



NATIONAL SURVEY — EXECUTIVE SUMMARY

Medical Debt Messaging

METHODOLOGY

Lake Research Partners designed and administered an online survey from October 7–13, 2024. The survey reached a total of 1,000 adults nationwide with additional samples of 200 Black adults, 200 Latino adults, 200 Asian American adults, and 200 Indigenous adults.

The data set was weighted slightly by age, gender, region, region by gender, race and ethnicity, race and ethnicity by gender, party identification, and educational attainment.

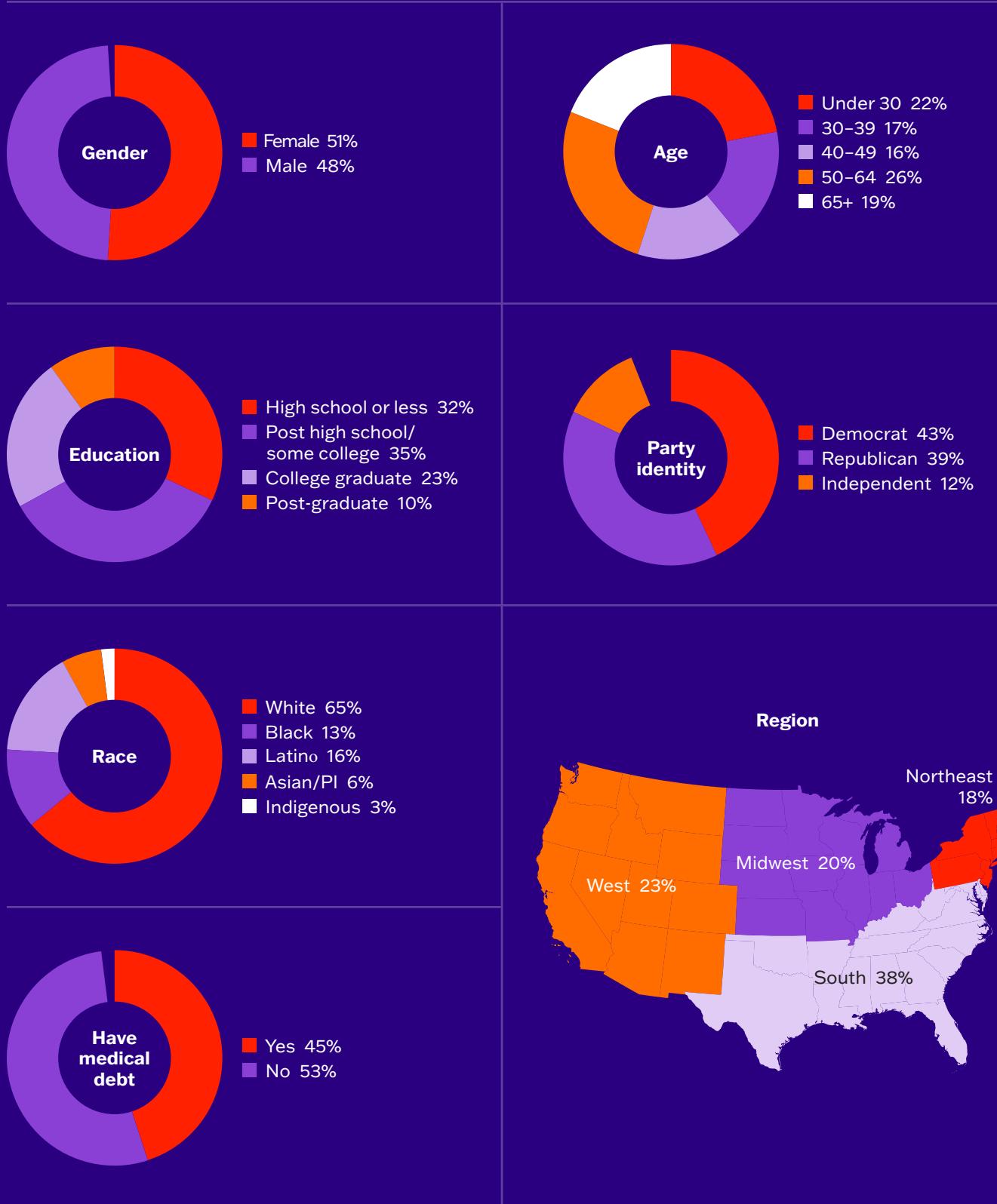
Additional samples were weighted by gender and age and weighted down to an effective sample of 1,000 to reflect their actual proportion of adults nationwide.

