Aspirus Lake View Silver Bay Clinic Changes in Services Public Hearing Transcript

JULY 28, 2026

Meeting Information

The Minnesota Department of Health (MDH) held a public hearing at 6 p.m. July 28, covering changes in services provided at Aspirus Lake View Silver Bay Clinic.

According to the filed submission, the Aspirus Lake View Silver Bay Clinic will close on Dec. 31 and relocate clinic visits, labs and radiology relocated to the Lake View Two Harbors Clinic.

More information can be found on the Aspirus Lake View Silver Bay Clinic web page (https://www.health.state.mn.us/about/org/hrd/hearing/aspirus.html) of the MDH website.

Meeting Transcript

>> Rick Michals (moderator): Good evening, everyone. Welcome to the public meeting to hear about changes in services provided at Aspirus Lake View Silver Bay Clinic. According to the filed submission, Aspirus Lake View Silver Bay Clinic will close on December 31, 2026, and relocate clinic visits, labs, and radiology to Lake View Clinic Two Harbors, Minnesota.

My name is Rick Michals. I am the Regional Operations Executive Manager with the Minnesota Department of Health's Health Regulation Division and I'm serving as the moderator for the meeting. This evening's hearing, which includes both an in person and virtual option, is hosted by MDH's Health Regulation Division. We are in the conference room at Lake View Two Harbors Clinic, located at 325 11th Avenue in Two Harbors, Minnesota.

For this hearing, participants online will be muted until the public comment portion of the meeting. At that time, both in person and online participants will be selected and allowed to speak. If you wish not to speak, you can ask your question in the chat box and a Minnesota Department of Health staff person will ask the question on your behalf. The chat feature is used to provide information for the session and to ask questions during the meeting comment period. To open the chat box, click on the icon that looks like a cartoon speech bubble with two lines in it. If you're using Microsoft Teams in a browser window, the icons are at the bottom of the screen. If you're using the Teams app, the chat icon is in the top right corner of your screen.

Captions are being provided for this event. You can view captions in Teams by clicking the More (…) button in the Teams window, then choose "Turn on Live Captions". You can also view the captions online at the address now being posted in the chat. You can find more information about today's hearing on the MDH website also being posted in the chat. If you have any technical issues, please visit the Microsoft support page for Teams or email the HRD Communications team. The HRD Communications team can put that email address in the chat as well.

Now we need to go to Slide four. There we go. The Minnesota Department of Health I will sometimes refer to it as MDH is hosting this public meeting, which is required by state law. The intention of this public meeting is to provide an opportunity for the public to express their opinions, share comments, and ask questions about Aspirus Health's decision to close the Lake View Silver Bay Clinic on December 31, 2026, and relocate clinic visits, labs and radiology to Lake View Clinic Two Harbors. The Minnesota Department of Health announced this meeting through a statewide news release and notified the community leaders of the meeting.

The following is your Tennessen Warning: The Minnesota Department of Health is hosting this public hearing to inform the public as required by law. Your comments, questions, and image, which may be private data, may be visible during this event. You are not required to provide this data, and there are no consequences for declining to do so. The virtual

presentation may be accessible to anyone who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH. MDH will be posting a transcript of this meeting to the MDH website within approximately 10 business days of the meeting. With this in mind, to opt out of the presentation, please exit now.

Today's agenda will include introductions, welcome from MDH's Health Relegation Assistant Division Director, overview, Aspirus Lake View Silver Bay presentation, public comments and questions, Aspirus Lake View Silver Bay closing remarks, and conclusion from MDH. The following are today's speakers. We have Lindsey Krueger, the Health Regulation Assistant Division Director from the Minnesota Department of Health and Greg Ruberg, President of Aspirus Lake View hospital. Now I would like to welcome Lindsey Krueger from the Minnesota department of Health.

>> Lindsey Krueger (MDH): Thank you, Rick. Welcome to all. We appreciate the time you are taking to learn more about the changes at Aspirus Lake View Silver Bay Clinic. It is my pleasure to be here tonight. This public hearing is being held under the law that offers the community an opportunity to learn more about the hospital's plan and for the community to share its comments and questions with the hospital.

In June 2021, the Minnesota Legislature passed legislation requiring a public notice and a public hearing before closure of a hospital or hospital campus, relocation of services or cessation in offering certain services. It is an opportunity for the public to engage with hospital leadership and to hear the reasons why hospital leadership made the decision to close, change or relocate services. It also gives the community an opportunity to learn from their health care providers about how the community can continue to access health care services after the closure, change, or relocation occurs.

MDH's Health Regulation Division received notice on July 2, of changes at Aspirus Lake View Silver Bay Clinic. According to the filed submission, Aspirus Lake View Silver Bay will close on December 31 and relocate clinic visits, labs, and radiology to Lake View Clinic Two Harbors. The Health Regulation Division is tasked with implementing the statute. We are providing a forum for hospital representatives to share information about the changes in services and for the public to engage with the hospital by asking questions and providing comments about the changes. The statute gives MDH the authority to host the meeting to ensure the public has an opportunity to hear about the hospital's decision and to have their feedback heard. MDH does not have the authority to change, delay, or prevent the proposed changes, closures, or relocations. This meeting provides an opportunity for us, as your state health department, to offer a forum for transparency, listening, and understanding of the differing opinions and perspectives surrounding such important decisions as this one that will affect health care services in your community. We will limit discussion tonight to the specific topics identified. I welcome you to share your perspectives, comments and questions with Aspirus Health leadership. I look forward to listening to tonight's discussion. All right. Next slide.

First, we will hear from Aspirus Lake View Silver Bay Clinic leaders who will provide information about the following: What services will be ending, an explanation of the reasons for the services ending. A description of the actions that Aspirus Lake View Silver Bay Clinic will take to ensure that residents in the hospital's service area have continued access to the health services being modified. Please welcome Aspirus Lake View Silver Bay Clinic representative Greg Ruberg, President Aspirus Lake View Hospital.

>> Greg Ruberg (Aspirus Health): Thank you, Lindsey. Good evening, everybody. My name is Greg Ruberg, president of Aspirus Lake View Hospital. I'm going to walk through my presentation tonight, and then I'll have a lot of time for questions and comments afterward. Next slide please.

This is my contact information should you have questions or concerns after, feel free to reach out. Next slide please.

I want to share some of our rationale for this decision to close the Silver Bay. Most of you probably know from watching the news or reading the newspaper, health care is changing drastically this year and in the previous coup of years. This has happened both across the state of Minnesota and across the country. We recognize changes like this are very, very difficult for our local communities, and very difficult for us as hospital leadership to make decisions like this.

The second issue is clinician shortages are becoming more and more of an issue across the country. We're seeing shortages of primary care physicians, other providers, and staff impacting sometimes rural areas more than the urban areas. It's one of our biggest pressing challenges impacting the delivery of health care across the country. We know this impacts access and continuity of care for the Silver Bay and surrounding communities, and we take that very seriously. Again, we're working very hard to support patients and families during this difficult time. As we navigate these realities, we're committed to making thoughtful decisions and working with the community to ensure access to care. And I'll share some more examples of that when we get to the questions and comments section.

This transition is intended to focus our resources where they can have the greatest impact for Lake County. We're ensuring that we can meet the future and current needs across Lake County and beyond within our system. And Aspirus is committed to resolving responsibly and showing compassion, guided by our mission to heal people, promote health and strengthen communities. Next slide please.

I'll walk through some details about the decision and how this will impact Silver Bay, and what we're doing to try to mitigate some of that. Again, after careful thought and consideration, we made the decision to consolidate our Silver Bay clinic into our Two Harbors clinic here at Lake View. The challenge we were facing is we were down to about 20 patients per week being served in that clinic, and we just cannot sustain that operation at that volume. It becomes very difficult to ensure a provider is available, support staff, and other staff necessary to run a clinic.

Limited staff availability is impacting our current operations even now during the transition period from now up until December 31. Two of our four staff are on paid leave, and again, well-deserved leave for good reasons, but again, we just simply don't have the bench strength to back that up and pull from here to try to support that Silver Bay operation. We also have a physician who has worked for Lake View over 30 years and has continued working in the Silver Bay community to support our veterans and the clinic and has continued to stay on one year at a time longer and longer to serve the community and the veterans and the patients he loves to serve. He has a well-deserved upcoming retirement deserved this fall. Again, a position that we can't replace to backfill this service. So again, we will work very closely with patients and the community to ensure continuity of care and access to medical services in Lake County.

One example of that is I'm working with Lake County Public Health and Human Services on a transportation plan where we can get people with limited ability to come down to Two Harbors for services. We're looking at options where we can maybe potentially assist with that to coordinate visits here at the clinic to assist the community, so that is in discussions right now with our Lake County partners.

So, the impact on operations, so our primary care services including lab and radiology will be open on Wednesdays only from 8:00 to 4:30 p.m. from now through the end of the year. And again, that is because of physician shortages, provider shortages and staff to support that plan. In compliance with state regulations, the last day of the Silver Bay clinic for these services, primary care, lab, and radiology is December 31, 2026. Physical and occupational therapy services are still being offered in the clinic, and those will continue four days a week as they have been previously through the end of the year. What we're going to do at the end of the year is I'm working with school leadership to work on a plan to move those services back into the school like we did prior to moving them into the Silver Bay clinic about four or five years ago. We're committed to finding a solution to providing PT and OT in the community moving forward. Next slide please.

