



FOCUS GROUP FINDINGS

Medical Debt Messaging

Lake Research Partners conducted six online focus groups among adults nationwide. The groups took place between July 15 and July 24, 2024, and participants included a mix of genders, race/ethnicities, ideologies, and people who both have and have not experienced medical debt.

The purpose of these focus groups was to explore the attitudes people hold around medical debt and test which messaging frames lead participants to support a range of healthcare reforms.

This study was commissioned by the Cost & Coverage Collaborative.

Key Findings from the Medical Debt Messaging Focus Groups



Respondents were **extremely unhappy with the state of the healthcare system** in this country and are **very concerned about medical debt**. They expressed fear around the surprise of medical costs and debt and say it can affect anyone.

- Younger participants tended to be less concerned about medical debt, but those who have families or are older were keenly aware of healthcare costs because of personal experience—even those who have not had medical debt shared stories about loved ones who do or stressful experiences taking care of parents or children.



Respondents see **corporate greed as a direct cause of medical debt and high healthcare prices**. Many participants identified Hospitals as one of the corporations driven by “greed”. However, some respondents said they see this as the way the system works and don’t see a way to change it.

- Respondents of color were more supportive of a universal healthcare system than white respondents.
- Insurance company practices are seen as a major problem.



Participants were also aware of how deliberate decisions have created the problem of medical debt. Female respondents in particular expressed that medical debt is a natural and intended effect of a predatory system, while Latino participants pointed out how the U.S. could afford to provide affordable care to everyone, but they choose not to.



Almost **all of the messages we tested were powerful**, underscoring the emotional salience of this issue. Participants particularly responded to messaging around how medical debt gives you **no choice** and forces someone into choosing between care and other basic needs, that medical debt can be like a **thousand papercuts** of costs adding up, how **costs can be even more stressful than a diagnosis itself**, how **debt can impact credit scores and even cause bankruptcy**, and that **corporate greed** is causing medical debt by price gouging patients. **(See full text of messages in Appendix.)**

KEY FINDINGS



Though participants universally agreed that we need to fix our healthcare system, **they struggled to conceive of how to make meaningful change that gets to the root of the problem** instead of just addressing the symptoms. Many participants expressed a lack of trust in the government to make the right decisions.



Participants described a broad set of problems, and the conversation often resembled discussions prior to passage of the Affordable Care Act (ACA). Respondents expressed stress about costs—deductibles, copays, holes in coverage, debt, and how long current coverage will last.



For Black and Latino male respondents, **framing Medical debt as a racial equity issue** proved powerful. White respondents were more likely to see **class** as a major driver of inequities in healthcare as opposed to race, and responded more to a race-class narrative frame. Black women respondents were well aware of existing racial disparities but preferred a **class-based frame over one focused on race**.



When probed about whether **dental care contributes to medical debt**, participants said that it does that it does. Respondents expressed that **dental costs are incredibly high and that coverage for dental care is often poor**. Many reported **delaying dental care** because of costs.



For participants, medical debt stood out as different from other kinds of debt. This included the ways medical debt can be accrued suddenly due to accidents, how it can be a surprise without awareness or communication about certain costs, and how it can happen to anyone—as opposed to accruing credit card debt because of overspending. Respondents felt that where one has a choice about other types of debt, they often have no choice, control, or even warning about medical debt.

Methodology and group composition

This research project was comprised of six focus groups, held on July 15, 23, and 24, 2024, segmented as follows: July 15 with swing white men who are moderate/conservative and have past or current medical debt and with base Black men with a mix of debt; July 23 with swing white women who are moderate, suburban, and do not have medical debt and with base Black women with a mix of debt; and July 24 with Latino men who are moderate/progressive with a mix of debt and with adults ages 18-35 with a mix of debt. Swing groups were defined by anyone who said that they have some or hardly any trust in the healthcare system. Base groups were defined by anyone who said it is very important for the government to take action to reduce medical debt. Participants were recruited nationally and reflected a mix of educational attainment.



Messaging Insights

Views on medical debt

Respondents across groups were moved by the thought of medical debt. It made them sad and angry, particularly the idea that **it can happen to anyone through no fault of their own** and that it can affect the care you receive. They did not blame people for getting into medical debt and said it can't be prevented. Almost all of the respondents had some familiarity with the issue.



