

Medical Debt In Missouri

Findings from the
Statewide Survey
of Missouri Adults
Conducted on Behalf of



Missouri Foundation
for *Health*

a catalyst for change



June 2024

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Project Number: W1118



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Introduction

SSRS conducted a survey of Missouri adults from April 9 – May 17, 2024 to support the Missouri Foundation of Health (MFH) in understanding the impact of medical debt on Missourians’ lives. Respondents for the survey were reached through four different sources: (1) the SSRS Opinion Panel¹, a nationally representative probability-based panel (2) the Ipsos Knowledge Panel², a nationally representative probability-based panel, (3) a random-digit-dial (RDD) sample of prepaid cell phone numbers and (4) sample from two opt-in web panels.

In order to have large enough sample sizes for analysis of demographic groups of interest, the survey was designed to reach larger numbers of non-Hispanic Black, Hispanic, and Rural Missouri adults. The final sample size included 2,047 Missouri adults with 302 non-Hispanic Black adults, 132 Hispanic adults, and 658 rural adults. The study also reached 1,116 adults with recent medical debt.

For this study, “recent medical debt” was defined as anyone who currently has or in the past five years has had any of the following:

- Any medical or dental bills that are past due or that they have been unable to pay
- Any medical or dental bills they are paying off over time directly to a provider
- Any debt they owe to a bank, collection agency, or other lender that includes debt or loans used to pay medical or dental bills
- Any medical or dental bills they have put on a credit card, and they are paying off over time
- Any debt they owe to a family member or friend for money borrowed to pay medical or dental bills

Final data were weighted to represent adults in Missouri using US Census benchmarks for the state of Missouri based on gender, age, education, employment status, race/ethnicity, rural status, and home ownership.³

¹ <https://ssrs.com/opinion-panel/>

² <https://www.ipsos.com/en-us/solutions/public-affairs/knowledgepanel>

³ See Appendix A for further weighting details and breakout of benchmarks, unweighted and weighted frequencies

Executive Summary

Results from the survey show that half of Missouri adults report having current medical debt or have had medical debt in the past five years (50%) including 39% who currently have medical debt. These results align with data from a March 2022 national study of US adults conducted by KFF where 41 percent of US adults reported having current medical debt and another 16 percent reported having medical debt in the previous five years.^{4,5} Rural adults, Hispanic adults, those with a disability and those without a college degree are more likely to have recent medical debt.

Medical debt impacts many areas of Missourians' finances. Three in ten adults with recent medical debt say it has negatively impacted their credit score (31%). Twenty-two percent say it has impacted them negatively when applying for a car loan. And 19 percent of those with medical debt say it has impacted them negatively when applying for an apartment or mortgage.

When asked about a number of sources of information on medical debt, there were no places that the majority of Missouri adults said they trusted a great deal. The most trusted source was primary care providers, where 18 percent say they trust their primary care provider a great deal as a source of information about medical debt. In addition, many programs and organizations that may be able to help individuals with their medical debt seemed unknown to Missouri adults.

Use of financial aid programs such as free or discounted medical services from a provider was similarly low with just 16 percent of Missouri adults saying they have received financial aid services through a provider.

There is strong support for a number of policy proposals that could help lower health care costs to prevent medical debt or help those with current medical debt. The policies receiving support from the vast majority of Missouri residents (94%) were those that required providers to provide more information, including requiring hospitals to make pricing for services, procedures and treatments publicly available and requiring medical providers and hospitals to provide information on available discounts and charity care with medical bills.

The root cause of medical debt, health care affordability, is a struggle for many Missouri residents. Overall, more than four in ten Missouri residents say they would be not able to pay off an unexpected medical bill of \$500 right away (42%). Additionally, having health insurance does not alleviate the burden of these high costs. In fact, a large majority of Missourians with recent medical debt had health insurance when they received the medical care that resulted in their medical debt (78%).

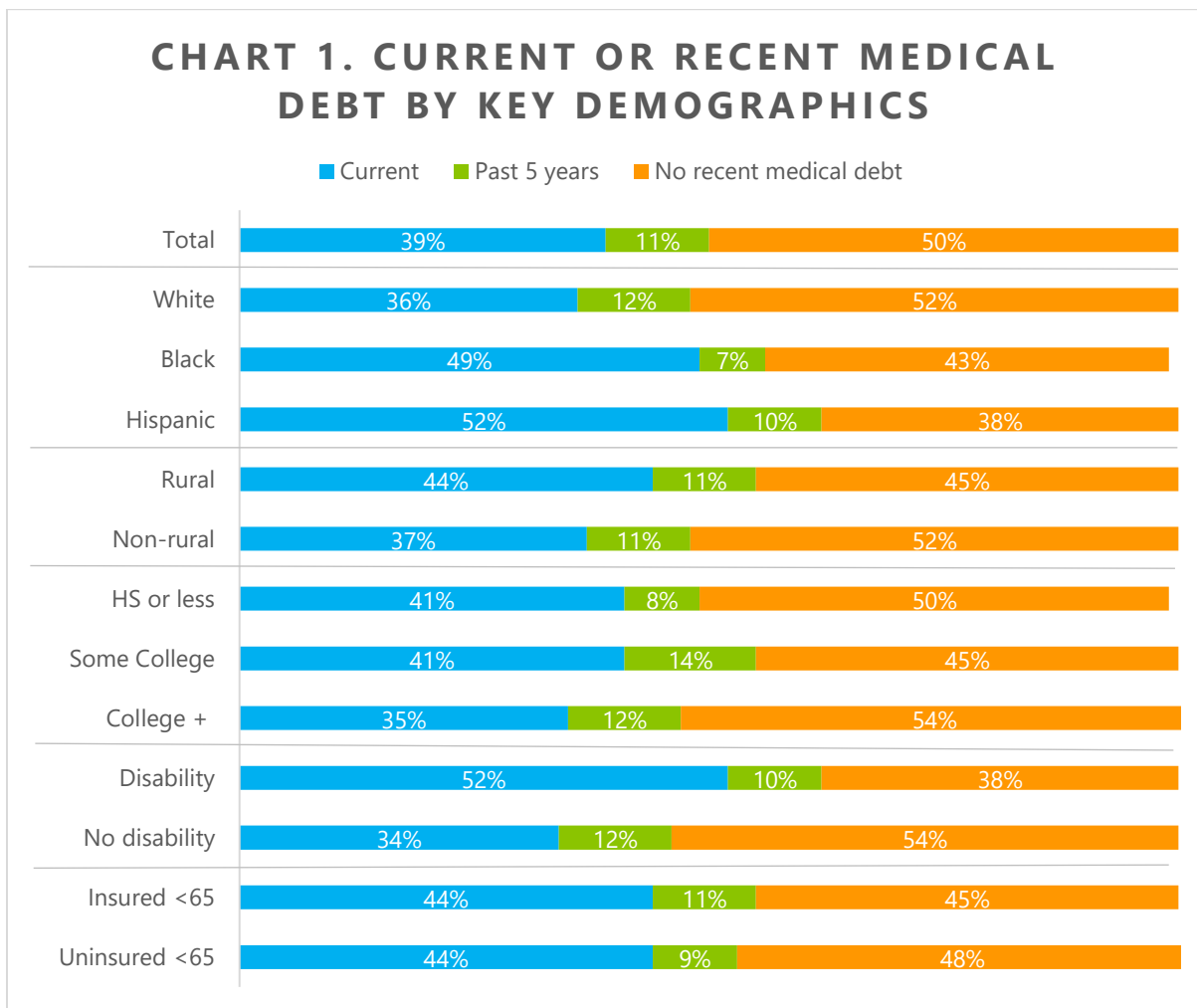
⁴ KFF. Health Care Debt Survey. March 2022. Retrieved from: <https://files.kff.org/attachment/TOPLINE-KFF-Health-Care-Debt-Survey-March-2022.pdf>

⁵ See Appendix B for comparison of the current study and KFF Health Care Debt Survey on similar questions and variables

Prevalence of Medical Debt

About half of Missouri adults report having current medical debt or have had medical debt in the past five years (50%). Rural adults are more likely to have current or recent medical debt compared to non-Rural adults (54% vs. 48%). There are also differences by race and ethnicity. Hispanic (62%) and Black (57%) adults are also more likely to have recent medical debt compared to White adults (48%). Those with a disability and those with lower levels of educational attainment are also more likely to have recent medical debt (chart 1).

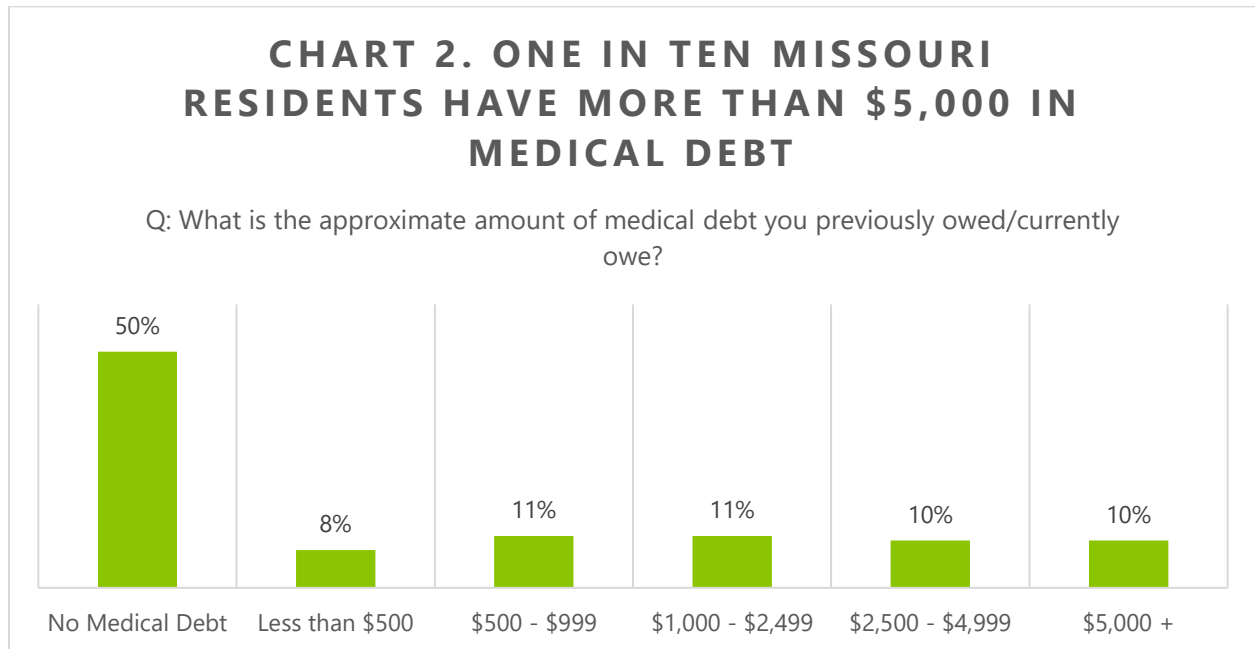
Additionally, insurance status does not appear to impact having medical debt. Similar proportions of insured and uninsured adults under 65 have recent medical debt (55% vs. 53%).