I just want to call out other areas that patients can receive services. So again, Lake View Hospital and Clinic here in Two Harbors, the building you are in. We also have the Essentia Health-Babbitt Clinic in Babbitt, which is actually the closest location. And then Aspirus St. Luke's clinic in Duluth. Those are options for primary care as well. And again, I'll be happy to answer any questions when we get to that point and provide more information. Thank you.

>> Rick Michals (moderator): Well, thank you to Aspirus Lake View Silver Bay Clinic for that important information. Now, we will begin the public comment portion of the meeting. This is your turn to participate by asking questions, providing comments, or sharing your perspectives. Each person will have time, up to three minutes, or a reasonable amount of

time depending on how many people want to speak to ask a question or share their comment. I will give a “time” signal when you need to start wrapping up your comments and I’ll just keep time over here on my phone. I’ll also simply interrupt you verbally if you miss my cue. Again, try to keep comments to 3 minutes. We want to make sure everybody has a chance to comment that would like to. Again, please remember that the information you are sharing is being shared virtually for a public forum. This means that any information you share is public so please keep this in mind before sharing private medical information.

Aspirus Health will have an opportunity to respond to the questions and/or comments. Online participants will be muted until it is their turn to share their comment or ask a question. For those of you who joined us in person, please raise your hand and wait until it is your turn to ask your question or provide a comment. Online participants, there are two ways to ask a question or provide a comment: The first is to raise your virtual hand and you will be unmuted when it is your turn to ask your question or provide a comment. In both the mobile app and the browser version of Teams, click the More (…) button to show the “Raise Hand” option. In the mobile app, the icon is a little yellow hand; in the browser version the Raise Hand option is the 5th item from the top of the list. If you are calling in through a phone, press *5 to raise your hand and, once it’s your turn, press *6 to unmute yourself. The second is to type your question in the chat box and press “Enter” or “Send” so that MDH staff can see it to read on your behalf. To open the chat box, click on the icon that looks like a cartoon speech bubble with two lines in it. If you’re using Teams in a browser window, the icons are at the bottom of the screen. If you’re using the Teams app, the chat icon is in the top right corner of your screen. We will select participants as hands are raised, read questions and comments received during the public comment period, as well as questions and comments in tonight’s chat.

Please remember to share your name and the city where you live before asking your question or sharing your comment. Please be respectful. Everyone participating in this session tonight has an important perspective to share. Community members care that they will receive the services they need when they are most vulnerable, health care staff care about their patients, and hospital administrators care that their communities are well-served with the resources available. I ask that you help me make sure you can all both be heard and treated with mutual respect. With this in mind, abusive comments, comments meant to discredit or malign someone, and vulgar language won’t be tolerated in chat or during verbal comments. People who use language that is threatening, make false accusations meant to damage reputations, or use offensive or inappropriate language that creates an intimidating environment will be muted, and the next person in line will be given the opportunity to provide comments. Aspirus Health will have an opportunity to respond to the questions and/or comments. Our time together can be adjusted to accommodate participants who have their hands raised and have not had a chance to ask their question or comment. With that, we will start the comment or question period. Yes, thank you.

>> Wade LeBlanc (Silver Bay): Thank you. My name is Wade, longtime resident of Silver Bay, longtime board member of Aspirus St. Lukes and current mayor. I have got a couple of things to clarify first. Lake View and Greg did not set this time and place of this meeting. I believe MDH did, so by having it here and not Silver Bay, please do not disparage them because of that. I know everybody is upset, but let's hear everybody out. And within this group, we can try to figure out ways to improve our health care in Silver Bay. I want more, and I also serve on the East Lake County Clinic District. Both boards have worked extremely hard to provide health care in our region and our community. We all have a part to play in this. The state regulatory system has a part to play in this. Between the new leave called “eat, earn, safe, and sick time”, paid family leave, some reports and maybe Representative Skraba is here, he can comment later, but some reports put 20% of our workforce in health care on leave right now. I don’t, I believe that's true, but maybe somebody can help with that. But 20% is a big chunk, a very big chunk, which when Greg was alluding to that, how do you replace people when they already have 20% gone?

But that is another question. Some of the employers in Lake County choose to opt to not utilize health care facilities in our county. Well, eventually that catches up with us as well. Some of our community does the same thing, utilize other health care facilities, which is okay, that's your choice. But sometimes when we get to where we're at, how do we solve

the problem? So, as merit, it is our obligation to exhaust all options to provide health care in some way, shape, or form. And we have been in contact with others, and like I said, I'm on this board, but it is my obligation to make sure we exhaust all options. That being said, we all need to do our part for the whole county and ourselves to try and provide and sustain excellent health care, but how we get there is not only up to people in the front of the room, but us as well. So, it's a difficult situation for everybody.

>> Rick Michals (moderator): Thanks. Thank you for your comment.

>> Greg Ruberg (Aspirus Health): Couple of things. I want to comment about the location of the meeting. I think that's important. We work with our MDH partners on the location. This is in statute. And by statute, this public hearing should have been held in Duluth. So, we advocated to have it in Lake County, which is closer to Silver Bay, and we did get approval to have it. So, I wanted to make that clear to everybody.

And I also want to comment on Wade's comments about other providers. So, we are cooperating with other providers that have inquired about services in the community to ensure if somebody can provide the service, we will help to support that in any way we can by sharing information, working with them, working with the mayor and the board, and I know we have a couple of East Lake Clinic District Board Members in here who have been amazing partners over the last five years that I have been working with them to ensure our service community. Thank you to that board as well. Very much appreciated. Other comments?

>> Marcia Oats (Silver Bay): Yes, but I'm following up on this. Marcia Oats, Silver Bay resident. I want to comment about the location, and I have a copy of the statute. My understanding was it said 10 miles from --it says public hearing must be held at a location within 10 miles of the hospital or hospital campus. And so that was my understanding from reading the statute. So, my comments reflect that. I just want to read these. I know obviously isn't going to make any difference now for us, but it's something for, I hope, the MDH to think about when you're dealing with other rural communities because our aging rural community isn't different than a lot of others. I would like to express my displeasure with the location chosen for this hearing. I took the time to read the entirety of the statute that states the public hearing must be held at a location that is within 10 miles of the hospital or hospital campus. While this venue may satisfy the letter of the law, it fails to uphold its spirit. The intent of this requirement is clearly to make the hearing accessible to the people most directly affected by the closure. While I may find the clinic closure inconvenient, for many members of our community, it will create a significant hardship. Many of our older residents do not feel safe driving 30 miles on the highway, so holding this hearing at such a distance from the affected population places an unnecessary barrier in front of those whose voices deserve to be heard, especially when suitable meeting places are available within the city limits of Silver Bay.

The virtual option is not an adequate substitute. Many of our elderly residents either do not have reliable internet access or lack the technical knowledge necessary to participate effectively in an online hearing. They should not be excluded from this process because of technology. The hospital system has already publicly announced its decision to close the clinic, so it is clear this hearing will not determine the outcome, but that makes it all the more important that the process itself be conducted with transparency, respect, and compassion. Instead, the choice of location gives the impression that public participation is being treated as a legal obligation to satisfy rather than an opportunity to genuinely hear from the people whose lives will be affected. Our community deserves better.

>> Rick Michals (moderator): Thank you for the comments.

>> Greg Ruberg (Aspirus Health): I understand what you're saying. You're saying it could have been in Duluth. Just my understanding, misunderstanding apparently of the statute. It's just it's a difficult situation for everybody. And maybe it's something that needs to be revisited before this process continues. The word "clinic" should be on there, too. Not just hospital.-

>> Marcia Oats (Silver Bay): Get the statute changed.

>> Greg Ruberg (Aspirus Health): One comment I would make, our team also worked with our partners in Silver Bay, both the city and some nonprofit organizations to try and establish a community meeting place where they would take care of the technology where people could show up there and participate. I appreciate it's not in person. I appreciate your concerns. We tried to make sure we did everything we could to allow access to this process.

>> Marcia Oats (Silver Bay): As I said, this just is something to note for the future.

>> Lindsey Kruger (MDH): I will add a comment from MDH that I just want to let you know that your concerns are heard in regard to the language of this statute. It is something that is passed through the legislature, but something that we can possibly pose for addressing a change.

>> Marcia Oats (Silver Bay): Thank you.

>> Rick Michals (moderator): Thank you. Other comments? Yes?

>> Lavonne Reeder (Silver Bay): I'd like to know, I heard --

>> Rick Michals (moderator): Please state your name.

>> Lavonne Reeder (Silver Bay): I'm sorry. Lavonne Reeder, Silver Bay, Minnesota. We hear Silver Bay is closing the clinic, and then there is a brand new one on the same day, within a day. How can you justify closing ours and when it's only 20 miles to Duluth, they get a brand-new clinic? I think the reason Silver Bay's people, myself included, couldn't be counted in the number of visitors to the clinic is because we had a doctor one day a week. And part of that time he had to go to the vet's home. How can you make more appointments? You ended up getting shoved over here. So, I grew up here. Well, now it's not going to take that much more for me to drive to Duluth to a different facility.

