

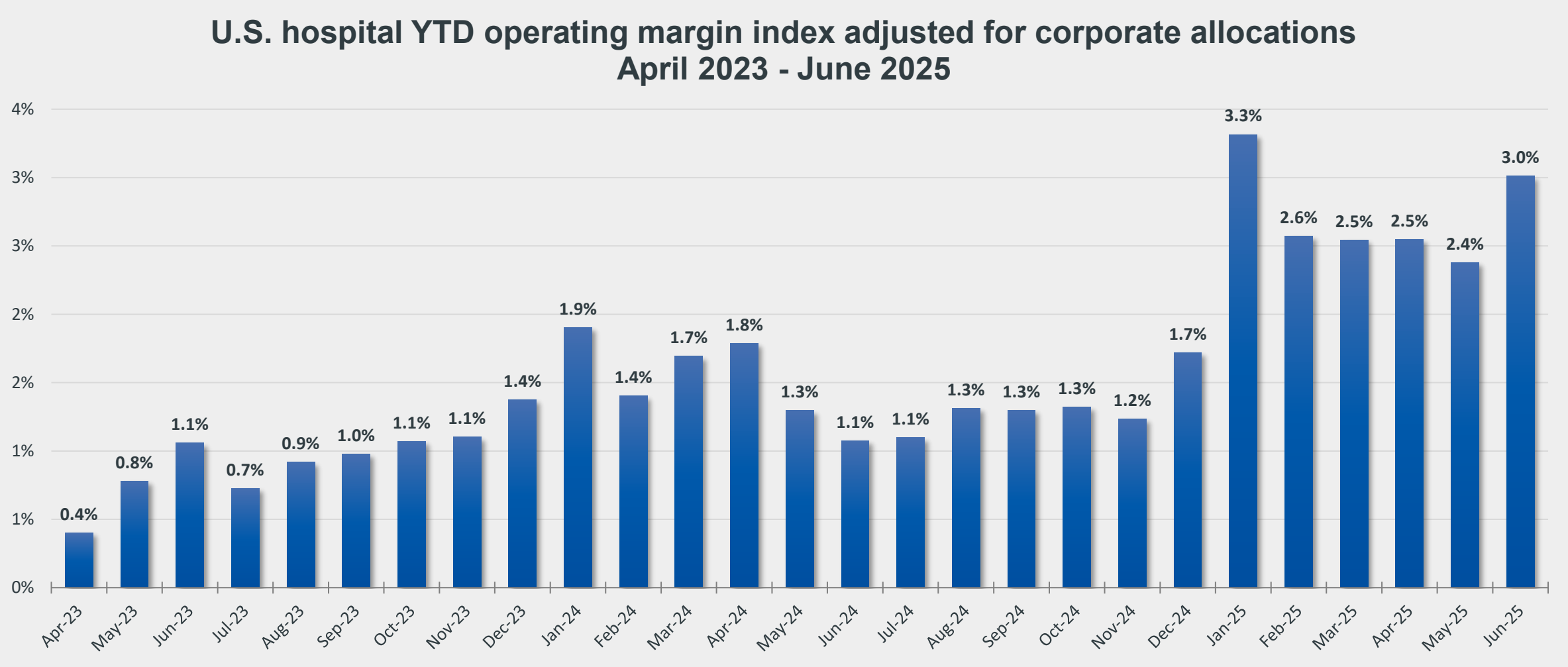


# WHEFA Insights Into Capital Finance Workshop

Healthcare Sector Update

**Milwaukee, WI | September 30, 2025**

# Hospital Operating Margins Have Stabilized in Recent Years

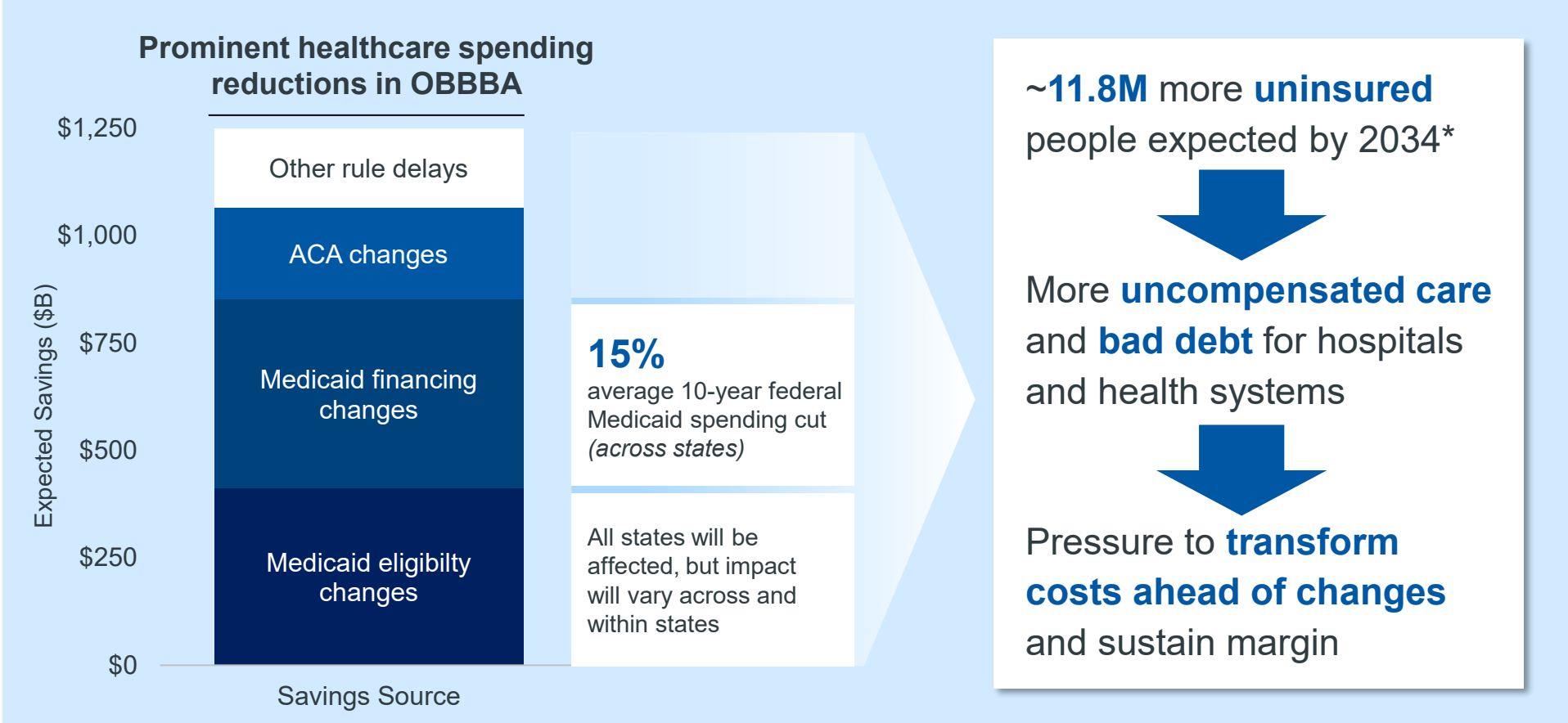


\* Note: The Kaufman Hall Hospital Operating Margin and Operating Margin Index is composed of the national median of our dataset adjusted for allocations