



# Results From a Survey of Voters in North Carolina

January 2025

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## Key Findings

**A survey of more than 800 residents of North Carolina conducted in November and December of 2024 found that the costs of health care lead many North Carolinians to delay medical treatment and struggle financially.**

The survey also found that health care mergers and hospital facility fees add to the burden faced by families trying to access health care in the state.

Of the North Carolinians surveyed:

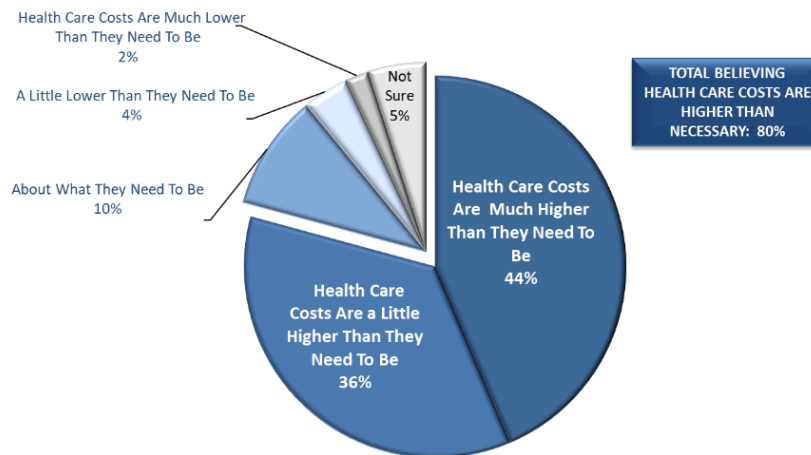
- 80% believe the costs of health care in North Carolina are higher than they need to be;
- 52% have accrued debt as a result of a hospital bill within the past two years;
- 74% have recently taken an action that could impact their health in order to avoid the costs of health care, while another 43% say the costs of health care have impacted their ability to take medications as prescribed;
- 88% agree that legislators in the state should take action to reduce the cost of hospital care, with almost half *strongly* agreeing legislators should do so;
- 70% say health care consolidation has caused them to experience a financial or logistical challenge in accessing health care, and there is broad support for policies and elected officials that limit the impact of consolidation;
- 46% of all surveyed North Carolinians say they are less likely to seek non-emergency treatment because of hospital facility fees, and 72% support placing limits on hospital facility fees in the state.

## Perceived Affordability of Health Care in North Carolina

Vast majorities of voters in North Carolina believe that health care in state is too expensive, and many say they have experienced negative impacts from the costs of health care.

- Eight out of ten think health care in North Carolina is more expensive than it needs to be, with at least four out of ten feeling health care is *much* more expensive than it needs to be.

**Figure 1. Views Towards the Costs of Health Care:**



- As shown in the table below, voters who have employer-provided health insurance and those age 35 or older are more likely than their counterparts to believe the costs of health care in North Carolina are higher than they need to be.
- Likewise, households that earn less than \$100,000 and those that have been charged a hospital facility fee are more likely than their counterparts to believe the costs of health care in North Carolina are *much* higher than they need to be.

