



**COST & COVERAGE  
COLLABORATIVE**

# Communicating on Medical Debt

## October 2024



**Lake Research Partners**

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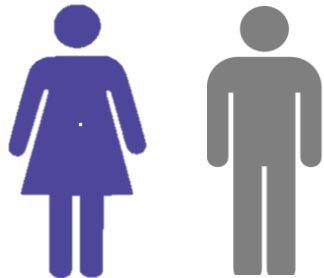
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# Methodology

- Lake Research Partners designed and administered this survey that was conducted online from October 7-13, 2024. The survey reached a total of 1,000 adults nationwide with additional samples of 200 Black adults, 200 Latinx 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.

# Demographics of Adults Nationwide

## GENDER



51%

48%

## AGE

Under 30	---	22%
30-39	---	17%
40-49	---	16%
50-64	---	26%
65+	---	19%

## EDUCATION

High School or Less	---	32%
Post-H.S. / Some College	---	35%



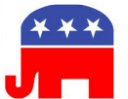
College Graduate	---	23%	33%
Post-Graduate	---	10%	College Grad or Post Grad

## PARTY IDENTIFICATION



Democrat

43%



Republican

39%



Independent

12%

## RACE

White	---	65%
Black	---	13%
Latinx	---	16%
Asian/PI	---	6%
Indigenous	---	3%

## REGION



## HAVE MEDICAL DEBT

Yes	---	45%
No	---	53%

# Key Findings – Medical Debt Hardships

- Medical debt is a widespread issue – 45 percent of adults have medical debt for themselves, a child, or another family member. Black, Latino and Indigenous adults are more likely to have debt than white or AAPI adults.
  - Adults under 50, parents, people in the South, rural women, and Republican women are also more likely than others to have medical debt. Adults without insurance are slightly more likely than those with insurance to have medical debt, but among those with insurance, people with private insurance are most likely to have medical debt at 65%.
  - Of adults with medical debt, those ages 30-39 and 40-49 are most likely to have debt that exceeds \$2500 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%).
- Several hardships emerge that people with medical debt say they have experienced in the last 10 years :
  - 73 percent say they experienced increased levels of stress and anxiety;
  - 70 percent say they struggled to make a payment on their debt;
  - 62 percent say they could not meet other financial needs;
  - 60 percent say they put off seeking medical care because of costs.

# Key Findings – Medical Debt Hardships

- Just 28 percent 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, another 17 percent would put it on a credit card and pay it off on the next statement.
  - 72 percent would need to finance it in some way.
  - 24 percent say they would not be able to pay for the expense right now.
- 43 percent of adults say that if they found out they had \$2000 in unpaid medical debt, which is the average amount of medical debt in the country, 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 \$2000 debt.
- Medical debt is a huge bipartisan problem with 48 percent of Republicans, 39 percent of independents, and 45 percent of Democrats who have debt.

# Key Findings – Policies

- Our policy agenda is very popular – every policy finds majority support. Nearly every policy has at least plurality support across party lines. Only two policies – around creating a new health insurance program for every American, finds Republicans divided evenly. All others have Republican support.
- The top tier of policies focus on reducing the prices people pay. The strongest policy echoes strongly held values: “expanding access to affordable healthcare coverage.”
- Joining this in the top tier are reducing out of pocket costs like deductibles, copays, and premiums, and capping prescription drug prices. Language of “capping” is particularly salient, especially capping drug and hospital prices and insurance profits and prices.
- A second tier of policies surrounding single-payer and raising taxes has lower, but still majority support.
- Women are more likely than men to support our policies, as are adults over 50 and Indigenous adults.

# Key Findings – 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.
- Health insurance and drug corporations – and their respective CEO's – are the strongest villains, in so far as they are seen as the most responsible for medical debt. They are top tier across party lines. Government/elected leaders are top tier for Republicans (and not far from top tier for Democrats). Hospitals are not as effective as villains.
  - Private equity and wall street corporations are second tier.
  - When asked open-ended *who* is most responsible for medical debt, the government is the top answer, though when we combine insurance companies, drug companies, and healthcare corporations, corporations come up more.
  - When we ask *what* is most responsible, high prices comes up most, with greed also emerging as a motive.
- People are there already on **greed**. We tried a priming experiment, where half the sample reads a statement about people making impossible choices. Overall, it has little impact, most likely because people are already overwhelmingly of the mind that the healthcare system is driven by greed. When we ask on its own, 76 percent say the system is driven by greed. When we prime people, we still find 76 percent say it is driven by greed.
- “**Profits over patients**” is a very strong frame.

# Key Findings – Messaging

- Not surprisingly, given the intensity with which people see greed as part of the system, our strongest message centers on greed and predatory pricing.
  - **Predatory Pricing:** *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:** *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.*
- Both of these messages find broad and intense reaction with majorities (both at 52%) finding them very convincing, and bipartisan appeal as well.
- Women and older adults respond most strongly to messaging, particularly the greed message. The predatory pricing message is most convincing to Black, Latinx, and Native adults as well as Democrats and independents.



# Key Findings – Impacts of Messaging

- Messaging DOES increase the sense of what is possible, albeit marginally. Before messaging, 57 percent 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 messaging, 60 percent believe this.
- Importantly, however, messaging on medical debt negatively impacts the perception that medical debt is a symptom of a broken healthcare system. Prior to hearing messaging, 87 percent agree with this, 52 percent strongly. After messaging, 85 percent agree with this, but 43 percent agree strongly – a 9-point difference in strong agreement. This decline in intensity (but NOT overall agreement) is not something that we can pinpoint with certainty, but it is likely due to people thinking there are additional solutions than the ones posed in the question.
- People start out overwhelmingly believing that healthcare prices and coverage need major changes.
- After messaging, people are strongly willing to vote on this issue, and many would also sign a petition and post on social media.

# Greed/Predatory Pricing: Why It Works

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/predatory pricing] and create a healthcare system that works for the patients, not just wealthy corporations.

Explicitly names **healthcare, insurance, and pharma corporations**, which are already perceived as villains.

Describes shared experiences of paying too much for healthcare that people feel deeply and personally understand.

Calls out what is wrong with how the healthcare system is working and who it is working for.

Includes a call to action that addresses **greed**, which people connect to high healthcare costs and medical debt.

Ends with a positive vision of a better system.

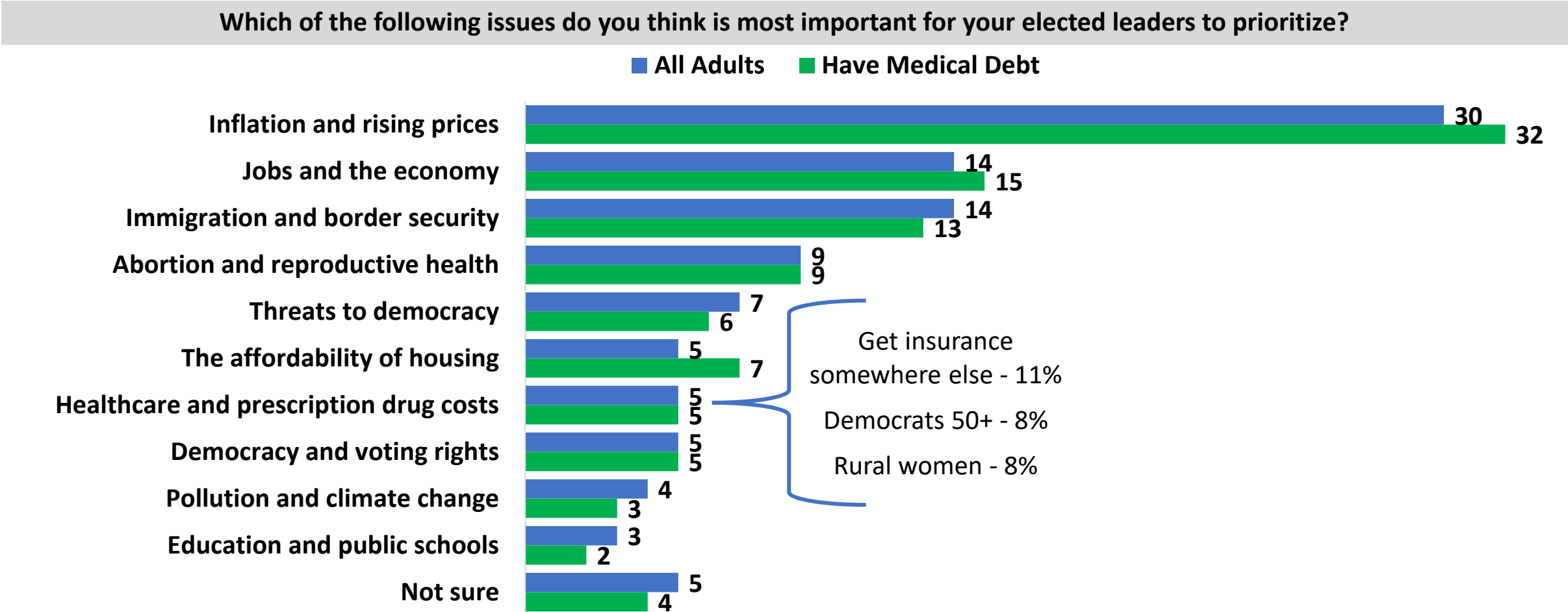
# Messaging Recommendations

DO:	DON'T:
Describe healthcare prices as <b>unfair, unreasonable, or too high</b> .	Only say that healthcare prices are <b>not affordable</b> .
Name <b>health insurance</b> and <b>drug corporations and their executives as villains</b> for their profits and greed.	Center <b>hospitals</b> as a villain by themselves.
Talk about the need to <b>cap prices and profits</b> for drug corporations, hospitals, and insurance corporations.	Focus on policies that <b>raise taxes</b> .
Blame <b>corporate greed</b> 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 <b>affordability</b> as the central problem and what solutions should be addressed.	Treat <b>coverage</b> as the central problem.



# Context

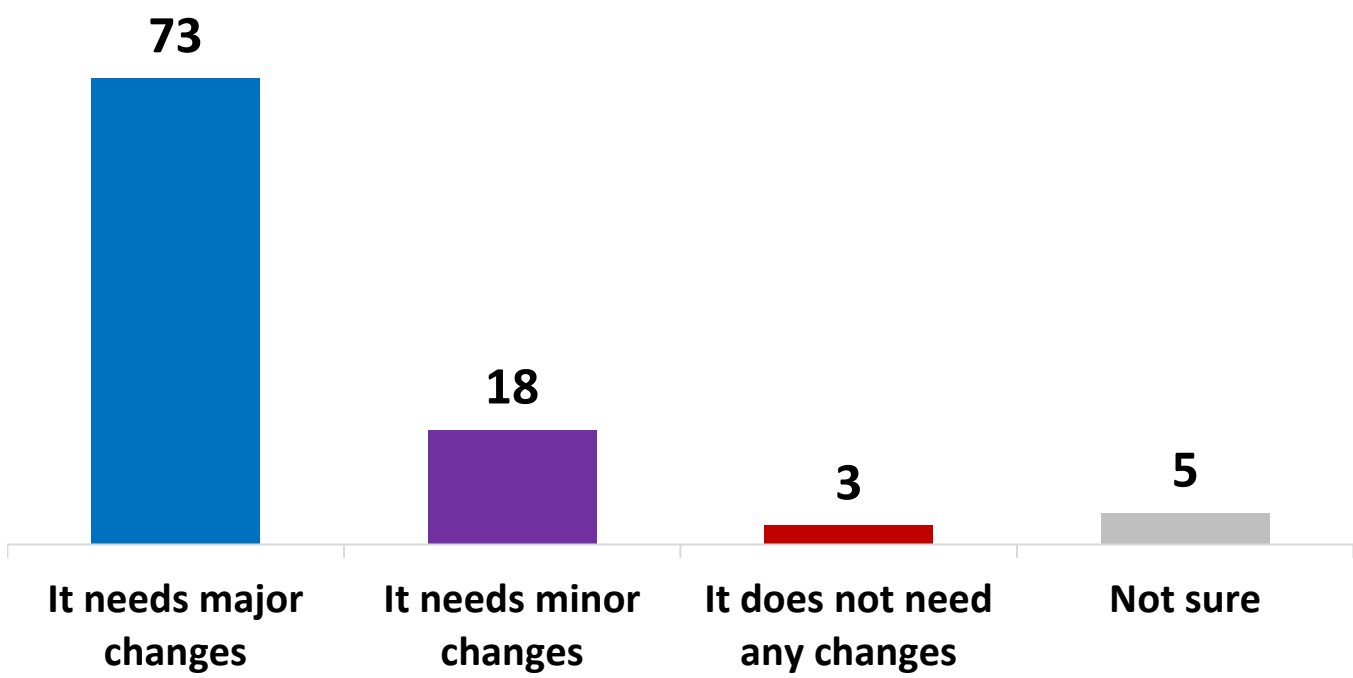
# Inflation and rising prices is overwhelmingly the top issue for adults, including those with medical debt.





Nearly three-quarters of adults say that healthcare prices and coverage in this country need major changes, including across party lines. Women, especially younger women and mothers, Republican women, as well those with medical debt are most likely to say healthcare needs major changes.

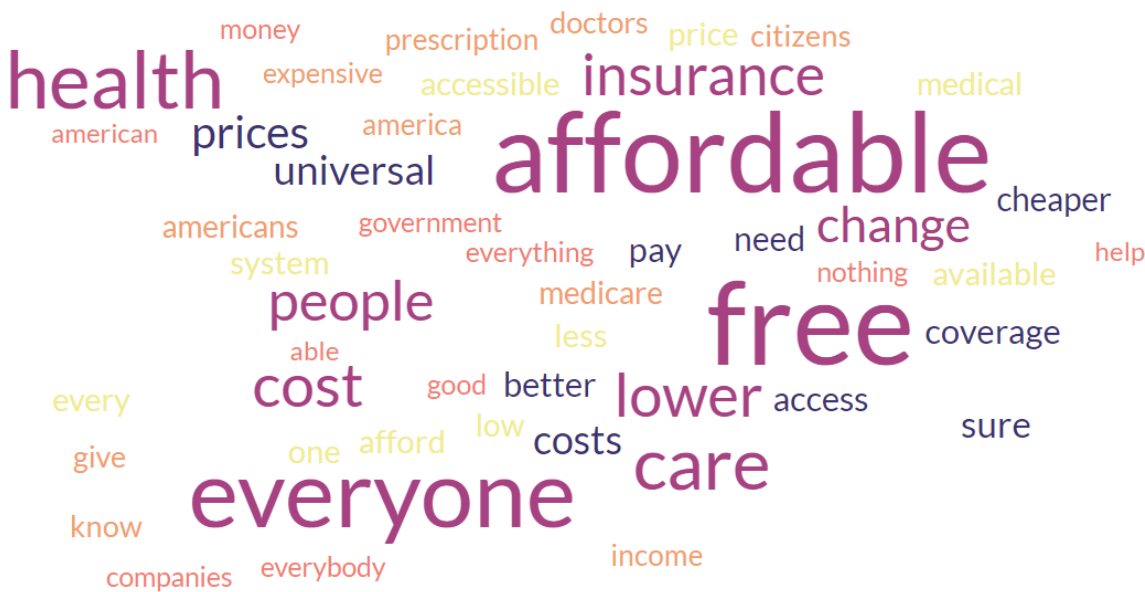
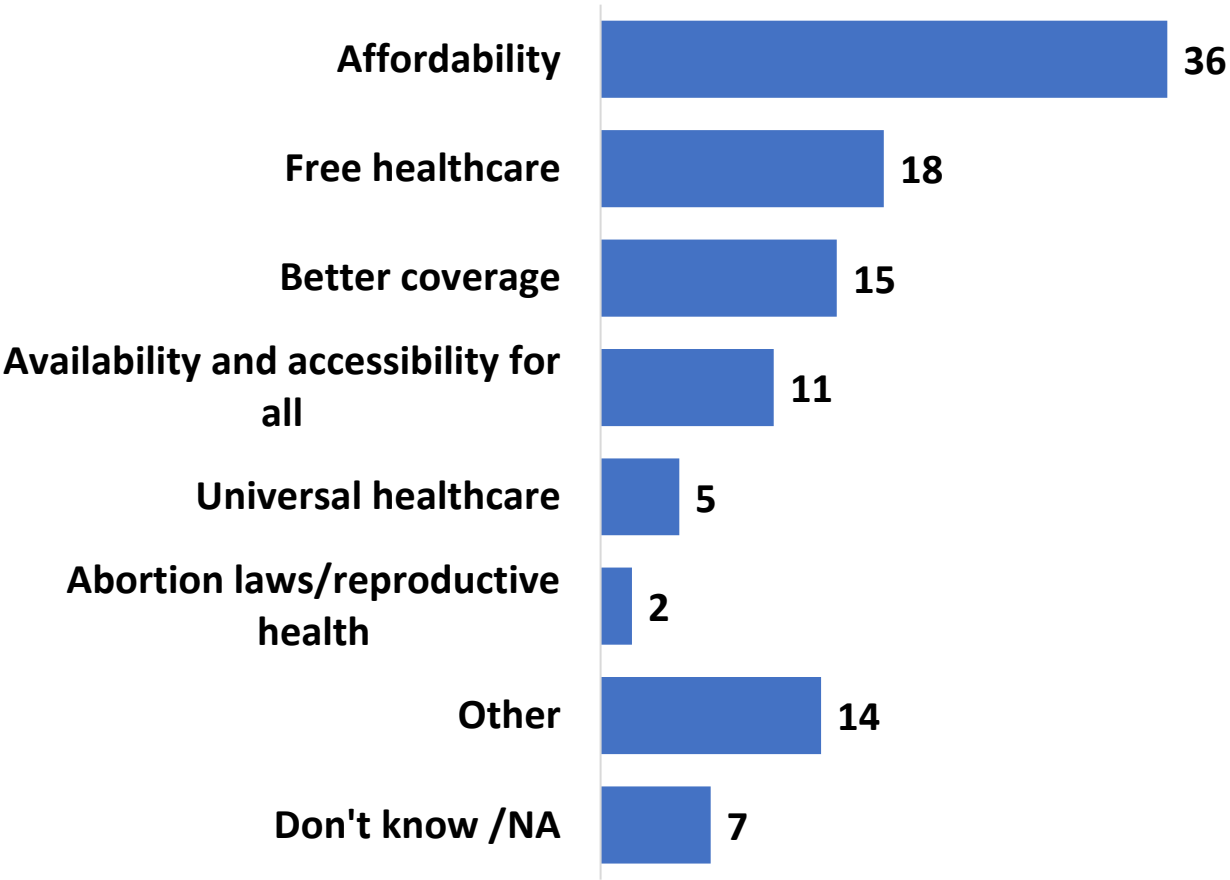
When it comes to healthcare prices and coverage in this country, which of the following is closer to your opinion?



