



DATA BRIEF NO. 130 | OCTOBER 2022

## Maryland Residents Struggle to Afford High Healthcare Costs; Worry about Affording Healthcare in the Future; Support Government Action across Party Lines

### KEY FINDINGS

A survey of more than 1,300 Maryland adults, conducted from July 6 to July 20, 2022, found that:

- Nearly 3 in 5 (55%) experienced at least one healthcare affordability burden in the past year;
- More than 4 in 5 (82%) reported worry about affording healthcare in the future;
- Lower-income respondents and respondents with disabilities were more likely to report go without care and incurring debt due to healthcare costs; and
- Across party lines, respondents expressed strong support for government-led solutions.

### A RANGE OF HEALTHCARE AFFORDABILITY BURDENS

Like many Americans, Maryland adults experience hardship due to high healthcare costs. All told, more than half (55%) of respondents reported experiencing one or more of the following healthcare affordability burdens in the prior 12 months:

#### 1) BEING UNINSURED DUE TO HIGH COSTS

More than one-third (36%) of uninsured respondents cited “too expensive” as the major reason for not having coverage, far exceeding other reasons like “don’t need it” and “don’t know how to get it.”

#### 2) DELAYING OR GOING WITHOUT HEALTHCARE DUE TO COST

Nearly half (48%) of all respondents reported delaying or going without healthcare during the prior 12 months due to cost:

- 30%—Skipped needed dental care
- 26%—Delayed going to the doctor or having a procedure done
- 23%—Cut pills in half, skipped doses of medicine or did not fill a prescription<sup>1</sup>
- 21%—Avoided going to the doctor or having a procedure done altogether
- 21%—Skipped a recommended medical test or treatment
- 17%—Had problems getting mental healthcare or addiction treatment
- 10%—Skipped or delayed getting a medical assistive device

Moreover, cost and the ability to get an appointment were the most frequently cited reasons for not getting needed medical care (each reported by 20% of respondents), exceeding a host of other barriers, such as difficulty finding transportation or a lack of childcare.

### 3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but struggled to pay the resulting bill. One out of three (32%) experienced one or more of these struggles to pay their medical bills:

- 12%—Used up all or most of their savings
- 11%—Were contacted by a collection agency
- 10%—Racked up large amounts of credit card debt
- 8%—Were unable to pay for basic necessities like food, heat or housing
- 7%—Borrowed money, got a loan or another mortgage on their home
- 6%—Were placed on a long-term payment plan

Of the various types of medical bills, the ones most frequently associated with an affordability barrier were dental bills, doctor bills and prescription drugs. The high prevalence of affordability burdens for these services likely reflects the frequency with which Maryland respondents seek these services. Trouble paying for dental bills likely reflects lower rates of coverage for these services.

### HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTHCARE IN THE FUTURE

Maryland respondents also exhibit high levels of worry about affording healthcare in the future. Four in five (82%) reported being “worried” or “very worried” about affording some aspect of healthcare in the future, including:

- 66%—Cost of nursing home or home care services
- 62%—Medical costs when elderly
- 61%—Health insurance will become unaffordable
- 57%—Medical costs in the event of a serious illness or accident
- 53%—Cost of dental care
- 49%—Prescription drugs will become unaffordable
- 35%—Cost of treatment for coronavirus/COVID-19

While two of the most common worries—affording the cost of nursing home or home care services and medical costs when elderly—are applicable predominantly to an older population, they were most frequently reported by respondents ages 35-44. This suggests that Maryland respondents may be worried about affording the cost of care for both aging parents and themselves.

Worry about affording healthcare was highest among respondents living in lower-income households, those with Maryland Medicaid healthcare coverage, respondents of color and those living in households with a person with a disability (see Table 1). More than 4 in 5 (89%) of respondents with household incomes of less than \$50,000 per year<sup>2</sup> reported worrying about affording some aspect of coverage or care in the past year. Still, the vast majority of Maryland respondents of all incomes, insurance types, races, ethnicities and levels of ability statewide are somewhat or very concerned about affording some aspect of coverage or care.

Concern that health *insurance* will become unaffordable is also more prevalent among certain groups of Maryland adults. By insurance type, respondents with coverage they purchase on their own most frequently reported worrying about affording coverage, followed by those with Maryland Medicaid (see Figure 1).