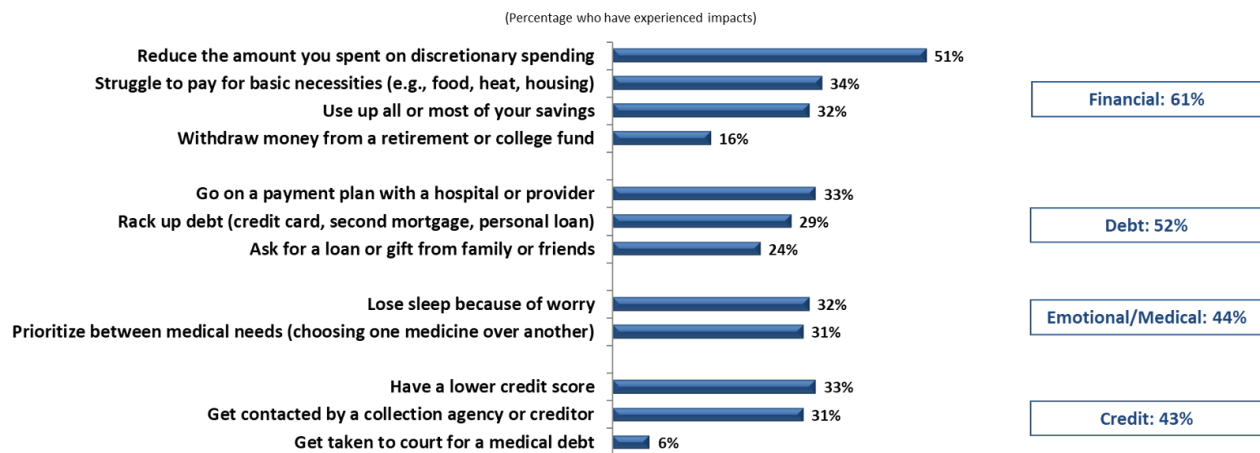
**Figure 2. Views Towards the Costs of Health Care (Subgroups):**

	Income		Age		Health Insurance		Facility Fee (past 5 years)	
	<\$100k	\$100k+	18-34	35+	Employer	Other	Charged	Not Charged
<b>TOTAL HIGHER THAN NECESSARY</b>	<b>81%</b>	<b>77%</b>	<b>69%</b>	<b>84%</b> ↑	<b>86%</b> ↑	<b>77%</b>	<b>83%</b>	<b>78%</b>
Much higher than necessary	48% ↑	35%	30%	50% ↑	45%	44%	50% ↑	40%
A little higher than necessary	33%	42% ↑	39%	34%	41%	34%	33%	38%

For many surveyed North Carolinians, concerns about the costs of health care are based on real-world experience and have a direct impact on their lives.

- Six out of ten voters in the state say their household has experienced any of four specific financial impacts as a result of a hospital bill within the past two years, and half have incurred some form of debt as a result of receiving hospital care. Another four out of ten say hospital care has impacted their medical or emotional wellbeing or their credit.

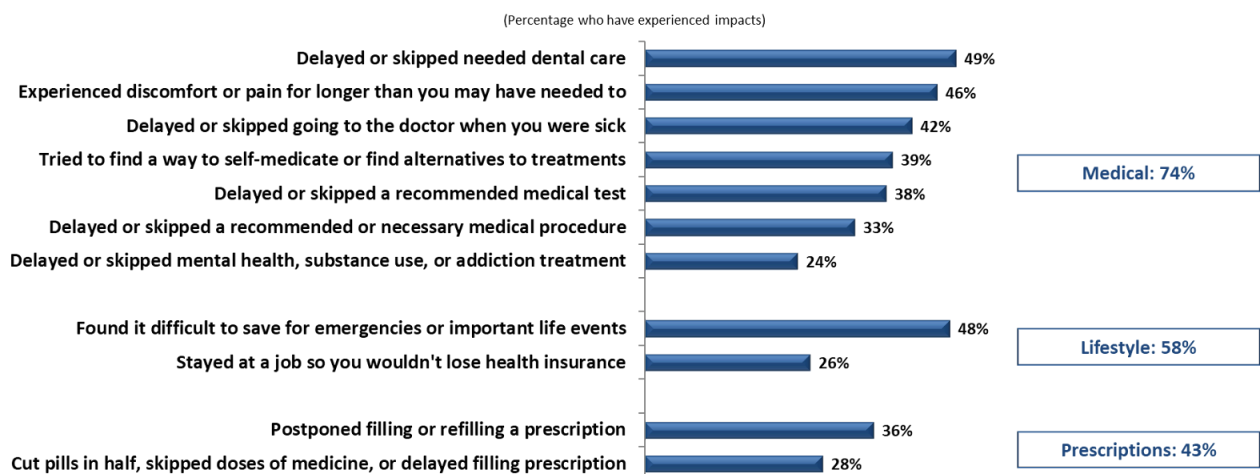
**Figure 3. Impact of Hospital Expenses:**



In addition, as a result of medical costs:

- At least seven out of ten surveyed voters say their household has had to take actions that negatively impacted their medical care;
- Four out of ten say medical costs have impacted their ability to take medications as prescribed; and
- Six out of ten say the cost of health care has impacted aspects of their lifestyle.

