



Patient Medical Debt: Findings from Quantitative Surveying of Patients in the United States – April 2025

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Executive Summary

In pursuing this project, ADAP Advocacy collaborated with the Community Access National Network (CANN) and sought to understand patient perspectives on how medical debt impacts their lives. This research was conducted using a quantitative survey and examining responses to that survey. ADAP Advocacy received 673 responses to the Patient Medical Debt Survey. 46 responses were deemed ineligible due to entering invalid zip codes or because they were not residents of the United States or its territories (n=40). This resulted in 625 eligible participants from 50 states, the District of Columbia, and Puerto Rico.

The findings from this project serve as a foundation for ADAP Advocacy, CANN, and other patient advocacy organizations to better understand the impact of medical debt and the cost of care and treatment in delaying or avoiding care. This project's research questions focused on whether medical debt acts as a barrier to accessing treatment or healthcare services and its potential negative effects on other life aspects, such as credit scores, employment, securing loans, acquiring housing, and overall health-related stress.

Key Findings

When asked if they have ever delayed or avoided medical care (excluding the purchase of prescription drugs) due to their inability to pay, 77% of respondents (n=484) indicated that indicated “yes.” Similarly, 71% (n=442) indicated that they have delayed or avoided purchasing prescription drugs because of their inability to afford associated out-of-pocket costs.



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When asked if they personally held medical debt, 74% of respondents (n=460) indicated that they did. Those respondents holding medical debt indicated that their debt is largely held by hospitals (39%) and specialty care physicians (22%), and 66% (n=304) indicated that their medical debt is currently in collections. 40% (n=182) indicated that medical debt had impacted their credit scores, and 70% (n=324) indicated that medical debt impacted their health status.