>> Greg Ruberg (Aspirus Health): I'll comment on the coverage model that we had in place. In the clinic operating Monday through Friday, we had a nurse practitioner working full days, so 8:004:30. And then you're correct, Dr. Howard Joseph would go to the veterans' home and see veterans for half a day and then go to the clinic for another half day. Prior to that we had another physician going to Silver Bay to see patients but then she was out on medical leave. So, we did our very best to backfill that and at the same time we were trying to meet the needs of patients here in our clinic, our hospital, the skilled nursing facility, and again, trying to balance Silver Bay in the veterans' home. So, I hear your concerns. Again, we're always trying to allocate resources to where we can have the biggest impact on patients in our county. It is difficult.

>> Lavonne Reeder (Silver Bay): Well, Cloquet is not in our county.

>> Greg Ruberg (Aspirus Health): Correct, yes. So, what I'm speaking about is in Lake County with Lake View with our hospital between here and Silver Bay. I have heard the same concerns about Cloquet and that is a whole separate decision-making process for that clinic that affects our system then.

>> Rick Michals (moderator): Please state your name.

>> [inaudible name]: Do you feel that the services that have been provided by Aspirus, and I have concerns, are the same as what was in the past as far as the thoroughness of it? What has happened? And I meant to come up to your office and see you about this. I have been the last three years for my medical exams. Each time I've been referred to another doctor in Duluth for nothing. I get there, and "Why are you here?". I ask to see my CAT scan, and they said it wasn't available. I'm sorry, I'm smarter than that. I know it's available and I got down to Duluth and they said, "I don't understand why you were sent here". That happened three times. I called in. This is getting ridiculous. I don't know which doctor referred these. Well, I do. And they were worthless referrals. And so, I'm thinking Aspirus is just trying to get more money, and it didn't just happen to me. It happened to a friend of mine. The same thing in Silver Bay, too. She had to drive herself.

>> Greg Ruberg (Aspirus Health): What I would say is please feel free to stop in my office any time. Anybody in this room if you have a concern, an issue, you can call me, you can email, you can stop at my office, and I will look into that for you. The team will look into that, so if you want to come privately at share that example, I will certainly look at that.

>> [inaudible name]: Yeah, and ever since Aspirus took over, never had a problem when St. Luke's was running it.

>> Greg Ruberg (Aspirus Health): As I would say, as I mentioned earlier, lots of pressure on health care right now across the state and the country. All health systems, hospitals, and health systems are going through a lot of changes, and many are trying to stay open. Hospitals are trying to stay open. Systems are trying to stay viable. There are a lot of changes that we are navigating. Every day we are trying to make steps to fix any issues that we have with integration. We are following up on every single one of those and I invite people to bring them to me and our team of people will look at it. I need specifics to do that. Happy to do it for you.

>> Morris Banks (Silver Bay): I'm going to speak to you privately after this meeting about my physician. Because I learned, I just learned recently that my physician is going to be leaving Aspirus. And I just needed; I'm going to talk to you about that because I need to understand a little bit more about --you talked about labor issues. Here is a physician leaving. And if people are leaving, are there other people leaving or are there other people being asked to leave? Those are the kind of issues I'm concerned about. And the handling of your personnel.

>> Greg Ruberg (Aspirus Health): I'll comment. We are not asking anybody to leave. We value our entire health care team of physicians, practice clinicians, leaders and staff. And our goal is to keep people working and serving patients. We're not asking people to leave, but I'm happy to talk with you about a physician situation.

>> Joyce Scott (Finland): Joyce Scott in Finland. And for some of us already, where Silver Bay is already a solid half hour because we live in the bush, it's very sad. I think I can speak for our community that live out there. But we are dedicated to it, and I just want to ask, is the staff going to leave Silver Bay and move here? Because we'd like to stay with our staff. The staff is amazing.

>> Greg Ruberg (Aspirus Health): I agree that our staff are amazing. Some of them are in the room. We have a wonderful team. They've been very, very dedicated and wonderful employees, wonderful people, so thank you for all your work. Every employee that worked in the Silver Bay Clinic has been offered a position within the Minnesota Regional Health System. We hope they stay with us. We hope that they will come join our team here but knowing that they may not choose to, we made sure that everybody was offered a position as close to the position they had to begin with.

>> Susan Butler (Lake County): Susan Butler. I live out in the unorganized territories, out on County Road 7, and this is going to be tough. There's a lot of people out there. It is an aging population, and to me we should actually be ramping up that clinic because it's needed. I was worried because I was talking to Andy Gomez, who said to use his name from Finland Resue. You know, there are the Wolf Ridge kids and there are a lot of people who do need that clinic to be there. I am also concerned if all this from Silver Bay, Finland, Isabella, all that are going to Two Harbors, are we going to have to wait weeks for appointments? Do you have a way of handling that? Is there going to be some kind of service? Because there are a lot of older people and that's a hell of a drive.

>> Greg Ruberg (Aspirus Health): We are working on plans to meet that patient demand with our current provider staffing and clinic staffing. We've also, we've met with the ambulance service in Lake County to make sure that we're coordinating with them should there be increased ambulance trips from Silver Bay for people that maybe don't seek care early enough, those kinds of things. We're committed here to building that model that will support all the Lake County challenges. It's going to be challenging.

I'll just be honest. When you look at workforce across the state of Minnesota, hospitals have openings in probably every department, providers, support staff, nurses, lab, all of it. I do a lot of work at the state level, talking to hospital leaders pretty much every other day about programs. They've got programs on hold or pause. There are some hospitals that are going to shut services down. Some hospitals at risk of the entire hospital closing, so what I would go back to, I know how

difficult it is for Silver Bay. I was, I'm a clinician by background. I worked in Silver Bay as a PT. I was in the clinic serving your community. So, I get how important that was. That's why I'm committed to keeping that service there. But if we don't make hard decisions, we may not have a hospital here. We may not have a health system in the Minnesota region.

So, I think in Representative Skraba, we talk all the time in St. Paul and Senator Hauschild and Representative Zeleznikar about the Minnesota health care system is broken. The financing mechanism is broken. It is not working any longer, and there are systems teetering on the edge of collapse. We're trying to make really good, solid decision so that we're here in the future. Again, I recognize that in the short term and the long term, there is pain in these decisions. I completely appreciate that, but again, we want to make sure we're here for generations to come as a viable health care organization, and there will be regions and areas across the state that will not have health care period. That is going to happen. We don't want that to happen here. I spend a lot of time in St. Paul with our elected officials who have been always willing to listen and partner with us. I spend time in Washington, D.C. trying to address the national issue of health care. It is no different in the neighboring states. Again, it's unfortunate, but we're trying to make sure there is a hospital and clinic in Lake County to serve. Not the perfect answer, but we're doing the best we can until we can fix the health care system.

>> Shelley Burns (Silver Bay): I'm Shelley Burns, Silver Bay. I'm a little confused. The paper says you are closing on December 20, and all I've heard is December 31, so is there going to be coverage every Wednesday until Wednesday 31 or is it December 20?

>> Greg Ruberg (Aspirus Health): I will clarify that date. When the letter was sent in, the letter was dated June 22. It was received and processed by MDH on July 2. And there is 182-day notice required by the legislature. And that pushed it out to December 31. Because when the state received it, you want to adhere to the law of 182 days. And so, we adjusted it to 12/31. So, it is 12/31, yes.

>> Shelley Burns (Silver Bay): Okay, thank you.

>> Lavonne Reeder (Silver Bay): Lavonne Reeder again, Silver Bay. Why is this meeting held now, rather than before the decisions were already made? I mean, this is a moot point at this point.

>> Greg Ruberg (Aspirus Health): I can't speak to that. That is part of the legislature. We have a representative here. We have MDH. We are required to give notice, and then within 30 days we are required to have a public hearing at the hospital of ownership, in which it is and so we are following that statute, but I can't comment on why the legislation was passed the way it was and the wording.

>> Lavonne Reeder (Silver Bay): Backwards.

>> Rick Michals (moderator): Question?

>> Roger Skraba (MN House of Representatives): I have some comments, too, but I'm Representative Roger Skraba. I represent you guys of Silver Bay, and I guess east of here and north of here. So, to ask why the statute written the way it was? I don't know. But the intent generally legislature doesn't want to just take and let a business take and leave, like what happened? I don't know. So have a hearing. Tell them what you're going to do. The unfortunate thing, when I'm sure when this thing was written, and maybe not, I don't know, but when it says "the hospital" it's literally the hospital. Not the clinic, but the hospital. So that's where they're going to be. We can easily put some language in if the legislature will pass it. We'll write the language to include clinic so that they have to have it where the clinic is, not just where the hospital is. So those affected directly, they can't make it, you know --this is a hardship. I'm sorry, driving, especially if you have to thank God it's not at 9:00 and we drive at night. You know, it's already hard enough. And on a tourist route, and road construction and everything else.-

But part of my --I'm listening to you twice talk about how to hook up online. And just, humor me, I'm not trying to make fun of anyone, but how many know what a browser is? Right? Sit there, go to your browser and do this. I am sitting here listening to these messages, and I am, like, you are assuming everybody is a high school kid. They're not. They don't

understand any of this language. And if you're online, you already know what you're doing. I mean, I'm just frustrated on that part. Because it's, like, you're trying to be thorough, I get that, but I'm just kind of, like…

But I think you know, again, God willing, I'm there next year, I will definitely submit a bill that says clinic will be added. It just seems fair. To your comment, why don't you just do that anyway, be a good citizen, right? Have it there. And I think what they're trying to say is we have to provide the statute. We don't have to do that. And I'm, like, man, then I guess we'll make it into the statute, and it happened.