to hospitals from corporate, physician, and other entities.

# OBBBA Changes to Medicaid and the Exchanges will Shift Nearly 12M Americans to Uninsured Status

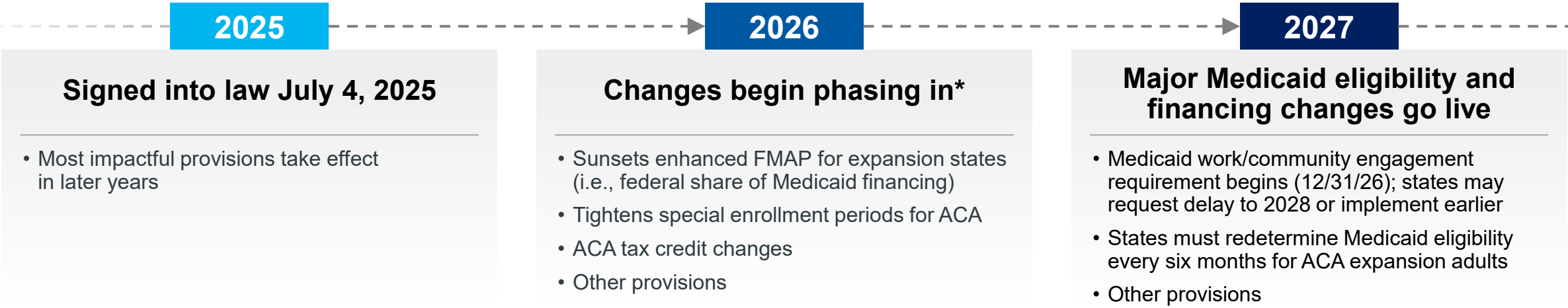
**>\$1T**  
reduction in federal outlays over 10 years (2025 – 2034)

Impact ramps up through 2034, with **~59%** of the bill's maximum annual impact (and 26% of cumulative impact) realized by the end of FY 2029

