



Michigan Survey Respondents Receive Unexpected Medical Bills and Incur Medical Debt; Express Bipartisan Support for Government Action

Summary

According to a survey of more than 1,350 Michigan adults conducted from June 30 to July 29, 2025, many respondents have received unexpected medical bills and faced financial burdens due to medical bills, and some have incurred medical debt in the past year. Among survey respondents:

- 38% received an unexpected medical bill in the past year;
- 37% experienced financial burdens due to medical bills, including using up all or most of their savings, going without basic necessities like food, heat or housing, racking up credit card debt, or being contacted by a collection agency;
- 22% reported that they or a family member had outstanding medical bills, with the largest share incurring medical debt of \$500 or less;
- 38% reported incurring medical debt because their insurance plan only covered a portion of the service, and seventeen percent reported their insurance plan didn't cover the service at all;
- While unexpected bills and medical debt were prevalent across all respondents, certain groups reported higher rates of exposure; and
- Across party lines, respondents express strong support for government-led solutions to reduce out-of-pocket costs and increase price transparency.

Unexpected Medical Bills

Thirty-eight percent (38%) of Michigan respondents received an unexpected medical bill in the past year. When asked about the nature of their bill, over half (52%) of respondents reported that the amount was higher than anticipated, and 34% reported that the bill was from a provider that they didn't expect to receive a bill from. In smaller numbers, 15% reported being charged out-of-network rates by a provider they believed was in-network, 8% reported being charged for services they did not receive, and 16% reported experiencing something else unexpected.

Unexpected medical bills were most frequently reported as coming from a hospital (53%), doctor's office (57%), and medical clinics (24%), followed by medical labs (23%), pharmacies (14%), and pregnancy-related services (4%). Unexpected bills can be a major contributor to health care debt. A national survey found that many medical debts come from one-time or short-term medical expenses, which are often unexpected, and that many households don't have the cash to cover an unexpected \$500 health care bill.¹

Among respondents with unexpected bills, those with employer-sponsored and individually purchased insurance (e.g., through the health care Marketplace) most frequently reported unexpected medical bills (41% and 46%, respectively), followed by respondents enrolled in the Michigan Medicaid program (34%) and Medicare (33%).

Respondents made various attempts to resolve their unexpected medical bills, with nearly one half (44%) taking more than one step. Many contacted their health plan (46%) or provider (46%), and some attempted to challenge the bill or negotiate a lower bill (14%), while others paid the bill without disputing it (19%). Few filed an insurance appeal (8%) or formal complaint (5%) (see Table 1).

Table 1
Among Those Who Received an Unexpected Medical Bill, Percent Reporting Select Actions

Action	Percent
Contacted the health plan or consulted insurance policy	46%
Contacted the doctor, hospital or lab	46%
Paid the bill without disputing it	19%
Attempted to challenge the bill or negotiate a lower bill	14%
Asked a friend or family member for help	10%
Contacted a consumer assistance program	9%
Filed an insurance appeal	8%
Contacted a state government agency	7%
Filed a formal complaint	5%
Contacted a state legislator or member of Congress	4%
Contacted a lawyer	3%
Solicited donations using a crowdfunding platform	3%

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

Just 39% of respondents with an unexpected medical bill indicated that the issue was resolved to their satisfaction (see Table 2). Notably, respondents who were satisfied with their bill resolution more frequently took more than one step to resolve their bill, such as contacting their health plan, whereas respondents who were dissatisfied with the resolution had higher rates of paying the original bill without disputing and taking no additional steps.

Table 2
Among Those Who Received an Unexpected Medical Bill, Level of Satisfaction by Effort Taken to Resolve Bill

Resolution Status	All Respondents with Unexpected Bill	Extra Effort
Issue was resolved satisfactorily	39%	40%
Issue was resolved, but not satisfactorily	29%	32%
The issue is still not resolved	25%	26%
Paid the original bill in full	31%	25%

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

Note: "Extra effort" is defined as taking more than one step to resolve an unexpected medical bill. For example: a respondent who contacted their health plan and paid the bill in full, or a respondent who contacted their doctor and attempted to challenge the bill.