And the other thing, the question was like 20% of health care workers. The number I heard this morning, I met with this is kind of just some irony here. I met with the big hospital board this morning in Big Fork. And may as well have the same discussion over there. This is rinse and repeat. It's happening all over the district, everything. And it's about 30% of health care workers in the state of Minnesota are off on paid family leave. Just a cursory number and I don't have any facts to back that up other than other health care people saying that was the number. And that's a lot of people. And the problem with it is health care is a skilled profession. It's not you can't it's not like I shouldn't make fun of this either, but it's not like a substitute teacher in high school or school, where you can just take anyone off the street and here, watch these kids for the day. This is a real the person that is working on you, your expectation is they know what they're doing. So, if they're gone, and they have no access to anyone else, then it's done. I mean, they just can't do business.-----

And I think I'm going to be just a little critical of a lot. I think it wasn't worked out long enough. I don't think it was thought out, the repercussions of the paid family leave. I think it's a good option to have, but I don't think the way it was passed, it was passed way too fast. We are seeing things now we never imagined would be issues and it's frustrating.

And one of the things I want to bring up is the Mayo Clinic in 2025 closed six health care facilities, clinics. They just did what you are doing. They closed six of them. Belle Plaine, Caledonia, Montgomery, North Mankato, St. Peter, and Wells for staffing shortages, declining volumes, facility upkeep, the maintenance of the building, centralization, they wanted to go to larger areas. And I don't know the answer to bring health care costs down. I think we as a legislature keep putting more mandates on the hospitals because we think we're helping, but in the end we're absolutely hurting. And rather than listening to the health care saying, hey, because, you know, why would you let the fox watch the hen house? Well, at this point, we've got nothing. I mean, it's in shambles, so if we can sit down with the people that are doing it and say, what's working and what isn't? How can we save money? How can we make this thing work reasonably? I don't think the care is the issue. I think the care --maybe sometimes with certain people, it's more personality, but I think the care.

>> Rick Michals (moderator): Thank you for the comments. I don't mean to cut you off. I want to continue to see if there are other comments.

>> Greg Ruberg (Aspirus Health): Just one follow up comment on that. The staffing challenges are real. We do everything we can to keep every one of our departments open 24/7/365. I'll give you one quick example. Before I walked out here to meet with the MDH team, I got a message from one of my nursing leaders that said we had two sick calls tonight. We don't have a safe staffing situation. I'm going home to sleep, and I will be back at 11:00. I won't be at our meeting tomorrow. So, our nursing leader is going to work a night shift to serve patients. This is every day, every shift, we're shifting resources around and we have to make hard decisions at the end of where we best use those resources.

>> Kate Mayo (Two Harbors): Hi, Kate Mayo. I live in Two Harbors, editor of the Lake County Press. I did that point of correction, the 20-30% health care workers on Minnesota Paid Leave is not accurate by a longshot. There might be a 20-30% vacancy rate of health care workers, open jobs, which – a small graph that is, you can look into the website and find that. We're lacking workers. That is a verifiable thing across the state, but it's not just because of paid leave.

>> Rick Michals (moderator): I would like to now go to the questions and comments that were submitted online, before we come back to a few more questions from the room. I saw a hand come up over here. So, MDH, if we could read the submissions online?

>> Shellae Dietrich (MDH): Yes. As Rick mentioned, we received the questions online prior to hearing or the comments. The first comment is, this public hearing should be held in Silver Bay, not Two Harbors. We have many elderly who depend on the clinic and unable to attend a hearing 30 miles away or understand how to attend the meeting via Internet, therefore, making their voices unheard. So that was the first comment.

>> Greg Ruberg (Aspirus Health): I think we have addressed that in the room. I don't know if there is anything more to add to that. And I will just say I have absolutely no objection going to Silver Bay. More than happy to do so. We just followed the statute. I mean, I had gotten special permission to have it here closer to Silver Bay.

>> Shellae Dietrich (MDH): All right. And then the second comment that we received online prior to the hearing, this comment concerns the proposed closing of the Aspirus Silver Bay clinic. This decision impacts residents not only in Silver Bay, but many of those who live in areas of the North Shore farther away from Two Harbors. The trend of cutting services to rural residents is a problem not only for those of us who are senior citizens, but families with children of all ages who require adequate medical care. I believe the lives and well-being of rural residents should be considered as important as those living in more populated areas. Why would a health care organization imperil an entire population living where there is already at this point a facility in place. There is no other option available to us as there is Cloquet where Aspirus is planning to open a clinic and be one of many medical facilities available.

>> Greg Ruberg (Aspirus Health): I'll comment again. We're doing everything we can at the state level to protect rural health care. I'm a rural health care leader. I have worked in rural health care as a clinician. I understand the importance of that, and again, advocating for every rural community across greater Minnesota. We are trying to find solutions to support Silver Bay and surrounding communities, talking to providers. I have a meeting in August with a provider further up the shore that has questions and interest in supporting the Silver Bay community. Doing everything we possibly can to try to support that and find solutions for Silver Bay, Finland, Isabella and the surrounding communities.

>> Rick Michals (moderator): Do we have any other questions submitted online?

>> Shellae Dietrich (MDH): That is all the questions online, and there is nothing in the chat currently.

>> Rick Michals (moderator): Thank you. Other comments or questions from the room? Let's go here.

>> Amy Iverson (Silver Bay): Okay. I’m Amy Iverson. I’m from Silver Bay Clinic. First, I guess I just want to clarify, I know this was not Greg's decision. This was not a local decision. This did not come from Two Harbors and Greg. I think you get a lot of hot water that you shouldn't, so I'm sorry. The decision to close our Silver Bay Clinic did it come from the Minnesota Department of Health or Aspirus to close the clinic?

>> Greg Ruberg (Aspirus Health): The decision was made by Aspirus, which I'm a part of the Aspirus leadership team and so this was an Aspirus decision with me included, not MDH.

>> Amy Iverson (Silver Bay): How come you’re not supported by other Aspirus staff right now to deliver this news? How come there is no other higherups with you? How come I feel bad that you're the one delivering this news when it was above you?

>> Greg Ruberg (Aspirus Health): Thanks for your concern but as a leader of Aspirus and being in this role 13 years, I have been an obligation to speak to this group. I am more than happy to do that. I served clinically; I served as a leader here. I worked with a wonderful employee and worked with you for many years. This is a system decision, a hard decision, that we own together.

>> Rick Michals (moderator): Thank you.

>> Unidentified Speaker (Silver Bay): I know we have a very small staff in Silver Bay. I know most of our patients that are here, you know, we have about one person in each department. Some have tow. My frustration, I guess, is with our leaves, the Minnesota leaves being temporary, knowing that staff would come back, it's hard. And then if another health care organization were to step into our facility, into Silver Bay, knowing that staff would return to the Silver Bay Clinic,

and fill those departments, it's just hard for me knowing that it feels like the Silver Bay Clinic is being used to backfill into Two Harbors versus keeping us in our town where we're really needed by our patients. And so, it's just tough knowing that temporary leaves are making a permanent closure happen.

>> Greg Ruberg (Aspirus Health): What I say to that, that is one factor of many. So again, these leaves are very difficult, as you know. You see it every day. We're struggling as leaders to try to support the clinic in Silver Bay, the veterans' home, our clinic, our hospital, the skilled nursing facility up the street who wants more physician services, the ambulance service, the jail, the rescue squad. There just aren't enough resources to support all of that. And as we have lost physicians, which I think you commented on, and that is just a fact. We have lost providers. We are trying to balance all those resources and see where we can use those scarce resources and to have the biggest impact on to ensure long term viability? And a year ago this wasn't a discussion. We had physicians to cover these areas, we could shift.

And again, I'll speak to Dr. Joseph. We talk about every month to say, give me six more months. I'm 74 years old. You can't keep asking me this. But again, he loves the community, he loves the clinic, he loves the veterans, but at some point, physicians, I mean, he has earned his retirement. I worked with him 27 years ago when I was a PT here and he's put his time in. So, I said yes, you can retire this year, and we have to find a solution.

So, I work with the veterans' home partners here. There's to be some way we can support. We are training their staff on lab draws now, so we can support lab here. We provide backup on PT and OT and trying to get back up for speech, so doing everything that we can to support all the needs that were asked of. We simply can't do it all anymore.