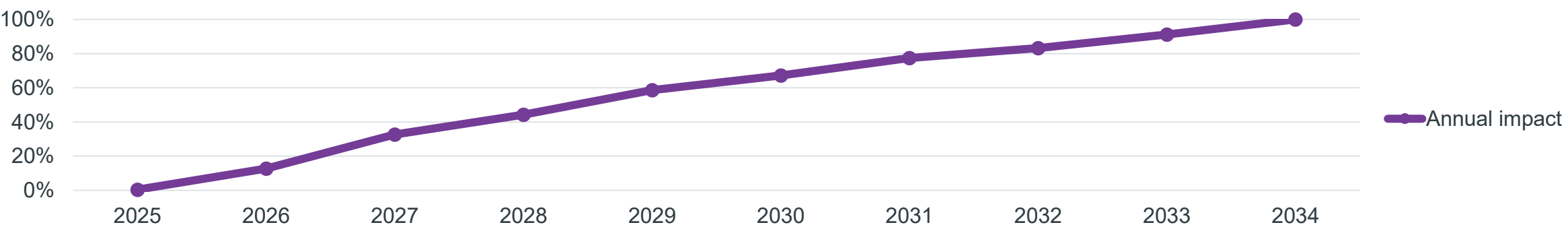


Note: see [Vizient's OBBB summary](#) for full information on OBBB changes, timing, and estimated savings impacts  
Source: Kaiser Family Foundation "Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Senate Reconciliation Bill", Congressional Budget Office, <https://www.cbo.gov/publication/61534>, Vizient analysis, 2025  
\*This projection could increase if the enhanced premium tax credits are not extended by the end of 2025

# The impact of OBBBA ramps up over time, with >50% of the maximum annual spending reductions felt by year 5



OBBBA projected healthcare impact over time



\*Note: Example changes by year are highly simplified and not exhaustive. See Vizient's full OBBB summary for detailed information on changes and timing  
Source: Congressional Budget Office, <https://www.cbo.gov/publication/61534> (Title VII, Subtitle B, change in estimated outlays over time), as of June 27, 2025 (estimates reflecting Senate changes are not yet available)  
FMAP= federal medical assistance percentage, ACA= Affordable Care Act

# Rating Agencies Emphasize Long-Term Risk and Negative Credit Impact

## MOODY'S

### OBBS Observations

- Higher uninsured levels and uncompensated care as inevitable outcomes
- Safety-net and rural hospitals will face the greatest strain given Medicaid dependence

### Credit Impact

- Views OBBS as credit negative for hospitals due to Medicaid funding cuts
- Hospitals with limited flexibility may see material margin deterioration

## S&P Global

### OBBS Observations

- Low near-term risk, but emphasizes gradual long-term stress as coverage declines and supplemental funding is reduced
- Notes that implementation is phased providing hospitals time to adapt

### Credit Impact

- Credit impacts will vary widely by state and hospital profile
- Hospitals with high Medicaid payer mix are most vulnerable

## FitchRatings

### OBBS Observations

- Views OBBS is the largest long-term threat for NFP hospitals, primarily due to the Medicaid payor mix deterioration
- Notes timing provides a short window to prepare

### Credit Impact

- Expects operating cash flow will decline
- Anticipates increased M&A activity
- Strong balance sheet systems will have some cushion, but weaker credits remain exposed