Everybody's affected. Let's face it. No matter who you are, you can be affected by medical debt."


– White woman, no medical debt

Participants were worried about getting into medical debt themselves, especially because of costs related to aging and the increased amount of care people need as they get older. There was a sense that it can happen to anyone at any time—though Medical debt was less top-of-mind among respondents in the under 35 group, however they still agreed that it is a problem.




I'd say it's in the back of my mind. On a day-to-day basis, I try to live a healthy lifestyle and try to be as safe as I can be. However, there is that off chance of getting into an accident or getting injured, even tripping and falling and bruising your arm, for example, you might have to go to the hospital."


– Under 35, white man, current medical debt



Participants were likely to identify hospital stays as one of the main drivers of debt, and many expressed anger and blame toward hospitals for charging exorbitant prices. Black male respondents particularly expressed anger towards hospitals, with some saying that hospitals are intentionally trying to cheat people by price gouging. White male participants were more likely to attribute medical debt as the result of many smaller bills piling up. Participants in all groups mentioned the issue of costs piling up over the course of treatment with numerous bills for various things that may or may not be covered.



Most participants agreed that medical debt is an issue of both cost and coverage. White male participants were more likely than other participants to identify medical debt as a coverage issue, while the participants under 35 emphasized costs and price gouging.




A key element that stood out about medical debt is that it is a surprise. This contributed to participant's concerns that it could happen to them or anyone and differentiates it from other types of debt. Several participants also said there is a lack of transparency and consistency with costs that contributes to surprise bills. Participants expressed feeling like they have little **control** over medical debt, which was another distinguishing factor.



Anyone that's ever gotten or requested a detailed bill from the hospital and you open it up and it's like a four-year-old's Christmas list. It goes down like this. It's this long."

– White woman, no debt



Participants saw a difference between mortgages or credit card debt and medical debt. With mortgages or credit card debt, participants said you generally know what you're getting into. When it comes to medical debt, participants said it's something that you don't choose and often have no idea what amount you will face. Another difference between medical debt and other debt that surfaced in these groups was that people usually need the care that puts them in debt, and it could be a matter of life or death, whereas other debt is not to meet a basic need and can be a **choice**.



I think what makes medical debt and medical bills so stressful is that unlike any other service or product you get, you [don't] know what it's going to cost you before you do it. You know this is going to cost X amount of money. But when you go get that MRI, you don't know how much the bill is going to be in the mail, or if you're going to have to pay it. And you don't know how they calculate it."

– Latino man, past medical debt



It's different because the other debt could be from choices that you made, whether furthering yourself or wanting to have this or what have you. But, in the case of medical debt, it's something that is totally uncalled for."

– Black man, past medical debt

Medical debt and agency

Participants in most of the groups agreed that there is “no choice” in accruing medical debt—but think people face an “impossible choice” once they have debt. Respondents agreed that medical debt both creates *impossible choices*, and that it leaves you with *no choices* at all. Both frames elicited feelings of sadness and frustrated and create a sense that the system is broken.

In most groups, participants said that the “no choice” idea makes more sense than “impossible choice” because often, people with medical debt are not given any choice in the treatment they receive.



Message

IMPOSSIBLE CHOICES

Medical debt forces you to make impossible choices between healthcare and basic everyday needs.

NO CHOICE

Medical debt is involuntary. Most accidents or injuries happen without you having a choice. Someone might make bad decisions running up credit card debt, but medical debt is different and can happen to anyone.



...no one chooses to get sick or hurt or cancer, that's something that happens to you. So it's like for the debt to come behind that on top of it's like a double whammy kind of."

– Black woman, current medical debt



Well, the case of my brother-in-law, when he had the accident and he was unconscious. They took him in the ambulance and started treating him. He didn't have a choice and then he has this debt that's impossible."

– White woman, no medical debt

MESSAGING INSIGHTS

Participants agreed that there is often an impossible choice between healthcare costs and basic everyday needs. Though they did not name it unprompted, most participants agreed that healthcare is a basic everyday need. Some participants said we often don't treat it that way because there are so many other pressing needs and because many people do not need care every day.