**Figure 4. Actions Taken to Reduce Medical Costs:**

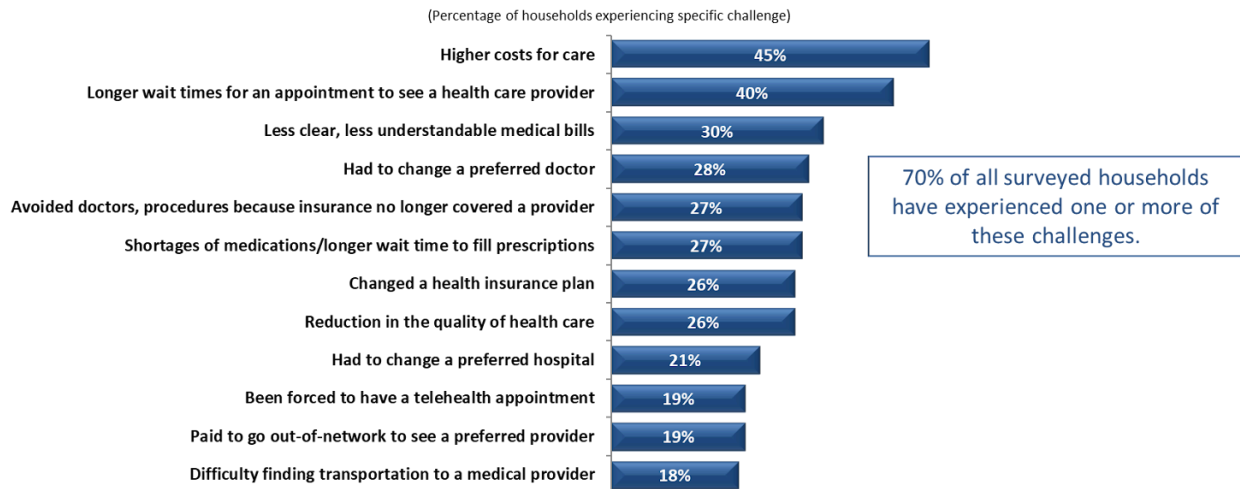


## Views Towards Health Care Consolidation in North Carolina

Many voters in North Carolina believe they have experienced the negative impacts of mergers and consolidation within the state's health care industry.

- In fact, seven out of ten voters say their household has experienced at least one of twelve negative impacts of hospital consolidation listed in the survey.
  - Higher costs and longer wait times are the most common impacts of consolidation (at least four out of ten voters have experienced either of those impacts). Fewer, but still three out of ten, say health care consolidation in the state has caused them to experience less clear bills, reduced access to a provider, delays in obtaining care or medications, changes in health insurance plans, and a reduction in the quality of care.

