

Chippewa County
Executive Committee
Regular Meeting
November 18, 2025
Chippewa County Courthouse, Room 302
4:00 PM

1. Call to Order

The Chair called the meeting to order at 04:00 PM

2. Roll Call

Members Present:

Chuck Hull, Jason Bergeron, Peter Gehring, Charles Bomar, Joel Seidlitz

Members Absent:

Others Present:

Andy Albarado, Traci Bremness, Deb Blevins, Todd Pauls, Andy Bauer, Melanie McManus, Leah Simington, Karen Lotts, Brian Flynn, Pam Guthman, Allison Wisniewski, Toni Hohlfelder, Mike Sanders, Bob Krause, Mickey Judkins, Nick Smith, Dr. Dixon, Dr. Thapar, Dr. Longbella, Patty Darley, Jeff Darley, Lori Geissler, Karl Green, Eric Rygg, Rick Daniels, Andrea Blaeser, Tom Larson, Angela Quick

3. Members of the Public Wishing to Be Heard

(Comments will be limited to 5 minutes per speaker.)

4. Consent Agenda

(Unless separation of an item is requested, all items will be adopted under one motion.)

Motion: Approved

Result: Passed (5 - 0)

Mover: Jason Bergeron

Second: Charles Bomar

Ayes: Chuck Hull, Jason Bergeron, Peter Gehring, Charles Bomar, Joel Seidlitz

Nays: None

Absent:

1. Approve the Agenda
2. Approve the Minutes - October 7, 2025
3. Schedule Next Meeting Date - December 2, 2025

5. Reports

1. Update on Agenda Management Software and Notifications

The new agenda management software is live. With the new system everyone needs to sign up themselves on the portal if they want to receive email notifications when agendas are posted.

2. Register of Deeds Dashboard - Melanie McManus

McManus reviewed the dashboard metrics for Register of Deeds.

3. Information Technology Division Dashboard - Andy Bauer

Bauer reviewed the dashboard metrics for the IT Division.

4. Chippewa Valley Health Cooperative Request for \$10 Million Loan from the Wisconsin Board of Commissioners of Public Lands (BCPL) to Help Finance the Interim Chippewa Valley Cooperative Hospital in Chippewa Falls – Mike Sanders

Albarado gave an introduction and explained the CVHC is here to present their official request but they do have some concern with providing the complete feasibility study and financials in open session.

Mike Sanders provided an overview of the project. See the PowerPoint on file for more details. Their mission is to provide high quality, lower cost healthcare. The CVHC now has 501c3 status and have 1,400+ members. So far they have raised \$13+ million in donations and pledges in addition to some grant funds. The cancer center is open and in the next two months they will start providing wound care. They won't be fully up and running until mid-2026. They are implementing the Epic electronic health record software, and that takes about 12 months and has caused most of the delay.

The CVHC is requesting support from Chippewa County for a \$10 million loan from the Wisconsin Board of Commissioners of Public Lands (BCPL). The CVHC would be responsible for all principal and interest payments. The County would serve as a conduit with the State and be a "co-signer" of the note.

Nick Smith, Health Care Partner from Wipfli, prepared the feasibility study and indicated the financial projections show strong performance and balance sheet for the CVHC. He explained one of the challenges is that this area has some of the highest contract rates in the country. For the study, they used a lot of local market rates to determine their metrics.

He described some of the concerns they considered with the study including whether they can get the patients, can they get the payers, will the patients come. A lot of the assumption in the report was based on the ability to negotiate similar contract rates, as well as provider coverage and staffing and wages. They used very conservative assumptions. They based it on about 1/3 of the patients that used to go to HSHS will hopefully come to the CVHC. The CVHC management team has a lean approach to the operation of the hospital.

Smith explained one big difference with the CVHC is that the previous hospital had a significant amount of in-patient behavioral health. That service is a financial drag as it's mainly uninsured and Medicare patients. The CVHC does not have behavioral health in the plan right now. Sanders stated another difference is that HSHS was partnered with the Prevea clinics. Most of those clinics were losing dollars and that loss was being supported by the hospital. The CVHC won't have that. They are working with local physicians so they won't have those dollars going out to support clinics. Their focus is on hospital operations and their profits will stay local.

Sanders indicated they will be a full-service hospital by the end of next summer. They don't anticipate the existing hospitals will be put in jeopardy as a result of them opening. Dixon commented that currently the Oakleaf patients go to the existing hospitals or out of the area. They believe when the new hospital is full service those patients will come back. Mayo and Marshfield are up about 30% since the HSHS closures.

The CVHC is locally governed and their focus is to keep costs low. Currently 720 individuals have expressed interest in working at the hospital. They are anticipating having about 300 employees in the temporary hospital and about 400 at the new hospital. That does not include physicians.

Sanders commented that most of the dollars spent at the old hospital are dollars that would have to be spent at the new hospital. They need to buy all new furniture, equipment, etc. and those items will transfer to the new hospital. They still plan to request the same support from Eau Claire County.

Dixon stated they have physicians to provide routine care and specialty care except for rheumatology. There is a significant need to drive down the waiting time at the ER. Next year there will be two more emergency rooms in the area and that's not too much for this area. They have already provided training with several EMS and first responders in the area and are excited to continue that in the future.

Albarado clarified if the County were to support this request, then the County would borrow the funds from the BCPL and then pass the loan through to the CVHC and the County would be responsible for making the payments on the loan.

6. Updates, Announcements, and Correspondence

1. County Board Chair Report
2. County Administrator Operation Report

7. Business Items

1. Resolution to Disallow Claim of Central Mutual Insurance Company on Behalf of Tami Allison - Deb Blevins

Pauls explained it is the recommendation of WMMIC, our liability insurance carrier, that we disallow the claim.

Motion:	Approved
Result:	Passed (5 - 0)
Mover:	Jason Bergeron
Seconder:	Charles Bomar
Ayes:	Chuck Hull, Jason Bergeron, Peter Gehring, Charles Bomar, Joel Seidlitz
Nayes:	None
Absent:	

2. The Executive Committee will convene in Closed Session pursuant to Wisconsin State Statutes Sec. 19.85(1)(e)"Deliberating or negotiating the purchase of public properties, the investing of public funds, or conducting other specified business, whenever competitive or bargaining reasons require a closed session" (Discuss and take possible action on Chippewa Valley Health Cooperative Request for \$10 Million Loan from the Wisconsin Board of Commissioner of Public Lands).

The committee convened to close session at 5:44 PM.

Closed session to include: all Executive Committee members, Andy Albarado, Traci Bremness, Todd Pauls, Leah Simington, and any other County Board Supervisors.

Motion:	Approved
Result:	Passed (4 - 1)
Mover:	Charles Bomar
Seconder:	Peter Gehring
Ayes:	Chuck Hull, Jason Bergeron, Peter Gehring, Charles Bomar
Nayes:	Joel Seidlitz
Absent:	

3. The Executive Committee will reconvene to open session.

The committee reconvened to open session at 6:17 PM.

Motion:	Approved
Result:	Passed (5 - 0)
Mover:	Joel Seidlitz
Second:	Charles Bomar
Ayes:	Chuck Hull, Jason Bergeron, Peter Gehring, Charles Bomar, Joel Seidlitz
Nays:	None
Absent:	

8. Agenda Items for Future Consideration

9. Adjourn

The meeting adjourned at: 06:17 PM

Result:	Passed (5 - 0)
Mover:	Joel Seidlitz
Second:	Jason Bergeron
Ayes:	Chuck Hull, Jason Bergeron, Peter Gehring, Charles Bomar, Joel Seidlitz
Absent:	

CHIPPEWA COUNTY**EXECUTIVE COMMITTEE****REGULAR MEETING****OCTOBER 7, 2025****CHIPPEWA COUNTY COURTHOUSE, RM 302****4:00 PM****1. CALL TO ORDER**

Chair Hull called the meeting to order at 4:00 p.m.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Chuck Hull	Chippewa County	District 19, Chair	Present	
Jason Bergeron	Chippewa County	District 7, Vice-Chair	Present	
Peter Gehring	Chippewa County	District 4	Present	
Charles Bomar	Chippewa County	District 12	Present	
Joel Seidlitz	Chippewa County	District 9	Present	

Others Present: Andy Albarado, Traci Bremness, Toni Hohlfelder, Leah Simington, Todd Pauls, Andy Bauer, Bobbie Jaeger

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD**4. CONSENT AGENDA**

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Charles Bomar, District 12
SECONDER:	Joel Seidlitz, District 9
AYES:	Hull, Bergeron, Gehring, Bomar, Seidlitz

1. Approve the Agenda

2. Approve the Minutes

Executive Committee - Regular Meeting - Sep 16, 2025 4:00 PM

3. Schedule Next Meeting Date - October 21, 2025

5. REPORTS**6. BUSINESS ITEMS**

- HR Policy Manual Revisions for Employee Benefits – Toni Hohlfelder
Albarado recommended to amend the proposed language throughout the document as follows:

“shall be determined by the County Administrator after consulting with the Human Resources Director and Finance Director (or designee)...”

Executive Committee

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

October 7, 2025
4:00 PM

Hohlfelder explained the policy revisions are necessary now that we will be requiring an employee contribution towards the health insurance premium starting in 2026.

RESULT:	FORWARD TO COUNTY BOARD [UNANIMOUS]	Next: 10/14/2025 6:00 PM
MOVER:	Charles Bomar, District 12	
SECONDER:	Joel Seidlitz, District 9	
AYES:	Hull, Bergeron, Gehring, Bomar, Seidlitz	

2. County Administrator 2026 Proposed Budget – Andy Albarado

Albarado explained that the total 2026 budget is \$126,837,443. The proposed tax rate 2026 is \$2.12 which is a reduction from \$2.28 in the 2025 budget. The recommendation is a decrease of 6.84%. The main reason for the decrease of the tax rate is in direct correlation with the County's Equalized Value for FY26 which increased by 10.39% or \$990,587,300.

The proposed property tax levy for the 2026 Chippewa County budget will increase to \$22,330,263 from \$21,713,416 from the 2025 budget. Overall, the property tax levy will increase by \$616,847 or 2.84%.

RESULT:	FORWARD TO COUNTY BOARD [UNANIMOUS]	Next: 11/6/2025 6:00 PM
MOVER:	Jason Bergeron, District 7, Vice-Chair	
SECONDER:	Charles Bomar, District 12	
AYES:	Hull, Bergeron, Gehring, Bomar, Seidlitz	

7. **UPDATES, ANNOUNCEMENTS, AND CORRESPONDENCE**

A. County Board Chair Report

B. County Administrator Operation Report

8. **AGENDA ITEMS FOR FUTURE CONSIDERATION**

9. **ADJOURN**

The meeting adjourned at 4:48 p.m.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Jason Bergeron, District 7, Vice-Chair
SECONDER:	Joel Seidlitz, District 9
AYES:	Hull, Bergeron, Gehring, Bomar, Seidlitz

November 6, 2025

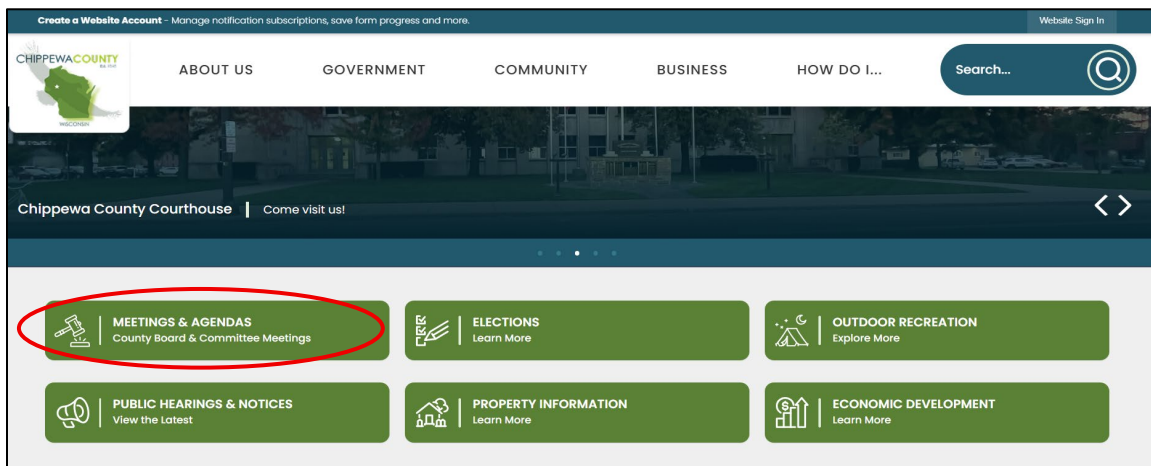
RE: How to Sign Up to Receive County Board and Committee Meeting Agenda Notifications

Chippewa County recently implemented a new website and a new agenda management software, both with a company called CivicPlus. This document will provide you with instructions on how to receive email notifications when County Board and/or committee agendas are posted.

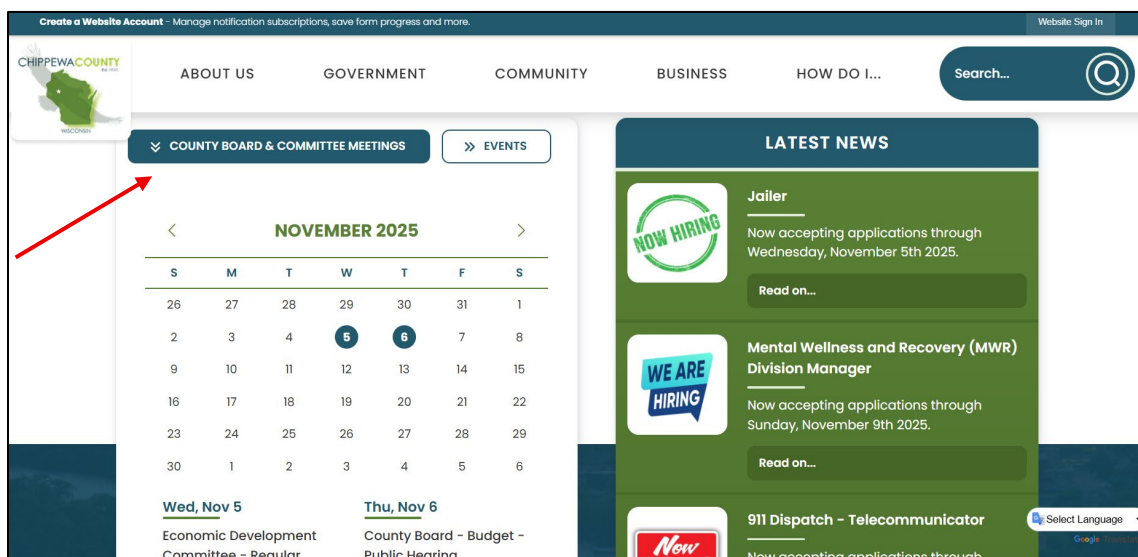
PLEASE NOTE: If you were previously registered to receive email notifications regarding items on our website or when agendas/minutes are posted for meetings, you will need to register again on our new website. Unfortunately, we were not able to transition that information from one system to the other.

HOW TO VIEW THE AGENDAS/MINUTES

There are a couple ways you can access this information. The easiest way is to click on the green “Meetings and Agendas” button on our homepage. (see below)



Another option is to click on the “County Board & Committee Meeting” calendar. (see below)

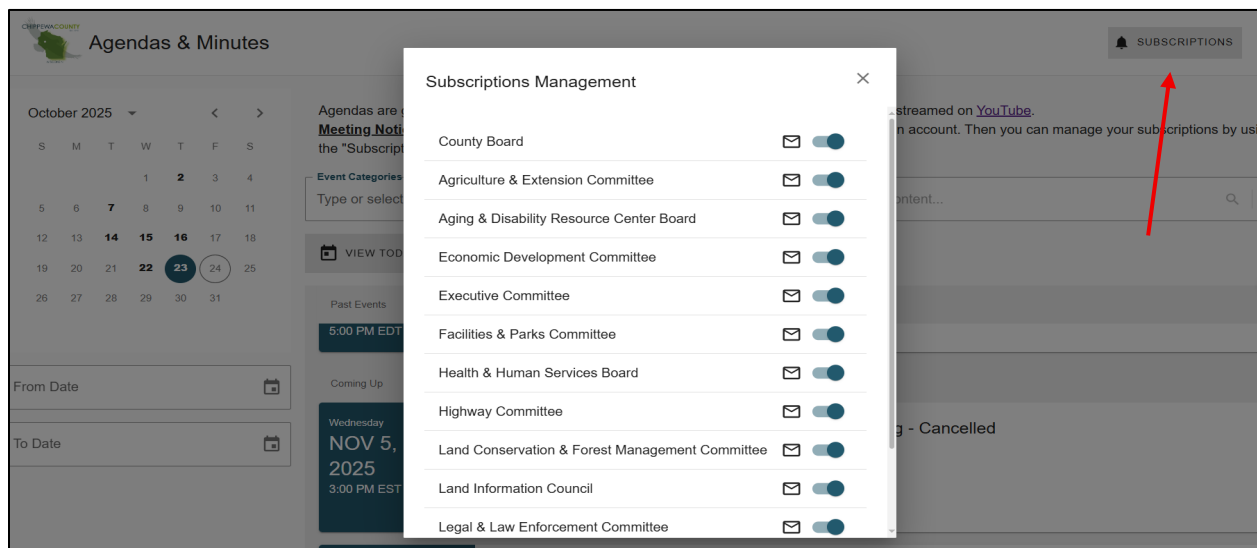
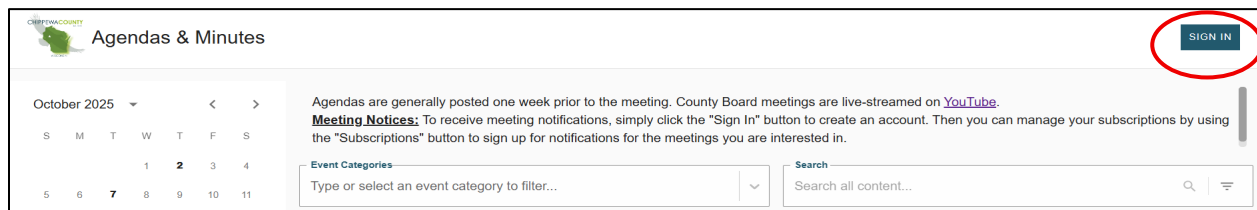


After you click either of these options it will take you to the public agenda portal where you can sign up.

HOW TO SIGN UP TO RECEIVE COUNTY BOARD/COMMITTEE AGENDA NOTICES

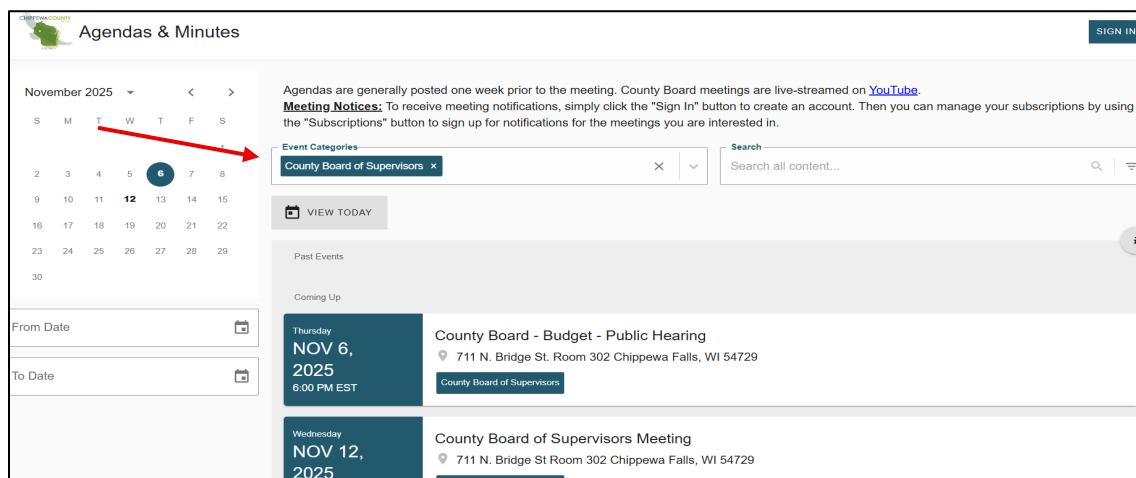
Everyone will need to register on our website if you want to receive an email notification when an agenda is posted. This includes all County Board Supervisors, voting committee members, staff and members of the public.

Below are a couple snapshots of the public portal where you can go to sign up to get notifications for agendas and minutes. After you sign in, then you can click the subscription button and select the committees you want to receive email notifications for. You will need to enter your email address and your password.

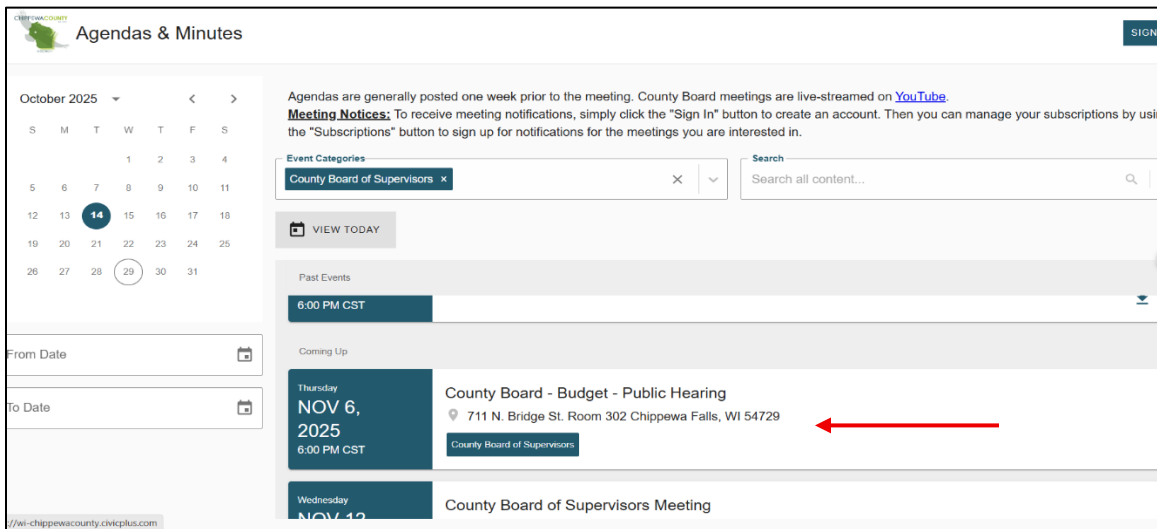


HOW TO NAVIGATE THE PUBLIC MEETING PORTAL

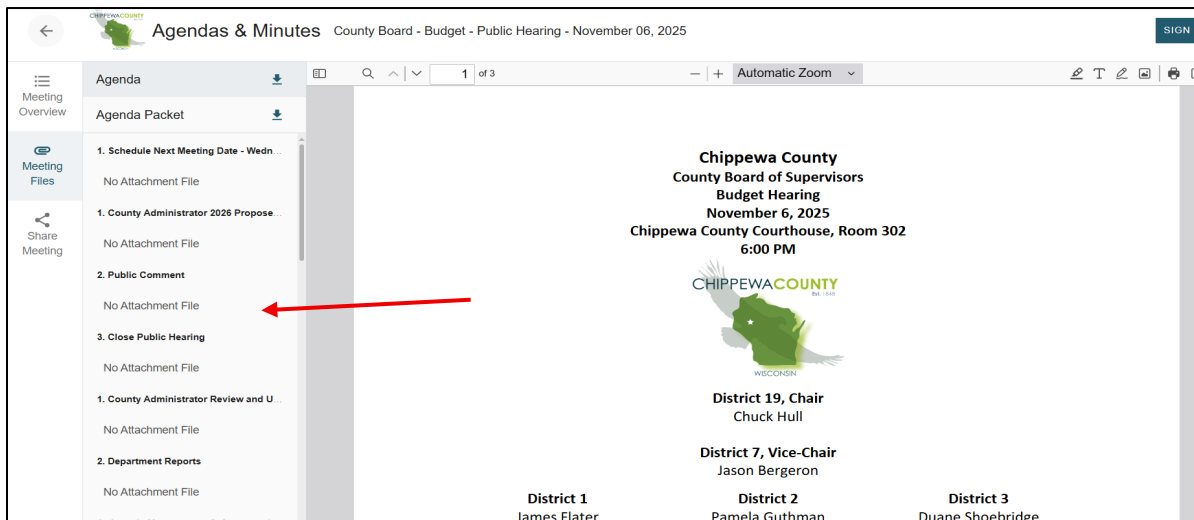
The image below shows how you can search in the Event Category field and select the committee or board you are looking for.



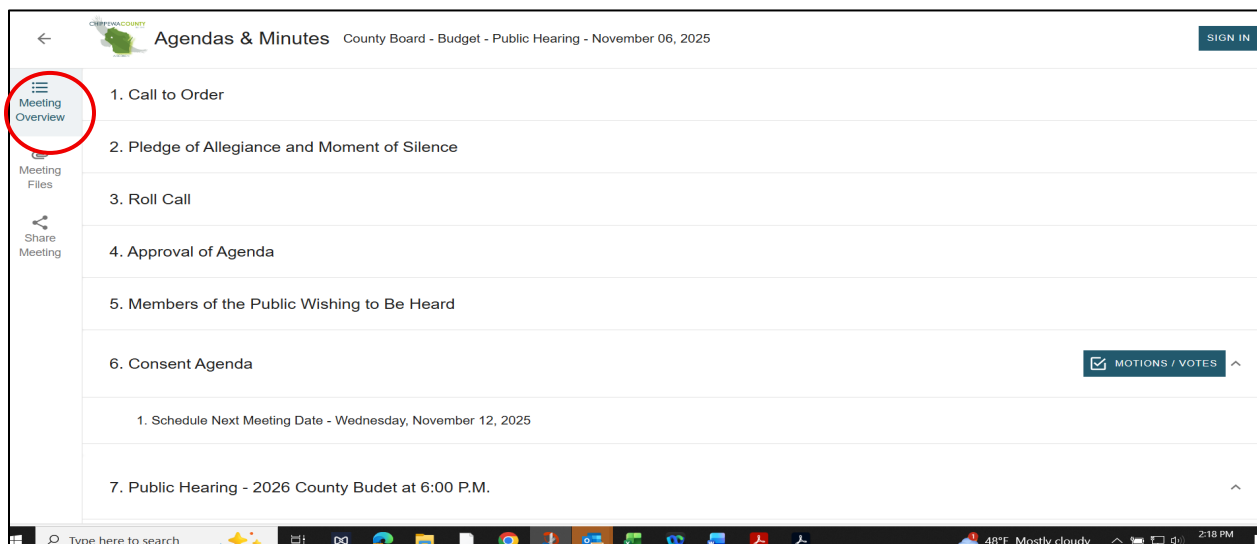
To view the meeting agenda and packet click on the meeting.