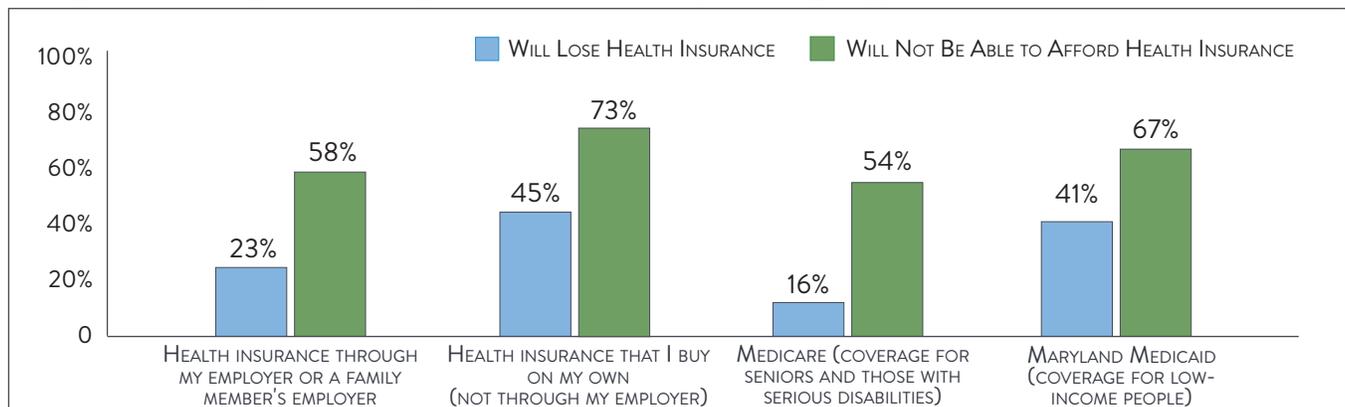
**Table 1**  
**Percent Worried or Very Worried, by Income, Insurance Type, Race/Ethnicity and Disability Status**

INCOME	ANY HEALTHCARE AFFORDABILITY WORRY
LESS THAN \$50,000	89%
\$50,000 - \$75,000	86%
\$75,000 - \$100,000	87%
MORE THAN \$100,000	73%
INSURANCE TYPE	
HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER	82%
HEALTH INSURANCE I PURCHASE ON MY OWN	83%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	75%
MARYLAND MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	91%
RACE/ETHNICITY	
PEOPLE OF COLOR	86%
WHITE	80%
HISPANIC/LATINX	79%
NON-HISPANIC/LATINX	82%
DISABILITY STATUS*	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	79%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	90%

Source: 2022 Poll of Maryland Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

\*Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision and self-care.

**Figure 1**  
**Worry about Losing or Affording Health Insurance, by Coverage Type**



Source: 2022 Poll of Maryland Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Those with household incomes between \$75,000 and \$100,000 reported the highest rates of worry about affording health insurance coverage, though individuals in lower income brackets reported only slightly lower levels of worry. Those living in households with a person with a disability were more likely to report being concerned about affording health insurance than their non-disabled counterparts. Respondents of color also reported higher rates of worry about affording health insurance coverage than their white counterparts (see Table 2).

**Table 2**

**Worry About Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income, Race/Ethnicity and Disability Status**

INCOME	WORRY ABOUT LOSING HEALTH INSURANCE	WORRY ABOUT HEALTH INSURANCE BECOMING UNAFFORDABLE
LESS THAN \$50,000	36%	68%
\$50,000 - \$75,000	28%	66%
\$75,000 - \$100,000	29%	70%
MORE THAN \$100,000	20%	51%
RACE/ETHNICITY		
PEOPLE OF COLOR	28%	66%
WHITE	26%	58%
HISPANIC/LATINX	37%	60%
NON-HISPANIC/LATINX	25%	61%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	24%	59%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	36%	68%

Source: 2022 Poll of Maryland Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Concerns about *affording* coverage exceeded fears about *losing* coverage across all income groups, disability statuses and coverage types.