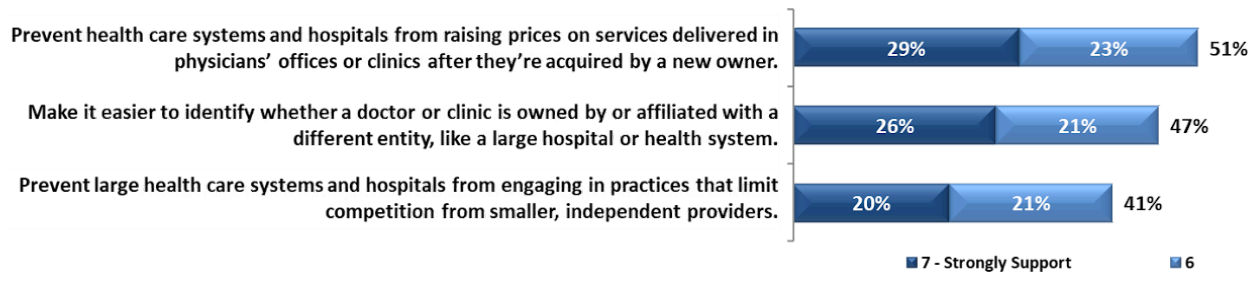
**Figure 5. Negative Impacts of Health Care Consolidation or Mergers in North Carolina:**



There is broad support for policy solutions aimed at mitigating the impacts of health care consolidation in North Carolina.

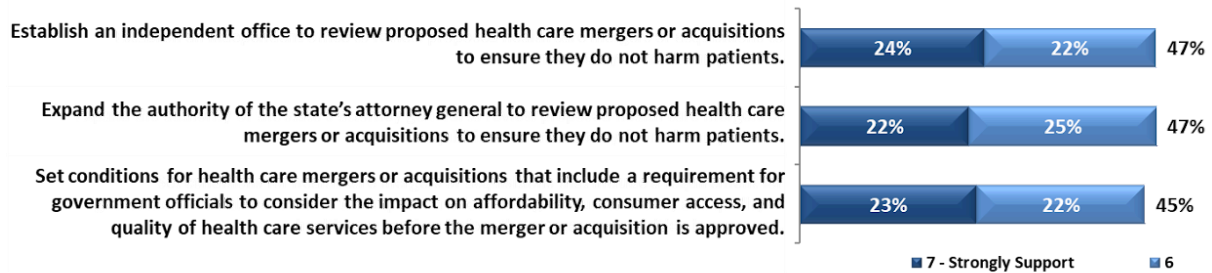
- Half of voters support a policy that would prevent health care systems from raising prices after a merger;
- Half support making it easier to identify whether a provider is affiliated with a large hospital or health system; and
- Four out of ten support policies that prevent hospitals from stifling competition.

**Figure 6. Support for Measures Aimed at Mitigating the Negative Impact of Health Care Mergers:**



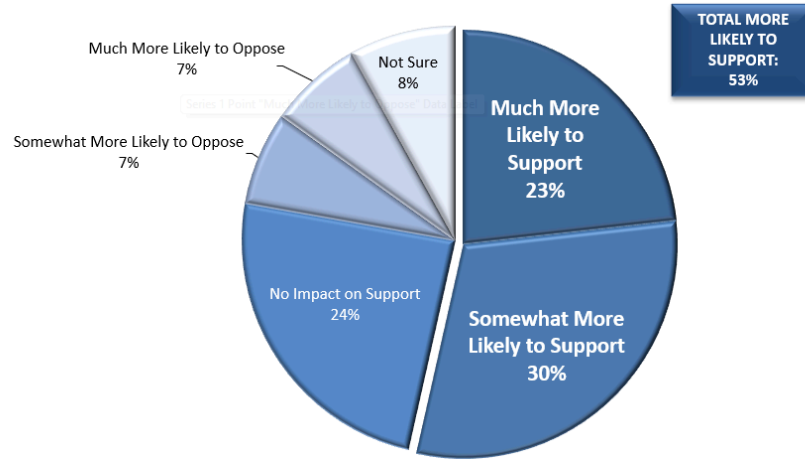
- In addition, roughly half of all surveyed voters support oversight that could help ensure health care mergers are in the public interest – whether from an independent office, the state's attorney general, or other government officials.

**Figure 7. Support for Oversight of Mergers:**



- Finally, fully half of registered voters in North Carolina would be more likely to support an elected official who voted for enhanced oversight of health care mergers.