On the left-hand side of the screen you will see the outline for the agenda and packet.



If you click on **meeting overview** it will show you an outline of the agenda.



If you click on **meeting files** you will see the agenda packet.

Agendas & Minutes County Board - Budget - Public Hearing - November 06, 2025

Meeting Overview

Meeting Files

Share Meeting

Agenda Packet

1. Schedule Next Meeting Date - Wedn ...
No Attachment File

1. County Administrator 2026 Propose ...
No Attachment File

2. Public Comment
No Attachment File

3. Close Public Hearing
No Attachment File

1. County Administrator Review and U ...
No Attachment File

2. Department Reports
No Attachment File

Chippewa County
County Board of Supervisors
Budget Hearing
November 6, 2025
Chippewa County Courthouse, Room 302
6:00 PM

CHIPPEWACOUNTY
EST. 1848
WISCONSIN

District 19, Chair
Chuck Hull

District 7, Vice-Chair
Jason Bergeron

District 1 District 2 District 3

If an item has a down arrow () you can click on it to view the supporting documents.

Meeting Overview

Meeting Files

Share Meeting

Agenda Packet

A. Agenda Management Software and ...
CIVIL RIGHTS GO LIVE FINAL
10-27-2025

B. 2025 Report of Highway Operations...

Statement of Explanation

Presentation - Operations
Report -2025

3. General Reports
No Attachment File

1. Res. 34-25: Resolution To Approve ...
Resolution To Approve
County Aid In 2026 For
Bridges and Culverts -
Chris Elstran

Register of Deeds

Melanie K. McManus, Registrar



Date: 10/2/2025

To: Executive Committee

Re: Monthly Dashboard for Third Quarter 2025

Real Estate Records		Vital Records	
Documents Recorded:	2,597	Certificates Issued:	2,416
Year to Date:	7,271	Year to Date:	7,246
Compared to 2024 to Date:	6,919	Compared to 2024 to Date:	6,917

See next page for 5 year Comparisons

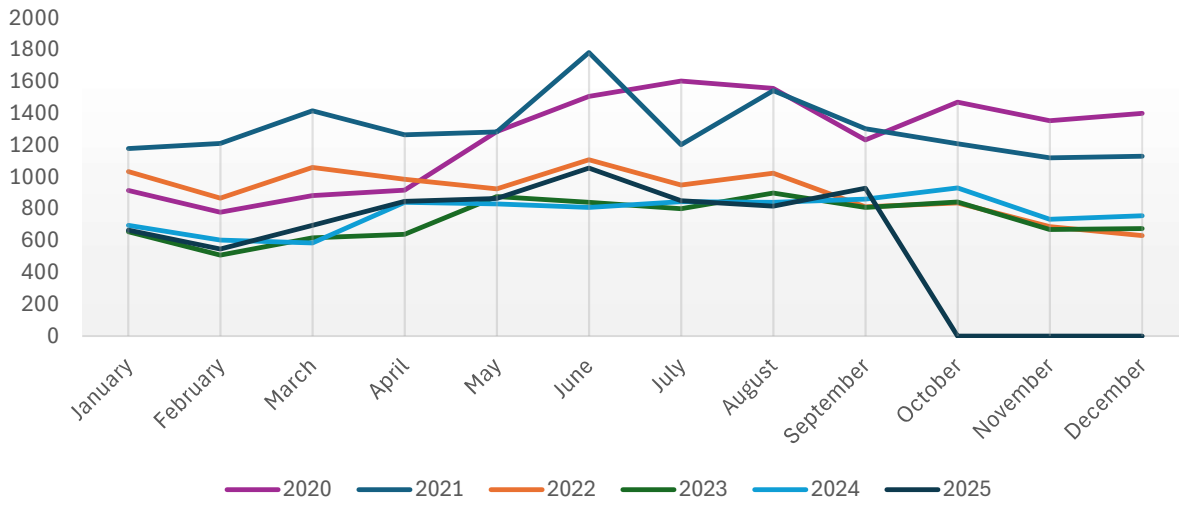
Revenue			
Acct 412300: DOR Real Estate Transfer Fees collected for County			
Quarterly Total:	\$73,787.34	Budgeted:	\$218,147.00
Year to Date:	\$195,940.98	Revenue Gap:	-\$22,206.02
Compared to 2024 to Date:	\$201,734.27	Projected Surplus:	\$43,107.64

Acct 461301: Fees Collected from Real Estate Recordings and Vital Records			
Quarterly Total:	\$61,138.25	Budgeted:	\$207,000.00
Year to Date:	\$169,061.75	Revenue Gap:	-\$37,938.25
Compared to 2024 to Date:	\$156,442.50	Projected Surplus:	\$18,415.67

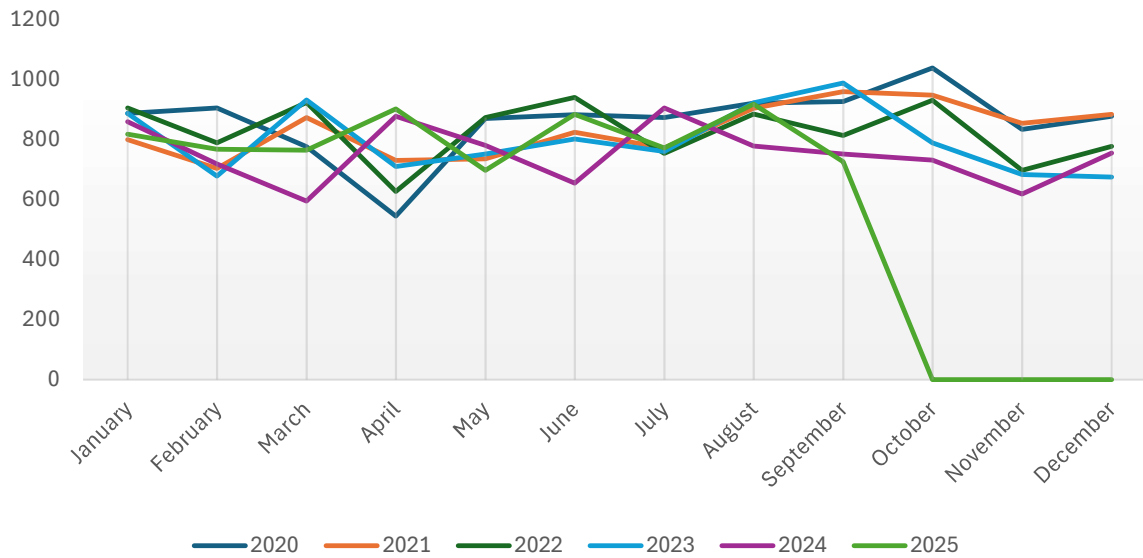
Acct 461302: Access Fees Generated from Online Real Estate			
Quarterly Total:	\$25,595.47	Budgeted:	\$107,000.00
Year to Date:	\$75,158.18	Revenue Gap:	-\$31,841.82
Compared to 2024 to Date:	\$69,487.45	Projected Deficit:	-\$6,789.09

2025 ROD Budget Synopsis			
Revenue Accounts Subtotal:	\$532,147.00	Total Expenses Budgeted:	\$435,829.00
Tax Levy:	-\$96,318.00	Actual Expenses to Date:	\$318,199.30
Total Revenue Budgeted:	\$435,829.00	Remaining Funds:	\$117,629.70
Actual Revenue to Date:	\$343,842.91		
Revenue Gap:	\$91,986.09	Projected Surplus:	\$25,643.61

2020-2025 Recording Total Summary



2020-2025 Vital Records Issuance Summary



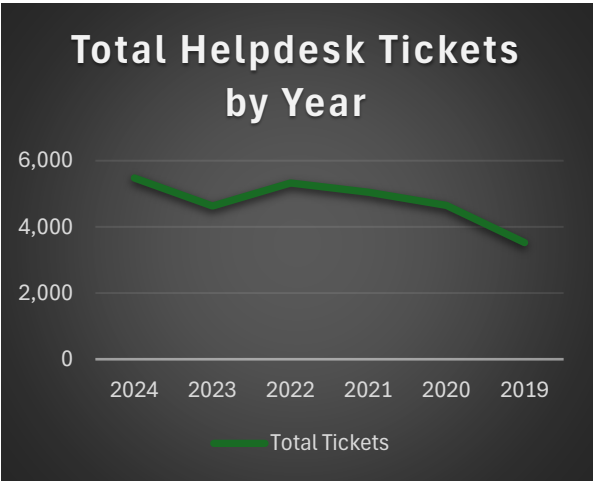
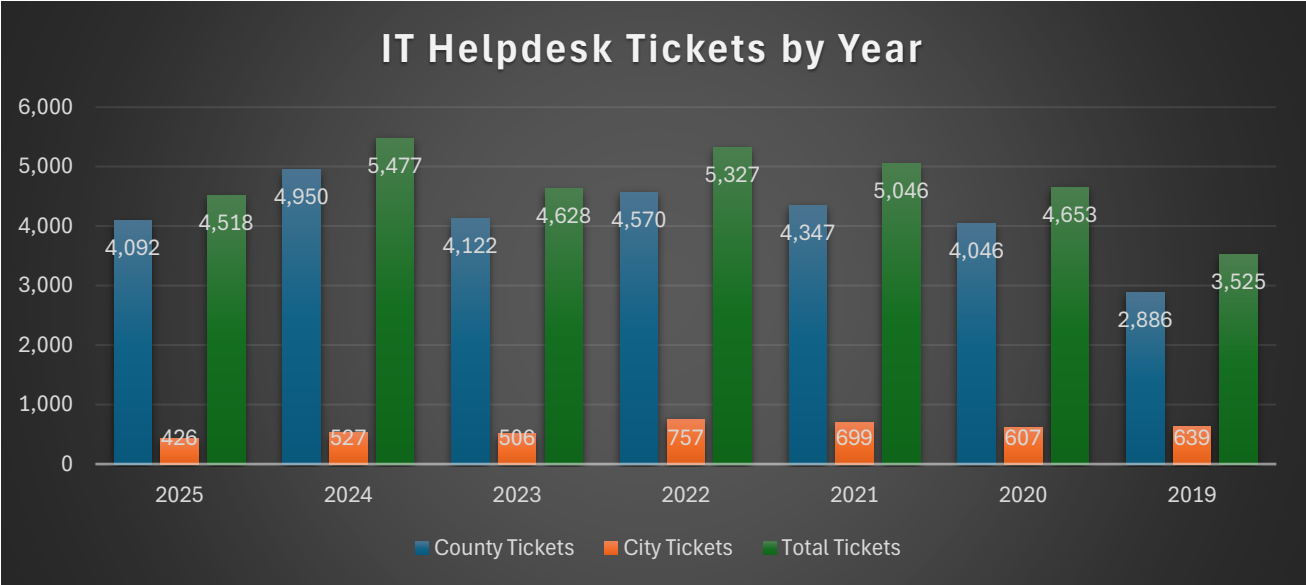
IT Helpdesk Dashboard

3 year average: 5144 tickets per year

Note: 2025 data is through Oct 14

Ticket Summary (by Year)			
Year	County Tickets	City Tickets	Total Tickets
2025	4,092	426	4,518
2024	4,950	527	5,477
2023	4,122	506	4,628
2022	4,570	757	5,327
2021	4,347	699	5,046
2020	4,046	607	4,653
2019	2,886	639	3,525

Tickets by Quarter (2023–2025)			
Quarter	2025	2024	2023
Q1	1,519	1,307	1,258
Q2	1,464	1,388	1,170
Q3	1,349	1,482	1,087
Q4	186	1,300	1,113
Total	4,518	5,477	4,628



Department of Administration

Andy Albarado, County Administrator



November 12, 2025

TO: Executive Committee

FR: Andy Albarado

RE: Chippewa Valley Health Cooperative Request for \$10 Million Loan from the Wisconsin Board of Commissioners of Public Lands (BCPL) to Help Finance the Interim Chippewa Valley Cooperative Hospital in Chippewa Falls

In 2024 the County Board approved Resolution 29-24 authorizing \$70,000 to fund a portion of the feasibility study for a new hospital in the Chippewa Valley. The feasibility was conducted and at the May 5, 2025, Executive Committee meeting, the Chippewa Valley Health Cooperative presented an initial request for Chippewa County to assist in the start-up of a new hospital by being the conduit for a \$10 million dollar Wisconsin State Trust Fund Loan from the Bureau of Commissioners of Public Lands. At that time the Cooperative indicated they were making final revisions to the feasibility study, but that the study showed the area could support an additional hospital.

Since the May 5, 2025, Executive Committee meeting the Cooperative has maintained communication with the County with anticipation that they would be submitting additional information and an official request for financial assistance. In addition, the Cooperative moved ahead and acquired the former St. Joseph's Hospital property in Chippewa Falls, and they started providing health care services in the facility at the end of October 2025. The Cooperative is also allowing Chippewa County to use the morgue facility at the Hospital at no-charge. We have an agreement in place with the Cooperative for use of the morgue, which the Coroner started to use in October 2025.

On October 10, 2025, the County received the official request for assistance from the Cooperative which is attached to this memo. At this time, we have not received the full feasibility study, as there has been a request to keep portions of it confidential, which we have been unable to commit to. In order to start the process for the County Board to consider the assistance request, we invited the Cooperative to attend the Executive Committee meeting on November 18th. The Cooperative will give a presentation in open session and then the Executive Committee will meet in Closed Session in order to discuss the request.

The Cooperative is seeking other sources of funds to support the Community Hospital, including a grant available through the State of Wisconsin. They sought letters of support for their application and requested a letter from Chippewa County, which you can find a copy of the letter I submitted accompanying this memo.

Sincerely,

Andy Albarado
County Administrator

Attachments

Date: October 10, 2025

To: Chippewa County Board of Supervisors

From: Bob Krause, Board Chair
Chippewa Valley Health Cooperative (CVHC)

Re: Request for County Support for \$10 Million Loan from the Wisconsin Board of Commissioners of Public Lands (BCPL) to Help Finance Interim Chippewa Falls Hospital

I. Introduction

On behalf of the Chippewa Valley Health Cooperative (CVHC), we respectfully request your support in securing a \$10 million loan from the Wisconsin Board of Commissioners of Public Lands (BCPL) to finance the interim hospital that will serve Chippewa County and the broader Chippewa Valley.

II. Hospital Need in Chippewa County

Our community faces a critical gap in local healthcare access following the closure of the HSHS hospitals. Without action, Chippewa County residents risk the continued loss of timely access to essential services such as emergency care, inpatient treatment, surgical procedures, and obstetrics.

In addition, the interim hospital creates a significant opportunity for Chippewa County to achieve lower health care costs for its employees through potential direct contracting with CVHC, reducing expenses while ensuring high-quality, locally delivered care. **Chippewa County, along with many other local employers, will see a direct benefit in terms of their cost of health care.**

III. Why the BCPL Loan is the Right Tool

- **Affordable & Accessible Financing:** BCPL loans are designed to support local governments and community priorities, offering stable rates and flexible repayment terms.
- **Proven Mechanism:** Counties across Wisconsin have used BCPL funds successfully to invest in schools, infrastructure, and essential services. Healthcare is no less vital.
- **Direct Local Impact:** Repayment dollars remain in Wisconsin, funding the state's Common School Fund and directly benefiting public education while also meeting our urgent healthcare needs.
- **Risk Avoidance:** CVHC is accumulating sources of capital to fund the Interim hospital purchase and upgrades, while developing plans for a new hospital in Lake Hallie. Lenders seek to calibrate loan risk and are more likely to approve commercial loans

where risk is diversified through multiple lenders. The BCPL Loan is a vehicle to help CVHC raise capital needed to operate the interim hospital without requesting a direct financial contribution from Chippewa County. Chippewa County enjoys extensive debt capacity and a loan through the BCPL will have negligible impact on Chippewa County's ability to borrow for future public projects. As of 2023, Chippewa County had \$456,489,310 million in borrowing capacity. CVHC's \$10M loan request represents 2.19% of Chippewa County's remaining debt capacity, with \$446,489,310 left to use for other purposes.

IV. Community Benefits for Chippewa County

- **Restored Access to Care:** Ensures residents do not need to travel long distances for urgent and routine medical services.
- **Economic Stability:** Restores 400+ high-quality healthcare jobs with an anticipated **annual payroll exceeding \$40 million**. Moreover, the project supports local businesses that depend on a strong, high quality, and competitive medical sector. We are working with economic development experts to quantify the total economic impact of this project on the region. We expect to have that data very soon.
- **Public Safety & Preparedness:** Restores emergency medical care capacity critical for disaster response and public health crises.
- **Equity in Care:** Protects vulnerable populations, including rural residents, seniors, and families without reliable transportation.
- **Locally Owned and Led.** As a member-owned hospital cooperative, key hospital operational policies will be determined by a board of directors elected from members across the Chippewa Valley. Decisions will be made locally and not by a healthcare system headquartered elsewhere. Furthermore, as an IRS Section 501c3 nonprofit, positive net earnings, or profit, will be solely reinvested into continually improving the quality of patient care in the region.
- **Managing the Cost of Health Care.** The hospital creates a significant opportunity for Chippewa County to achieve lower health care costs for its employees through direct contracting with CVHC, reducing expenses while ensuring high-quality, locally delivered care. **Chippewa County, along with many other local employers, will see a direct benefit in terms of their cost of health care.**
- **Other Community Benefits.** The opening of the hospital provides additional benefits to the County. The morgue, which was closed when St. Joseph Hospital was shut down, is now open for Chippewa County use. Also, when the ER is open in 2026, there will be a significant savings in travel time and expense for Chippewa County based EMS services. Both of these items will have a positive impact on the County budget going forward.

V. Financial Strength & Limited County Risk

Independent financial projections prepared by Wipfli demonstrate strong expected results for the interim hospital, with revenues sufficient to cover operating costs and debt obligations. CVHC will be solely responsible for all interest and principal payments on the BCPL loan. As such, the financial risk to Chippewa County is minimal, while the community benefits are substantial and immediate. CVHC's proposed use of \$10M in the county's debt capacity represents just 2.19%

of Chippewa County’s current debt capacity, leaving \$446,489,310 for future Chippewa County projects.

VI. The Cost of Inaction

We understand this is a significant commitment. However, the cost of inaction is greater—measured in lives, economic disruption, and long-term instability for Chippewa County. Without an interim hospital, residents will continue to experience long wait times for basic and emergency services, and many will be forced to travel out of the area for care. This situation places added burdens on families, reduces access for vulnerable populations, and weakens our region’s ability to attract and retain a strong workforce.

We respectfully ask the Chippewa County Board of Supervisors to support this \$10 million BCPL loan request and join CVHC in securing the health and well-being of our community.

VII. Disclosures and Topics for Closed Session Discussion

To ensure fiscal responsibility and transparency, CVHC is committed to providing the Chippewa County Board of Supervisors, the county administrative team, and the public with detailed information on why the interim hospital in Chippewa Falls and the proposed new hospital in Lake Hallie are needed; how the two hospitals will meet the projected healthcare demand in the region; a description of the full set of services to be offered by the two hospitals; summary financial projections prepared by WIPFLI, a nationally recognized and independent third party hospital consultant; and an interim hospital staffing plan, including number of positions and anticipated payroll.

However, for competitive reasons, CVHC requests certain loan structure and partnership considerations be discussed in closed session with the Chippewa County Board pursuant to Wis. Stat. § 19.85(1)(e), including:

- Collateral options for the loan and shared risk protections.
- Amortization schedules and repayment timing aligned with CVHC’s operating projections.
- Interest rate scenarios and opportunities for early repayment without penalty.
- Ties to CVHC fundraising benchmarks to strengthen financial sustainability.
- Potential healthcare cost savings for Chippewa County employees through negotiated service arrangements with the interim hospital.
- Detailed CVHC financial projections and assumptions.

VIII. Request Summary

CVHC cannot do this alone. Business, civic, and healthcare leaders in Chippewa County, along with leaders from other counties, are working tirelessly to effectively respond to the considerable healthcare access challenge created by the closing of the two HSHS hospitals in early 2024. Rather than stand by helplessly, Chippewa Valley Health Cooperative is aggressively moving forward to implement innovative healthcare solutions that will allow Chippewa County to not

only restore and improve healthcare access, but also to reduce relative cost and increase healthcare quality.

Together, we can protect the health of Chippewa County—today and for generations to come. Thank you for your consideration. We look forward to hearing from you about the next steps.

Department of Administration

Andy Albarado, County Administrator



November 3, 2025

TO: Andrea Blaeser, Development Director
Chippewa Valley Health Cooperative
andrea.blaeser@cvhealthcoop.org

RE: Letter of Support for Chippewa Valley Health Cooperative Grant Application

To Whom It May Concern,

This letter is to express strong support for the Chippewa Valley Health Cooperative's efforts to open its interim hospital in Chippewa Falls. The Cooperative's hospital will dramatically improve access to high quality, affordable healthcare in the Chippewa Valley Region, which has significantly decreased since HSHS exited Western Wisconsin in 2024.

The Cooperative purchased the former St. Joseph's Hospital from HSHS in June 2025 and intends to open this hospital as an interim facility while it builds the long-term hospital in Lake Hallie.

The need is urgent. Before HSHS closed its two hospitals, they accounted for over 33% of Emergency Department visits, over 700 births, over 50% of bariatric wound care treatment, and an average of 125 hospital stays per day in the area. None of the other local hospitals have been able to absorb this large number of patients. Consequently, we believe patients are either going without care, travelling very long distances for their care, or packing other emergency department waiting rooms, which is impacting the entire community.

The Chippewa Falls hospital is planned as an interim facility as the Cooperative builds its long-term, sustainable, and flexible hospital strategically located in Lake Hallie for easy access to the entire region, especially for Emergency Services. The Cooperative is exploring several different long-term plans for the Chippewa Falls facility after the new hospital is opened, so it will continue to be an anchor of care for the community.

Please support the Chippewa Valley Health Cooperative's efforts to restore access to affordable, high-quality health care.

Sincerely,

Andy Albarado
Chippewa County Administrator

Chippewa County

Board of Supervisors

Executive Committee

November 18, 2025

Our Mission is to build a new model of high-quality, lower cost healthcare – governed by our community, for our community.

- Formed out of a community health care crisis in February 2024
- Community leadership and governance
- 1400+ members
- 501c3 status
- \$13M+ raised in donations and pledges
- Secured land in Lake Hallie for new hospital
- Working with local employers to help address rising health care costs
- Acquired the St. Joe's property as our interim facility in July 2025
- Cancer Center opened in October
- Morgue open now
- Wound care coming soon
- Multiple tenants on 5th floor
- Partnering with Allina Health for Epic electronic health record
- Full hospital services coming in summer 2026
- Assessing long term options for Chippewa Falls interim facility

THE NEED IS UNQUESTIONED

- Approximately **one third of capacity** lost when HSHS exited Western Wisconsin
- Cancer Care, OB, ER, Critical Care, Surgery, Cardiology
- Committed to serve the whole community , **including Medicare and Medicaid patients**
- Onerous health care costs for employers
 - We've talked with many self-insured employers
 - We can help them save on their costs – **at least 15 percent**

*"Despite these strengths (of Chippewa County), **healthcare access remains a major issue**, especially in rural areas where services are more spread out. The closure of HSHS St. Joseph's Hospital and L.E. Phillips Treatment Center **has worsened this challenge**, leaving gaps in emergency care, substance misuse treatment, and other services, and increased travel times for emergency care, impacting timely medical interventions. **Addressing these issues requires coordinated efforts among healthcare providers, policymakers, and community stakeholders to restore access to vital services.**"*

Chippewa County Access to Care Report, September 2025

COOPERATIVE HAS MADE HUGE PROGRESS TO FILL THE GAP

Now we need your help to get to the finish line

Our Request

- Chippewa County **support** for a \$10M loan from the Wisconsin Board of Commissioners of Public Lands (BCPL)
- CVHC responsible for all principal and interest payments
- County serves **as conduit** with State and "co-signer" of note
- Wipfli financial projections show strong operating performance and balance sheet for the Cooperative Hospital
 - Positive income from operations
 - Debt Service greater than 1.6 for all years
 - Cash reserves growing to \$40M in 2030

Is Chippewa County willing to allow a small portion of their General Obligation (G.O.) Debt to secure a community-owned Health Care Facility in Chippewa County?