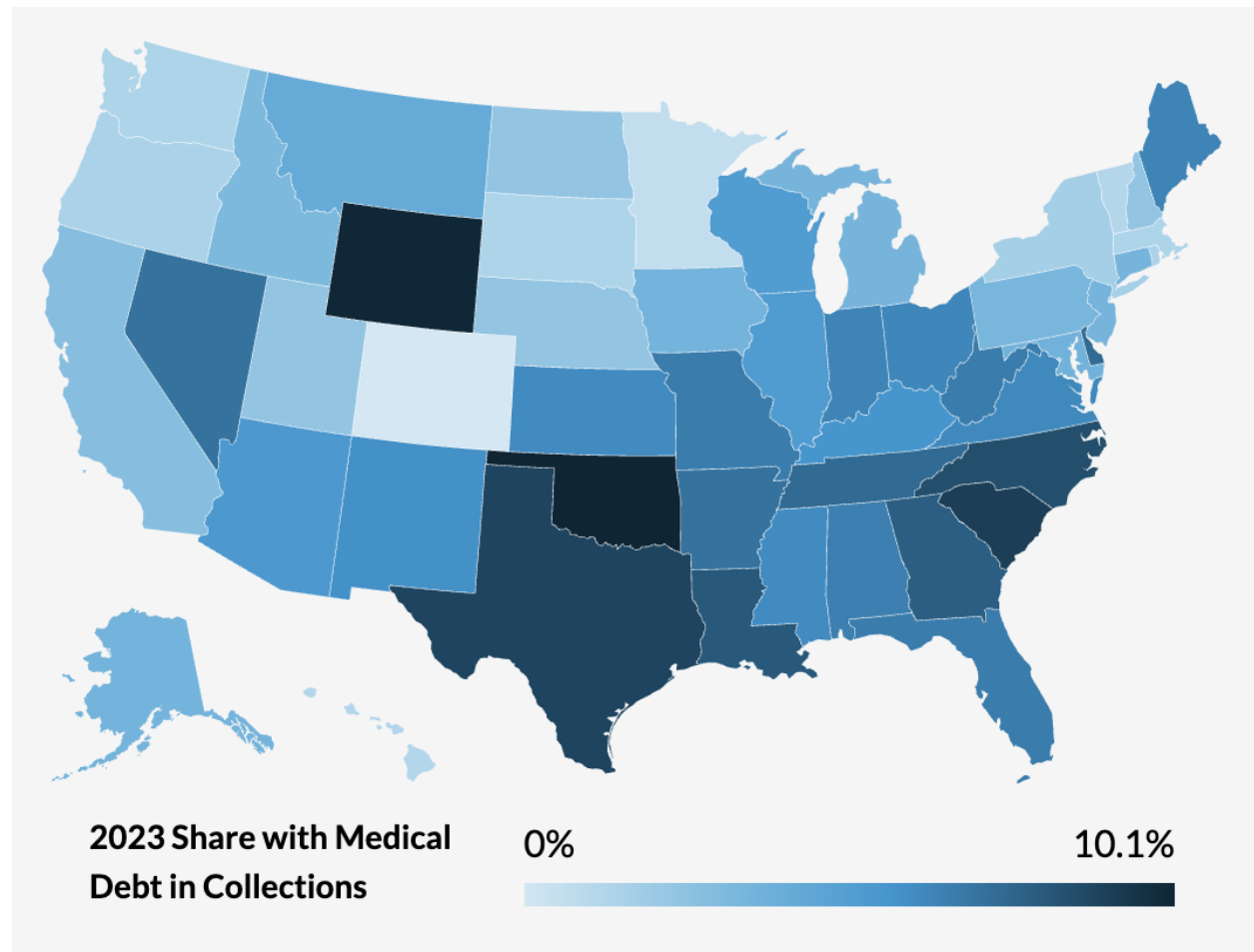


Introduction

Medical debt is a persistent problem in the United States, with 41% of adults holding some form of “healthcare debt”—a broader definition of “medical debt” that includes debts held on credit cards or owed to family members—although over 90% of the U.S. population has some form of health insurance ([Rakshit, et al., 2024](#)). Analysis from Peterson-KFF combines findings from the U.S. Census Bureau’s 2021 Wealth, Asset Ownership, & Debt of Households Detailed Tables, which found 15% of households hold medical debt of \$250 or greater, with KFF polling that expanded the definition of “medical debt” to be more inclusive of the way that patients perceive medical debt.

Recent polling conducted by West Health and Gallup found that more than 31 million Americans (~12%) reported needing to borrow \$74 billion in 2024 to pay for healthcare despite having some form of insurance ([Yu, 2025](#)). This survey also found that Black and Hispanic adults were significantly more likely than their White peers to report having to borrow money to cover healthcare costs. Reporting from the Urban Institute has also found that Americans living in the South and Midwest bear a disproportionate burden of medical debt currently in collections (Figure 1).

Figure 1 - Status of State Action on the Medicaid Expansion Decision.



Note: Retrieved from [Blavin, et al, 2024a](#).

Tracking medical debt is difficult, in part, because each research organization uses different methodologies and defines such debt and to whom debts are owed differently. KFF, for example, utilizes direct patient surveying. KFF defines medical debt as “medical or dental bills” and certain attempts to capture a variety of debt owners, including providers, debt owed to banks, third-party collection agencies, or other lenders, debt placed on credit cards, and debt owed to family members. ([Lopes, et. al, 2022](#)). Meanwhile, the Urban Institute uses credit bureau reporting that may not capture the entirety of the medical debt landscape, and it does not clearly define “medical debt” in their research ([Blavin, et al., 2024](#)).



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Complicating matters further is the fact that credit bureau reporting may now fail to capture certain medical debt as state and federal rules are attempting to limit or prohibit the appearance of medical debt on credit reports. The largest credit reporting agencies in the United States [voluntarily remove](#) some medical debt collection information. A rule recently finalized by the Consumer Financial Protection Bureau (CFPB) would ban the inclusion of medical bills on credit reports and prohibit lenders from using medical information in their lending decisions ([CFPB, 2025](#)). The rule does *not* require lenders issuing credit cards, regardless of use, to take any meaningful action to ensure the debt reported is not medically related. Directly, when patient-consumers turn to credit cards to pay a medical debt, they will lose out on any protections that might be offered under the rule. Similarly, the rule prohibits civil judgments arising from the aggressive pursuit of certain medical debt from appearing on credit reports or being considered in lending decisions. The rule, again, would not prohibit the use of adverse reporting related to legal fees associated with such lawsuits. Subsequent to the final rule's issuance, the Trump Administration requested that a federal court grant a 90-day pause on its implementation ([Craver, 2025](#)).