	Major	Minor	No Changes
Men	68	24	4
Women	78	14	3
Under 30	76	18	4
Men <50	69	22	5
Women <50	80	13	3
Men 50+	67	25	3
Women 50+	77	14	2
White	74	19	3
Black	72	17	6
Latinx	76	17	2
Asian American/PI	68	23	3
Native/Indigenous	75	19	3
Democrat	75	18	4
Independent/DK	73	13	3
Republican	72	21	2
Republican men	65	27	4
Republican women	80	14	1
Medical debt	80	14	3
No medical debt	69	22	3
Fathers	73	20	4
Mothers	84	9	5
Non-parents	71	20	3

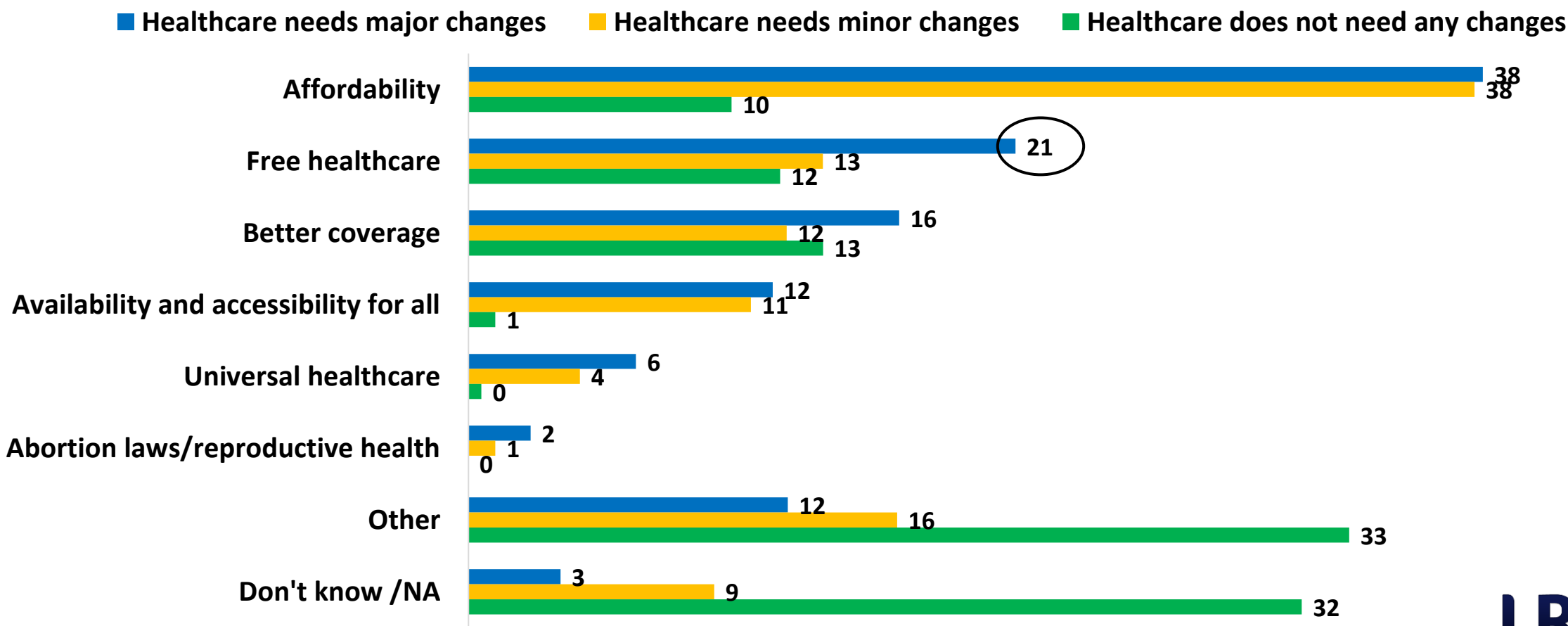
# People most want to change the affordability of healthcare. A majority mention affordability or free healthcare when considering changes.

If you could make one change to healthcare in America, what would you change? (Open end)

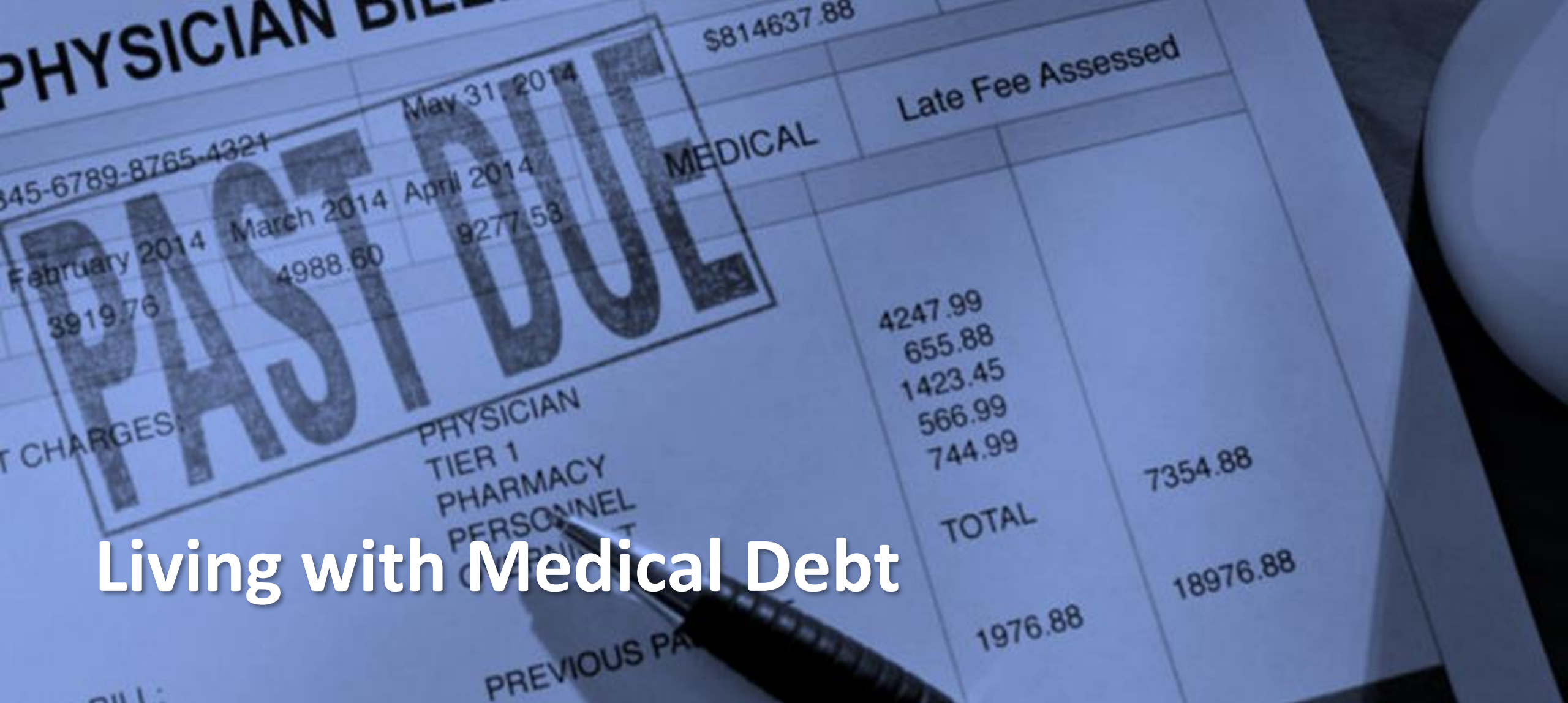


Those who say our healthcare system needs major changes are most likely to cite affordability as well as free healthcare as changes they would make. Those who say it needs minor changes bring up affordability but are less likely to name free healthcare or better coverage.

If you could make one change to healthcare in America, what would you change? (Open end)



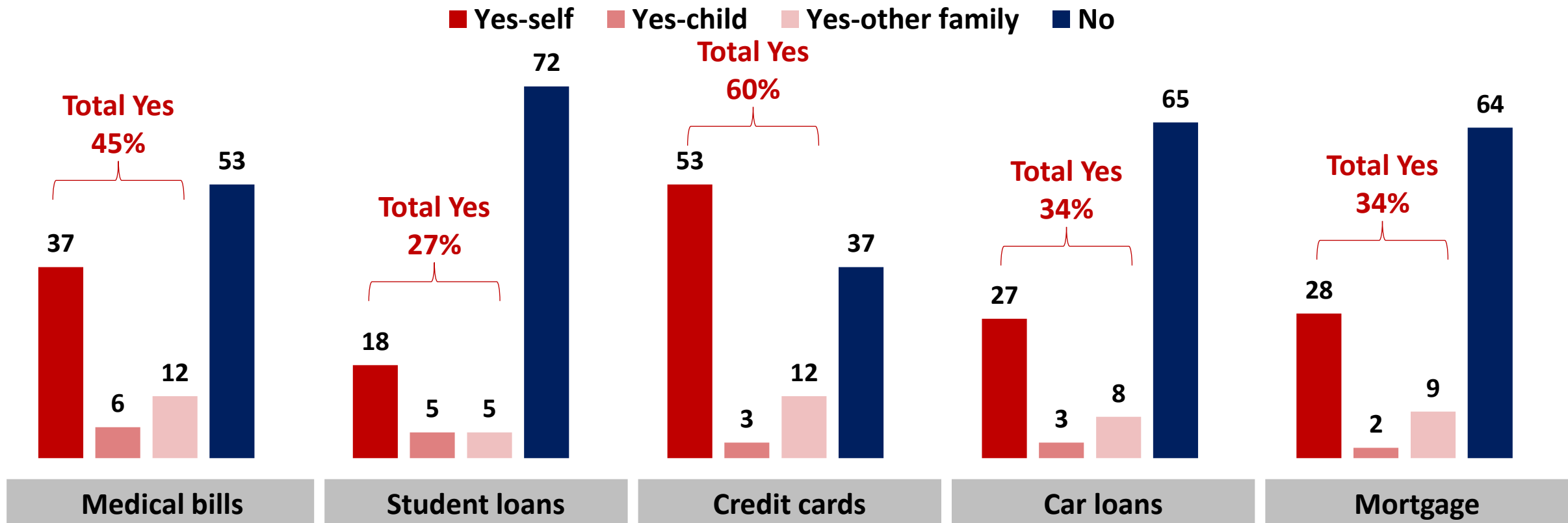




# Living with Medical Debt

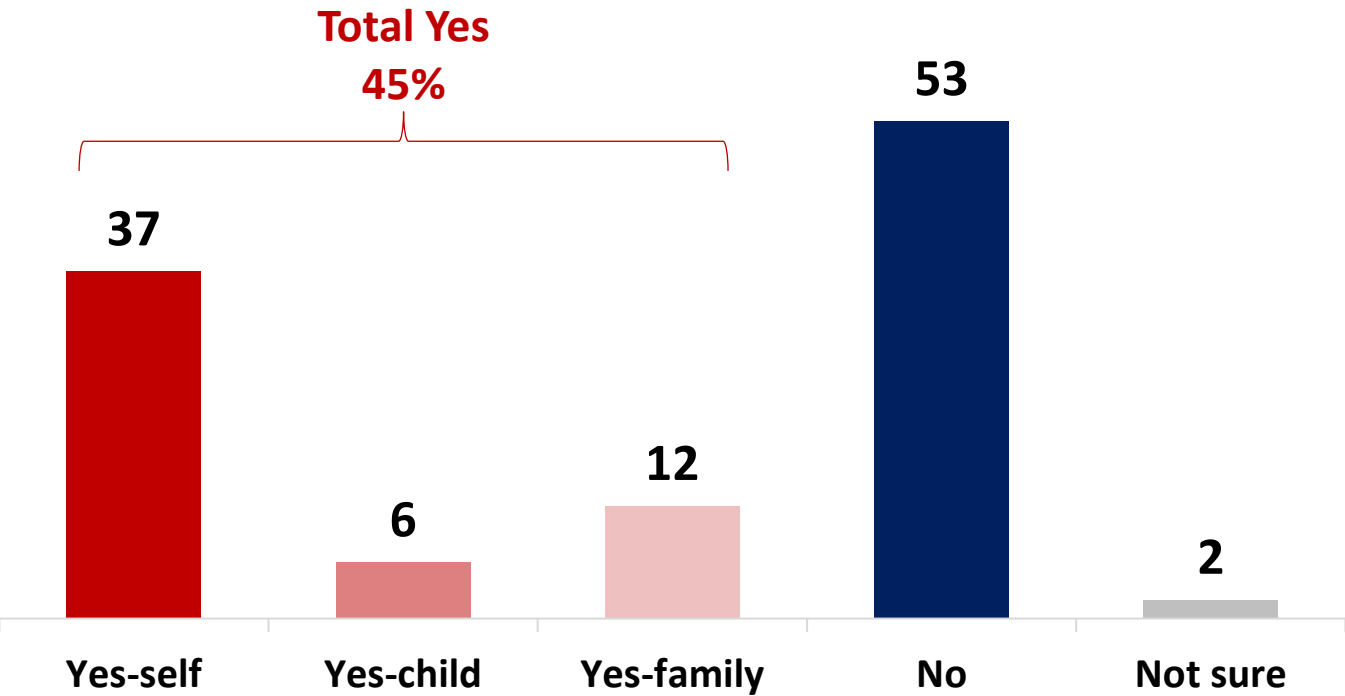
# Almost half of Americans have medical bill debt for either themselves, their child, or another family member, more than any other type of debt other than credit cards.

Please indicate if you have debt from any of the following for yourself, a child, or another family member.



Younger people, parents, rural women, Latinx adults, and Indigenous adults are more likely than others to have medical debt. Adults without insurance are only slightly more likely to have medical debt than those without, and those with private insurance are more likely than those on Medicare or Medicaid.

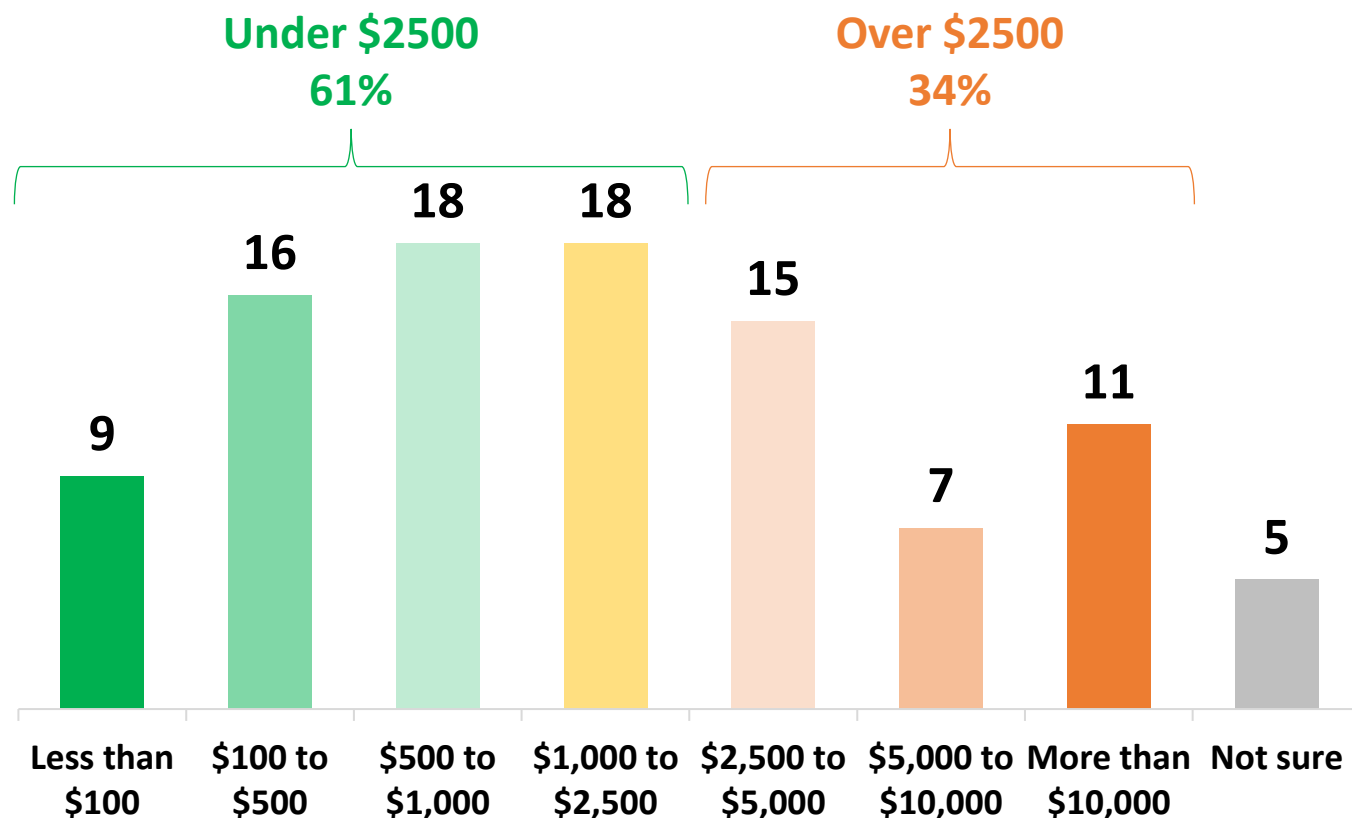
Please indicate if you have debt from any of the following for yourself, a child, or another family member. – Medical bills



	Total Yes	No
Under 50	53	45
50 & over	35	64
Urban men	43	56
Urban women	47	50
Suburban women	45	55
Suburban men	47	51
Rural men	34	63
Rural women	51	46
Republican men	43	57
Republican women	54	44
White	43	55
Black	49	49
Latinx	50	47
Asian American/PI	34	61
Native/Indigenous	55	39
Parents	60	39
Non-parents	38	59
Have insurance	45	54
Don't have insurance	49	48
Private insurance	55	44
Medicare/Medicaid	39	59

However, when it comes to the amount of debt, men are more likely than women to have over \$2500 in medical debt (above the national average of \$2000), particularly younger men and fathers. Latinx, AAPI, and Indigenous adults are more likely to have a higher amount of medical debt, as well as adults without insurance and those who would not be able to pay a \$625 expense right now.

