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RED ALERT:

Glendale Memorial and USC Verdugo Hills at risk of cuts, closure

What's happening?

NNU's financial analysis shows that both Glendale Memorial Hospital and USC Verdugo Hills, with their reliance on Medicaid and Medicare funding and financial patterns similar to recently closed hospitals, are financially vulnerable to service cuts or even closure.

- At **USC Verdugo Hills**, nearly two-thirds of discharged patients receive health care through Medicaid and Medicare. Almost 60 percent of the hospital's net patient revenue goes from Medicare and Medicaid.
- Nearly half of patients discharged from **Glendale Memorial Hospital** are on Medicaid, while 40 percent of patients are on Medicare. Medicare and Medicaid are responsible for 80 percent of Glendale Memorial's net patient revenue.

Who is hurt?

Both Glendale Memorial and USC Verdugo Hills serve diverse populations and provide essential services.

- In 2024, the last available year for this data, **Glendale Memorial:**
 - Received 36,215 emergency room visits
 - Admitted 10,563 patients
 - Delivered 1,009 babies
- In 2024, the last available year for this data, **USC Verdugo Hills:**
 - Received 23,435 emergency room visits
 - Admitted 5,757 patients
 - Delivered 567 babies in 2024

Where will these patients go?

Adventist Health Glendale is one of the hospitals that would bear the burden of a potential closure or cuts in services to Glendale Memorial and USC Verdugo Hills, as it is nearest to both hospitals. Adventist Health Glendale has a very busy ER, with an average wait time of three and a half hours. Verdugo Hills and Glendale Memorial collectively receive nearly 60,000 ER visits each year, so closures of each or both hospitals would add an incredible burden to Adventist

Health, potentially doubling its number of emergency patients and causing patients to have to seek care further away.

Concerningly, Adventist does not offer the same services as Glendale or Verdugo Hills. For example, Adventist does not provide acute coronary services, so patients experiencing chest pains may have to drive an additional 30 minutes or more for care, traffic-dependent.

What's the bottom line?

It's clear that both Glendale Memorial and USC Verdugo are vital, lifesaving pieces of the Los Angeles community health care infrastructure. The hospitals' own community health needs assessments show that its patients are struggling with housing and at risk of homelessness (exacerbated by the Eaton Fire); grappling with a whole host of medical conditions, including mental health, substance abuse, chronic illnesses; and already have trouble getting the health care they need due to low income, language barriers, transportation, and more. The next closest facilities are incapable of absorbing these patients.

Conclusion: Across the country, there are more than 400 nonprofit and community hospitals at risk of service cuts and, eventually, potential closure—including Glendale Memorial and USC Verdugo Hills. Legislators must act to save these facilities and the services they provide.

Sources: hospital utilization rates taken from California Department of Health Care Access and Information Hospital Annual Disclosure Report; hospital financial vulnerability analysis based on Medicare cost reports; ER wait times taken from Medicare Care Compare.