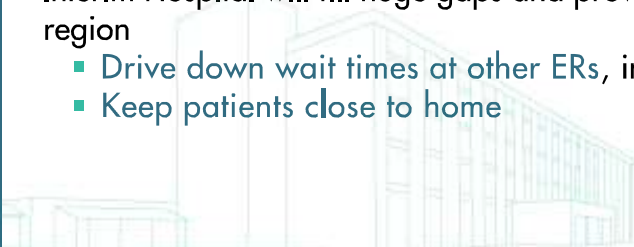
- ALL the borrowed money (Principal & Interest) to be paid back (in 10 years or less) – no out-of-pocket cost to Chippewa County
- ALL the borrowed money invested in the Chippewa Valley
- ALL employees of CVHC are local residents and taxpayers
- ANY Chippewa County resident will be eligible for care through the Chippewa Valley Health Cooperative
- G.O. debt may be converted to a revenue debt instrument in future (once revenue stream established)
- \$10 Million Loan from BCPL for CVHC will help with CVHC Federal/State grant requests

WIPFLI Advisory LLC

Nick Smith, MHA
Partner

BRIDGE TO THE FUTURE

- Interim Hospital in Chippewa Falls allows the Cooperative to serve patients **now** while building new Lake Hallie hospital
- CF interim hospital will build patient patterns and revenue for the Cooperative which will **help drive down total cost** for Lake Hallie hospital
 - 95% of equipment will move to Lake Hallie
- The faster we can hire trained medical professionals, the more likely we'll be able to **KEEP** workforce in Chippewa Valley
 - **717** trained hospital staff have signed up on our career website
- Interim Hospital will fill huge gaps and provide dramatically more **ACCESS** to hospital services for the region
 - **Drive down wait times at other ERs**, improve overall access to services at all hospitals
 - **Keep patients close to home**



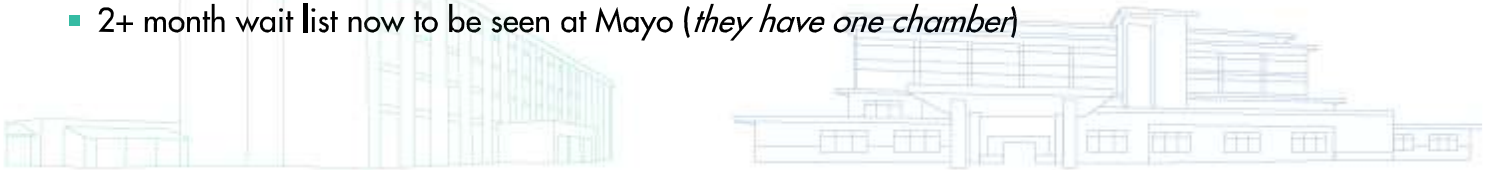
BRIDGE TO THE FUTURE: FILLING A DIRE NEED ASAP

NOW

- Cancer Center has opened –treating patients with chemotherapy infusion therapy (11/3)
 - Goal to replace capacity lost when Prevea Cancer Center closed in 2024 (average 700+ patients annually) and bring patients who are now travelling to Madison, La Crosse, Rochester, and more back to Chippewa Valley
- Morgue open and provided to Chippewa County free of charge
- Training facility for Chippewa EMS

SOON

- Wound Care to open soon – will triple hyperbaric chamber therapy in CV which will help prevent wound-related amputations
 - 2+ month wait list now to be seen at Mayo (*they have one chamber*)



7

BRIDGE TO THE FUTURE: FILLING A DIRE NEED ASAP

MID-2026

- Emergency Department with full Med/Surg Support, Labs, Diagnostics
 - 95% of patients coming through ER will STAY in CV
- Critical Care Unit
- 31 Inpatient Beds
- Labor & Delivery (Capacity 400-500 babies in Chippewa Falls)
- 5 Surgical Suites
- Full scope of specialty services onsite – cancer, ortho, GI, OB, etc.

Chippewa Falls Interim hospital: $\frac{3}{4}$ capacity of Lake Hallie hospital

THE CAP TIMES



Donnie Nelson, Eau Claire



Gary & Carolyn Kaiser, Elk Mound

Daily Mail



Terry Halfen, Chippewa Falls

LEADER-TELEGRAM
EAU CLAIRE AND THE CHIPPEWA VALLEY'S LEADING NEWS SOURCE SINCE 1881

8

Wisconsin Economic Development Corporation

Ray French, JD, MPA
Regional Economic Development Director

ECONOMIC IMPACT

- CVHC Hospital in Lake Hallie will bring over 400 jobs and \$40 Million payroll to Chippewa Valley
- CVHC will help counter losses from HSHS Exit

(Note: Data from West Central Wisconsin Regional Planning Commission analysis)

- Economic Losses

- Lost Jobs – 1,511
- Lost Wages – Chippewa/Eau Claire - \$98.3 million
- Lost Chippewa & Eau Claire County Taxes – \$2.4 million
- Lost Government Taxes - \$28.1 million

- Project's Economic Benefits

- New Jobs/Wages - \$65.2 million (annually)
- New Construction Project Impact - \$93.9 million (one time)



ECONOMIC IMPACT

- Consistent with the Chippewa County Strategic Plan
 - "Support economic development in rural areas"
- **Cost-effective health care is critical for future employer investment**
- The Cooperative Plans To:
 - Return high quality healthcare jobs - **\$40 Million in Payroll**
 - **Stabilize local tax bases**
 - Provide **local governance** for community healthcare decisions
 - **Re-invest in the Chippewa Valley**
 - **Reduce the outmigration** of patients
 - Help **retain high quality healthcare** professionals
 - Help solve the **community's healthcare access** crisis
 - **Mitigate the rising cost** of healthcare in the Chippewa Valley
- **You can help us achieve these goals!**



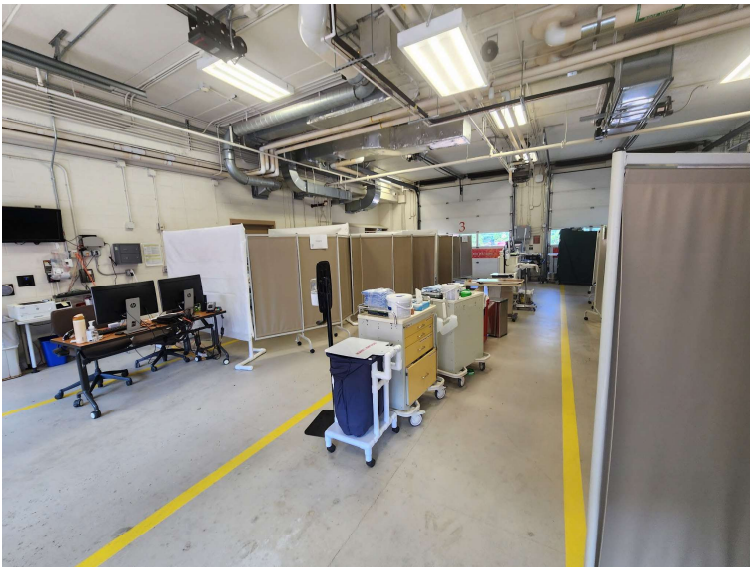
SPECIFIC REQUEST

- Our Request
 - Chippewa County **support** for a \$10m loan from the Wisconsin Board of Commissioners of Public Lands (BCPL) with small portion of their G.O. Debt
 - CVHC responsible for all principal and interest payments
 - No out-of-pocket cost to Chippewa County
 - G.O. debt may be converted to revenue debt instrument in the future (once revenue stream established)
 - County serves as **conduit** with State and "co-signer" of note
 - Wipfli financial **projections** show strong operating performance and balance sheet for the Cooperative Hospital
 - Positive income from operations
 - Debt Service greater than 1.6 for all years
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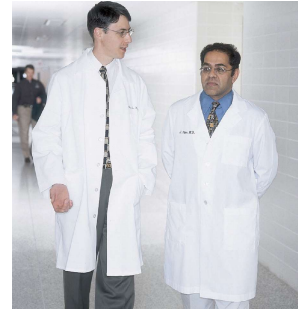




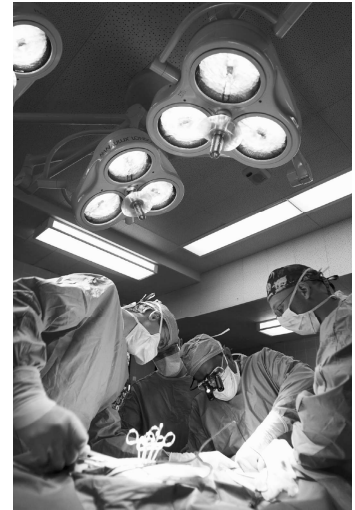
Is the Chippewa Valley a safe place to get sick?



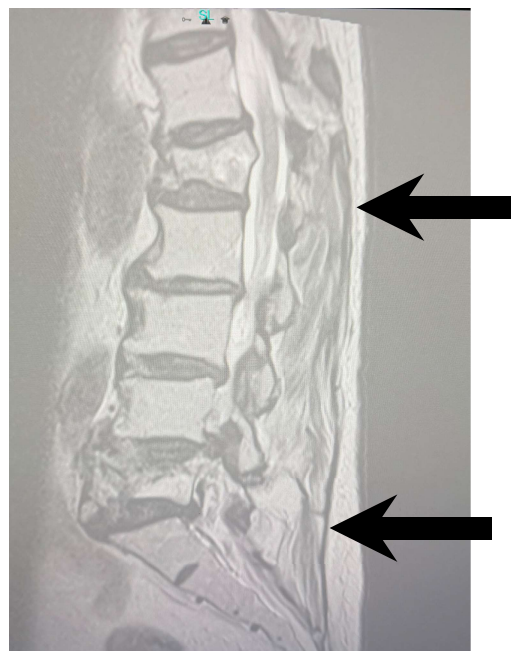
2025



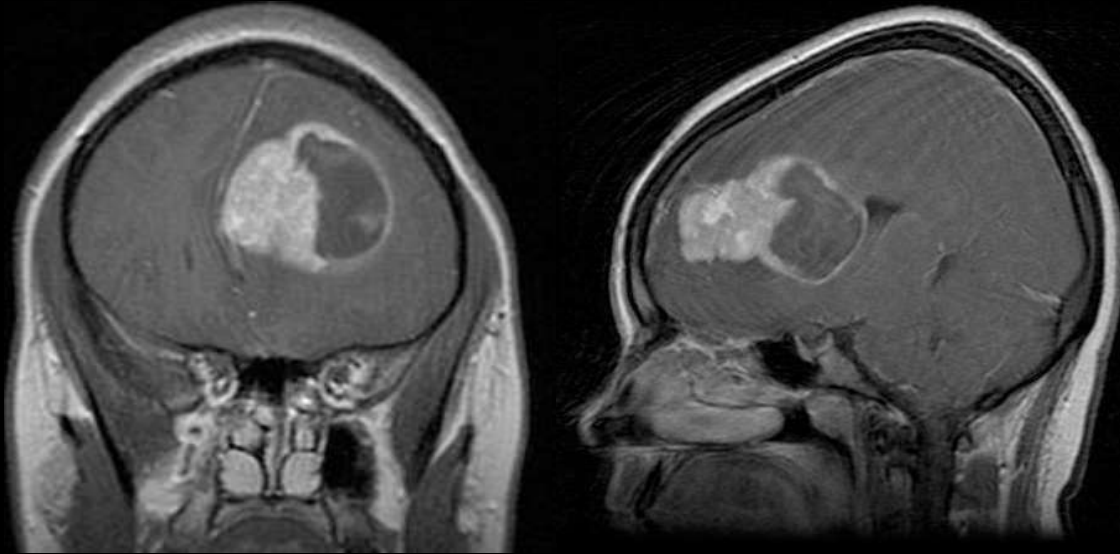
2003



88 year old female; fall with multiple spine fractures



20 year female, 22 weeks pregnant
1 month history headache and vomiting
Uninsured and denied care elsewhere

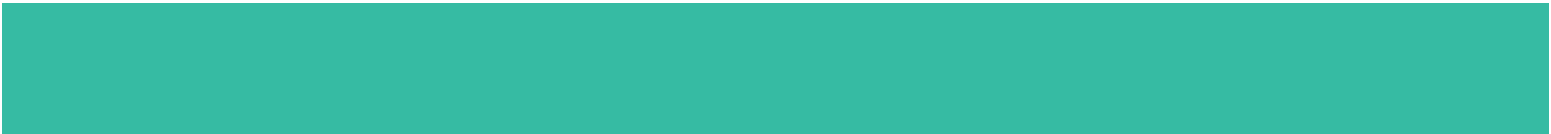


BRIDGE TO THE FUTURE





QUESTIONS?



THANK YOU!

Chippewa Valley Health Cooperative Economic Impacts

In January 2024, Hospital Sisters Health System (HSHS) announced the closure of the Sacred Heart Hospital in Eau Claire and St. Joseph's Hospital in Chippewa Falls. This resulted in a reported loss of approximately 1,511 jobs by the end of March 2024 between the two hospitals and area Prevea Clinics, with concentrated effects in Eau Claire and Chippewa Counties.

Working with the West Central Wisconsin Regional Planning Commission (RPC) and using financial reports from 2023 of the two HSHS hospitals, a brief assessment of the impacts of those two closures was prepared and is attached to this document. Those reports identified full-time equivalent (FTE) employment, as well as salary/fringe, supply, and capital expenditures. From that data, RPC staff used IMPLAN economic impact modeling software to develop an estimated impact of the closures and the loss of those expenditures within the region. IMPLAN identifies the Direct, Indirect, and Induced economic impacts of the events.

- Direct impacts are those from the loss of output spending made by the entity;
- Indirect impacts are those from the loss of business to business transactions; and
- Induced impacts are those from the loss of spending by employees of the entity.

These impacts are noted on the following tables that indicate the economic impacts of the two hospital closures. In sum, the reduction in FTE expenditures resulted in over \$98 million in lost economic activity in the Chippewa Valley. This impact is a conservative estimate because it does not include the loss of activity due to the Prevea Clinic closures and other contracted services.

	Lost Incomes/Wages to County		Lost Taxes Collected	
	Chippewa County	Eau Claire County	Chippewa County*	Eau Claire County*
Direct	\$17,042,817.23	\$49,211,549.54	\$268,082.39	\$2,091,904.47
Indirect	\$1,125,789.93	\$17,613,579.94		
Induced	\$1,780,514.53	\$11,557,616.96	All Government Total**	\$28,135,982.94
Total	\$19,949,121.69	\$78,382,746.45		

* Most likely in less Sales Tax

** Includes Payroll and Other Taxes

As a result of the closures, the Chippewa Valley Health Cooperative (CVHC) formed as a community-owned, non-profit health-care enterprise to restore and sustain essential medical services in the Chippewa Valley. To that end, and over the next three years, CVHC will undertake two capital projects: (1) restarting hospital services at the former St. Joseph's Hospital in Chippewa Falls; and (2) construct a new hospital in Lake Hallie and shift all hospital services to that location. The Lake Hallie Hospital will be a 48-bed general acute-care hospital in a new 144,000 sq ft greenfield development. All told, the CHVC projects are expected to be approximately \$167,507,574 in new construction and equipment, and involve the creation of 398 new full-time positions at an average wage of \$45.54/hour.

CHVC is working with the Wisconsin Economic Development Corporation to measure the impacts of this project on the Chippewa Valley economy. This analysis is utilizing IMPLAN to develop an estimated impact of the capital expenditures made to outfit St. Joseph's and construct the new hospital. The analysis is also utilizing Lightcast, an economic modeling software that provides data on labor market impacts based on payroll investments. These impacts are summarized below:

	Lightcast Impacts	IMPLAN Impacts Construction Project	
	New Jobs	Labor Income	State Tax Impacts
Direct	\$53,000,000	\$67,776,334	\$2,404,515
Indirect	\$2,000,000	\$6,445,900	\$763,296
Induced	\$10,200,000	\$14,668,635	\$1,875,318
Total	\$65,200,000	\$88,890,870	\$5,043,130

The impacts noted above are the economic impacts of the labor expenditures on an annual basis within the region surrounding the investment. The IMPLAN construction project impacts are noted as a single event as a result of the capital investments made by CVHC.



CVHC Request to Chippewa County

Background Materials

November 11, 2025

1. Chippewa Valley Health Cooperative (CVHC) Request for County Support
2. CVHC Overview Statement
3. Raising Capital for the Chippewa Valley Health Cooperative (pdf of presentation describing the need and Board of Commissioners of Public Lands Program)
4. CVHC Interim Hospital Financial Projections Summary dated November 10, 2025
5. Letter of Support
 - a. Brad Atkinson, President, Mason Companies, Inc.
 - b. Eric Rygg, President, Silver Spring Foods, Inc./Huntsinger Companies
 - c. Brian Cornell, Plant Manager, CMB Wisconsin Tool
 - d. Gregory Field, Vice President, Pump Manufacturing Operations, Darley
 - e. Matt Murray and Corbin Richartz, Owner Partners, Markquart Motors
 - f. J. Mickey Judkins, CEO, Details
 - g. Kamal Thapar, MD, PhD, Neurosurgeon, Wisconsin Brain & Science Center
 - h. Patti Darley, Board Vice Chair of CVHC
 - i. Jon Potter, DO, Eau Claire GI Associates
 - j. Chris Longbella, MD, Obstetrician/Gynecologist, President, OakLeaf Clinics
 - k. Paul Ruh, MD, President, Eau Claire GI Associates
 - l. Dave and Sharon Stearns
 - m. Kyle Dettbarn, MD, Pulmonologist, Eau Claire Medical Clinic
 - n. Steven Immerman, MD, Surgeon
 - o. Angela Quick, former director of the Prevea Cancer Center
 - p. Mark Asplund, MD, Surgeon (retired)
 - q. Richard Daniels, MD, Evergreen Surgery
 - r. Robert Krause, Board Chair of CVHC
 - s. Peter Hoeft, Hoeft Builders
 - t. Georgina Lee Caraher, Eau Claire
 - u. Megan K. MacLaughlin-Barck, Larson Bridges, Chippewa Falls
 - v. Maureen Carlson, Chippewa Falls
6. Background Articles
 - a. The Cap Times
 - b. WEAU
 - c. Daily Mail
 - d. Leaders Telegram
 - e. KFF Health News

Date: October 10, 2025

To: Chippewa County Board of Supervisors

From: Bob Krause, Board Chair
Chippewa Valley Health Cooperative (CVHC)

Re: Request for County Support for \$10 Million Loan from the Wisconsin Board of Commissioners of Public Lands (BCPL) to Help Finance Interim Chippewa Falls Hospital

I. Introduction

On behalf of the Chippewa Valley Health Cooperative (CVHC), we respectfully request your support in securing a \$10 million loan from the Wisconsin Board of Commissioners of Public Lands (BCPL) to finance the interim hospital that will serve Chippewa County and the broader Chippewa Valley.

II. Hospital Need in Chippewa County

Our community faces a critical gap in local healthcare access following the closure of the HSHS hospitals. Without action, Chippewa County residents risk the continued loss of timely access to essential services such as emergency care, inpatient treatment, surgical procedures, and obstetrics.

In addition, the interim hospital creates a significant opportunity for Chippewa County to achieve lower health care costs for its employees through potential direct contracting with CVHC, reducing expenses while ensuring high-quality, locally delivered care. **Chippewa County, along with many other local employers, will see a direct benefit in terms of their cost of health care.**

III. Why the BCPL Loan is the Right Tool

- **Affordable & Accessible Financing:** BCPL loans are designed to support local governments and community priorities, offering stable rates and flexible repayment terms.
- **Proven Mechanism:** Counties across Wisconsin have used BCPL funds successfully to invest in schools, infrastructure, and essential services. Healthcare is no less vital.
- **Direct Local Impact:** Repayment dollars remain in Wisconsin, funding the state's Common School Fund and directly benefiting public education while also meeting our urgent healthcare needs.
- **Risk Avoidance:** CVHC is accumulating sources of capital to fund the Interim hospital purchase and upgrades, while developing plans for a new hospital in Lake Hallie. Lenders seek to calibrate loan risk and are more likely to approve commercial loans

where risk is diversified through multiple lenders. The BCPL Loan is a vehicle to help CVHC raise capital needed to operate the interim hospital without requesting a direct financial contribution from Chippewa County. Chippewa County enjoys extensive debt capacity and a loan through the BCPL will have negligible impact on Chippewa County's ability to borrow for future public projects. As of 2023, Chippewa County had \$456,489,310 million in borrowing capacity. CVHC's \$10M loan request represents 2.19% of Chippewa County's remaining debt capacity, with \$446,489,310 left to use for other purposes.

IV. Community Benefits for Chippewa County

- **Restored Access to Care:** Ensures residents do not need to travel long distances for urgent and routine medical services.
- **Economic Stability:** Restores 400+ high-quality healthcare jobs with an anticipated **annual payroll exceeding \$40 million**. Moreover, the project supports local businesses that depend on a strong, high quality, and competitive medical sector. We are working with economic development experts to quantify the total economic impact of this project on the region. We expect to have that data very soon.
- **Public Safety & Preparedness:** Restores emergency medical care capacity critical for disaster response and public health crises.
- **Equity in Care:** Protects vulnerable populations, including rural residents, seniors, and families without reliable transportation.
- **Locally Owned and Led.** As a member-owned hospital cooperative, key hospital operational policies will be determined by a board of directors elected from members across the Chippewa Valley. Decisions will be made locally and not by a healthcare system headquartered elsewhere. Furthermore, as an IRS Section 501c3 nonprofit, positive net earnings, or profit, will be solely reinvested into continually improving the quality of patient care in the region.
- **Managing the Cost of Health Care.** The hospital creates a significant opportunity for Chippewa County to achieve lower health care costs for its employees through direct contracting with CVHC, reducing expenses while ensuring high-quality, locally delivered care. **Chippewa County, along with many other local employers, will see a direct benefit in terms of their cost of health care.**
- **Other Community Benefits.** The opening of the hospital provides additional benefits to the County. The morgue, which was closed when St. Joseph Hospital was shut down, is now open for Chippewa County use. Also, when the ER is open in 2026, there will be a significant savings in travel time and expense for Chippewa County based EMS services. Both of these items will have a positive impact on the County budget going forward.

V. Financial Strength & Limited County Risk

Independent financial projections prepared by Wipfli demonstrate strong expected results for the interim hospital, with revenues sufficient to cover operating costs and debt obligations. CVHC will be solely responsible for all interest and principal payments on the BCPL loan. As such, the financial risk to Chippewa County is minimal, while the community benefits are substantial and immediate. CVHC's proposed use of \$10M in the county's debt capacity represents just 2.19%

of Chippewa County's current debt capacity, leaving \$446,489,310 for future Chippewa County projects.

VI. The Cost of Inaction

We understand this is a significant commitment. However, the cost of inaction is greater—measured in lives, economic disruption, and long-term instability for Chippewa County. Without an interim hospital, residents will continue to experience long wait times for basic and emergency services, and many will be forced to travel out of the area for care. This situation places added burdens on families, reduces access for vulnerable populations, and weakens our region's ability to attract and retain a strong workforce.

We respectfully ask the Chippewa County Board of Supervisors to support this \$10 million BCPL loan request and join CVHC in securing the health and well-being of our community.

VII. Disclosures and Topics for Closed Session Discussion

To ensure fiscal responsibility and transparency, CVHC is committed to providing the Chippewa County Board of Supervisors, the county administrative team, and the public with detailed information on why the interim hospital in Chippewa Falls and the proposed new hospital in Lake Hallie are needed; how the two hospitals will meet the projected healthcare demand in the region; a description of the full set of services to be offered by the two hospitals; summary financial projections prepared by WIPFLI, a nationally recognized and independent third party hospital consultant; and an interim hospital staffing plan, including number of positions and anticipated payroll.

However, for competitive reasons, CVHC requests certain loan structure and partnership considerations be discussed in closed session with the Chippewa County Board pursuant to Wis. Stat. § 19.85(1)(e), including:

- Collateral options for the loan and shared risk protections.
- Amortization schedules and repayment timing aligned with CVHC's operating projections.
- Interest rate scenarios and opportunities for early repayment without penalty.
- Ties to CVHC fundraising benchmarks to strengthen financial sustainability.
- Potential healthcare cost savings for Chippewa County employees through negotiated service arrangements with the interim hospital.
- Detailed CVHC financial projections and assumptions.

VIII. Request Summary

CVHC cannot do this alone. Business, civic, and healthcare leaders in Chippewa County, along with leaders from other counties, are working tirelessly to effectively respond to the considerable healthcare access challenge created by the closing of the two HSHS hospitals in early 2024. Rather than stand by helplessly, Chippewa Valley Health Cooperative is aggressively moving forward to implement innovative healthcare solutions that will allow Chippewa County to not

only restore and improve healthcare access, but also to reduce relative cost and increase healthcare quality.

Together, we can protect the health of Chippewa County—today and for generations to come. Thank you for your consideration. We look forward to hearing from you about the next steps.



Chippewa Valley _____
Health Cooperative



Transforming The
Healthcare Landscape In
The Chippewa Valley To
Help Our Community
THRIVE

**THERE IS ALWAYS
A BETTER WAY**

JOIN US IN TRANSFORMING HEALTHCARE IN THE CHIPPEWA VALLEY

From Crisis to Opportunity - We Must Act Now

Since January 2024, healthcare in the Chippewa Valley has shifted from strained to critical. What once were rare inconveniences — long ER waits, patients treated in hallways and parking lots, postponed surgeries, or 2-hour drives for cancer care — are now everyday realities. New mothers deliver far from home, critical care is often delayed, and even routine medical appointments and preventative screenings are harder to secure.

This is not sustainable. And it's not acceptable.

The closure of Hospital Sisters Health System (HSHS) hospitals in Chippewa Falls and Eau Claire left more than 70,000 people without local care — and our remaining systems are overwhelmed. Wait times are skyrocketing, costs are soaring, and services like labor & delivery, cardiology, surgery, and cancer treatment are stretched beyond capacity.



“The situation has gone from concerning to dire for the entire community. Physicians and medical professionals throughout the Chippewa Valley are struggling to provide the care our community needs because we simply don’t have enough hospital capacity.”

Dr. Erik Dickson

Healthcare isn't just a convenience. It's the foundation of a thriving community. And right now, that foundation is crumbling beneath us.

**We're not just building a hospital.
We're building a healthier, more
resilient Chippewa Valley.**

THERE IS A BETTER WAY, AND IT STARTS WITH US

We believe in a stronger future. We believe that *building a new, modern hospital — designed for the future and powered by our community — is the key to turning this crisis into a catalyst for long-term change.*

This isn't about replacing what we lost. It's about reimagining what's possible.

The Chippewa Valley Health Cooperative was born just six weeks after the HSHS closure announcement. A grassroots solution powered by local medical professionals and committed citizens, the Cooperative's mission is bold yet simple:

Our mission is to build a new model of high-quality, lower-cost health care – governed by our community, for our community.

To bring exceptional, accessible, and affordable healthcare back home.

We envision a state-of-the-art hospital where:

- Care is close, not 100+ miles away.
- Patients are treated with compassion, not corporate quotas.
- Local doctors have the freedom to practice medicine, not follow cookie-cutter checklists.
- Our neighbors receive treatment from providers they know and trust — from birth to end-of-life care.

Together, We Can Lead the Way.

This campaign is more than a call for funds — it's a call to action.

The Chippewa Valley is known for its grit, its heart, and its ability to come together when it matters most. That moment is now. With your support, we can pioneer a new healthcare model — right here, in our backyard.

Help us shape the future of healthcare in our region. Help us ensure that no one in our community has to leave town — or wait too long — for the care they need.

Let's build a hospital that reflects the strength, the values, and the spirit of the Chippewa Valley.

Join us. Invest in hope. Create a legacy of care.