### **DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS**

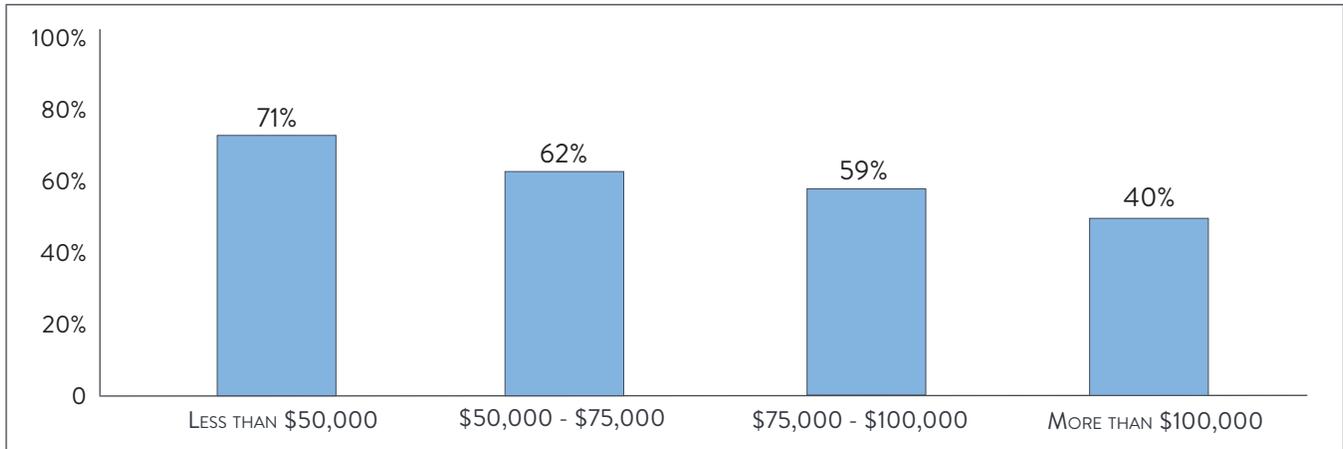
The survey also revealed differences in how Maryland respondents experience healthcare affordability burdens by income, age, insurance type, race and disability status.

#### ***Income and Age***

Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more healthcare affordability burdens, with nearly 3 out of 4 respondents (71%) earning less than \$50,000 reporting struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may be due, in part, to respondents in this income group reporting high rates of going without care and rationing their medication due to cost (see Figure 3).

**Figure 2**

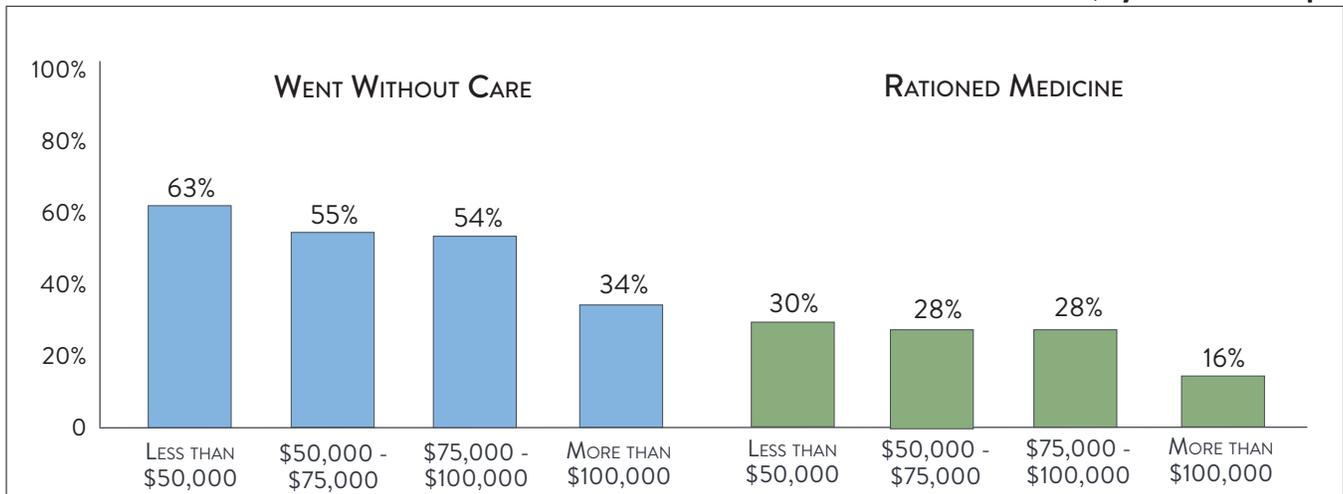
**Percent with Any Healthcare Affordability Burden in Prior 12 Months, by Income Group**



