HEALTHCARE VALUE HUB

Data Brief | October 2025

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

Summary

According to a survey of more than 1,300 Oklahoma adults conducted August 13 – September 12, 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:

- 23% received an unexpected medical bill in the past year;
- 39% 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;
- 26% reported that they or a family member had outstanding medical bills, with the largest share incurring medical debt of $1,000 to $2,499;
- 60% reported incurring medical debt because their insurance plan only covered a portion of the service and the remaining bill was too high, and 16% reported incurring medical debt because their insurance did not cover the service they needed 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

Twenty-two percent (23%) of Oklahoma respondents received an unexpected medical bill in the past year. 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 individually purchased insurance (e.g., through the health care Marketplace) and with employer-sponsored insurance most frequently reported unexpected medical bills (32% and 30%, respectively). This is followed by respondents enrolled in Medicare Advantage which provides coverage for seniors and those with disabilities (28%) and those enrolled in SoonerCare, the state Medicaid program (27%).

Financial Burdens Due to Medical Bills

Many survey respondents have experienced financial burdens due to medical bills. Over one-third (39%) reported experiencing one or more of these struggles to pay their medical bills in the last year:

- 17%—Were contacted by a collection agency
- 14%—Used up all or most of their savings

- 14%—Were unable to pay for basic necessities like food, heat or housing
- 10%—Borrowed money, got a loan or another mortgage on their home
- 8%—Racked up large amounts of credit card debt
- 8%—Were placed on a long-term payment plan
- 4%—Asked for donations (GoFundMe campaigns)

Notably, the survey results found that respondents ages 18 to 24 and 25 to 34 reported the highest rates of medical cost burdens (both 47%), followed by those ages 35 to 44 and 45 to 54 (both 44%). Similarly, respondents of color reported experiencing at least one of the above medical cost burdens more frequently than white, non-Hispanic respondents. Respondents living in rural Oklahoma reported a financial burden due to medical bills at a higher rate (43%) compared to those living in suburban and urban Oklahoma. 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 with Medicaid coverage reported the highest rates of the above burdens due to medical bills (50%) compared to respondents with all other insurance types (see Table 1).

Table 1

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

	Financial Burden Due to Medical Bills
Geographic Setting	
Suburban Oklahoma	26%
Rural Oklahoma	43%
Urban Oklahoma	39%
Household Characteristics	
Household Income	
≤ $50,000 annually	49%
$50,001 - $75,000 annually	39%
$75,001 - $100,000 annually	41%
≥ $100,000 annually	27%
Physical or Cognitive Impairment	
Household includes a person with a physical or cognitive impairment	55%
Household does not include a person with a physical or cognitive impairment	32%
Demographic Characteristics	
Age	
18-24	47%
25-34	47%
35-44	44%
45-54	44%
55-64	30%

	Financial Burden Due to Medical Bills
65+	16%
Race/Ethnicity	
Respondents of Color (Total)	48%
White Alone, Non-Hispanic/Latino	34%
Insurance Type	
Employer-based health insurance	40%
Health insurance purchased individually	49%
Traditional Fee For Service Medicare, coverage for older adults	25%
Medicare Advantage, coverage for older adults	38%
SoonerCare, state Medicaid program	50%
No insurance coverage*	42%

Source: 2025 Poll of Oklahoma 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.
* The quantity of respondents without insurance coverage was insufficient to report reliable estimates.

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 Oklahoma survey respondents as well: twenty-six percent (26%) of respondents reported that they or a family member had outstanding medical bills. Alongside outstanding bills, specific financial burdens related to medical debt included being contacted by a collection agency (17%), borrowing money or getting a loan or another mortgage on their home (10%), racking up large amounts of credit card debt (8%), and being placed on a long-term payment plan (8%).