Source: Moody's, S&P, and Fitch sector outlook reports

# However, All Rating Agency Outlooks Remain Stable for 2025

MOODY'S

**2025 Outlook:  
Stable**

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S&P Global

**2025 Outlook:  
Stable**

FitchRatings

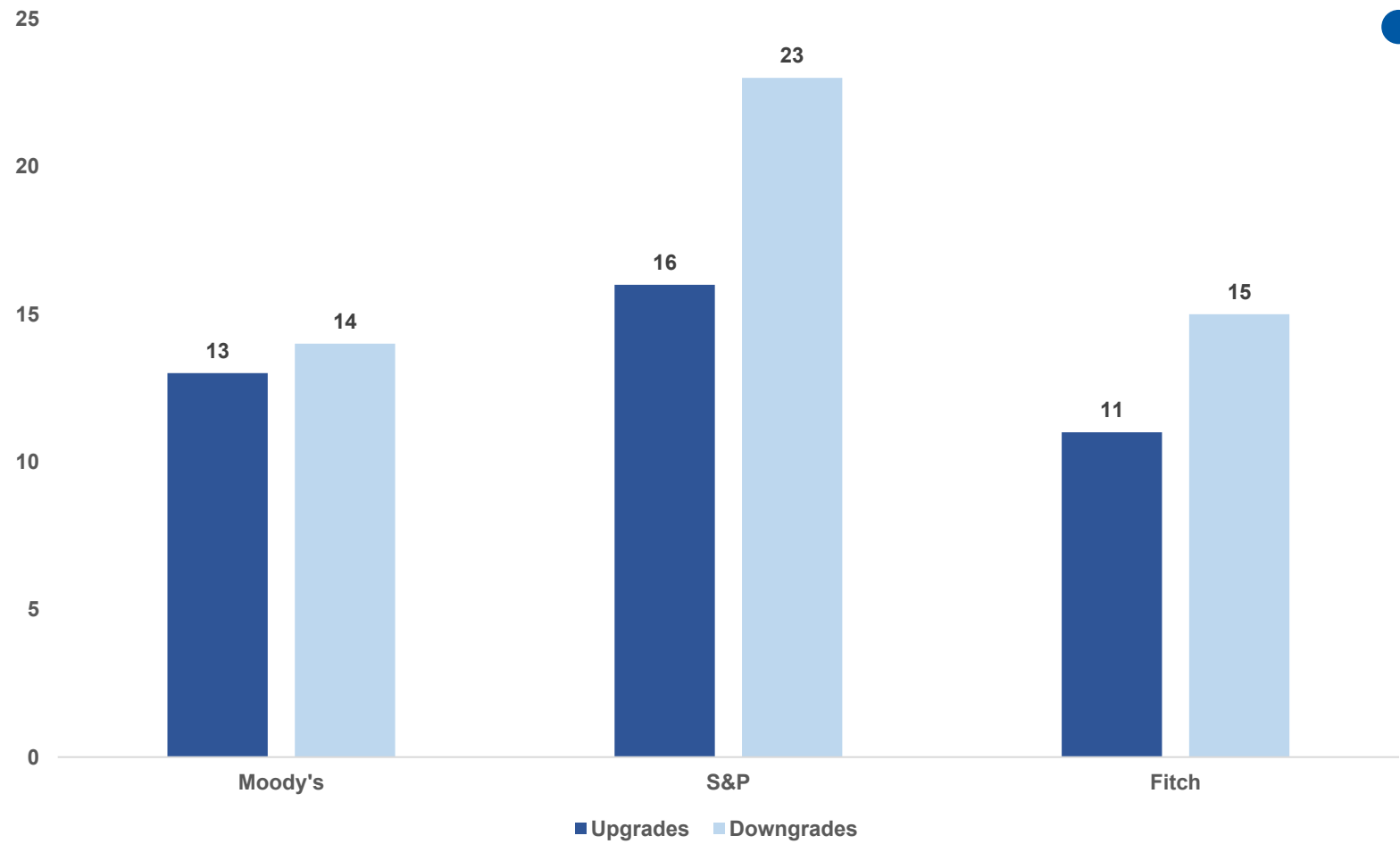
**2025 Outlook:  
Neutral**

- **Margins will show steady** improvement; revenue growth to edge out expense growth
- **Days cash on hand will improve**; capital spending returns to longer-term strategic focus
- **Covenant violations** to decline and relegated to lower rated borrowers
- **Labor and physician shortages will pressure performance** in the coming years
- Shift in payer mix toward government payers with **growing reliance on state directed payment funds**

Source: Moody's, S&P, and Fitch sector outlook reports

# Downgrades Moderate through Mid-2025

Majority of rating actions remain affirmations

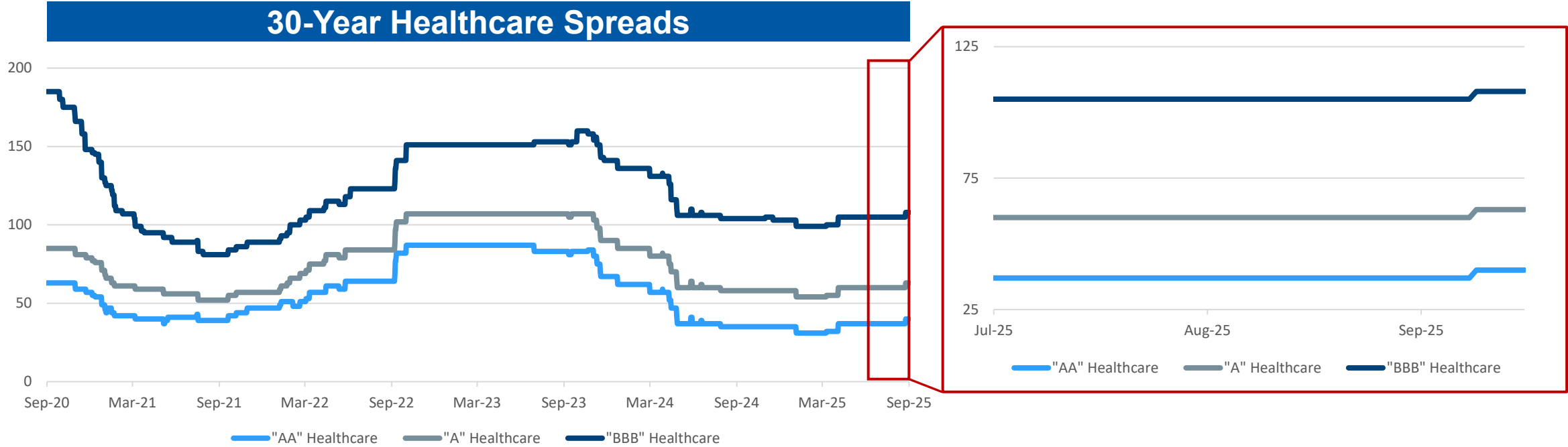


Select Upgrades in 2025

- Baylor Scott & White Health System, TX (M: Aa3 to Aa2)
- Bon Secours Mercy Health, OH (M: A2 to A1)
- Eisenhower Health System, CA (F: BBB to BBB+)
- Stanford Health System, CA (M: Aa3 to Aa2)
- Sutter Health, CA (F: A+ to AA-)

Source: Kaufman Hall internal database; Rating Agency reports through September 19, 2025