Robert Krause, *Chair*

Patti Darley, *Vice Chair*

Board of Directors

THE NEED IS URGENT — AND GROWING BY THE DAY

When HSHS closed its hospitals, cancer center, and Prevea clinics, it didn't just leave buildings empty — it left tens of thousands of Chippewa Valley residents without care. In the aftermath, local physicians, providers, and clinics have done everything in their power to fill the gap. But the gap is simply too wide.

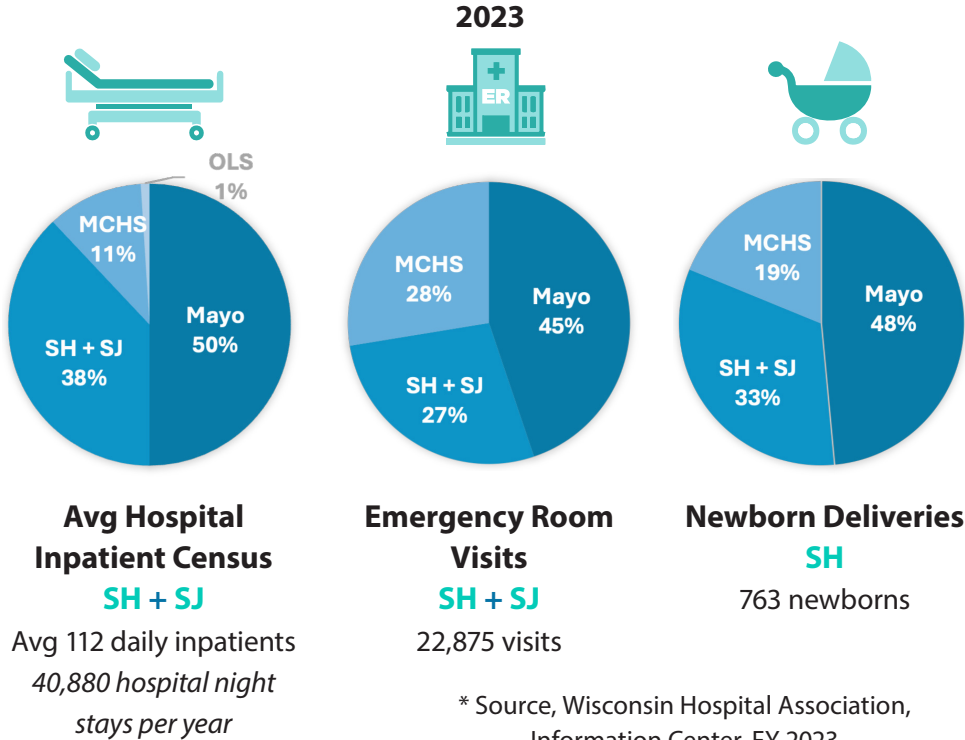
Our two remaining hospitals are doing their best. But even their best efforts can't overcome the reality: they lack the beds, the staff, and the capacity to care for the massive influx of patients once served by St. Joseph's, Sacred Heart, and Prevea's specialty practices.

The result is overburdened facilities and exhausted professionals. Patients waiting longer, traveling farther, and struggling to access even the most basic care.

This is not a temporary inconvenience. This is a breaking point.

Without bold action, this situation will only worsen. Our community deserves better.

We must build a new path forward—before it's too late.





Since March 2024 approximately 40 new cancer patients a month (480 per year) are traveling far out of the region for care after they determine a care plan. In addition, the gold standard of 48 hours between diagnosis and physician oncology consultation (which the Prevea Cancer Clinic held), has increased dramatically to up to 30 days, often by virtual consult with a physician who will not be part of the patient's care team.

"Before Prevea Cancer Clinic closed, we used to be able to just run into the clinic if there was an issue or Donnie needed anything. Now, everything we have to do for him is in La Crosse, so everything is a 4-hour round trip, no matter if it's an appointment, a lab, or scans. It's incredibly stressful knowing that it's such a long drive if anything goes south."

Glenda Nelson, who cares for her husband Donnie

THE PILLARS OF SUCCESS: A NEW MODEL, ROOTED IN PHYSICIANS

At the heart of every great hospital are its physicians.

At the core of our hospital is **a time-tested philosophy and practice — revived for a new era.**

We're not reinventing the wheel.

We're bringing back what's always worked: trusted, physician-led care that puts people first. It's the way healthcare used to be — before it became corporate, distant, and impersonal.

Unlike traditional systems forced to recruit from afar, **our strength is already here.** The Chippewa Valley is home to an extraordinary network of independent, community-rooted medical professionals — over 100 of whom have already committed to serve at our new hospital. These are the same doctors and medical staff who staffed Sacred Heart and St. Joseph's, who have built decades-long relationships with families across the region, and who today serve over **60,000 patients** right here in our community.

They're not outsiders. **They are here — ready to lead, ready to care.**

This isn't about disrupting healthcare. **It's about restoring it — thoughtfully, powerfully, and locally.**

Our Commitments:

Exceptional, Accessible Care. We will create a patient-centered environment where quality and compassion come first.

Outstanding Medical Staff, Already in Place. Our hospital will open with a dedicated team of experienced, committed physicians—no lengthy recruitment process, no delay.

Local Control, Always. Our Cooperative structure ensures that decisions are made here, by and for the people of the Chippewa Valley.

Built for the Future. With no outdated infrastructure to hold us back, we'll design a flexible, efficient facility tailored to evolving best practices and technologies.

Financially Sustainable by Design. Our operational model emphasizes long-term fiscal strength—ensuring high-quality care for generations to come.

The Better Way Starts Here. Our model and approach isn't just new. It's smarter, leaner, and community-driven.

Cooperative For All. All residents in the 18-county Chippewa Valley region can be voting members in our Cooperative. Our members know the community and prioritize its health.

Every Dollar Stays Home. Reinvestment happens here. Infrastructure, services, and innovations benefit our region - not systems with facilities in other regions.

Local Partners, Local Power. We buy local. We hire local. From equipment to services, we choose what's best for our community.

Agile, Independent, Effective. Free from corporate bureaucracy, we act quickly, make smart decisions, and focus on delivering innovative, high-quality care without delay.

PILLAR: THE COOPERATIVE MODEL

This is the Better Way.

This is how we rebuild trust, restore access, and revolutionize healthcare in the Chippewa Valley.

And it's already happening—because the people who know how to care for this community are leading the way.

A BETTER WAY

The Chippewa Valley Cooperative Hospital will stand as a beacon of exceptional healthcare, dedicated to elevating the health and well-being of our community through unparalleled quality, patient-centered care, and innovative hospital practices.

Our nonprofit hospital is committed to achieving the highest standards of excellence and setting a new benchmark for healthcare in the region.

BRIDGE TO THE FUTURE: 2025 – 2028



A Major Milestone—And a Bold Step Forward

We’re proud to announce that on June 30, 2025, the Chippewa Valley Health Cooperative officially acquired the former St. Joseph’s Hospital in Chippewa Falls. This moment marks more than a property transfer—it marks a powerful leap toward restoring reliable, local healthcare for the tens of thousands of residents left behind by the HSHS system closure.

This facility, now named **Chippewa Valley Cooperative Hospital**, is our bridge to the future: an interim solution that delivers critical care now, while we build the permanent, state-of-the-art hospital in Lake Hallie, opening in early 2028.

Why Not Just Keep the Old St. Joseph’s?

It’s a fair question—and here’s the answer: it would cost more to retrofit the 50-year-old building than to build a modern hospital designed for tomorrow.

But this interim hospital lets us serve more people, sooner—without compromising our long-term vision. By Fall 2025, we’ll launch key services at the Chippewa Falls campus, followed by full hospital operations by Summer 2026, pending licensing and certifications which are now underway.



*The Chippewa Valley Cooperative Hospital Serves
The Community (no membership required).*



Rolling Out Services: What's Coming When

Fall 2025 Launch:

- Cancer & Infusion Center (medical oncology + infusion therapy)
- Advanced Wound Care (with hyperbaric oxygen therapy)
- Specialty Services (more to be announced this fall)

Winter/Spring 2026:

- Expanded specialty and diagnostic services

Summer 2026:

Chippewa Falls campus will offer:

- 24/7 Emergency Department
- 30-bed hospital with ICU
- Labor & Delivery
- Full Cancer Center
- Medical-Surgical Services
- Wound Care
- Advanced Diagnostics
- Additional hospital services

Employment Impact: Over 300 medical staff will be employed at the Chippewa Falls facility by mid-2026.

Spring 2026: Break Ground for New Hospital

Early 2028: New Hospital Opens Doors

By 2028, the new hospital will not only transform healthcare access—it will drive regional economic growth, creating over 400 jobs, an average compensation of \$100,000, and a \$40 million annual payroll impact.

NEW INDEPENDENT COMMUNITY HOSPITAL



The new nonprofit hospital will be approximately 144,000 square feet and employ over 410 full-time employees, not including the medical staff.

Inpatient Care:

- 48 total beds, including a 12-bed ICU
- Average daily census: 33 patients
- Medical-surgical, labor and delivery, and critical care units
- Emergency Department: will handle more than 10,400 visits annually

Cancer Care:

- Comprehensive Cancer Center with radiation therapy and chemotherapy to serve oncology patients in the community

Surgical & Procedural Services:

- 4 operating rooms, 2 GI rooms
- Projected volume of 1,750 surgeries and 1,800 GI scopes per year
- Full pre and post surgical care

Therapy Services:

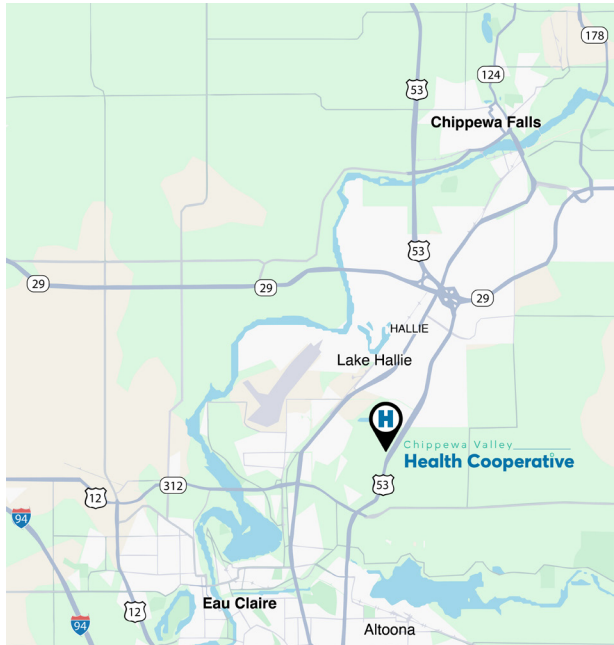
- Physical Therapy: 19,000 procedures annually
- Occupational Therapy: 2,300 visits annually
- Speech Therapy: 650 visits annually

Diagnostic Services:

- Comprehensive Laboratory and Radiology facilities
- Cardiology services for advanced heart care

**Strategically Located
For Growth and Access:**

Strategically located, the Lake Hallie site ensures easy regional access, especially for emergency services. It's the ideal hub to serve our entire Chippewa Valley community—with room to grow for the future.



“Building a new, modern, independent hospital will help ensure that the Chippewa Valley is a desirable location for exceptional physicians and healthcare providers to come, build fulfilling careers, and become strong members of our communities.”

Kyle Dettbarn, MD

FUNDING THE FUTURE—TOGETHER

Building the new Chippewa Valley Cooperative Hospital is an ambitious undertaking—and a necessary one.

The total cost of the project is estimated at \$158 million, with \$120 million allocated for construction of a cutting-edge, future-ready facility that will serve our community for generations.

To bring this vision to life, we're pursuing a blend of community philanthropy, grants, and strategic financing.

Our Goal: \$55 Million in Community Support

We're seeking to raise \$55 million through gifts, commitments, and grants. Every dollar raised directly from the community helps us:

- Unlock additional grants
- Secure favorable financing terms
- Demonstrate powerful local commitment to regional and national funders

This isn't just about bricks and mortar. It's about ownership, trust, and a shared investment in the health of our families, neighbors, and future generations.

Opening the Chippewa Falls campus now at the former St. Joseph's site is more than a short-term solution. **It's a strategic accelerator.**

Early operations will generate revenue, strengthen our financial position, and help us secure more favorable loan terms for the new hospital.



“Every time a local patient needs to travel outside the area for healthcare services, they contribute to the economy of a different region. When care is local, local businesses help those patients, and our local economy benefits.”

Eric Rygg,
Silver Spring Foods

The overwhelming majority of investments made to open the interim facility — equipment, staff recruitment, systems — will transition directly to the new Lake Hallie campus, ensuring minimal waste and maximum return. This approach allows us to employ staff now, build our clinical reputation, and most importantly, care for patients years earlier than waiting for the new build. In every way, launching Chippewa Falls operations positions the Cooperative — and our community — for long-term success and stability, while making the future hospital even more viable, visible, and valuable.

Built on Solid Financial Ground

Our financial projections — developed independently by WIPFLI, a national expert in hospital finance — conservatively forecast positive cash flow within three years of opening. This hospital will not only sustain itself; it will thrive.

As of June 2025, the Cooperative has over 1,300 community and medical professional members, people who believe in our mission and who are invested in helping bring our vision to life.

“The Cooperative is breaking the mold to help fix the healthcare crisis we are in. We’ve started from a bold vision, and every step of the way, we have examined how we can do things better and avoid the pitfalls other hospitals and hospital systems have to ensure we can deliver exceptional healthcare in the most cost-effective way possible. It’s about building something better, not just to replace but to improve what is available, and setting us up for a sustainable, successful future.”

Kamal Thapar, MD, PhD



YOUR MOMENT TO MAKE A LASTING DIFFERENCE

We are building more than a hospital — we are building the future of healthcare in the Chippewa Valley.

Our mission is clear: to create a locally led, physician-centered healthcare service that delivers exceptional, affordable care — right here at home. A hospital rooted in accountability to our own people, not distant corporate boards. A hospital designed to close the gaps our community faces now, and to grow with us into the future.

As a Cooperative, we are owned by and answer to the people of the 18-county Chippewa Valley region. Every decision we make centers on what's best for this community. Every dollar we raise stays here, working hard for our friends, our families, and our neighbors.

TODAY, WE INVITE YOU TO BE PART OF SOMETHING TRANSFORMATIONAL.

Your gift to the Chippewa Valley Health Cooperative will go directly toward delivering critical services our region urgently needs and building a state-of-the-art hospital that will serve generations to come. It's not just an investment in infrastructure, it's an investment in people, in access, in dignity, and in the promise of a healthier future.

This is your opportunity to leave a legacy.

One that ensures that no one in our region has to travel hours for care.

One that reflects your values, your vision, and your belief in this community.

Join us. Lead with us. Help build the healthcare future the Chippewa Valley deserves.

Board of Directors

Robert Krause, Chair
Patti Darley, Vice Chair
Kyle Dettbarn, MD
Erik Dickson, MD
Peter Hoeft
Mickey Judkins
Thomas Larson
Eric Rygg
Kamal Thapar, MD



Robert Krause
Chair



Patti Darley
Vice Chair



Kyle Dettbarn, MD



Erik Dickson, MD



Peter Hoeft



Mickey Judkins



Thomas Larson



Eric Rygg



Kamal Thapar, MD

Chippewa Valley_____

Health Cooperative

The Chippewa Valley Health Cooperative was born from this spirit, because we believe there's a Better Way to deliver healthcare: excellent, accessible, and affordable for all.

If anyone can lead this transformation, it's the Chippewa Valley.



Raising Capital for the Chippewa Valley Health Cooperative

Chippewa Valley Health Cooperative

**Chippewa Valley
Health
Cooperative
needs to raise
\$30-\$40 million
in equity capital
to borrow the
remainder of the
total \$170
million project
cost**

Philanthropy

Federal
earmarks

Federal grants

State
appropriations

Corporate
contributions

Revenue
Bonds

Appeal to
community
benefactors

Members
(currently
~\$8.5 M)

Ask Counties
to partner....

Wipfli Financial Proforma Demonstrates CVHC's Financial Feasibility/Sustainability

- Wipfli Financial Proforma
 - Nationally Recognized Healthcare Financial experts
 - Conducted detailed study analyzing:
 - Local healthcare market needs
 - Financial performance of comparable hospitals
 - Potential staffing availability
 - Demonstrates CVHC's proposed hospital with 48 beds is financially feasible after one year of operation
 - Interim hospital impact
 - Serve a vitally important community healthcare need
 - Restore Chippewa County morgue
 - Employ 400+ medical professionals and supporting staff at estimated annual payroll of \$40 million
 - Create CVHC financial performance history for new hospital in Lake Hallie



Key Statistics from Proforma

- Hospital Statistics (year 3)
 - 2372 admissions
 - 531 births
 - Average census – 33.4 patients
 - 10,406 ER visits
 - 3587 surgical procedures
 - Payor mix comparable to Sacred Heart Hospital



Financial Statistics from Proforma

- Sources of Funds:
 - USDA financing - \$125.5m
 - Equity Contribution - \$32.9m
 - Total - \$158.4m
- Uses of Funds:
 - Land/Construction - \$101m
 - Architectural and Engineering - \$5m
 - Furniture, fixtures, and equipment - \$20.5m
 - Interest during construction - \$5.8m
 - Start up capital and financing costs - \$26.1m
 - Total - \$158.4m



Financial Statistics from Proforma

- Annual Debt Service - \$7.1m
- EBIDA Needed for 1.25x Debt Service Coverage - \$8.9m
- Projected EBIDA –
 - Year 3 - \$11.8m
 - Year 4 - \$12.5m
 - Year 5 - \$13.1m
- Note: Interim Hospital would have similar EBIDA with little or no Debt Service



Types of Debt tools for Local Governments

GENERAL OBLIGATION DEBT

- Used for general municipal borrowing
- Maximum debt capacity is 5% municipal/county equalized value
- Debt default risk shared by county taxpayer

REVENUE-BACKED DEBT INSTRUMENT

- Used for enterprise funding, utility or revenue-backed project funding (Ex. landfill, nursing home, civic center, etc)
- ***Need history of revenue to show ability to generate revenue, risk potential***
- Higher interest rate than G.O debt
- Risk default only carried by enterprise fund/utility, not county taxpayer

BCPL STATE TRUST FUND LOAN PROGRAM

Within our diversified investment portfolio, the BCPL State Trust Fund Loan Program provides an important amount of distributable income for our beneficiaries. The program allows us to invest our Trust Funds in direct loans to municipalities and school districts throughout the State. These loans provide the Trust Funds with a good rate of return at a very low risk. Since 1871, throughout the ebbs and flows of economic cycles and the course of history, we have been investing in these loans and have never had a default. We are proud to be able to contribute to building Wisconsin's public infrastructure by financing community and school projects as one of the largest government lenders in Wisconsin.

BCPL State Trust Fund loans can be used by local governments, school districts, and special districts to finance virtually any project in the State of Wisconsin. While these loans can be used for any public purpose, they are typically used for financing:

- Economic Development – Loans to fund acquisition and development of land for business and industrial parks, provide incentives to private companies, fund municipal TIF District projects including street and utility work, and environmental remediation.
- Local Infrastructure – Loans to fund construction or repair of municipal buildings, schools, streets, and utilities.
- Capital Equipment and Vehicles – Loans to fund the purchase of capital assets including public safety vehicles, telephone and computer systems, and road and snow equipment.

Borrowers appreciate that the BCPL application process is extremely simple and there are no application fees, prepayment penalties, or any other fees. Our interest rates are competitive with the bond market and other financial institutions. But what really makes our program special is that all of the interest paid on State Trust Fund loans is returned to Wisconsin communities in the form of aid to public school libraries. That's why we like to think of ourselves as **'The Statewide Lender That Pays Local Dividends!'**

During the 2021-23 biennium, BCPL disbursed a total of 229 loans totaling more than \$151million.

A complete listing of BCPL State Trust Fund Loan activity during the biennium is included in the appendix.



BCPL loaned
\$182M+
to invest in
**crucial community and economic
development** projects.

We offer a simple application process, competitive fixed interest rates, payment flexibility, and \$0 fees.

Act
Go



101 E. Wilson Street
2nd Floor
PO Box 8943
Madison, WI 53708-8943

(608) 266-1370 INFORMATION
(608) 266-0034 LOANS
(608) 267-2787 FAX
bcpl.wisconsin.gov

Thomas P. German, *Executive Secretary*

Fact Sheet - General Obligation Loans

Eligible Borrowers:	Wisconsin towns, villages, cities, counties, school districts, technical college districts, public inland lake protection and rehabilitation districts, town sanitary districts, metropolitan sewerage districts, metropolitan sewerage systems, joint sewerage systems, consortiums, cooperative educational service agencies (CESAs), federated public library systems, and drainage districts.		
Loan Process:	Simple and transparent, with funds available 30-45 days from initial application request.		
Loan Security:	Loans become a general obligation of the borrower and require the borrower to levy a tax sufficient to make annual principal and interest payments when due.		
Loan Purpose:	Loans of 10 years or less may be made to facilitate the performance of any power or duty of the borrowing municipality, including operations and maintenance. Loans greater than 10 years are restricted to the financing or refinancing of public purpose projects including “the acquisition, leasing, planning, design, construction, development, extension, enlargement, renovation, rebuilding, repair or improvement of land, waters, property, highways, buildings, equipment, or facilities”, or any purpose otherwise allowed by law.		
Economic Development Lending:	BCPL is a major source of funding for economic development projects including pass-through loans or grants made for private development, funding development incentives, TID infrastructure loans, land acquisition and development of business parks, and similar projects. Upon request, BCPL is able to provide critical flexibility in the repayment schedule if and when expected revenues are delayed.		
Payments:	Annual payments are due March 15 each year and are exempt from State of Wisconsin municipal levy limit calculations. Loans funded between September 1 and March 14 do not have a required payment the following March 15. BCPL can provide custom amortization schedules to coordinate payments with future budgeted items. Upon request, we can allow a few years of interest-only payments to provide sufficient time for the project to generate expected revenues.		
Prepayment:	Prepayments are allowed without penalty between January 1 and August 31 each year, upon 30 days prior written notice. This flexibility can be extremely valuable for our customers when compared to the rigid payment structure required after selling bonds. Tired of waiting for a call date? Call BCPL!		
Terms:	2-year to 20-year fixed rate loans.		
Current Rates:	Loan Term	2 years	5.75%
		3-5 years	5.75%
		6-10 years	5.75%
		11-20 years	5.75%
Rate Lock:	Market-based interest rates are locked for 60 days following BCPL receipt of the loan application request form. If the completed application is received by BCPL within 60 days, the rate lock remains in place through final loan approval, the 4-month draw period, and the full term of the loan.		
Fees:	No application fees, origination fees or prepayment fees. No fees period!		
Best Part:	100% of interest earned by BCPL is distributed to provide the sole state aid for public school library media and resources. This payment effectively reduces local real estate taxes by providing schools with another source of funding. See our website for the annual contribution BCPL made to your local school district. You might be surprised!		

Board of Commissioners of Public Lands:

https://bcpl.wisconsin.gov/bcpl.wisconsin.gov%20Shared%20Documents/Loans/FactSheet_GOLoans.pdf

Easy source for G.O. debt access

Quick (30-45 day turn around)

No application fees

Levy requirements for repayment are not subject to Levy Limits

Interest revenues BCPL receives goes to fund public school library resources



Extension

UNIVERSITY OF WISCONSIN-MADISON
LOCAL GOVERNMENT EDUCATION PROGRAM

Debt capacity of Chippewa County

County	Full Value (2023)	Allowable Debt	Actual Debt	Margin (add. debt capacity)
Chippewa	\$9,298,786,200	\$464,939,310	\$8,450,000	\$456,489,310

- **Chippewa Valley Health Cooperative would pay 100% of principal and interest !!!**
- \$10 Million loan request still provides Chippewa County plenty of G.O. debt capacity for future debt needs

Example: La Crosse County

- La Crosse County
 - City Brewery following closure of G.Heilemen/Strohs brewery
 - Since 1999 La Crosse County has used STFL in 9 separate occasions

LA CROSSE COUNTY'S USE OF THE BCPL STATE TRUST FUND LOAN PROGRAM

–Steve O'Malley, La Crosse County Administrator

My responsibilities as county administrator includes working with the finance department and an independent financial advisor to evaluate the most advantageous method for financing long-term debt. In my experience, the most appropriate means for debt financing is the sale of promissory notes or bonds in a competitive sale. Bonds or notes sold in this manner for a term of 10 or 20 years, likely provides a lower true interest cost than can be realized by using the BCPL State Trust Fund Loan (STFL) Program.

However, depending upon the circumstances, there can be advantages to using STFL, including a simplified application process, no pre-payment penalty, and no cost of issuance. Since 1999, La Crosse County has used the STFL program on nine different occasions.

In 1999, La Crosse County borrowed \$1.5 million to assist a group of local investors to purchase the assets of Heileman Brewery – one of the area's iconic employers – in order to create the City Brewery Company. At the time, it seemed unlikely that the bond market would offer a favorable rate for such a venture and the debt might require a penalty for early payment. As it turned out, the county only needed to lend \$616,000 to the brewery and the entire loan was fully repaid by 2003 without risk to the county. This employer is still in business today.

In 2004, the county chose to use STFL to refinance its outstanding pension liability to the Wisconsin Retirement System at a 5.25% instead

The most innovative use of the STFL program was in 2015 and 2016 when La Crosse County converted two General Obligation debt issues to Revenue Debt (\$7.8 million and \$5.475 million)

for the county's solid waste enterprise. The debt was originally incurred mainly to install environmental improvements to reduce air pollution from the Waste-To-Energy plant operated by Xcel energy. The plant burns refuse-derived fuel (municipal solid waste) generating electricity for about 20% of the homes in the City of La Crosse, while reducing the amount of waste buried in the landfill.

The original debt was required to be a taxable issue with much higher rates of up to 4.5% and 5.95% as General Obligation Debt. BCPL agreed to refinance these two issues as Revenue Debt at a fixed rate of 3.75% and 4%, lowering the cost of debt service. Because the solid waste enterprise has always been able to cover debt obligations from tipping fees, the county felt this use of Revenue Debt presented a better picture to Moody's Investor Service when conducting their annual rating review. La Crosse County's long-term debt has been rated at Aa1 since 2010, only one step below the highest rating of Aaa.