Among those with outstanding medical bills, the most common amount of medical debt was $1,000-$2,499, reported by twenty-two percent (22%) of respondents. The next most frequently cited amounts were less than $500 (19%), over $10,000 (15%), and $1,000 - $2,499 (14%). The duration of medical debts varied, with the largest share having a medical debt in their family for less than a year (38%) followed by 1-2 years (35%) and 3-5 years (14%).

Medical debt affects both insured and uninsured people (see Table 2). Medical debt can be common among uninsured people in part because they are responsible for the full cost of care.[7,8] 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 2

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

	Outstanding Medical Bills
Employer-based health insurance	27%
Health insurance purchased individually	29%
Traditional Fee For Service Medicare, coverage for older adults	18%
Medicare Advantage, coverage for older adults	27%
SoonerCare, state Medicaid program	36%
No insurance coverage*	32%

Source: 2025 Poll of Oklahoma Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
* The quantity of respondents without insurance coverage was insufficient to report reliable estimates.

Whether covered through an employer, the individual market, Medicare, or Medicaid, many respondents said cost limits their ability to access care. Nearly 3 in 4 (73%) of those with medical debt had health insurance at the time they incurred the debt. At the time of the survey, 38% of respondents reported being covered by employer-sponsored insurance, followed by SoonerCare (15%), Medicare (12%), and insurance bought on the Marketplace exchange (10%). Over three in four respondents (78%) had no gaps in coverage in the past 12 months.

Medical debt is an outcome of the system's cost-sharing design: insurers pay their portion of the claim, and patients absorb the remaining charges, which vary based on provider pricing and insurance coverage. Sixty percent of respondents said they incurred medical debt because after their plan paid its portion, the remaining charges were still too high for their budget. Another 16% said the service they needed wasn't included in their plan's coverage, leaving them responsible for the full amount.

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

- 67%—Hospital
- 35%—Doctor or technician in hospital
- 34%—Laboratory (lab tests, x-rays, scans)
- 21%—Doctor or technician not in hospital
- 15%—Urgent Care center

In fewer numbers, people selected dental offices (11%), pregnancy-related expenses (6%), physical therapist or pain management clinic (6%) and mental healthcare or addiction treatment (6%) 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 3), as well as the amounts and reasons for incurring medical debt.

Income And Age

Those earning less than $50,000 reported the highest rates of medical debt, followed by those earning $100k or more (see Table 6). Respondents of different ages reported different incidences of medical debt. Those ages 45 to 54 reported the highest rates of medical debt, followed by those ages 25 to 34 (see Table 4).

Table 3

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

	Outstanding Medical Bills
≤ $50,000 annually	32%
$50,001 - $75,000 annually	24%
$75,001 - $100,000 annually	33%
≥ $100,000 annually	18%

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

Table 4

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

	Outstanding Medical Bills
18-24	24%
25-34	33%
35-44	31%
45-54	36%
55-64	21%
65+	9%

Source: 2025 Poll of Oklahoma 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 needed care in the future.

This may be reflected in Oklahoma respondents' rates of worry about their ability to afford health care in the present and the future. Respondents aged 18 to 24 reported the highest rates of worry about not having enough money to pay for a major unexpected illness or injury (64%). In addition, the same age group (18 to 24) reported the highest rates of worry about being able to afford maternity or reproductive care (51%).

Respondents ages 45 to 54 also reported the highest rates of being concerned about affording nursing home or home care costs (72%), and all respondents under age 65 reported this at a higher rate than those aged 65 and older (44%). This could suggest that Oklahoma respondents may be worried about affording the cost of care for both themselves and aging relatives.

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 (39%) compared to those without a disabled household member (20%) (see Table 5).

