pulse check

The Affordability Crisis that Coverage Didn't Solve

UNITED STATES of CARE

Health care is a fundamental part of all people's lives. Yet, too often, decisions about our health care system are shaped by industry stakeholders and partisan priorities rather than the experiences of the people who rely on it every day. United States of Care was founded to fix that. We listen to people, understand how they experience the health care system in their daily lives, and bring those voices into the decisions that shape policy.

United States of Care has listened to more than 30,000 people for over 5,000 hours across all 50 states. Through these conversations, we hear directly from people, families, and communities in their own words about how they experience the health care system in their daily lives, what they need from the system, and where it is failing them. We analyze these conversations to learn more about key themes that have emerged, coalescing what we've heard in a series of insight reports we call "Pulse Checks."

COVERAGE WAS SUPPOSED TO SOLVE AFFORDABILITY. IT DIDN'T.

For years, the general idea of American health policy has been that if we can get more people covered, we can solve the affordability problem. Expanding coverage has been the answer to years of policy questions — through Medicaid, Medicare, the Children's Health Insurance Program (CHIP), the Affordable Care Act's consumer protections, and marketplace subsidies. Each step expanded the share of Americans with coverage. Each step assumed that having coverage would protect people from the financial ruin that too often comes with needing care.

The data shows that premise is no longer holding.

The gap between having coverage and not having coverage — once the central dividing line in American health care — has nearly closed when it comes to who ends up owing money for medical bills. That's because even for those who are covered, it doesn't stop an onslaught of out-of-pocket expenses that threaten medical debt.

And for the people who do not meet strict eligibility requirements for Medicaid and earn too little for subsidies, the affordability and coverage promise was never extended in the first place — leaving a coverage gap that remains open. Even those with insurance through their employer are reporting skyrocketing costs. **The affordability crisis is no longer something that happens only to people who have been left out of the system. It is happening to people inside it, forcing them to make tradeoffs in their everyday life or exit the system entirely.**

Having expanded who has coverage, America must now reckon with whether that coverage actually protects people — and rebuild the trust of a public that has already started walking away.

> This Pulse Check highlights what people actually mean when they call health care unaffordable, documents where the cost burden falls, examines what unaffordable care means for how people engage with the system, and what they want policymakers to do about it.

A COMMON QUESTION:

HOW MUCH WILL MY INSURANCE ACTUALLY COVER, AND WHAT WILL I OWE OUT-OF-POCKET?

People Define Affordability as Getting Care Without Going Into Debt. The inability to afford health care is the number one problem people identify with the current health care system. But **having insurance is not the same as being able to afford care.** For nearly half of people living in the U.S., coverage and affordability are two very different things.

> "I hear from some people that their healthcare coverage they have is what they need and they get help because of their low-income status, and I say, that is great, but **what about us middle class** and other people that are saying, 'Oh, you can afford it.'"
>
> **— NORTH CAROLINA WOMAN, EMPLOYER INSURANCE**

Here's what we know:

No Type of Coverage Protects Americans From the Cost of Care.

Many people only discover the limits of their health coverage when they actually need care. That realization is one of the most trust-eroding experiences in the system: a person who did everything "right" — got insurance, paid premiums, chose a doctor — still finds themselves struggling to afford the care they need.

71%

of people agree that health care costs are unaffordable for people and families.

In a recent poll, we found that across every type of coverage — private insurance, Medicare, Medicaid, and no insurance at all — significant shares of people report struggling with health care costs:

- **25%** of all respondents report struggling with prescription drug costs (27% on Medicare, 27% on Medicaid, 26% with private coverage)
- **24%** of all respondents report struggling with insurance premiums — rising to 37% among those with private coverage
- **22%** of all respondents report struggling with hospital prices (25% of those uninsured, 25% with private coverage)
- **20%** report struggling with copays
- **17%** report struggling with deductibles, including 23% of people with private insurance

This breakdown shows that no single coverage type fully protects people from financial hardship.