It is always best to use an independent financial advisor to help each local government consider the pros and cons of the best means of financing. A financial advisor has a fiduciary responsibility to



Steve O'Malley,
La Crosse County Administrator

Specific Ask:

- Is Chippewa County willing to allow a small portion of their General Obligation (G.O.) Debt to secure a community-owned Health Care Facility in the Chippewa Valley?
 - ALL the borrowed money (Principal & Interest) to be paid back (in 10 years or less) – **no out of pocket cost to Chippewa County**
 - ALL the borrowed money invested in the local area (Chippewa Valley)
 - ALL employees of CHVC are local residents and taxpayers
 - ANY Chippewa County resident will be eligible for care through the Chippewa Valley Health Cooperative?
 - G.O. debt may be converted to a revenue debt instrument in future (once revenue stream established)?
- \$10 Million Loan from BCPL for CVHC
 - Payments from hospital revenues (Wipfli Proforma)
- Will help with CVHC Federal/State grant requests if local municipalities are involved with funding!!!



Worst Case Scenario - Impact to Chippewa County

Equalized Value	Debt Risk	Default annual impact	Median Property Value	Median Property Impact (Annual)
\$9,536,158,100.00	\$10,000,000.00	(1,332,246.02)	\$237,700.00	\$33.21

Debt issuance conditions:

- **(1)** The governing body of a county may not issue bonds under s. [67.05](#) or promissory notes under s. [67.12 \(12\)](#) unless one or more of the following apply:
 - **(a)** A referendum is held, following the procedures in s. [67.05 \(3\)](#), that approves the debt issuance.
 - **(b)** The governing body of the county adopts a resolution that sets forth its reasonable expectations that issuance of the debt will not cause the county to increase the debt levy rate, as defined in s. [59.605 \(1\) \(b\)](#).
 - **(c)** Issuance of the debt was authorized by an initial resolution adopted by the governing body of the county prior to August 12, 1993.
 - **(d)** The debt is issued for the purposes under s. [67.05 \(7\) \(c\)](#), [\(cc\)](#), [\(f\)](#), [\(h\)](#) or [\(i\)](#).
 - **(e)** The debt is issued to fund or refund outstanding municipal obligations, interest on outstanding municipal obligations, or the payment of related issuance costs or redemption premiums.
 - **(f)** The governing body adopts a resolution to issue the debt by a vote of at least three-fourths of the members-elect, as defined in s. [59.001 \(2m\)](#).
 - **(g)** The debt is issued by a county having a population of 750,000 or more to pay unfunded prior service liability with respect to an employee retirement system.
 - **(h)** The debt is issued for the purpose of acquiring or installing energy efficient equipment.
- **(2)**
 - **(a)** The department of revenue shall promulgate rules that set forth the standards to be used by the governing body of a county in adopting a resolution under sub. [\(1\) \(b\)](#). The rules shall permit the reasonable exercise of local self-determination and debt management and prohibit the consideration of unreasonable assumptions that may cause an increase in the debt levy rate, as defined in s. [59.605 \(1\) \(b\)](#).
 - **(b)** The standards in the rules under par. [\(a\)](#) shall address issues including all of the following:
 1. The equalized value of taxable property in the county.
 2. The annual debt service on the debt being issued.
 3. The treatment of anticipated refunding of balloon payments.
 4. Variable rate obligations.
 5. Past and anticipated revenues that may abate a debt levy.
 6. The amount of state aid that may be received in future years.



Questions



Interim Hospital Financial Projections Summary

November 10, 2025

Significant Assumptions

- Sources of Funds
 - Equity - \$20m
 - BCPL State Trust Fund Loans / Working capital loans - \$40m
 - Equipment leases - \$7.8m
- Uses of Funds
 - Facility and building improvements - \$3.2m
 - Furniture and medical equipment - \$14.3m
 - IT, electronic health record and other technology - \$10.2
 - Start up capital (A/R, payroll, supplies, etc.) - \$40.1
- Debt terms
 - 6 percent interest rate
 - BCPL Loans – 10-year amortization, interest only for first two years
 - Working capital loan – 5-year amortization, interest only for first year
- Staffing levels
 - 360 FTEs when fully operational
 - >\$40m economic impact in salaries and benefits
- Patient volumes
 - 2-3 year ramp up in activity
 - Approximately 1900 admissions
 - 10,400 ER visits
 - 3,600 surgical cases
 - 530 births
- Payor mix – commitment to serve all in the community
 - Government payors (Medicare and Medicaid) – 61%
 - Private Insurance – 28%
 - Managed Care – 9%
 - Self-Pay – 2%
 - Reference:
 - Sacred Heart – 59% government payors in 2023
 - St. Joe's – 57% government payors in 2023

Key Results

- Income from operations positive in first full year of operations.
 - 2026 - \$5.3m
 - 2027 - \$8.2m
 - 2028 - \$15.3m
 - 2029 - \$16.2m
 - 2030 - \$15.1m
- Annual Debt Service Coverage > 1.6 for all years
- Days Cash grows from 56 (2026) to 131 (2030)
- Cash Reserves grow from \$12.7m in 2026 to \$43.1m in 2030

Conclusion

- Based on Wipfli financial projections, interim hospital achieves positive cash flow and strong debt coverage in the first full year of operations. This is followed by sustained growth in revenues, cash reserved, and net position through 2030.
- The Chippewa Valley Community Hospital is committed to having a positive impact on the cost of healthcare in the region. This will be done through:
 - Local governance and decision-making
 - Reduced corporate overhead
 - Eliminating waste through lean design and process improvement
 - Transparent pricing, and
 - Value contracting with payors.



Letters of Support



Dear Mr. Kempe,

I am writing to express my strong support for the County's approval to co-sign the Wisconsin Board of Commissioners of Public Lands (BCPL) State Trust Fund Loan with the **Chippewa Valley Health Cooperative**. This partnership represents a low-risk, high-impact opportunity to strengthen healthcare access, competition, and affordability for residents and employers across Eau Claire and Chippewa Counties.

As a local employer, Mason Companies, Inc. employs over 300 people. Like many businesses in our region, we self-fund our employee health insurance, contributing more than \$5 million annually toward our employees' healthcare needs. This year, these costs are projected to increase by approximately 30% over 2024 levels. In the face of the highest healthcare costs in the Midwest, we consistently seek quality care at the most effective cost.

The Chippewa Valley Health Cooperative offers a solution. By reopening the St. Joseph's facility in Chippewa Falls as an interim step while a new hospital is built, the Cooperative will restore critical healthcare capacity and create meaningful competition in our region. The Cooperative has already raised over 25% of the funding needed for the St. Joseph's reopening and intends to apply for a \$10 million BCPL loan, which the County would co-sign. Importantly, the Cooperative, not the County, will pay all interest and principal on this loan, and the BCPL program is self-sustaining, requiring no taxpayer funds for its operation.

Supporting this loan aligns directly with the County's strategic plan by:

- Partnering with a nonprofit organization to address a vital community need;
- Strengthening local infrastructure to support families and businesses;
- Retaining and attracting local medical talent; and
- Ensuring residents, especially the most vulnerable, have access to care close to home.

Since Hospital Sisters Health System's (HSBS) closure of 2 hospitals and 19 clinics, our community has faced serious healthcare gaps. Emergency departments are overcrowded, expectant mothers travel hours for delivery, and cancer patients must drive long distances for treatment. These hardships have had real effects on local families, workers, and employers alike.

The Cooperative's locally governed model ensures that decisions are made here, for our community, and that all proceeds are reinvested locally. Increased competition will help bring down costs, expand access, and ultimately strengthen the health and economic well-being of the Chippewa Valley. The long-term impact will be transformative; once fully developed, the new hospital will create over 410 jobs with average wages and benefits of \$100,000, generating an estimated \$40 million in annual payroll that will circulate right here in our region.

For these reasons, we urge the County Board to approve the BCPL State Trust Fund Loan Application with the Chippewa Valley Health Cooperative. Your supportive vote will be a decisive step toward restoring quality, competitive, locally governed healthcare in our community for decades to come. Thank you for your time, your service, and your consideration of this critical issue.

Sincerely,

Brad Atkinson

President
Mason Companies, Inc.



October 15, 2025

To whom it may concern,

I am writing to urge the County to approve applying for the State Trust Fund Loan in partnership with the Chippewa Valley Health Cooperative. This step is essential to ensuring strong competition in the Eau Claire and Chippewa County health care systems, while maintaining sufficient access to local, high-quality care for residents and employees alike.

This approval presents minimal risk to the County yet promises tremendous benefit to all residents of the Chippewa Valley. Silver Spring Foods, Inc. employs 242 people, with an annual payroll of approximately \$18 million and local property tax payments of around \$300,000.

Facing some of the highest health care costs in the Midwest, we self-fund our employee health insurance at an annual cost of about \$2.8 million. To manage expenses responsibly, we consistently seek the best care at the most reasonable cost. Last year alone, we incentivized employees to seek care in the Twin Cities—spending about \$125,000—because those services were roughly 30-40% less expensive than comparable care in Eau Claire.

The Cooperative has shared a compelling plan for providing world-class care at significantly reduced costs, thanks to its independent, locally administered structure. We support the County's partnership with the Cooperative through this loan because it will directly contribute to lowering both our company's and the community's healthcare costs. Limited access to quality care and rising health care expenses are two of our most pressing concerns.

Once the Cooperative's hospital opens, the resulting increase in competition and capacity will benefit all County residents, not just our employees. A new provider will allow our workforce to receive care locally, keeping both health care spending and related economic benefits in our region.

The County should do everything possible to keep residents and their dollars in the Chippewa Valley. Partnering with the Cooperative on this loan is a prudent, forward-thinking decision that will strengthen our local healthcare system for decades to come.

Thank you for considering our perspective. Your supportive vote for the County's State Trust Fund Loan Application will help ensure access to quality, competitive health care in Eau Claire and Chippewa Counties for generations.

Sincerely,

Eric Rygg
President

Silver Spring Foods, Inc. / Huntsinger Companies



Dear David Kelly

I write to urge the County to approve applying to the State Trust Fund Loan with the Chippewa Valley Health Cooperative to ensure that strong competition exists in the health care system in Eau Claire/Chippewa Counties and that residents and our employees have sufficient access to local health care.

This approval is low-risk for the County and will help provide tremendous benefit to all County and regional residents in the Chippewa Valley.

CMB Wissota Tool employs 55 people with a payroll of \$6,237,000.00, and property tax valuation of \$757,400.

In the face of the highest healthcare costs in the Midwest, we self-fund our employee health insurance to the tune of 1,287,687.00 per year. For every medical procedure we always seek the best care at the most effective cost. In the last year we have sent many of our employees, spouses and dependents to hospitals in Minneapolis/St. Paul for major procedures because the cost is 40 to 30% less than what we would be charged in Eau Claire.

The Cooperative has shared the details on how they are going to be able to provide world-class care at dramatically- 28 % reduced costs because they are independent, locally administered and not part of a large system headquartered outside of our area.

We support the County's partnership with the Cooperative by co-signing the loan because it will help in reducing our company's – and the community's -- health care costs. Limited access (due to capacity) to quality health care and rising health care expenses are two major concerns for our company.

Once the Cooperative opens its hospital and starts providing care, increased competition and additional health care capacity will help all County residents, not just our business. This additional healthcare provider will allow us to keep our employees in the area for care, which keeps the healthcare expenditure here, as well all of the related costs here. We

estimate that our employees have spent \$12,000.00 in travel, hotels, food, and other related costs outside of the Chippewa Valley in the last year.

Thank you for considering our perspective, your supportive vote for the County State Trust Fund Loan Application will help ensure quality, competitive health care in the Eau Claire/Chippewa County area for decades into the future.

Regards,

A handwritten signature in black ink, appearing to read "Brian Cornell", with a stylized, flowing script.

Brian Cornell

Plant Manger CMB USA Wissota Tool



November 8, 2025

County Board Supervisor
District 16

Dear Supervisor Kempe,

I write to urge the County to approve applying to the State Trust Fund Loan with the Chippewa Valley Health Cooperative to ensure that strong competition exists in the health care system in Eau Claire/Chippewa Counties and that residents and our employees have sufficient access to local health care. This approval is low-risk for the County and will help provide tremendous benefit to all County and regional residents in the Chippewa Valley.

The Cooperative has shared the details on how they are going to be able to provide world-class care at dramatically reduced costs because they are independent, locally administered and not part of a large system headquartered outside of our area.

Once the Cooperative opens its hospital and starts providing care, increased competition and additional health care capacity will help all County residents. This additional healthcare provider will keep our employees in the area for care, which keeps the healthcare expenditure here, as well as all of the related costs here.

Thank you for considering our perspective, your supportive vote for the County State Trust Fund Loan Application will help ensure quality, competitive health care in the Eau Claire/Chippewa County area for decades into the future.

Sincerely,

Gregory W Field
Vice President, Pump Mfg. Operations
1051 Palmer Street
Chippewa Falls, WI 54729



November 11, 2025

To whom it may concern.

We believe Chippewa Valley Health Cooperative hospital would be a great addition to our community.

Because healthcare costs have become a disproportionate expense to small businesses. The Chippewa Valley has become one of the most expensive places to receive healthcare in the county and we believe it's because there is no transparency in pricing. We need the right competition someone who will provide transparent pricing to the community just like most industries do while providing quality healthcare for a fair and reasonable price.

There is a positive influence on local businesses as well. This is an opportunity to address our increased healthcare costs and provide a boost to Lake Hallie and the greater Chippewa Valley businesses. Which will help increase more infrastructure that is desperately needed in our rapidly growing community.

Matt Murray and Corbin Richartz

Ownership partners

Markquart Motors



D E T A I L S

Fine Apparel and Accessories

November 5, 2025

To Whom It May Concern:

As a local business owner, I am concerned about the lack of healthcare services in the Chippewa Valley since HSHS left our region. This is a crisis that we must work on together, as a community, to resolve.

Access to affordable healthcare is an important service that we must provide to all citizens. Access has been severely curtailed since March 2024.

- ER waits are often 5-15 hours. The remaining hospitals are doing what they can to meet this challenge, but with a 38% loss of ER inpatient capacity, they simply can't fill the need.
- Only one clinic delivers babies between Eau Claire and Duluth (Hayward). All other labor and delivery clinics have closed because they are not profitable. Women have traveled hours to find a hospital to deliver their baby.
- Patients are traveling far out of the region to receive cancer care, and in some cases, patients have delayed care due to the increased expense and difficulty seeking long-distance care.
- There is only one hyperbaric chamber at Mayo to treat deep wounds and treatments are scheduled out for at least two months. As a result of delayed care, amputations have increased at an alarming rate. The Cooperative Hospital has two hyperbaric chambers that they are working to bring back online to help patients avoid these extreme measures. Opening this deep wound clinic will expand the regional capacity by 300%!

Many local employers tell me their healthcare costs have escalated dramatically since the closures. In one instance, an employer was quoted \$120K for a procedure locally and got it done in Minneapolis for \$60K. Not only did the community lose the revenue, but it was a huge inconvenience for the patient and family who stayed in a hotel for a week.

I urge you to support the efforts of the Chippewa Valley Health Cooperative to fund the reopening the St. Joseph's Hospital and to build a state-of-the-art hospital in Lake Hallie. This will require a quilt of funding that includes federal, state, county, and private donations. The good news is that we have raised more than \$13M or 25% in private donations, and the campaign has just started. However, we need to fast-track the funding of this project to deliver care more quickly to patients and to retain our healthcare workers. This project will employ 400 people and create an annual payroll of \$40M!

This is an enormous challenge, but also a huge opportunity to set the trajectory of healthcare access and costs in the right direction. Together, we are a powerful community that can strengthen our economy and deliver access to affordable, high-quality healthcare.

Thank you for your help,



J. Mickey Judkins
Details CEO

Kamal Thapar, MD., PhD., FRCSC., FAANS, FCNS,
Neurological Surgery,
Wisconsin Brain & Spine Center,
1200 Oakleaf Way, Suite A, Altoona, WI 54720
kamalthapar@me.com

October 24, 2025

Dear Chippewa County Board of Supervisors,

⚠ Warning: The Chippewa Valley Is No Longer a Safe Place to Get Sick

This letter is written from the front lines. I am a neurosurgeon who has practiced in the Chippewa Valley for 23 years. Eighteen months ago Sacred Heart and St. Joseph's Hospital abruptly closed. Since then, our region has become one of the most medically underserved and vulnerable areas in Wisconsin.

What was once a respected center for rural medicine has regressed into crisis care. To illustrate: on a recent Friday night at 3 a.m., I received a frantic call from a medical colleague asking me to help her 75-year-old father, who had fallen down the stairs and suffered a spinal-cord injury that left him paralyzed in his arms and legs. There was nowhere in the Chippewa Valley able to perform an emergency MRI. His treatment was delayed for hours because the infrastructure to care for him no longer exists.

This is but one example. For my entire career, I have treated countless patients with brain tumors, strokes, head injuries, and spinal infections - conditions I once routinely treated at Sacred Heart Hospital. Now, each emergency sets off a frantic search for a bed hours away. Every day in my clinic, I must tell patients that I cannot help them: not because I lack the skill, but because I have no hospital in which to perform the surgery. It is a conversation that defies logic in modern medicine.

I have had to lay off dedicated staff who spent their careers serving this community. It is the ultimate irony: A new "normal" where we have the talent to provide the care and patients who urgently need it, yet no facility in which to deliver it. While the rest of the country advances in neuroscience, cancer care, and maternal health, we have slipped backward to standards of a prior century, ones barely recognizable for a first-world nation. Cancer patients wait months for treatment. Strokes that might have been reversible become permanent. Critically ill patients go without ICU beds. Expectant mothers have nowhere to deliver.

This is the reality we face. Care has become fragmented, delayed, and distant. Physicians and nurses have left. Our region has fallen behind not only national standards but the most basic expectations of accessible care. Healthcare access itself has become a chronic disease, one that quietly worsens until it reaches your own family.

This crisis exists because the Chippewa Valley has never had a truly local healthcare system. For decades, our hospitals were governed by boardrooms outside the state/region. When those institutions withdrew, they left our community without a safety net.

That is why I support the Chippewa Valley Health Cooperative. A community-led effort to restore what was lost, the Cooperative is building a new, locally governed hospital that will return emergency, surgical, obstetric, cancer, cardiac, and intensive-care services to our region. It will create hundreds of family-supporting jobs and add more than \$40 million in annual economic development for the Chippewa Valley, revitalizing both care and community.

Because a community that cannot care for its sick cannot call itself whole.
This is our moment to reclaim healthcare as a community right - not a corporate privilege.

Sincerely,

Kamal Thapar, MD, PhD, FRCSC, FAANS, FCNS
Neurosurgeon

Van
Wagenen
Fellow
AANS

November 6, 2025

Dear Chippewa County Board of Supervisors,

My name is Patti Darley and I am the Vice Chair of the Chippewa Valley Health Cooperative. I have been a resident of Chippewa County for over 40 years, and my family's business has been located in Chippewa Falls since the 1930s.

I am writing to urge the County to approve applying to the State Trust Fund Loan with the Chippewa Valley Health Cooperative. This will ensure that strong competition exists in the health care system in the Chippewa Valley and that our residents have sufficient access to local health care.

Our Volunteer Board, Physician Advisors, Hospital Consultants, Cooperative experts from the UW-Extension, and other advisors are meeting weekly, working to solve the healthcare crisis that developed with the shuttering of the 2 Hospitals and 19 Clinics in our community. We are confident that opening the full-service interim hospital will be a huge step toward returning lost healthcare services back to our community, while we move forward with plans to build a new hospital.

Since the closure of our local hospitals, residents of the Chippewa Valley have been forced to travel long distances for even basic emergency care. This is not only dangerous in urgent situations, it's just wrong! Our Emergency Responders now must travel long distances to neighboring overcrowded community hospitals only to wait to have patients evaluated and admitted, leaving our communities without Emergency Response coverage. Now, our communities must absorb the increase costs for this travel and man hours. Rural communities deserve timely, local access to care just like anyone else.

Our local Economy has also been affected. 1400 people lost jobs in the closures. Some have found local jobs, some have long daily commutes, some have had to move long distances to find a job, uprooting their families, and selling their homes. Economic development has also been hampered by lack of sufficient healthcare. New businesses do not want to locate or relocate here without high quality, accessible, affordable healthcare.

We have a chance to turn this crisis around. The Chippewa Valley Health Cooperative is prepared to provide world-class care at dramatically reduced costs because we are independent, locally administered, and not part of a large system headquartered outside of our area. With the opening of the Interim Hospital we also have the opportunity to bring over 300 full time jobs (with a \$40M+ annual economic impact) back to the Chippewa community.

This loan approval is low-risk for the County and will help provide tremendous benefits to all County and regional residents in the Chippewa Valley.

Your supportive vote for the County State Trust Fund Loan Application will help ensure quality, competitive health care in the Chippewa Valley for decades into the future. Our community's health and well-being depend on it. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Patti Darley".

Patti Darley, Vice Chair
Chippewa Valley Health Cooperative

Dear Chippewa County Board of Supervisors,

Last November my 83-year-old father came with my mom up from Illinois to visit my family at our home in Eau Claire. When climbing into bed he slipped and fell, breaking his hip. EMS took him to Marshfield Eau Claire where there is no ICU and at that point no orthopedist on call. He was transferred to main Marshfield, 90 minutes away. The ride was painful for him, especially going over railroad tracks. We later learned he also had a spine fracture. Initially things went well with hip pinning. He then suffered complications and went into liver failure. We had to ask the hospitalist to check his liver tests, as they did not notice he was jaundiced or apparently review past laboratories.

He ultimately went on hospice and died December 10. My mom sat vigil at his bedside for two weeks. His last meals were home-cooked by my wife. We had to ferry them to him in a three hour round-trip. As a physician, I feel he would've had a better shot at survival, not to mention more comfort, convenience, and support, more chance for his family to say goodbye, had he been able to stay in the Chippewa Valley.

Jon Potter, DO
Eau Claire GI Associates

Chris R. Longbella, MD
President
OakLeaf Clinics, Inc.
3213 Stein Blvd, Eau Claire, WI
clongbella@oakleafclinics.com

October 25, 2025

Dear Chippewa County Board of Supervisors,

I am writing to express my strong support for the Chippewa Valley Health Cooperative's efforts to open its interim hospital in Chippewa Falls.

The need is urgent. Before HSHS closed its two hospitals, they accounted for over 33% of Emergency Department visits, over 700 births, over 50% of bariatric wound care treatment, and an average of 125 hospital stays per day in the area. None of the other local hospitals have been able to absorb this large number of patients. Consequently, patients are either going without care, travelling very long distances for their care, or packing other emergency department waiting rooms, which is impacting the entire community.

The Cooperative purchased the former St. Joseph's Hospital from HSHS in June 2025. The Chippewa Falls hospital is planned as an interim facility as the Cooperative builds its long-term, sustainable, and flexible hospital strategically located in Lake Hallie for easy access to the entire region, especially for Emergency Services. By opening the Chippewa Falls hospital now, the Cooperative is lowering the overall costs of the new hospital while providing urgently needed care at the same time. Importantly, the Cooperative has established a model that will drive down the costs of quality hospital care, while being locally controlled and accountable.

With the closures of the two HSHS hospitals, there were many physicians and clinicians of the OakLeaf Medical Network (OLMN) independent practices who suddenly had lost a significant part of their practice by not having hospital privileges that enabled them to practice to the fullest extent of their specialties. The Mayo Clinic and Marshfield Clinic (now Sanford Health) health system hospitals have closed their medical staff to non-employed physicians regardless of qualification. They have not been granting new privileges to anyone who was not already privileged. The independent physicians/clinicians overwhelmingly prefer to have a hospital option which will have an open staff medical model that allows any qualified practitioner to work there, regardless of employer. Without having the Cooperative interim hospital in Chippewa Falls, there will be a dramatic loss of independent physicians and advanced practice clinicians from the marketplace that will lead to a tremendous economic loss as well as a deepening of the crisis of lost rural healthcare services from western Wisconsin.

Please support the Chippewa Valley Health Cooperative's efforts to restore access to affordable, high-quality health care.

Sincerely,
Chris R. Longbella, MD

Dear Chippewa County Board of Supervisors:

At the Opening of the New Year 2024, things were going great at Eau Claire GI Associates, an independent Gastroenterology practice in Eau Claire, WI. My partner Dr. Jon Potter and I had just successfully recruited a new doctor to our practice to join ourselves and two busy nurse practitioners. Dr Dalai was to be joining us later that year. The practice had been steadily growing in size and “scope” since I took it over in March of 2012. To accommodate our growth, we had designed and were finishing the building/moving process on a new building. All very exciting. Along with Dr. Tom Peller we were very busy caring for patients at Sacred Heart Hospital and Saint Joseph’s Hospital along with very busy outpatient clinic and endoscopy care.

Then, on January 22, 2024, the rug was pulled out from beneath us! HSHS announced the closure of the two hospitals and withdrawal of all Prevea Clinics in the area. We had 350 procedures scheduled to be done there within the next weeks. Where are these patients to go? How are we going to take care of them? Many of these patients had significant comorbid conditions making it difficult to care for them without a hospital. Where are we going to do our most specialized procedures? How are we going to get advanced radiologic and manometric studies performed. Where is this community going to care for the 120 or so inpatients admitted in these two hospitals on a continuous basis?

Chaos !!!

Chaos for us, our colleagues from other independent practices, the other hospitals in town, the 1300 HSHS employees and most importantly the people that relied on HSHS hospitals for their care. Day by day and decision after decision the independent providers of this community have pulled together resources and put it all “on the line” to make up for the loss of the Emergency rooms, the radiology department, the pathology department etc. Eau Claire Medical Clinic has made huge contributions in this regard.

However, the void of not having a hospital to care for patients is taking its toll. We have lost a number of physicians whose practices are dependent on taking care of patients in the hospital; young talented surgeons, ER physicians, Anesthesiologists, and others have moved out. These lost resources will take years if ever to replace. Many other practices are vulnerable.

It has been 21 months since the closure of the HSHS Hospitals, and the void left behind is still very evident and despite what the other two systems would have you believe it is not improving. The Mayo Health and Sanford Health systems have not been able to expand services, rather they have chosen to deal with this problem by caring for people across the

state and in Minnesota! We hear countless stories of patients being sent to Minneapolis and Saint Paul for routine surgical care such as Appendectomy, strangulated hernias etc. We experience these scenario's ourselves when caring for patients.