By comparison, the KFF national survey found similar results across US adults in March 2022. That survey found that 41 percent of US adults have current medical debt and another 16 percent have had medical debt in the previous five years.

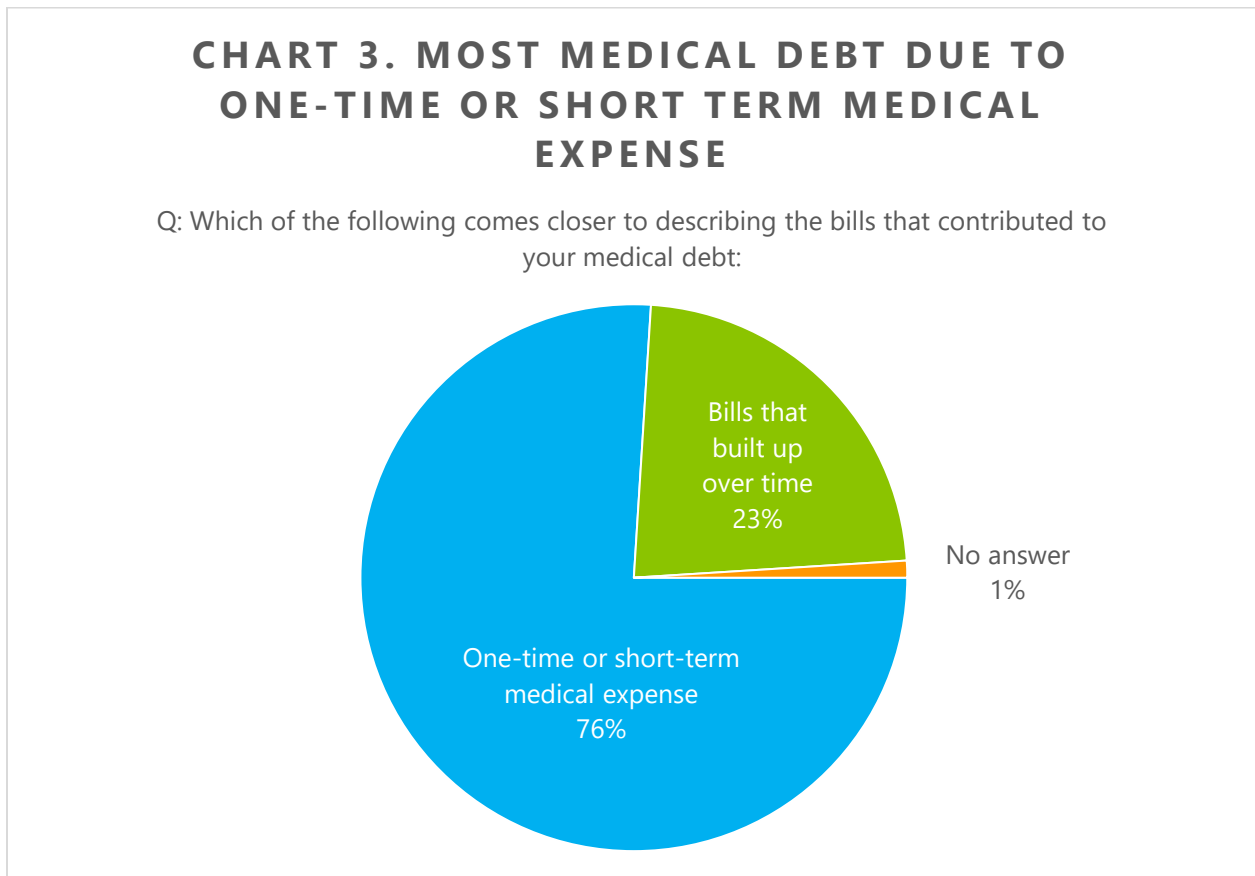
Amount of Medical Debt

Overall, three in ten Missouri adults (31%) have more than \$1,000 of medical debt including one in ten (10%) who have more than \$5,000 in medical debt (chart 2).



Sources of Medical Debt

About three quarters of those with recent debt say their debt was due to a one-time or short-term medical expense (76%). Twenty-three percent say their bills accrued over time (chart 3).

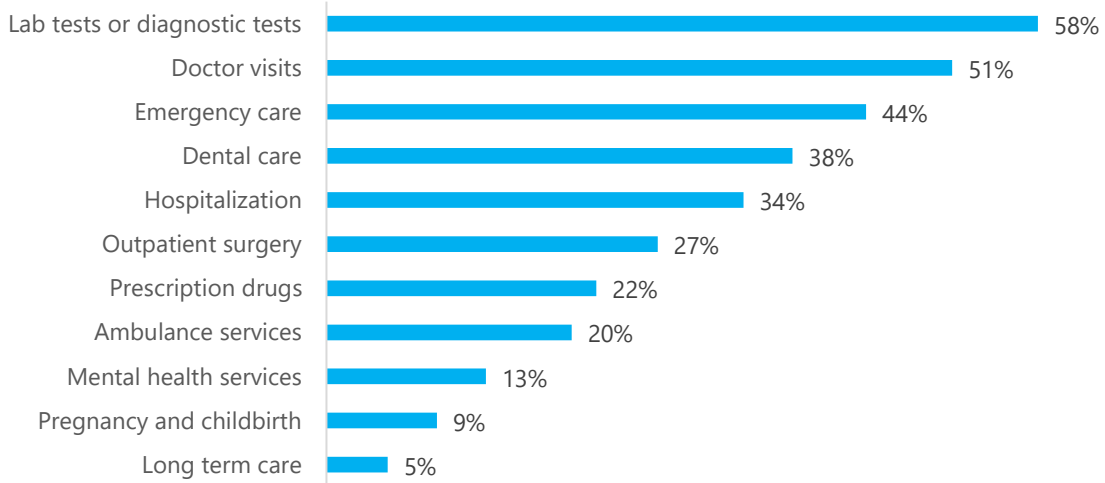


Among those with medical debt, overall credit card balances also tend to be higher. Almost a third of those with recent medical debt have a credit card balance of \$5,000 or more (32%) compared to 13 percent of those without recent medical debt. While only 9 percent of those with medical debt say their current credit card balance is due to medical bills, the overall higher rate of credit debt among this group may point to an overall financial instability for those with medical debt.

When asked what bills caused the medical debt, bills for lab tests and diagnostic tests ranked top as a cause of medical debt (58%). The second most common reason for medical debt was doctor visits (51%) followed by emergency care (44%) and dental care (38%) (chart 4).

CHART 4: TYPES OF BILLS THAT CONTRIBUTED TO MEDICAL DEBT

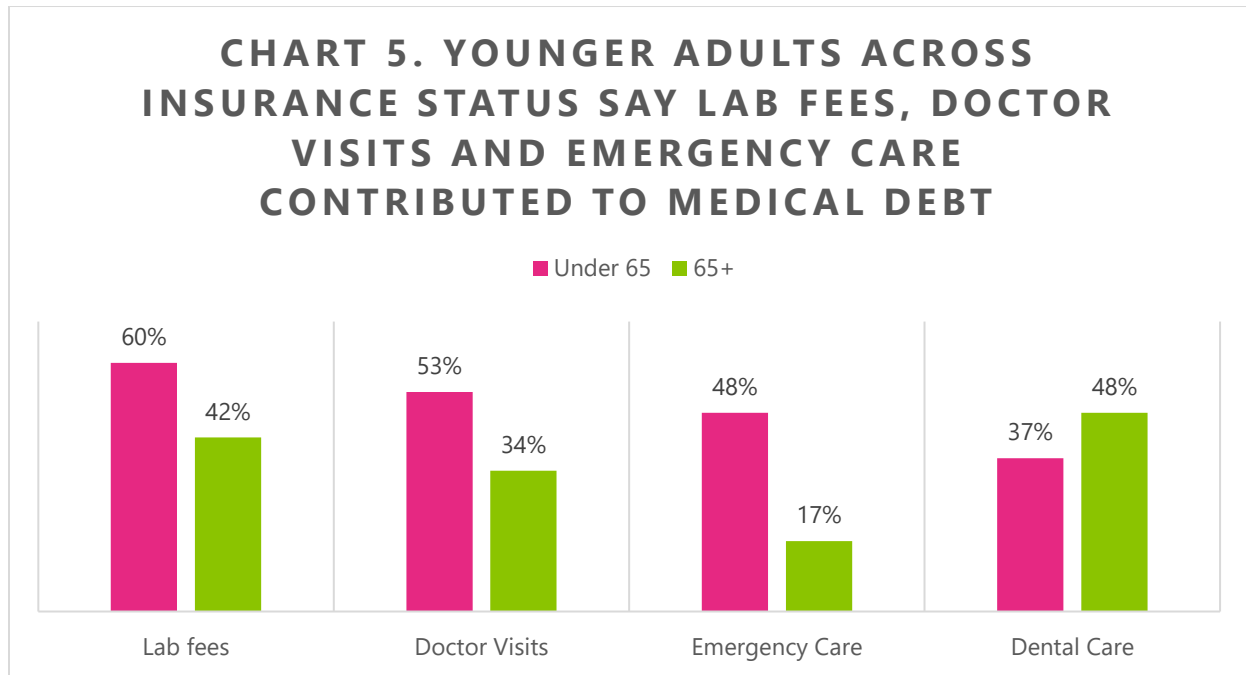
Q: Were any of the bills that caused your medical debt due to [INSERT ITEM]?



Overall, those under 65 tend to struggle most with bills for lab fees and diagnostic tests. Sixty percent of adults under age 65 say their medical bills were due to lab fees compared to 42 percent of adults over 65. Among adults under 65, those with and without insurance have similar amounts of debt due to bills for lab fees and diagnostic tests.