Honestly, if it's a person who has to go to the doctor more often, then I would say it's a basic daily need, but for somebody who isn't sick all the time or doesn't need it every day, I wouldn't say it's every day basically. Then again, you could get in a car accident tomorrow and then have to live off of something that you need medically and have to have that insurance, and so then it would turn into that."

– Under 35, Latina woman, current medical debt

The “thousand papercuts” frame resonated strongly across groups, particularly with female respondents and respondents of color. Most participants agree that costs can pile up quickly, even for people with health insurance. Participants who have not had long hospital stays or major illnesses or injuries said they can understand this on a personal level, but also said it's true for people with more serious issues.



Message

THOUSAND PAPER CUTS

We've all heard stories of people racking up hundreds of thousands of dollars of medical debt following a serious injury or illness, but unaffordable healthcare is a problem even when it isn't dramatic.

For many families, unaffordable healthcare costs are death by a thousand papercuts. It's spending a few thousand dollars a year for your insurance premiums, and then still having to pay \$30 every time you take your kid to the doctor, paying hundreds for lab work, on top of the \$100 copays for your prescriptions each week. When most families are living from paycheck to paycheck, even a few thousand dollars of medical debt can be financially devastating.



What is the impact of debt?

Participants across groups had a strong emotional response to the “Debt Diagnosis” message. They agreed that people are often equally or more concerned about the cost of treatment than the diagnosis itself, and that people often delay treatment because they are scared of the cost. Participants across groups often said that they have avoided or delayed care due to costs.

Message

DEBT DIAGNOSIS

The threat of medical debt is so widespread that many people are more afraid of the cost of treatment than their actual diagnosis. They defer or delay potentially lifesaving treatment, often resulting in the risk of even higher debt and poorer health.

Participants were also likely to agree that financial stress contributes to health issues, which many pointed out leads to even more costs down the line. Respondents in the Black women and Latino men groups often pointed out that many people don’t get preventative care because they can’t afford it, leaving them with serious health issues and medical debt.



It’s like a double shot to the gut. It’s like you get this diagnosis and you’re freaking out about that, and then maybe 30 minutes or an hour later, the next day you’re like, wait a second. Not only did I get diagnosed with this horrible condition or whatever, and now how the hell am I going to pay for this?”

– White man, past medical debt

Participants also connected with the idea that the impacts of medical debt can be long-lasting and have effects down the road. Black participants especially related to how medical debt and costs cause stress and depression in addition to financial impacts. Participants in all groups were particularly alarmed by the idea of medical debt putting someone into bankruptcy.



It's very wrong. It's just wrong... That somebody is going to go into bankruptcy because they got cancer. They had a massive stroke and now, they have to sell the family home that they've lived in their whole life just to pay for this. **That's ridiculous. It's cruel. It's adding insult to injury and as a society, how can you do that to people?"**

– White woman, no medical debt

This line of messaging also ignited a sense of justice among white male participants. Many said it is wrong that medical debt can affect credit scores and that it's something we need to change. Participants in the under 35 group also said it's unfair and sad. Latino participants were slightly more skeptical about impacts to credit score and bankruptcy and expressed that there might be some protections against situations like these.

Who – or what – is to blame?

For participants, there were clear villains in this story. When asked what causes or drives medical debt, **respondents blamed hospitals, executives at insurance and healthcare companies, and the government.** They saw medical debt as exploitative, particularly among Black and Latino male respondents. Despite saying that healthcare is less affordable for low-income people, they did not blame employers for paying low wages, but rather focused their blame on healthcare companies and the prices they set.



So I do think [shame] should lie with the greedy corporations, but then I also think it should lie with the government for letting the greedy corporations get away with it.”

– Latino man, current medical debt

If anything, the ease with which participants identified villains suggests we either need to lump them all together into a wider frame (which poses challenges if we want to avoid a frame of completely overthrowing the system with something else), identify the single strongest construction short of a complete overhaul, or single out one for strategic purposes given future advocacy efforts.



In every group except the white women group, participants explicitly named capitalism when discussing the causes of medical debt and explaining how the U.S. healthcare system operates. Though they didn’t explicitly name it, white female respondents still repeatedly described a healthcare system that values profits over people. Participants in the Black women and Latino men groups were more likely to mention capitalism as a root cause than other groups. Many respondents say they feel resigned to this economic structure and feel hopeless for systemic change because it’s too big to change the economic system (capitalism), and it’s not just the healthcare system that is broken.