The margin of error for the total sample is +/-3.1 percentage points.
The margin of error for the additional samples is +/-6.9 percentage points.

This study was commissioned by the Cost & Coverage Collaborative.



RESPONDENT SNAPSHOT

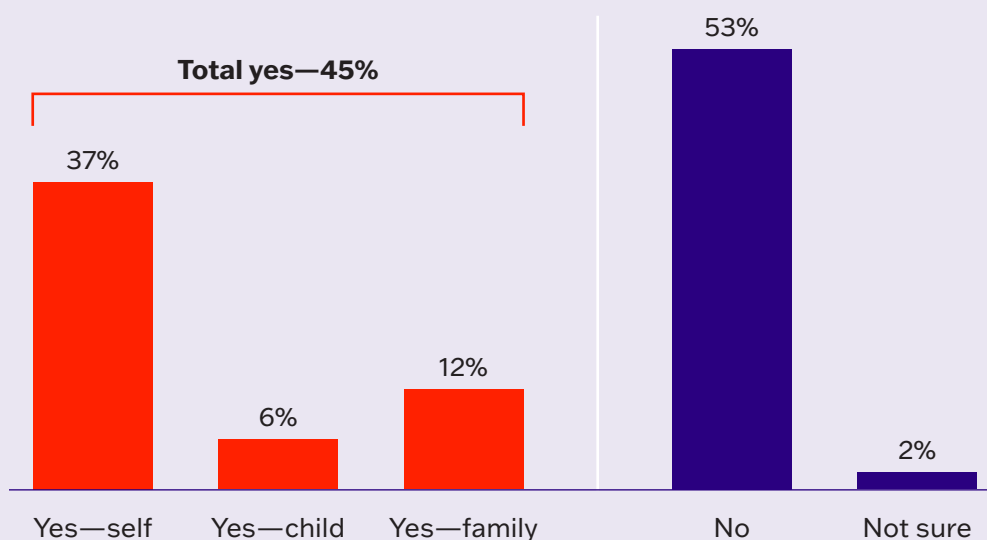


Key Findings

Medical debt hardships

- **Medical debt is widespread.** Almost half of adults in the U.S. (45%) say they have medical debt for themselves, a child, or another family member.