The answer to this crisis is quite simply that we need a new full service hospital in Chippewa Valley; a stable platform where talented administrators and Physicians acting together will provide a hospital with this community's interests at heart. Presently Mayo Clinic and Marshfield/Stanford have no interest in expanding care here in town, rather they are willing to shuffle patients elsewhere. Aspirus is building a hospital whose entire design is dependent on sending patients out of town. Any patient arriving to their small ER that have surgical needs, cardiac events, respiratory failure, acute GI disease will be put back in an Ambulance or a helicopter and will be shipped off to Wausau. These are the decisions made by nonlocal systems, just like HSHS.

The Chippewa Valley Health Cooperative has already put thousands of hours of work into this project and has accomplished a great deal. We have all the pieces to make this work, but need the help of our community. We look forward to caring for our patients in our new hospital soon.

Sincerely,

Paul J. Ruh, MD

President, Eau Claire GI Associates

Dear Chippewa County Board of Supervisors,

My name is Dr. Kyle Dettbarn and I am an independent physician who has lived and practiced in the Chippewa Valley since 2003. I am a partner at Oakleaf ECMC and the current chair of the board of the Oakleaf Medical Network. My group was providing the inpatient medical care at Sacred Heart Hospital and St Joseph's Hospital almost exclusively since 2017 when Marshfield Clinic pulled out their providers and opened their hospital less than a quarter of a mile from Sacred Heart Hospital. My senior partner, Dr. Saleh Obaid, has also been providing care at both facilities since the 1970's. Our group has been privy to all the poor decisions which had been made over the decades which eventually led to the ultimate decision by Hospital Sisters Health System (HSHS) leaving the Chippewa Valley on January 22, 2024. This decision has had a devastating effect on our community due to lack of healthcare in our area resulting in overwhelmed emergency rooms and remaining local hospitals. It is now commonplace that patients are transferred out of our area to receive essential medical care resulting in increased risk due to delay in care and increased morbidity and mortality. Our practice has also been significantly affected as approximately 60% of our practice was hospital based and we have not been granted any new privileges to practice at any of the remaining local facilities. We faced tough choices: move to a new area, join an established clinic, or stay independent and help address the major healthcare challenges in the Chippewa Valley. We decided to stay and fight not only for our practice but also for our patients. This decision has played a part in the formation of the Chippewa Valley Health Cooperative (CVHC).

The biggest take away from HSHS deciding to leave the Chippewa Valley was that the healthcare decisions being made for the Chippewa Valley were made in the best interest of Springfield, Illinois. Our group in particular saw how these poor decisions had significant detrimental effects on the healthcare in our region. We've long recognized that addressing regional healthcare problems requires local decision-making. Unfortunately, there is no current healthcare system primarily based in the Chippewa Valley. The formation of the CVHC solves this immense issue and brings decision making back to the local level. This is the main reason, amongst many others, why I am a strong supportive and advocate for the CVHC and why its success is crucial to solving the daunting healthcare issues currently plaguing the Chippewa Valley.

Sincerely,
Dr. Kyle Dettbarn

Steven C. Immerman, MD
120 Marston Avenue
Eau Claire, WI 54701
docimmer@gmail.com

October 24th, 2025

Dear Chippewa County Board of Supervisors,

I am writing to express my strong support for the Chippewa Valley Health Cooperative's efforts to open its interim hospital in Chippewa Falls. The Cooperative's hospital will dramatically improve access to high quality, affordable healthcare in the Chippewa Valley Region, which has significantly decreased since HSHS exited Western Wisconsin in 2024. The Cooperative purchased the former St. Joseph's Hospital from HSHS in June 2025 and intends to open this hospital as an interim facility while it builds the long-term hospital in Lake Hallie.

The need is urgent. I have lived in Eau Claire for over 40 years, and this is the first time that I have been concerned that if I, or my family members, become acutely ill, that there may not be a local facility with the capacity to care for us in a timely manner. This is very frightening. As a physician, I know how the medical care system works, and even so – I'm not sure what to do if a situation like that occurs. It is imperative that we have a new facility to replace the HSHS hospitals that closed. In spite of their financial failure, those hospitals were providing a huge amount of needed medical services in Eau Claire and Chippewa Falls, and currently the remaining hospitals are stretched beyond their ability to provide the kind of care that Chippewa Valley residents have had in the past. I am a physician, and during the time I lived here, Eau Claire was the place that patients were transferred *into* in emergencies; now patients are being transferred elsewhere because we don't have the capacity to care for them. This has medical, psychological, and financial impact on Chippewa Valley residents.

The Chippewa Valley Health Cooperative is working to build a new hospital in Lake Hallie, and bridge the next few years with an interim facility in Chippewa Falls. We request your support for this desperately needed project.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Immerman', with a long, sweeping horizontal line extending to the right.

Steven C. Immerman, MD

Angela Quick

16078 93rd Avenue

Chippewa Falls, WI 54729

angelamariequick@gmail.com

October 16, 2025

Dear Chippewa County Board of Supervisors:

I am writing to express my strong support for the Chippewa Valley Health Cooperative's efforts to open its interim hospital in Chippewa Falls. The Cooperative's hospital will dramatically improve access to high-quality, affordable healthcare in the Chippewa Valley region, which has been severely limited since HSHS exited Western Wisconsin in 2024.

The Cooperative purchased the former St. Joseph's Hospital from HSHS in June 2025 and plans to reopen it as an interim facility while developing a long-term hospital in Lake Hallie.

At the time of the HSHS closure, I worked in the Cancer Center for 24 years. I witnessed firsthand the overwhelming number of patients displaced from care—nearly 500 cancer survivorship patients left without follow-up, and more than 300 patients in active treatment scrambling to find continuity elsewhere. With Mayo and Marshfield already at capacity, those organizations were forced to triage the most urgent cases.

As a result, many patients had to travel 50 to 120 miles weekly to continue treatment. Some struggled to find transportation; others faced insurance denials for out-of-network care and were forced to wait for local openings. Tragically, some chose to discontinue treatment altogether.

By reopening the Chippewa Falls hospital, the Cooperative is providing a vital bridge for patients to receive care closer to home. While this interim solution cannot meet the full volume of cancer care needs in the region, it is a critical step toward restoring access and stability for our community.

Please support the Chippewa Valley Health Cooperative's mission to reestablish accessible, affordable, and high-quality healthcare in the Chippewa Valley.

Sincerely,

Angela Quick

Mark Asplund MD FACS
183106 Wege Lane
Birnamwood, WI 54414
Krepluk0@gmail.com

Dear Chippewa County Board of Supervisors,

I am writing a letter in support of the Chippewa Valley Health Cooperative and a new hospital and health system in Chippewa, Eau Claire, and surrounding area. I write from a strong medical and family perspective. My family has provided health care in the area for four generations with a registered nurse and three generations of physicians. I have witnessed firsthand community run health care systems replaced by the current extractive and essentially for-profit health systems that are not run by or for the locality. This has been to the detriment of our health care as the Chippewa Valley area has one of the most expensive health systems in the country, in terms of cost, as well as very limited access to specialty, primary, and emergency care. This is no more exemplified by the sudden closing of Sacred Heart and Saint Joseph's Hospitals. This suddenly eliminated a third of ER visits, half of all wound care, limiting obstetrics, cancer care, and other areas. Several thousand jobs were lost. My son, as a young surgeon at Evergreen Surgical, had no hospital to work at and after 2 ½ years at Evergreen Surgical was forced to relocate to Utah. Further note there is no obstetrics or oncology in Chippewa Falls and north or interventional vascular services (a specialty I know well). Our area deserves better that I believe can only be achieved through local control and inclusive model provided by that of the Chippewa Valley Health Cooperative and I strongly support it.

The health cooperative has now purchased the old St Joseph's Hospital and is reopening it to relieve some of the services. This will help with access and costs immediately, but ultimately it will need to a new modern hospital strategically located in Lake Halle. This is a bold plan and now is when it needs full political and financial support. There is dedicated visionary leadership, of which I have confidence. I have seen this model work fully in Wausau, WI where I worked for 30 years as a surgeon. In 1978, the community leaders closed the two private hospitals to form Community Health Care and Wausau Hospital. This locally controlled hospital system has served the area well and continues to thrive.

Mark W. Asplund, MD, FACS

Richard Daniels, MD

Evergreen Surgery

719 West Hamilton Ave.

Eau Claire, WI 54701

Rdaniels@evergreensurgical.com

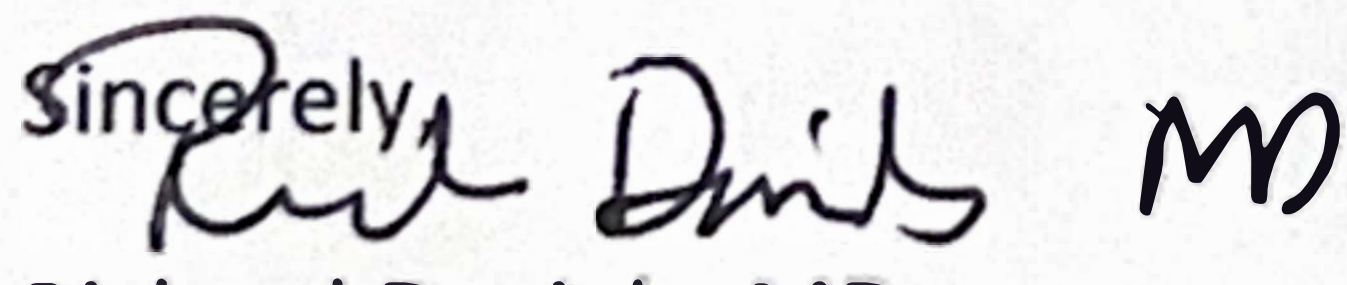
To Chippewa County Board of Supervisors

I am writing to express my strong support for the Chippewa Valley Health Cooperative efforts to open an interim hospital in Chippewa Falls and eventually build a new hospital in Lake Hallie. There is no doubt in my mind that health care in the Chippewa Valley has suffered tremendously since the closures of Sacred Heart and St Joseph's hospitals. I have cancer and complex surgical patients that I have sent out of the region for healthcare because the services needed are no longer offered locally. I also have seen my practice suffer with a decrease workload by 50%. I have needed to downsize staff because of the lack of work.

The healthcare needs are urgent. None of the other hospitals have been able to absorb the large numbers of patients that were cared for at Sacred Heart and St Josephs hospitals. Patients are going without care, traveling long distances for their care, or packing emergency departments which is impacting the entire community.

The Cooperative was developed to help alleviate the current problems in healthcare and to establish a model that will help drive down the costs of hospital care. We are all affected by the high costs of healthcare especially in the Chippewa Valley. The Cooperative will be working directly with employers to lower costs while still providing high quality of care.

Thank you for your support of the Cooperative efforts.

Sincerely,

Richard Daniels, MD

Robert Krause
Retired
27373 126th Street
New Auburn, WI 54757
Rkrause@invisibleinc.com

October 23, 2025

Dear Chippewa County Board of Supervisors,

I am writing to express my strong support for the Chippewa Valley Health Cooperative's efforts to open its interim hospital in Chippewa Falls. The Cooperative's hospital will dramatically improve access to high quality, affordable healthcare in the Chippewa Valley Region, which has significantly decreased since HSHS exited Western Wisconsin in 2024.

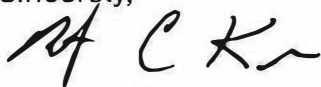
Our need is urgent. Before HSHS closed its two hospitals, they accounted for over 33% of Emergency Department visits, over 700 births, over 50% of bariatric wound care treatment, and an average of 125 hospital stays per day in the area. None of the other local hospitals have been able to absorb this large number of patients. Consequently, patients are either going without care, travelling very long distances for their care, or packing other emergency department waiting rooms, which is impacting the entire community.

The Chippewa Falls hospital is planned as an interim facility as the Cooperative builds its long-term, sustainable, and flexible hospital strategically located in Lake Hallie for easy access to the entire region, especially for Emergency Services. By opening the Chippewa Falls hospital now, the Cooperative is lowering the overall costs of the new hospital while providing urgently needed care at the same time. The Cooperative is exploring several different long-term plans for the Chippewa Falls facility after the new hospital is opened, so it will continue to be an anchor of care for the community.

Importantly, the Cooperative has established a model that will help drive down the costs of quality hospital care.

Please support the Chippewa Valley Health Cooperative's efforts to help our families and neighbors.

Sincerely,

A handwritten signature in black ink, appearing to read 'R C Krause', with a stylized flourish at the end.

Robert C Krause

Megan K. MacLaughlin-Barck
19681 55th Avenue
Chippewa Falls, WI 54729
megan@larsonbridges.com

October 27, 2025

Dear Chippewa County Board of Supervisors,

I strenuously support the Chippewa Valley Health Cooperative's efforts to open its interim hospital in Chippewa Falls. The Cooperative's hospital will dramatically improve access to high quality, affordable healthcare in the Chippewa Valley, which has significantly declined since HSHS shuttered its Chippewa Valley hospitals in 2024.

The need is urgent. HSHS hospitals in the Chippewa Valley annually provided more than 33% of Emergency Department visits, 700 births, 50% of bariatric wound care treatment, and an average of 125 hospital stays per day. The remaining local hospitals lack capacity to provide patients with these services. Consequently, patients are either going without care, travelling very long distances for care, or overfilling other Emergency Department waiting rooms, negatively impacting healthcare throughout the entire region.

The Chippewa Falls hospital is planned as an interim facility whilst the Cooperative builds its long-term, sustainable hospital which will be strategically located in Lake Hallie for easy access to the entire region - especially important for Emergency Services. By opening the Chippewa Falls hospital, the Cooperative is lowering the overall costs of the new hospital and providing care urgently needed now! The Cooperative is exploring several different long-term plans for the interim facility after its new hospital is opened, so it will continue to be an anchor of care for the community.

Please support the Chippewa Valley Health Cooperative's efforts to restore access to affordable, high-quality health care in the Chippewa Valley.

Sincerely,

Megan MacLaughlin Barck

Megan K. MacLaughlin-Barck

October 16, 2025

Maureen Carlson
17984 54th Avenue
Chippewa Falls, WI 54729
Maureen.carlson@charter.net

Dear Chippewa County Board of Supervisors,

I am writing to express my strong support for the Chippewa Valley Health Cooperative's efforts to open its interim hospital in Chippewa Falls. The Cooperative's hospital will dramatically improve access to high quality, affordable healthcare in the Chippewa Valley Region, which has significantly decreased since HSHS exited Western Wisconsin in 2024. The Cooperative purchased the former St. Joseph's Hospital from HSHS in June 2025 and intends to open this hospital as an interim facility while it builds the long-term hospital in Lake Hallie.

The need is urgent. Before HSHS closed its two hospitals, they accounted for over 33% of Emergency Department visits, over 700 births, over 50% of bariatric wound care treatment, and an average of 125 hospital stays per day in the area. None of the other local hospitals have been able to absorb this large number of patients. Consequently, patients are either going without care, travelling very long distances for their care, or packing other emergency department waiting rooms, which is impacting the entire community.

The Chippewa Falls hospital is planned as an interim facility as the Cooperative builds its long-term, sustainable, and flexible hospital strategically located in Lake Hallie for easy access to the entire region, especially for Emergency Services. By opening the Chippewa Falls hospital now, the Cooperative is lowering the overall costs of the new hospital while providing urgently needed care at the same time. The Cooperative is exploring several different long-term plans for the Chippewa Falls facility after the new hospital is opened, so it will continue to be an anchor of care for the community.

Importantly, the Cooperative has established a model that will help drive down the costs of quality hospital care.

Please support the Chippewa Valley Health Cooperative's efforts to restore access to affordable, high-quality health care.

Sincerely,

Maureen Carlson

Background Articles

1. **The Cap Times**
Hospital Closures Have Ripple Effects That Reach Madison
https://captimes.com/news/hospital-closures-have-ripple-effects-that-reach-madison/article_e1e5bc40-9091-11ef-a798-4b17ef7331e8.html
October 23, 2024
2. **WEAU**
Closures of Rural Hospitals Impact Couple Needing Life-Saving Procedure
<https://www.weau.com/2025/10/16/closures-rural-hospitals-impact-couple-needing-life-saving-procedure/>
October 15, 2025
3. **Daily Mail**
The Heartbreaking Final Hours of a Grandfather That Exposes The Deadly Crisis Facing America's Hospital System
<https://www.dailymail.co.uk/news/article-15195175/The-heartbreaking-final-hours-grandfather-expose-deadly-crisis-facing-Americas-hospital-system.html>
October 20, 2025
4. **Leader Telegram**
Our View: Return of Cancer Treatment to Chippewa Falls is Reason to Celebrate
https://www.leadertelegram.com/opinion/editorials/our-view-return-of-cancer-treatment-to-chippewa-falls-is-reason-to-celebrate/article_664f1c81-52ca-4038-a62a-04f8d310054e.html
November 6, 2025
5. **KFF Health News**
As Health Companies Get Bigger, So Do The Bills.
https://kffhealthnews.org/news/article/health-system-mergers-higher-prices-trump-regulators-hospitals-insurers/?utm_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm_medium=email&_hsmi=389194618&utm_content=389194618&utm_source=hs_email
November 10, 2025

https://captive.com/news/hospital-closures-have-ripple-effects-that-reach-madison/article_e1e5bc40-9091-11ef-a798-4b17ef7331e8.html

Hospital closures have ripple effects that reach Madison

By Erin McGroarty

Oct 23, 2024

The sudden closure of two hospitals and nearly 20 clinics last spring shook the Chippewa Valley. Now, remaining doctors in the western Wisconsin region that includes Eau Claire are struggling to secure care for their patients, and people must travel hours to other towns for specialty care.

This crisis has broad ramifications for other areas of the state, including Madison, where health care workers say they already are overwhelmed and now are bracing to take on more patients.

“It's frustrating sometimes, I know, for some of our patients and families when they can't get really fast access to health care,” said Dr. Pete Newcomer, chief operating officer for UW Health. “That's been an issue for us for quite a while, but it's gotten worse over the last few years. We have definitely seen a significant increase in demand for health care services at UW Health.”

Farther north in Eau Claire, Dr. Kyle Dettbarn, a pulmonary doctor and chair of OakLeaf Medical Network, can't find a facility to care for one of his patients suffering from fluid found between his lung and his chest wall — a condition that can become dangerous if not treated properly.

“I’m having to scramble to find a place for him,” Dettbarn said.

The crisis in this region of Wisconsin began in March and April when two major hospitals and 19 clinics across 10 communities in the Chippewa Valley closed their doors.



Dr. Kyle Dettbarn, chair of the OakLeaf Medical Network in the Chippewa Valley, says he's scrambling to find specialty care for his patients.

RUTHIE HAUGE

The shutdowns of Sacred Heart in Eau Claire and St. Joseph’s in Chippewa Falls marked the first major hospital closures in the state in more than a decade, according to the Wisconsin Hospital Association. The closures resulted in the loss of two emergency rooms, labor and delivery units for

mothers giving birth, a cancer center where nearly 100 patients received care at any given time, 15 critical care units, more than 100 hospital beds, a dialysis treatment center and the Chippewa Valley's only inpatient youth psychiatric unit.

The facilities also provided more than 1,400 jobs.

The now-shuttered hospitals were run by Hospital Sisters Health System, an Illinois-based company that pulled out of the western part of the state entirely in March.

"We were the clinic that provided the inpatient medical care for both St. Joseph's Hospital and Sacred Heart Hospital," Dettbarn said of OakLeaf Medical Network. "We did cardiology for them, we did pulmonary and critical care, and we took care of, I would estimate, about 90% of the patients that were hospitalized for those two hospitals. So it was quite a shock when this occurred, because they didn't give us a heads up that this was happening."

Hospital Sisters Health System, known by its initials, HSHS, cited lingering financial difficulties after the COVID-19 pandemic as the reason for its exodus from the Chippewa Valley.

The 19 clinics were run by Prevea Health, a Green Bay-based physician group that closed those facilities in April, citing the same post-pandemic financial and workforce difficulties that HSHS reported.

Rural Wisconsin has consistently faced gaps in available health care resources, simply based on funding, available providers and patient proximity.

But closures like those in the Chippewa Valley have a domino effect, said John Eich, director of the Wisconsin Office of Rural Health, a nonprofit within the University of Wisconsin School of Medicine and Public Health.

The office provides analysis for policy decisions, staffs the state Department of Commerce's Rural Health Development Council, distributes federal funding and loan assistance to hospitals in rural parts of the state and conducts research on areas for improvement within the health care field.

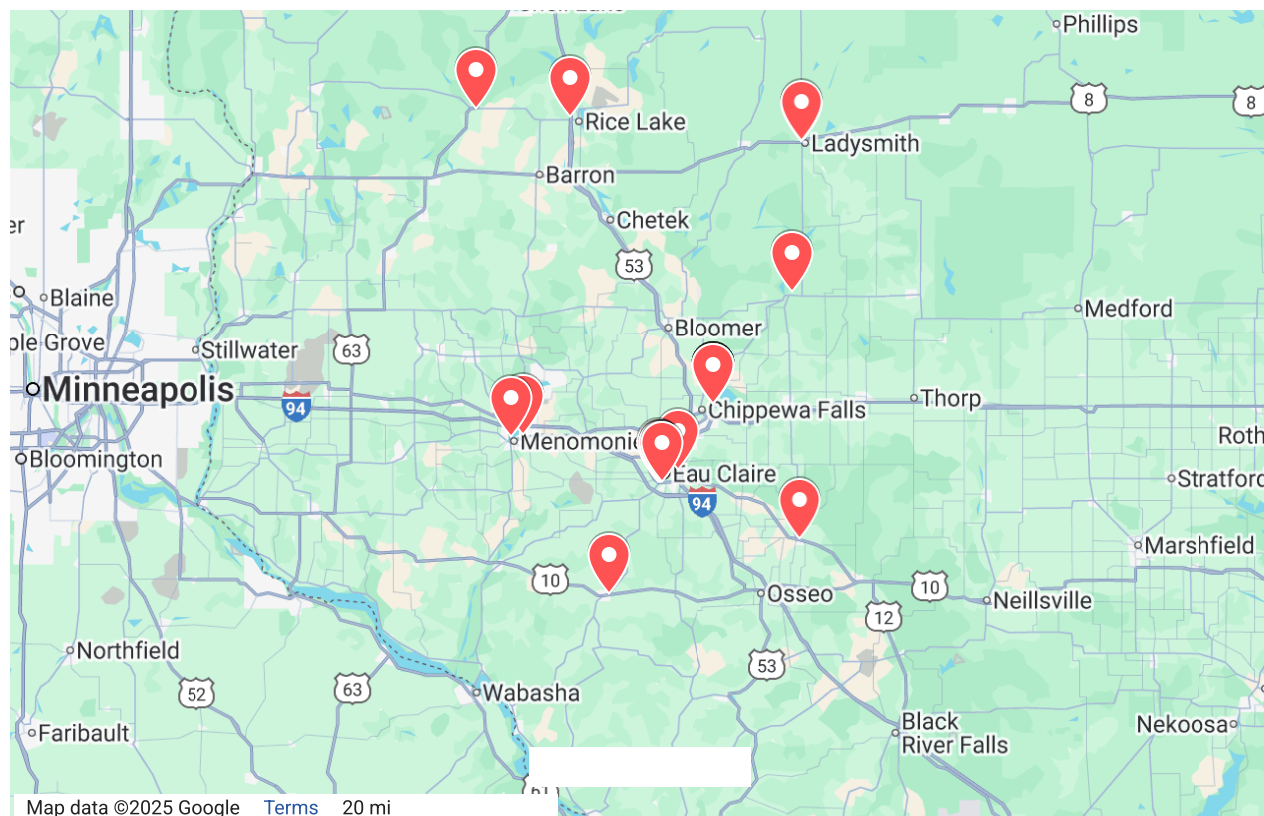
"If a patient can't get into a clinic because it's closed, or hospital, or their service line isn't available, or their specialist is no longer coming out, you know, one day a week to their local clinic, they have to go somewhere where it's available," Eich said. "That tends to be in urban areas, and that's going to be an impact in that city, clinic or hospital."



Closed Wisconsin Clinics ☆

Brandon Raygo

This map was made with Google My Maps. [Create your own.](#)



‘Everything is a drive’

Donnie and Glenda Nelson have lived in Eau Claire their entire lives. They love their community and, until recently, have felt well-served by the health resources available to them.

This was critical after Donnie was diagnosed with cancer in 2022. He began to receive treatment at Sacred Heart Hospital for a malignant melanoma from a mole on his back. Initially, the treatment worked and Donnie’s doctors gave him the all clear in November 2023, saying his cancer was gone.

But in January, Donnie had a seizure and new scans showed the cancer had spread to his brain. He began treatment at Sacred Heart until March when the hospital and corresponding cancer center shut its doors.

Everything changed for the Nelsons.

Now the couple must drive nearly four hours round trip every other week for Donnie to see a radiologist in La Crosse — the closest city with the doctors and services he needs.

“That’s hard on us,” Donnie said. “And the two-hour drive, that’s not good for me physically.”

Donnie is no longer able to work at his construction job because of his illness, and Glenda works only part time for fear of leaving her husband alone for too long.

“It’s just all-day stress for me, just knowing that if he goes downhill quick, that it’s a two-hour drive,” Glenda said. “Every day when I’m at work it’s just on my mind, you know, ‘My God, am I going to get home and have to drive to La Crosse tonight?’”

“Before, we used to just be able to run into the clinic if I had a question or needed anything. It was just 10 miles down the road,” she said. “With that closing, everything we have to do now for him is in La Crosse, so everything is a drive no matter if it’s an appointment, a lab or scans.”



Donnie Nelson is pictured in front of the now-closed Sacred Heart Hospital in Eau Claire. Donnie, who is being treated for cancer, now must be driven by his wife, Glenda, to La Crosse for treatments.

RUTHIE HAUGE

The Nelsons are among more than 100 cancer patients from the Chippewa Valley who now must travel for care.

When the Cap Times spoke to him, Dettbarn, the pulmonary doctor, had been working for more than a week to secure an available facility and provider to sample the fluid outside his patient's lung.