I understand that it’s a capitalist country, but certain things should be regulated just because people shouldn’t be sick for nothing.”

– Latino man, no medical debt

Moderator: What does it say about us as a people, as a country, that medical debt exists in the first place?

Participant: That we don’t care about our people. That profits are far more important than the people that it’s supposed to be treating.

– White woman, no medical debt

Participants in all groups mentioned greed: executives raising prices of care, drugs, and premiums so that they make more for themselves and their shareholders. Participants reacted especially strongly to the “Ripped Off” message.

Message

RIPPED OFF

It feels like healthcare industry CEOs and big insurance companies are ripping us off at every turn—making us pay even more to use our coverage and up-charging us any time we visit a hospital or provider. It doesn't feel good to be ripped off by the people supposed to be providing us with high quality care.

Some white male participants pushed back against the greed message. While they did agree that prices are too high and it's driven by corporate greed, they struggled to see an alternative. Some said that this is just how things work under capitalism, and they don't want an alternative that would limit profits. Participants in other groups were more perceptive to the idea of holding corporations accountable.

Message

PROFIT OVER PATIENTS

It feels like healthcare industry CEOs and big insurance companies are ripping us off at every turn—making us pay even more to use our coverage and up-charging us and even price gouging us any time we visit a hospital or provider. They're putting profits over patients when they're supposed to be providing us with high quality care.



They want to make as much as they can. That's part of being living in the United States, is it's a capitalist economy or society. You're allowed to try to make as much as you want. It sucks sometimes, but what can you do about it? You need the medicine."

– White man, past medical debt



Black female respondents noted that the greed message doesn't get to the root of the problem and that it's the fault of the whole system, not just CEOs who are working within that system. While these respondents don't deny that there are villains, they see the larger issue as the system that allows for corporations and CEOs to raise prices and harm patients.



I feel like if the statement spoke more to just the system of healthcare that we have built in this country that is ripping us off, it would be more honest. And I feel like people would relate to it more because it's not like, yeah, everyone hates the CEO, but the CEO is just doing their job. The system that the CEO works within is what's got their foot on our necks. It's not the person itself."

– Black woman, current medical debt



Respondents in all groups said “price gouging” is the most accurate description of what is happening. They said it is accurate and sounds more severe than “up-charging,” though white female participants said the healthcare industry is doing both.

Medical debt in context

After discussing and reading messages (see appendix for full list of messages), we asked participants what stood out most about medical debt.

For participants in the white women group the threat of bankruptcy, the surprise of not knowing what costs will be, and how it shouldn't be the case that people delay care because of costs stood out most. For Black women participants, how the system creates and thrives off medical debt while patients can't afford the care they need stood out most. For Latino participants, how medical debt is universal in this country stood out, and for participants under 35, the importance of transparency in pricing and holding healthcare corporations accountable stood out most.



For me, it's the lack of transparency. You can look up the prices of cars. You can kind of negotiate, again, beforehand, but it depends on what hospital you go to, what state you're in, what insurance you have. And you still are probably not going to know the actual price until after the service because then they have additional fees and other things on top of if you were quoted with that price."

– Under 35, white woman, no medical debt




I would definitely include how medical debt is manufactured. It's not something that's inevitable. It exists because the system creates it and thrives off it."

– Black woman, current medical debt



I don't think someone should have to delay getting care that they need because they can't afford it or not go to a doctor."

– White woman, no medical debt




When framing medical debt within the context of the healthcare system, participants emphasized how deliberate decisions have gotten us to this point. Both white and Black female participants rejected the idea that medical debt is a “side effect” of a broken system— many of them said it is the main effect, and the intended impact of a system that is set up to take advantage of the people. Among latino participants, many said that this country could afford to care for everyone without putting people into debt, but it chooses not to.




This country should not be looking for examples to straighten out their healthcare. This country should be leading the world in healthcare. But unfortunately, again, the money, the manipulation, and them being able to get what they want, is what’s happening.”


– Latino man, no medical debt



Participants pointed to the fact that medical debt exists as a sad and disappointing reality of what our country is like. Among Black and white female respondents, some said that it shows that we don’t care about each other, and profits are always placed above people. In both the Latino and under 35 groups, respondents pointed out that other countries don’t have this issue because they have universal healthcare. They said it shows that the government doesn’t care about us and corporate profits are the top priority.