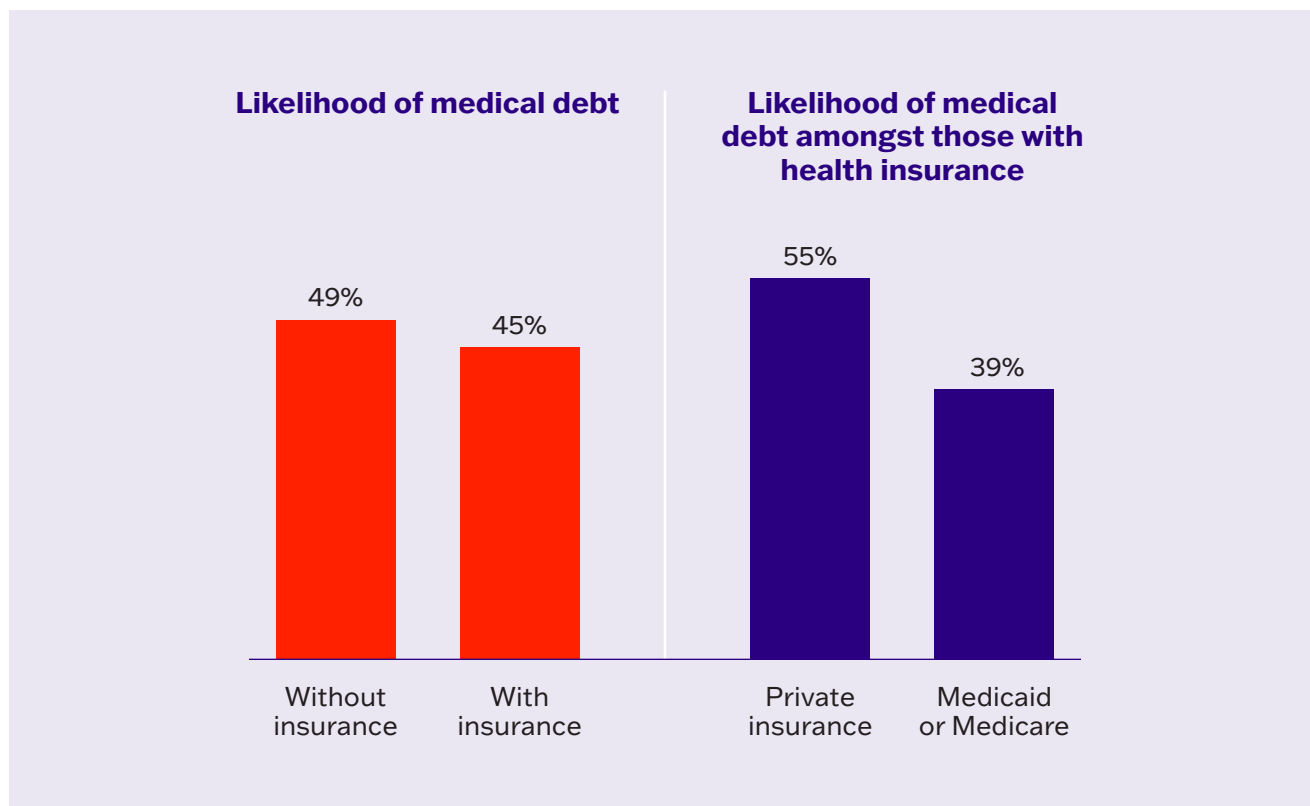
Please indicate if you have debt from medical bills for yourself, a child, or another family member.



- Black (49%), Latino, (50%) and Indigenous adults (55%) are more likely to have debt than White or AAPI adults.
- Adults under the age of 50 (53%), parents (60%), rural women (51%), and Republican women (54%) are more likely than others to have medical debt.

KEY FINDINGS

- Adults without insurance (49%) are slightly more likely than those with insurance (45%) to have medical debt, but among those with insurance, people with private insurance (55%) are more likely to have medical debt than those with Medicaid or Medicare (39%).



- Of adults with medical debt, those ages 30–39 and 40–49 are most likely to have debt that exceeds \$2,500 at 43% and 42% respectively, as well as post-high school grads (43%), men under 50 (41%), men of color (41%)—specifically Latino men (46%)—and independents (42%)—especially independents under 50 (49%).
- Just 28% of adults would be able to pay off an emergency medical expense of \$625 (the average ER visit cost) with the money in their checking/savings account, while another 17% could afford to put it on a credit card and pay it off on the next statement.
 - 72% would need to finance it in some way.
 - Nearly 1 in 4 adults say they would not be able to pay for the expense right now.