Source: 2022 Poll of Maryland Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

**Figure 3**

**Percent Who Went Without Care or Rationed Medicine Due to Cost in Prior 12 Months, by Income Group**



Source: 2022 Poll of Maryland Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

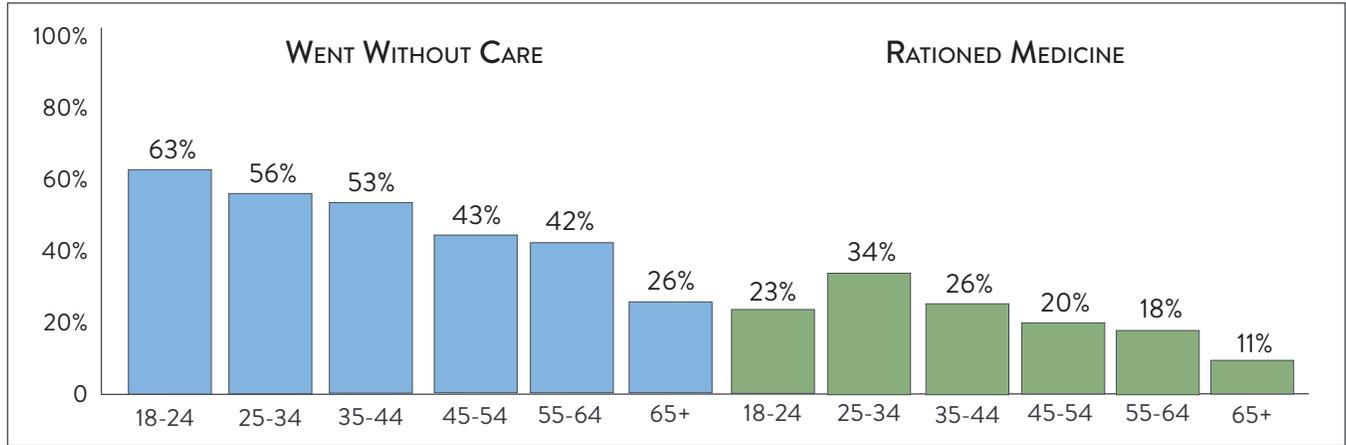
Further analysis revealed that Maryland respondents ages 18-44 are more likely to report going without care due to cost than respondents ages 45 and older (see Figure 4). Respondents ages 25-34 most frequently reported rationing medication due to cost, compared to other groups.

**Insurance Type**

Maryland Medicaid respondents reported the highest rates of going without care due to cost, while rationing medication was reported most by both respondents that buy their own healthcare coverage and those who receive Medicaid (see Table 3). Still, nearly half of respondents with employer-sponsored insurance reported going without care due to cost.

**Figure 4**

**Percent Who Went Without Care or Rationed Medicine Due to Cost in Prior 12 Months, by Age Group**



Source: 2022 Poll of Maryland Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

**Table 3**

**Percent Who Went Without Care Due to Cost in Prior 12 Months, by Race/Ethnicity, Disability Status and Insurance Type**