I would say for the last decade, we were able to do most of it. Health care was in a different place. There are so many pressures now. My challenge here is to balance all those resources where my colleagues across the state are saying I can't make payroll, we might close and the bank won't give us money. There's one hospital, which I won't share who it is, but went to three banks asking for $1 million from each bank to sustain operations and they were told, absolutely not, you're too high risk. He said that we're going to close, we can't make it. So, we're trying to prevent ever getting to the point of closing. I won't get into politics, but there are implementations coming in 2027 that are going to be devastating for health care. It's the fact. We're trying to figure how do we mitigate that, which is coming in at us in the near future. We've been doing a lot of work on that, communicating a lot, trying to find solutions for that. So yeah, it's that scarce resource trying to balance that out. That doesn't make it any easier than that. I 100% agree with you.

>> Morris Manning: Just a comment on your last comment. This is an issue that needs to involve more people than just your board. It is an educational process, maybe, that you folks could be key in helping the rest of us that sort of know that we have these problems but don't know enough about it to be constructive necessarily and come to the solutions. I don't know if you follow what I'm saying. I do, but I'm looking for a little more advocacy, and a little more knowledge in the community. You need to be brought to the community, and you guys are in a fine position. You are talking about things coming down the pipe. Well, what the hell are they? Isn't it time we know? If you know, you can share that kind of information and make sure that stuff gets out.

>> Greg Ruberg (Aspirus Health): So, the comment was more education to the public about the issues impacting health care. I agree. At the state level, with our hospital association, we're talking about how do we tell this story?

Representative Skraba, he hears from me all the time about this. I am calling him, texting saying, "We need to fix this". And his partner, Natalie, and Senator Hauschild, we were texting this afternoon about the health care system is broken. I think we can all agree to that. The financing mechanism no longer works. More challenges are coming in 2027. We also try to fix 340B this year, which is a drug discount program. And if that goes away, you're going to see hospitals disappear, plain and simple. So, we're trying to address those.

And you can go down the list. Uncompensated care is increasing. If people don't have insurance, they still get sick, they still come to the emergency room. I agree we need to get the story out and I think the more the public hearings that you referenced. I know the Bigfork CEO very well. As more and more of these stories come out and people are going to start to realize that we have big issues in health care, not only in Minnesota, but across the country. So, I spent all last Friday

in St. Paul with large system CEOs and small hospital leaders trying to figure out what is our path forward in Minnesota. We're going to spend a couple of days in August as a group representing all 140 hospitals and health systems about how we navigate through this and come out. Kind of a shining example of health care that Minnesota wants.

>> Rick Michals (moderator): A question over here, front row?

>> Susie Rosette (Two Harbors): Yes, okay. It's Susie Rosette. I live in Two Harbors. I am the owner of a provider agency that does home health care, Cardinal Comfort Care. We also have a non-emergency medical transportation company. I can attest to everything that Greg is saying. We have just hatcheted over the past 10 months with mandates and cuts and from every level. And whether you like it or not, all you guys are in an emergency room. You are in triage. We all are in triage in Lake County, and the rest of rural Minnesota. And so, when you hear what he's saying, you should be alarmed. You should be very concerned more about the future of our health care systems here, and what can we do to fix them? So, your representatives, make sure you talk to them. Tell them exactly what's going on. Write letters up the wazoo. I have been down at the state level and have spoken twice at senate hearings meetings. We have our, our company has been decimated. The people that we originally promised to serve were people that didn't have the money, people on Medicare and Medicaid, and now we're having to pivot to private pay because there's no money. There's no money to help people. There's hardly any money to get you to your appointment.

But I do want to bring a short term solution or opportunity here and let you know we're not going to leave you out there alone, okay. So, we have transportation right here in Lake County. There's other transportation companies that can help you as well, but I would say that probably transportation is your biggest solution right now for what is going on in Silver Bay. And so, as a provider in your community, I want to just let you know that, and people can call us. And hopefully maybe something with Arrowhead Transit can be done where people can get down once a week or twice a week with a big bus full of people. So, there are lots of people working tirelessly over these issues. And this just happens to be kind of the top of the pimple right now. But believe me, there is more coming. Like he says, nobody can tell in a crystal ball what's going to happen, but we need a change in health care in this country, in this state, and in this county. And the more we can stick together, and I love the support that Greg's getting because he really does deserve it. There's not a lot of administrators like this in this country.

That's all I want to share. Thank you.

>> Greg Ruberg (Aspirus Health): Thank you. You're very kind. Appreciate those kind words. Transportation is a huge issue for us. Not only from Silver Bay to Two Harbors, Two Harbors to Duluth and everywhere else. We have patients that end up in our emergency room that we can't get back home, so we find all kinds of creative ways to get them where they need to go. But with the cuts that have happened to non-medical, non-emergency transportation, it is just one more challenge that is placed on the local hospital.

And the message I would give is every part of health care is interconnected. Clinics, ERs, hospitals, surgery centers, nursing homes, and when you impact one, you impact all of them. That is my job to figure out here at the hospital, but again, we rely on a lot of partners, our leaders from the county, the veterans' home, transportation, and all.

>> Unidentified Speaker: I just have two comments. One, when you said, "How do you get the patient from the hospital to the home?". I happened to be in Duluth one day. A friend of mine called me up and said a realtor who is selling a person's house who had fell in their house and were in the hospital said, "Can you give my friend a ride home?". I'm like, sure, why not? So, I go to the hospital, to St. Luke's and I went up, got in, I had to sign him off. I was like, I had to do like his son, you know? And I was like, what am I doing? I'm signing his son. I'm saying I'm going to get him home for real. And I thought I was just going to be arriving pretty soon. I felt like a caretaker like you. So, I mean, it has its good points and great conversation and fun, but I understand the link is gone. It's no longer there.

And the other thing I just want everyone to understand, when I say I really don't have the solutions, I count on I will gladly as a matter of fact, again, after the election if I'm still there, which I hope, I want to sit down with our delegation here of CEOs and hospital administrators. And let's have these discussions because when we get to the legislature, the

metro area is so big, a lot of them don't have these issues, but they may have other issues that are worse. And I mean, it is not a perfect system. And I think and I think everyone has been talking, talking, and this is we have to do something. We can't just talk about it. If the metro has all the money and the people and we don't, then how do we share that with us and what can we share with them to make this work?----

Something has to give. Something has to give. And I will honestly tell you, I really don't care where it comes from --something has to happen. If it's a political solution, fine, I don't care. But what we're doing now isn't working. And not to muddy the waters anymore, but we have the same problem with our schools, and that's where I'll leave that.

>> Greg Ruberg (Aspirus Health): No, I agree. The one comment I would make is I feel very fortunate to have our delegation here. We have both parties. We have the senators and representatives. We all talk together. I think that is unique. I know that is unique from across the state where I will email all three of them and say this is an issue we have to fix. We talk about it; we get together in St. Paul. We have people advocating for us in this room and me as a hospital leader, so I'm fortunate that we have that.

>> Rick Michals (moderator): I have seen hands from up over here a few times. In the back.

>> Aaron Kania (Tower MN): Yeah, thank you. I'm Aaron Kania, running for the Minnesota House 3A seat. Roger and I talk quite a bit. I am endorsed by labor, AFSCME and nurses. I would love to hear from people that work at front line, and how they have been involved in finding the solutions. When you work there, you see a lot of things. I saw that when I worked with the US Forest Service, and I wish we had been part of the solution when there were struggles with budget.

And part of it, too, is when we hear about these benefit programs, paid family medical leave, earned sick and safe time. Those are critically necessary when you work on the front lines. You want your providers to be safe. You want them to be healthy and well rested because that's a long shift. I was in law enforcement for 23 years and you didn't want to be tired when you're out there. You need to be sharp and on your toes. And so those programs are extremely beneficial so that the people providing services to you are the best that they can be. And I don't think we should forget that. So, my question for you is, is not only how have your union employees and the people that work here been incorporated into this decision making, but then I think what the mayor said and I thought that was helpful is one of the gems of the discussion here tonight is how do we come together as a community to find solutions?

It does sound like a decision has been made and like you said, six more months, six more months. But do we have six months? Can we really put some effort before the election? Like we can't wait for that, but how do we go into, like you say, emergency mode and come together and just do everything we can to see if there are options on the table. Thank you.

>> Greg Ruberg (Aspirus Health): A couple of comments. Around our employee engagement or employee involvement, I am biassed, but I think we are so fortunate to have some of the best employees in health care working for our organization. A number of them are in the room right now, look around, people who have a voice at our employee forums, in our meetings, in the hallways, in the lunch lines, talking about how do we overcome health care issues and challenges together.

And I'll say I've been here in this role for 13 years and another 12 before that in a clinical role. We have been come a long way as an organization because of our employees and our provider teams to a top 100 in the country hospital and top 100 critical hospital. So, our employees have a voice, they've partnered with us. So, again, I am very grateful for that.