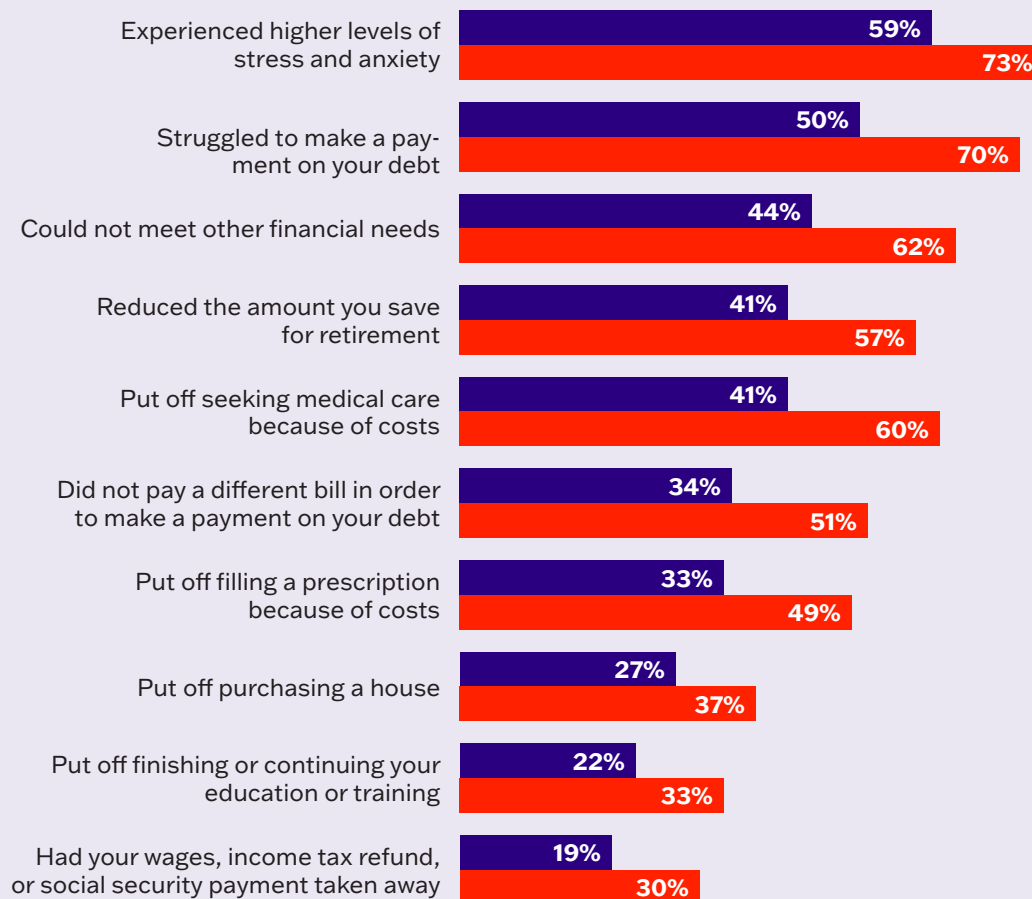


KEY FINDINGS

- Several hardships emerge that people with medical debt say they have experienced in the last 10 years:
 - 73% say they experienced increased levels of stress and anxiety.
 - 70% say they struggled to make a payment on their debt.
 - 62% say they could not meet other financial needs.
 - 60% say they put off seeking medical care because of costs.

Now you are going to see some statements about the impacts of medical debt. Please indicate if each one has happened to you or someone in your household in the last ten years. (% yes)

■ All adults ■ Have medical debt



KEY FINDINGS

- 43% of adults say that if they found out they had \$2,000 in unpaid medical debt, the average amount of medical debt in the U.S, it would take them at least a year to pay it off.
- Women are more likely to have medical debt than men. While men tend to have a higher amount of debt, it would take women longer to pay off a \$2,000 debt.
- Medical debt is a problem that transcends party lines, with 48% of Republican adults, 39% of independent adults, and 45% of Democratic adults reporting they have medical debt.

Policies

Respondents were presented with a variety of possible policies to address medical debt, ranging from expanding access to health coverage, reducing out of pocket costs, and capping prices. All of these policies have majority support. And nearly every policy has at least plurality support across party lines. Only policies related to “creating a new health insurance program for every American by raising taxes” finds Republicans divided evenly.

- Policies that received the most support focus on reducing the prices people pay. The policy with the strongest support (85%) echoes strongly held values: “expanding access to affordable healthcare coverage.”
- Other policies that received the most support were “reducing out-of-pocket costs like deductibles, copays, and premiums” (87%), and policies that would cap prices and profits, including “capping prescription drug prices” (85%), “capping hospital prices” (82%), “capping insurance prices” (82%), “capping out-of-pocket costs” (82%), and “capping insurance profits” (80%). All policies with language of “capping” were particularly salient.
- Less salient than the policies above, but still receiving a majority support, were policies surrounding creating a single-payer healthcare system.
Note that these policy descriptions include the language “in which the country would raise taxes.”
- Women are more likely than men to support all of these policies, as are adults over 50 and Indigenous adults.