Regardless, most respondents reported that they settled their bills by paying in full (31%) or through a payment plan (23%), while a smaller number successfully negotiated a lower bill (10%) or had their bill dismissed (12%) (see Table 3). Some respondents' bills (8%) were sent to collections where the bill remains unpaid.

Table 3

Out of Those Who Received an Unexpected Medical Bill, Percent Reporting Select Resolutions

Resolution Method	Percent
Paid original bill in full	31%
Paying the original bill through a payment plan	23%
The billing issue remains unresolved	16%
The billing issue was dismissed or written off	12%
Successfully negotiated a lower bill	10%
The bill was sent to collections and remains unpaid	8%

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

Note: Components do not add to 100% due to some respondents being unsure of bill resolution.

Financial Burdens Due to Medical Bills

Many survey respondents have experienced financial burdens due to medical bills. Over one-third (37%) reported experiencing one or more of these struggles to pay their medical bills in the last year:

- 13%—Used up all or most of their savings
- 11%—Were unable to pay for basic necessities like food, heat or housing
- 10%—Were contacted by a collection agency
- 10%—Borrowed money, got a loan or another mortgage on their home
- 10%—Were placed on a long-term payment plan
- 8%—Racked up large amounts of credit card debt
- 3%—Asked for donations (GoFundMe campaigns)

Notably, the survey results found that respondents ages 25-34 reported the highest rates of medical cost burdens (52%), followed by those age 18-24 (50%). Similarly, respondents of color reported experiencing at least one financial burden related to medical debt more frequently than white, alone non-Hispanic respondents. Likewise, respondents with a disability or who live with a person with a disability also reported navigating medical cost burdens more frequently than respondents without a disabled household member, and respondents that purchased coverage on their own, such as through the Marketplace, more frequently reported cost burdens (51%) than respondents with other insurance types (see Table 4).

Table 4**Percent of Respondents Who Experienced a Financial Burden Related to Medical Bills, by Household and Demographic Characteristics**

	Experienced Any Financial Burden due to Medical Costs
Geographic Setting	
Northern Michigan	42%
Western Michigan	33%
Mid-Michigan	40%
Southeast Michigan	37%
Rural Michigan	37%
Non-Rural Michigan	37%
Household Characteristics	
Household Income	
≤ \$50,000 annually	45%
\$50,001 - \$75,000 annually	46%
\$75,001 - \$100,000 annually	30%
≥ \$100,000 annually	28%
Physical or Cognitive Impairment	
Household includes a person with a disability	55%
Household does not include a person with a disability	30%
Demographic Characteristics	
Age	
18-24	50%
25-34	52%
35-44	45%
45-54	37%
55-64	24%
65+	13%
Race/Ethnicity	
Respondents of Color (Total)	48%
Black or African American, Non-Hispanic/Latino	54%
White Alone, Non-Hispanic/Latino	33%
Insurance Type	
Employer-based health insurance	37%
Health insurance purchased individually	51%
Medicare, coverage for older adults	24%
Michigan Medicaid	45%
Orientation	
Sexual diverse	46%
Not sexual diverse	36%

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

Note: The Respondents of Color category includes respondents who are: Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. The Disability Status category includes respondents who responded that 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.

Medical Debt and Health Insurance

In the absence of affordable care options, individuals may find themselves burdened by medical costs. In 2024, nearly 100 million Americans owed over \$220 billion in medical debt.² Medical debt is largely driven by unaffordable bills: many Americans with private coverage must pay thousands of dollars in out-of-pocket expenses to get care, including increasingly high premiums, deductibles, co-insurance, and copayments.^{3,4,5} This lack of affordability is reflected in national survey findings that roughly half of adults say they could not pay a \$500 unexpected medical bill, and would either have to incur debt to pay it or would not be able to pay the bill at all.⁶ These factors contribute to the rising amount of medical debt that many Americans face, which negatively impacts long-term financial security and ability to afford care in the future.

Medical debt is an issue for Michigan survey respondents as well. Nearly a quarter (22%) of respondents reported that they or a family member have outstanding medical bills. Among those with outstanding medical bills, the majority of respondents reported owing less than \$500 (67%). However, nearly one in ten respondents reported owing between \$500 - \$999 (9%) or between \$1,000 - \$2,499 (9%). In lesser numbers, 6% of respondents reported owing between \$2,500 - \$4,999, 4% reported owing between \$5,000 - \$7,499, 2% reported owing between \$7,500 - \$9,999, and 3% reported owing \$10,000 or more in medical debt.