"Typically, I would have him go to (the now-closed) Sacred Heart Hospital with the radiology group," Dettbarn said. "I would contact them and they would say, 'Yep, bring him over. We'll sample the fluid, and we'll come up with

a diagnosis and treat him appropriately.”

Dettbarn had privileges to practice at the two HSHS hospitals that have now closed, but he does not have the same ability to practice at the remaining two hospitals in the Eau Claire area — Mayo Clinic Health Systems and Marshfield Medical Center.

“That's just one example of a patient here recently that, because of our current situation and I would say lack of camaraderie or lack of support from the other health systems, you have to try to do a work-around to get appropriate care for patients,” he said.

Without the ability to provide hospital services to his patients, and sometimes without the ability to find hospital beds for them, Dettbarn often has to look for care outside of the region.

“It's kind of a little bit of a crapshoot in regards to if you're going to be able to find a hospital bed in the Chippewa Valley or whether you're going to be shipped off to Madison or La Crosse or the Twin Cities or Superior or Rochester (Minnesota),” Dettbarn said. “There's always that possibility that if you get sick, you're not going to end up in a hospital near your family.”

‘We’ve filled up all of our beds’

Two hours south in Madison, Newcomer and his staff are working hard to meet increased patient needs.

“We don't have an area — a specialty, a primary care area or an inpatient area — where we don't have increased demand and issues with access,” Newcomer said. “It really is across the board.”

Emergency room visits have doubled over the last 10 years at UW hospitals in Madison.

“That's a dramatic increase,” Newcomer said. “With all of that, we've filled up all of our beds.”

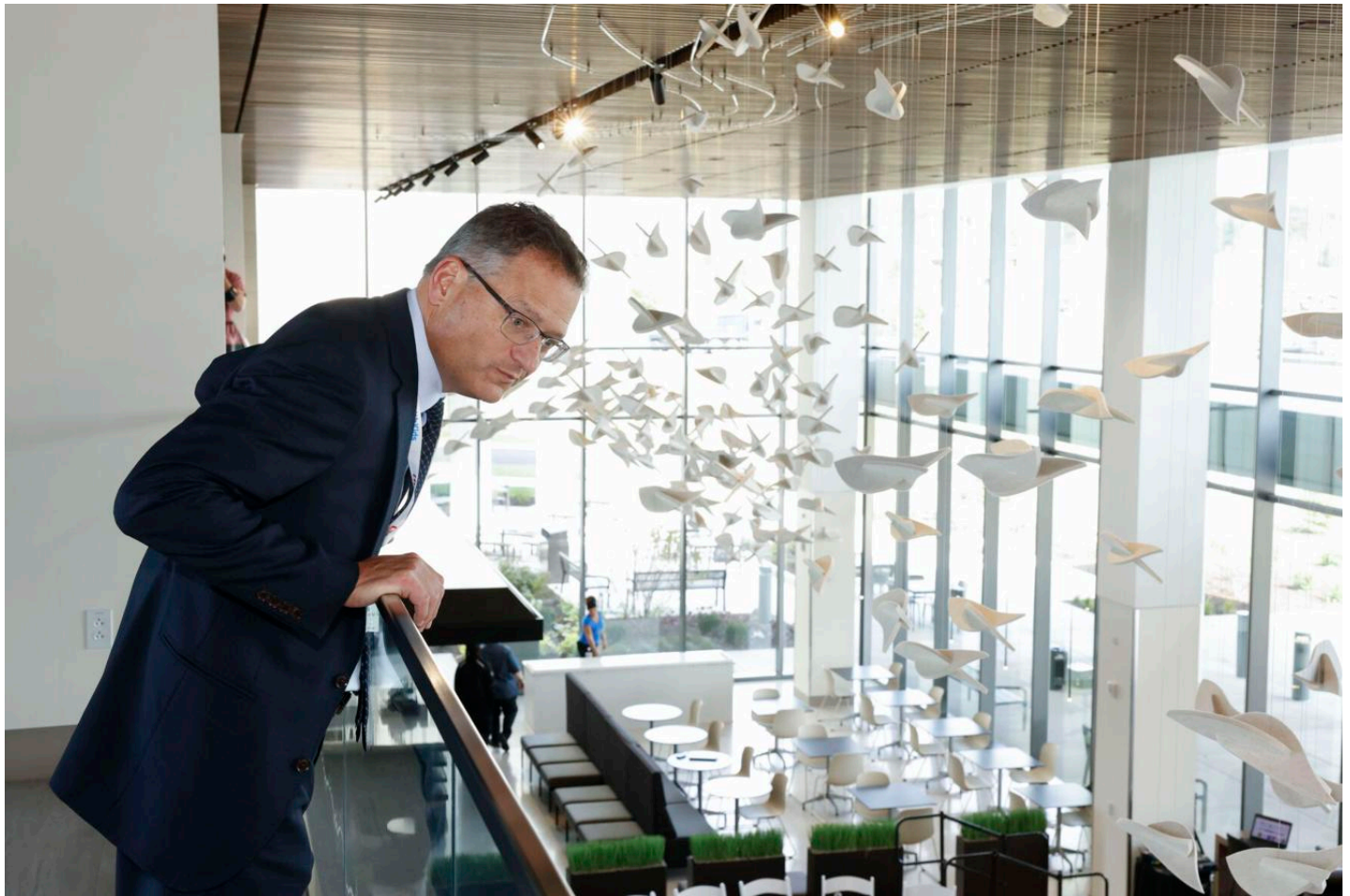
The spike in patient load is caused by a number of factors, Newcomer explained, including Dane County's growing population, health facility closures in rural areas and Dane County's aging population.

UW Hospital has partnered with UnityPoint Health — Meriter hospital in Madison to share the patient load.

Additionally, construction is underway at both Madison-based UW hospitals to add patient beds, and the health system held a ribbon cutting on Oct. 15 for its Eastpark Medical Center on Madison's northeast side. The more than 475,000-square-foot, seven-story outpatient clinic will provide more than 40 specialty care programs including cancer treatment and integrated specialty care for women, as well as a telehealth room in each unit where providers can conduct visits with patients in other regions.

Meanwhile, Newcomer said the hospitals have to turn away more than 100 patients a month from other areas of the state.

“Some months it's been as bad as 300,” he said.



Dr. Pete Newcomer, chief operating officer of UW Health, looks at the crowd gathering on the lower level for the ribbon cutting of the UW Health Eastpark Medical Center on the northeast side of Madison.

RUTHIE HAUGE

Workforce turnover isn't as critical an issue at UW Health as it is in surrounding rural areas.

“The bigger issue for us with staffing is really everyone around us,” Newcomer said.

A recent report from the Wisconsin Hospital Association said the state is short on health care workers, an issue felt most acutely in rural areas.

The Wisconsin Council on Medical Education and Workforce estimates that one in five practicing physicians in the state is older than 65 with retirement imminent. Taking this into consideration in conjunction with increasing patient demand, the council predicts Wisconsin could face a shortfall of more than 3,000 physicians by 2035.

Workforce shortages are part of what the council calls a “vicious cycle” made up of rising personnel costs without commensurate reimbursement rates, subsequent limits on patient capacity and a reduction of available services due in part to a lack of employees but also as a result of financial gaps and hospital closures like those in the Chippewa Valley.

The shortage in workers is, in part, a result of the burnout from the COVID-19 pandemic, said Eich from the state Office of Rural Health.

“We will be dealing with workforce shortages for a while. The question is, are we encouraging students to either go into the field or to stay in the field? That's not a quick fix, but it is part of the process,” Eich said. “Are we supporting and encouraging students to go into health care, and then are we making sure that that experience is a positive one, both for the students as they explore that and also for the existing providers and staff? That's a very important piece.”

The Wisconsin Hospital Association report identifies steps the state needs to take to fund training and workforce development.

That could help down the line, but in the Chippewa Valley the crisis is now.



Guests arrive for the ribbon cutting for the UW Health Eastpark Medical Center. UW Health officials say patient numbers are rising in the Madison area.

RUTHIE HAUGE

What's the cure?

When HSHS left the Chippewa Valley, Dettbarn and his staff chipped in where they could.

“People need to have their health maintenance checks, their routine office visits. They need their medications adjusted so that they stay healthy and they don't get sick,” Dettbarn said.

“We're trying to work towards solving that problem. But that stuff just doesn't get solved overnight. So a lot of times, the patients suffer and it's delayed care and it's delayed diagnosis. And in certain situations, that can be highly detrimental.”

His network of doctors extended clinic hours, brought on new providers — some of whom had lost their jobs when HSHS left — and opened an urgent care facility in Chippewa Falls.

“When this all started, the OakLeaf Medical Network had about 35,000 primary care patients that we followed,” Dettbarn said, noting many of the patients who previously received care at the since-closed clinics are now seen at OakLeaf's clinics. “Now I believe we're probably somewhere around 50,000 to 55,000, so we've picked up anywhere from 15,000 to 20,000 patients.”

Even that isn't enough, though.

That's where Mike Sanders and Bob Krause come in. The two men are part of a council called the Chippewa Valley Health Cooperative — a group of affected community members who are working to fundraise for, organize and open a community-owned hospital in the area.



OakLeaf Medical Network has grown by 15,000 to 20,000 patients since local hospitals closed.

RUTHIE HAUGE

Krause lives in the village of New Auburn about 40 miles north of Chippewa Falls. His community has no access to nearby health care.

“I’m doing this because I have friends and family who need the health care facilities now, and they aren’t there,” Krause said.

The group is working to fill a void in care through what its members believe is a more sustainable model.

“I think people are feeling very frustrated with decisions made out-of-state affecting local care, and we're trying to create a new model with local leadership, making decisions for care in the local community,” Sanders said.

The hospital will contain an emergency department, operating rooms and a cancer center, Krause said.

Many of the health care workers who lost their jobs when the hospitals and clinics closed earlier this year hope to work at the new hospital.

The group has raised almost \$1 million, but Sanders and Krause estimate it will take nearly \$150 million to build and open a new facility. The group is conducting a feasibility study and exploring financing.

The cooperative will need to take out a loan to fund construction, the two said.

Sanders and Krause are also looking to local, state and federal governments for help. The group received a \$70,000 grant from Chippewa County and a \$50,000 grant from the Wisconsin Economic Development Corp. to help get the nonprofit off the ground.

“The support we're getting is just unbelievable,” Krause said.

That includes attention from members of Wisconsin’s congressional delegation.

Soon after HSHS pulled out of the Chippewa Valley, U.S. Sen. Tammy Baldwin, D-Madison, and U.S. Rep. Derrick Van Orden, R-Prairie du Chien, proposed federal legislation that would protect rural communities from

experiencing sudden hospital closures in the future.



Bob Krause, left, and Mike Sanders are members of the Chippewa Valley Health Cooperative, which is working to create a community-funded hospital in the region.

RUTHIE HAUGE

Baldwin's legislation, introduced in July, would keep large health groups from being able to leave a region so quickly without first gathering community input and making a concerted effort to connect patients with other providers to avoid interruptions in care and treatment.

Van Orden's bill would allow states affected by hospital closures to request waivers to bypass federal restrictions and subsequently help create new health care facilities and resources.

Despite the support and motivation, Krause said under an optimistic timeframe for the project, hospital doors would not open to patients for three years after construction begins. Krause hopes to have shovels in the ground next year.

In the meantime, health systems must band together to fill gaps.

Back in Madison, Newcomer and his staff at UW Health are partnering with regional health systems in underserved parts of the state.

“It's a very different approach for us. Historically, we would try to bring patients here,” Newcomer said. “We're really looking at how we can partner with the regional systems around us to keep them as healthy as possible, so that we can keep patient care local. We know that's the best type of patient care anyway, is to be local. Get your primary care locally, have us help if need be.”

This involves conducting telehealth appointments with patients so they can remain in their communities if possible, and providing consulting from a distance to assist providers in underserved areas.

In Eau Claire, Dettbarn echoes Newcomer's emphasis on the importance of local care — one of the core reasons Dettbarn is so supportive of a community hospital in his town, even if it is a slow process to get there.

“The best way to do this is to have the community own it, the community run it, so that it's done in the best interest of the community,” he said.

Editors note: This story has been updated to correct the timeframe for when the Chippewa Valley Health Cooperative hopes to open a community hospital.

Erin McGroarty is a politics reporter for the Cap Times. Erin writes about Wisconsin politics with a focus on state government and elections. Email story ideas and tips to Erin at emcgroarty@captimes.com or call (608) 252-6433.

Please consider supporting Erin's work by becoming a Cap Times member or sponsor. Sustaining local journalism in Madison depends on readers like you.

Erin McGroarty

Politics and government reporter

Closures of rural hospitals impact couple needing life-saving procedure



<https://www.weau.com/2025/10/16/closures-rural-hospitals-impact-couple-needing-life-saving-procedure/>

By [Bob Gallaher](#)

Published: Oct. 15, 2025 at 9:45 PM CDT

DUNN COUNTY, Wis. (WEAU) - A study by the University of Minnesota School of Public Health revealed the closure of rural hospitals, including HSHS Sacred Heart and St. Joseph's hospitals, has forced patients into higher-priced facilities and eliminated low-price options from the market.

One Dunn County couple had to overcome several hurdles to have a life-saving procedure performed.

"I thought I might die."

Gary Kaiser was experiencing chest heaviness and difficulty breathing on a Saturday evening in early March. His wife Carolyn drove him to Marshfield Hospital in Eau Claire where cardiac tests showed vascular issues and the need for carotid artery surgery.

"The issue: there was no bed at Mayo, at Marshfield in Eau Claire, there was no bed in Marshfield, WI, there was no bed in Rochester, MN, and no bed at the Heart Institute in Minneapolis," said Carolyn.

The first available bed was at the Medical Center in Marshfield, more than 100 miles from rural Elk Mound.

Gary was transported by ambulance with the hope for surgery the next day. The problem? The hospital was full.

“Gary’s room was viewing out at the helicopter pad, and so each day, when more helicopters came in that he would be considered stable, and so he would be pushed off. After a number of days that add a lot of anxiety and a lot of emotions about what’s going to happen here,” said Carolyn.

“The worst part was the waiting. They took blood twice a day, they ran out of room by Wednesday. The RNs were going down to talk to the doctors, so, when are you going to take him, so they were advocates,” said Gary.

“They’ve told you this is life threatening, they’ve told you this is very serious, and yet you feel like kind of stranded,” said Carolyn.

Three days went by when Gary finally had his surgery. There was a 99% blockage of the carotid artery.

“The day he finally had surgery, they took him down, we knew it would be about a three-hour surgery and a four-hour recovery, which was true, and when you are done with surgery, you’re just kind of outta there,” said Carolyn.

According to first responders, the Kaiser’s story unfortunately has become far too common. The shuttering of HSHS Sacred Heart and St. Joseph’s hospitals in the Chippewa Valley has forced many families to go through extreme measures to find their healthcare.

Jon Schultz manages the EMS team for Eau Claire Fire and Rescue. He believes rural communities outside the Chippewa Valley are the most impacted by hospital closings.

“They’re being told that they are sick, but we can’t take care of you here, so now I have to make that travel plan. And then you have the records, make sure all the records are going, plus it comes down to insurance, will my insurance cover this? So yes, there’s a lot of stress that goes into not being able to stay local,” said Schultz.

Another problem, health insurance premiums continue to skyrocket, meaning fewer people are getting the medical attention they need.

“Even just going into the emergency room the costs aren’t cheap. So that’s definitely going to put a burden on people going in. We’ll have people who are sick and should be going in the hospital that are not going into the hospital until they are really sick because they are concerned about what the bill is going to be,” said Schultz.

According to the American Hospital Association, Medicaid covers more than 16 million people in rural communities and plays a vital role in sustaining rural hospitals. The congressional budget office estimates the big beautiful bill signed into law by president Trump will slash more than a

trillion dollars aimed at helping cover medical costs for low-income families and older adults like Gary and Carolyn.

“Our legislators, sometimes I don’t know what they are looking at but they are not looking at people and so that’s a hard thing. You need them to know that you are affecting other people and it’s your job to help keep our community safe, have the services available,” said Carolyn.

For now, Gary and Carolyn cherish time with each other and their grandchildren, with the understanding that stories like theirs will continue to be told.

“We’re just one small person in this big world that’s been adversely affected and there have been many,” said Carolyn.

An update on the hospital situation locally, the Chippewa Valley Health Cooperative is building a new hospital in Lake Hallie, with a projected opening in late 2027 or early 2028. The Cooperative is reopening the former St. Joseph’s hospital in Chippewa Falls with the aim for full hospital capabilities by next summer and Aspirus Health is building a new hospital and clinic in Chippewa Falls which broke ground in August.

<https://www.dailymail.co.uk/news/article-15195175/The-heartbreaking-final-hours-grandfather-expose-deadly-crisis-facing-Americas-hospital-system.html>

Daily Mail

The heartbreaking final hours of a grandfather that expose the deadly crisis facing America's hospital system

By [JAMES REINL, US SENIOR REPORTER](#)

PUBLISHED: 08:45 EST, 20 October 2025 | UPDATED: 16:09 EST, 20 October 2025

Across America, hospitals are vanishing. From [Alaska](#) to [Florida](#), towns are losing their lifelines.

And for thousands of families, it's costing far more than convenience — it's costing lives.

One of those lives was 78-year-old garden center owner Terry Halfen, from Chippewa Falls, [Wisconsin](#).

When Terry was diagnosed with [cancer](#) in late 2023, he was treated at Sacred Heart Hospital in nearby Eau Claire. It was close, trusted, and familiar.

His son Eric moved back home to care for him. For a while, everything felt under control.

Then, in March 2024, Sacred Heart suddenly shut down — terminating almost 1,400 employees and leaving a gaping hole in local healthcare.

'It was all very sudden,' Terry's grandson John Halfen, 20, told the Daily Mail.

'We just heard on the news that they were closing. It made it so difficult for so many people because that was the go-to hospital. It had everything — the birthing center, the ICU, the CCU.'



© Courtesy of the Halfen Family

John Halfen, 20, said the closure of the local hospital disrupted the care of his cancer-sufferer grandfather Terry Halfen, who died in June aged 78

With Sacred Heart gone, the family had no choice but to travel an hour each way to Marshfield for care.

'The fact of not having a close hospital really made it difficult to get the proper care,' said John.

'Having to travel for an hour just to go see him made it very traumatic for all of us.'

His father, Eric, spent hours on the road each day — sometimes six hours total — to sit by his dying father's bedside.

In June this year, they finally brought Terry home.

Just 48 hours later, he was gone.

'He was a big family person,' said John.

'Not being able to see family as much probably made it worse. We tried to get out as much as we could, but with work and having a kid, it was hard.'

The Halfen family's ordeal is a devastating example of a growing national crisis — what experts are calling a 'perfect storm' of hospital closures sweeping the United States.

Hospitals from coast to coast are closing their doors — sometimes overnight.

Facilities that once delivered babies, treated strokes, and saved lives are vanishing.

The healthcare sector is reeling from financial strain, staff shortages, low insurance reimbursements, and rising costs. A wave of cyberattacks has only added to the chaos.

'It pains me to see that there's so many people being affected by the closures and not getting the help they need,' said John.

'It creates a lot of hardship for people, and it doesn't seem to be getting any better.'

The closure of Sacred Heart — and nearby St. Joseph's Hospital in Chippewa Falls — was just the start.

A recent report from the Center for Healthcare Quality and Payment Reform (CHQPR) warned that Holy Family Memorial in Manitowoc, Mayo Clinic Health System Oakridge in Osseo, and Aspirus Stanley Hospital in Stanley were all at risk of being mothballed next.

Across the country, the same story repeats.

- **In California, Glenn Medical Center fast-tracked its shutdown.**
- **In Texas, Hunt Regional Healthcare said it was losing money so fast it had to close.**
- **In Oregon, St. Vincent Medical Center is shuttering units.**
- **In Georgia, St. Mary's Sacred Heart Hospital is scaling back.**
- **In Missouri, Landmark Hospital of Cape Girardeau is on the brink.**
- **And in Colorado, Banner McKee Medical Center is cutting services to the bone.**

Chicago-based economist Dr. Evelyn Martinez described it bluntly: 'We've reached a breaking point where operating a hospital, particularly a standalone one, is simply no longer viable in certain markets.'

The closures are hitting rural America hardest — small-town hospitals that were once the beating hearts of their communities.

Pandemic debt, falling insurance payments, and rising labor costs have crippled local care.

At the same time, major healthcare corporations are consolidating, swallowing up smaller hospitals and then closing 'duplicate' facilities to cut costs — often with no warning.

John's father Eric Halfen moved back with Terry to care for him in the final months of his life

Critics say it's ordinary Americans who pay the price.

When a hospital shuts down, patients can be left traveling hours for emergency care.

Doctors, nurses, and families are uprooted overnight.

In places like Wisconsin, Kansas, and Alabama, entire counties now have no full-service hospital at all.

Benjamin Anderson, CEO of Hutchinson Regional Healthcare in Kansas, recently told NBC News that staff were being pushed to the limit.

Doctors and nurses are suffering almost as badly as patients, he said, warning that hiring freezes have left workers 'at real risk of wearing out.'

The data is stark. Becker's Hospital Review has already counted 21 hospital closures this year alone.

More than 700 rural hospitals — nearly one in three — are now at risk of closing, according to CHQPR.

A Government Accountability Office report added that even urban hospitals are closing faster than new ones are opening, leaving city residents stranded too.

Health leaders say the trend is accelerating. Without major intervention, America's healthcare 'deserts' could soon become a new national emergency.

Experts warn that the crisis is about to get worse.

Republican-led plans to cut Medicaid funding under the One Big Beautiful Bill Act could strip millions of dollars from the system — pushing already struggling hospitals to the brink.

The Medicaid program, which covers one in four Americans, is often the financial lifeline for rural and safety-net hospitals.

If the cuts go through, facilities in small towns and poorer regions could lose millions in reimbursements.

These hospitals already operate on razor-thin margins, serving patients who rely entirely on Medicaid for care.

Critics say the cuts will create a 'domino effect of closures', forcing people to travel even farther for emergency treatment.

'It pains me to see that there's so many people being affected by the closures and not getting the help they need,' John said again.

Republicans insist the reforms are necessary to curb waste and fraud.

But health advocates warn the human cost will be enormous.

California Representative Doug LaMalfa, a Republican, broke ranks to call the proposed cuts 'unfair and just plain wrong.'

The White House argues that hospitals are closing because of low patient volumes, not low margins, and says the new fund will make small hospitals 'economically viable.'

Terry was diagnosed with cancer in late 2023. His local hospital shuttered the following Spring

But in towns like Chippewa Falls, the assurances ring hollow.

The Halfens are still reeling from their loss — and the loss of their local hospital.

John remembers his grandfather as a man who never stopped working and growing his beloved hosta plants, even as his health failed.

'He never gave up,' John said softly. 'Even when he was in hospice, he was joking around, saying, 'I'm not going anywhere.'"

But the hardest part, he said, was knowing that distance and bureaucracy stole precious time.

'We just closed on his house for a buyer,' John said.

'That was pretty rough. He built that house himself. That's the house I grew up in, my father grew up in. There's been a lot of tears and laughs. It's been a process.'

His mother, Jamie Halfen, also owes her life to Sacred Heart.

'She had a stroke in 2021, and that hospital essentially saved her,' John said.

'They put in an emergency dialysis pump right there in the room because there was no time to move her. They were the best.'

Without Sacred Heart, locals have lost their birthing center, their intensive care units, and their cardiologists.

People who once drove ten minutes for care now face an hour on the road — if they can afford it.

'It hurt a lot of people,' John said. 'Me, my fiancée, my son — it creates a lot of hardship, and it doesn't seem to be getting any better.'

Today, John works at a behavioral group home while raising his young son. He still lives with the pain of losing his grandfather — and the frustration of a system that, in his view, abandoned them.

'If we still had Sacred Heart,' he said, 'it would've made everything a lot easier — for him, and for us.'

He paused, then smiled faintly.

'He was always about the garden center.'

Note: To conserve space, we have stripped 10 photographs from this copy. See the article and photographs at <https://www.dailymail.co.uk/news/article-15195175/The-heartbreaking-final-hours-grandfather-expose-deadly-crisis-facing-Americas-hospital-system.html>.

Our View: Return of cancer treatment to Chippewa Falls is reason to celebrate

- Nov 6, 2025 Updated Nov 6, 2025

We are very pleased to see the Chippewa Valley Cooperative Hospital open its new cancer center in Chippewa Falls. It's in the former St. Joseph's Hospital and is an important step in getting the community the medical services they deserve.

Everyone reading this probably knows the background in broad strokes. HSHS hospitals pulled out of the region last year with little warning and even less grace. The company shuttered its hospitals in Eau Claire and Chippewa Falls, along with dozens of clinics throughout northwestern Wisconsin.

The regional response to being blindsided was impressive, and the cooperative hospital is one of the reasons. It plans a new full-service hospital in Lake Hallie, one that will be community-owned.

While the organization is hardly an unbiased source, the 300-patient figure it cited for people who needed to find a new place for treatment lines up

with others we've seen. There are other resources in the region, but HSHS' silence on their plans to close meant they weren't able to buttress their resources in advance. They could take on some patients, but not nearly all. That meant long drives for treatment.

That changed for some this week. The new facility began treating patients on Monday. Think what a difference that makes for people. Instead of having to drive a three-hour round-trip, as many did, the time is slashed to less than an hour. That's more time at home, in comfort, rather than going to a place they'd rather not have to visit in the first place.

The situation will improve when the cooperative hospital finishes its plans to reopen St. Joseph's as a stopgap while the new facility is built. Full services, which will include inpatient care, surgery, labor and delivery and an emergency department, are on schedule to launch next year, according to the hospital's website.

While it's true that it will lack the resources of a major trauma center, that's not the immediate goal. Getting patients access to much more common treatment options, say for a broken arm, is still a major step in the right direction.

And the effects will go well beyond Chippewa Falls, just as the closure of HSHS did. We've heard numerous complaints about the effect on people's ability to get a doctor's appointment or the wait times in the emergency room at Eau Claire's hospitals. Those are real issues. Waiting for an appointment isn't that big a deal when it's nothing serious, but what happens when it is? Are the spots that started showing up a rash or signs

of a blood disorder? You might not know, but a doctor can find out. And the need for quick services is even more obvious when you think about the cases in an emergency ward.