**Figure 8. Change in Support for Officials Who Support Enhanced Health Care Competition and Oversight of Mergers:**



## Views Towards Hospital Facility Fees

Hospital facility fees are relatively common and have a variety of impacts on households in North Carolina.

- Four out of ten households in the state have been charged a facility fee within the last 5 years (41%).
- Those whose households have been charged facility fees are more likely to believe that health care costs are *much* higher than they need to be (50% vs. 40%).
- Facility fees contribute to the financial and medical stress associated with medical bills, as households charged facility fees are more likely than others to experience medical impacts or financial hardships from the costs of care.

**Figure 9. Impacts of Hospital Expenses (Subgroups):**

(Percentage who have experienced impacts)

	Been Charged Hospital Facility Fee in Last 5 Yrs	Have Not Been Charged Hospital Facility Fee in Last 5 Yrs
<b>FINANCIAL</b>	<b>74%</b> ↑	51%
Reduce discretionary spending	61%	43%
Struggle to pay for basic necessities, like food, heat, or housing	46%	25%
Use up all or most of your savings	39%	27%
Withdraw money from a retirement or college fund	23%	11%
<b>DEBT</b>	<b>68%</b>	41%
Go on a payment plan with a hospital or provider	47%	23%
Rack up debt (credit card, second mortgage or personal loan)	40%	22%
Ask for a loan or gift from family or friends	34%	17%
<b>EMOTIONAL/MEDICAL</b>	<b>58%</b>	34%
Lose sleep because you worried about how you'll cover a medical expense	42%	26%
Prioritize between medical needs, like choosing one medicine over another	45%	21%
<b>CREDIT</b>	<b>56%</b>	35%
Have a lower credit score	44%	26%
Get contacted by a collection agency or creditor	38%	27%
Get taken to court for a medical debt	10%	3%

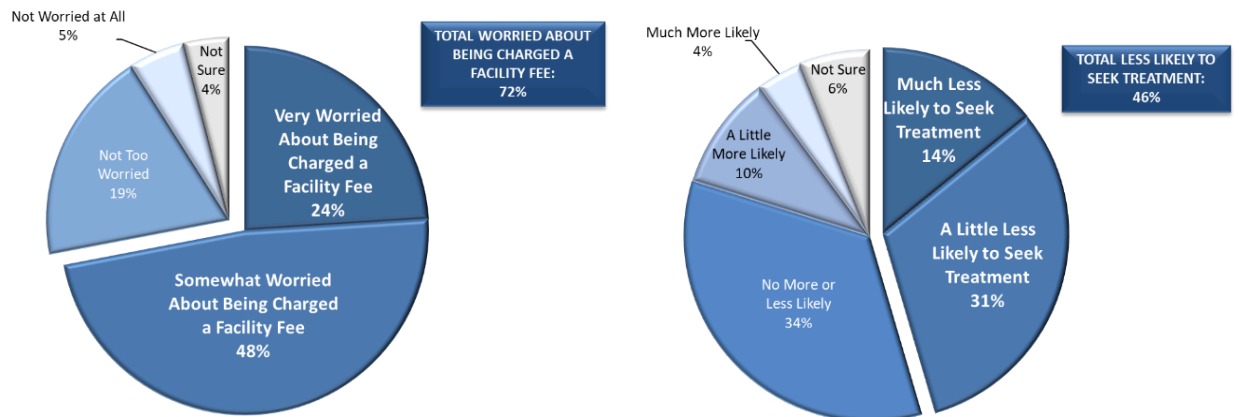
**Figure 10. Actions Taken to Reduce Medical Costs (Subgroups):**

(Percentage who have experienced impacts)