The duration that respondents reported carrying any amount of medical debt varied, with the largest share having a medical debt in their family for less than a year (74%) followed by between 1 – 2 years (14%) and 3 – 5 years (6%). Approximately 1 in every 20 respondents reported having outstanding medical debt for five or more years (6%). The majority of respondents had never been given an opportunity to have their medical debt relieved (64%) or erased (62%).

Medical debt affects both insured and uninsured people (see Table 5). Medical debt can be common among uninsured people in part because they are responsible for the full cost of care.^{7,8} However, those with employer-sponsored, individual, and marketplace insurance may also be exposed to medical debt through high cost-sharing.⁹ While Medicaid and Medicare enrollees often have low or no cost-sharing, they may have fewer covered services, such as dental care, or a lack of providers who will accept their insurance, requiring them to pay out-of-pocket.^{10, 11} All of these factors can contribute to medical debt across insurance types.

Table 5
Percent who Had Outstanding Medical Bills in the Previous 12 Months, by Insurance Type

	Outstanding Medical Bills
Employer-based health insurance	25%
Health insurance purchased individually	24%
Medicare, coverage for older adults	12%
Michigan Medicaid	28%

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

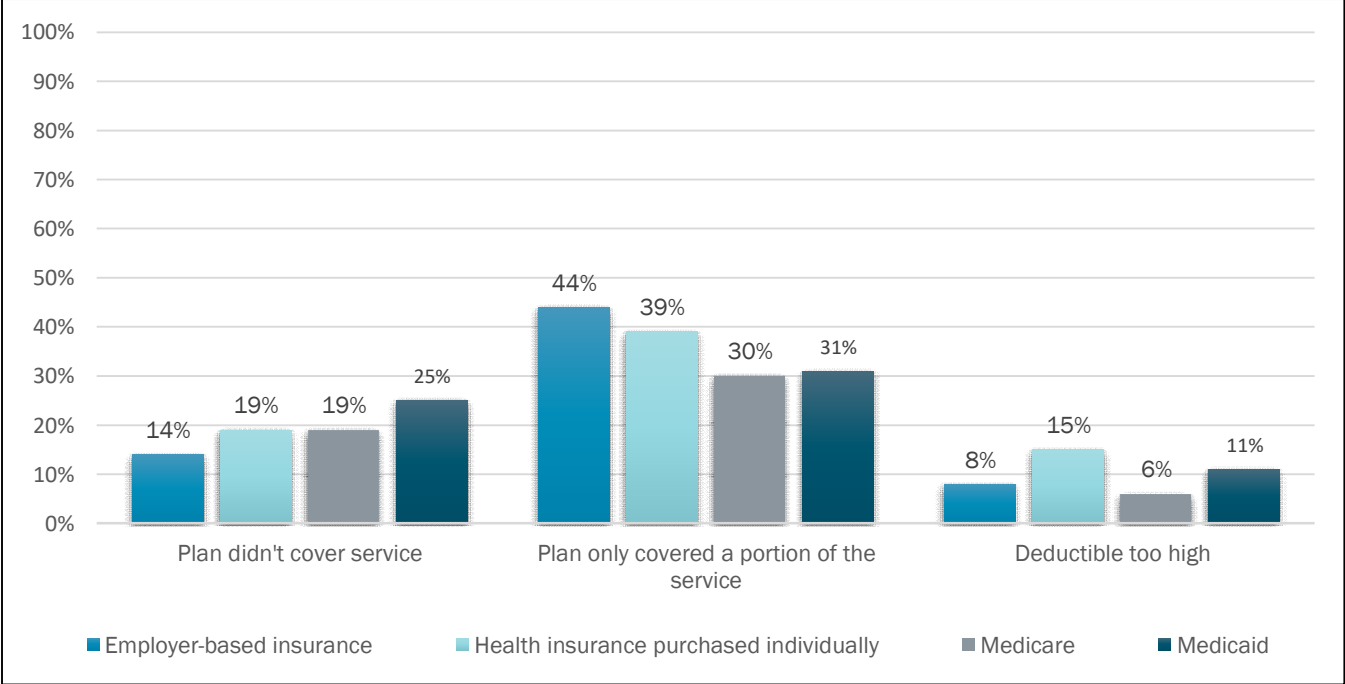
Nearly three-fourths (73%) of respondents with medical debt had health insurance at the time they incurred the debt. At the time of the survey, over two-fifths 44% of respondents reported being covered by employer-sponsored insurance, 24% reported being covered by Medicare, 9% reported having individual or small group insurance (like coverage purchased on the Marketplace), and 16% reported being covered by Medicaid. Over eight out of ten respondents (83%) had no gaps in coverage in the past 12 months.