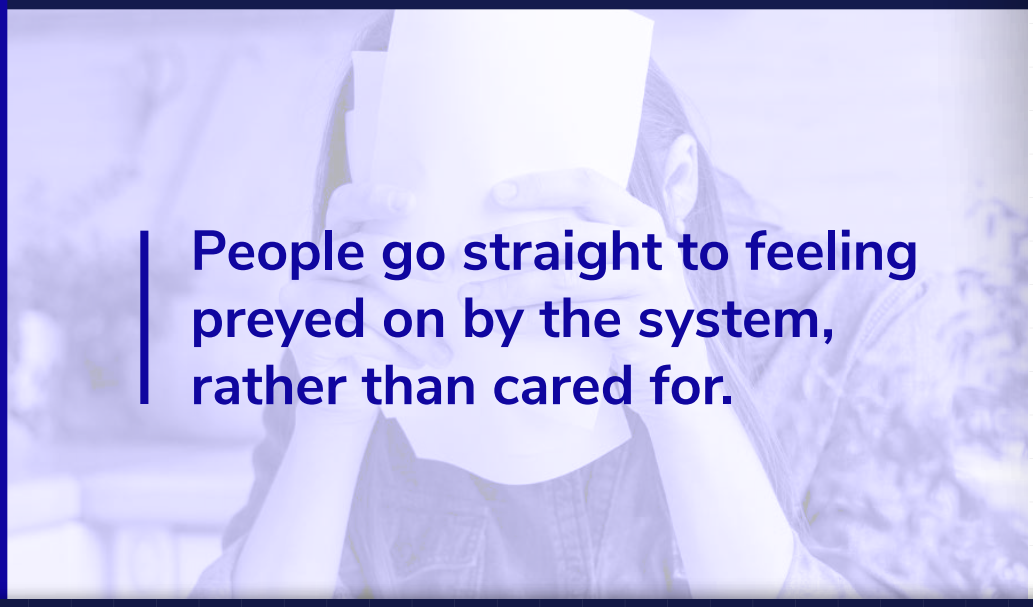
Medical debt now hits insured and uninsured nearly equally.

Having insurance is no guarantee of protection: 21% of insured adults carry medical debt — nearly the same share as the 23% of uninsured adults who do. Our recent polling on affordability showed that 21% of adults currently have medical bills that are past due or that they are unable to pay.

One reason medical debt accumulates so quickly is that the time between receiving care and being held financially accountable for it has narrowed dramatically. Across our North Carolina and Maine listening sessions, participants described bills that go to collections almost immediately:

"I think that the out-of-pocket costs are a big thing, because we pay — we have that insurance and then you pay your copays, and you pay this, and then you get a bill from the hospital for a procedure, or for an x-ray or something, and that amount is astronomical. Then right behind that, I don't know if it's a certain hospital thing or what, but right behind that, you get a collections bill. **You don't see a bill from the hospital, you see a collections bill almost immediately, and that's frustrating to me."**

— NORTH CAROLINA WOMAN, EMPLOYER INSURANCE



People go straight to feeling preyed on by the system, rather than cared for.

Medical debt does not only affect those with the lowest incomes. It touches households across the income spectrum:

25%
of adults earning less than $50,000 per year have medical debt

17%
of adults earning $50,000–$100,000 per year have medical debt

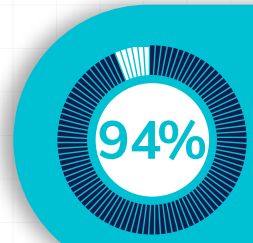
14%
of adults earning $100,000 or more per year have medical debt

Hospital Prices are Often Hidden or Don't Match the Bill.

Nowhere is the gap between coverage and affordability more visible than at the hospital. It is not just that hospital care is expensive. It is that the costs often feel arbitrary, hidden, and designed to be difficult to understand. This is true for both the insured and the uninsured. People's frustrations are justified: hospital costs vary widely, and there's no transparency into why.

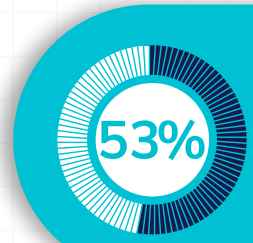
7 IN 10 RESPONDENTS

in our recent poll on affordability reported hospital experiences where they were charged high prices for everyday items — things like bandages, Tylenol, and basic supplies. People describe going in for a procedure, being told what to expect, and then receiving an itemized bill that bears little resemblance to what they were quoted. The experience does not feel like receiving a service. It feels like being taken advantage of at a vulnerable moment

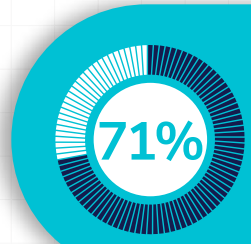


Nationwide, 94% of people said hospital prices are high overall.