I also agree that we support leaves for our employees when it's necessary to be caregivers to support caregivers and families. What I'm saying is it becomes really, really difficult to staff 24/7/365 with that in place. We have, I would say, very generous leave programs before the paid leave program and FMLA and a bunch of other programs and again, I fully support that. We see the benefit it brings to people. Nobody will argue that. What I am saying is we have to balance when we have people out for long periods of time, where do you find the bench strength to replace them? Because you can't hire a replacement. Number one, they're not there to hire. And number two, if you hire them, what do you do

when the person comes back? You can't terminate them. So, we are always trying to walk that kind of delicate balance. And so, we have leaders working the floors. We're adjusting, we're sharing staff, we're cross-training people. They can cover multiple departments. I checked the boilers here when our boiler guys are on vacation. We're all doing things like that in rural health care and that's what so fun about it. But it also is what's so challenging about it to trying to maintain the operation.

Again, our decisions aren't perfect. There are things I wish we could do now to provide services more broadly across the county. We just don't have the resources. And we're way better off than other hospitals, so I always try to keep that in mind, too. Where hospitals say we don't have the service available for a week because we don't have anybody. That is pretty rare for us. We have kind of one option; we just have no other option.

So again, I think the last time you talked about the labor unions, very strong relationships here with our three labor unions on both the hospital and the clinic side. And again, they have a voice at the table and we work as partners. I couldn't agree more with you on that.

>> Rick Michals (moderator): One more here.

>> Rene Burns (Two Harbors): Yes, thank you. I live in Two Harbors. I was born and raised in Silver Bay. My father and I work at the veterans' home in Silver Bay, and my father was instrumental in bringing that veterans' home in Silver Bay. And part of the reason it got there was the healthcare that was provided in the community because it is very difficult to run a long term care facility in a rural area. And so, we're proud of the care we provide. I'm extremely grateful for Greg and Aspirus helping us collaborate and try to figure out how we can find a solution to continue to meet the needs of our residents.-

But it is concerning to me because I live in Two Harbors. And I'm concerned about the access into the Two Harbors clinic and having ability to be able to accommodate that volume. And the urgent care I don't think is open any longer. And so, when you have those issues, you're going to be having to drive to Duluth. And so, I think, and I agree with Wade and people and the community engagement. You know, people here want to find a solution. Silver Bay is an extremely strong community. They have been through a lot over the years, and they come out stronger every single time. I'm confident with people pulling together and working together we'll figure out how to address this situation. But I wanted to call out, maybe Kitty, I don't want to embarrass you, and not embarrass, but call you out. You had a nice forum at the Two Harbors High School with Roger and Grant and Natalie and I left there feeling hopeful for the first time because that political piece was gone. It was people wanting to come together. Helpful.

[audio disruption]

>> Kate Mayo (Two Harbors): Can I respond to that? Thanks. I was part of that. Appreciate that. I'm not embarrassed. I'm flattered. I remember that, and I would be willing to help organize something again. The more we can talk across whatever backgrounds we're at to solutions, happy to help facilitate.

>> Rick Michals (moderator): Yes?

>> Greg Ruberg (Aspirus Health): I'll comment on the access to care concern. And again, our team across Aspirus and across the Lake View here have the same concerns as you do. We want to make sure that we can serve every patient when they need it, so that is our commitment. I had lunch with our physician team today and Leanne was there with me, and we were talking with them, again back to your comment, is how we involve our front-line caregivers. And our conversation was, how is your day going? How has the week been? Are you getting patients in? Where are the bottlenecks? Where can we help? A very collaborative discussion, which we have had for a decade with our physician team. They shared feedback about this really works when we do this. This is really difficult. Leanne and I have a list. Our clinic manager is out on vacation that was planned a year ago, so I said, we need to go. I approved it a long time ago, but trying to make sure we are making adjustments to support our staffing, our clinic models, so we get patients to be seen, we get enough time with them and the physicians feel supported.

And again, they were very – it was a very collaborative discussion about what we can do better. How can we do it differently? Because they have the same concerns. They are wonderful physicians who want to serve the community. And when patients can't get in, that bothers them as much as it bothers me. So, again we sit down, have lunch, we talk about it, we put a plan in place. I owe them an email by tomorrow morning, which I will get up early tomorrow morning and do about what we're going to implement changes. So, again we are focused on this, and we're committed to recruiting enough providers to support Lake County, which is going to be challenging.

>> Rick Michals (moderator): Other comments or questions?

>> John (Two Harbors): Yes. My name is John. I live here at Two Harbors, and I was reading a piece in "North Shore Journal" several months ago and they were talking about how there is an influx of people coming up the north shore from St. Louis, Lake, and Cook Counties. And I'm just curious, where are they getting their health care from? They were quoting numbers as high as 87,000 that have been --that have come into the area. And it's like, are they using telemedicine? What is the proponent here that's driving you to close the Silver Bay Clinic, which we shouldn't be? Because a year before, you were happy and fine. We're happy and fine here. What happened? What happened to cause that downturn?

>> Greg Ruberg (Aspirus Health): Yeah, I don't know the answer to the influx of people. You know, I know here, I've been in this role long enough that I can predict most months. I look at ER volumes, typically where you can tell the tourist volume. So, Grandma's Marathon is the start of our busy season. It goes until the last leaf drops and then it kind of drops off after what we call normal. It's every year, kind of same pattern.

A couple of things like Thomas the Tank Engine we will have a big surge. Tall Ships had zero staff, and nobody showed up, so we were wrong sometimes. But I have not seen that kind of pressure on us in terms of ER. Our ER is busy. It's really busy in the summer. We're not seeing what is there. Our clinic numbers aren't showing that kind of increase. We know a ton of people come up the North Shore, their colleagues here in Cook County and we see that influx. But they're not –

>> Unidentified Speaker: Considering it was only 11,000 people in the County, right?

>> Unidentified Speaker: Right. 89,000 just doesn't – there's something wrong with those numbers.

>> Unidentified Speaker: Yeah, I'll have to look at the article. I've not read that.

>> Unidentified Speaker: We all see it, and if you lived up here long enough, you see the license plate rings. You know where they're all coming from and they're pouring up here like crazy. I just can't figure out where are they going for their health care?

>> Unidentified Speaker: And they moved here. They moved here.

>> Unidentified Speaker: You're going to use local hospital doctors.

>> Unidentified Speaker: Trying to figure out, where are they getting their health care?

>> Unidentified Speaker: The transplants.

>> Unidentified Speaker: I'll take a look at the article.

>> Unidentified Speaker: We know this influx has caused housing issues, which makes it difficult to hire staff. That's a whole other topic.

>> Unidentified Speaker: I would just like to respond that my understanding of the recent demographic data that I have seen is very recent – is that our population is stable. And there is not a large influx.
>> Unidentified Speaker: We can research that.

>> Unidentified Speaker: Other comments or questions?

>> Unidentified Speaker: All right, I am happy. Ok, good. Happy is good.

>> Unidentified Speaker: I'm a frequent volunteer at North Shore Area Partners in Silver Bay, and we provide medical appointment rides. We have 60 volunteer drivers and always looking for more. But if you're looking not --first of all, if you are looking for a ride, call them. It is a sliding scale. It's a great service. These people are dedicated. They're trained. They do a great job. But on top of that, if you are looking for some place to support your community for that, think about North Shore Partners because, check them out. If you haven't had any interaction with them, they are providing a tremendous service and they are just very quiet about it. They don't make a bunch of noise about it, but they are there and they're providing and they will work to stop the gap here a little bit here too.

>> Rick Michals (moderator): Thank you.

>> Greg Ruberg (Aspirus Health): My comment would be I agree with you. I think they are amazing, both the North Shore one and our local one here, they help deliver meals. We could not provide the services we provide without both those partners.

>> Unidentified Speaker: Transportation is almost their central mission.

>> Rick Michals (moderator): Any other comments or questions for Greg regarding the closure?

>> Lance (Two Harbors): Yeah, I'm Lance. I live here. We have a property in Silver Bay so we're up there quite a bit. I actually sat on at Lake View Hospital board for 25 years. And back when dinosaurs roamed the earth. Is there any future for this hospital with telemedicine? Expanding a program where, I mean, everybody's got laptops and stuff. They could do it from home and have a call into a doctor here to get some help and then maybe get delivery of medications if they need it? Is there an opportunity, I guess?

>> Greg Ruberg (Aspirus Health): Yes, I'll comment on that, kind of a three-part answer. So, number one, yes, with our Aspirus system, we've got a lot of work going on in our IT department, which is a large, robust IT department, looking at a telehealth program to support the entire system. So that would be Wisconsin, Michigan, and Minnesota. So that's the benefit that the system can bring to us. We just don't have that same capability now, so that is in the works, actively in the works.

The second one is Wilderness Health Partners. There's some telehealth developments happening within Wilderness, which is a seven-hospital collaborative, which is a number of us in northeast Minnesota.

The third part I would say is, if anybody's heard of the Rural Health Transformation Grant, which is that large grant that came to all 50 states, which are kind of offset part of HR1. There is money coming into 90+ hospitals across the state around innovation and transformation of health care. As part of that money, the state is developing a kind of telehealth infrastructure in the state, so more of a state directed approach. So really got a system, we've got a collaborative, and we've got a statewide approach all being built. So, there's tremendous kind of opportunity in telehealth in the future. To be honest, I think once we figured out telehealth, now it's going to fill a gap across the country in rural America. We've got to address the broadband and people being able to access it. It has to work. It's got to be user friendly where you can connect. We did it during COVID here, and it was very difficult. People trying to connect with video and audio, the computers didn't work, and then we were able to get telephone only visits which was amazing because people would call us and say my computer doesn't work, I'm on the phone with them, or providers on phone with them. We were helping. But there is a lot of opportunity there.