When asked why they incurred medical debt, nearly two-fifths (38%) of all respondents reported that their insurance only covered a portion of the service, while 17% of respondents reported that their insurance did not cover the service at all. In lesser numbers, 9% of respondents reported that their deductible was too high and

they were unable to meet it, 2% of respondents reported that the corresponding interest rates have kept them in debt, and another 2% reported that their coinsurance was too high.

Notably, larger shares of those with Michigan Medicaid reported that it was because their insurance plan did not cover the service compared to other coverage types; in contrast, those with health insurance they purchased on their own, such as through the Marketplace, reported higher rates of incurring medical debt because their deductible was too high (see Figure 1).

Figure 1
Reasons for Accruing Medical Debt, by Coverage Type



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

Respondents most frequently identified the following services as the source of their medical debt:

- 35%—Hospital
- 16%—Doctor or technician in hospital
- 15%—Laboratory (lab tests, x-rays, scans)
- 15%—Doctor or technician not in hospital
- 9%—Urgent care centers

In lesser numbers, people selected dentists (9%), pregnancy-related expenses (3%), physical therapist or pain management clinic (5%) and mental healthcare or addiction treatment (5%) as the source of their medical debt.

Differences in Amount and Reasons for Medical Debt

Medical debt affects consumers across incomes, age groups, and other demographic characteristics; however, there are differences in the prevalence of medical debt across groups (see Table 6), as well as the amounts and reasons for incurring medical debt.

Income

Those earning \$50,000 - \$75,000 reported the highest rates of medical debt, followed by those earning less than \$50,000 (see Table 6). While well over three out of four (86%) respondents with household incomes of less than \$50,000 per year report having \$2,500 in medical debt or less, only three percent owe more than \$10,000 in medical debt. Interestingly, respondents with household incomes above \$100,000 per year report owing more than \$10,000 in debt (3%) the same as respondents in the lowest income bracket.

Table 6
Percent of Respondents with Outstanding Medical Bills in the Previous 12 Months, by Income

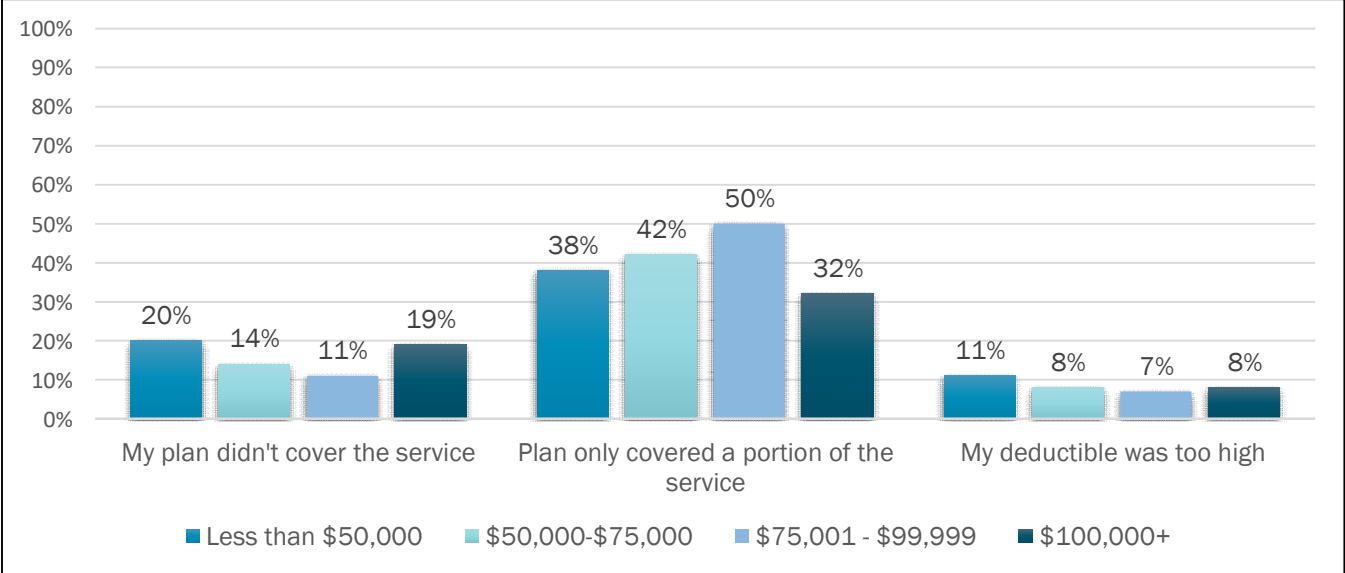
	Outstanding Medical Bills
≤ \$50,000 annually	26%
\$50,001 - \$75,000 annually	27%
\$75,001 - \$100,000 annually	20%
≥ \$100,000 annually	16%