Hospital Costs Nationwide Poll, May–July 2025. [N=800]



A majority (53%) of people believe hospitals charge more than they need to — a view that holds true across political affiliations and geography, among urban, suburban, and rural residents alike.



In Maine, 71% of respondents say hospital prices have increased in recent years.

"Probably a month ago I went to the hospital for two hours to the ER and after insurance I owed like $1,500, which I went in, they said, 'All right, we're going to prescribe you antibiotics.' And I was on my way and apparently that was worth $20,000 minus insurance leaving me with $1,500, but now I'm like, **I could have just bought something over the counter.**"

— NEW JERSEY MAN, PRIVATE INSURANCE, AGE 20–25

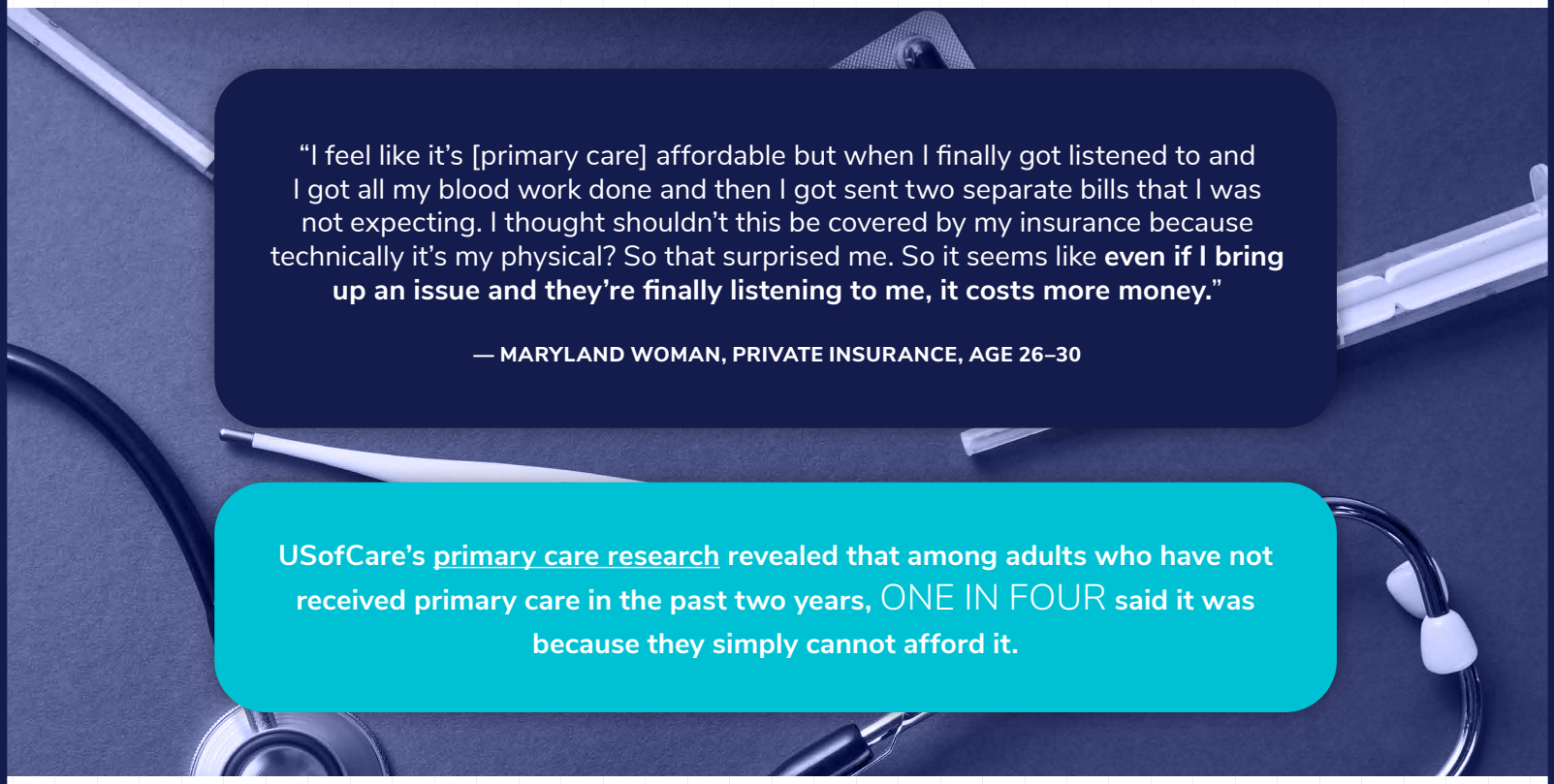
"A lot of hospitals, they have different prices... So I may have been able to get a better price from Rex but it would have been out of network which would have taken it right back up to something I couldn't afford. They give you a list of your prices for the cost and you can go line by line and dispute a charge and they may have mischarged you for something. **They may have charged you $12 for a $6 aspirin..."**