# 30-Year Tax-Exempt Healthcare Spreads Have Remained Stable

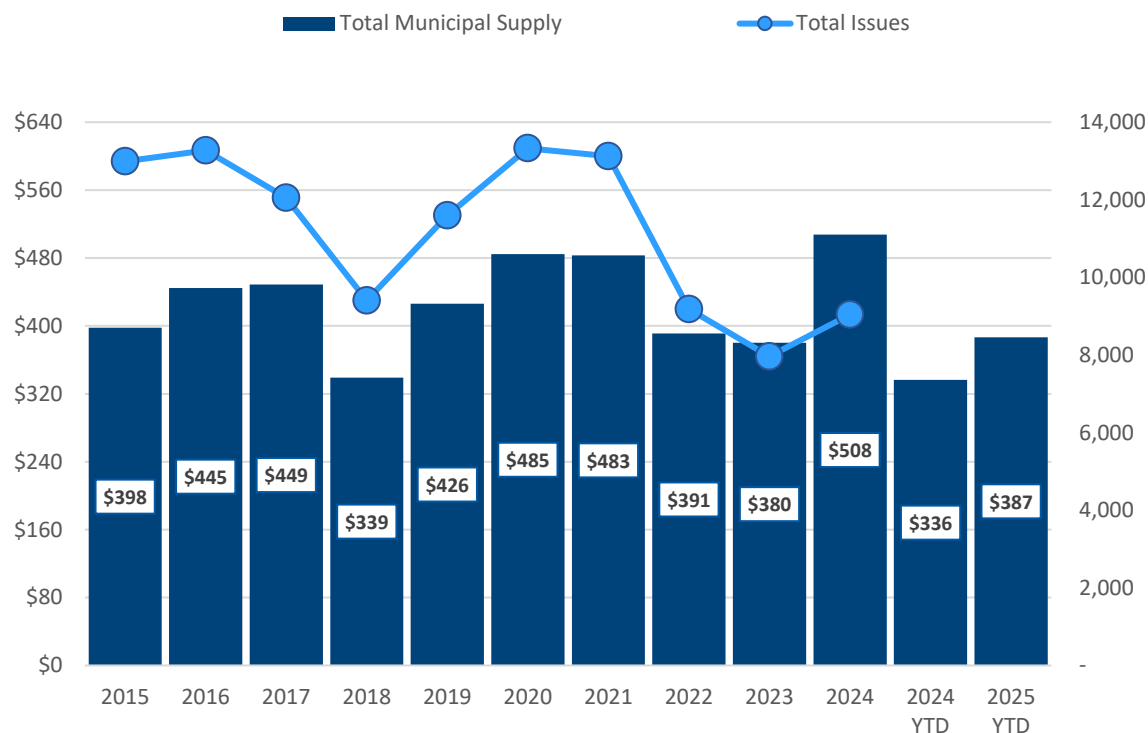


*Healthcare spreads have been relatively stable in 2025, showing little change since the passing of OBBBA.*

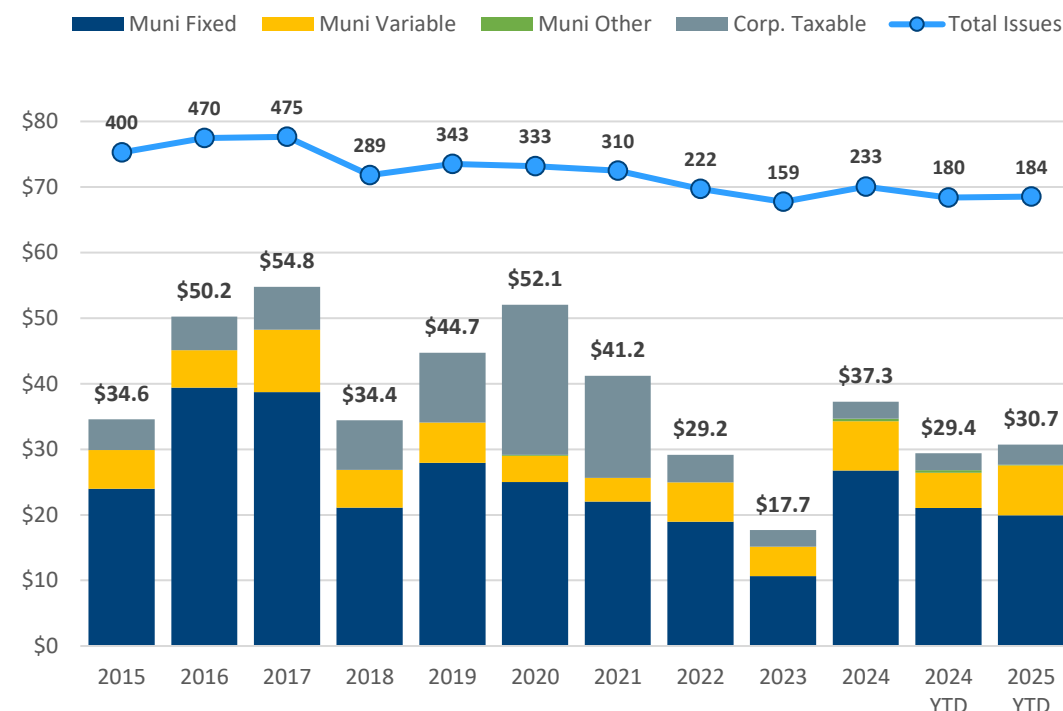
Source: LSEG Refinitiv as of September 19, 2025; Fund flow data sourced from ICI.org, inclusive of ETF data