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

Medical debt affects people across the income spectrum. While medical debt is most prevalent among low- and middle-income households, even high-income households are exposed to medical debt for similar reasons, including being unable to afford medical bills and expecting insurance to pay for services.¹²

There are some differences across income brackets related to why respondents accrued medical debt. Those earning less than \$50,000 reported the highest rates of accruing medical debt because their plan didn't cover the service (20%). However, similar percentages of respondents from other income brackets reported the same reason (see Figure 2).

Figure 2
Reason for Incurring Medical Debt, by Income



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

Age

Respondents aged 25-34 reported the highest rates of medical debt, followed by those ages 35-44 (see Table 7). Respondents ages 65 and older most commonly reported owing less than \$2,500 in medical debt (93%), followed by those ages 55-64 (92%) and ages 45-54 (37%). Respondents aged 18-24 most commonly

report having \$5,000 or more in medical debt (6%), compared to those age 55-64 (1%) and 65 and older (2%) respondents.

Table 7

Percent of Respondents with Outstanding Medical Bills in the Previous 12 Months, by Age

	Outstanding Medical Bills
18-24	23%
25-34	34%
35-44	32%
45-54	26%
55-64	12%
65+	6%

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

Nationally, rates of medical debt are higher among middle age and young adults, who are more frequently exposed to the combined high cost of care for themselves, children, spouses, and aging relatives.¹³ Studies have also found that large shares of non-elderly households cannot afford to pay typical cost-sharing amounts, especially those with low incomes.¹⁴ Medical debt impacts long-term financial security, with many adults delaying buying homes and education.¹⁵