— NORTH CAROLINA WOMAN, PRIVATE INSURANCE

Unlike almost any other purchase, patients typically do not know what a health care service will cost until after they have received it. They cannot shop around, compare prices, or make an informed decision. They simply receive care — and then receive a bill. That dynamic leaves people feeling powerless, and over time it shapes a decision many make quietly: to avoid the hospital altogether unless there is no other choice.

Primary Care Can Feel Risky Even with Coverage.

It's not just hospital prices. When a routine visit feels financially risky, even with insurance, people put it off. Cost doesn't just affect what care people receive — it affects **whether they seek care at all.** And when they put it off long enough, what could have been a manageable problem becomes something much harder — and more expensive — to treat.

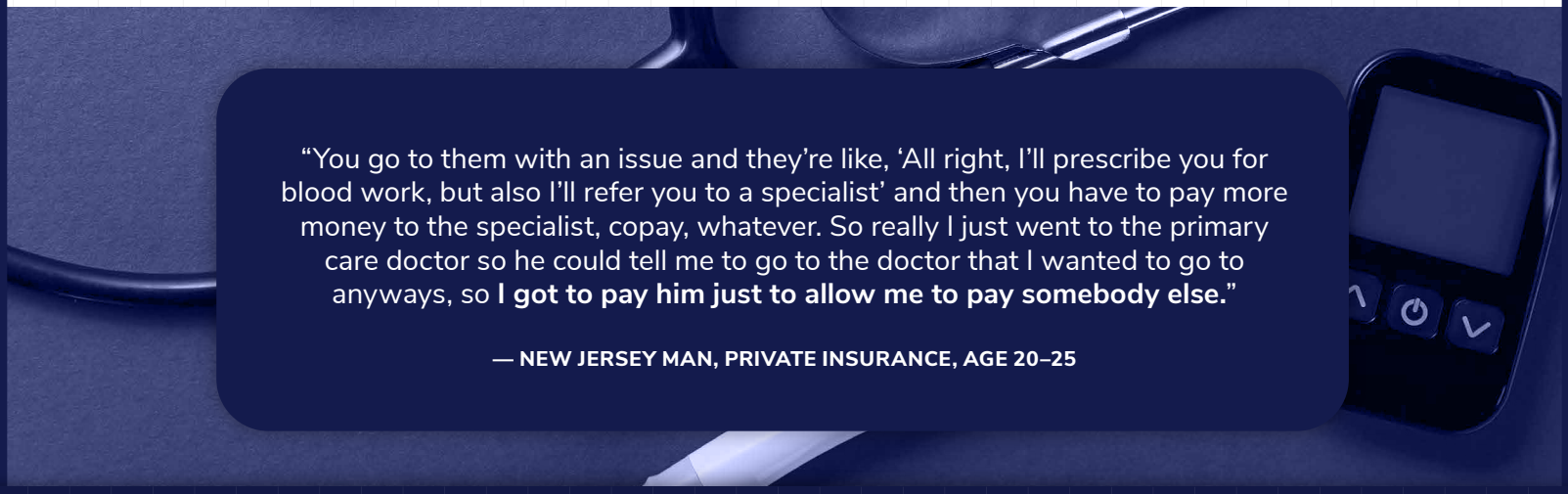


"I feel like it's [primary care] affordable but when I finally got listened to and I got all my blood work done and then I got sent two separate bills that I was not expecting. I thought shouldn't this be covered by my insurance because technically it's my physical? So that surprised me. So it seems like **even if I bring up an issue and they're finally listening to me, it costs more money.**"

— MARYLAND WOMAN, PRIVATE INSURANCE, AGE 26–30

USofCare's primary care research revealed that among adults who have not received primary care in the past two years, ONE IN FOUR **said it was because they simply cannot afford it.**

What makes the primary care experience particularly discouraging is that for many people, the visit itself triggers more charges: more copays, more referrals, more bills they didn't expect.