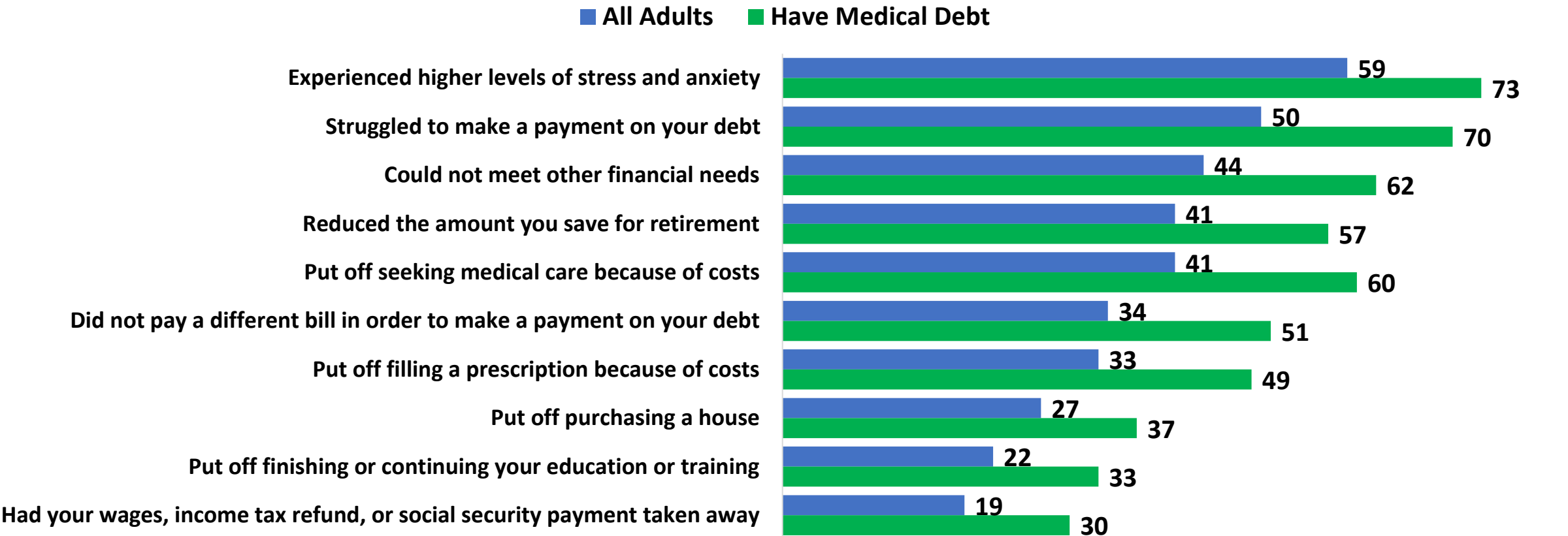
And how much debt from medical bills do you have? [Asked if have medical debt]



	Under \$2500	Over \$2500
All adults with medical debt	61	34
Men	58	38
Women	64	30
Men <50	56	41
Women <50	62	32
Men 50+	62	33
Women 50+	68	26
White	62	33
Black	66	28
Latinx	57	38
Asian American/PI	52	38
Native/Indigenous	58	37
Have insurance	63	33
Don't have insurance	53	41
Could not pay \$625 expense	52	42
Fathers	58	39
Mothers	59	37
Childless men	58	38
Childless women	68	25

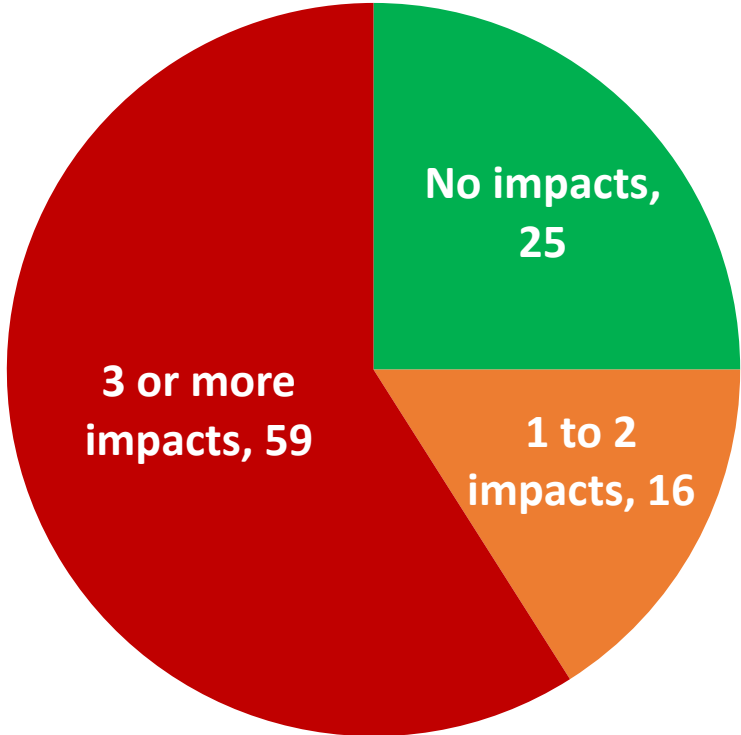
The impact of medical debt that most adults have experienced is higher levels of stress and anxiety, and almost three-quarters of adults with medical debt personally or in their family have experienced this. Half of adults have also struggled to make a payment on their debt. People have also postponed seeking care and other financial needs.

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]



Nearly six-in-ten adults have experienced at least three impacts related to medical debt. Younger women, adults in the south, Latinx adults, Native adults, and parents are most likely to have more impacts. 81 percent of people with medical debt in their family have experienced three or more impacts.

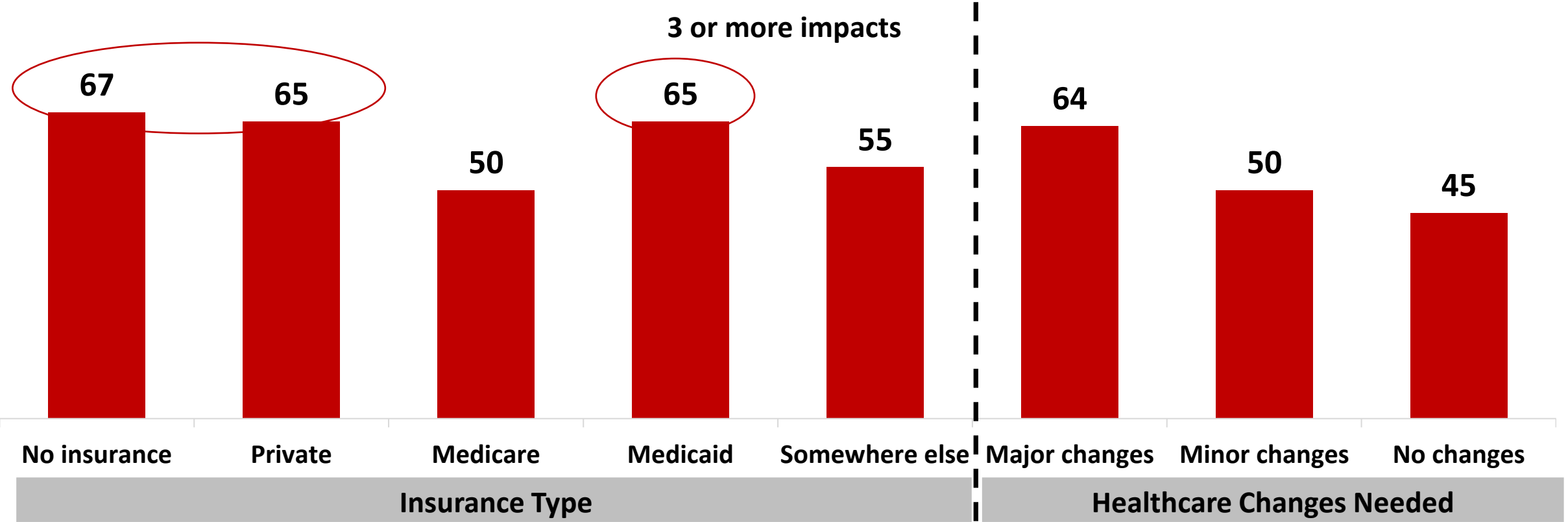
Now you are going to see some statements about the impacts of medical debt. Please indicate if each one has happened to you or someone in your household in the last ten years.



	3 or more impacts
Men <50	62
Women <50	66
Men 50+	45
Women 50+	60
Northeast	50
Midwest	52
South	67
West	59
White	58
Black	62
Latinx	66
Asian American/PI	49
Native/Indigenous	72
Non-college	61
College+	55
Parents	70
Non-parents	54
Medical debt	81

Those with Medicare coverage have the fewest hardships of all insurance types, while those with private insurance and Medicaid and those with no insurance have almost the same amount. There is a correlation between hardships and the desire to make changes in the healthcare system.

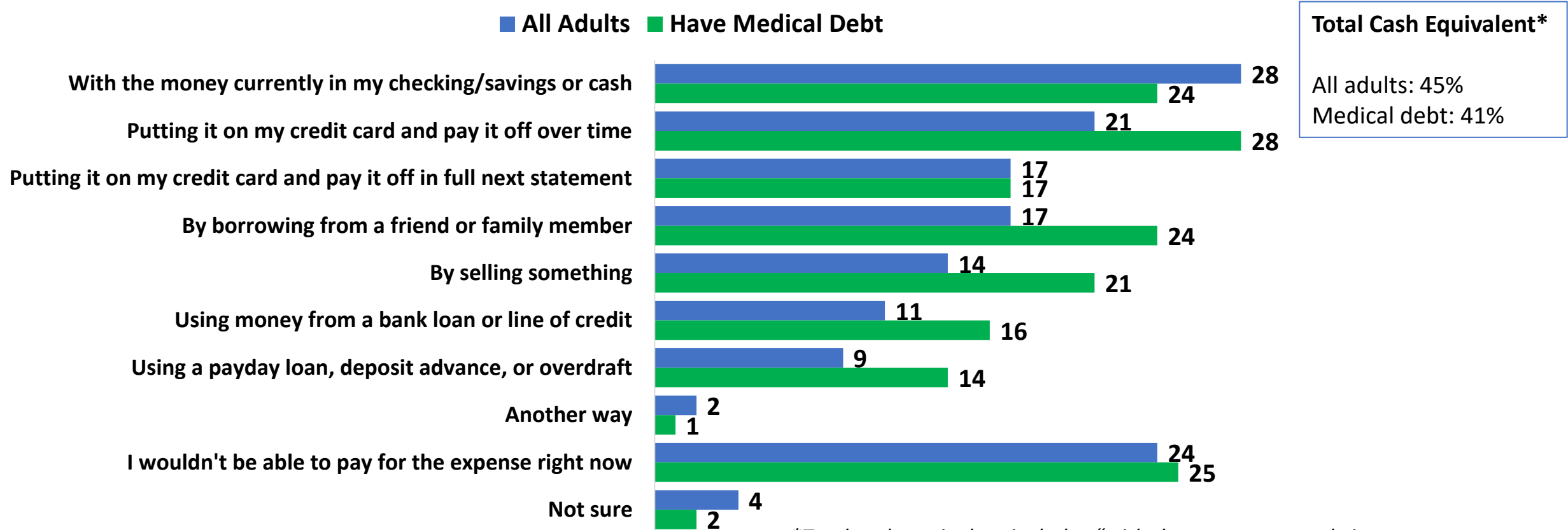
Now you are going to see some statements about the impacts of medical debt. Please indicate if each one has happened to you or someone in your household in the last ten years.





# Less than half of adults would be able to cover the cost of an emergency room visit upfront.

Suppose that you have an emergency medical expense that costs you \$625. Based on your current financial situation, how would you pay for this expense?

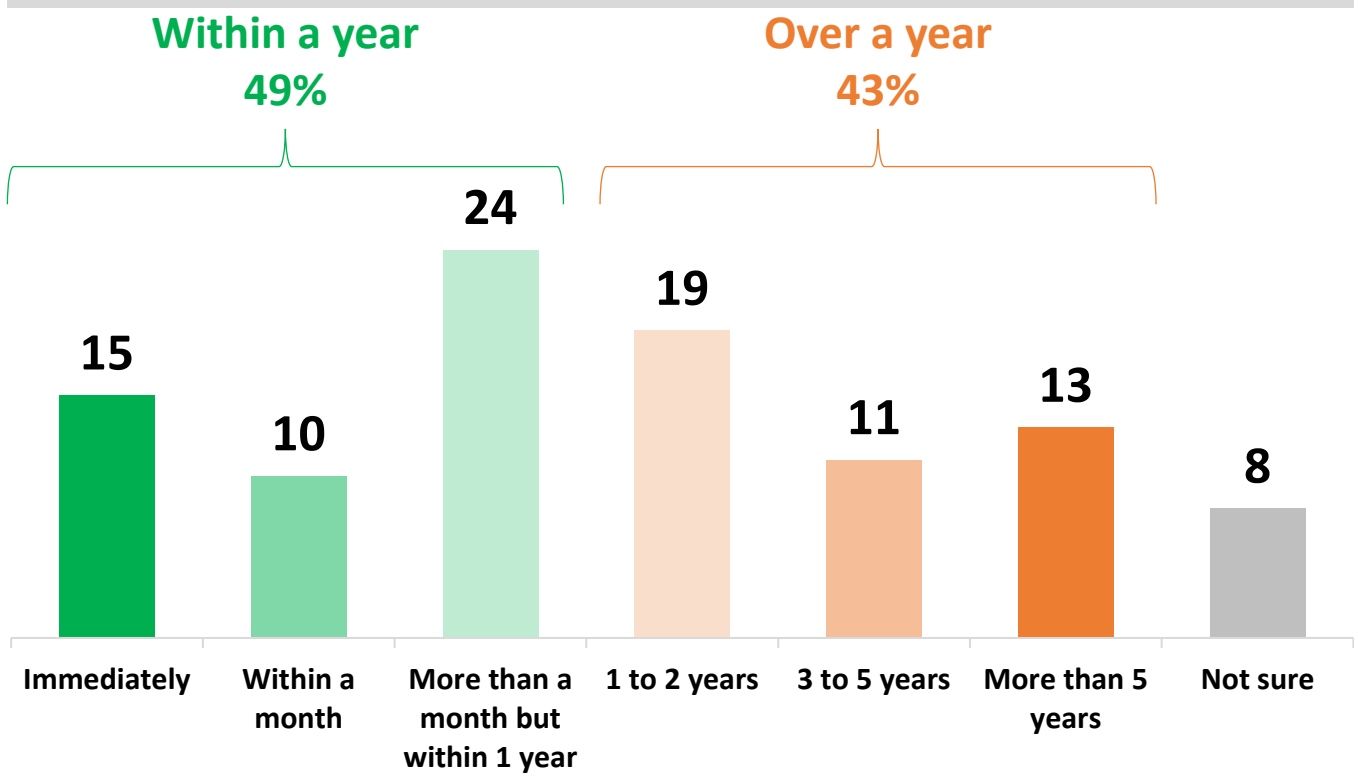


*\*Total cash equivalent includes “with the money currently in my checking/savings account or with cash” and “putting it on my credit card and pay it off in full at the next statement”*



Less than half of adults would be able to pay off \$2000 in medical debt within a year. Women, Indigenous adults, those without insurance, people with medical debt, and those who have experienced three or more impacts of debt are more likely to take over a year to pay it off.

If you found out tomorrow that you had \$2,000 in unpaid medical debt, how long would it take you to pay it off?