	Been Charged Hospital Facility Fee in Last 5 Yrs	Have Not Been Charged Hospital Facility Fee in Last 5 Yrs
<b>Net: Medical Impact</b>	<b>89%</b>	<b>64%</b>
Delayed or skipped needed dental care	56%	45%
Experienced discomfort or pain for longer than you may have needed to	61%	35%
Delayed or skipped going to the doctor when you were sick	54%	34%
Tried to find a way to self-medicate or find alternatives to a recommended treatment	51%	30%
Delayed or skipped a recommended medical test	49%	30%
Delayed or skipped a recommended or necessary medical procedure	46%	23%
Delayed or skipped mental health, substance use, or addiction treatment	34%	17%
<b>Net: Lifestyle Impact</b>	<b>74%</b>	<b>47%</b>
Found it difficult to save for emergencies or important life events (e.g., child's education, retirement)	55%	43%
Stayed at a job you wanted to leave so you wouldn't lose the health insurance benefits	42%	14%
<b>Net: Prescription Impact</b>	<b>58%</b>	<b>32%</b>
Postponed filling or refilling a prescription	47%	28%
Cut pills in half, skipped doses of medicine, or delayed filling a prescription	40%	20%

- Hospital facility fees have the potential to impact the health of North Carolinians in other ways as well: seven out of ten voters are worried about being charged a facility fee, and nearly half say facility fees make them less likely to seek non-emergency treatment.

**Figure 11. Concern About Facility Fees and Impact on Non-Emergency Treatments:**

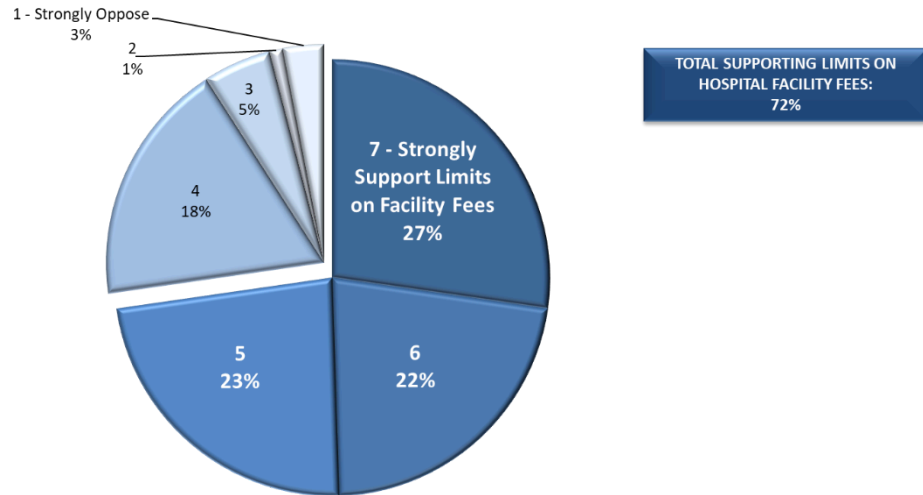




Not surprisingly, given voters' negative experiences with them, there is broad support for policy solutions aimed at limiting hospital facility fees in North Carolina.

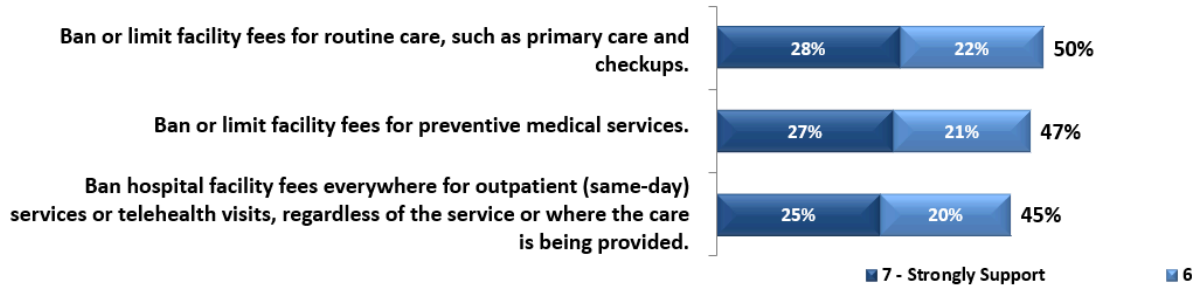
- Seven out of ten voters support restricting the circumstances in which a hospital can charge facility fees, with half expressing the highest levels of support for such restrictions.