Underlying these issues is the fact that many hospitals have decreased their provision of charity care as a percentage of their annual revenues. Since 2023, ADAP Advocacy, CANN, and the Appalachian Learning Initiative have examined the federal 990 tax forms of 54 hospitals from across the country and found that the provision of charity care has decreased as a percentage of annual revenues by an average of 25.7% across all hospitals (excluding outliers). Meanwhile, since becoming eligible to receive rebates from the 340B Drug Pricing Program, those same hospitals' revenues have increased by an average of 191.6% ([Hopkins, Macsata, & Laws, 2025](#)).

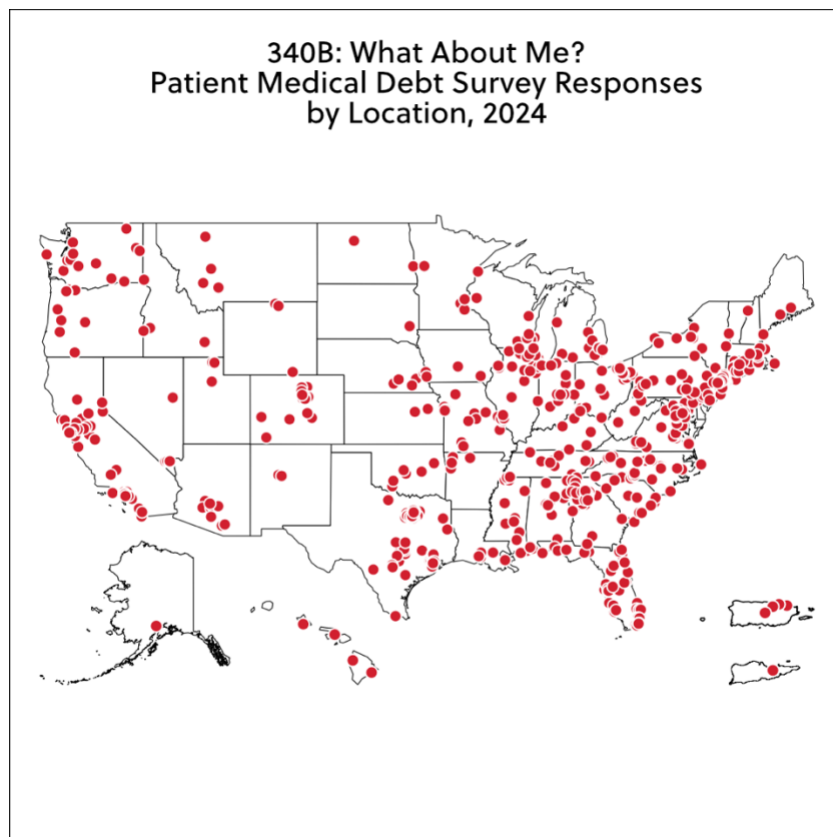


Findings

Findings from the Patient Medical Debt Survey

ADAP Advocacy received 673 responses to the Patient Medical Debt Survey. 46 responses were deemed ineligible due to entering invalid zip codes or because they were not residents of the United States or its territories (n=40). This resulted in a total of 625 eligible participants from 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. ([Figure 2](#)).

Figure 3 – 340B: What About Me? Patient Medical Debt Survey Responses by Location, 2024.





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Respondent Demographics

More than two-thirds of respondents (68%, n=425) to the Patient Medical Debt Survey identified as Caucasian / White, with an additional 12.2% (n=89) identifying as Black / African American, 6.9% (n=43) as Hispanic / Latine, and 10.9% (n=68) as another race. More than half of respondents (56%, n=350) identified as Women, with 38.4% (n=240) identifying as Women, and 5.6% (n=35) as Transgender, Non-Binary, or indicating that they preferred not to answer. A majority of survey respondents (70.7%, n=442) were aged 46 years or older. Most survey respondents (61%, n=381) reported individual annual incomes between 100% and 500% of the Federal Poverty Level (FPL), which ADAP Advocacy classified as being Eligible for AIDS Drug Assistance Program services. 15.7% (n=98) respondents indicated earning annual incomes at or below 100% of the FPL, which ADAP Advocacy classified as being Eligible for Medicaid Services. Finally, 23.4% reported earning annual incomes above 501% of the FPL or declined to provide income information, which ADAP Advocacy classified as being Ineligible for Public Insurance Programs.