Framing medical debt

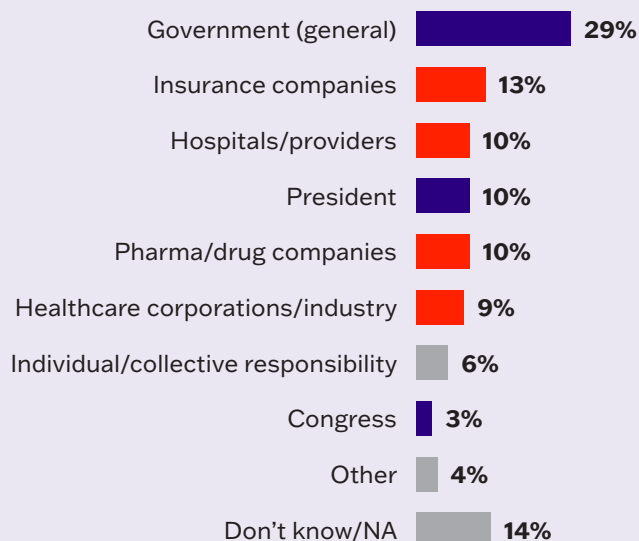
- People think prices are unreasonably high and that it's not fair how much corporations charge people for treatments.
 - People agree more with statements that call out prices as “too high,” “unfair,” “unreasonable,” as opposed to simply “not affordable;”
 - They are much less likely to agree that healthcare is affordable or worth the price.
- When given a list of entities to choose from, people blame health insurance and drug corporations and executives most for medical debt. This is true across party lines.
 - 74% of adults blame health insurance corporations.
 - 73% of adults blame drug corporations.
 - 71% of adults blame drug corporation executives.
 - 71% of adults blame health insurance corporation executives.
- When provided a list of entities and asked who they blame most for medical debt, respondents overall blamed insurance companies and drug companies more than the government and elected leaders. However, Republicans see government and elected leaders as the most to blame.
- People are highly aware of greed in the system, with 76% of adults saying the system is driven by greed.
 - There was little impact when half the sample was primed with a statement about people making impossible choices, most likely because people already overwhelmingly believe that the healthcare system is driven by greed.
- “Profits over patients” is a very strong frame with most respondents.

KEY FINDINGS

- When asked an open-ended question about **who** is most responsible for medical debt, “the government” is the top answer, tied evenly (42% to 42%) with industry when combining responses that include insurance companies, drug companies, and healthcare corporations. Hospitals alone are not as effective as villains. Private equity and Wall Street corporations also do not receive a high amount of blame.
- When asked **what** is most responsible for medical debt, people are far more likely to blame industry (44%) over government (16%).

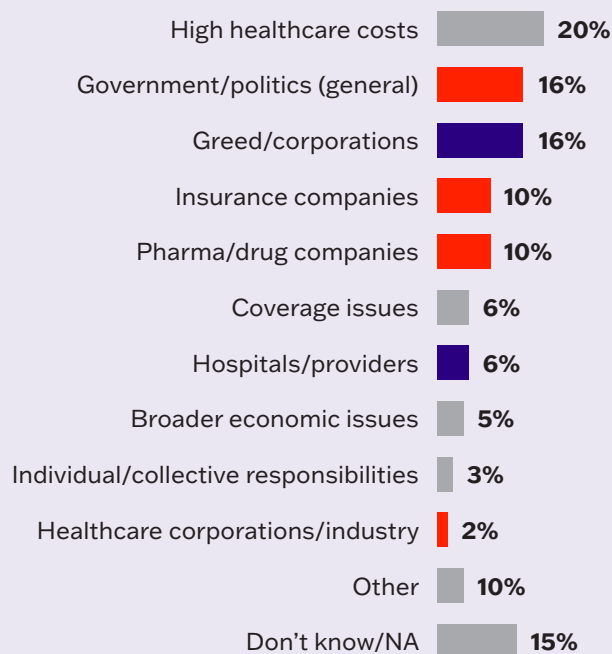
WHO do you think is most responsible for medical debt as an issue in the United States?