The result is that hospitals play an important role in their communities. They become places that hold a special place for people. They're places of beginnings and endings, of healing and hope. No other facility in a community has quite the same attachments for residents. As such, they're important to a community's self-identity in a way that can't be replicated.

There's clearly more work to be done in the Chippewa Valley before health services are back on par with what they were before HSHS crawled away. But the foundations for that work are being laid. The return of cancer services to Chippewa Falls marks an important moment, one worthy of both celebration and congratulations to those who made it happen.

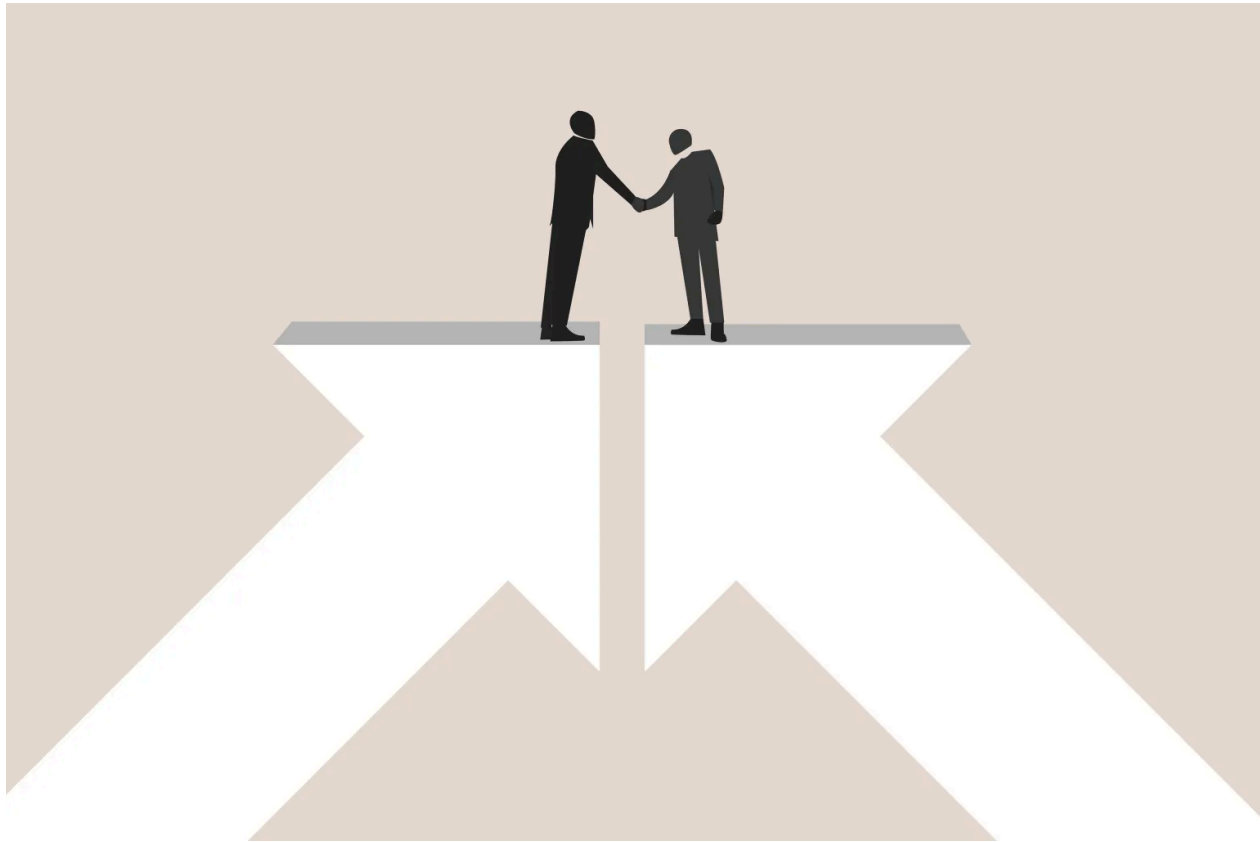
KFF Health News

As Health Companies Get Bigger, So Do the Bills. It's Unclear if Trump's Team Will Intervene.

By Elisabeth Rosenthal

NOVEMBER 10, 2025

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(ISTOCK/GETTY IMAGES)

A cancer patient might live in a town with four oncology groups, but only one accepts his insurance — the one owned by his insurer. A young couple could see huge bills after their child is born, because their insurer agreed to the health system's rates in exchange for a contract with obstetricians across the country. A woman might have to pay a big sum she can't afford for basic lab tests at a hospital — inflated rates her insurer accepted so its customers have access to the system's children's hospital elsewhere in the state.

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And even well-insured patients receive unaffordable bills in this era of high-deductible health plans, narrow insurance networks, and 20% cost sharing.

Health systems, doctor groups, and insurers are merging and coalescing into ever-bigger giants. While these mergers are good for business, studies show the escalating consolidation in health care is driving up prices, harming patient outcomes, and decreasing choice for people who need care. A recent study found that six years after hospitals acquired other hospitals, they had raised prices by 12.9%, with hospitals that engaged in multiple acquisitions raising their prices by 16.3%.

These new deals are “mutually enforced monopolization,” said Barak Richman, the Alexander Hamilton professor of business law at George Washington University. “It’s not competition. It’s more like collusion. They don’t care about price.”

Those market factors contributed to a landscape where a dose of the antiviral Paxlovid given in a hospital costs \$4,500; magnetic resonance imaging costs \$15,000; and joint replacements cost \$100,000.

President Donald Trump has talked about the burden of health care costs since his first campaign, but he has signaled that his administration’s regulators are less inclined than his predecessor’s to intervene in health mergers.

This summer, he revoked President Joe Biden’s 2021 directive that all federal agencies make sure markets remain competitive, reversing course from Biden’s more expansive interpretation of antitrust law. And in a scathing statement upon taking over the Federal Trade Commission, Trump-appointed chair Andrew Ferguson blasted his predecessor, Lina Khan, implying that she had overstepped the agency’s legal authority, as well as criticizing what he called her “clumsy” and “breathless” rhetoric and her focus on the incursion of private equity into health care.

What this will mean in practice is unclear.

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In an interview with KFF Health News, Daniel Guarnera, the director of the FTC's Bureau of Competition, said that the leadership at the FTC and the Justice Department has endorsed guidelines issued by the Biden administration, which he characterized as a "framing device" for companies contemplating a merger.

The expanded [merger guidelines](#), issued in 2023, focused for the first time on a wide variety of new types of anti-competitive practices that had become common in health care, such as hospitals and private equity firms buying doctors' practices and insurers owning what are known as specialty pharmacies to dispense complicated and often expensive drugs.

Guarnera noted that regulators' strongest enforcement tool is convincing a judge that mergers violate the Clayton Antitrust Act, a statute that is the foundation of antitrust law. But administrations can interpret this statute differently, and it's unclear what cases the Trump administration's FTC will choose to bring.

"The Biden administration tried to be more innovative," said [Erin Fuse Brown](#), a professor of health services, policy, and practice at Brown University's School of Public Health. "The Trump administration has signaled a more traditional approach — that it's unwilling to push the envelope."

In the battle for profits between insurers and providers, each side insists it needs to grow bigger to hold sway in the negotiations that determine health care prices. But evidence shows the prices that make sense in industry-level dealmaking have little to do with the actual value of the services involved. Instead, they're merely a data point in large-scale calculations that, at best, reflect the power balance between opposing parties.

Under Trump, the FTC has already sued to block two mergers of medical-device makers and has continued the Biden administration's challenges of individual drug patents.

"Helping improve the health care system though ensuring that there is more and better competition are very, very high priorities for us at the FTC," Guarnera said, noting that health care has "enormous effects on both Americans' pocketbooks as well as well-being."

But it is far more difficult to take on the more massive entities, and though the number of new mergers dipped early this year as companies navigated the uncertain effects of tariffs and interest rates, consolidation continues.

A recent Becker's Hospital Review article identified "28 large health systems growing bigger," noting, "This is not an exhaustive list."

For example, in May, Northwell Health of New York merged with Connecticut's Nuvance to become a 28-hospital behemoth with over 1,000 outpatient clinics. That was a more traditional merger, where hospitals in the same region joined to extend their reach and increase their market power.

Meanwhile, companies are creating powerhouses not previously seen in health care, by racking up smaller purchases that aren't expensive enough to trigger federal review. They include what are known as vertical mergers, which combine companies that provide different functions in the same industry — most commonly, hospital systems or insurers buying doctors' practices or specialty pharmacies.

For instance, UnitedHealth Group, the world's largest health care company, now owns health insurance plans; physician practices and other providers; data and analytics services; payment processors; a pharmacy benefits manager; and pharmacies themselves. Jonathan Kanter, the competition czar in Biden's Justice Department, has likened the UnitedHealth amalgamation to Amazon.

Likewise, hospital systems and private companies — often private equity firms — are increasingly expanding their reach to different regions, gobbling up hospitals, medical practices, and surgery centers. This kind of consolidation, known as a cross-market merger, allows companies to accumulate huge collections of doctors — and significant market power — across the country in particular specialties, such as gastroenterology, ophthalmology, pediatrics, or obstetrics.

Research shows a change in ownership means a change in prices. While pediatrics and obstetrics have traditionally been poorly paid specialties, for instance, they represent a land of opportunity to investors because parents are willing to pay more when it comes to care for their kids.

It used to be relatively simple for regulators to discern when a hospital that merged with its nearby competitor gained monopoly power, rendering it anti-competitive and driving up prices. Health researchers say these new, more complicated types of deals, creating a more complex interplay between insurers and medical providers, have made that tipping point much harder to define.

In health care, even more traditional, vertical consolidation can be problematic, Richman said. “Economic theory says it could be innocuous, like a suit manufacturer opening a store, even though studies show in health care it’s dangerous — higher prices, poorer quality, less choice,” he said.

For example, patients who have Cigna health plans and need an array of more expensive, often injectable prescriptions must use Accredo, the specialty pharmacy the insurer bought in 2018, even though a different pharmacy may have a better price.

Economists have developed computer modeling to predict when patients will experience higher prices and less choice because of these new types of consolidation. But judges who could nix the transactions are so far “not convinced,” said Daniel Arnold, a health economist at Brown’s School of Public Health.

Experts such as Fuse Brown say new laws and enforcement tools are needed.

“The old laws,” she said, “are just not calibrated to the complexity and novel types of mergers.”

Elisabeth Rosenthal: erosenthal@kff.org, [@RosenthalHealth](https://twitter.com/RosenthalHealth)

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STATEMENT OF EXPLANATION

Resolution No.

RESOLUTION TO DISALLOW CLAIM OF CENTRAL MUTUAL INSURANCE COMPANY ON BEHALF OF TAMI ALLISON

1 Central Mutual Insurance Company filed a formal Notice of Claim against the County on
2 behalf of its insured, Tami Allison, pursuant to Wis. Stat. § 893.80. Ms. Allison is claiming
3 property damage to her 2013 Lexus RX 350. Ms. Allison claims that her vehicle was damaged by
4 wet paint from road striping on the roadway as she made a right turn off of westbound State
5 Highway 64. Ms. Allison claims she could see the paint trucks approximately one mile down the
6 road. Ms. Allison drove over the wet paint, causing paint to make contact with the tires and
7 body of the vehicle. The incident occurred on June 24, 2025, and the claim was received by the
8 Chippewa County Clerk's Office on July 31, 2025. The damage amount claimed is \$2,335.90, per
9 the estimate provided by Central Mutual Insurance Company on behalf of its insured, Ms.
10 Allison.

11
12 Upon review of the claim by the County's liability insurance company, Wisconsin
13 Municipal Mutual Insurance Company (WMMIC), it is WMMIC's recommendation that the
14 County formally disallow the claim. Passage of this resolution will formally disallow this claim
15 pursuant to Wis. Stat. § 59.52(12)(a) and Sec. 2-60(l)(3) of the Chippewa County Code of
16 Ordinances, which provide that the Executive Committee has the authority to settle claims that
17 do not exceed \$10,000.

18

Resolution No.

**RESOLUTION TO DISALLOW CLAIM OF CENTRAL MUTUAL INSURANCE COMPANY ON BEHALF
OF TAMI ALLISON**

WHEREAS, Central Mutual Insurance Company, on behalf of its insured, Tami Allison, filed Notice of Claim on July 31, 2025 with the Chippewa County Clerk's Office; and

WHEREAS, the Notice of Claim states that Central Mutual Insurance Company, on behalf of its insured, Tami Allison, is claiming property damage to Ms. Allison's 2013 Lexus RX 350 after it was damaged when wet paint from the roadway made contact with the tires and body of the vehicle while turning right off of westbound State Highway 64; and

WHEREAS, upon review of the claim with by the insurance company, Wisconsin Mutual Municipal Insurance Company (WMMIC), it is WMMIC's recommendation that the claim be disallowed;

NOW, THEREFORE BE IT RESOLVED, that the Chippewa County Executive Committee does hereby disallow the claim of Central Mutual Insurance Company, on behalf of its insured, Tami Allison, 606 S. East Street, New Auburn, WI 54757, and that no action on this claim may be brought against Chippewa County or any of its offices, officials, agents or employees after six (6) months from the date of service of this notice, pursuant to Wis. Stat. § 893.80; and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the claimant by certified mail, return receipt requested, as Notice of Disallowance.

Approved this 18th day of November, 2025 by the Chippewa County Executive Committee.

FINANCIAL IMPACT:

There is no fiscal impact to Chippewa County by passage of this resolution.

11/18/2025 Executive Committee

Approved as to Form:

Todd A. Pauls

Todd A. Pauls, Corporation Counsel

10/22/2025

Leah Simington

Leah Simington, Finance Director

10/22/2025

Andy J. Albarado

Andy J. Albarado, County Administrator

10/22/2025



Deborah Blevins
711 N Bridge Street
Chippewa Falls, Wisconsin 54729

November 11, 2025

RE: Claimant: Central Insurance
 Our Claim No.: GLCC00004262
 Our Insured: Chippewa County
 Date of Loss: 6/24/2025

Dear Deborah Blevins,

We received the above-referenced claim on October 20, 2025. The claimant reported that they were driving on Highway 64 through an active construction/painting work zone and as a result, the claimant had wet paint on their vehicle. After thorough investigation, it was confirmed that Chippewa County was not the active work crew in the area on the date of loss. Furthermore, the claimant driver was aware of the properly marked area and made the decision to drive through the area. For these reasons, Chippewa County is not liable for this incident. Please issue formal disallowance and provide a copy of this disallowance to WMMIC.

This claim will be closed on the date of receipt of the disallowance.

A copy of this letter has been placed in the claim file for reference. If you should have any further questions, please contact me.

Sincerely,

Samantha McWilliams, CPC-A
Liability Claim Representative
Wisconsin Municipal Mutual Insurance Company
(608) 721-7189
smcwilliams@wmmic.com



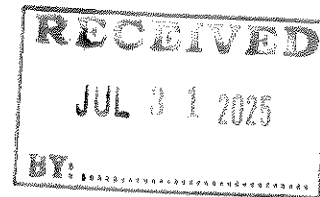
CENTRAL
INSURANCE

EXCELLENCE IS OUR POLICY.

P.O. Box 353
Van Wert, OH 45891-9938
Ph: 419.238.1010
central-insurance.com

July 22, 2025

Jaclyn Sadler, Chippewa County Clerk
Chippewa County Courthouse
711 N. Bridge Street, Room 109
Chippewa Falls, WI 54729



RE: INSURED: TAMI ALLISON
CLAIM#: 1000545625
POLICY#: 3707458
DATE OF LOSS: 06/24/25

Dear Chippewa County Courthouse:

Please find our subrogation claim for \$2,335.90 that we paid for our insured, Tami Allison. Please issue payment to Central Mutual Insurance Company, P.O. Box 353, Van Wert, OH 45891. Please reference our Claim#1000545625. Once we receive full payment, we will issue the \$500 deductible check to our insured.

Thank you.

Sincerely,

Julie Teman, AIC, AIS, AINS, CSRP
Subrogation Specialist
Central Mutual Insurance Company
PHONE: (800)786-9173
FAX: (800)736-7026
E-MAIL: JTeman@central-insurance.com
ADDR: Po Box 353
ADDR: Van Wert OH 45891-9938

NOTICE OF CLAIM AGAINST CHIPPEWA COUNTY

Name: Tami Allison
Address: 606 S. East St., New Auburn, WI 54757
Date of Accident/Loss: 6/24/25 Time of Day: 8:00 (a.m.)/p.m.
County Department Involved: Chippewa County Vehicle #: _____
Photos taken: X Yes ___ No Weather Conditions: _____
Police called: ___ Yes X No Date: 6/24/25
Agency: Chippewa County
Case No.: _____

Type of Claim: X Vehicle ___ Property ___ Personal Injury

Dollar Amount of Damages Claimed: \$ 2,335.90

Briefly state the facts of the accident/loss (include additional pages, if necessary, along with any supporting documentation/information/photos; **do not staple**):

Tami Allison was on Hwy 64 westbound near Boomer, WI and she slowed to make a right turn and realized the paint was wet. She realized the paint trucks were about a mile ahead of her. There were no signs to warn of wet paint. The paint got on the tires and came onto the vehicle. Central Mutual Insurance Company paid for the damages of \$1,835.90 and Tami Allison had a \$500.00 deductible, so the total claim is for \$2,335.90. Reimbursement should be made to Central Mutual Insurance Company, Attn: Julie Teman PO. Box 353, Van Wert, OH 45891. Reference claim # 1000545625.

Signature: Julie Teman Date: 7/22/25

Submit Claim to: Jaclyn Sadler, Chippewa County Clerk
Chippewa County Courthouse
711 N. Bridge Street, Room 109
Chippewa Falls, WI 54729



Claim: 1000545625

Desk Review Service

Central Insurance

Central Regional Office

Audit Timeline

CREATED 7/10/2025 - 2:35 PM	RECEIVED	ASSIGNED 7/10 - 2:38 PM	AUDIT STARTED 7/11/2025	SHOP CONTACTED	AUDIT COMPLETE 7/14/2025 - 2:54 PM

Audit Results

Original: \$2,470.41

Variance: - \$134.51

QCS Audit: \$2,335.90

Comments:

I HAVE CONTACTED THE REPAIR FACILITY AND HAVE REACHED AN AGREED PRICE OF REPAIRS. VARIANCE AS I NEGOTIATED THE LABOR RATES TO \$78 FROM \$82, SHOP AGREED HOWEVER SHOP IS LOOKING FOR A RAISE GOING FORWARD TO \$82 TO MATCH THE AREA. I ADVISED THE SHOP I WOULD ADVISE ADJUSTER/CARRIER I FOUND NO ALTERNATIVE PARTS

Adjuster

Kevin Price
(866) 917-5441
kprice@central-insurance.com

Owner/Insured

Owner: TAMI ALLISON
Insured: TAMI ALLISON
Policy: UNK
Deductible:

Repair Facility

TOYCEN FORD AUTO BODY
(715) 568-2830
1000 Chippewa Crossing Blvd, PO Box 27,
Lake Hallie, WI 54729
garretz@toycenford.com
Fed Tax Id: 39-1080265

Auditor

Glendon Sutton
(877) 237-3727 x109
glendon.sutton@qcsdirect.com

Vehicle

2013 LEXUS RX 350
VIN: 2T2BK1BA3DC173453
Damage: Right T-Bone

Audit Info

Contact Shop: Yes
Agreed Price: Yes
Agreed With: MARK BY PHONE
Days to Repair: 1

<u>Part/Operation</u>	<u>Demand Price</u>	<u>Audit Price</u>	<u>Variance</u>
Body/Misc Labor	\$418.20	\$257.40	\$160.80
Refinish Labor	\$0.00	\$0.00	\$0.00
Materials	\$0.00	\$0.00	\$0.00
Parts Pricing	\$1,923.42	\$1,956.72	(\$33.30)
LKQ	\$0.00	\$0.00	\$0.00
Aftermarket	\$0.00	\$0.00	\$0.00
Recondition	\$0.00	\$0.00	\$0.00
Depreciation	\$0.00	\$0.00	\$0.00
Misc	\$0.00	\$0.00	\$0.00
Tax	\$128.79	\$121.78	\$7.01
Total	\$2,470.41	\$2,335.90	\$134.51

QUALITY CLAIMS SOLUTIONS

105 N Krohn Place
 SIOUX FALLS, SD 57103
 Phone: (877) 237-3727, FAX:(605) 800-8591
 qcs@qcsdirect.com

Workfile ID:

9a4262ff

For:

CENTRAL INSURANCE COMPANY

Central

Estimate of Record**Owner: ALLISON, TAMI****Job Number:**

Written By: Glendon Sutton

Insured: ALLISON, TAMI
 Type of Loss: Collision
 Point of Impact: 03 Right T-Bone (Right Side)

Policy #: UNK
 Date of Loss: 7/11/2025 12:00 PM

Claim #: 1000545625
 Days to Repair: 0

Owner:
 ALLISON, TAMI
 BLOOMER, WI 54724

Inspection Location:
 TOYCEN FORD AUTO BODY
 1000 Chippewa Crossing Blvd
 Lake Hallie, WI 54729
 Other
 (715) 568-2830 Evening

Repair Facility:**VEHICLE**

2013 LEXU RX 350 AWD 4D UTV 6-3.5L Gasoline Electronic Fuel Injection

VIN: 2T2BK1BA3DC173453

Production Date:

Interior Color:

License:

Odometer: 0

Exterior Color:

State:

Condition:

TRANSMISSION

Automatic Transmission
 4 Wheel Drive

POWER

Power Steering
 Power Brakes
 Power Windows
 Power Locks
 Power Mirrors
 Heated Mirrors
 Power Driver Seat
 Power Passenger Seat

DECOR

Dual Mirrors
 Privacy Glass

CONVENIENCE

Air Conditioning
 Intermittent Wipers
 Tilt Wheel
 Cruise Control
 Rear Defogger
 Keyless Entry
 Alarm
 Message Center
 Steering Wheel Touch Controls
 Rear Window Wiper
 Telescopic Wheel
 Climate Control
 Home Link

RADIO

Stereo

Search/Seek
 Auxiliary Audio Connection
 Satellite Radio
 CD Changer/Stacker

SAFETY

Drivers Side Air Bag
 Passenger Air Bag
 Anti-Lock Brakes (4)
 4 Wheel Disc Brakes
 Traction Control
 Stability Control
 Front Side Impact Air Bags
 Head/Curtain Air Bags
 Rear Side Impact Air Bags

Positraction

SEATS

Cloth Seats
 Bucket Seats
 Reclining/Lounge Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
 Rear Spoiler
 Signal Integrated Mirrors

TRUCK

Power Trunk/Liftgate

Estimate of Record

Owner: ALLISON, TAMI

Job Number:

2013 LEXU RX 350 AWD 4D UTV 6-3.5L Gasoline Electronic Fuel Injection

Console/Storage	AM Radio	Communications System
Wood Interior Trim	FM Radio	Hands Free Device

Estimate of Record**Owner: ALLISON, TAMI****Job Number:**

2013 LEXU RX 350 AWD 4D UTV 6-3.5L Gasoline Electronic Fuel Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FENDER					
2	Repl	RT Fender liner fastener	5388848010	1	3.96		
3	Repl	RT Fender liner retainer	5216102020	1	3.56		
4	Repl	RT Fender liner w/o Sport bumper	538050E060	1	239.67	0.5	
5		PILLARS, ROCKER & FLOOR					
6	Repl	RT Rocker molding	758500E020	1	568.68	0.8	
7		FRONT DOOR					
8	Repl	RT Lower molding	750710E010	1	323.17	0.3	
9	Repl	RT Lower door trim	757350E010	1	182.46	0.3	
10		REAR DOOR					
11	Repl	RT Lower molding	750750E010	1	226.70	0.3	
12	Repl	RT Lower door trim	757450E010	1	117.75	0.3	
13		QUARTER PANEL					
14	Repl	RT Wheelhouse liner	656370E010	1	156.17	0.3	
15	Repl	RT Wheelhouse liner retainer clip	9046706121	1	6.55		
16	Repl	RT Seal strip	758730E010	1	53.05	0.3	
17	#	PAINT CLEAN UP		1	75.00	0.2	
SUBTOTALS					1,956.72	3.3	0.0

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,956.72
Body Labor	3.3 hrs @	\$ 78.00 /hr	257.40
Subtotal			2,214.12
Sales Tax	\$ 2,214.12 @	5.5000 %	121.78
Total Cost of Repairs			2,335.90
Deductible			0.00
Total Adjustments			0.00
Net Cost of Repairs			2,335.90

THIS IS NOT AN AUTHORIZATION TO BEGIN REPAIRS.

SUPPLEMENTS - Please be advised that the INSURANCE COMPANY requires notice of any supplements prior to the work being performed. Failure to notify INSURANCE COMPANY and allow INSURANCE COMPANY to review the supplemental charges may result in non-payment of the supplemental items.

ESTIMATE AUDIT - THIS DOCUMENT IS NOT AN APPRAISAL. INQUIRIES SHOULD BE DIRECTED TO THE INSURANCE COMPANY LISTED AT THE TOP OF THIS DOCUMENT.

REPAIR SHOPS CAN CONTACT QCS AUDITOR FOR ANY REPAIR RELATED INQUIRIES AT 1-877-237-3727.

Estimate of Record

Owner: ALLISON, TAMI**Job Number:**

2013 LEXU RX 350 AWD 4D UTV 6-3.5L Gasoline Electronic Fuel Injection

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATPC 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARB8914, CCC Data Date 07/10/2025, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) Indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category.
X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category.
M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blend=Blend. BOR=Boron steel.
CAPA=Certified Automotive Parts Association. CFC=Carbon Fiber.
D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part.
O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. STS=Stainless Steel. Subl=Sublet.
UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

Estimate of Record

Owner: ALLISON, TAMI

Job Number:

2013 LEXU RX 350 AWD 4D UTV 6-3.5L Gasoline Electronic Fuel Injection

CCC ONE Estimating - A product of CCC Intelligent Solutions Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

1:17:07 PM EDT

TAMI ALLISON (Primary Contact)

Hello. I had Toycen Auto Body in Bloomer take it to see if anything could be removed. It can't. I'll send the estimate once I have it. Thanks - Tami

3:13:53 PM EDT

Kevin P. | Central Insurance

Thank you!

Participant List

TAMI ALLISON (Primary Contact)

Kevin Price (Primary Operator)











