HEALTHCARE VALUE HUB

Data Brief | September 2025

Connecticut Survey Respondents Worry about High Hospital Costs; Face Challenges Understanding Quality and Cost of Care; Support a Range of Government Solutions

Summary

Hospitals provide essential services and are vital to the well-being of our communities. However, a recent survey of over 1,400 Connecticut adults, conducted from July 18 to July 30, 2025, revealed widespread concern about the cost of hospital care, a lack of confidence in navigating the health care system, understanding their cost sharing obligations, and bipartisan support for government-led solutions. These challenges are sometimes attributed to insufficient levels of *health insurance literacy* or *health literacy,* which is associated with poorer health outcomes, lower patient satisfaction and higher costs.[1,2,3] This brief surfaces respondents' experiences operating within the health care system, interpreting their cost-sharing obligations and highlights support for related policy solutions.

Concern about Affording Hospital Services

A majority of Connecticut respondents report being concerned about their ability to afford care. In fact, 74% of Connecticut respondents reported being worried about affording health care, both now and in the future, and over half (53% of) respondents reported being "worried" or "very worried" about affording medical costs in the event of a serious illness or accident.

- Fifty seven percent (57%) of respondents reported being "worried" or "very worried" about affording medical cost when elderly;
- Sixty two percent (62%) of respondents reported being 'worried" or "very worried" about being able to afford home health care services;
- Fifty percent (50%) of respondents reported being "worried" or "very worried" about affording the bill from an ambulance ride in an emergency;
- Thirty one percent (31%) of respondents reported being "worried" or "very worried" about affording the cost of maternity or reproductive care;
- 37% of respondents reported being "worried" or "very worried" about paying for routine or scheduled medical care.

Some respondents also reported cost burdens following care. In total, 37% reported experiencing a financial burden due to medical bills and 23% of respondents reported currently having outstanding medical bills. Among the respondents who reported having outstanding medical bills, over half (68%) said at least one of those bills came from a hospital.

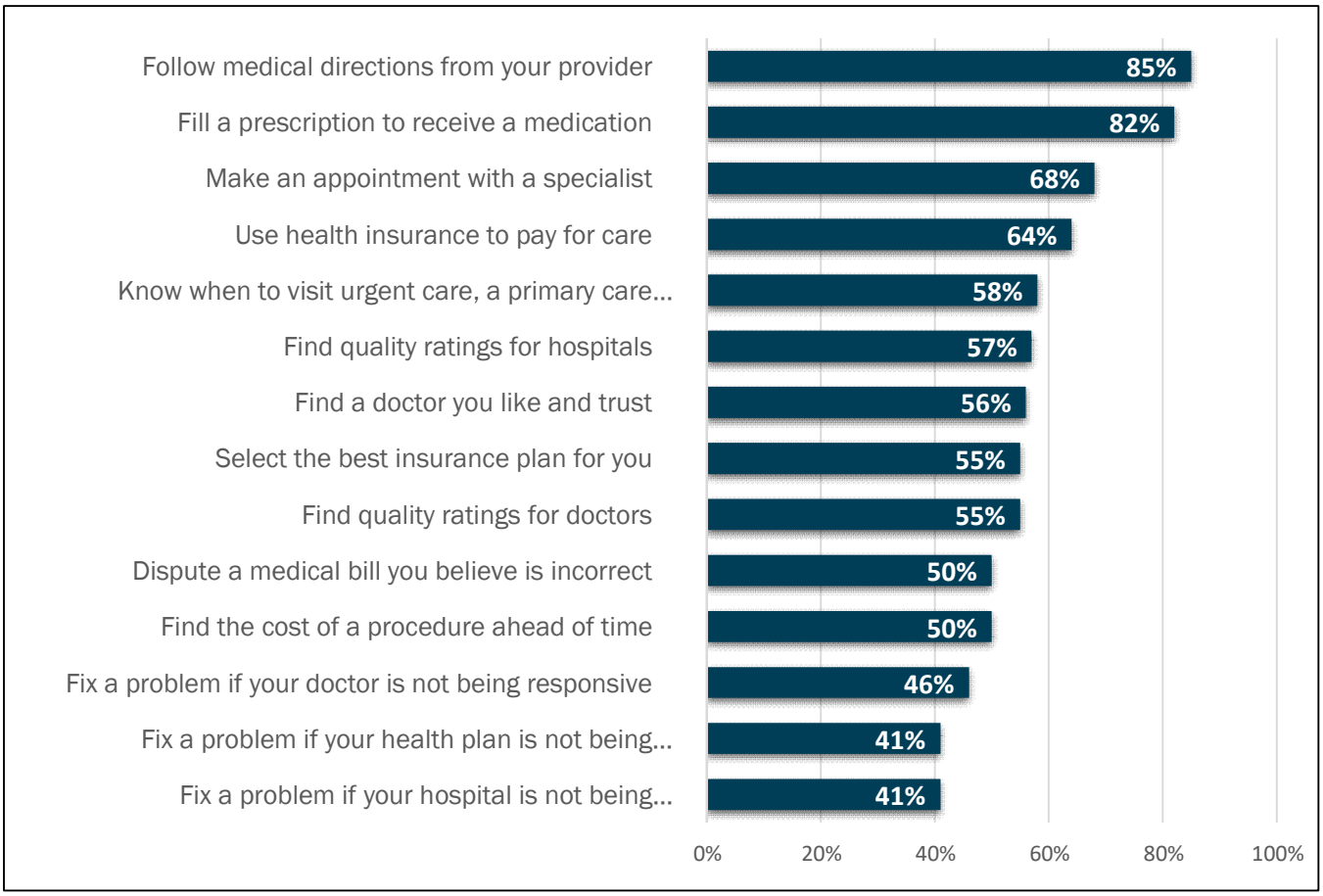
Confidence Seeking Hospital Care, Quality, Billing Information