■ Total government: 42% ■ Total industry: 42%



WHAT do you think is most responsible for medical debt as an issue in the United States?

■ Total government: 16% ■ Total industry: 44%



Messaging

- Not surprisingly, given the intensity with which people see greed as part of the system, our most convincing messages center on greed and predatory pricing.
 - **Predatory pricing** (81% say this message is convincing): It feels like healthcare corporations, insurance corporations, and Big Pharma are ripping us off at every turn, making us pay even more to use our coverage and 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. We need to crack down on predatory pricing practices and create a healthcare system that works for the patients, not just wealthy corporations.
 - **Greed** (81% say this message is convincing): It feels like healthcare corporations, insurance corporations, and Big Pharma are ripping us off at every turn, making us pay even more to use our coverage and 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. We need to crack down on greed and create a healthcare system that works for the patients, not just wealthy corporations.
- These messages both have bipartisan appeal and find broad and intense reaction, with majorities finding them very convincing.
- Women and older adults respond most strongly to messaging, particularly the greed message. The predatory pricing message is most convincing to Black, Latino, and Indigenous adults as well as Democrats and Independents.

KEY FINDINGS

Greed/predatory pricing: Why it works

MESSAGE

① It feels like healthcare corporations, insurance corporations, and big Pharma are ripping us off at every turn, ② making us pay even more to use our coverage and price gouging us any time we visit a hospital or provider. ③ They're putting profits over patients when they're supposed to be providing us with high quality care. ④ We need to crack down on [greed/predatory pricing] ⑤ and create a healthcare system that works for patients, not just wealthy corporations.

WHY IT WORKS

- ① Explicitly names healthcare, insurance, and pharma corporations, which are already perceived as villains.
- ② Describes shared experiences of paying too much for healthcare that people feel deeply and personally understand.
- ③ Calls out what is wrong with how the healthcare system is working and who it is working for.
- ④ Includes a call to action that addresses greed, which people connect to high healthcare costs and medical debt.
- ⑤ Ends with a positive vision of a better system.

Messaging recommendations

DO	DON'T
Describe healthcare prices as unfair, unreasonable, or too high.	Only say that healthcare prices are not affordable.
Name health insurance and drug corporations and their executives as villains for their profits and greed.	Center hospitals as a villain by themselves.
Talk about the need to cap prices and profits for drug corporations, hospitals, and insurance corporations.	Focus on policies that raise taxes.
Blame corporate greed for high healthcare prices and emphasize the need to crack down on greed to create a better healthcare system.	Focus messages on reproductive freedom or equity without an emphasis on people over profits.
Focus on affordability as the central problem and what solutions should be addressed.	Treat coverage as the central problem.



Impacts of messaging

- Before receiving any messaging, 57% of adults say that it is possible that we can make changes to the healthcare system to improve access to quality, affordable care for all Americans. After receiving messaging, 60% of adults believe this—indicating that messaging does increase the belief that something can be done—albeit marginally.
- Prior to hearing messaging, 87% (52% strongly) agree with this statement: “Medical debt is one of the symptoms of a broken healthcare system. In order to end medical debt, we need to lower healthcare costs and expand health coverage so no one needs to go into debt for critical healthcare.”
- Importantly, we found that exposure to messaging on medical debt and potential solutions may negatively impact the perception that medical debt is a symptom of a broken healthcare system.
- After messaging, 85% agree with this, but 43% agree strongly—a 9-point decline. This decline in intensity (but not overall agreement) is not something that we can pinpoint with certainty, but would extrapolate is likely due to people thinking there is more to do to lower healthcare costs and expand than just address medical debt.
- After exposure to messaging, people are very willing to take action on the issue of medical debt.
 - 74% would vote on this issue
 - 71% of adults 50+ say they are extremely likely to vote on this issue.
 - 76% of college-educated women say they are extremely likely to vote on this issue.
 - 52% would sign a petition demanding change.
 - Adults under the age of 50 are more likely to spread awareness of this issue on social media (23%).

VIEW THE FULL REPORT AND CROSSTABS [HERE](#).





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