# YTD 2025 Healthcare Issuance Slightly Higher Relative to 2024

## Total Municipal Market Activity (\$B)



## Total Healthcare Issuance (\$B)

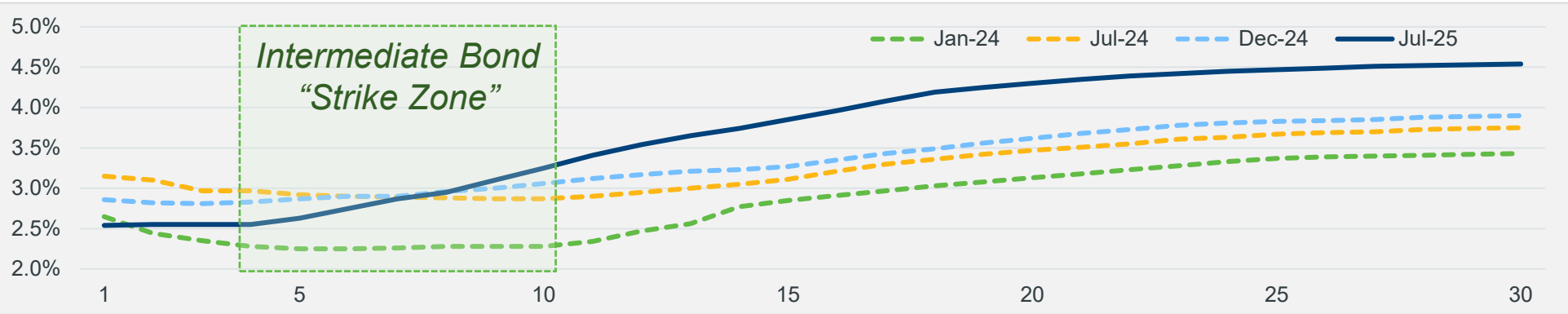


**Total municipal issuance and total healthcare supply are 14.9% higher and 4.6% higher, respectively, year-to-date 2025 compared to year-to-date 2024.**

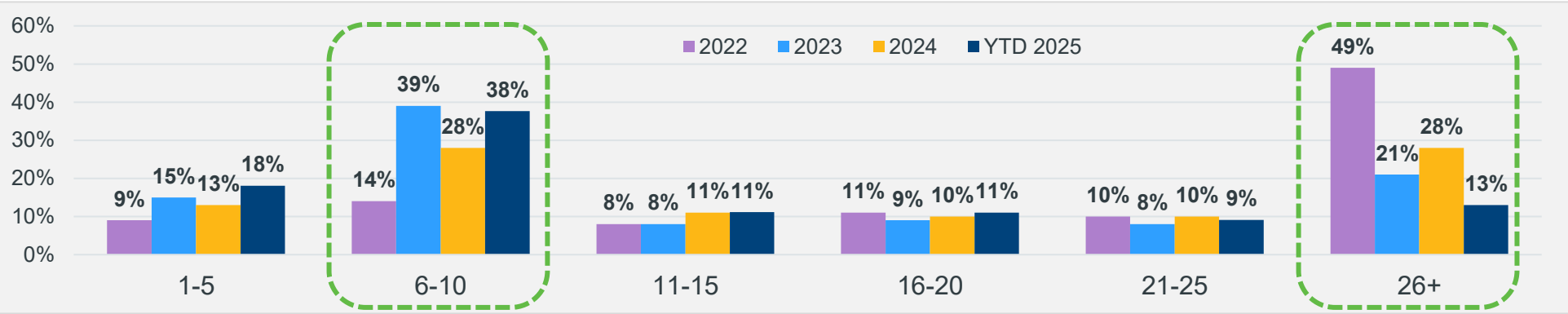
Source: LSEG Refinitiv, MuniOS as of September 19, 2025; Bond Buyer as of August 31, 2025

# Focus on Intermediate Tax-Exempt Rates

MMD Yield Curve Continues to Steepen



Fixed Rate Issuers Moving Down the Curve



**Takeaway:** As the yield curve normalizes and long-term rates climb, fixed rate issuers are prioritizing shorter maturities to secure a lower cost of capital, even though longer-dated maturities still appeal to both issuers and investors.

