, as well as their replacements, are eligible to vote. Unit employees in the military services of the United States may vote if they appear in person at the polls.

Ineligible to vote are (1) employees who have quit or been discharged for cause since the designated payroll period, and, in a mail ballot election, before they mail in their ballots to the Board's designated office; (2) striking employees who have been discharged for cause since the strike began and who have not been rehired or reinstated before the election date; and (3) employees who are engaged in an economic strike that began more than 12 months before the election date and who have been permanently replaced.

C. Voter List

As required by Section 102.67(l) of the Board's Rules and Regulations, the Employer must provide the Regional Director and parties named in this decision a list of the full names (that employees use at work), work locations, shifts, job classifications, and contact information (including home addresses, available personal email addresses, and available home and personal cell telephone numbers) of all eligible voters.

To be timely filed and served, the list must be *received* by the regional director and the parties by **Tuesday, August 19, 2025**. The list must be accompanied by a certificate of service showing service on all parties. **The region will no longer serve the voter list.**

Unless the Employer certifies that it does not possess the capacity to produce the list in the required form, the list must be provided in a table in a Microsoft Word file (.doc or docx) or a file that is compatible with Microsoft Word (.doc or docx). The first column of the list must begin with each employee's last name and the list must be alphabetized (overall or by department) by last name. Because the list will be used during the election, the font size of the list must be the equivalent of Times New Roman 10 or larger. That font does not need to be used but the font must

be that size or larger. A sample, optional form for the list is provided on the NLRB website at www.nlrb.gov/what-we-do/conduct-elections/representation-case-rules-effective-april-14-2015.

When feasible, the list shall be filed electronically with the Region and served electronically on the other parties named in this decision. The list may be electronically filed with the Region by using the E-filing system on the Agency's website at www.nlrb.gov. Once the website is accessed, click on **E-File Documents**, enter the NLRB Case Number, and follow the detailed instructions.

Failure to comply with the above requirements will be grounds for setting aside the election whenever proper and timely objections are filed. However, the Employer may not object to the failure to file or serve the list within the specified time or in the proper format if it is responsible for the failure.

No party shall use the voter list for purposes other than the representation proceeding, Board proceedings arising from it, and related matters.

D. Posting of Notices of Election

Pursuant to Section 102.67(k) of the Board's Rules, the Employer must post copies of the Notice of Election accompanying this Decision in conspicuous places, including all places where notices to employees in the unit found appropriate are customarily posted. The Notice must be posted so all pages of the Notice are simultaneously visible. In addition, if the Employer customarily communicates electronically with some or all of the employees in the unit found appropriate, the Employer must also distribute the Notice of Election electronically to those employees. The Employer must post copies of the Notice at least 3 full working days prior to 12:01 a.m. of the day of the election and copies must remain posted until the end of the election. For purposes of posting, working day means an entire 24-hour period excluding Saturdays, Sundays, and holidays. However, a party shall be estopped from objecting to the nonposting of notices if it is responsible for the nonposting, and likewise shall be estopped from objecting to the nondistribution of notices if it is responsible for the nondistribution. Failure to follow the posting requirements set forth above will be grounds for setting aside the election if proper and timely objections are filed.

RIGHT TO REQUEST REVIEW

Pursuant to Section 102.67 of the Board's Rules and Regulations, a request for review may be filed with the Board at any time following the issuance of this Decision until 10 business days after a final disposition of the proceeding by the Regional Director. Accordingly, a party is not precluded from filing a request for review of this decision after the election on the grounds that it did not file a request for review of this Decision prior to the election. The request for review must conform to the requirements of Section 102.67 of the Board's Rules and Regulations.

A request for review must be E-Filed through the Agency's website and may not be filed by facsimile. To E-File the request for review, go to www.nlrb.gov, select E-File Documents, enter the NLRB Case Number, and follow the detailed instructions. If not E-Filed, the request for review should be addressed to the Executive Secretary, National Labor Relations Board, 1015 Half Street SE, Washington, DC 20570-0001, and must be accompanied by a statement explaining the circumstances concerning not having access to the Agency's E-Filing system or why filing electronically would impose an undue burden. A party filing a request for review must serve a copy of the request on the other parties and file a copy with the Regional Director. A certificate of service must be filed with the Board together with the request for review. Neither the filing of a request for review nor the Board's granting a request for review will stay the election in this matter unless specifically ordered by the Board.

Dated: August 15, 2025

/s/ Nancy Wilson

NANCY WILSON
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