Table 5

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	39%
Household does not include a person with a physical or cognitive impairment	20%

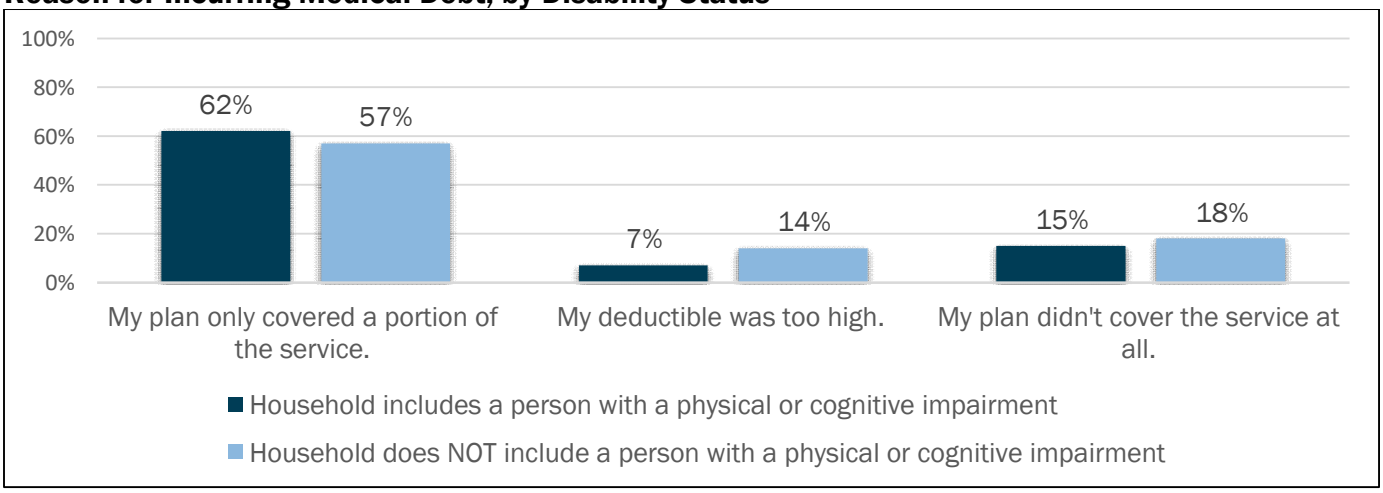
Source: 2025 Poll of Oklahoma Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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]

Respondents with and without a household member with a disability reported similar reasons for accruing medical debt. Sixty-two percent of respondents who have a household member with a disability said they accrued medical debt because their plan covered only part of the service and the remaining bill was too high. This compares to 57% of respondents in households without a member with a disability. Interestingly, 18% of those without a household member with a disability had medical debt because their insurance didn't cover the service needed at all and 14% because their deductible was too high, both higher rates than households with a member with a disability (see Figure 5).

Figure 5

Reason for Incurring Medical Debt, by Disability Status



Source: 2025 Poll of Oklahoma 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 (30%) compared to white, non-Hispanic respondents (24%) (see Table 6). Respondents of color most commonly reported owing less than $500 in medical debt (25%) whereas respondents who were white, non-Hispanic most commonly reported owing between $1,000 and $2,499 in medical debt (25%).

Table 6

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

	Outstanding Medical Bills
Respondents of Color (Total)	30%
White, Non-Hispanic/Latino	24%

Source: 2025 Poll of Oklahoma 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.

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. Oklahoma respondents endorsed several strategies, including:

- 92% — 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;
- 91% - Prevent hospitals from charging more for routine health care services that are most often provided in a doctor's office;
- 91% — Limit the price of expensive prescription drugs;
- 90% — Rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this);
- 89% - Limit the prices at expensive hospitals in the private health insurance market (Medicare and Medicaid already set hospital prices for their markets);
- 88% - Integrate the Medicaid and Medicare programs for people who are eligible for both to make it simpler for them to navigate those programs;
- 84% - Change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services;
- 84% - Make it easier for people to apply for and renew their Medicaid coverage; and
- 82% — Allow the government to limit and prevent health care mergers that could reduce competition and increase health care prices.