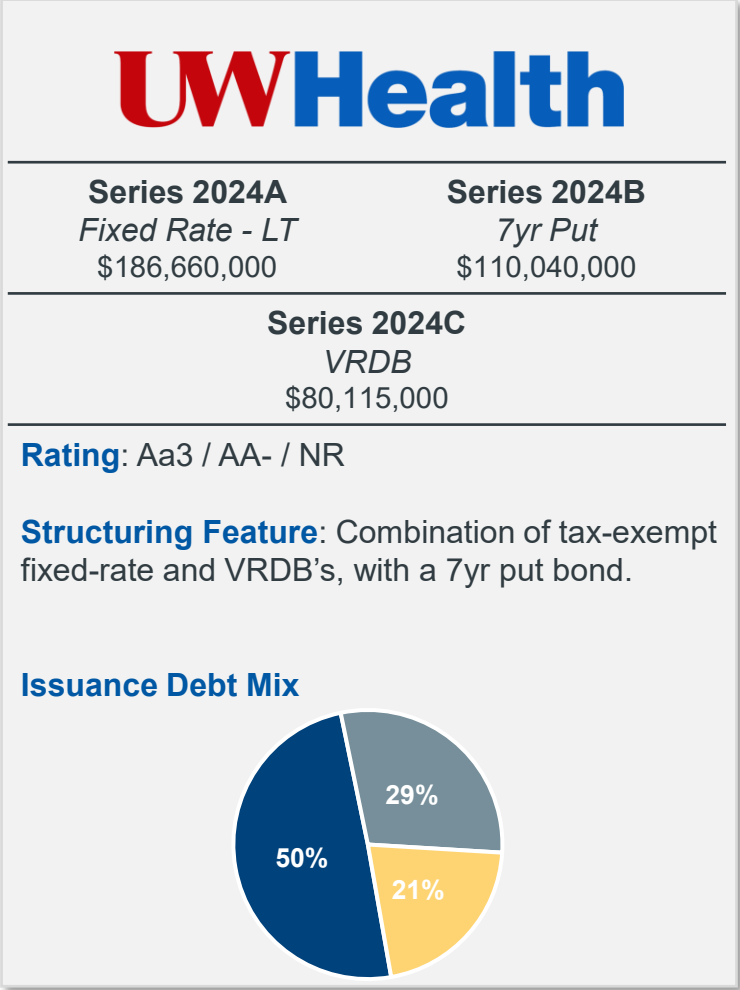
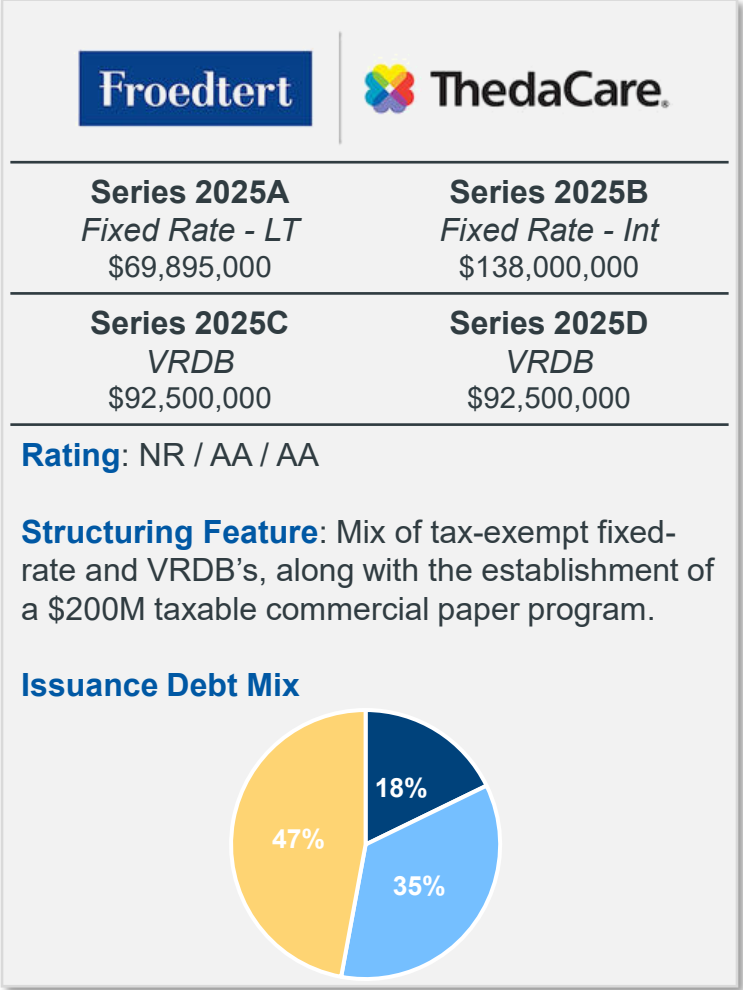
Source: Bloomberg, LSEG Refinitiv