Similarly, 53 percent of adults under age 65 with medical debt say it was due to doctor visits compared to 34 percent of those over age 65. Just under half of those under 65 with medical debt (48%) say it was due to emergency care compared to 17 percent of adults age 65 or older with medical debt (chart 5).

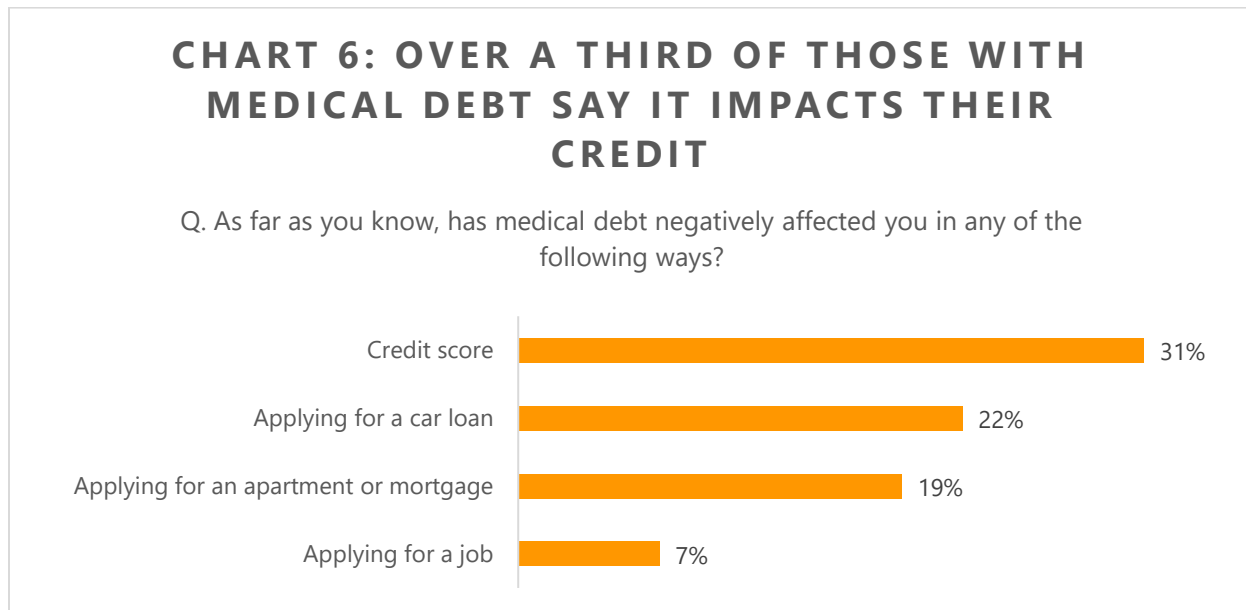
In contrast, dental care bills appear to be more of a struggle for older adults. Almost half of adults age 65 or older with medical debt say dental care caused their medical debt (46%) compared to 37 percent of adults under age 65 with medical debt.



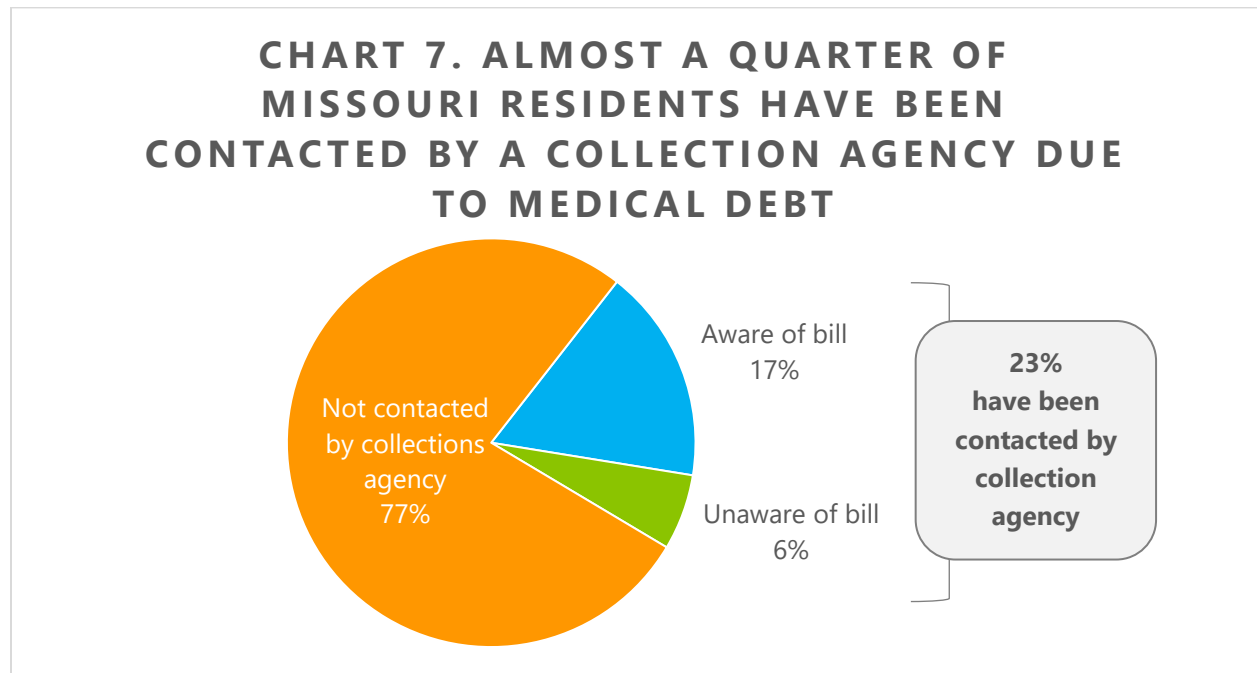
Impacts of Medical Debt

Financial Impact

Medical debt impacts many areas of Missourians’ finances. Almost a third of adults with recent medical debt say it has negatively impacted their credit score (35%). This also impacts Missourians’ ability to apply for car loans, apartments or mortgages, as well as jobs (chart 6).



Nearly half (45%) of those with recent medical debt and nearly one in four Missouri adults overall (23%) say they have been contacted by a collections agency in the past 5 years because of their medical debt (chart 7). While most are aware of these past-due bills, over quarter of those who have been contacted by a collections agency were unaware of the medical bill (27%).

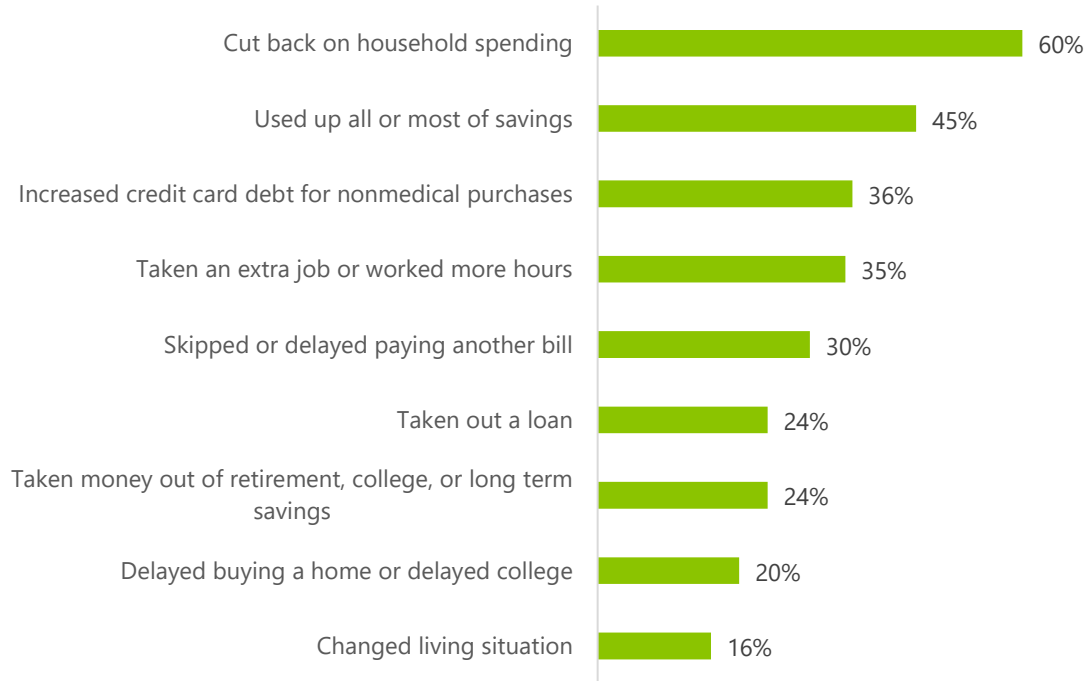


Nearly one in ten Missouri adults with medical debt have been sued by a provider, collection agency, or debt buyer for a past-due medical bill in the past five years (9%). Over a third of those who have been sued for a past-due bill were unaware that the medical bill existed (36%).

When it comes to managing household finances, most adults with medical debt have cut back on spending for food, clothing, or basic household items (60%) as a result of their medical debt. Just under half used up all or most of their savings due to medical debt (45%). Over a third have taken another job or worked more hours (35%). A similar amount has increased credit card debt for non-medical purchases due to their medical debt (36%) (chart 8).

CHART 8. FINANCIAL IMPACT OF MEDICAL DEBT

Percent of those with Medical Debt who have done each of the following due to medical debt

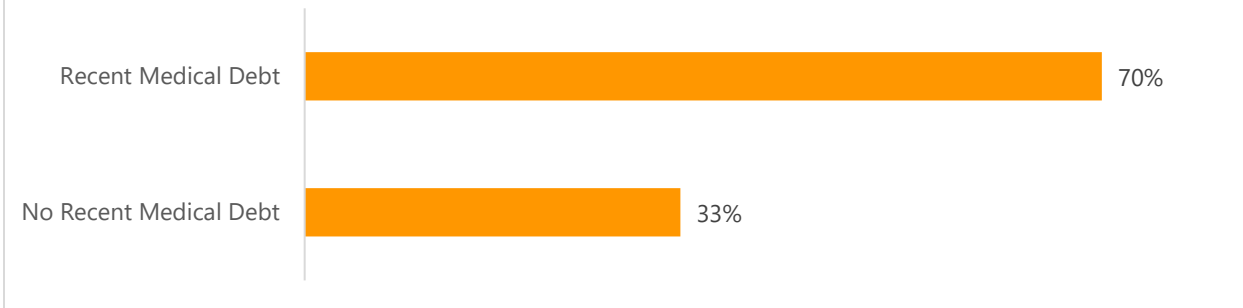


Medical debt has also resulted in some of the most extreme financial consequences for some, including 12 percent of those with recent medical debt who say they have declared personal bankruptcy at least partially due to medical debt. Nine percent of those with medical debt have also lost a home due to eviction or foreclosure at least partially due to medical debt.