>> Unidentified Speaker: Just another quick question. You know, there are allegations of a lot of fraud and abuse in Minnesota. Is that one of the reasons why the funds have dried up for rural health care?

>> Greg Ruberg (Aspirus Health): No. So, what I always tell people when they ask about the fraud and abuse, I can tell you in the care delivery system, which is the hospitals and health systems, this is not an issue that you hear about. This is a whole different kind of category, which I'm not an expert in and I can't speak to it, but when we look at our care

delivery of hospitals and health care systems and clinics, there isn't the problem. There is all kinds of compliance programs. There are audits, there's health department surveys, there's all kinds of regulations that looks at that one. And we're in an integrated health partnership with Medicaid. We screen for that. We watch it closely. We have reporting mechanisms, so I'm not seeing that in the work I do in my area. I can't speak to other areas.

>> Rick Michals (moderator): I would just like to check online with our partners to see if there is any final comment there is before we wrap up?

>> Shellae Dietrich (MDH): Nope, we don't have anything online.

>> Rick Michals (moderator): Do we have another comment here or question for Greg on the closure?

>> Amy Iverson (Silver Bay): Just, I'm curious, so Amy again. I'm curious with the budget and everything just in health care itself right now, is that affecting staffing and wages differently than it had in the past several years?

>> Greg Ruberg (Aspirus Health): So, you're asking if the financial position –

>> Amy Iverson (Silver Bay): That we're facing right now with the challenges in the financial position is changing staffing and wages compared to past years.

>> Greg Ruberg (Aspirus Health): Not directly. What I would say is that the financial challenges that hospitals and health systems are facing has to be addressed because we have to be viable in the future. When we look at the state of Minnesota and our partnership with Aspirus St. Luke's and Aspirus Lake View, we are a region, so we work together. We have a tertiary hospital in Duluth; we're the critical access hospital in Two Harbors so we're essentially partnering together to ensure that we are both financially viable and secure for the future. Again, I think our decisions have to be made to weather this, and again, they are difficult for communities.

But the wage piece is we have to be market competitive to hire the best people and keep the best people. We are always looking at wages and at most assessing it. We're looking at the competition to make sure because we want really solid, high-quality health care people and you have to pay a competitive wage to get that. So, we're not cutting back on wages to save money because we just want to get the quality that we need to deliver that care. I'm not concerned about that piece.

I just think if you look, and I could talk for two hours about this, but across the state, hospitals are making difficult changes to reduce expense. If you look at it, and again, this is way more detail than anybody wants, but if you look at inflation. You look at the cost of medical supplies, pharmacy, everything else is skyrocketing. Our reimbursement is going the opposite way. The math simply does not add up. You can't pay double digit increases for the increase cost of health care with a 1% increase on reimbursement or a negative reimbursement or cuts to programs that keep hospitals open. It just collapses.

And so again, I'm not going to pick on big pharma, but if you look at 340B, we're just asking for a discount drug program to keep hospitals open. That's it. And we're talking about big pharma profits, and you know what they are. You can look them up. That is the dilemma we're facing in health care. I mean, trying to break even at a 1% or 2% margin is really good performance now, that is not sustainable. That is the math problem that this program does. So again, I'll spare you all the details. If you want, I am happy to stay after.

>> Unidentified Speaker: What are your two or three major sources of revenue?

>> Greg Ruberg (Aspirus Health): Our revenue is patient services revenue for the care that we deliver. Our payer mix is about between 65-70% governmental payer, meaning Medicare and Medicaid. And on every one of those, we get paid less than the cost of care, like every other hospital across the country. So, you think about 70% of your business gets paid less than the cost of care on average. Now, there are some nuances to that. You've got to make that up somewhere else. We make it up on commercial insurance in the past. That is no longer a viable option. And you've seen what

happened to commercial insurance is they're leaving the market. They're in a place where government used to be. That is the dilemma we're facing now. Again, some places are 75% or higher governmental pay and it doesn't work.

>> Unidentified Speaker: My observation is for whatever it's worth is these are federal issues. Fundamentally, Medicare, Medicaid. Elections are coming up folks. Yeah, we talked about the federal impact, but we talked about what we can do at the state level to impact as we're working both. And Social Security.

>> Rick Michals (moderator): Thank you everybody, for your comments and questions. Is there anybody who hasn't spoken yet that has a comment or question on the clinic closure? Yes, sir.

>> Todd (Two Harbors): Hi, my name is Todd and I am from Two Harbors. My question is, last year we had Ucare for our Medicare medical supplement. Ucare went out of business and Blue Cross has a hard time negotiating with Aspirus. And so, we were thinking we're really in a dilemma to stay at Two Harbors for care. I was trying, but we were thinking that they were proper. We did switch to America, because at that point that was the option. And as it turned out, it cost too much to negotiate, but is that a trend? I mean, you hear it dropped out of the market this year and some of the other supplemental providers are very hesitant about it. Is that something that the communities will have to worry about? Is this one more fact impacting health care?

>> Greg Ruberg (Aspirus Health): Absolutely. Because the commercials try to reduce expense and they haven't had a great year, some of them. And you could argue some are having amazing profits. You go look up who that is, but that pressure, then it comes back to the hospital and the care delivery system to offset the losses on the Medicare and Medicaid side. And again, that doesn't work. It creates angst and frustration and concern amongst the community. And I spent months on feeding those phones calls not long ago. Luckily, we settled and we were able to get back home. But that will be an issue to watch mostly because they are just exiting some markets completely as a financial.

>> Rick Michals (moderator): I Just ask that we keep these last few questions related to the closure. Questions related to other topics can be addressed outside of this hearing. Is there anybody that hasn't spoken out that has a question specifically about the closure?

>> Sam (Grand Marais): Yeah, my name is Sam. I'm from Grand Marais, Minnesota. I'm here just as an individual citizen on my own time. I work full time remotely from the Mayo Clinic and I am also an elected board member of North Shore Health. The thing, Greg, I think maybe even in your MHA position, but specific to the closure of Silver Bay, you keep talking about the system. We need to do this for the system, the system being Aspirus and/or the state and/or the feds. And so, my direct question is, why would any organization want to join a system, any community to join a system if decisions were going to be made that are not in the best interest of the community? When I look at what's happening to Silver Bay and one of the things I worry about for rural health care in general is who is going to be the one to make that legal decision to do something. And in this case Aspirus made the decision for what is best for Aspirus. That is what they're legally obligated to do. I understand that piece. And again, Greg, Roger, others in the room who are going to hear this, I wonder how you would say this is in the best interest of the Silver Bay patients who have been receiving care for that.

And we want no bad to come with that. I believe that. I believe that Aspirus wants what's best for them, but seems it is coming at the expense of what is best for the system. Those are the words that I have been hearing.

>> Greg Ruberg (Aspirus Health): What I would say is kind of the reality of this, if you look at small, independent hospitals, I think the question is, can they survive without a system, without joining, whether joining a system or being a part of a collaboration? There are economies of scale and resources the system can bring to an organization, and again, then you look at, I think, again, just the reality. If St. Luke's wouldn't have joined the system, we would be having a much different conversation today. I think people here recognize that in the room. And very, very significant challenges. A decision was made to join a system to try to address the challenges. And again, with the goal of being available to serve the multi-county area that Aspirus St. Luke's and like you serve. So again, I think sometimes it gets to, you make a decision to join a system. And then you look at all of the area that you serve, sharing those resources. If you don't, can

you survive? Is there viability to be independent? And what is that with the about access to care from all the communities that you serve. And every community has to make that decision, and every hospital board has to make that decision. But there are benefits to being part of a system. You have to evaluate the pros and cons of that.

Again, this is difficult. I think the system would tell you this is not an easy decision. Not one that we, as part of the system, that we want to make. But I think in 10 or 20 years if Lake View is here as a hospital, then and is there a tertiary system in Duluth that is still there? Or if we went away, could the other system in our area absorb all of it? The answer is no; it couldn't. So, patients wont' have access to care would be worse than it is now. I think it is always that balancing act to figure out what is best. And again, there is no right answer. Some people go the system route, and stay independent route, some stay too long and it doesn't work. So again, lots of discussion happening around that system.

>> Rick Michals (moderator): I think I saw one more question over here.

>> Unidentified Speaker: Great. I just have a question for Aspirus. Are they planning on changing wage or support for all their employees to stay so we don't keep losing people in the county?

>> Greg Ruberg (Aspirus Health): I would say we're doing a lot of work to, again, I'll speak for Aspirus and Lake View Hospital now, but we're looking at all --we have done this for years before. We're doing it again, looking at all of our positions to make sure that our wages are competitive, that we have good relationships with our collective bargaining units, making sure benefits are competitive. And balancing that again to hire the best people. But at the same time, trying to run health care, we have to be able to make ends meet. Again, growing concerns aren't sustainable. So, there's always a balance. And I can tell you, I had a meeting with one of my leaders on our HR team in the system to try to kind of work through something that we think might be a concern or an issue around that exact same topic. So, we're being very proactive advocating for what we think is right, working again with our partners to figure out we really want to do the right thing here. So yeah, those conversations are happening.