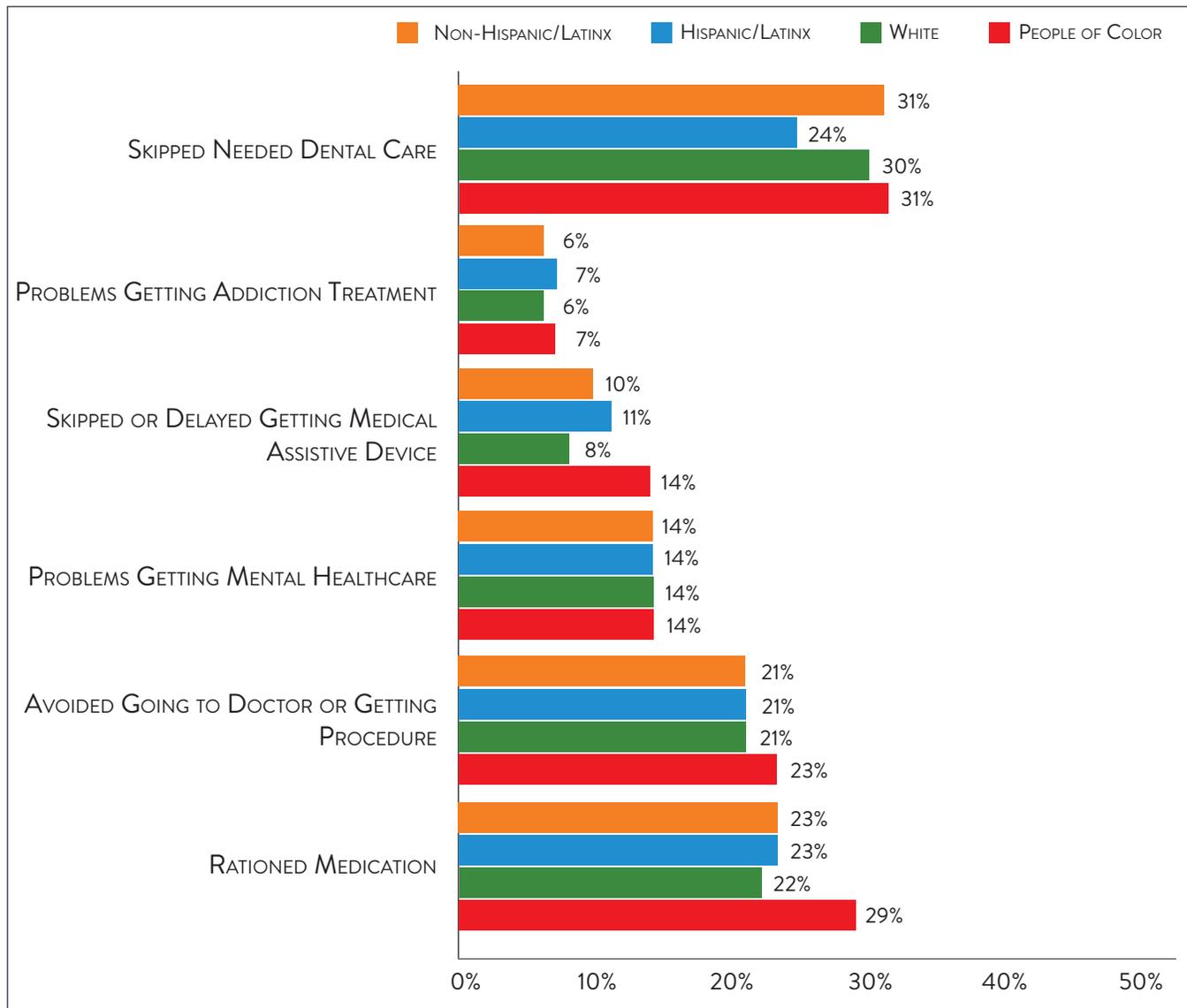
RACE/ETHNICITY	WENT WITHOUT CARE DUE TO COST	EITHER DID NOT FILL A PRESCRIPTION, CUT PILLS IN HALF OR SKIPPED A DOSE DUE TO COST CONCERNS
PEOPLE OF COLOR	52%	29%
WHITE	47%	22%
HISPANIC/LATINX	53%	23%
NON-HISPANIC/LATINX	48%	23%
<b>DISABILITY STATUS</b>		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	42%	18%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	69%	40%
<b>INSURANCE TYPE</b>		
HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER’S EMPLOYER	44%	20%
HEALTH INSURANCE I PURCHASE ON MY OWN	54%	32%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	41%	19%
MARYLAND MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	65%	32%

Source: 2022 Poll of Maryland Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

**Race**

Respondents of color reported higher rates of going without care and rationing medication due to cost when compared to white respondents (see Table 3). Further analysis showed that respondents of color had slightly higher rates of reporting problems getting addiction treatment and of skipping or delaying getting a medical assistive device (see Figure 5).