In describing medical debt, participants offered deeply negative adjectives, like “suffocating, predatory, insurmountable, crushing, disheartening, and debilitating.” They described it in terms of a hopeless burden. White female participants were more likely to prefer “mountain of debt” to “pile of debt” because they said it seems much more difficult to get over.



“Pile” resonated with some—one white male respondent referred to it as “another rock thrown on to the debt pile.” Participants under 35 also said a pile of debt makes sense because it can be smaller things that pile up, and that medical debt could be like a maze that you have to navigate to get out of or a ball and chain dragging you down.



I think I see it as sort of like a maze. I have to navigate in a lot of different directions, but I think eventually, if you know how to work your way around it, something favorable could come out of it. It's just your knowledge of the system and how you can use your words and ways to navigate whatever amount of debt you're in."

– Under 35, Latino man, current medical debt



I think I agree with the pile, the mountain of medical debt because it's again, going back to something that you didn't want. It's not a house, it's not a car, and so you're feeling like it's something that's a ball and chain that's dragging you down and not being able to accomplish things that you want to accomplish."

– Under 35, Latina woman, current medical debt



"Surprise medical debt" was seen as an oxymoron to many respondents in the white women group. They see surprise as an intrinsic element of medical debt.



I think surprise medical debt is like an oxymoron because it's always a surprise. You never know when you get the bill what it's going to be."

– White woman, no medical debt

Racial equity

As noted, participants tended to view this conversation through the lens of class, as opposed to race. We are able to bring race into the conversation by noting health disparities, but even among groups of color, many said they see debt as a function of the “haves versus the have nots.”

White participants were less likely to be moved by equity framing. While some acknowledged that racial disparities exist, many connected them explicitly to class and pushed back, saying that low-income people of any race are worse off when it comes to medical debt and healthcare costs. When shown a list of statistics (see call out box), white respondents were more likely to focus on those that impact everyone, not those specifically about racial disparities. Participants in the under 35 group were more receptive to equity framing, even if they weren’t previously aware of disparities.



I’m thinking all Americans and basically not based on race. So, anybody that you’re making 20 grand or 50 or a hundred, what coverage you have? Do you have health insurance? So, it’s based on what people are making, I think.”

– White woman, no medical debt

Statistics about racial disparities and equity messages (see appendix) were poignant for Black and Latino male respondents. They were keenly aware of disparities in healthcare and longstanding structural racism behind them. Black male participants named things like redlining, environmental racism, food deserts, and direct racism in healthcare systems. While these things came up in discussion with the Black female respondents, they were more likely to tie the issue to class. Whereas Black and Latino male respondents strongly agreed that medical debt is a racial justice issue, Black female respondents were less sure, and continuously related back to medical debt affecting everyone. Despite this, respondents across all groups were aware of healthcare disparities among Black women.



There's a lot of nuance to healthcare when it comes to different minority groups. So someone who's White who lives in an area but they don't have as much pollution, but financially they could be not as well off. They may not get adverse health effects versus there's a lot of communities like Black communities or Hispanic communities, they live in areas where it's not just that it's more impoverished, it's that they literally have environmental racism... There are way more higher probability to get cancer and get all these things happening. So, when all of this is affecting you, you actually need to go to the doctor even more so, but you don't have the money to versus someone who, they have the money, but relatively where they live, it's perfectly fine. So, they don't even have to go to the doctor, not as much."

– Black man, current medical debt

Statistics

Participants were shown the following statistics to do with medical debt and race/ethnicity:

- Medical debt represents 58% of all debts in collections.
- 62% of all bankruptcies are due to medical debt.
- Medical debt disproportionately affects people of color— 28% of Black households and 22% of Hispanic households have medical debt compared to 17% of white households and 10% of Asian American and Pacific Islander households.
- Uninsured people have on average \$31,900 in medical debt, and even insured people have on average \$18,800 in medical debt.

Dental care and medical debt

When probed about whether dental care contributes to medical debt, participants said that it does. They said dental costs are incredibly high and coverage is often poor. Many reported delaying dental care because of costs.