Limited knowledge of health care quality or costs can hinder consumers' ability to budget for care, which can be especially detrimental to the under- and uninsured.[4] Connecticut respondents are fairly confident in their ability to recognize when to seek emergency care, follow directions provided by their doctor, and their ability to fill a prescription. Fifty-eight percent (58%) of respondents are very or extremely confident that they know

when to visit the emergency department as opposed to an urgent care center or a primary care provider (see Figure 1).

Figure 1

Percentage of Respondents Who Feel "Very" or "Extremely" Confident They Can Complete Select Health Care Related Tasks



Source: 2025 Survey of Connecticut Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

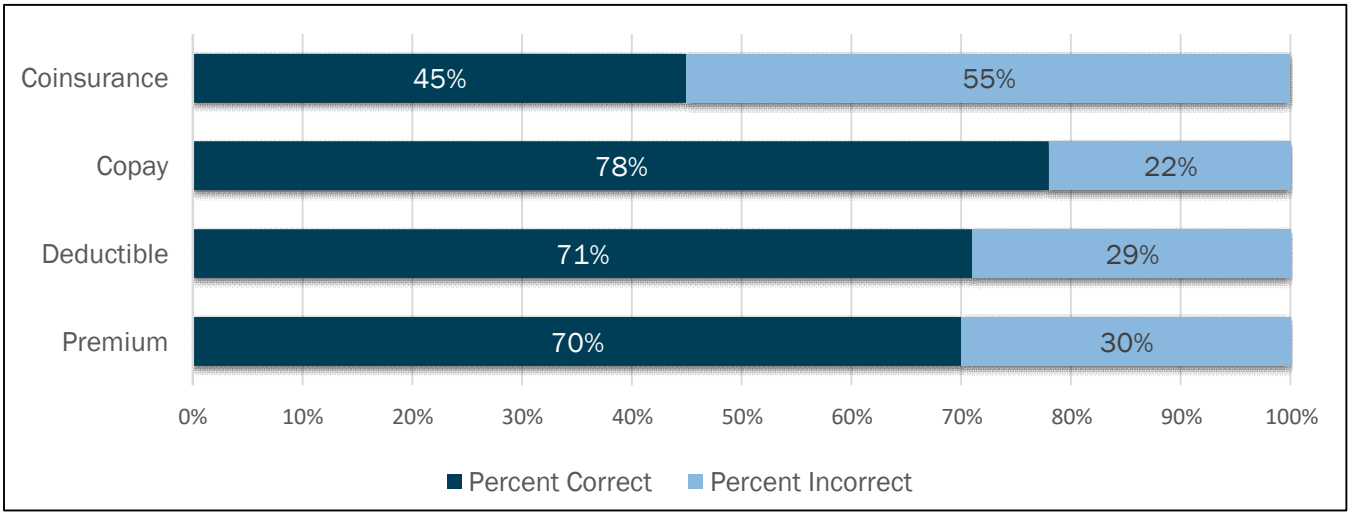
However, respondents are less confident in their ability to find hospital costs and quality information before a service. They are also less confident in their ability to resolve concerns related to financial obligations, such as disputing a medical bill or having enough health insurance to pay for a serious illness or injury. Out of all respondents:

- Sixty-three percent (63%) of respondents reported they were not confident in their ability to have enough money to cover major unexpected illnesses or injuries;
- Forty-three percent (43%) are not confident in their ability to find quality ratings for hospitals.
- Fifty percent (50%) of respondents reported they were not confident in their ability to determine the cost of a medical procedure in advance;
- Forty-five (45%) are not confident in their ability to find quality ratings for doctors;
- Forty-eight (48%) of respondents reported they were not confident in their ability to have enough money to cover their usual necessary medical cost;
- Fifty-nine percent (59%) of respondents feel they are not confident they could resolve an issue if their health plan was not being responsive; and
- Seventy-one percent (71%) of respondents reported they were not confident in their ability to afford home health care services;

Difficulty Understanding Common Health Terms

Research indicates that nearly half of insured adults find at least one aspect of their insurance difficult to understand.[6] When given multiple choices, nearly three out of four (70% of) Connecticut respondents were able to correctly define "premium," and a similar amount (71%) were able to correctly define "deductible." However, fewer than half (45%) were able to accurately define "coinsurance" (see Figure 2). Of note, more educated respondents generally performed better when asked to define these terms (see Table 1).

Figure 2
Percent Who Chose the Correct Insurance Term Definition



Source: 2025 Survey of Connecticut Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
**Note:* Totals may not equal 100% due to rounding.
Definitions: "Premium" is a fee paid on a regular schedule for an insurance policy; "Deductible" is the money you pay before an insurance company will pay a claim; "Coinsurance" is the percentage of a health care bill you pay after the deductible is met; "Copay" is the portion you pay for using specific covered services.

Table 1
Percent Who Correctly Defined Select Insurance Terms, by Education Level

	Coinsurance	Premium	Deductible	Co-Pay
High School Diploma or GED	35%	47%	48%	63%
Some College, Training, or Certificate	35%	66%	62%	70%
Associate Degree	45%	62%	68%	70%
Bachelor's Degree	50%	81%	84%	89%
Graduate School	56%	86%	87%	89%

Source: 2025 Survey of Connecticut Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
**Note:* Totals may not equal 100% due to rounding.
**Respondents who reported completing some high school. Graduating from high school, or receiving a GED are represented in the "High School Diploma or GED" row; respondents who reported that they attended some or completed a graduate degree program are represented in the "Graduate School" row.
Definitions: "Premium" is a fee paid on a regular schedule for an insurance policy; "Deductible" is the money you pay before an insurance company will pay a claim; "Coinsurance" is the percentage of a health care bill you pay after the deductible is met; "Copay" is the portion you pay for using specific covered services.

Respondent Perceptions of Health Care Systems, Policy Solutions

Hospitals, along with drug manufacturers and insurance companies, are viewed as a primary contributor to high health care costs. Connecticut respondents most frequently reported believing that the parties responsible for high health care costs include:

- 74%—Drug companies
- 70%—Health insurance companies
- 55%—Hospitals
- 44% - Medical device manufacturers
- 42%—The state government
- 29% - Doctors
- 14% - Consumers and patients

Seventy-two percent of respondents believe the health care system is unaffordable and 92% believe health care costs are rising. Respondents reported it is "moderately" or "extremely" important to support, maintain, in some cases expand Medicaid to ensure health care coverage for individuals that need it while keeping an eye on fraud, waste and abuse in the Medicaid system (see Table 2).

Table 2

Percent Who Reported "Moderately" or "Extremely" Important for..

The State to ensure that industry actors are not overly profiting off the state's Medicaid program	88%
The State to address fraud, waste, and abuse in Medicaid	87%
The State to help people who are eligible for Medicaid stay enrolled in their coverage	86%
The State to continue supporting Medicaid, ensuring access to affordable health care for low-income individuals, including children, pregnant mothers, people with disabilities, and families	86%
The State to enhance accountability for industry actors who take advantage of loopholes	86%
The State to maintain or in some cases expand Medicaid funding to improve access to care for those who need it most	82%
The State to continue supporting Medicaid for all low-income individuals regardless of health status	80%

There is support for change regardless of respondents' political affiliation (see Table 3). The high burden of health care 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. When it comes to tackling costs, respondents endorsed a number of strategies, including:

Table 3

Percent Who Agreed or Strongly Agreed that the Government Should Employ Select Strategies, by Political Affiliation

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
Limit the price of expensive prescription drugs	90%	87%	93%	90%
Prohibit extra fees that aren't connected to the cost of your care, like hospitals charging facility fees at offices and clinics miles away from the hospital campus	90%	89%	92%	89%
Rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this)	89%	85%	88%	91%
Increase investment in primary care	89%	89%	91%	87%
Prevent hospitals from charging more for routine health care services that are most often provided in a doctor's office	89%	86%	90%	91%
Limit the prices at expensive hospitals in the private health insurance market (Medicare and Medicaid already set hospital prices for their markets	87%	84%	89%	87%
Integrate the Medicaid and Medicare programs for people who are eligible for both to make it simpler for them to navigate those programs	87%	87%	90%	85%
Change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services	86%	82%	87%	87%
Make it easier for people to apply for and renew their Medicaid coverage	86%	81%	90%	86%
Allow the government to limit and prevent health care mergers that could reduce competition and increase health care prices	83%	81%	85%	83%
Everyone should have access to the health services they need, when and where they need them, without financial hardship	82%	72%	87%	82%
Allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber	81%	81%	82%	80%
The state government should implement policies aimed at lowering the high and rising costs of health care	80%	70%	85%	80%

Source: 2025 Survey of Connecticut Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Connecticut respondents reported support for government-led solutions to make price and quality information more accessible and to help consumers navigate hospital care. Policymakers should consider these and other policy options to address the bipartisan call for government action.