**Figure 5**  
**Percent Who Went Without Select Types of Care Due to Cost, by Race and Ethnicity**



Source: 2022 Poll of Maryland Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey  
 Notes: People of Color group includes respondents selecting American Indian or Native Alaskan, Asian, Black or African American, Native Hawaiian or other Pacific Islander. For a broader discussion of racial/ethnic differences in going without types of care, please see Healthcare Value Hub, *Maryland Residents Bear Healthcare Affordability Burdens Unequally; Distrust of/Disrespect by Healthcare Providers Leads Some to Delay/Go Without Needed Care*, Data Brief No. 132 (September 2022).

**Disability Status**

Of all the demographic groups measured, respondents living in households with a person with a disability reported the highest rates of going without care and rationing medication due to cost in the past 12 months. Nearly 7 in 10 (69%) of respondents in this group reported going without some form of care and well over one-third (40%) reported rationing medication, compared to 42% and 18% of respondents living in households without a person with a disability, respectively (see Table 3). Respondents living in households with a person with a disability also more frequently reported delaying or skipping getting mental healthcare, addiction treatment and dental care due to cost concerns, among other healthcare services, than those in households without a person with a disability (see Table 4).

**Table 4****Percent Who Went Without Care Due to Cost, by Disability Status**

WENT WITHOUT CARE DUE TO COST	HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY
AVOIDED GOING ALTOGETHER TO THE DOCTOR OR HAVING A PROCEDURE DONE	18%	30%
PROBLEMS GETTING MENTAL HEALTHCARE	11%	24%
PROBLEMS GETTING ADDICTION TREATMENT	4%	12%
SKIPPED NEEDED DENTAL CARE	26%	41%
SKIPPED OR DELAYED GETTING A MEDICAL ASSISTIVE DEVICE	5%	25%

Source: 2022 Poll of Maryland Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Those with disabilities also face healthcare affordability burdens unique to their disabilities—25% of respondents reporting a disability in their household delayed getting a medical assistive device such as a wheelchair, cane/walker, hearing aid or prosthetic limb due to cost. Just 5% of respondents without a person with a disability (who may have needed such tools temporarily or may not identify as having a disability) reported having this experience.

**Encountering Medical Debt**

The survey also showed differences in the prevalence of financial burdens due to medical bills, including going into medical debt, depleting savings and being unable to pay for basic necessities (like food, heat and housing) by income, race, ethnicity, disability status and insurance type. Thirty-eight percent of respondents of color reported going into debt, depleting savings or going without other needs due to medical bills, compared to 28% of white respondents (see Table 5). An even greater disparity was seen for respondents with a household member with a disability, with more than half (55%) reporting going into debt or going without other needs due to medical bills, compared to 24% of respondents living in households without a disabled member. In addition, respondents who purchase health insurance on their own reported the highest rate of the above financial burdens due to medical bills (44%) compared to all other insurance types.

Healthcare affordability burdens often occur alongside systemic mistreatment in the health system, making it even more difficult for marginalized communities to access care. For further details, see the brief: *Maryland Residents Bear Healthcare Affordability Burdens Unequally; Distrust of/Disrespect by Healthcare Providers Lead Some to Delay/Go Without Needed Care*, Data Brief No. 132 (October 2022).

**DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE**

In light of Maryland respondents' healthcare affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system:

- Just 33% agreed or strongly agreed that “we have a great healthcare system in the U.S.,”
- While 72% agreed or strongly agreed that “the system needs to change.”

To investigate further, the survey asked about both personal and governmental actions to address health system problems.

**Table 5****Percent Who Incurred Debt, Depleted Savings and/or Sacrificed Basic Necessities Due to Medical Bills in Prior 12 Months, by Income, Race/Ethnicity, Disability Status and Insurance Type**

INCOME	INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS
LESS THAN \$50,000	42%
\$50,000 - \$75,000	39%
\$75,000 - \$100,000	29%
MORE THAN \$100,000	22%
RACE/ETHNICITY	
PEOPLE OF COLOR	38%
WHITE	28%
HISPANIC/LATINX	37%
NON-HISPANIC/LATINX	31%
DISABILITY STATUS	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	24%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	55%
INSURANCE TYPE	
HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER	30%
HEALTH INSURANCE I BUY ON MY OWN	44%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	23%
MARYLAND MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	36%

Source: 2022 Poll of Maryland Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

**PERSONAL ACTIONS**

Maryland respondents see a role for themselves in addressing healthcare affordability. When asked about specific actions they could take:

- 50% of respondents reported researching the cost of a drug beforehand, and
- 74% said they would be willing to switch from a brand name to an equivalent generic drug if given the chance.