[Dental costs] could be even worse, because that falls into the category of what is necessary and what is cosmetic. So you can have a broken tooth and if you don't have a good dentist, the insurance company, nine times out of 10 will say, 'Well, we're not going to take care of that.' I've been lucky, I had to have a root canal and have a cap put in, and he was able to prove to the insurance company, he needs this, this is a medical thing."

– Latino man, no medical debt



Yeah, dental debt is crazy. I remember when I was 16 and one of my teeth had literally cracked open and so the nerve was exposed and I was like crying all night and my mom, she was off gallivanting wherever she was and so I had to go to urgent care by myself and they were like, "Okay, we can't help you, you have to go to a dentist." So then I went to a dentist and then they were like, "Well, you're 16 so we can't operate on you without your mom being present." And so I had to call her, we had to do a whole thing so that way they can operate on me... if I wasn't under her insurance, him just taking out that tooth removal would've been \$5,000 and it was half a tooth, it wasn't like it was the whole tooth."

– Black woman, no medical debt

Challenges and opportunities

There are several challenges that we face going into further research and communication on this issue:

- **People have a lot of cynicism about medical debt and the healthcare system as a whole.** They have a sense that there is nothing we can do about it or can't conceive of anything that could actually fix it.
- To that end, **current solutions don't seem like enough.** Things like capping out-of-pocket interest rates, while popular among respondents, were seen as treating outcomes but not the source of the problem. Participants also perceived these solutions as displacing costs from patients who can't afford them to other patients who also experience high costs themselves.
- **Many people see the government as part of the problem.** Participants said they don't trust the government to implement policies that would help people with healthcare costs, and that the government allows greed by not regulating corporations.
 - Participants also weren't moved by the Affordable Care Act (ACA) as a past healthcare victory—saying they see the ACA as benefiting corporations and not doing anything about high costs. We tested this as a way to overcome cynicism, to show that we have come together in the past to affect change and to have them believe we can do so again. The passage of the ACA did not create any sense of efficacy among respondents. General cynicism toward our political system and the ability to change policy to benefit people over corporations remains a challenge in need of a strategy.
- **Medical debt as an issue focuses the conversation on finances and class rather than race.** While issues with the healthcare system are prominent, medical debt can shift the conversation away from a healthcare focus to a financial space, especially when talking about bankruptcy and credit scores. The term itself, by containing the word “debt,” implies a financial frame.
 - It also leads people to focus on class when thinking about those who are most impacted, and to be skeptical of a racial equity approach (as we saw in the groups). Since the medical debt issue is so finance-based, participants were more likely to think about lower-income people as most impacted, not Black or Brown people. But mentioning racial health disparities (particularly Black maternal health) can help

CHALLENGES AND OPPORTUNITIES

refocus that conversation in an equity space. Black maternal health disparities have continually come up in focus groups and appear to have broken through into the greater dialogue around healthcare, racial equity, and structural racism.

→ **Our current language obscures culpability**, despite obvious villains. By using metaphors like a “mountain of medical debt” or “pile of debt,” we do not invoke who or what created that debt in the first place.

- Focus group participants offered “ball and chain,” which is potentially a useful metaphor. Alternatively, “shackled” could be powerful because it shows that someone has purposely created medical debt and describes the way that medical debt can drag someone down and impact their life. It also allows for a solution—a removal of barrier or weight/chain. In past work, we have also seen success with “barriers,” which makes it obvious both that someone put up those barriers and that we can take them down. However, it also may activate imagery of incarceration.

We also have some larger challenges and questions to think about in a broad sense:

→ **How do we harness the anger people have about medical debt while not contributing to cynicism?**

- Anger can be motivating, but also creates a sense that everyone is a bad actor and therefore there’s nothing we can do. When our messages are all focused on problems, we can activate this cynicism instead of alleviating it. We need to figure out how to take the strong emotional response to medical debt and direct it toward an aspirational future and call to action.

→ **What is the larger solution that gets to the root of the problem?**

- Offering a concrete larger solution could reduce cynicism by countering the doubts that government or anyone else could do anything to fix our broken system and create energy to organize toward a better system, even incrementally. Solutions that lead toward change will include more comprehensive coverage and lower costs for drugs and care.