Key Findings

Delaying or Avoiding Care

77% of respondents (n=484) indicated that they have delayed or avoided medical care due to their inability to pay, with more than 70% of respondents from every race indicating that they have done so. While a handful of demographic respondents across gender, age, and income reported being slightly less likely to delay or avoid medical care than the 77% average, a broad plurality answered “yes.”



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Similarly, 70.7% of respondents (n=442) indicated that they have delayed or avoided purchasing prescription drugs due to their inability to afford associated out-of-pocket costs. More than 60% of respondents across all but three demographic groupings—Other Races, Under 18/Prefer to not Answer Age, and Prefer Not to Answer Income—indicated that they have delayed or avoided purchasing prescription drugs due to associated out-of-pocket costs.

Here, we make the distinction between “associated out-of-pocket costs,” in which a patient-consumer is likely to have wildly variant experiences based on offered discounts, patient assistance programs, and health insurance benefit designs.

Concerns About and Holding of Medical Debt

88.5% of respondents (n=553) indicated that they are concerned about medical debt, with over 80% of respondents in every demographic grouping indicating such. Moreover, 80.3% of respondents (n=503) indicated that they are concerned that medical debt will impact their finances, credit scores, or ability to borrow funds or take out a loan.

73.6% of respondents (n=460) indicated that they currently hold medical debt, with 82.2% of those who held medical debt indicating that their debt is owned by hospitals. Nearly two-thirds of respondents (66.1%, n=304) indicated that they are currently receiving debt collection notices related to medical services, with one-quarter (25.2%, n=116) receiving contact from medical debt collectors once per month, and another 20.4% (n=94) indicating that they are contacted five or more times per month. 28.9% of people who currently hold medical debt indicated that medical debt collectors do not contact them at all. Among those who currently hold medical debt, a plurality (42.8%, n=197) do not know whether their medical debt has impacted their credit scores, while 39.6% (n=182%) indicated that their medical debt has impacted their credit scores.



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72.8% of respondents who currently hold medical debt (n=335) indicated that they feel that have made no progress paying off their debts, with 79.1% (n=364) responding that they feel they will never pay off their medical debt. A majority (64.1%; n=295) have considered getting another job to pay off medical debt.

Awareness of Charity Care and Other Resources to Avoid or Assist with Costs

A vast majority of respondents who currently hold medical debt (87.2%; n=401) indicated that they were not aware of any programs or available resources that could help them manage or pay off medical debt, and 72.8% of those holding medical debt have never sought assistance from organizations to help with medical debt.

64.5% (n=403) of all respondents, including those who do not currently hold medical debt, indicated that they were unaware of the availability of hospital charity care. Moreover, 87.5% of all respondents, including those who do not currently hold medical debt (n=547), indicated that they either had not been informed or did not remember being informed by a hospital employee that healthcare services might be eligible for the hospital's charity care program.

Impacts of Medical Debt and the Costs of Care and Treatment

70.4% of respondents who currently hold medical debt indicated that their debt has impacted their health status. Moreover, 77.4% of all respondents, including those who do not currently hold medical debt (77.4%; n=484), agreed or strongly agreed that they have experienced psychological or emotional stress because of their inability to afford medical care or due to medical debt collection attempts. While most of all respondents (69.9%; n=437) indicated that they have not done so, 30.1% (n=188) indicated that the costs of care and treatment have caused



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them to seek prescription drugs or medical supplies outside of traditional channels (e.g., importing from other countries; purchasing from unofficial or unlicensed providers, which carries significant risk to potential counterfeit products).

Perception of the American Healthcare System

Most respondents (81.1%; n=507) indicated that they do not believe that the American healthcare system is looking out for their best interests, with another 11.4% indicating that they were unsure if the system was doing so.



Methodology

This research was conducted through the use of a quantitative and qualitative patient survey instrument that sought information about awareness of, attitudes toward, holding of, and ownership of medical debt. Additional questions related to personal health, potential medical debt relief or assistance, and the state of the American healthcare system were asked.

Demographic data, including race, gender identity/expression, age, income, and insurance coverage, was collected from all participants, and all submissions remained anonymous.

The study's outcome is being presented as a publication, and an executive summary and press release have been disseminated to media outlets and organizational social media. The authors, ADAP Advocacy, and CANN will also share the findings with the public health community through presentations and workshops, as requested. Interested parties can contact info@adapadvocacy.org to pursue such opportunities.



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