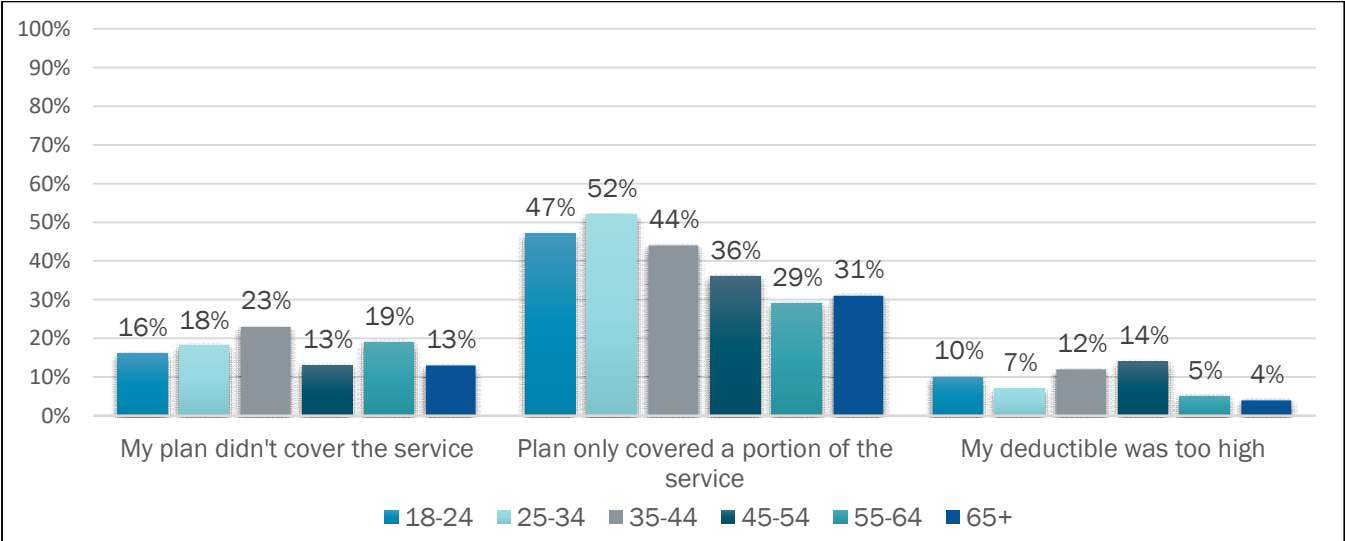
Although the prevalence of health care debt can decline with age, one in five adults ages 65 and older still have medical debt nationwide, with roughly one-third taking money out of retirement, college, or other long-term savings accounts.¹⁶ In addition, adults of all ages have reported medical debt negatively impacting their credit scores.¹⁷ These conditions can make it more difficult for adults of all ages to afford care in the future.

This may be reflected in Michigan respondents' rates of worry about their ability to afford health care in the present and the future. Respondents ages 25 – 34 reported the highest rates of worry about not having enough money to pay for a major unexpected illness or injury (66%). In addition, respondents ages 18 – 24 reported the highest rates of worry about being able to afford maternity or reproductive care (55%).

Interestingly, worries about affording the cost of nursing home or home care services and medical costs when elderly were frequently reported by all respondents, including 60% percent of respondents between the ages of 25-34, 66% of respondents aged 35 – 44, and 69% of respondents aged 45-54 who reported being worried about affording medical care when elderly. Similarly, 71% of respondents aged 45 – 54 reported being concerned about affording nursing home or home care costs. This could suggest that Michigan respondents may be worried about affording the cost of care for both themselves and aging relatives.

Roughly half of respondents ages 25-34 (52%) and 18-24 (47%) report accruing medical debt because their insurance plan covered some of the service(s) they received but not all, and the remaining bill was too high (see Figure 3). While respondents age 35-44 reported higher rates of accruing medical debt because their health insurance didn't cover the services at all (23%) compared to other age groups, respondents age 35-44 and 45-54 reported higher rates of accruing medical debt because their deductible was too high (12% and 14%, respectively).

Figure 3
Reason for Incurring Medical Debt, by Age



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

Disability

Some of the highest rates of medical debt were seen among households that include a person with a disability. Respondents whose households included a member with a disability reported higher rates of medical debt for themselves or their family (36%) compared to those without a disabled household member (16%) (see Table 8). Respondents with a disabled household member most frequently reported owing more than \$5,000 in medical debt (4%), compared to those without a disabled household member (1%).

Table 8
Percent who Had Outstanding Medical Bills in the Previous 12 Months, by Disability Status

	Outstanding Medical Bills
Household includes a person with a physical or cognitive impairment	36%
Household does not include a person with a physical or cognitive impairment	16%