Appendix: The Messages

Issue-framing messages

IMPOSSIBLE CHOICES

Every day, mounting medical debt is forcing people to make impossible choices between getting the healthcare they need and paying for other basic needs like filling the fridge or paying the rent.

NO CHOICE

Nobody chooses to have medical debt. You get it because you can't afford the healthcare you need when you're sick or injured. It's not like other debt – so let's stop treating it like it's about personal financial responsibility when it's really about out-of-control healthcare costs.

TAKE ADVANTAGE OF PATIENTS (groups 1 and 2 only)

It's simple. Lifesaving treatments shouldn't bankrupt families. Prescription drugs shouldn't cost \$25,000. You shouldn't have to pay \$100,000 for an overnight hospital stay. But insurance companies, hospitals, and drug companies are all charging sky high prices and taking advantage of patients who need care – leaving us buried in medical debt.

THOUSAND PAPER CUTS

Healthcare is unaffordable even without a serious illness or injury. Health insurance doesn't work the way it used to. After paying thousands in premiums, there can still be thousands more in deductibles. After that, there are co-pays at the doctor's office and pricey prescriptions at the pharmacy. It's like a thousand papercuts. No wonder millions of people are living under a pile of medical debt. It has to stop.

LONG LASTING

The consequences of medical debt can last long after you've recovered from an injury or illness. Even minor medical debts can impact your credit score and therefore have a ripple effect on your ability to get a loan for a car or home. It can even prevent you from getting a job – trapping people in a cycle of financial stress.

THE DEBT DIAGNOSIS

The threat of medical debt is so widespread that many people are more afraid of the cost of treatment than their actual diagnosis. They defer or delay potentially life-saving treatment, often resulting in the risk of even higher debt and poorer health.

APPENDIX: THE MESSAGES

BANKRUPTCY

No one takes on medical debt as the result of irresponsible or lavish decisions, or because they went on a spending spree on their credit card. Medical debt is the result of needing critical, sometimes life-saving, medical treatment. And yet, just like credit card debt, medical debt is subject to the same predatory collections practices and even bankruptcy. Saving your life can cost you your home.

PROFITS OVER PATIENTS

It feels like healthcare industry CEOs and big insurance companies are ripping us off at every turn - making us pay even more to use our coverage and up-charging us and even price gouging us any time we visit a hospital or provider. They're putting profits over patients when they're supposed to be providing us with high quality care.

THE WEALTH GAP

Our economy is out of balance and getting worse, with the rich taking more and more. And it's getting worse because medical debt is stacking the odds against hardworking people. We're punished financially because corporations set sky high prices for basic healthcare that most of us can't afford - and then we're forced into a debt spiral that is impossible to climb out of.

RACE/CLASS

Every one of us, whether white, Black, or Brown, should be able to get the care we need without going into debt. But a handful of corporations have rigged the rules to protect their profits. They blame us when we can't afford the prices that they set high. Then deny us healthcare while we are in a debt spiral they created that we can't climb out of.

WE'RE ALL AT RISK

Nobody is immune from medical debt - it can come for us at any time. It feels like we're all one illness or injury away from bankruptcy. Even when we think we have "good" insurance, the fear of medical debt is always lingering over us.



Equity messages

BEST HEALTH

Medical debt creates a vicious cycle for Black and Brown people, who already experience worse health outcomes by many metrics and experience higher rates of medical debt. You get sick, you get buried in debt, and then you avoid or delay getting the care you need to get better because you can't afford it. People are living sicker and dying younger because of medical debt. We need to address and prevent medical debt so everyone has a chance to achieve their best health.

FAIRNESS

It's appalling that in 2024, Black and Brown people still experience worse health outcomes, reduced healthcare access, and lower quality service from providers compared to white people. For a whole host of reasons, medical debt also has a greater impact on Black communities – and it's widening the racial health gap even further. Nobody should have more or less opportunity to have financial stability or health because of the color of their skin. We should address and prevent medical debt as a matter of fairness.

RACIAL JUSTICE/BLACK

Black people living in America are still dealing with unequal access to healthcare, opportunity, and financial security. Medical debt is just another example of this. We're harder hit by medical debt than other communities are – and it's impacting our health and wealth. Addressing and preventing medical debt is a racial justice issue.

RACIAL JUSTICE/BLACK & BROWN

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**COST & COVERAGE
COLLABORATIVE**