>> Unidentified Speaker: It is just very scary because like, my coworkers just got told, you're done. Or driving to Duluth or Wausau. It's very sad for people in Silver Bay and Lake County that we didn't get offered close –

>> Unidentified Speaker: It is very hard to live –

>> Unidentified Speaker: Yeah, it's in the paper that we all have jobs here. And HR told me, well, you could relocate and go to Wausau. Hello, really?

>> Greg Ruberg (Aspirus Health): I'm happy to follow up on that with you. But there are plenty of opportunities in health care in our Minnesota region to work that are closer. We are always working to recruit people here and we've worked together for 24 years. We've spent 24 years together for patients so far.

>> Rick Michals (moderator): Is there one more question over here?

>> Unidentified Speaker: I was just going to comment a little bit on what Greg was talking about, you know, why do hospitals join a system? Or why do hospitals merge with somebody else? I was at the Lake View Hospital and Lake View started in the early 50s and it was a stand-alone hospital for over 50 years. And we were dying, and we had a stand-alone clinic. The hospital, Lake View, didn't even hire any doctors. Our emergency room was supported by the clinic doctor. And so, we went out courting to see what was available. And we met up with at that time was St. Mary's, and now St. Luke's, and the reason they merged is for survival mainly. And that is what we did. Of course, then, of course, St. Luke's went with Aspirus and here is what we have today. But it is mainly survival in my opinion.

>> Greg Ruberg (Aspirus Health): I'll comment on that. I agree with you. I think when I was a director at Lake View, I will just tell you, I had firsthand experience, we had to cut expenses, we had to make really hard decisions around staff, I was the director of the department, and we had a line of credit to our local bank to make payroll. So, every two weeks we borrowed money to pay our employees. Well, that's not a very sustainable model.

And that is what kind of prompted me to go back to school and that why I ended up in this job, but again, I think with the system as broad as that, stability in the balance sheet and the backing to help us weather difficult times in health care, which we're in a very challenging time. Again, I think if we didn't have the system, we would have been in a different place in terms of St. Luke's and Lake View like you went through it with, that was part of the early on with St. Luke's and that partnership and how we thrived after that partnership with the system. A smaller system at that time, but now they are just a larger system.

>> Unidentified Speaker: And can I piggyback off of that because it was just nice to have the conversation of it is challenging, and that is why we need to have the system, because independent health care systems are more difficult to sustain. Like you said, it was just really nice to actually hear the community concerned. And so, I think we just need more of those conversations of these are real people and their lives and their health care. And yes, we still need the system to survive and how can we do what's best for both of them. Because I feel like sometimes it gets so focused on the system and this is what the system needs, and we are kind of forgetting about our local people that still need care. And so we need more of that collaboration. And so those both can be true and it's hard. We just need more.

>> Greg Ruberg (Aspirus Health): And I keep reminding our team here, we are the system. We're part of it. We have to thrive with it. If we're going to be successful, all of us need to be aligned in doing that work together.

>> Rick Michals (moderator): Last call for questions regarding the closure of the clinic. If anybody has any last remarks, put your hands up and I'll just…So, just one more here and then I think we can go to closing remarks.

>> John: Just listening to this conversation we're having, closure of Silver Bay. It's necessary to ensure the viability of Lake View Hospital. Is that pretty much? And there would seem to be concern going forward about the viability of this clinic is the closure in Silver Bay necessary in order to make sure this facility going forward in the future is viable?
>> Greg Ruberg (Aspirus Health): I would make it a little more broad. I would say when we look at the Minnesota market, the Minnesota region, which is Aspirus St. Luke's, Aspirus Lake View, which includes our clinics and the bigger Aspirus system, we are making those decisions being made so that kind of system of care serving Minnesota remains viable. Again, there's been decisions made across Aspirus St. Luke's and in kind of aligned with this to make hard decisions to ensure we are financially viable and remain open to serve patients for years to come.

>> John: So, is this facility in trouble?

>> Greg Ruberg (Aspirus Health): No, when you look at Lake View Hospital itself, we are a stable hospital. We are committed to being here for a long time. Again, going back to the example of line of credit, I was here as a director where I thought I might not have a job tonight. We might financially, we might not make it. We joined St. Luke's. We made a bunch of changes, and we've become a very stable hospital, but the challenges that are impacting us are impacting us are impacting hospitals. They are also impacting our partners in Duluth, Aspirus St. Luke's and the other provider down the street. They're no different. And to think other tertiary hospitals across the state are having the same issues impacting them. So, we're trying to get ahead of that to make decisions that ensure the long-term viability.

>> Unidentified Speaker: Okay, we're seeing is that having a commute, where you could feed people into your system. That would be an important marketing tool for your facility.

>> Greg Ruberg (Aspirus Health): I don't disagree with you. I would tell you we have the providers to staff it, we had the volumes, then it would be a different conversation. And the support staff. We don't have the providers to staff it and struggling to staff here. We're struggling. And then the support and the volumes. So, it's kind of, again, number of variables that come together, not just one. But think about how we're part of the system, again, in Minnesota that we joined, Wisconsin and Michigan are all one big system, and that system has to survive and weather the changes that we have been facing.

>> Unidentified Speaker: I just wondered, the 20 people a week thing is bothering me during this whole thing. I mean, are we including our veterans' home, the school system, the jail system, and the senior center. It seems like we're much larger than that included in the Silver Bay Clinic system. So, are all those separate?

>> Greg Ruberg (Aspirus Health): So, when we do the veterans how, that's a separate agreement with our veterans' partners here that we send a physician. It's kind of a separate thing. Unfortunately, a couple of years ago our school partners chose a different product where their staff can't use our clinic or hospital. It's out of network. I just want to make this very clear. The current superintendent is wonderful, so her and I are talking about this. We talk often. I am meeting with her tomorrow. This is not the superintendent that is in the school district. I want to make that very clear. But when the entire district can't use the clinic in Silver Bay, it creates a challenge. It is one of the largest employers in the district or in the community. So again, that is happening everywhere. That is not unique to Lake County. These are just the dynamics of the health care environment across the state and across the country, but we need large employers to use the services that kind of sustain those services.

But again, that is the reality we face. And that is the challenges we have to overcome as leaders to figure out how to serve the community when those variables are part of this.

>> Rick Michals (moderator): Thank you, everybody, for your comments and questions. Great questions.

>> Unidentified Speaker One more question. Silver Bay and the logistics moving forward, are you going to let the patients know if they have a doctor and a primary care physician here? And is it the same one? Can they have somebody else? What is the timeline?

>> Greg Ruberg (Aspirus Health): Yes, we will be communicating to all the patients that are attributed to the Silver Bay Clinic with options for providers that are here in Two Harbors and within our system, meaning Duluth as well. One of our providers right now is out on leave and she'll be out. And so, at some point we'll be we're going to be working with her. I don't want to bother her on her leave because she has that right to be off. So, if she chooses to join our team here, then she would be in our clinic here and patients could follow her or choose another provider. But we may certainly communicate that to you with options and be very transparent about that along with where we get to work.

>> Rick Michals (moderator): Again, thank you, everyone, for your comments and questions. I would like to invite Greg of Aspirus Lake View Hospital to provide closing remarks. Thank you for participating in the Aspirus Lake View Silver Bay Clinic public hearing.

>> Again, I want to thank you all for coming out. I want to thank you for your passion about advocating for your community, wanting to understand more about health care. My door is always open. If you have a health care question, a concern, an issue that you want me and our team to take a look at, we will follow-up on every single one of those. That is my commitment to the patients we serve. So just call me, email me, get ahold of Leanne, we will do that. And I will stay as long as you want and answer any other questions that relate to this or anything else you want. But I also want to thank you for a respectful discussion. I think everybody here has shared your opinion. We may not agree on everything, but you were respectful and professional, and I want to thank you immensely for that. I didn't know what to expect, but I know our patients and I know our community well, so I'm happy to answer anything that I can. If you don't agree with me, that's fine. But feel free, the door is always open. We will do everything we can to support you in the community. The of PT and OT, the veterans' home, school district, the space, and talking to other providers of the shore that maybe can serve in a way we can't. That is my commitment to serving. Thank you. Take care.

>> Lindsey Krueger (MDH): Thank you, everybody, for participating in the Aspirus Lake View Silver Bay Clinic public hearing. We appreciate the time that you took to share your comments and learn more about the hospital's plans. Thank you to Greg for your thoughtful comments and answers.

As for next steps, under the statute, MDH has the authority to hold the meeting and to inform the public but not to change, delay, or prevent the proposed changes, closures, or relocations. You may provide comments or feedback on

the hearing website until 11:59 pm, July 29, which is tomorrow. A transcript of the meeting will be available on the MDH website within approximately 10 business days.

Thank you again for taking your time to share your concerns, comments and questions. I would like to thank Aspirus Health representatives for sharing their time, information and insights with us tonight and taking care of this. Thank you.

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