Impact on Getting Health Care

While just 11 percent of those with recent medical debt say they have been denied care because they owed the provider for previous services, those with current or recent medical debt are more than twice as likely to say they have skipped or postponed medical care in the past year due to cost. While 33 percent of those without recent medical debt have skipped or postponed care due to the cost, 70 percent of adults with medical debt have skipped or postponed care due to the cost (chart 9).

CHART 9. TWICE AS MANY ADULTS WITH RECENT MEDICAL DEBT HAVE SKIPPED OR POSTPONED CARE DUE TO THE COST

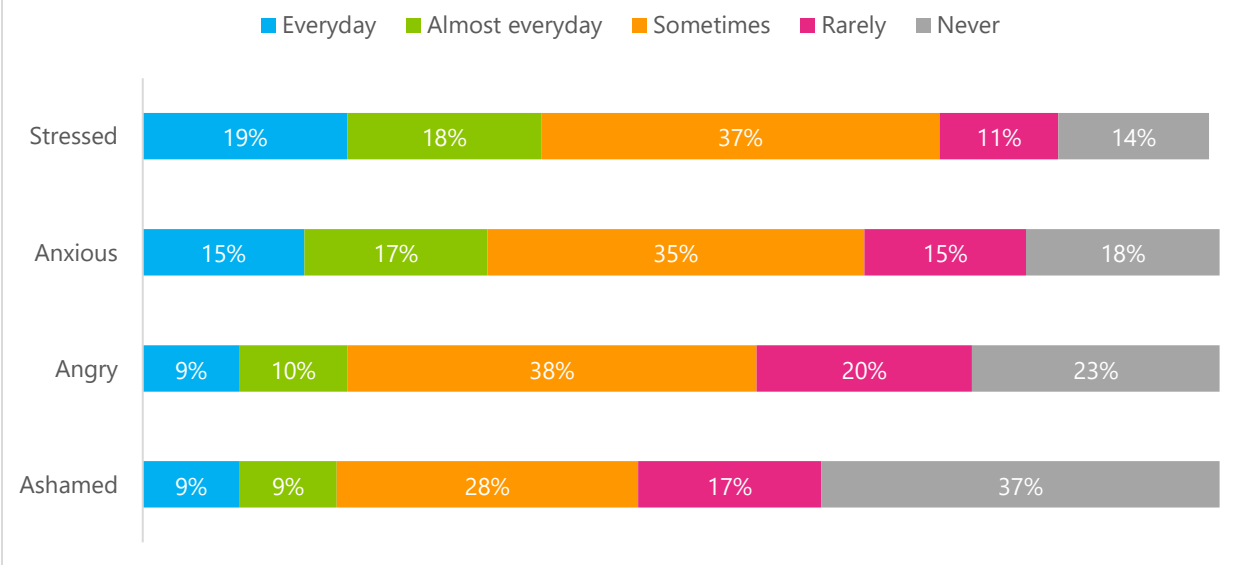


Emotional Impact

Three quarters of those with medical debt say they are at least sometimes stressed about their medical debt (75%). More than two-thirds say they feel anxious at least sometimes because of their medical debt (67%). Nearly six in ten say they feel angry at least sometimes about their medical debt (57%). Finally, just under half say they are ashamed at least sometimes because of their medical debt (45%) (chart 10).

CHART 10. NEGATIVE EMOTIONS EXPERIENCED BY THOSE WITH MEDICAL DEBT

Q: When thinking about your medical debt, how often do you feel [ITEM]?

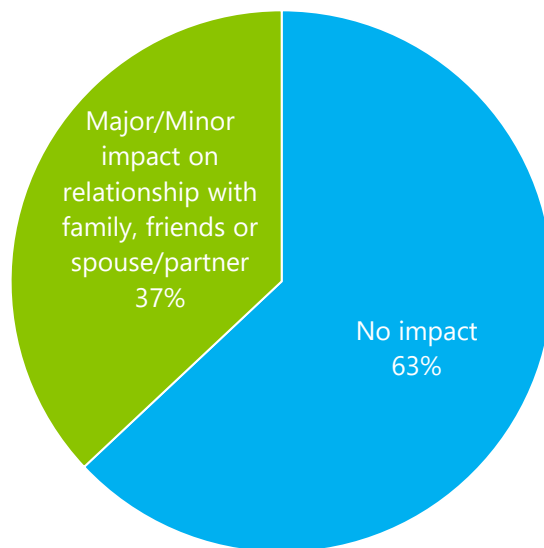


Impact on Relationships

Medical debt also impacts individuals' relationships with their family and friends. Over a quarter (26%) of those with recent medical debt have asked family or friends for financial help because of medical debt. Almost four in ten of those who are married or living with a partner and have medical debt say their medical debt has had an impact on their relationship with their spouse or partner (38%; 10% major impact; 29% minor impact). Additionally, 26 percent say their medical debt has had an impact on their relationship with other family and friends (8% major impact; 18% minor impact) (chart 11).

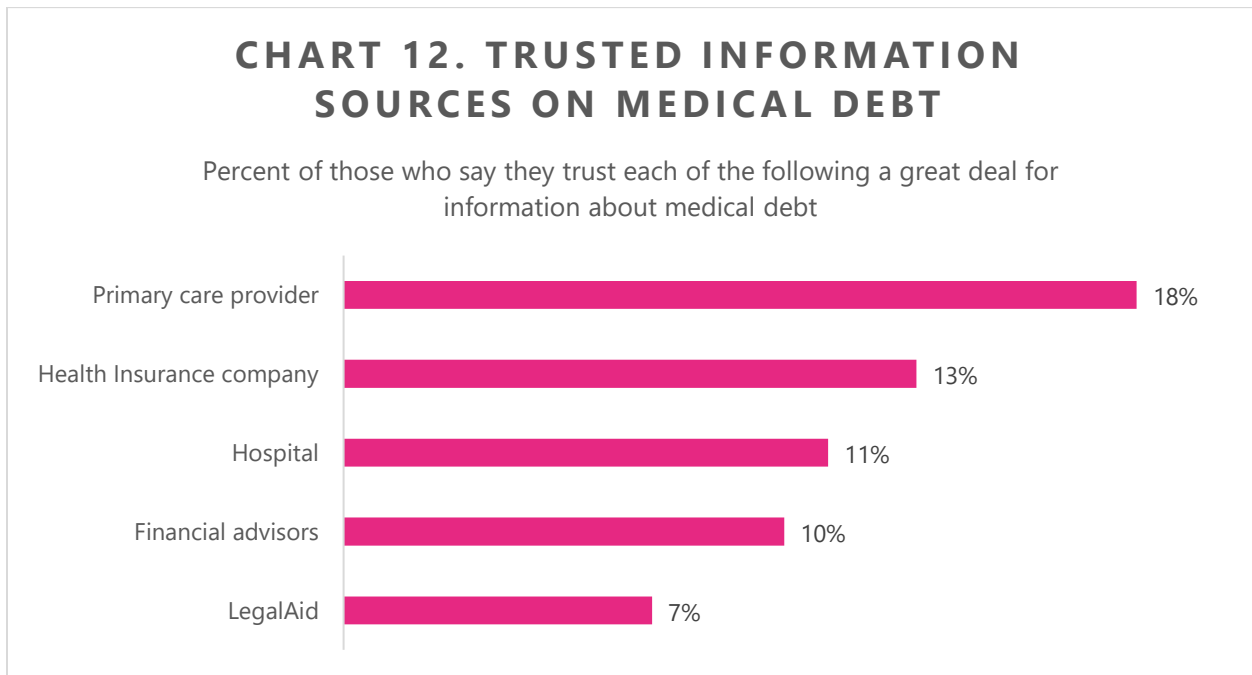
CHART 11. FOUR IN TEN ADULTS WITH MEDICAL DEBT SAY IT HAS IMPACTED RELATIONSHIPS WITH FAMILY, FRIENDS, OR SPOUSE/PARTNER

Q: Has medical debt had a major impact, minor impact, or no impact on your relationship with (a) your spouse or partner (b) other family members?



Sources of Information on Medical Debt

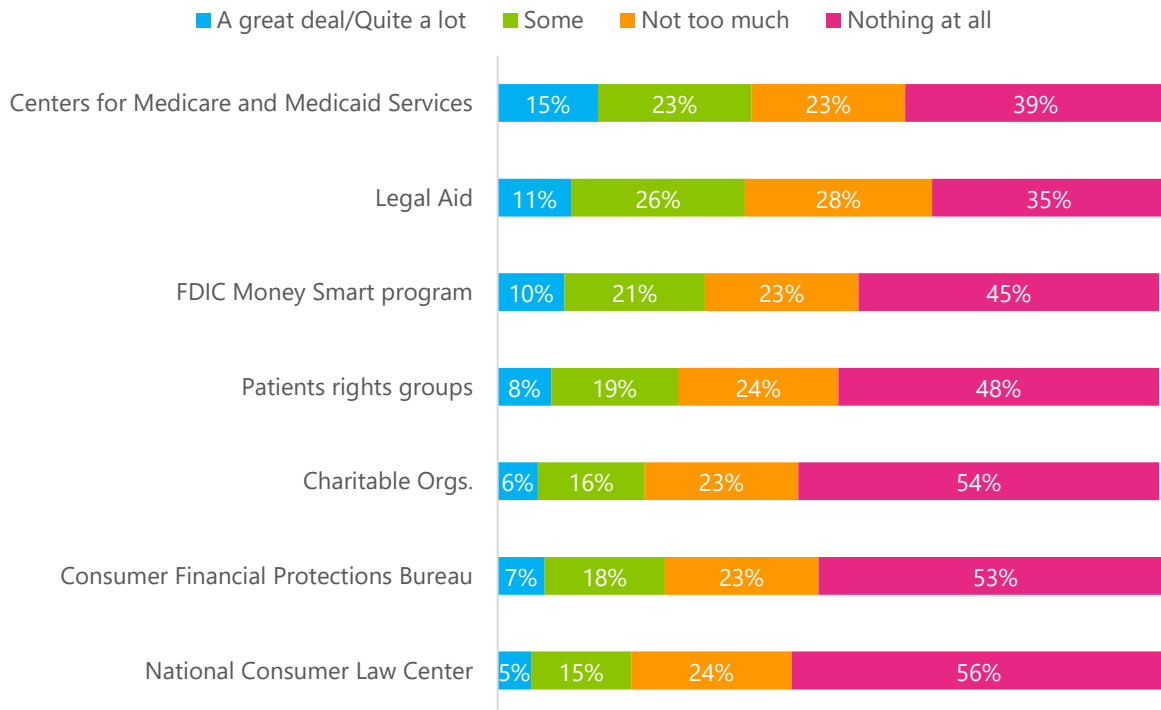
When asked about a number of different sources of information on medical debt, there were no places that the majority of Missouri adults said they trusted a great deal. The source ranked by the most adults as being trusted a great deal was a primary care provider. But even then, only 18 percent say they trust their primary care provider a great deal for information on medical debt (chart 12).