Notes

1. A person's ability to seek, obtain, and understand health insurance plans, and once enrolled, use their insurance to seek appropriate health care services.
2. A person's ability to obtain, process, and understand basic health information and services needed to manage one's health and make appropriate health decisions.
3. Shahid, R., Shoker, M., Chu, L.M. *et al.* Impact of low health literacy on patients' health outcomes: a multicenter cohort study. *BMC Health Serv Res* **22**, 1148 (2022). https://doi.org/10.1186/s12913-022-08527-9
4. As of January 1, 2021, the Centers for Medicare and Medicaid Services (CMS) requires hospitals to make public a machine-readable file containing a list of standard charges for all items and services provided by the hospital, as well as a consumer-friendly display of at least 300 shoppable services that a patient can schedule in advance. However, Compliance from hospitals has been mixed, indicating that the rule has yet to demonstrate the desired effect. https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential
5. Pollitz, K., Pestaina, K., Montero, A., Lopes, L., Valdes, I., Kirzinger, A., Brodie, M., KFF Survey of Consumer Experiences with Health Insurance, (KFF, June 15, 2023) https://www.kff.org/report-section/kff-survey-of-consumer-experiences-with-health-insurance-methodology/ (Accessed December 5, 2024).
6. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in Ohio were $3,392 in 2022. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day. (Accessed December 5, 2024).
7. A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW

About the Altarum Healthcare Value Hub

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high health care 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 health care.

Contact the Hub:
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Methodology

Altarum's Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents' views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions. This survey, conducted from July 28 to July 30, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Connecticut. Information about Dynata's recruitment and compensation methods can be found here. 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 1,414 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percent
Sex		
Woman	906	64%
Man	508	36%
Insurance Type		
Health insurance through my or a family member's employer	575	41%
Health insurance I buy on my own	91	6%
Traditional Medicare, fee for service coverage (Part A and Part B) for seniors and those with serious disabilities	164	12%
Medicare Advantage/Medicare Part C, coverage for seniors and those with serious disabilities	233	16%
HUSKY Health, the state Medicaid program	273	19%
TRICARE/Military Health System	11	<1%
Department of Veterans Affairs	13	<1%
No coverage of any type	29	1%
I don't know	35	2%
Race		
American Indian/Native Alaskan	30	2%
Asian	48	3%
Black or African American	253	18%
Native Hawaiian/Other Pacific Islander	8	<1%
White	1,020	72%
Prefer Not to Answer	17	1%
Two or More Races	73	5%
Ethnicity		
Hispanic or Latino	109	8%
Non-Hispanic or Latino	1,305	92%
Age		
18-24	245	17%
25-34	214	15%
35-44	240	17%
45-54	230	16%
55-64	250	18%
65+	226	16%
Party Affiliation		
Republican	301	21%
Democrat	507	36%
Neither	606	43%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	184	13%
$20K-$29K	143	10%
$30K - $39K	121	9%
$40K - $49K	112	8%
$50K - $59K	108	8%
$60K - $74K	134	9%
$75K - $99K	172	12%
$100K - $149K	231	16%
$150K+	209	15%
Education Level		
Some high school	43	3%
High school diploma/GED	321	23%
Some college or training/certificate program	298	21%
Associate degree	149	11%
Bachelor's degree	296	21%
Some graduate school	52	4%
Graduate degree	255	18%
Self-Reported Health Status		
Excellent	211	15%
Very Good	506	36%
Good	472	33%
Fair	186	13%
Poor	39	3%
Disability		
Mobility	182	13%
Cognition	139	10%
Independent Living	100	7%
Hearing	98	7%
Vision	64	5%
Self-Care: Difficulty dressing or bathing	66	5%
No disability or long-term health condition	1000	71%

Source: 2025 Poll of Connecticut Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available here. Altarum does not conduct statistical calculations on the significance of differences between groups in findings. Therefore, determinations that one group experienced a significantly different affordability burden than another should not be inferred. Rather, comparisons are for conversational purposes. The groups selected for this brief were selected 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 0.30.