"You go to them with an issue and they're like, 'All right, I'll prescribe you for blood work, but also I'll refer you to a specialist' and then you have to pay more money to the specialist, copay, whatever. So really I just went to the primary care doctor so he could tell me to go to the doctor that I wanted to go to anyways, so **I got to pay him just to allow me to pay somebody else.**"

— NEW JERSEY MAN, PRIVATE INSURANCE, AGE 20–25

A COMMON QUESTION: WHAT DO I DO IF I CAN'T PAY FOR MY CARE?

"I SOLVE THE HEALTH CARE COST ISSUE BY SIMPLY NEVER GOING TO THE DOCTOR. EASY."

— REDDIT USER, MARCH 2026

"I just feel like I can't retire. I'll have to keep working so I can run my health into the ground just so I could have [health care coverage] for longer."

— NORTH CAROLINA WOMAN, EMPLOYER INSURANCE

When affordability fails, the consequences show up in household budgets, on credit reports, and in conversations at kitchen tables across the country. They also show up in something less visible but no less real: the daily decision, made by millions of people, that the U.S. health care system cannot be relied on to treat them fairly — and that the only safe response is to stay away from it.

Withdrawing from the health care system takes three forms. People who cannot pay fall into medical debt. People who can pay something choose to make trade-offs against rent, food, or retirement. Others are skipping care to pay for rent, food, or other necessities. **And a growing number of people are choosing to drop their insurance entirely — gambling that going uncovered is financially safer than paying premiums they cannot sustain.**

From our state polling, respondents with health insurance:

IN MAINE:

- 45% delay or avoid care altogether
- 33% of residents report cutting back on household expenses to afford their health care
- 25% reduce their contribution to savings

IN NORTH CAROLINA:

Six out of ten say the cost of health care has impacted aspects of their lifestyle.

IN WASHINGTON:

30% struggle to pay for necessities, like food, heat, and housing.

A COMMON QUESTION: SHOULD THE GOVERNMENT DO ANYTHING ABOUT HEALTH CARE COSTS?

By the time people have been surprised by a hospital bill, priced out of a primary care visit, or forced to ration a prescription, they have arrived at a verdict — the health care system prioritizes revenue over patients, and is not to be trusted. This lack of trust extends to policymakers who won't take the action to center people's needs through policy. This is a legitimacy crisis.

People are not just frustrated — they want change.

And they are clear about what kind of change they want: targeted, practical reforms that tackle the biggest pain points. In our April 2026 poll:

39% **of people say lowering health care costs is the single most important issue they want Congress to address — more than improving access (21%), increasing coverage (12%), or improving quality (11%).**

69% **of people agree that Congress should act to ensure affordable health care, even if that means regulating health care companies — a view shared across party lines (81% of Democrats, 66% of Republicans, 59% of Independents).**

"When you call your insurance, they'll say, 'Well that's supposed to be 100% covered.' **Then you get into a battle between your insurance and the provider, and it's like, 'Okay, I'm in the middle.**' I'm just trying to understand why the cost, and if my insurance says it's covered 100% why won't you take it?"

— NORTH CAROLINA WOMAN, EMPLOYER INSURANCE

"I feel like we need more affordable healthcare in general... some people don't have the access. And yeah, they have the marketplace now, but you still have to pay a lot out of pocket just to get that, and sometimes even to qualify for the state. Personal experience. **Even if you make a penny more, you're no longer eligible for it.** So it doesn't mean I make a lot of money, it's just now I'm not eligible. Yeah, make a dollar more. And I was in that situation before and that really sucked."

— MARYLAND WOMAN, PRIVATE INSURANCE, AGE 26–30

CONCLUSION

What the public is asking for is not radical. They want hospital prices that match what they were quoted. They want premiums that don't double in a year. They want prescriptions they can afford to fill without wondering if they have enough for groceries for the next week. They want a primary care visit they can schedule without doing the math. And they want the eligibility lines drawn decades ago to stop punishing people who earn a few hundred dollars more than the cutoff.

Each of these requests are concrete — and each is an opportunity not only to lower costs, but to begin restoring a relationship of trust between Americans and the system that is supposed to care for them.

For years, expanding coverage was an important answer to policy questions on health care affordability. **But outdated policies have left affordability unaddressed, driving people to avoid getting the care they need altogether, rather than receiving more bills.** The public has been clear about what it is asking for. What comes next is up to policymakers.