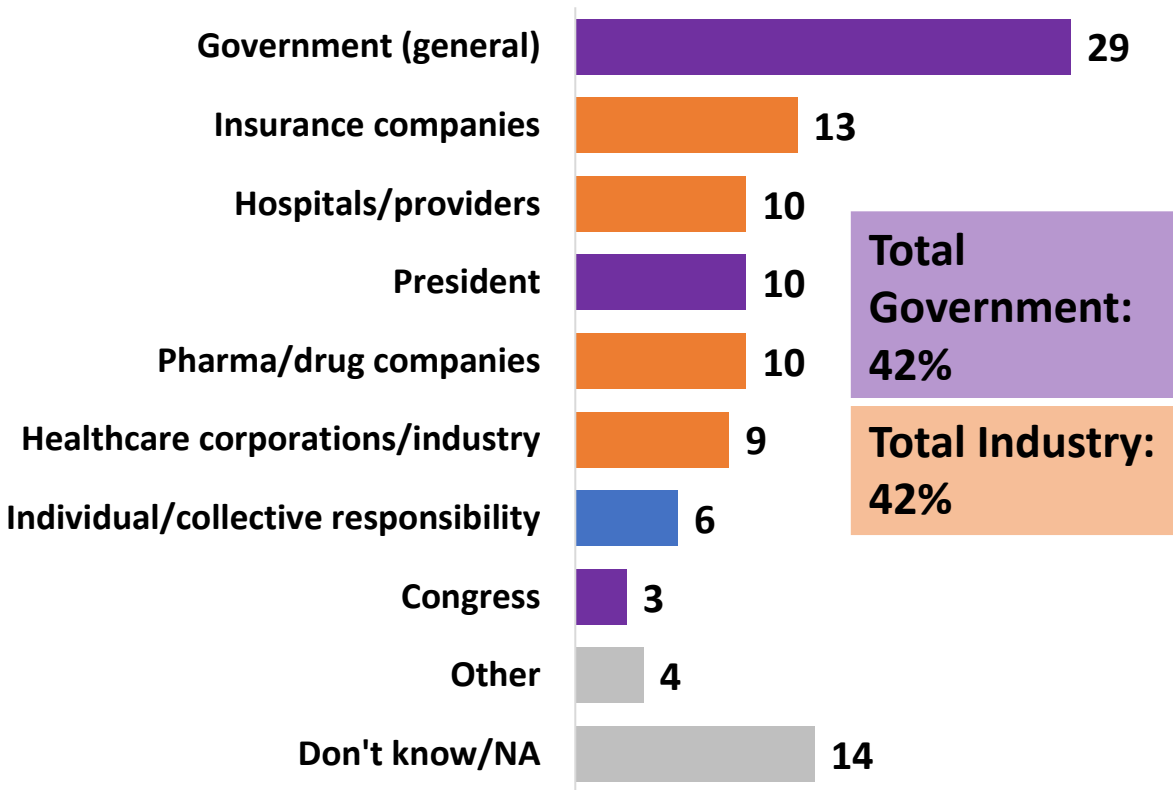
	Within a year	Over a year
All Adults	49	43
Men	57	36
Women	41	49
Non-college	42	47
College+	62	34
White	47	44
Black	49	43
Latinx	50	44
Asian American/PI	61	32
Native/Indigenous	38	52
Have insurance	51	43
Don't have insurance	30	51
Medical debt	43	49
No medical debt	54	38
No hardships	62	26
1-2 hardships	64	31
3+ hardships	39	54



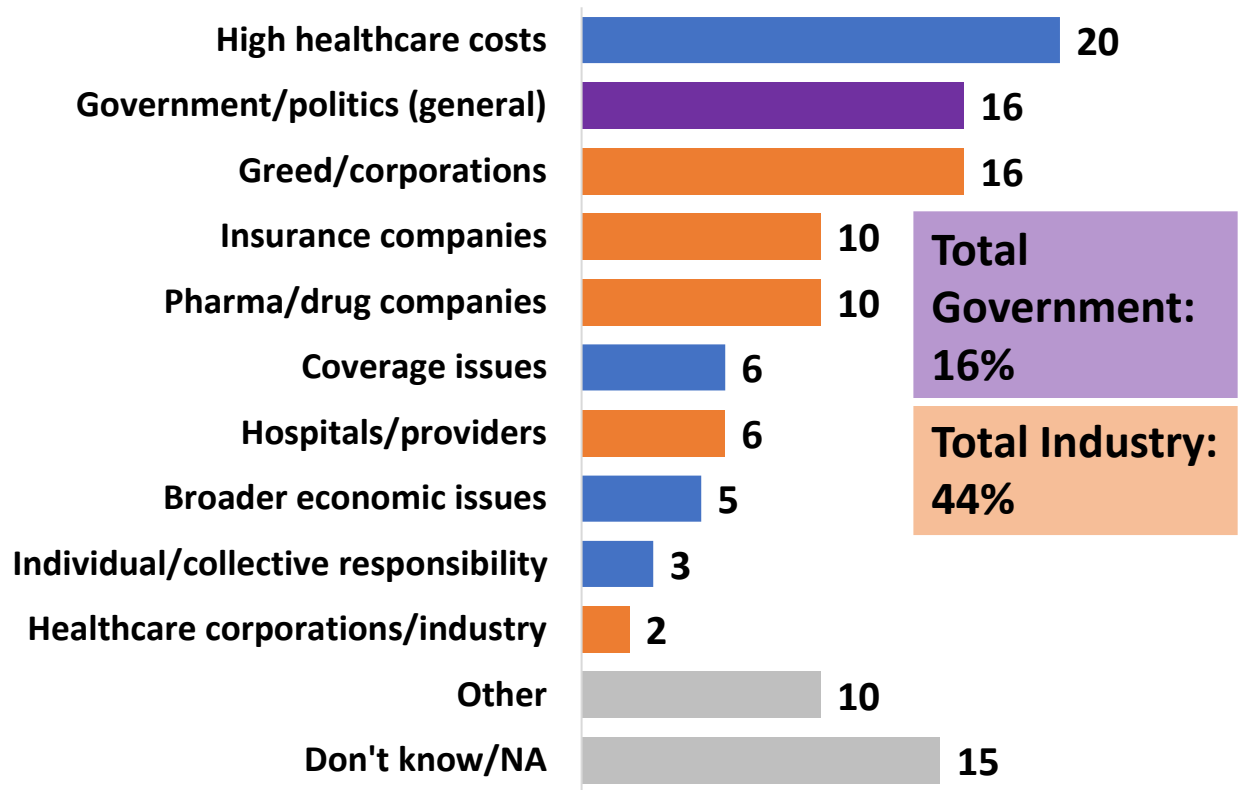
# Framing Healthcare Costs

When asked *who* is most responsible for medical debt, most blame the government, but when asked *what* is most responsible, high costs are the top answer. People also blame corporations – insurance, pharma, and healthcare – but greed is more likely to come up when we ask *what* is to blame.

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



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

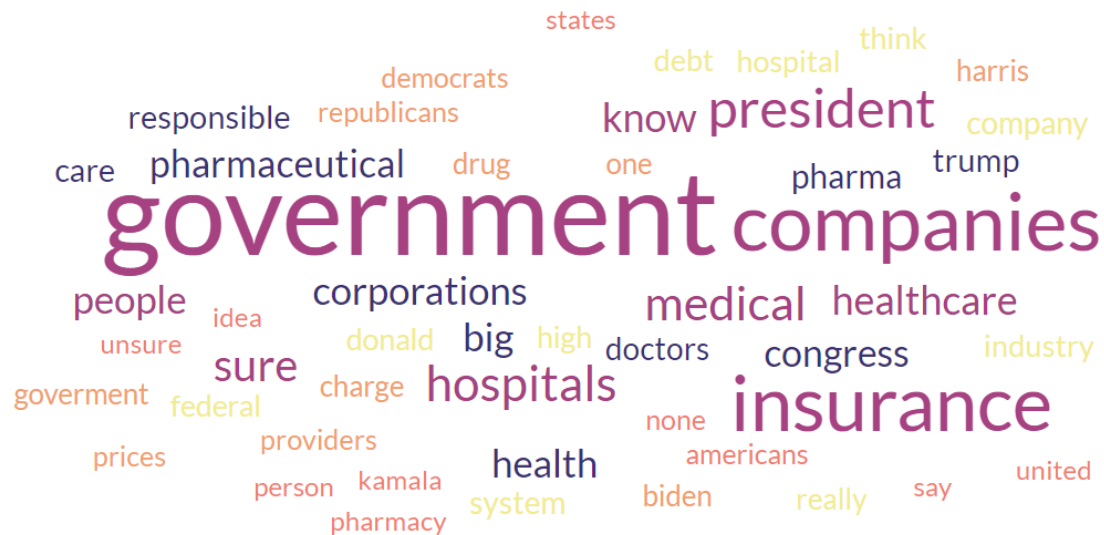


\*split sampled

**Government and insurance pops, particularly for *who* is most responsible for medical debt.**

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

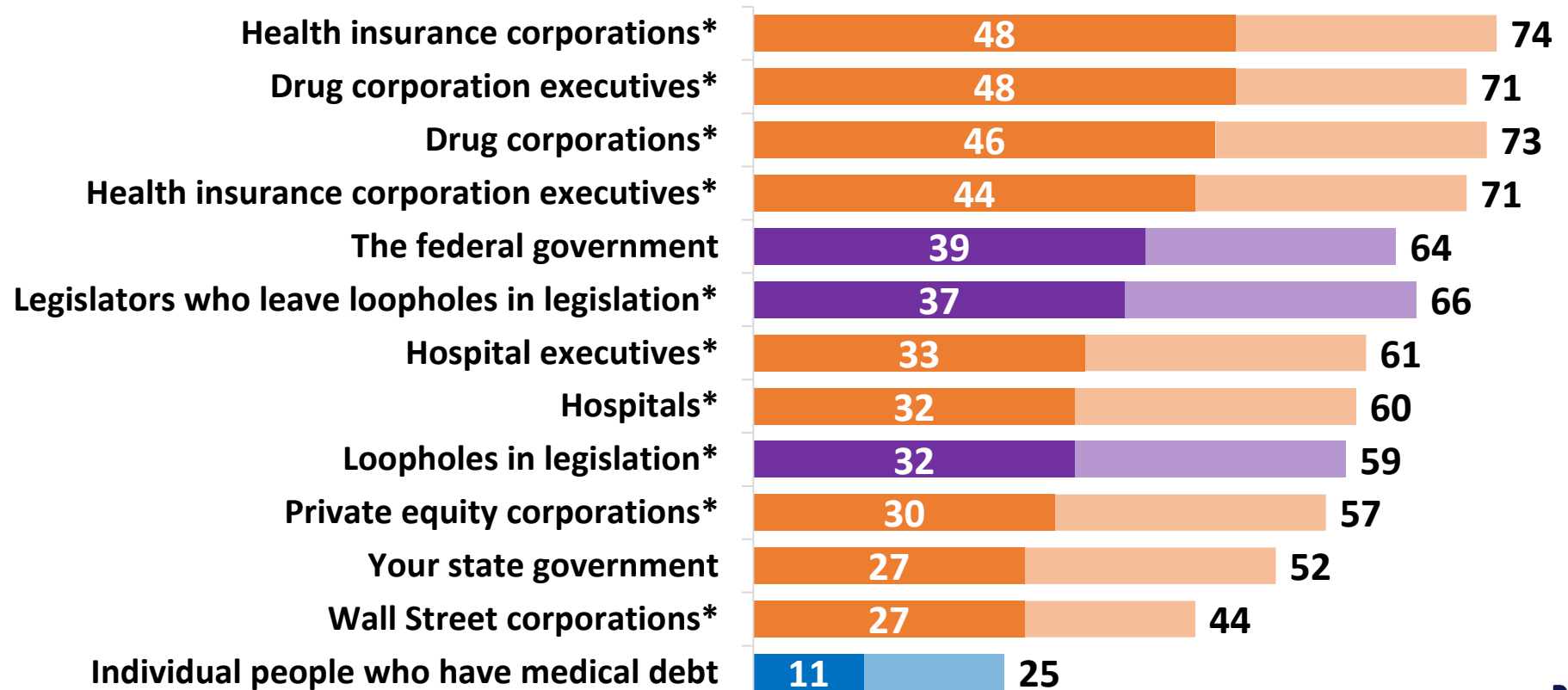
**WHAT do you think is most responsible for medical debt as an issue in the United States?\***



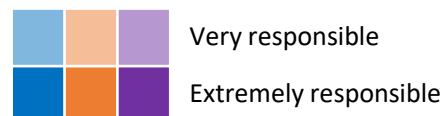
\*split sampled

# People blame health insurance and drug corporations and executives most for medical debt.

Below is a list of people, groups, or laws that some people say are responsible for medical debt. How responsible would you say each one is for medical debt?



\*split sampled





**Women, white adults, Democrats, independents, urban adults, and those who say healthcare needs major changes find health insurance corporations most responsible for medical debt. Drug corporations or executives stand out for Black, Latinx, and Native adults, and Republicans. Language of “executives” invokes more blame among Indigenous adults.**

**Below is a list of people, groups, or laws that some people say are responsible for medical debt. How responsible would you say each one is for medical debt?**

% Extremely responsible	Gender		Under 30	Race					Party ID			Area			HC Need Changes	
	M	W		White	Black	Latinx	AAPI	Native	Dem	Ind/DK	Rep	Urban	Suburb	Rural	Major	Minor
Health insurance corporations*	45	51	46	50	42	49	44	55	54	50	40	52	45	47	56	25
Drug corporation executives*	43	51	34	47	56	43	48	65	51	47	43	47	45	52	55	26
Drug corporations*	44	49	37	46	45	51	44	56	48	45	45	50	45	43	53	30
Health insurance corporation executives*	43	44	39	43	47	45	43	63	49	43	38	44	43	45	51	23
The federal government	34	43	40	39	45	38	29	41	35	39	42	43	31	43	44	22
Legislators who leave loopholes in legislation*	35	38	29	37	43	35	29	44	37	33	39	39	34	40	43	15
Hospital executives*	30	35	23	32	43	29	33	44	34	35	31	31	32	36	37	20
Loopholes in legislation*	31	33	33	31	33	39	28	41	35	35	29	34	29	34	38	16
Hospitals*	30	34	18	32	34	32	22	23	36	27	30	37	29	28	36	18
Private equity corporations*	29	30	23	27	36	32	36	43	37	25	23	29	30	30	34	16
Your state government	24	30	23	25	36	29	23	34	26	29	26	31	24	25	31	13
Wall Street corporations*	25	28	26	27	28	28	20	33	31	30	22	34	20	25	32	16
Individual people who have medical debt	11	11	11	9	18	14	9	12	12	6	12	12	9	12	11	8

\*split sampled

Specifying “executives” is more effective in defining a villain – particularly drug corporation executives – for older women, Black and Indigenous adults, rural women, and people who have experienced at least three impacts of medical debt. Republicans, older men, younger women, and urban women tend to see corporations as more responsible than executives.

Below is a list of people, groups, or laws that some people say are responsible for medical debt. How responsible would you say each one is for medical debt?

% Extremely responsible	Gender x Age				Race					Party ID			Area x Gender						Medical Debt		3+ Hardships
	M <50	W <50	M 50+	W 50+	Wh	Black	Lat	AAPL	Nat	Dem	Ind/DK	Rep	Urb M	Urb W	Sub M	Sub W	Rur M	Rur W	Yes	No	
Health insurance corporations*	45	52	46	51	50	42	49	44	55	54	50	40	49	55	40	50	46	48	51	48	52
Health insurance corporation executives*	46	35	39	55	43	47	45	43	63	49	43	38	41	47	45	40	44	46	46	42	51
Drug corporations*	41	46	48	52	46	45	51	44	56	48	45	45	49	52	40	49	41	44	47	48	50
Drug corporation executives*	42	41	45	62	47	56	43	48	65	51	47	43	40	53	44	46	48	58	49	47	54
Hospitals*	25	32	36	37	32	34	32	22	23	36	27	30	38	37	25	32	22	33	35	30	33
Hospital executives*	29	27	32	43	32	43	29	33	44	34	35	31	26	36	30	33	37	35	35	31	37

\*split sampled

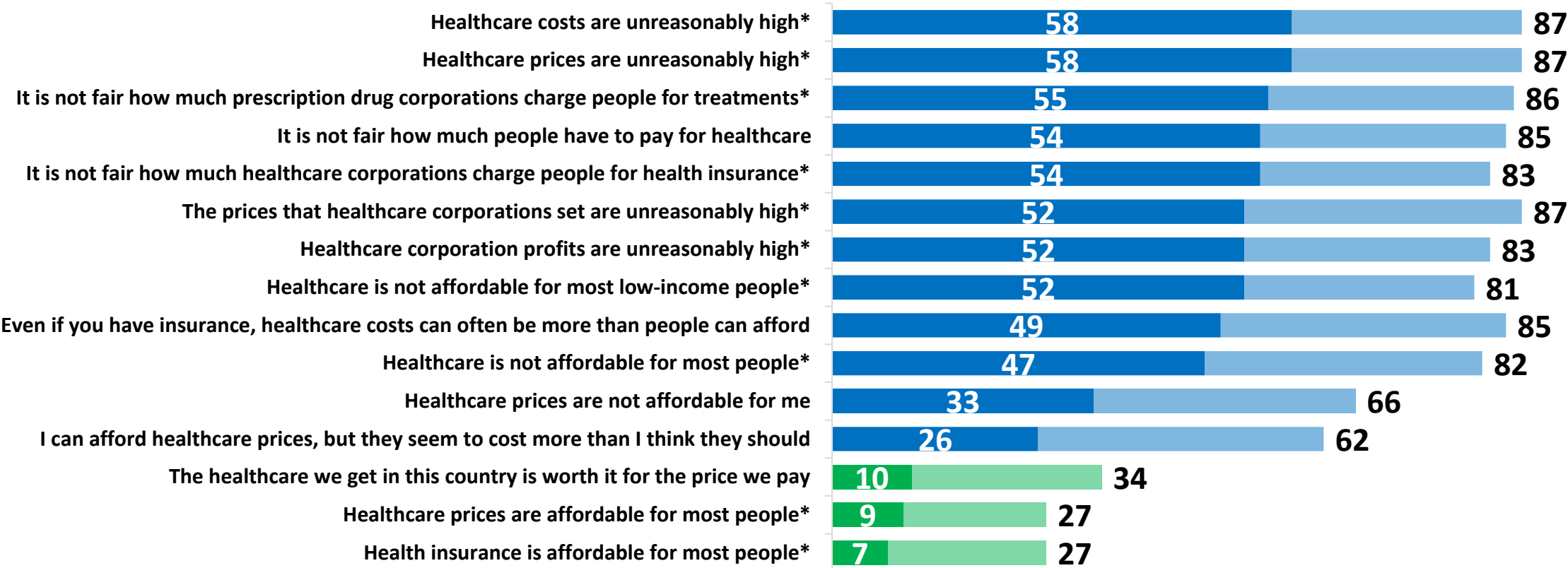


# Messaging



Top statements center on healthcare costs or prices being unreasonably high, and that it is not fair. There is remarkably little differentiation. People are much less likely to agree with statements about healthcare being affordable or worth the price.