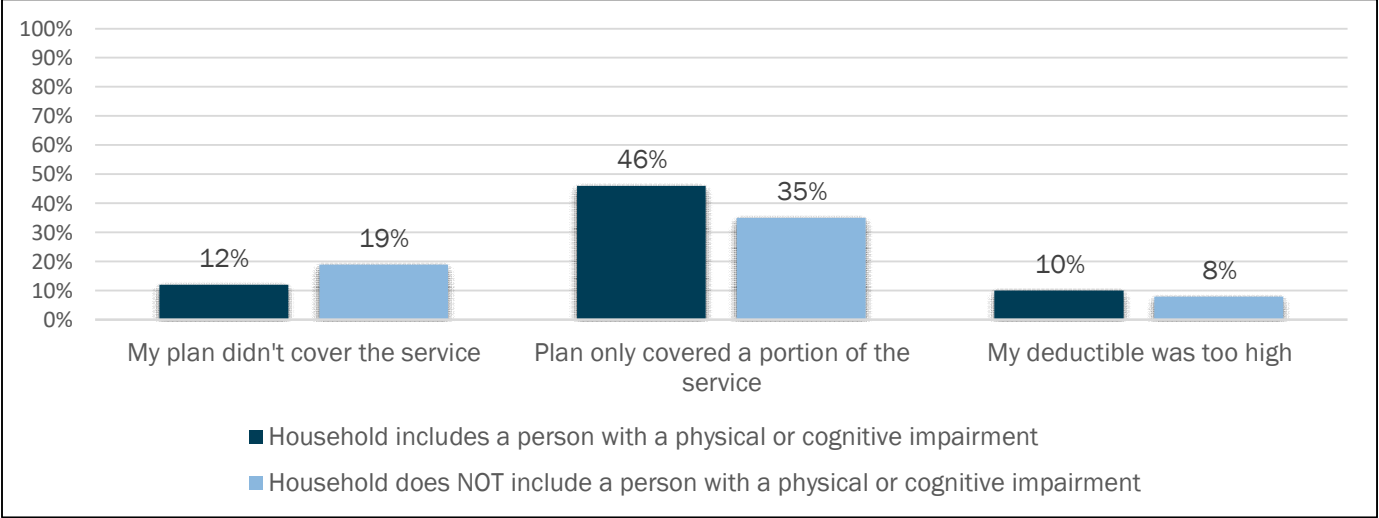
Source: 2025 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Note: The Disability Status category includes respondents who responded that 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

While medical debt occurs across demographic groups, people with disabilities and health issues often report higher rates of medical debt.¹⁸ People with complex health needs require ongoing care and can incur high out-of-pocket costs as a result.¹⁹ They may also experience unemployment and income loss, further impacting their ability to afford medical bills.²⁰

Forty-six percent of respondents with a disabled household member reported that they accrued medical debt because their plan only covered a portion of the service, and the remaining bill was too high compared to thirty-five percent of those without a disabled household member. Similarly, 12% of those with a household member with a disability had medical debt because their plan did not cover the service at all and 10% because their deductible was too high (see Figure 4).

Figure 4
Reason for Incurring Medical Debt, by Disability Status



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

Race and Ethnicity

Differences in medical debt exposure were also seen across racial/ethnic groups. Respondents of color reported higher rates of medical debt (29%) compared to White alone non-Hispanic respondents (20%) (see Table 9).

Table 9
Percent who Had Outstanding Medical Bills in the Previous 12 Months, by Race and Ethnicity

	Outstanding Medical Bills
Respondents of Color (Total)	29%
Black or African American, Non-Hispanic/Latino	30%
White Alone, Non-Hispanic/Latino	20%

Source: 2025 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 Note: The Respondents of Color category includes respondents who are: Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates.

Support for Solutions Across Party Lines

The burden of health care costs and the widespread support for solutions indicate that policymakers can prioritize addressing these consumer challenges. Michigan respondents endorsed several strategies, including:

- 93%—Show what a fair price would be for specific procedures;
- 92%—Require insurers to provide upfront cost estimates to consumers;
- 91%—Require hospitals and doctors to provide up front patient cost estimates to consumers;
- 91%—Expand health insurance options so that everyone can afford quality coverage; and
- 87%—Establish standard payments to hospitals for specific procedures

In addition, 83% of respondents thought that it was moderately or extremely important for the state to maintain Medicaid funding to prevent medical debt and improve access to care for those who need it most. Support for solutions extended across the aisle, reflecting bipartisan agreement on the need for greater health care price

transparency and policies designed to reduce the frequency of unexpected medical bills and out-of-pocket costs (see Table 10).

It must be noted that, although price transparency tools can help identify unwarranted price variation, these tools alone do not make markets more efficient and generally fail to encourage consumers to shop for lower-priced services.²¹ Instead, policymakers may consider a combination of transparency tools and evidence-based policies to effectively address these issues.