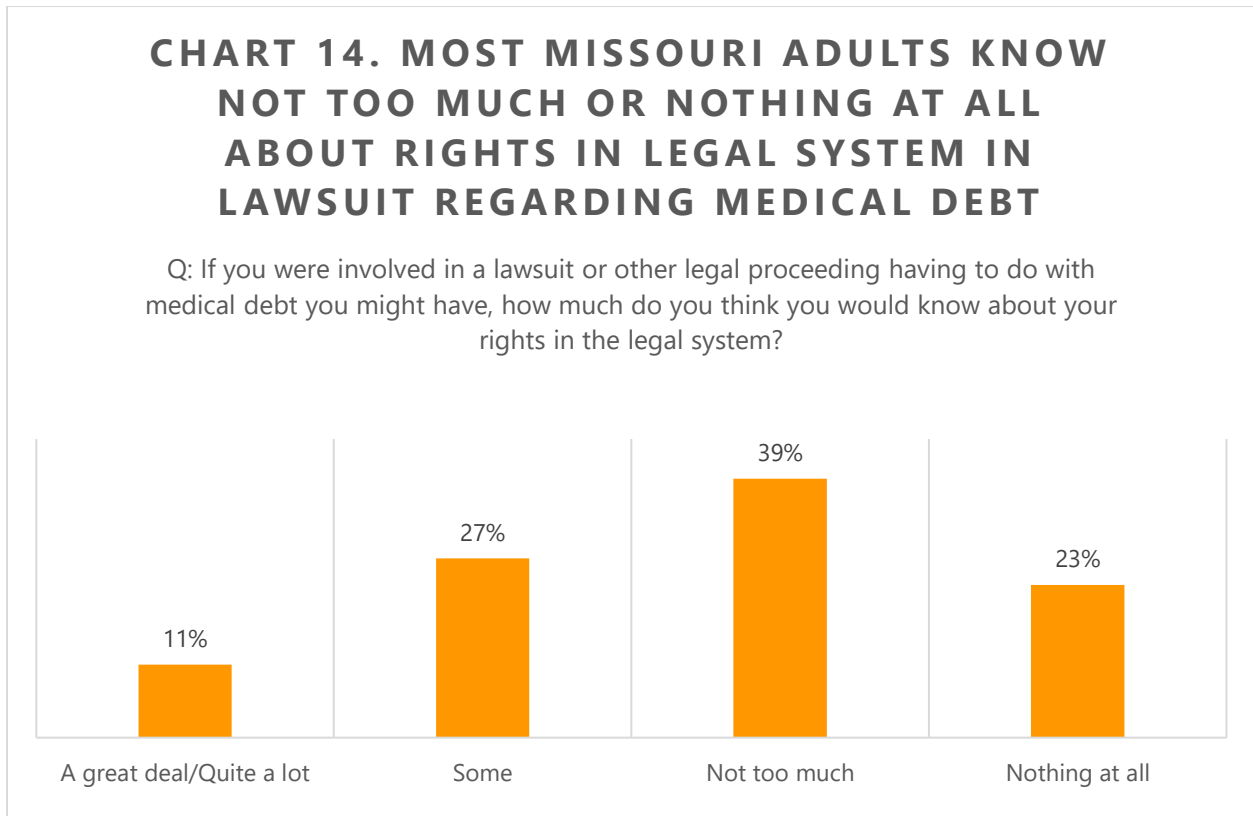
In addition, many programs and organizations that may be able to help individuals with their medical debt seemed unknown to Missouri adults. When asked how much they had heard, read, or seen about a series of organizations that may be able to help with medical debt, there was no organization that a majority of residents said they had heard a great deal or quite a lot about. Only 15 percent said they had heard, read, or seen a great deal or quite a lot about the Centers for Medicare and Medicaid Services or CMS. Similarly, just 11 percent had heard, read, or seen a great deal or quite a lot about Legal Aid (chart 13).

CHART 13. LOW LEVELS OF AWARENESS ABOUT INFORMATION SOURCES FOR DEALING WITH MEDICAL DEBT

Q: How much have you heard, read, or seen about each of the following sources of information or aid that might help you deal with financial or legal problems arising from medical debt?



With such low levels of awareness of these programs, it follows that the majority of Missouri adults say they would not know much or know nothing at all about their rights in the legal system if they were involved in a lawsuit or legal proceedings about medical debt (62%). Those with and without recent medical debt report knowing similar amounts about their rights in these situations. Similarly, there were no significant differences in reported knowledge by age, educational attainment, or income (chart 14).

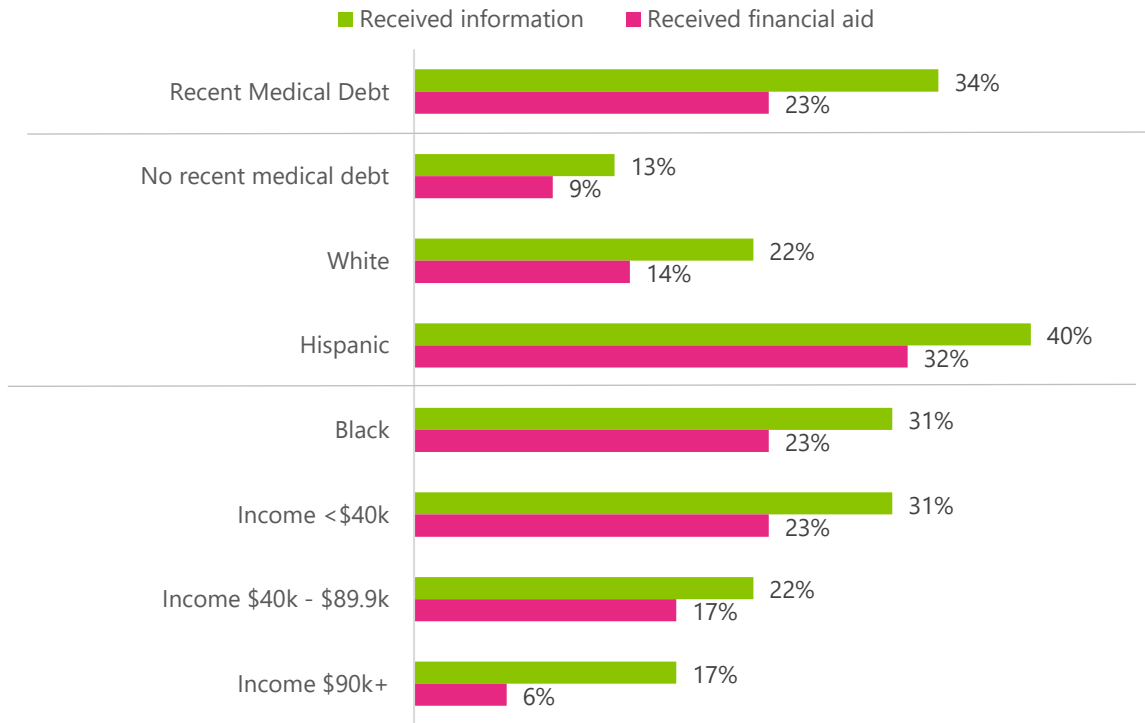


Financial Aid Use

Many hospitals and medical providers offer discounts and financial aid programs to patients to help with the costs of healthcare. About a quarter of Missouri adults say they have received information about financial aid from a medical provider in the past five years (24%). Those with current or recent medical debt are more likely to say they have been informed of these programs (34%) compared to those without recent medical debt (13%). Those with lower incomes as well as Hispanic and Black Missourians are also more likely to have been informed of these programs (chart 15).

However, just 16 percent of Missouri adults have actually received financial aid through these provider programs in the past five years. Those with current medical debt, lower incomes, as well as Black and Hispanic adults are more likely to have received this aid (chart 15). These results indicate that while aid is reaching the groups of Missourians who are most likely to be in need, there are still large majorities who are not receiving financial support from medical providers who may benefit from it. Additionally, there may be a gap between learning about available programs and actually qualifying for and receiving financial assistance.

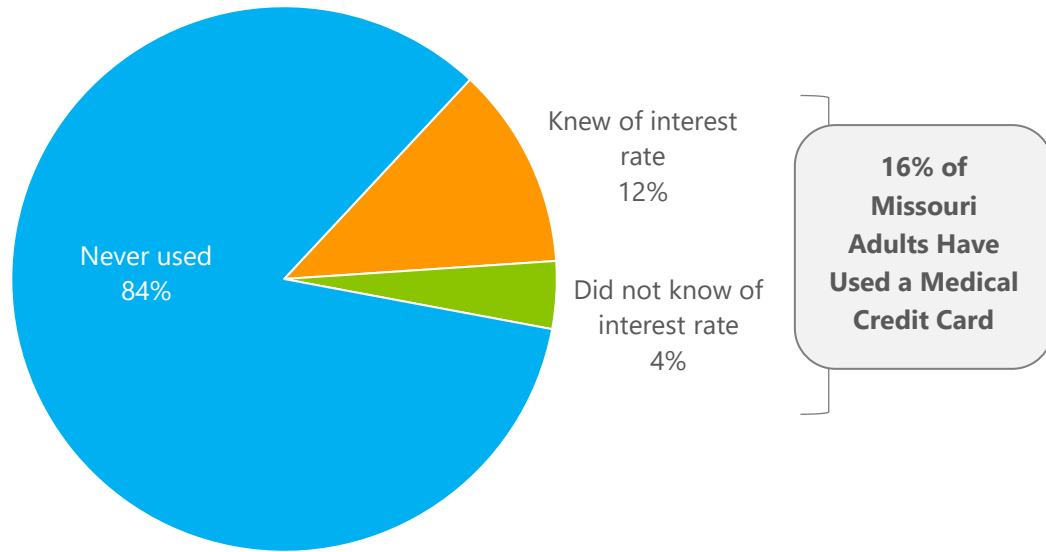
CHART 15. BLACK, HISPANIC AND LOWER INCOME MISSOURIANS MORE LIKELY TO RECEIVE FINANCIAL AID FROM PROVIDER BUT LOW LEVELS OF USE ACROSS GROUPS



When patients do receive financial aid, they say it makes an impact on their ability to pay their medical bills. Among those who have received financial aid through these programs, 61 percent say the aid made a major difference in their ability to pay their medical bills. Another 29 percent said it made a minor difference.