When asked to select the **top three** personal actions they felt would be most effective in addressing healthcare affordability (out of ten options), the most common responses were:

- 68%—Take better care of my personal health
- 37%—Research treatments myself, before going to the doctor
- 32%—Do more to compare doctors on cost and quality before getting services
- 27%— Write or call my STATE representative asking them to take action
- 23%—Write or call my FEDERAL representative asking them to take action

However, 22% of respondents chose the response “There is not anything I can do personally to make our health system better,” as one of their top three personal actions.

## **GOVERNMENT ACTIONS**

But far and away, Maryland respondents see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing healthcare problems is one of the top priorities that respondents want their elected officials to work on.

At the beginning of the survey, respondents were asked what issues the government should address in the upcoming year. The top vote getters were:

- 49%—Economy/Joblessness
- 44%—Healthcare
- 32%—Taxes

When asked about the top three *healthcare* priorities the government should work on, the top vote getters were:

- 52%—Address high healthcare costs, including prescription drugs
- 37%—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- 32%—Improve Medicare, coverage for seniors and those with serious disabilities
- 32%—Get health insurance to those who cannot afford coverage<sup>3</sup>

Of more than 20 options, Maryland respondents believe the reason for high healthcare costs is unfair prices charged by powerful industry stakeholders:

- 74%—Drug companies charging too much money
- 71%—Insurance companies charging too much money
- 70%—Hospitals charging too much money

When it comes to tackling costs, respondents endorsed a number of strategies, including:

- 92%—Require insurers to provide up-front cost estimates to consumers
- 91%—Make it easy to switch insurers if a health plan drops your doctor
- 91%— Show what a fair price would be for specific procedures
- 90%—Require hospitals and doctors to provide up-front cost estimates to consumers
- 90%—Require drug companies to provide advanced notice of prices increases and information to justify those increases
- 90%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- 90% —Ensure patients can’t be charged out-of-network prices if they encounter an out-of-network provider through no fault of their own

## **SUPPORT FOR ACTION ACROSS PARTY LINES**

There is also remarkable support for change regardless of respondents’ political affiliation (see Table 6).

**Table 6**  
**Percent Who Agreed/Strongly Agreed, by Political Affiliation**

SELECTED SURVEY QUESTIONS/STATEMENTS	TOTAL	GENERALLY SPEAKING, DO YOU THINK OF YOURSELF AS...		
		REPUBLICAN	DEMOCRAT	NEITHER
"WE HAVE A GREAT HEALTHCARE SYSTEM IN THE U.S."	33%	45%	30%	27%
"THE U.S. HEALTHCARE SYSTEM NEEDS TO CHANGE"	72%	63%	79%	70%
THE GOVERNMENT SHOULD REQUIRE INSURERS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS	92%	90%	93%	91%
THE GOVERNMENT SHOULD SHOW WHAT A FAIR PRICE WOULD BE FOR A SPECIFIC PROCEDURE	91%	88%	93%	91%
THE GOVERNMENT SHOULD MAKE IT EASY TO SWITCH INSURERS IF A HEALTH PLAN DROPS YOUR DOCTOR	91%	89%	92%	92%
THE GOVERNMENT SHOULD REQUIRE DRUG COMPANIES TO PROVIDE ADVANCE NOTICE OF PRICE INCREASES AND INFORMATION TO JUSTIFY THOSE INCREASES	90%	85%	92%	90%
THE GOVERNMENT SHOULD REQUIRE HOSPITALS AND DOCTORS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS	90%	85%	93%	89%
AUTHORIZE THE ATTORNEY GENERAL TO TAKE LEGAL ACTION TO PREVENT PRICE GOUGING OR UNFAIR PRESCRIPTION DRUG PRICE HIKES	90%	83%	94%	88%
THE GOVERNMENT SHOULD ENSURE PATIENTS CAN'T BE CHARGED OUT-OF-NETWORK PRICES IF THEY ENCOUNTER AN OUT-OF-NETWORK PROVIDER THROUGH NO FAULT OF THEIR OWN	90%	85%	94%	88%

Source: 2022 Poll of Maryland Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

The high burden of healthcare affordability, along with high levels of support for change, suggest that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. Moreover, the COVID crisis has led state residents to take a hard look at how well health and public health systems are working for them, with strong support for a wide variety of actions. Annual surveys can help assess whether or not progress is being made.