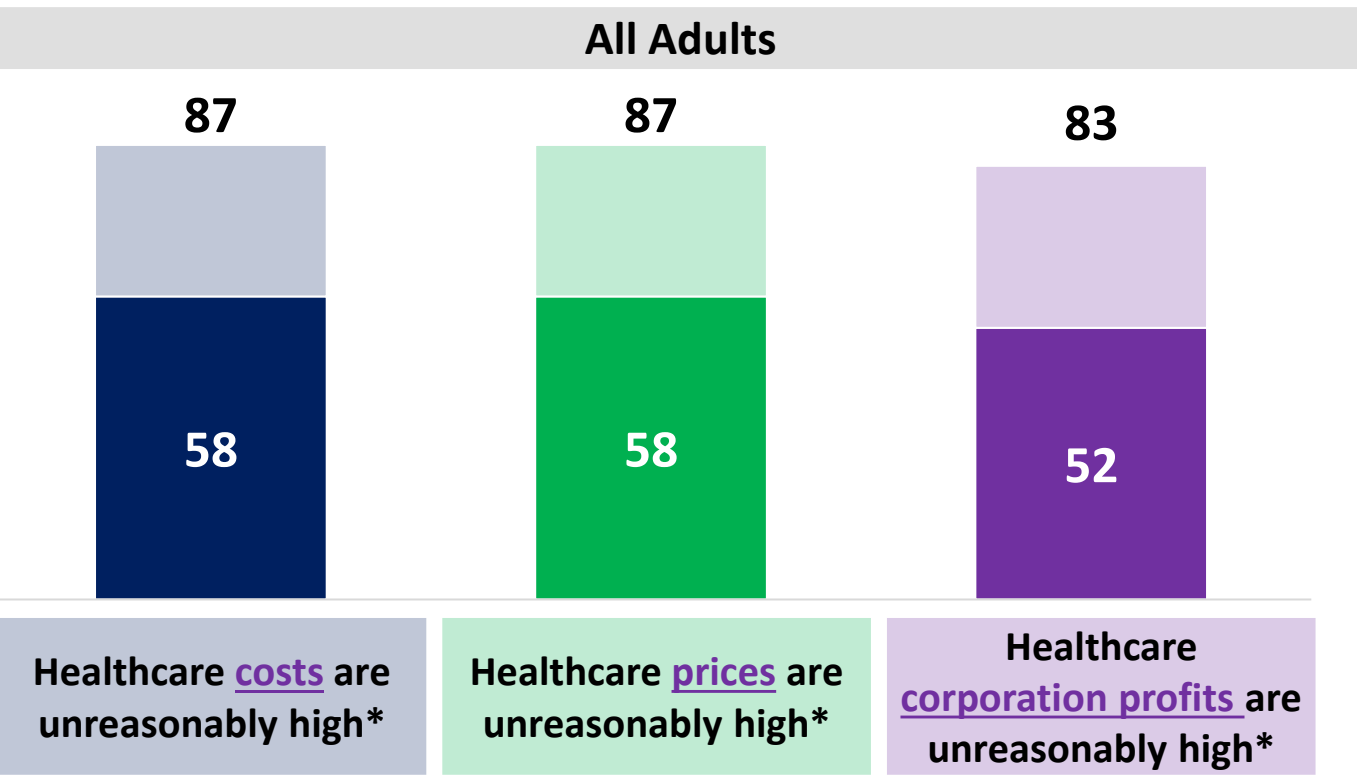
How much do you agree with each of the following statements about health care costs in this country?



\*split sampled

Adults overall are slightly more likely to agree and agree a great deal that either “costs” or “prices” are unreasonably high compared to “healthcare corporation profits.” Saying “costs” generates the strongest agreement among older and younger women, urban women, and rural women, while unreasonably high “prices” gets stronger agreement among Black and Native adults, those with medical debt, and those who have experienced at least three impacts of medical debt.

How much do you agree with each of the following statements about health care costs in this country?



% Agree a great deal	Costs	Prices	Profits
Men <50	43	49	42
Women <50	68	61	54
Men 50+	54	56	52
Women 50+	66	64	60
White	60	57	52
Black	55	63	56
Latinx	53	60	50
Asian American/PI	48	53	50
Native/Indigenous	59	74	72
Urban men	48	44	40
Urban women	69	62	55
Suburban men	49	55	50
Suburban women	63	60	56
Rural men	46	59	52
Rural women	69	68	60
Medical debt	63	65	59
3+ hardships	64	68	61

Agree a moderate amount/a little

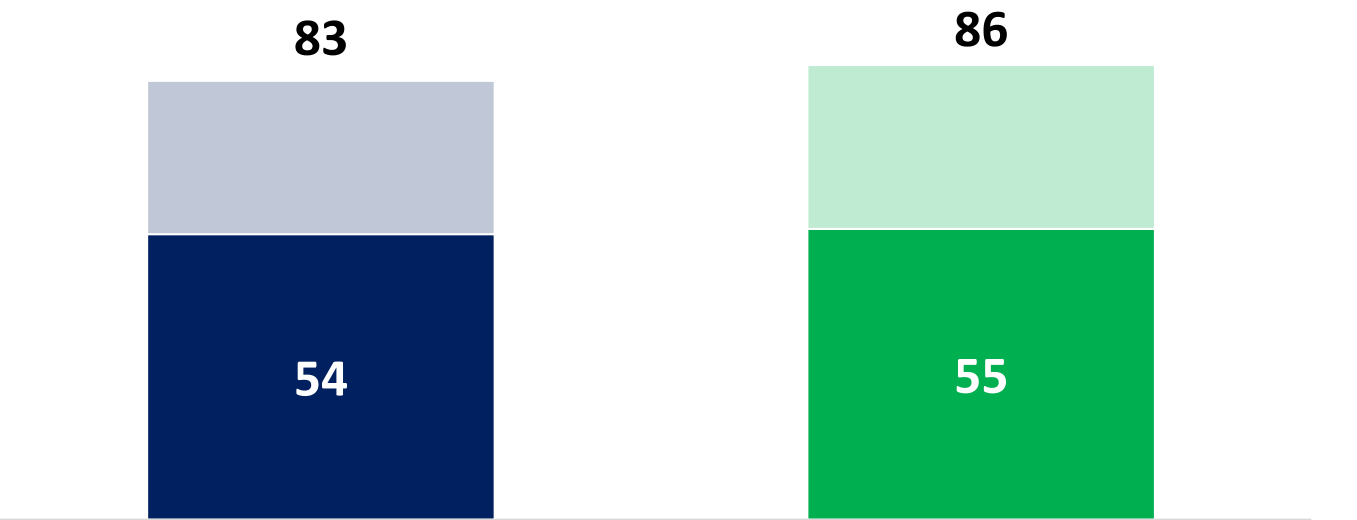
Agree a great deal

\*split sampled

Strong majorities agree that it is not fair both how much healthcare corporations charge for insurance and how much drug corporations charge for treatments. Non-college adults, Indigenous adults, older Black, Latinx, and Indigenous adults, independent women, and those who have experienced 3 or more impacts of medical debt are most likely to respond to the unfairness of prescription drug charges.

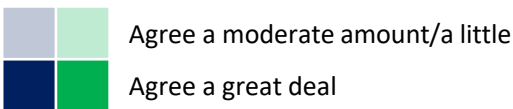
How much do you agree with each of the following statements about health care costs in this country?

All Adults



It is not fair how much healthcare corporations charge people for health insurance\*

It is not fair how much prescription drug corporations charge people for treatments\*



% Agree a great deal	Insurance	Drugs
Men	45	50
Women	62	61
Under 50	49	50
50 & over	60	63
Non-college	55	60
College+	53	47
White	56	56
Black	47	58
Latinx	52	55
Asian American/PI	45	48
Native/Indigenous	56	73
Black 50+	50	73
Latinx 50+	51	64
Native/Indigenous 50+	41	84
Independent/DK men	23	45
Independent/DK women	64	61
No hardships	43	39
1-2 hardships	50	48
3 or more hardships	60	64

\*split sampled

Adults across demographics, including across party lines, strongly agree with statements about the costs of healthcare being unreasonably or unfairly high. Women, white adults, and Democrats agree particularly strongly that healthcare costs are unreasonably high, while saying healthcare *prices* is more impactful for Black, Latinx, and Native adults. “It is not fair how much prescription drug corporations charge” stands out among older, non-college, and Native adults.

How much do you agree with each of the following statements about health care costs in this country? [Top statements]

% Agree a great deal	Gender		Age			Education		Race					Party ID			HC Need Changes		Medical Debt	
	M	W	<30	<50	50+	<Coll	Coll+	White	Black	Latinx	AAPI	Native	Dem	Ind/DK	Rep	Major	Minor	Yes	No
Healthcare costs are unreasonably high*	48	67	55	56	61	58	58	60	55	53	48	59	62	51	55	70	21	63	54
Healthcare prices are unreasonably high*	52	63	53	55	60	61	50	57	63	60	53	74	58	59	54	70	23	65	51
It is not fair how much prescription drug corporations charge people for treatments*	50	61	44	50	63	60	47	56	58	55	48	73	57	55	51	65	28	60	52
It is not fair how much people have to pay for healthcare	47	61	51	52	57	56	50	55	54	53	47	63	57	51	50	65	23	60	50
It is not fair how much healthcare corporations charge people for health insurance*	45	62	51	49	60	55	53	56	47	52	45	56	58	48	51	65	20	57	52
The prices that healthcare corporations set are unreasonably high*	44	60	43	47	59	52	53	54	50	49	48	56	56	47	51	64	18	55	51
Healthcare is not affordable for most low-income people*	42	62	45	49	56	53	51	52	52	53	48	62	55	53	48	63	22	57	49

\*split sampled

People across demographics disagree that healthcare and health insurance are affordable. Majorities across party lines agree a great deal that healthcare corporation profits are unreasonably high. People also agree a great deal that even if you have insurance, healthcare costs can be more than people can afford.

How much do you agree with each of the following statements about health care costs in this country? [Lower statements]

% Agree a great deal	Gender		Age			Education		Race					Party ID			HC Changes		Medical Debt	
	M	W	<30	<50	50+	<Coll	Coll+	White	Black	Latinx	AAPI	Native	Dem	Ind/DK	Rep	Major	Minor	Yes	No
Healthcare corporation profits are unreasonably high*	46	57	41	48	56	54	46	52	56	50	50	72	51	53	50	63	20	59	46
Even if you have insurance, healthcare costs can often be more than people can afford	42	56	42	46	54	50	48	50	48	48	45	53	51	49	47	59	23	53	46
Healthcare is not affordable for most people*	41	53	47	48	47	50	42	46	53	51	39	56	49	56	40	57	17	54	42
Healthcare prices are not affordable for me	30	35	29	36	29	38	21	33	31	36	29	40	31	35	32	39	12	41	26
I can afford healthcare prices, but they seem to cost more than I think they should	25	27	24	24	29	24	30	25	30	26	30	25	28	14	28	30	14	26	26
The healthcare we get in this country is worth it for the price we pay	11	10	12	13	7	11	9	8	18	13	14	8	12	7	10	10	9	13	9
Healthcare prices are affordable for most people*	7	11	13	11	6	9	9	7	16	12	11	5	12	6	8	10	6	12	7
Health insurance is affordable for most people*	7	7	8	11	4	7	9	5	12	11	11	10	10	2	6	8	3	10	6

\*split sampled

# People strongly favor general policies like expanding access to affordable coverage, reducing out of pocket costs, and capping prices.

Do you favor or oppose each of the following? [Top policies]	Strongly Favor	Total Favor
<b>[Expanding access]</b> Expanding access to affordable healthcare coverage*	61	85
<b>[Reducing out of pocket costs]</b> Reducing out of pocket costs like deductibles, copays, and premiums	60	87
<b>[Capping drug prices]</b> Capping prescription drug prices*	60	85
<b>[Capping hospital prices]</b> Capping the prices that hospitals can charge*	58	82
<b>[Capping insurance profits]</b> Capping profits that insurance companies can make*	56	80
<b>[Capping insurance prices]</b> Capping prices that insurance companies can charge*	54	82
<b>[Capping out of pocket]</b> Capping the total amount people have to pay out of pocket for healthcare and prescription drugs in a year*	53	82
<b>[Use any doctor or hospital]</b> Enabling everyone to use any doctor or hospital they want*	52	83
<b>[Providing coverage with no costs]</b> Providing coverage, including prescription drugs, long term care, mental health, vision, and dental, to everyone with no copays, deductibles, or premiums*	52	78

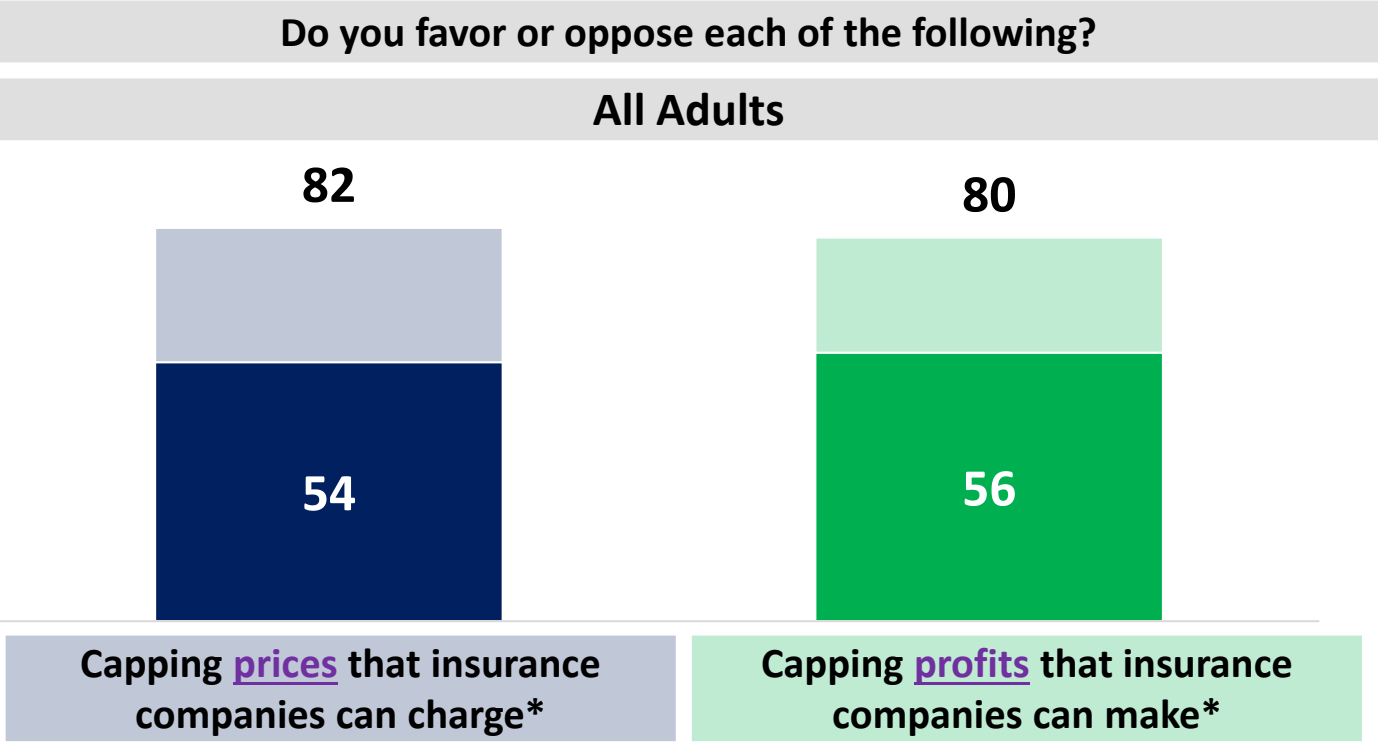
\*split sampled

A second tier of policy descriptions surrounding single-payer and raising taxes has lower, but still majority support. It may be more effective to go after capping insurance companies than hospitals, as people are more favorable towards capping insurance profits than they are hospital profits.

Do you favor or oppose each of the following? [Lower policies]	Strongly Favor	Total Favor
[Capping hospital profits] Capping the profits that hospitals can make*	46	75
[Raise taxes and employers contribute to health care] Creating a new health insurance program for every American, in which the country would raise taxes and employers contribute to pay for everyone’s health care*	32	62
[Eliminating private insurance] Creating a new health insurance program for every American, in which the country would raise taxes and then pay for everyone’s health care, eliminating private insurance corporations*	32	61
[Raise taxes to pay for everyone’s healthcare] Creating a new health insurance program for every American, in which the country would raise taxes and then pay for everyone’s health care*	32	57
[Expanding access-raise taxes] Expanding access to affordable healthcare coverage even if it raises taxes*	31	68
[Eliminating private insurance unless pay separately] Creating a new health insurance program for every American, in which the country would raise taxes and then pay for everyone’s health care, eliminating private insurance corporations unless you want to pay separately*	31	57

\*split sampled

People favor capping both prices that insurance companies can charge and the profits they can make. Older women, Indigenous adults, Democrats, those with private insurance, and those who have experienced three or more impacts of medical debt are especially receptive to capping insurance profits.