Table 10
Who Agreed or Strongly Agreed that the Government Should Employ Select Strategies, by Political Affiliation

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
Require insurers to provide upfront cost estimates to consumers	92%	92%	94%	90%
Require hospitals and doctors to provide up front patient cost estimates	91%	91%	92%	90%
Expand health insurance options so that everyone can afford quality coverage	91%	89%	96%	87%
Set standard prices for drugs to make them affordable	90%	87%	93%	89%
Lower the cost of follow-up care and treatment for people with chronic conditions like diabetes, liver disease or cancer	90%	86%	93%	90%
Set standard payments to hospitals for specific procedures	87%	83%	91%	88%
Require that routine health care services should cost the same no matter the kind of facility those services are conducted in	82%	81%	85%	81%

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

Conclusion

Michigan respondents report receiving unexpected medical bills that are often higher than anticipated. While some disputed their bills, many ended up paying them in full. In some cases, respondents experienced financial burdens to pay their medical bills, such as using up all their savings and going without other necessities. In other cases, respondents were unable to pay and had outstanding bills resulting in medical debt, or experienced other financial burdens due to medical bills such as credit card debt, loans, and bills going to collections. Respondents largely incurred medical debt due to unaffordable out-of-pocket costs. The majority had health insurance, and most reported incurring medical debt because their insurance plan did not cover the service, or because their deductible or co-insurance was too high and they could not afford to pay it.

Respondents across the political spectrum expressed support for policies to increase health care price transparency and curb excess prices that could lead to high out-of-pocket costs. However, while some system level changes can reduce prices and make them more transparent to consumers, if the resulting costs remain unaffordable for consumers, medical debt will continue to be an issue. Given the financial impacts of high medical bills and medical debt, state policymakers can use these insights to investigate policies that protect consumers from unaffordable out-of-pocket costs and prevent medical debt before it occurs. For more information on healthcare affordability in Michigan and strategies that survey respondents support, please see *Michigan Residents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action across Party Lines*, Healthcare Value Hub, Data Brief (August 2025).

Notes

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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.

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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 June 30 to July 29, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Michigan. 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 1,387 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	Demographic Characteristic	Frequency	Percent
Sex			Household Income		
Woman	724	53%	Under \$20K	270	19%
Man	647	47%	\$20K-\$29K	176	13%
Sexual Diverse	198	14%	\$30K - \$39K	156	11%
Insurance Type			\$40K - \$49K	120	9%
Health insurance through my or a family member's employer	503	44%	\$50K - \$59K	145	10%
insurance I buy on my own	133	9%	\$60K - \$74K	119	9%
Medicare, coverage for seniors and those with serious disabilities	327	24%	\$75K - \$99K	153	11%
Michigan Medicaid	305	16%	\$100K - \$149K	150	11%
TRICARE/Military Health System	12	1%	\$150K+	98	7%
Department of Veterans Affairs	15	1%	Education Level		
No coverage of any type	55	4%	Some high school	63	5%
I don't know	37	2%	High school diploma/GED	393	28%
Race			Some college or training/certificate program	328	24%
American Indian/Native Alaskan	59	4%	Associate degree	158	11%
Asian	71	5%	Bachelor's degree	263	19%
Black or African American	428	31%	Some graduate school	29	2%
Native Hawaiian/Other Pacific Islander	9	> 1%	Graduate degree	153	11%
White	837	60%	Self-Reported Health Status		
Prefer Not to Answer	17	1%	Excellent	186	13%
Two or More Races	94	6%	Very Good	409	29%
Ethnicity			Good	525	38%
Hispanic or Latino	71	5%	Fair	211	15%
Non-Hispanic or Latino	1316	95%	Poor	56	4%
Age			Disability		
18-24	290	21%	Mobility	234	17%
25-34	224	16%	Cognition	147	11%
35-44	221	16%	Independent Living	106	7%
45-54	236	17%	Hearing	81	6%
55-64	241	18%	Vision	78	6%
65+	165	12%	Self-Care: Difficulty dressing or bathing	64	5%
Party Affiliation			No disability or long-term health condition	933	67%
Republican	375	27%	Source: 2024 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey		
Democrat	529	38%			
Independent	483	35%			

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.