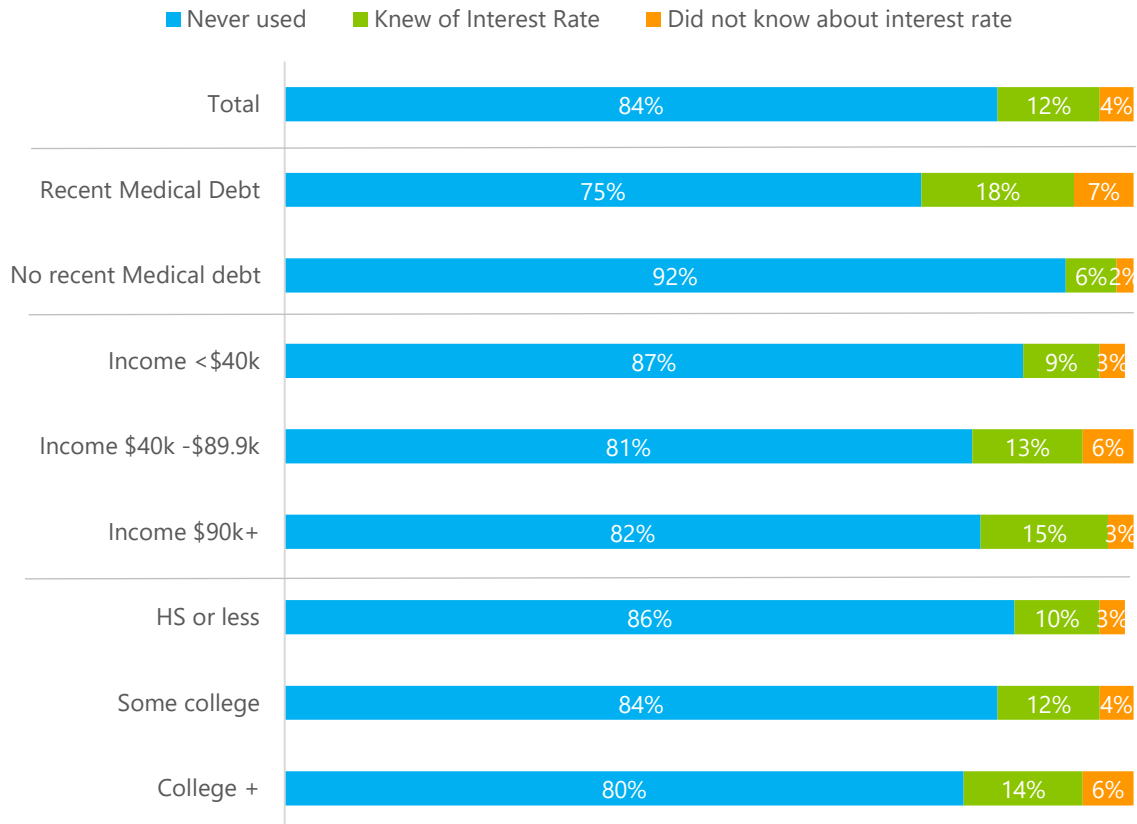
Another form of financial assistance offered by many medical providers is medical credit cards. These are credit cards that are specifically marketed to patients to help finance medical bills. These cards can only be used to pay for services from certain health care providers. Most don't charge interest for a limited amount of time, but interest rates increase if the balance isn't paid off. Less than one in five Missouri adults report having ever used a medical credit card (16%). A concern among policy makers is that the high interest rates that apply after a certain period may negatively impact those who are already facing financial difficulties. Among those that have used a medical credit card, 25 percent say they were unaware of the interest rate that would apply if the balance was not paid off before the interest free period (chart 16).

**CHART 16. USE OF MEDICAL CREDIT CARDS
AMONG MISSOURI ADULTS**



Use of these financial tools seems most prevalent among higher income and education individuals. A fifth of adults with college degrees or more have used a medical credit card (20%) compared to 14 percent of those with a high school diploma or less. Similarly, 18 percent of those with incomes of \$90,000 or more have used a medical credit card compared to 13 percent of those with incomes under \$40,000 (chart 17).

CHART 17. USE OF MEDICAL CREDIT CARDS AMONG MISSOURI ADULTS



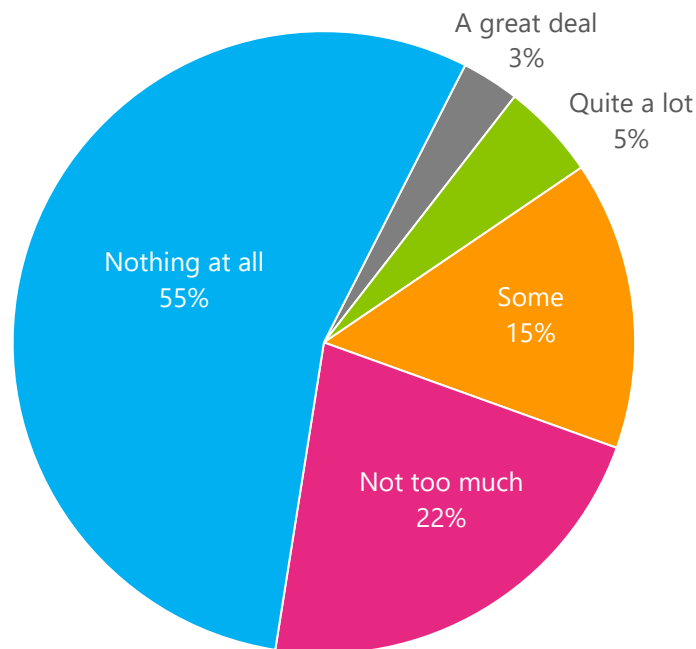
Current and Potential Policies to Prevent and Assist with Medical Debt

No Surprises Act

Passed by congress in 2020, the No Surprises Act protects patients from unexpected medical bills by restricting the ability of out-of-network medical providers to bill patients for services received in emergency departments or at in-network hospitals or facilities. Results from the survey show that passage of this bill and what it means for patients is not well understood. Most Missouri adults say they have heard nothing at all about this law (55%) (chart 18).

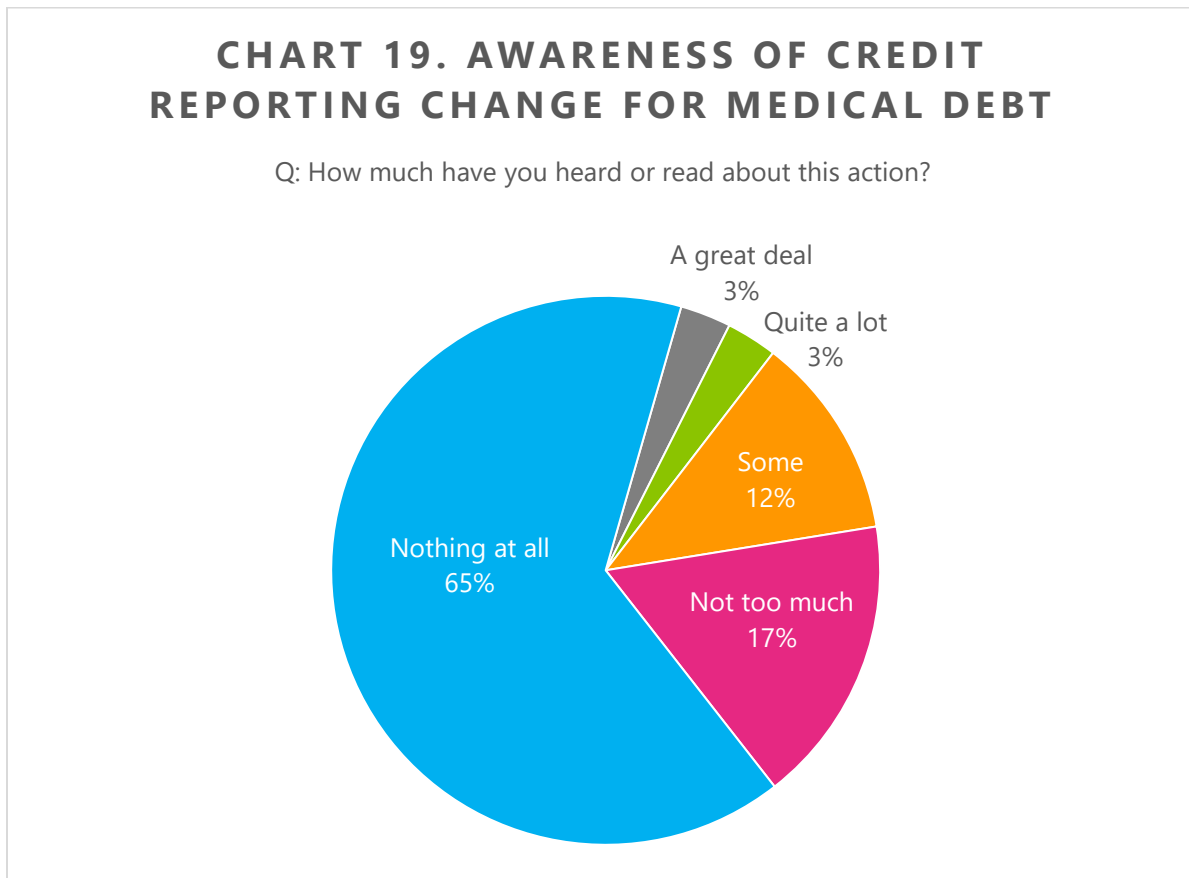
CHART 18. AWARENESS OF NO SURPRISES ACT LOW ACROSS MISSOURI ADULTS

Q: How much have you heard or read about this action?



Credit Agencies Removal of Medical Debt from Credit Reporting

The three major credit reporting agencies announced they would no longer report medical debt of less than \$500 starting in April 2023. Most Missouri residents have not heard about this change (65%) (chart 19).