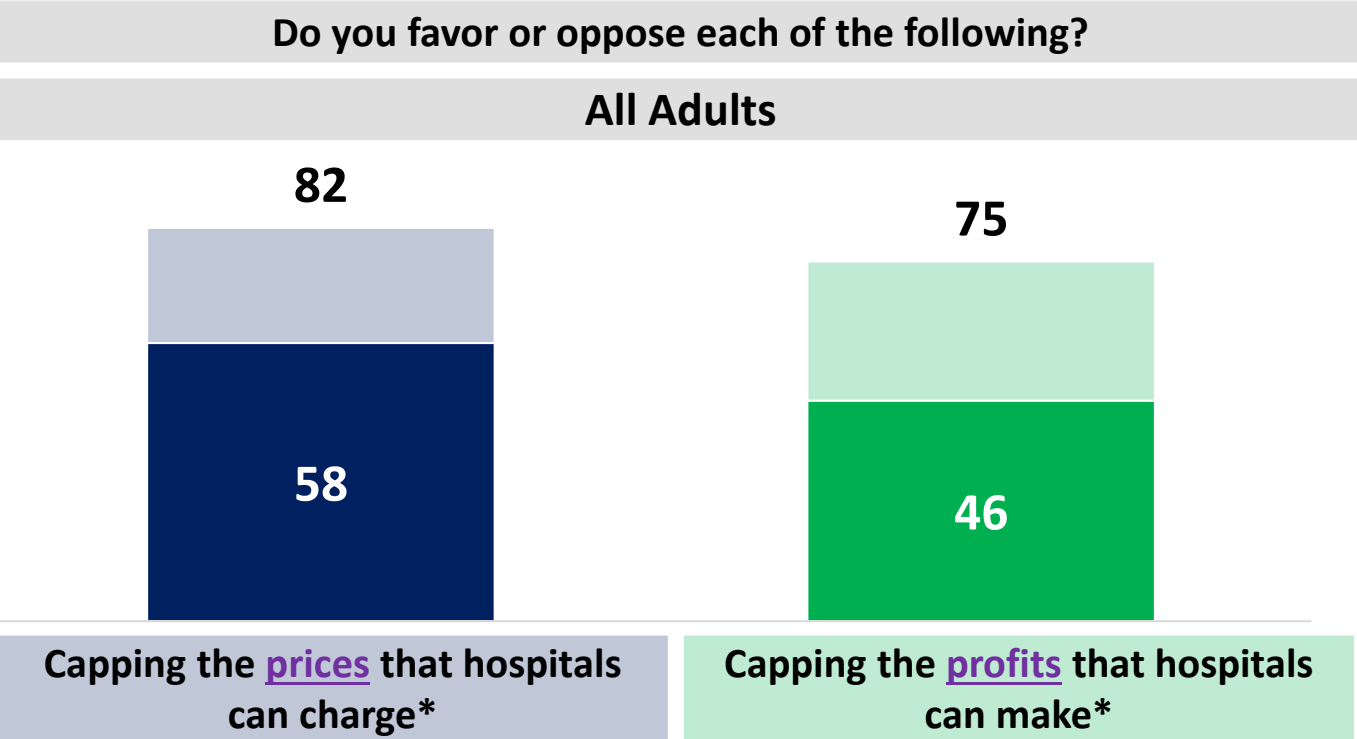
% Favor – strongly	Insurance prices	Insurance profits
Men <50	49	49
Women <50	49	54
Men 50+	55	58
Women 50+	66	66
White	54	58
Black	60	53
Latinx	52	58
Asian American/PI	52	53
Native/Indigenous	61	68
Democrat	59	67
Independent/DK	55	46
Republican	48	50
No hardships	42	43
1-2 hardships	49	57
3 or more hardships	61	62
No insurance	59	49
Private insurance	53	60
Medicare /Medicaid	56	56

Favor – somewhat  
 Favor – strongly

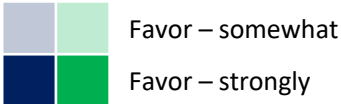
\*split sampled



However, while supportive of capping hospital prices, people are less likely to favor capping profits hospitals can make, making hospitals a less effective villain than insurance corporations and Big Pharma. Older women, urban women, and rural women are most likely to strongly favor capping hospital prices as well as profits.



% Favor – strongly	Hospital prices	Hospital profits
Men <50	47	39
Women <50	60	41
Men 50+	57	46
Women 50+	68	58
White	61	47
Black	57	49
Latinx	55	41
Asian American/PI	47	39
Native/Indigenous	61	49
Urban men	57	41
Urban women	66	52
Suburban men	43	44
Suburban women	58	45
Rural men	54	41
Rural women	67	52
No insurance	50	51
Private insurance	62	46
Medicare /Medicaid	61	47

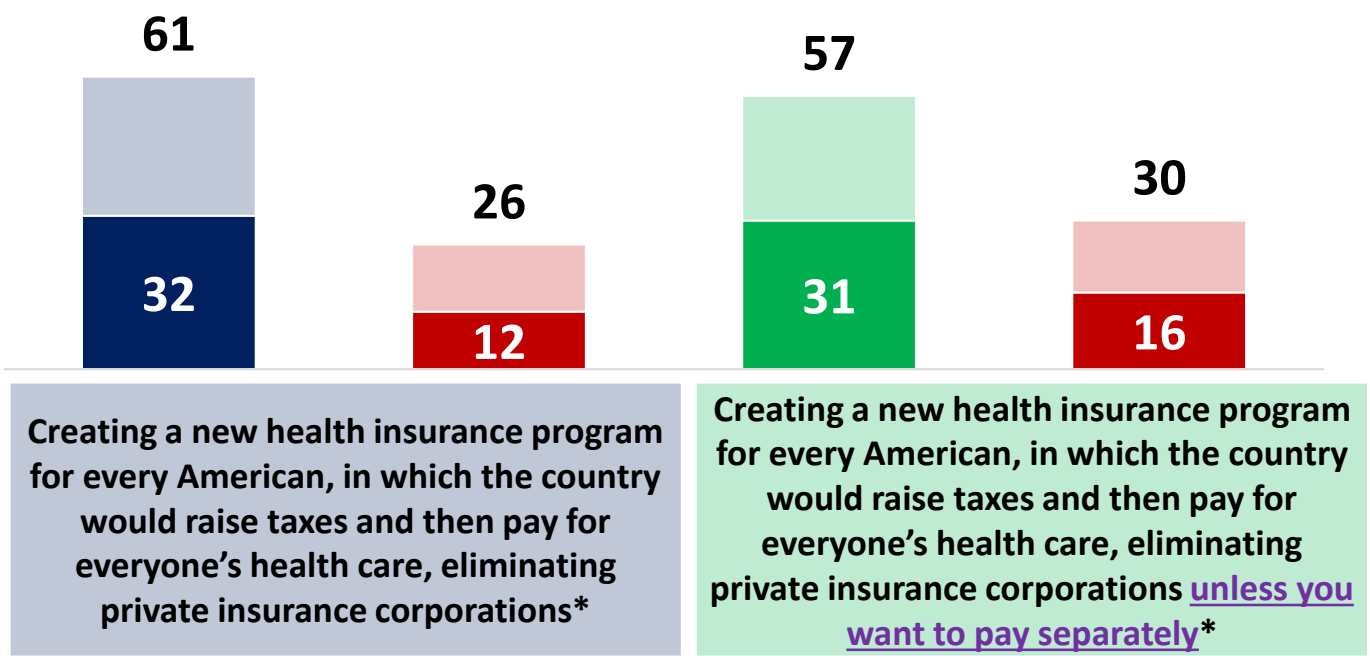


\*split sampled

Adults overall are slightly more supportive of a universal healthcare program that eliminates private insurance when we do not include an option for paying separately for private insurance. Younger men, college-educated adults, Black, AAPI, and Native adults, and Democrats are the most supportive of eliminating private insurance, while Latinx adults and independents most strongly favor keeping an option to pay separately.

Do you favor or oppose each of the following?

All Adults



% Favor – strongly	Eliminate private insurance	Unless pay separately
Men <50	36	30
Women <50	30	30
Men 50+	33	29
Women 50+	28	34
Non-college	30	33
College+	36	27
White	31	28
Black	38	37
Latinx	30	41
Asian American/PI	37	26
Native/Indigenous	38	28
Democrat	44	40
Independent/DK	16	28
Republican	25	23
No insurance	34	34
Private insurance	37	32
Medicare	26	26
Medicaid	40	38

Favor – somewhat    Oppose – somewhat  
Favor – strongly    Oppose – strongly

\*split sampled

**Women and older voters support our policies more than men and younger voters, though adults across the board strongly favor policies like expanding access, capping prices, and reducing costs, including adults across party lines.**

Do you favor or oppose each of the following? [Top policies]

% Favor – strongly	Gender		Age		Race					Party ID			HC Need Changes		Medical Debt		HC Reform Shift	
	M	W	<50	50+	White	Black	Latinx	AAPI	Native	Dem	Ind/DK	Rep	Major	Minor	Yes	No	Solid Extr. Poss.	Shift Extr. Poss.
Expanding access*	55	66	58	64	61	61	63	53	67	72	57	51	70	34	62	60	86	60
Capping drug prices*	55	65	53	69	63	55	60	52	64	70	61	52	67	44	63	59	86	52
Reducing out of pocket costs	55	64	55	65	60	59	61	58	69	66	57	53	68	39	65	56	84	58
Capping hospital prices*	52	63	54	63	61	57	55	47	61	66	48	54	65	35	61	56	83	54
Capping insurance profits*	53	60	52	62	58	53	58	53	68	67	46	50	62	37	58	56	79	46
Capping insurance prices*	51	57	49	61	54	60	52	52	61	59	55	48	64	30	59	51	82	57
Capping out of pocket*	50	57	48	60	54	58	49	47	57	60	44	48	63	30	59	49	80	51
Providing coverage with no costs*	44	60	48	57	51	55	59	46	57	62	49	44	60	32	59	47	77	51
Use any doctor or hospital*	51	52	46	59	54	52	45	50	60	55	49	49	59	32	58	47	80	50
Capping hospital profits*	42	49	40	53	47	49	41	39	49	51	41	42	53	30	48	44	76	50

\*split sampled

**Policies that involve eliminating private insurance are less popular overall but are still favored more than opposed. They have most support among Democrats and adults who think healthcare reform is extremely possible both before and after messaging.**

**Do you favor or oppose each of the following? [Lower policies – net favor]**

Net: Favor minus Oppose	Gender		Age		Race					Party ID			HC Need Changes		Medical Debt		HC Reform Shift	
	M	W	<50	50+	White	Black	Latinx	AAPI	Native	Dem	Ind/DK	Rep	Major	Minor	Yes	No	Solid Extr. Poss.	Shift Extr. Poss.
Raise taxes to pay for everyone's healthcare*	27	25	32	19	19	40	47	31	16	52	29	1	37	-6	32	22	59	20
Raise taxes and employers contribute to healthcare*	44	31	44	28	33	46	41	47	53	58	15	21	44	12	41	33	62	35
Eliminating private insurance	41	28	42	26	26	51	55	44	54	63	18	8	42	9	37	32	65	35
Expanding access-raise taxes*	52	38	52	36	42	56	55	39	41	72	22	24	47	39	47	44	65	44
Eliminating private insurance unless pay separately*	29	26	30	24	18	47	46	39	13	57	26	1	40	-7	34	21	56	32

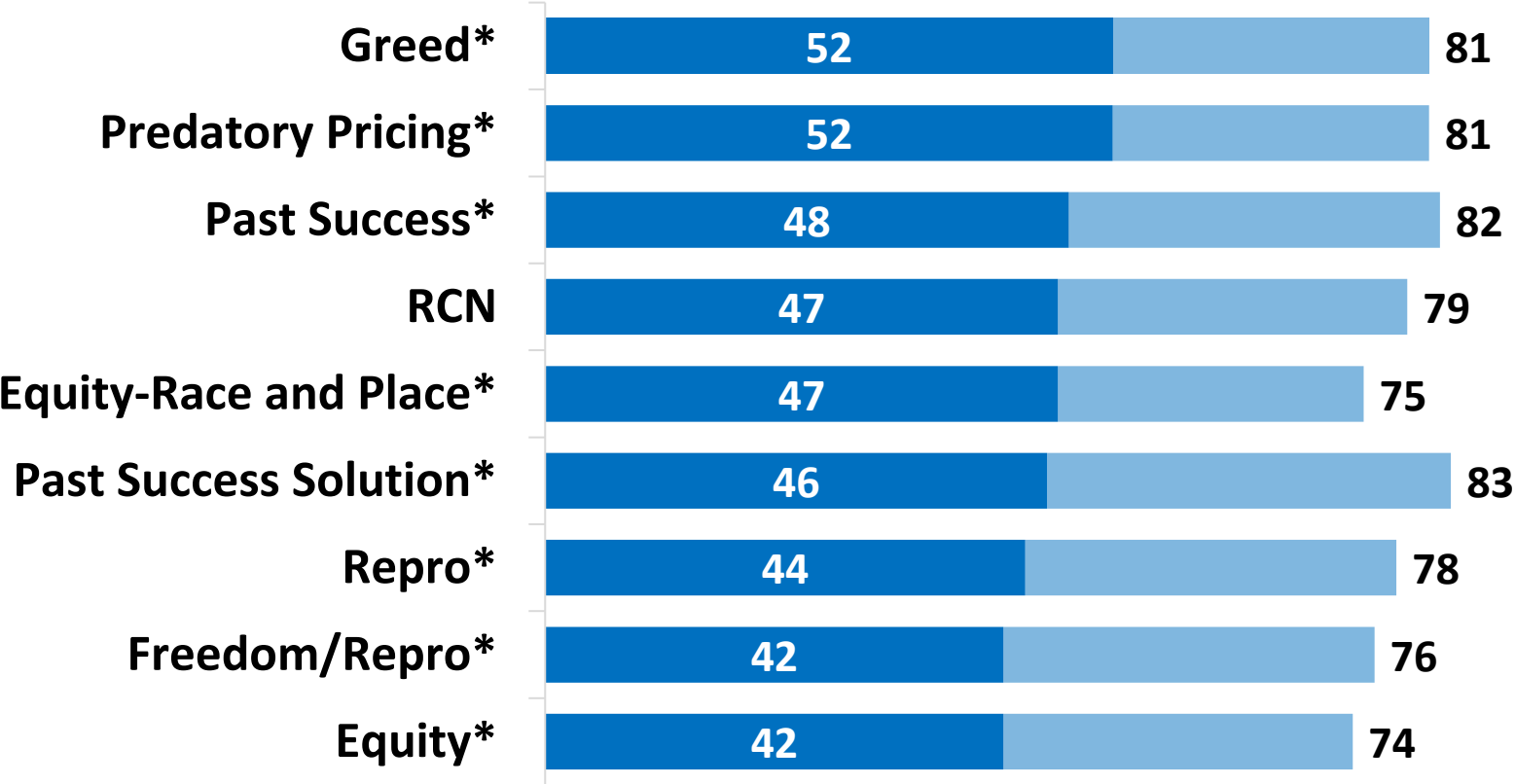
\*split sampled

All of our messages are strong, with reach and intensity. The most convincing messages are both versions of a corporation message about greed and predatory pricing.

Now you will read some statements that people might make about the healthcare system. For each one, please indicate if you find it very convincing, somewhat convincing, not too convincing, or not at all convincing.

**{Greed}** 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.\*

**{Predatory Pricing}** 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.\*



Somewhat convincing

Very convincing

\*split sampled

# Full Text of Messages

**{Greed}** 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.\*

**{Predatory Pricing}** 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.\*

**{Past Success}** We should be able to get the healthcare we need when we need it. But today, many struggle to afford the care they need. We've come together before to improve the health of our families and loved ones, creating Medicare for seniors and stopping insurance companies from denying coverage because of pre-existing conditions. We can do more. When we join together to demand our leaders put people ahead of profits, we can ensure that everyone gets quality care that doesn't break the bank.\*

**{RCN}** Every one of us, whether white, Black, or Brown, should be able to get quality care we can afford 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 unreasonably high and they deny us the healthcare we need. By coming together and telling our leaders to pass healthcare reforms, we can create a system that works for all of us, not just the wealthy few.