# Borrowers Are Adapting to Evolving Markets

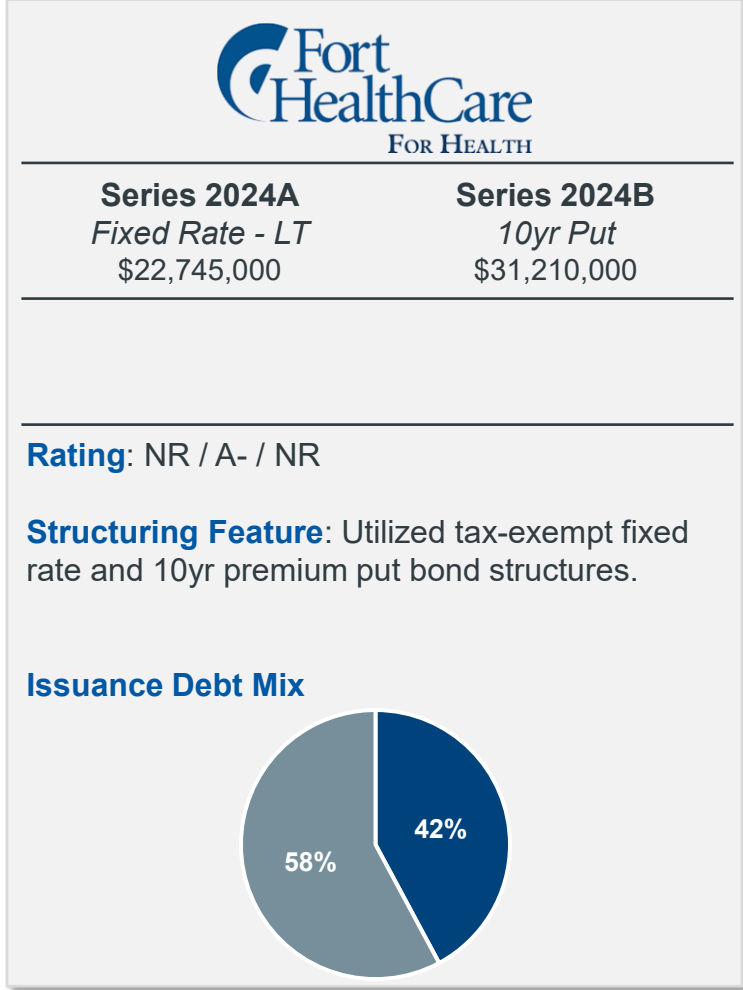
| \$ in millions                                                                                                                   | Rating at Issue  | Pricing Date | TE Fixed | TE Bullet | TX Fixed | Puts     | VRDBs    |
|----------------------------------------------------------------------------------------------------------------------------------|------------------|--------------|----------|-----------|----------|----------|----------|
|  Benefis<br>HEALTH SYSTEM                       | NR / NR / A+     | 8/21/2025    | ✓\$61.0  |           | ✓\$70.0  | ✓\$50.0  |          |
|  BAPTIST<br>MEMORIAL HEALTH CARE                | NR / BBB+ / BBB+ | 8/21/2025    |          |           |          | ✓\$45.3  |          |
|  MultiCare                                      | NR / A / A+      | 8/14/2025    | ✓\$177.9 |           |          |          |          |
|  children'shealth                               | Aa3 / AA / AA-   | 8/13/2025    | ✓\$600.0 |           |          |          |          |
|  SANFORD<br>HEALTH                              | NR / A+ / AA-    | 8/13/2025    | ✓\$137.8 |           |          | ✓\$270.7 | ✓\$250.0 |
|  NYC<br>HEALTH +<br>HOSPITALS                   | Aa3 / A+ / AA-   | 8/12/2025    | ✓\$242.9 |           |          |          |          |
|  ROSWELL<br>PARK<br>COMPREHENSIVE CANCER CENTER | NR / A- / A+     | 8/7/2025     | ✓\$123.4 |           | ✓\$51.8  |          |          |
|  Baptist Health<br>South Florida                | Aa3 / AA- / NR   | 8/5/2025     | ✓\$259.5 |           |          | ✓\$200.0 |          |
|  Beth Israel<br>Lahey Health                    | A3 / A / NR      | 8/5/2025     | ✓\$893.1 |           | ✓\$130.6 |          |          |
|  Mount<br>Sinai                                | Baa3 / BBB / NR  | 7/31/2025    | ✓\$72.3  | ✓\$176.5  |          |          |          |
|  UFHealth<br>UNIVERSITY OF FLORIDA HEALTH     | A3 / A / NR      | 7/31/2025    |          | ✓\$299.4  |          |          |          |
|  CHC<br>Community Health Centers              | NR / NR / BBB    | 7/30/2025    | ✓\$44.5  |           |          | ✓\$290.5 |          |
|  Hospital Sisters<br>HEALTH SYSTEM            | NR / A+ / A+     | 7/29/2025    | ✓\$310.0 | ✓\$100.0  |          |          | ✓\$125.0 |

Source: LSEG Refinitiv, Bloomberg, and Internal Kaufman Hall sources

# Wisconsin Issuers Diversify Financing Structures



 Tax-Exempt Put  Long-term Tax-Exempt Fixed Rate



 Intermediate Tax-Exempt Fixed Rate  Variable Rate

# NFP Health Systems Have Utilized Alternative Financing Vehicles to Help Manage Capital More Flexibly

| Type             | Real Estate                                                                                                                                                | Energy                                                                                | Other                                                                                 |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Rationale        | 1. Monetizing / developing existing assets<br>2. Outsource management of noncore assets to a more-efficient third party that specializes in subject matter |                                                                                       |                                                                                       |
| Examples         |                                                                          |    |    |
| Service Provider |                                                                        |  |  |

### **Qualifications, Assumptions and Limiting Conditions (01.30.24):**

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