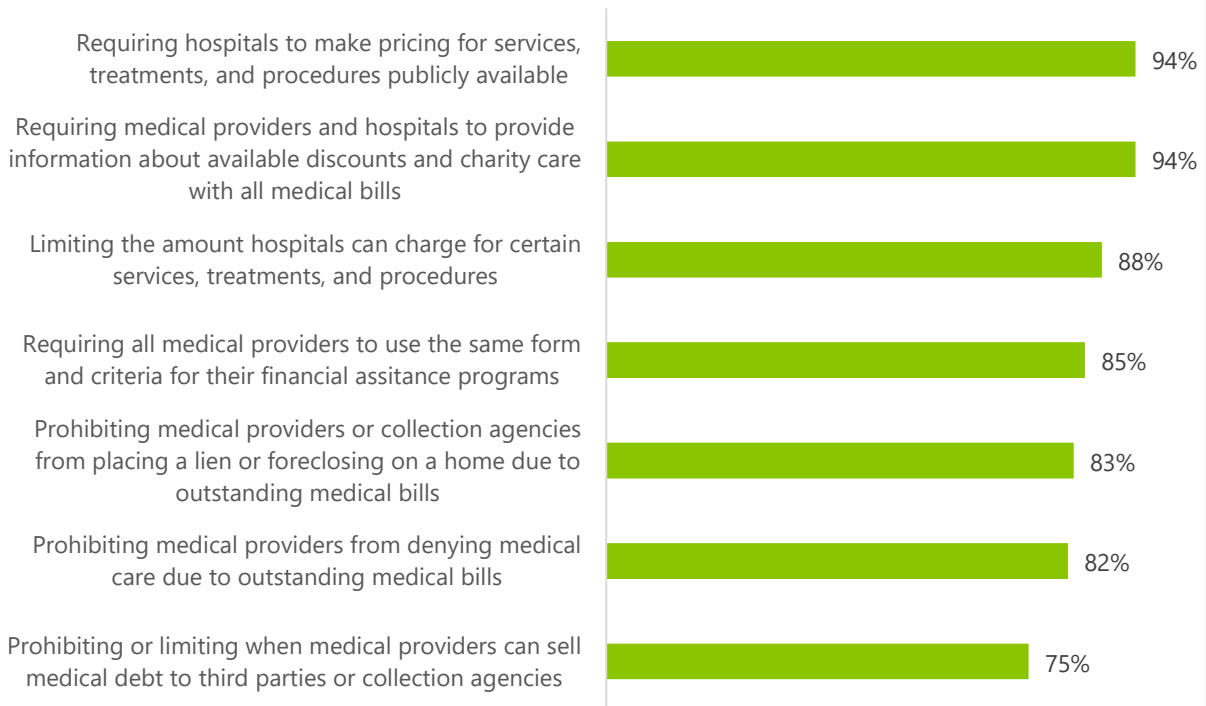
Potential Policy Solutions

There is strong support for a number of policy proposals that could help lower health care costs to prevent medical debt or help those with current medical debt. Transparency about pricing (94%) and available discount programs (94%) by providers is supported by a vast number of Missouri residents (chart 20). With primary care providers ranked at the top as a source of information about medical debt, it follows that patients would also like to be able to get more information about costs and discount programs from this source.

Large majorities of Missouri residents also support limiting how much hospitals can charge for certain services, treatments, and procedures (88%) and requiring all providers to use the same criteria for financial assistance programs (85%).

CHART 20. STRONG SUPPORT FOR VARIOUS POLICIES THAT WOULD PREVENT OR ADDRESS MEDICAL DEBT

Percent who would support each policy proposal



Health Care Affordability

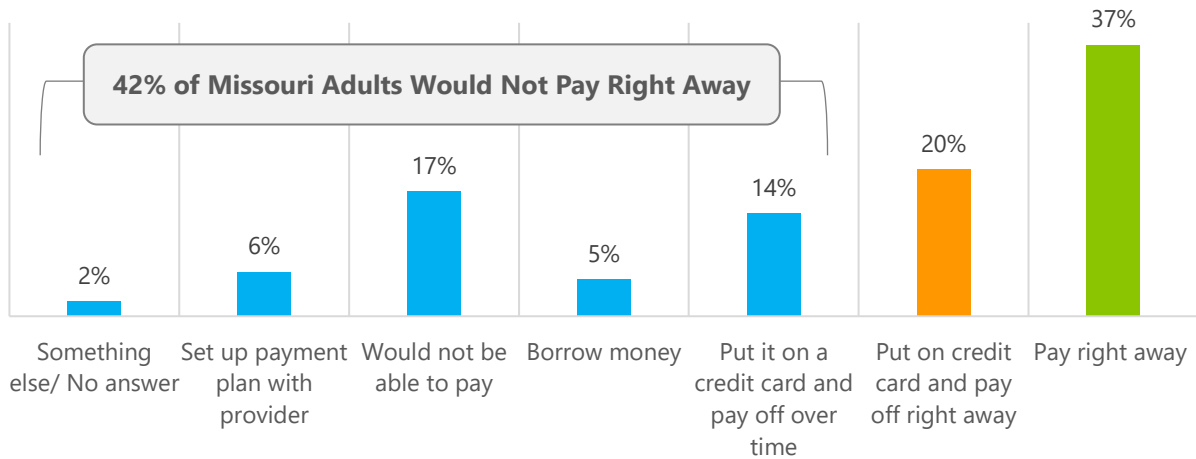
Dealing with Unexpected Medical Bills

Four in ten Missouri residents say they would be not able to pay off an unexpected medical bill of \$500 right away (42%). This includes 14 percent who would put it on a credit card and pay it off over time, 5 percent who would borrow money, 6 percent who would try to work out a payment plan with the provider and 17 percent who said they would not be able to pay (chart 21).

Over a third say they would be able to pay it off right away by cash, check, a debit card, or pay it out of a Health Savings Account (HSA) or Flexible Spending Account (FSA) (37%). Another 20 percent say they would put it on a credit card and pay it off in full at the next statement.

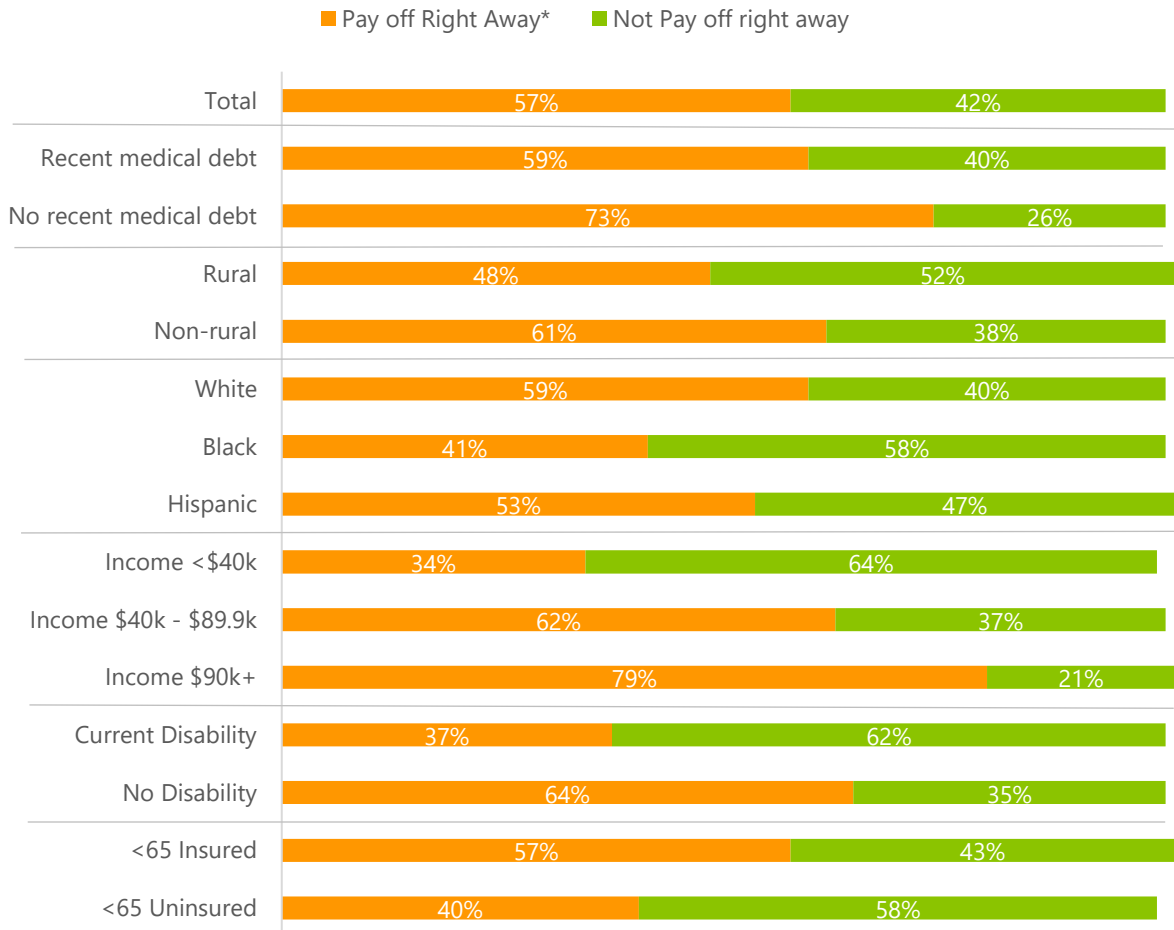
CHART 21. NEARLY HALF OF MISSOURIANS WOULD NOT BE ABLE TO PAY \$500 BILL RIGHT AWAY

Q: Suppose you had an unexpected medical bill, and the amount not covered by any insurance you may have came to \$500, how would you pay the bill?



Black adults, those with recent medical debt, those in rural areas, those with lower household incomes are less likely to say they could pay off an unexpected bill right away (chart 22).

