As a People-Centered Academic Medical Center, Loyola University Medical Center (LUMC) plays a key role in episodic health care management and population health management, serving as a tertiary/quaternary care center for high-acuity, complex patient populations through our integrated clinical programs.

The Loyola University Medical Center Campus is located on a 61-acre campus in the suburb of Maywood, Ill., in unincorporated Cook County. In addition to the Loyola University Medical Center, the campus is home to Loyola University Health Sciences Division, which includes the Stritch School of Medicine and the Marcella Niehoff School of Nursing. While Loyola’s School of Medicine, School of Nursing, and the Center for Translational Research Education are situated at the center of campus, a majority of the campus is occupied by the Medical Center which includes: a 547-licensed-bed hospital, Level One Trauma Center, Burn Center, the Cardinal Bernardin Cancer Center, Ronald McDonald Children’s Hospital, and the Center for Heart and Vascular Medicine.

LUMC’s organizational focus is to improve the health of the patients and communities we serve by placing the patient at the center of everything we do. This will be achieved through differentiating ourselves via the delivery of integrated clinical programs that leverage our unique capabilities as an academic medical center, a consistent and coordinated network of care, operational excellence and our mission of academic medicine.

**The Benefits of the 340B Program to our Community**

Since 1969, when we opened the medical center, we’ve been working to improve the health of our community. Today, LUMC employs 6,300 individuals and offers comprehensive health care services to all. We are a member of Trinity Health, the second largest Catholic health care system in the country.

The 340B prescription drug program is a vital lifeline for safety-net providers, supporting critical health services in our communities. The program is narrowly tailored to reach only hospitals that provide a high level of services to low-income individuals or that serve isolated rural communities. Savings from the 340B program help hospitals meet the health care needs of underserved patients across the country. Congress should preserve and protect the 340B program as an essential part of the safety-net that does not rely on taxpayer dollars.

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**By the Numbers**

- **$48.9 million** – our approximate annual 340B savings.
- **14.3%** – disproportionate share percentage.
- **$123 million** – amount spent annually on drugs.
- **7.1%** – operating margin (including 340B savings)
- **25** – miles away from the next closest institution that provides similar services.
- **$216.6 million** – uncompensated care provided last year (uncompensated care includes charity care, bad debt and underpayment from public programs).

We use our 340B savings to help care for all patients regardless of their ability to pay. We operate 21 clinic locations dedicated to provision of care for all patients including the poor and underserved. All employed physicians participate with Medicaid. We experience approximately 39,000 emergency department encounters annually which include more than 3,300 trauma service admissions. We also provide 43,000 urgent care visits annually.

Along with the annual $216.6 million in uncompensated care, one specific program our savings help support is our Discharge Prescription Access program. We are able to fill prescriptions with no cost to patients who are 200% of the Federal Poverty Level with no insurance or with insurance and co-payments that are unaffordable. More than 33% of Maywood falls within 200% of the Federal Poverty Level. In 2020, we provided over 3,798 prescriptions to our uninsured and underinsured patients via the 340B program.
Impact if the 340B Program is Scaled Back

If the 340B program is scaled back or eliminated, LUMC would not be able to continue our Prescription Access Program. The health system finances would not continue to support our robust Community Benefit structure.

Considerable program reductions and restructuring would be required to maintain an operating margin sufficient to replace critical equipment and to continue to provide essential services to patients in our community.

Many jobs would be lost and our ability to continue being a community safety-net provider jeopardized.

In addition, our ability to provide Oncology care to the uninsured and underinsured patients would be significantly impacted.