**{Equity – Race and Place}** Nobody should have more or less opportunity to have financial stability or health because of the color of their skin or where they live. It's appalling that in 2024, Black, Brown, and rural people still experience worse health outcomes, reduced healthcare access, and lower quality service from providers. It impacts the mental, physical, and financial health of these communities and widens racial disparities. We need to address inequities in our healthcare system so that all communities can be healthy and thrive.\*

Sorted by % Very convincing

\*split sampled



# Full Text of Messages Cont.

**{Past Success Solution}** We should be able to get the healthcare we need when we need it. But today, many struggle to afford the care they need. We've come together before to improve the health of our families and loved ones, creating Medicare for seniors and stopping insurance companies from denying coverage because of pre-existing conditions. We can do more. When we join together to cap prices and prevent medical debt, we can ensure that everyone gets quality care that doesn't break the bank.\*

**{Repro}** We all want our families to be able to access the care we need, when we need it. But a handful of politicians are trying to take away our right to decide for ourselves whether and how to grow our families. Healthcare corporations then price gouge us, making it harder to access affordable, quality care. Together, we can ensure that any of us can get the care that we need no matter how much money we have or which state we call home.\*

**{Freedom/Repro}** We all want our families to have the freedom to get the care we need, when we need it. But a handful of politicians want to take away our freedoms to decide for ourselves whether and how to grow our families. Healthcare corporations then price gouge us, making it harder to access affordable, quality care. Together, we can protect our freedom to get the care that we need no matter how much money we have or which state we call home.\*

**{Equity}** Nobody should have more or less opportunity to have financial stability or health because of the color of their skin. 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. It impacts the mental, physical, and financial health of these communities and widens racial disparities. We need to address inequities in our healthcare system so that all communities can be healthy and thrive.\*

Sorted by % Very convincing

\*split sampled

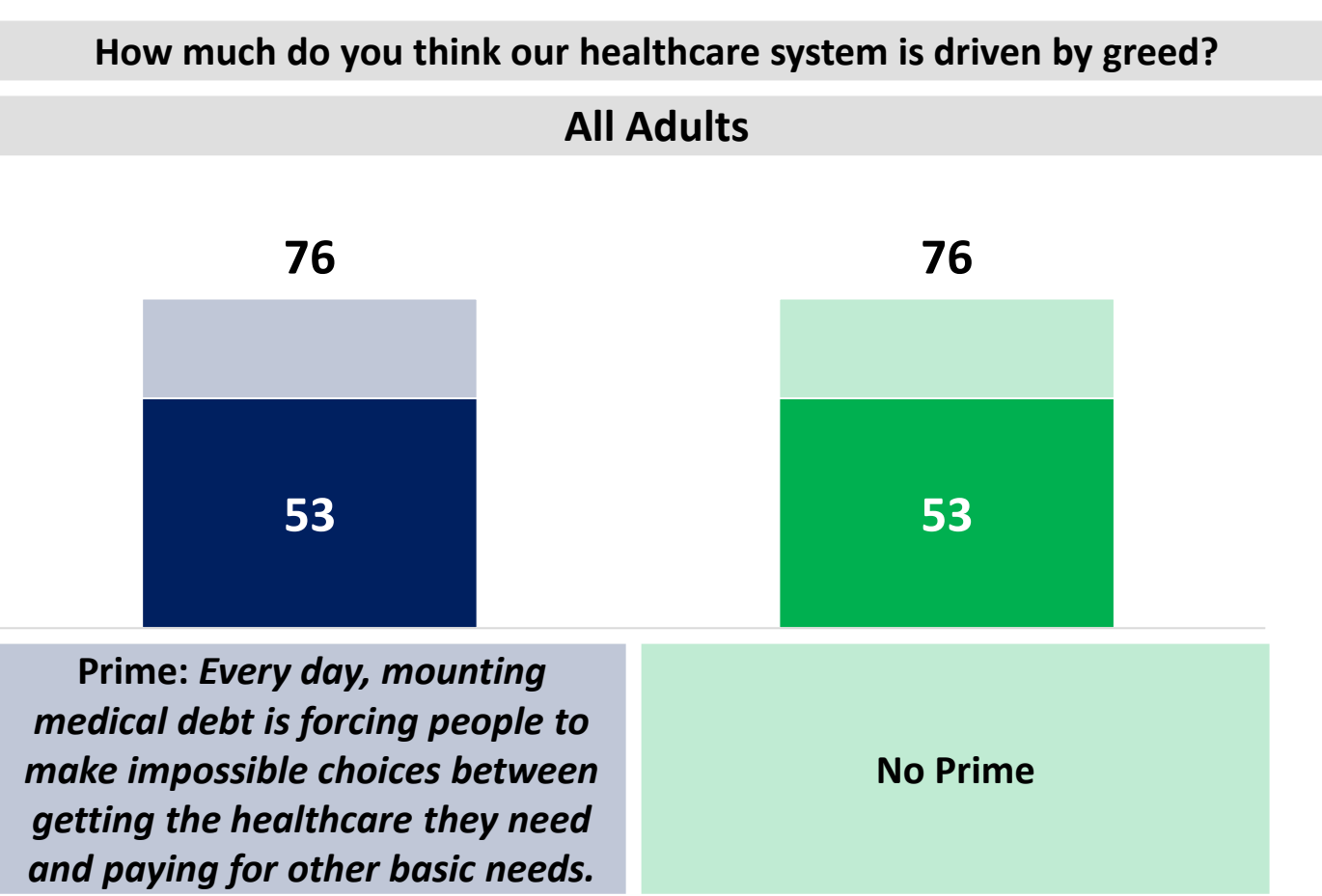
Our messaging is generally more convincing to women and older adults. A message focused on corporate greed is most convincing among these groups and is also the top message among adults who we shift toward thinking healthcare reform is extremely possible after messaging. This is a bipartisan and strong message. The same message but referencing “predatory pricing” instead of greed is most convincing to Black, Latinx, and Native adults as well as Democrats and independents.

Now you will read some statements that people might make about the healthcare system. For each one, please indicate if you find it very convincing, somewhat convincing, not too convincing, or not at all convincing.

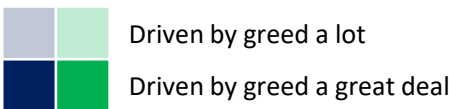
% Very convincing	Gender		Age		Race					Party ID			HC Reform Shift	
	M	W	<50	50+	White	Black	Latinx	AAPI	Native	Dem	Ind/DK	Rep	Solid Extr. Poss.	Shift Extr. Poss.
Greed*	46	57	46	59	54	49	49	38	60	58	48	48	77	50
Predatory Pricing*	50	53	47	58	51	58	52	48	66	59	51	44	75	47
Past Success*	41	55	43	54	49	45	48	43	42	56	46	40	76	43
RCN	43	51	44	51	46	52	50	42	54	57	44	38	76	42
Equity-Race and Place*	42	51	46	47	45	55	49	46	64	58	44	35	74	45
Past Success Solution*	44	46	45	47	46	53	41	40	49	50	48	39	73	47
Repro*	39	49	40	49	45	44	47	39	42	52	41	36	72	45
Equity*	39	45	39	46	42	50	41	38	44	54	33	35	68	40
Freedom/Repro*	38	45	41	43	40	53	42	42	63	50	37	35	72	39

\*split sampled

Three-quarters of adults overall think that our healthcare system is driven by greed and over half think it is driven by greed a great deal, equally so when primed with a statement about medical debt or not. Priming people is not necessary in general but does help in the Midwest, with adults under 30, among college-educated adults, and among AAPI and Indigenous adults.



% Driven by greed a great deal	Prime	No Prime
Men	46	47
Women	59	59
Under 30	51	43
Northeast	43	53
Midwest	60	46
South	51	57
West	57	54
Non-college	52	58
College+	55	44
White	55	54
Black	55	52
Latinx	46	57
Asian American/PI	46	41
Native/Indigenous	67	61
Democrat	59	57
Independent/DK	51	49
Republican	48	49
HC reform extremely/very possible	61	66
HC reform less possible	43	42



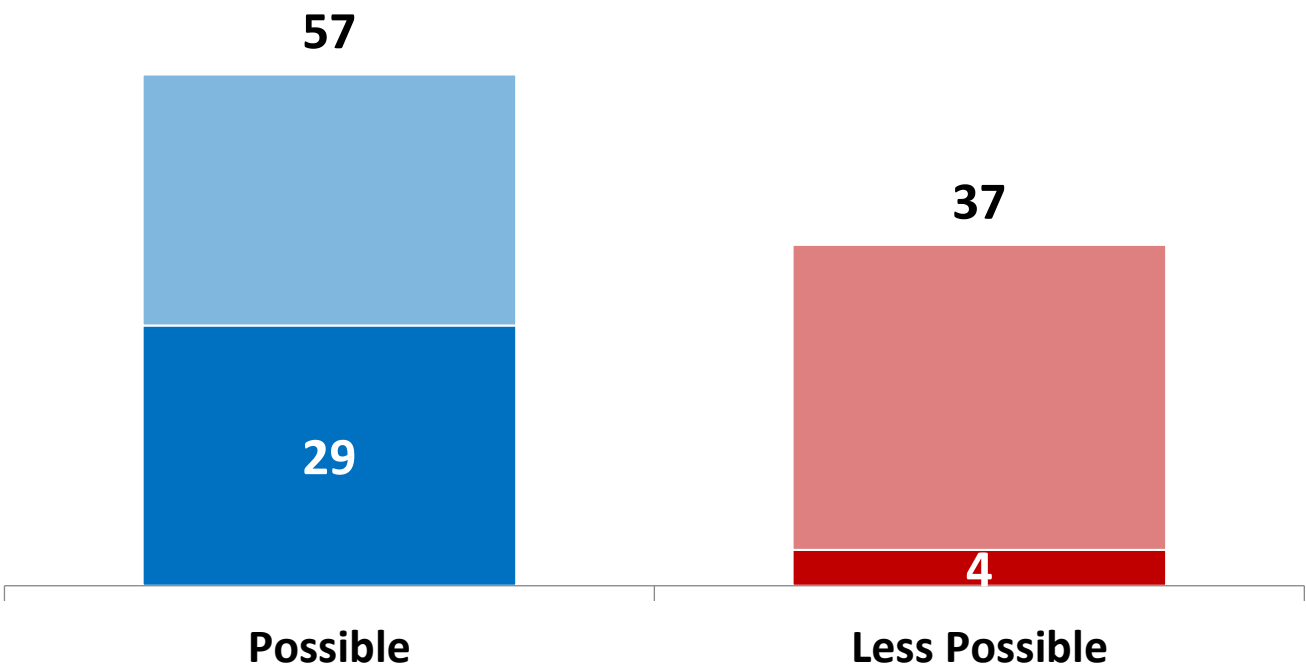
\*split sampled  
Half of the same read the “prime” text before answering the question. The other half just answered the question without the priming statement.

A blue-tinted photograph of a doctor in a white coat and gloves, holding a pen and a piggy bank. The doctor is standing behind a desk, and the piggy bank is on the desk. The background is blurred.

# Impacts of Messaging

Before messaging, a majority believe that it is possible for us to make improvements to the healthcare system, with 29 percent who say it is extremely possible. Black, Latinx, Indigenous adults, Democrats, parents, those who say healthcare needs major changes, and those with medical debt are most optimistic.

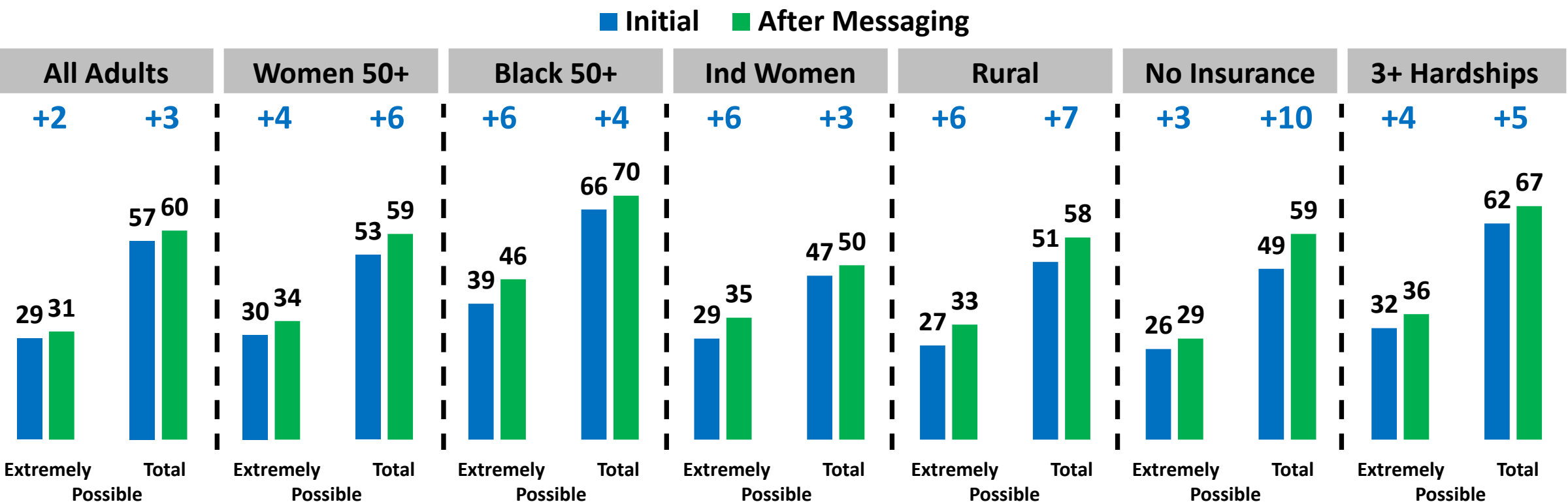
If we joined together, how possible is it that we can make changes to the healthcare system to improve access to quality, affordable care for all Americans?



	Extremely Possible	Total Possible	Total Less Possible
Under 30	25	57	40
Under 50	29	60	36
50 & over	28	53	39
White	26	52	41
Black	40	70	27
Latinx	33	66	31
Asian American/PI	24	56	37
Native/Indigenous	38	64	32
Democrat	33	66	31
Independent/DK	27	44	37
Republican	25	50	46
Parents	34	65	33
Non-parents	26	53	39
HC need major changes	34	62	34
HC need minor changes	14	42	52
Medical debt	32	63	32
No medical debt	26	52	42

# We slightly increase perceptions that reform is possible, particularly among older women, older Black adults, independent women, rural adults, and those without health insurance or who have experienced at least three impacts of medical debt.

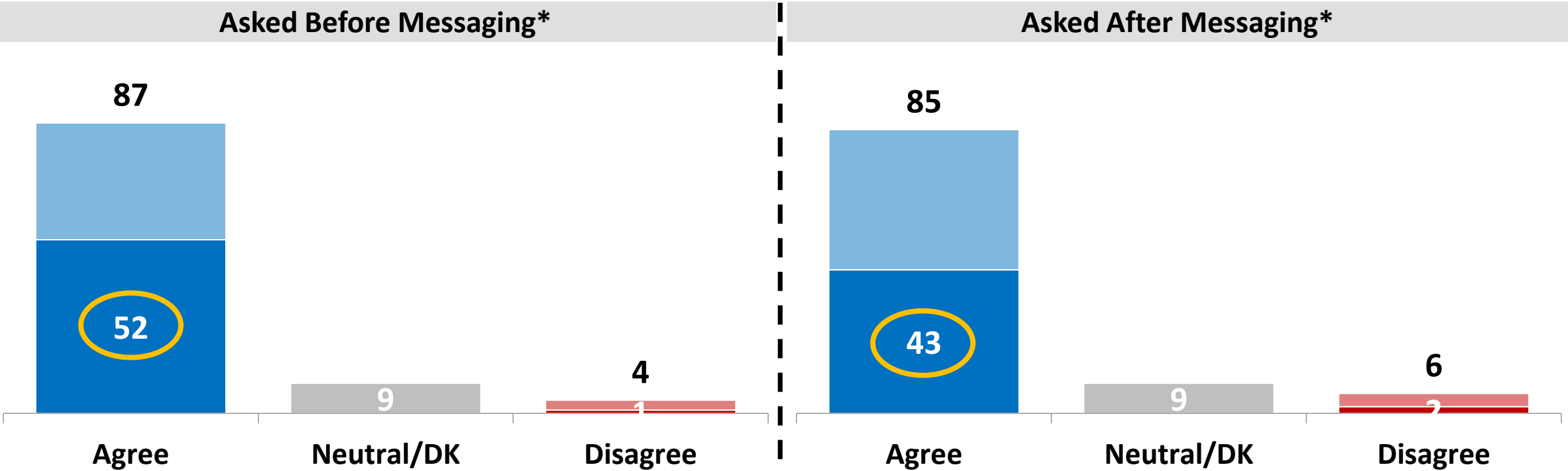
If we joined together, how possible is it that we can make changes to the healthcare system to improve access to quality, affordable care for all Americans?





# The vast majority of adults agree that medical debt is a symptom of a broken healthcare system, and we need to lower healthcare costs and expand coverage. However, intensity of agreement declines after messaging.

On a scale of 0 to 10 where 0 means you strongly disagree and 10 means you strongly agree, please indicate if you agree or disagree with the following 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.



Somewhat agree (6-9)  
Strongly agree (10)  
Somewhat disagree (1-4)  
Strongly disagree (0)

\*split sampled

When it comes to acknowledging that to end medical debt we need to lower costs and expand coverage, older women, white women, and Latina women are already with us before messaging. Indigenous adults, particularly women, as well as Black women, are more likely to strongly agree when asked after messaging than before.