## NOTES

1. Of the current 48% of Maryland respondents who encountered one or more cost-related barriers to getting healthcare during the prior 12 months, 17% did not fill a prescription, while 15% cut pills in half or skipped doses of medicine due to cost.
2. Median household income in Maryland was \$87,063 (2016-2020). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: Maryland](#)
3. Two in three (67%) of respondents said that they would consider using their tax forms to sign up for health insurance if they or their family needed it. This high level of interest persisted across racial, ethnic and income groups, with the highest levels of interest among Hispanic/Latinx respondents (65%) and those earning between \$75,000 and \$100,000 (72%).



### ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and healthcare.

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## Methodology

Altarum's Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents' unbiased views on a wide range of health system issues, including confidence using the health system, financial burden and views on fixes that might be needed.

The survey used a web panel from Dynata with a demographically balanced sample of approximately 1497 respondents who live in Maryland. The survey was conducted in English or Spanish and restricted to adults ages 18 and older. Respondents who finished the survey in less than half the median time were excluded from the final sample, leaving 1,343 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

### Demographic Composition of Survey Respondents

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
<b>HOUSEHOLD INCOME</b>		
Under \$20K	180	13%
\$20K - \$30K	103	8%
\$30K - \$40K	114	8%
\$40K - \$50K	99	7%
\$50K - \$60K	125	9%
\$60K - \$75K	117	9%
\$75K - \$100K	195	15%
\$100K - \$150K	253	19%
\$150K+	157	12%
<b>AGE</b>		
18-24	255	19%
25-34	312	23%
35-44	219	16%
45-54	188	14%
55-64	199	15%
65+	163	12%
<b>HEALTH STATUS</b>		
EXCELLENT	208	15%
VERY GOOD	483	36%
GOOD	458	34%
FAIR	167	12%
POOR	27	2%
<b>DISABILITY</b>		
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	175	13%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	95	7%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR'S OFFICE	82	6%
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	66	5%
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	53	4%
SELF-CARE: DIFFICULTY DRESSING OR BATHING	52	4%
NO DISABILITY OR LONG-TERM HEALTH CONDITION	988	74%

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
<b>GENDER</b>		
WOMAN	914	68%
MAN	408	30%
TRANSWOMAN	0	0%
TRANSMAN	2	<1%
GENDERQUEER/NONBINARY	13	1%
<b>INSURANCE TYPE</b>		
HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER'S EMPLOYER	615	46%
HEALTH INSURANCE I BUY ON MY OWN	129	10%
MEDICARE	242	18%
MARYLAND MEDICAID	242	18%
TRICARE/MILITARY HEALTH SYSTEM	24	2%
DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE	10	1%
NO COVERAGE OF ANY TYPE	43	3%
I DON'T KNOW	38	3%
<b>RACE/ETHNICITY</b>		
AMERICAN INDIAN OR NATIVE ALASKAN	30	2%
ASIAN	58	4%
BLACK OR AFRICAN AMERICAN	363	27%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	4	<1%
WHITE	866	64%
PREFER NOT TO ANSWER	39	3%
TWO OR MORE RACES	35	3%
<b>HISPANIC OR LATINX</b>		
HISPANIC OR LATINX - YES	166	12%
HISPANIC OR LATINX - NO	1,177	88%
<b>PARTY AFFILIATION</b>		
REPUBLICAN	320	24%
DEMOCRAT	625	47%
NEITHER	398	30%

Source: 2022 Poll of Maryland Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Note: Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted, except for race/ethnicity data.

Note on comparisons: We do not conduct statistical calculations to determine the significance of differences in findings. Comparisons are for conversational purposes only and are determined by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates under N=100 and a co-efficient of variance more than .30.