**Figure 12. Support for Limits on Hospital Facility Fees:**



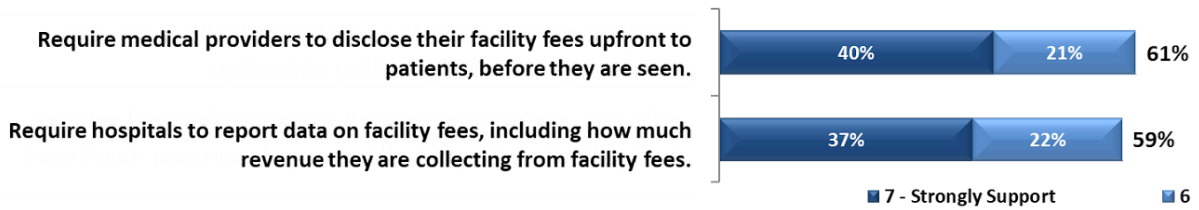
- Half of voters also support limiting facility fees for routine care (like primary care and checkups) or for preventive care services.
- Nearly as many support a ban on facility fees for *all* outpatient services.

**Figure 13. Support for Policy Changes to Limit Facility Fees:**



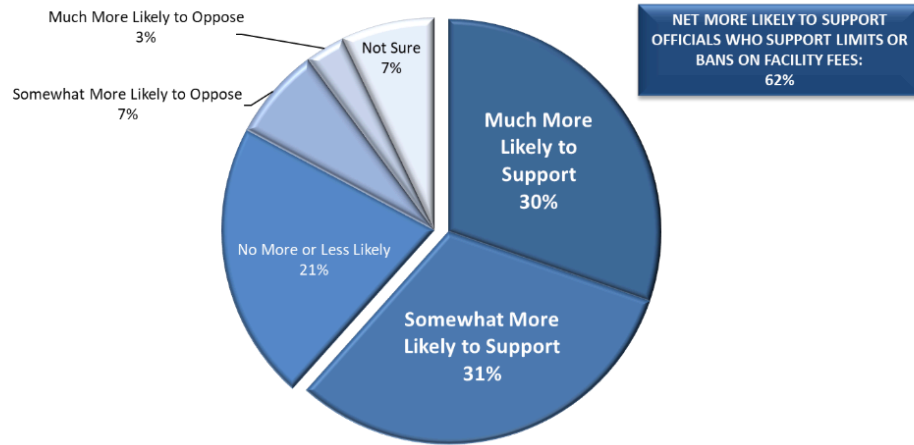
- Six out of ten surveyed voters support greater disclosure requirements for facility fees, whether requiring providers to disclose those fees to patients before providing care or to report how much revenue they receive from them.

**Figure 14. Support for Policy Changes to Increase Disclosure of Facility Fees:**



- Finally, six out of ten voters in North Carolina would be more likely to support elected officials who voted to ban or restrict facility fees for treatments provided outside of hospitals.

**Figure 15. Change in Support for Elected Officials Who Voted to Ban or Limit Hospital Facility Fees Outside of Hospitals:**



## Methodology and Participant Demographics

The survey was conducted online by Digital Research, Inc. between November 22 and December 3, 2024. A total of 807 participants completed the 15-minute survey. All survey participants were registered to vote in North Carolina.

The total results have a margin of sampling error of +/- 3.4 percentage points at the 95% confidence level; subgroups will have a higher margin of error. The arrows shown in tables indicate a statistically significant difference between subgroups. The data reflect the demographics of the state's population on key demographic measures.