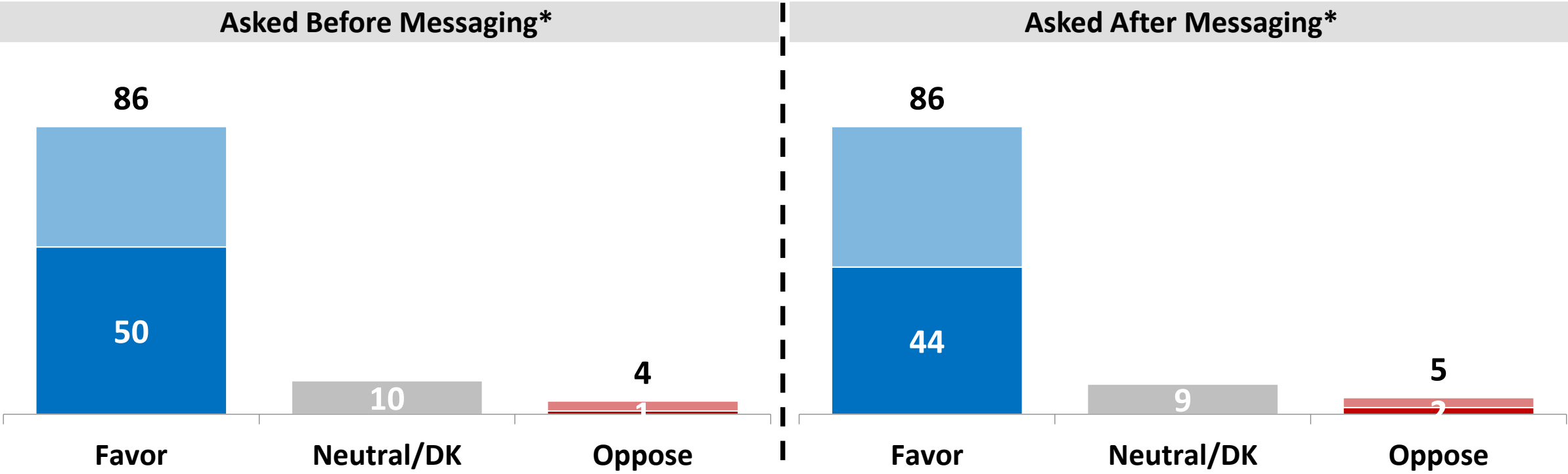
On a scale of 0 to 10 where 0 means you strongly disagree and 10 means you strongly agree, please indicate if you agree or disagree with the following statement: Medical debt is one of the symptoms of a broken healthcare system. In order to end medical debt, we need to lower healthcare costs and expand health coverage so no one needs to go into debt for critical healthcare.

Asked Before Messaging*			Asked After Messaging*		
	Str. Agree	Agree		Str. Agree	Agree
Men <50	40	89	Men <50	41	84
Women <50	55	86	Women <50	40	85
Men 50+	48	84	Men 50+	32	85
Women 50+	66	88	Women 50+	56	84
White	53	87	White	41	83
Black	52	84	Black	50	84
Latinx	53	90	Latinx	47	90
Asian American/PI	42	85	Asian American/PI	35	88
Native/Indigenous	51	89	Native/Indigenous	62	89
White women	66	90	White women	44	84
Black women	51	80	Black women	58	81
Latina women	56	88	Latina women	54	89
AAPI women	32	78	AAPI women	37	93
Native women	44	86	Native women	57	87

\*split sampled

# A similar number also favor reforms to the healthcare system, with higher intensity when asked before messaging than after.

And on a scale of 0 to 10 where 0 means you strongly oppose and 10 means you strongly favor, please indicate if you favor or oppose reforms to the healthcare system that include lowering the prices people pay for health insurance deductibles, premiums, and copays; doctors' visits; specialty care; emergency care; prescription drugs; and hospitalizations.



Somewhat favor (6-9)  
Strongly favor (10)  
Somewhat oppose (1-4)  
Strongly oppose (0)

\*split sampled

# Women and adults over 50 are also top supporters of healthcare reforms including lowering prices when asked before messaging. Indigenous adults, Black women, and Indigenous women are most likely to strongly favor when asked after messaging.

And on a scale of 0 to 10 where 0 means you strongly oppose and 10 means you strongly favor, please indicate if you favor or oppose reforms to the healthcare system that include lowering the prices people pay for health insurance deductibles, premiums, and copays; doctors' visits; specialty care; emergency care; prescription drugs; and hospitalizations.

Asked Before Messaging*				Asked After Messaging*			
	Str. Favor	Favor	Oppose		Str. Favor	Favor	Oppose
Men	43	86	4	Men	35	86	6
Women	57	87	3	Women	51	85	4
Under 50	44	85	5	Under 50	40	85	6
50 & over	58	88	3	50 & over	48	87	4
White	52	87	4	White	43	87	5
Black	50	85	3	Black	52	86	7
Latinx	49	88	3	Latinx	41	82	7
Asian American/PI	45	83	6	Asian American/PI	38	90	2
Native/Indigenous	48	89	3	Native/Indigenous	62	89	5
Black women	52	82	4	Black women	61	87	5
Latina women	55	86	3	Latina women	46	80	7
AAPI women	38	75	8	AAPI women	41	91	1
Native women	44	90	4	Native women	60	89	2

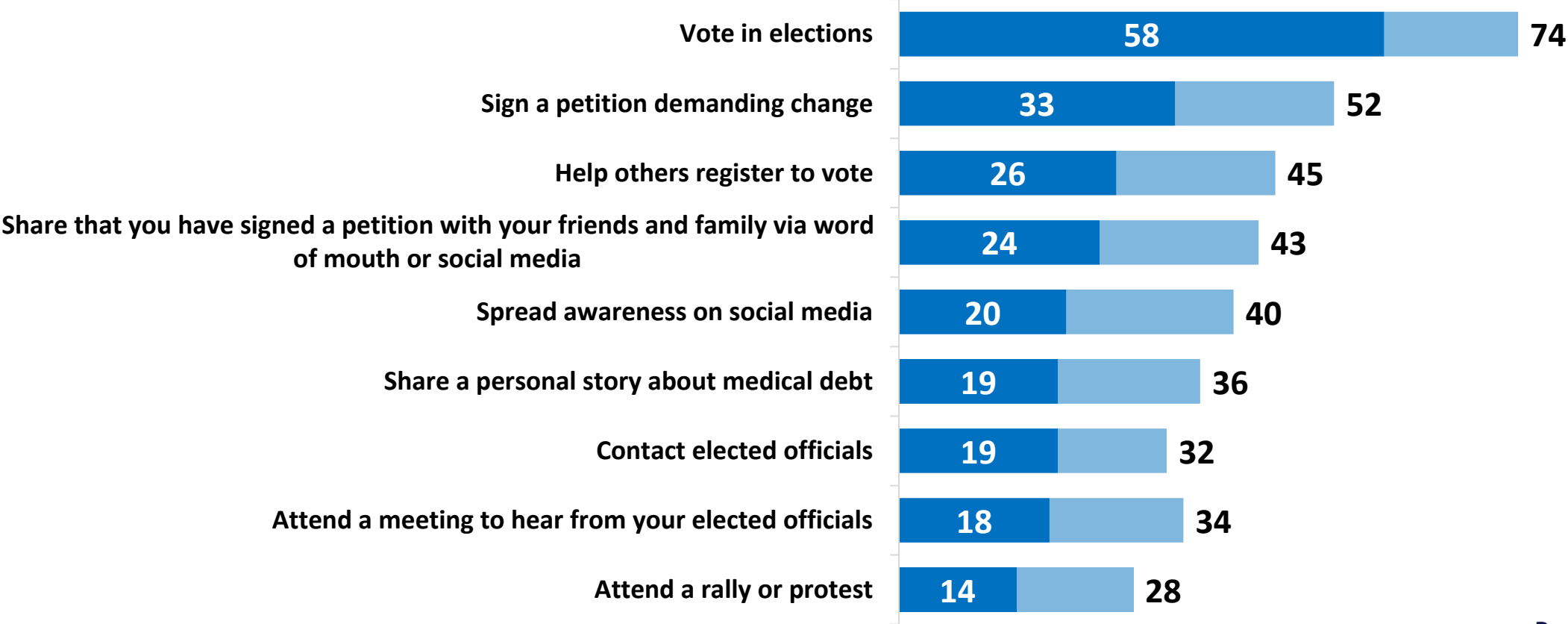
\*split sampled



# Activism

People are most likely to vote in elections to address medical debt, but a majority would also sign a petition demanding change. Unlike a lot of other issues, they are willing to post information on social media.

How likely are you to take each of the following actions to address the issue of medical debt in this country?



Very likely

Extremely likely



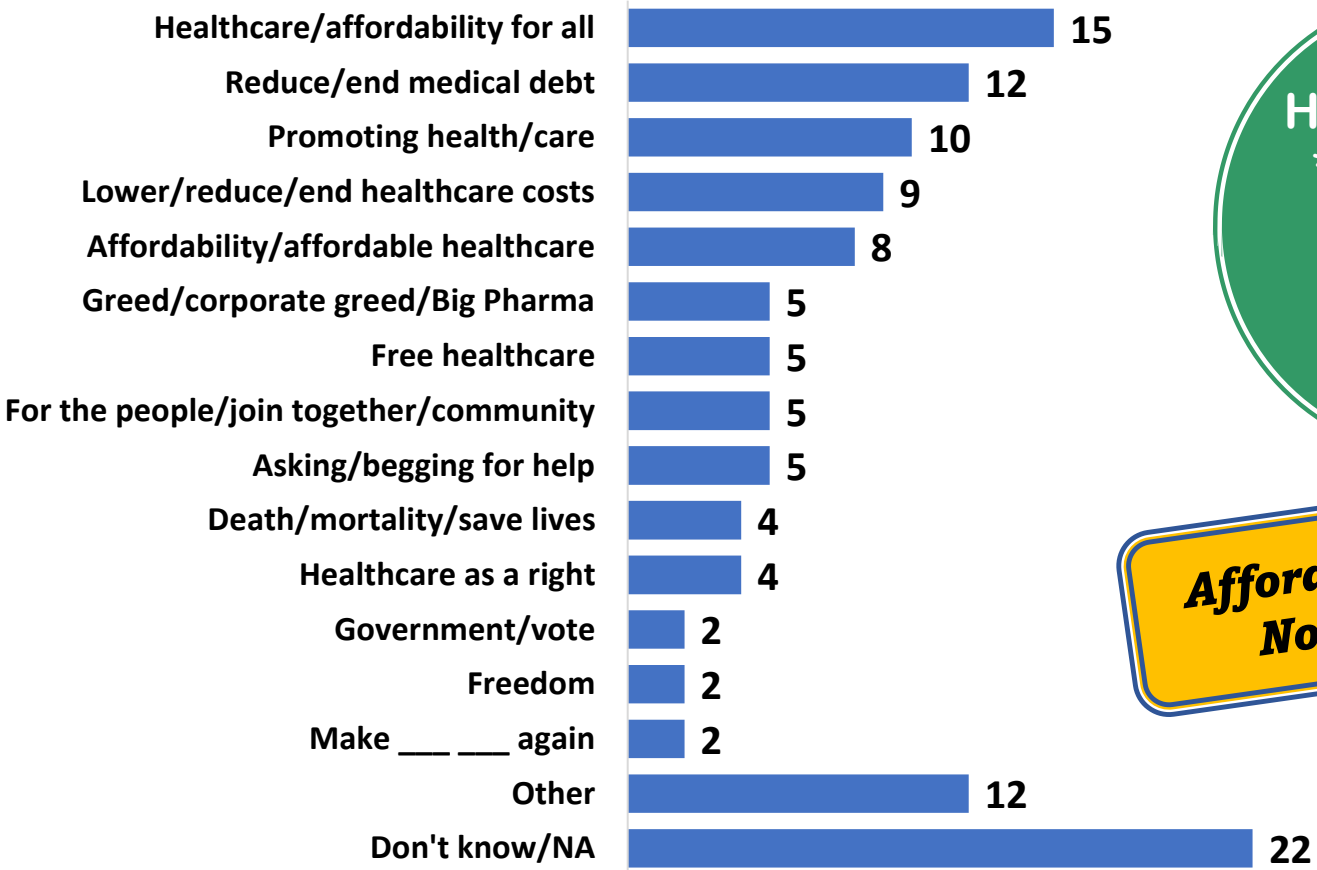
Older adults are more likely than younger to vote in elections, while younger people are more likely to spread awareness on social media or share a personal story. Those who say healthcare needs major changes and favor reform are more likely than others to take all actions, as are people who have experienced three or more hardships related to medical debt.

How likely are you to take each of the following actions to address the issue of medical debt in this country?

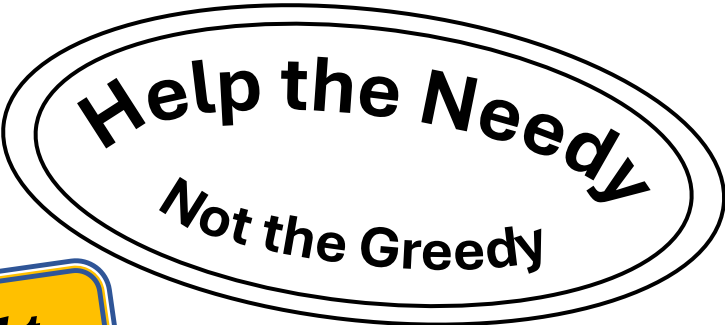
% Extremely likely	Age		Gender x Edu				Race					HC Changes		Hardships			Str Fav Reform
	<50	50+	NC M	NC W	C+ M	C+ W	White	Black	Latinx	AAPI	Native	Major	Minor	None	1-2	3+	
Vote in elections	47	71	51	56	62	76	61	55	54	46	58	63	46	52	58	61	72
Sign a petition demanding change	30	36	30	35	29	36	31	39	36	28	47	37	17	22	27	38	51
Help others register to vote	28	24	24	29	24	28	24	36	30	21	25	29	16	16	31	29	37
Share that you have signed a petition with your friends and family via word of mouth or social media	25	23	25	26	19	25	23	35	24	20	29	28	12	17	20	28	37
Spread awareness on social media	23	17	20	23	14	23	17	31	26	23	31	24	9	12	18	24	32
Share a personal story about medical debt	22	14	18	20	14	20	17	27	20	17	23	22	7	11	14	23	29
Contact elected officials	19	18	18	21	18	13	17	27	19	18	19	21	9	14	17	21	29
Attend a meeting to hear from your elected officials	21	14	17	20	19	14	16	29	20	16	17	20	11	16	12	21	27
Attend a rally or protest	18	10	13	16	16	13	12	26	16	15	16	17	6	10	11	17	22

# When asked to come up with a campaign slogan to reduce medical debt, the top answers focus on affordability and ending medical debt.

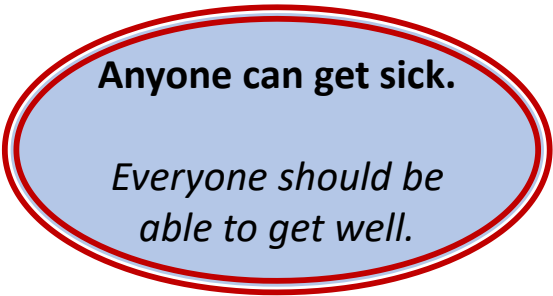
If you were to start a campaign to reduce medical debt in this country, what would your slogan be? (Open end)



**None of Us are Immune**  
Healthcare Reform Now

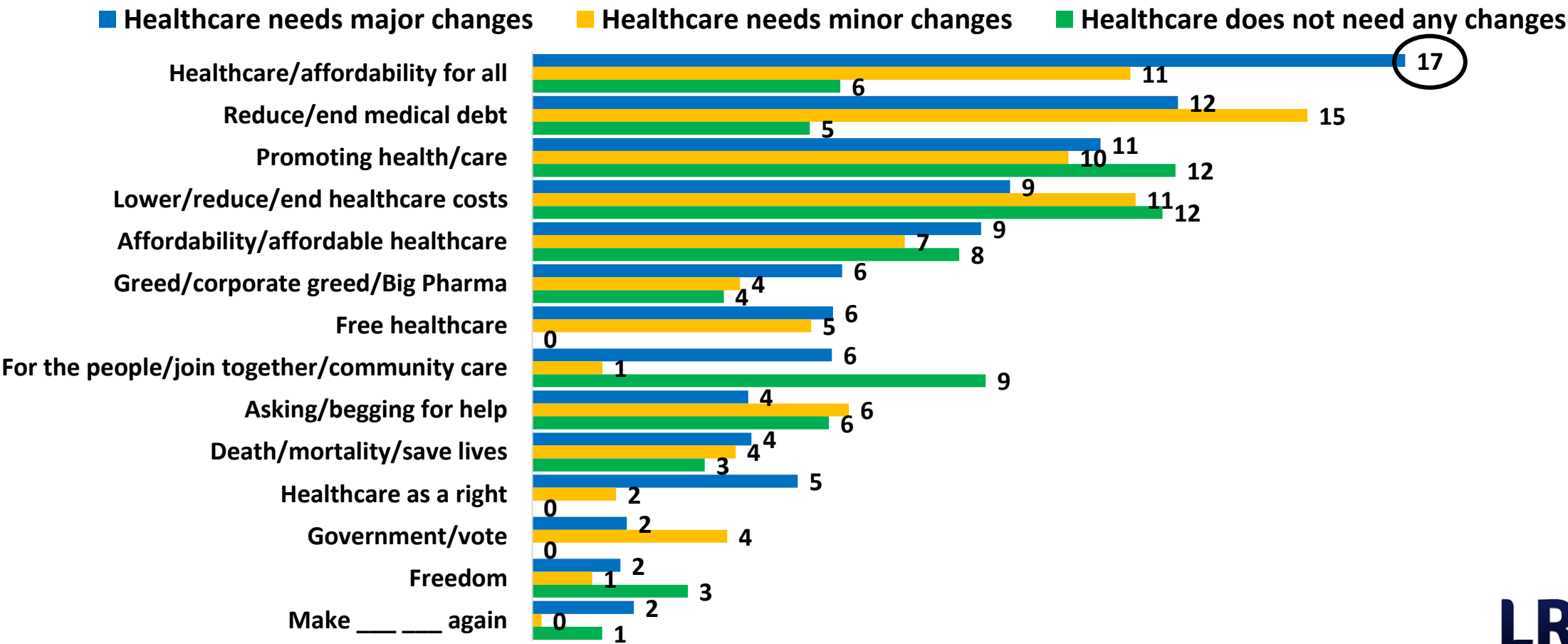


**People's Health, Not Corporate Wealth**



# Those who say healthcare needs major changes are more likely than others to include healthcare for all in their slogan, while those who say minor changes focus more on generally reducing medical debt.

If you were to start a campaign to reduce medical debt in this country, what would your slogan be? (Open end)







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