CHART 22. BLACK, RURAL, LOWER INCOME, UNINSURED AND THOSE WITH RECENT MEDICAL DEBT LESS LIKELY TO BE ABLE TO AFFORD UNEXPECTED MEDICAL BILL

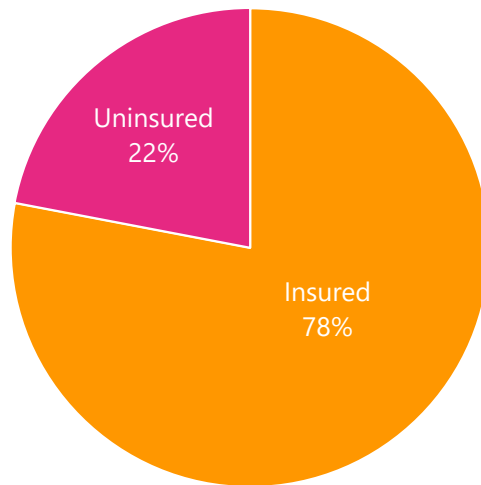


*Includes paying by cash, check, debit, HSA, FSA or by credit card and paying off balance in full

Insurance Coverage

Data from the 2022 American Community Survey shows that 12 percent of non-elderly Missouri adults are currently uninsured, which can greatly affect healthcare affordability. While not having health insurance may be a contributing factor to medical debt, results from the current survey show no statistically significant difference in recent medical debt between those with and without health insurance. Overall, a large majority of Missourians with recent medical debt had health insurance when they received the medical care that resulted in their medical debt (78%) (chart 23).

CHART 23. AMONG THOSE UNDER 65 WITH RECENT MEDICAL DEBT, MOST HAD INSURANCE WHEN MEDICAL DEBT ACCRUED



A major factor in accruing medical debt may be high insurance plan annual deductibles. Among those with employer or self-purchased insurance plan, the majority (55%) have a deductible of more than \$1,500 per year. With 43 percent of Missouri adults unable to pay a \$500 medical bill right away, a high deductible plan may mean individuals cannot afford the medical bills that are not covered by insurance.

About Missouri Foundation for Health

Missouri Foundation for Health is building a more equitable future through collaboration, convening, knowledge sharing, and strategic investment. Working in partnership with communities and nonprofits, MFH is transforming systems to eliminate inequities within all aspects of health and addressing the social and economic factors that shape health outcomes. The Foundation takes a multifaceted approach to health issues, understanding that strategic initiatives, policy, communications, and research all play a role in creating lasting impact.

An independent philanthropic foundation, MFH was created in the year 2000, following Blue Cross Blue Shield of Missouri's conversion from nonprofit to for-profit status. It is the largest organization of its kind in the state and among the largest in the country. Visit www.mffh.org for more information.

About SSRS

SSRS is a full-service market and survey research firm managed by a core of dedicated professionals with advanced degrees in the social sciences. Service offerings include the Omnibus Survey, Probability Panel and other Online Solutions as well as custom research programs – all driven by a central commitment to methodological rigor. The SSRS team is renowned for its multimodal approach, as well as its sophisticated and proprietary sample designs. Typical projects for the company include complex strategic, tactical and public opinion initiatives in the U.S. and in more than 40 countries worldwide. SSRS is research, refined. Visit www.ssrs.com for more information.

Appendix A: Methodology

Weighting Details

Data were weighted to represent residential (non-institutionalized) adults in Missouri. Hybrid samples that blend responses from probability and nonprobability sources require special weighting procedures. Extensive empirical research suggests that nonprobability samples, such as those obtained from online panel vendors, differ from the general population in ways that cannot be corrected by weighting only on demographics. Correcting for non-demographic differences between probability and nonprobability cases can therefore help minimize the risk of selection bias in study outcomes.

The sample was weighted using SSRS's Hybrid Encipher calibration solution, which controls selection bias by weighting on both demographic and non-demographic characteristics that explain selection into the nonprobability sample. The steps for this procedure are as follows:

- Weight the cases from probability sources using standard base weight adjustments and balance to external demographic benchmarks through an iterative process.
- Assign "pseudo-base weights" to the cases from nonprobability sources using a propensity adjustment.
- Identify optimal internal calibration margins for weighting the hybrid sample using benchmarks estimated from the cases from weighted probability sources.
- Calibrate the hybrid sample (cases from probability and nonprobability sources) to obtain the final hybrid weights.

Note that the hybrid weight is calculated from the full sample, including both probability and nonprobability cases, and therefore cannot be used to produce separate probability-only and nonprobability-only estimates.

Margin of Error

Margins of sampling error are calculated to provide a reasonable range for the error that may exist in an estimate due to random sampling fluctuations. The margins of sampling error reported here are based on the hybrid probability and nonprobability samples. Margins of sampling error are meaningful only if it can be assumed that selection into the sample is random and that each unit's probability of being sampled would remain the same if the sample were repeated many times. These assumptions are less realistic for nonprobability online samples than for probability-based samples, because we cannot observe or control the factors that determine whether a given unit is included in a nonprobability online sample.

We supply the total sample margins of error to provide a general assessment of error ranges that may be associated with the hybrid data, given the total sample size. However, margins of error for samples that include completes from nonprobability sources should always be interpreted with caution, as the underlying assumptions cannot be verified.

The survey's margin of error is the largest 95% confidence interval for any estimated proportion based on the total sample — the one around 50%. The margin of error for the entire hybrid sample is ± 2.9 percentage points. This means that in 95 out of every 100 samples drawn using the same methodology, estimated

proportions based on the entire sample will be no more than 2.9 percentage points away from the currently reported estimate. Margins of error for subgroups will be larger.

It is important to remember that the sampling fluctuations captured in the margin of error are only one possible source of error in a survey estimate. Other sources, such as respondent selection bias, questionnaire wording, and reporting inaccuracy, may contribute additional error of greater or lesser magnitude.

Benchmarks, Unweighted and Weighted Frequencies

CATEGORY	BENCHMARK ⁶	UNWEIGHTED	WEIGHTED
Gender			
Male	48.8%	38.8%	48.7%
Female	51.2%	61.2%	51.3%
Age			
18-34	28.4%	21.1%	28.1%
35-44	16.5%	18.4%	17.3%
45-54	15.9%	15.4%	15.2%
55-64	16.6%	18.9%	18.7%
65+	22.6%	26.1%	20.7%
Education			
Less than HS	6.6%	5.7%	6.6%
HS grad	32.6%	24.9%	32.5%
Some college	29.9%	33.3%	29.9%
College+	31.0%	36.2%	31.0%
Race/Ethnicity			
White, non-Hispanic	80.7%	74.4%	80.7%
Black, non-Hispanic	11.0%	14.9%	11.0%
Hispanic	4.7%	6.5%	4.7%
Other, non-Hispanic	3.5%	4.3%	3.5%
Rural			
Rural	32.1%	32.1%	32.0%
Non-rural	67.9%	67.9%	68.0%
Home ownership			
Own	74.8%	63.8%	74.7%
Rent	25.2%	36.2%	25.3%
Employment			
Employed full time	53.4%	42.0%	53.3%
Employed part-time	10.4%	9.4%	10.3%
Not employed	36.2%	48.6%	36.4%
Civic engagement			
Civically engaged	35.8%	39.3%	35.8%
Not engaged	64.2%	60.7%	64.2%
Internet Frequency			
Almost constantly	44.1%	40.4%	44.0%
Several times a day to less often	55.0%	58.6%	55.1%
Never	0.9%	1.0%	0.9%

⁶ Rural status benchmarks derived from 2020 Decennial Census Counts; Internet frequency derived from benchmarking studies conducted by SSRS; Civic engagement benchmark derived from Sept 2021 US Census Current Population Survey Volunteering and Civic Life Supplement; All other benchmarks derived from the 2023 US Census Current Population Survey

Appendix B: National Comparisons

QUESTIONS/VARIABLE	MFH MEDICAL DEBT SURVEY	KFF HEALTH CARE DEBT SURVEY MARCH 2022
Current or Recent Medical Debt	50%	57%
Current Medical Debt	39%	41%
Medical Debt in Past 5 years	11%	16%
Were any of the bills that caused your medical debt due to: Based on those with recent medical debt (% saying yes)		
Doctor visits	51%	51%
Hospitalization	34%	32%
Emergency care	44%	45%
Outpatient surgery	27%	26%
Lab fees or diagnostic tests	58%	55%
Prescription drugs	22%	26%
Long term care	5%	6%
Ambulance services	20%	17%
Pregnancy and childbirth	9%	10%
Dental care	38%	47%
Mental health services	13%	16%
Which of the following comes closer to describing the bills that contributed to your medical debt? Based on those with recent medical debt		
Bills for a one time or short-term medical expense, such as a single hospital stay or treatment for an accident	76%	77%
Bills for a one time or short-term medical expense, such as a single hospital stay or treatment for an accident	23%	23%
Have you ever been denied care by a hospital, physician's office or other medical or dental provider because you owed the provider money for previous services? Based on those with recent medical debt (% saying yes)		
Have you ever declared personal bankruptcy at least partially because of medical debt, or not? Based on those with recent medical debt (% saying yes)	11%	12%
Have you ever declared personal bankruptcy at least partially because of medical debt, or not? Based on those with recent medical debt (% saying yes)	13%	13%
Have you ever lost your home due to eviction or foreclosure at least partially because of medical debt, or not? Based on those with recent medical debt (% saying yes)		
Have you ever lost your home due to eviction or foreclosure at least partially because of medical debt, or not? Based on those with recent medical debt (% saying yes)	9%	6%
Have you ever used a medical credit card? Based on those with recent medical debt (% saying yes)		
Have you ever used a medical credit card? Based on those with recent medical debt (% saying yes)	16%	15%
Have you or someone in your household been contacted by a collection agency in the past 5 years because of medical or dental bills? Based on those with recent medical debt (% saying yes)		
Have you or someone in your household been contacted by a collection agency in the past 5 years because of medical or dental bills? Based on those with recent medical debt (% saying yes)	45%	39%
In the past five years, have you been sued by a medical provider, collection agency, or debt buyer for a past-due medical or dental bill? Based on those with recent medical debt (% saying yes)		
In the past five years, have you been sued by a medical provider, collection agency, or debt buyer for a past-due medical or dental bill? Based on those with recent medical debt (% saying yes)	9%	5%
In the past five years, has a hospital or medical provider ever given you information about financial aid, such as free or discounted medical services? Based on those with recent medical debt (% saying yes)		
In the past five years, has a hospital or medical provider ever given you information about financial aid, such as free or discounted medical services? Based on those with recent medical debt (% saying yes)	34%	27%
In the past five years, have you received financial aid, such as free or discounted medical services, from a medical provider? Based on those with recent medical debt (% saying yes)		
In the past five years, have you received financial aid, such as free or discounted medical services, from a medical provider? Based on those with recent medical debt (% saying yes)	23%	20%
Skipped or postponed any health care because of the cost		
Total adults	51%	61%
Among those with recent medical debt	70%	73%