**Figure 16. Demographic Characteristics of Survey Participants**

Gender		County		County (Cont.)		County (Cont.)		
Male	48%	Mecklenburg	11%	Carteret	1%	Orange	1%	
Female	52%	Wake	11%	Catawba	1%	Pender	1%	
Non-binary/Prefer not to say	<0.5%	Guilford	5%	Cherokee	1%	Randolph	1%	
<b>Race/Ethnicity</b>		Forsyth	4%	Cleveland	1%	Robeson	1%	
White or Caucasian	68%	Cumberland	3%	Columbus	1%	Rowan	1%	
Black or African American	25%	Durham	3%	Craven	1%	Stanly	1%	
American Indian or Alaska native	5%	Alamance	2%	Davie	1%	Surry	1%	
Asian	4%	Buncombe	2%	Edgecombe	1%	Washington	1%	
Native Hawaiian or Pacific Islander	1%	Cabarrus	2%	Franklin	1%	Watauga	1%	
Middle Eastern or North African	1%	Davidson	2%	Granville	1%	Wilkes	1%	
Something else	5%	Gaston	2%	Harnett	1%	Wilson	1%	
Prefer not to say	1%	New Hanover	2%	Haywood	1%	Counties represented by less than 1% of participants are not shown.		
<b>Hispanic Origin or Descent</b>		Onslow	2%	Henderson	1%	<b>Born in the U.S.</b>		
Yes	11%	Pitt	2%	Iredell	1%	Yes	93%	
No	88%	Rockingham	2%	Johnston	1%	Moved to U.S. as an adult	2%	
		Union	2%	Lee	1%	Moved to U.S. as a child	3%	
		Wayne	2%	Lenoir	1%	Prefer not to say	1%	
		Brunswick	1%	Lincoln	1%			
		Burke	1%	Moore	1%			
		Caldwell	1%	Nash	1%			
<b>Education</b>		<b>Employment Status</b>		<b>Household Income</b>		<b>Political Party</b>		
Some high school or less	1%	Employed full-time	45%	Less than \$25,000	15%	The Democratic Party	33%	
High school graduate or GED	23%	Employed part-time	11%	\$25,000 – \$49,999	19%	The Republican Party	30%	
Some college, vocational school, or an Associate's degree	34%	Unemployed and looking for work	6%	\$50,000 – \$74,999	18%	Unenrolled (no party choice)	23%	
Bachelor's degree	28%	Stay-at-home / unpaid caregiver	4%	\$75,000 – \$99,999	12%	The No Labels Party	3%	
Postgraduate work or an advanced degree	14%	Student	4%	\$100,000 – \$149,999	20%	The Libertarian Party	2%	
<b>Small Business Owner in Household</b>		Retired	23%	\$150,000 – \$199,999	8%	The Green Party	2%	
Yes	16%	Disabled, unable to work	5%	\$200,000 or more	6%	The Constitution Party	1%	
No	83%	Something else	1%	Not sure/Prefer not to say	1%	The We The People Party	<0.5%	
Unsure	2%	<b>Age</b>		<b>Number in Household</b>		The Justice For All Party	<0.5%	
<b>Member(s) of Household with a Disability</b>		18 to 24	12%		Adults	Children	Some other party	
I have a disability	17%	25 to 34	17%	0	--	66%	Not sure	
Someone else in my household has a disability	16%	35 to 34	17%	1	23%	18%	Prefer not to say	
No one in my household has a disability	68%	45 to 54	16%	2	43%	10%	<b>Time Living in North Carolina</b>	
Not sure	2%	55 to 59	8%	3	19%	4%	Less than 1 year	1%
		60 to 64	8%	4	10%	1%	1 year but less than 5 years	8%
		65+	22%	5	4%	1%	5 years but less than 10 years	12%
		Average	48 yrs	6 or more	1%	<0.5%	10 years or more	77%
				Not sure	<0.5%	1%	Not sure	1%
				Prefer not to say	<0.5%	<0.5%		