In addition, 81% of respondents thought that it was moderately or extremely important for the state to maintain or in some cases expand 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 7). It must be noted that, although price transparency tools can help identify unexplained 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 7

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

Selected Survey Statement	Total	Republican	Democrat	Independent
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	92%	91%	94%	92%
Limit the price of expensive prescription drugs	91%	91%	94%	87%
Prevent hospitals from charging more for routine healthcare services that are most often provided in a doctor's office	91%	92%	90%	90%
Rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this)	90%	91%	94%	87%
Increase the number of healthcare providers in rural areas	90%	77%	71%	72%
Limit the prices at expensive hospitals in the private health insurance market (Medicare and Medicaid already set hospital prices for their markets	89%	88%	92%	88%
Integrate the Medicaid and Medicare programs for people who are eligible for both to make it simpler for them to navigate those programs	88%	85%	90%	90%
Increase investment in primary care	86%	85%	92%	84%
Change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services	84%	83%	84%	87%
Make it easier for people to apply for and renew their Medicaid coverage	84%	77%	93%	86%
Everyone should have access to the health services they need, when and where they need them, without financial hardship	84%	78%	92%	85%
Allow the government to limit and prevent healthcare mergers that could reduce competition and increase healthcare prices	82%	83%	86%	80%
Allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber	81%	81%	86%	78%
The state government should implement policies aimed at lowering the high and risking costs of healthcare	81%	75%	90%	81%
State lawmakers should be required to disclose how proposed laws and legislative mandates impact costs to healthcare consumers, taxpayers, and businesses	80%	77%	86%	80%
The state government should invest in improving health status in low-income communities	77%	69%	88%	79%
Medicaid plays a critical role in giving eligible patients access to necessary medical care	74%	71%	83%	72%
Potential price increases should be factored in when the state government is deciding whether to allow a health system to consolidate, grow, or close	68%	65%	75%	66%

Racial inequities in healthcare are a major issue, causing people of color to receive lower-quality care compared to others	46%	33%	68%	45%
State lawmakers should mandate that health insurance cover the cost of more services, even if it means health insurance costs go up for everyone	43%	38%	54%	60%
State lawmakers should pass laws that help local pharmacies, even if it means the cost of prescription drugs increase for everyone	31%	29%	42%	27%

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

Conclusion

Oklahoma 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 Oklahoma and strategies that survey respondents support, please see the *Oklahoma Health Care Affordability Consumer Healthcare Experience State Survey.*

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 August 13 – September 12, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Oklahoma. 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 1,383 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	942	68%
Man	441	32%
Insurance Type		
Health insurance through my or a family member's employer	434	31%
Health insurance I buy on my own	143	10%
Medicare, coverage for seniors and those with serious disabilities	149	11%
Oklahoma Medicaid	328	24%
TRICARE/Military Health System	28	2%
Department of Veterans Affairs	16	1%
No coverage of any type	101	7%
I don't know	44	3%
Race		
American Indian	184	13%
Native Alaskan	5	<1%
Asian	21	2%
Black or African American	115	8%
Native Hawaiian/Other Pacific Islander	3	<1%
White	1101	80%
Two or More Races	25	2%
Ethnicity		
Hispanic or Latino	53	4%
Non-Hispanic or Latino	1,330	96%
Age		
18-24	251	18%
25-34	247	18%
35-44	278	20%
45-54	231	17%
55-64	221	16%
65+	148	11%
Party Affiliation		
Republican	523	38%
Democrat	320	23%
Neither	540	39%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	340	25%
$20K-$29K	156	11%
$30K - $39K	174	13%
$40K - $49K	122	9%
$50K - $59K	117	8%
$60K - $74K	132	10%
$75K - $99K	148	11%
$100K - $149K	132	10%
$150K+	62	4%
Education Level		
Some high school	83	6%
High school diploma/GED	404	29%
Some college or training/certificate program	350	25%
Associate degree	150	11%
Bachelor's degree	249	18%
Some graduate school	24	2%
Graduate degree	123	9%
Self-Reported Health Status		
Excellent	148	11%
Very Good	387	28%
Good	534	39%
Fair	242	17%
Poor	72	5%
Disability		
Mobility	271	20%
Cognition	153	11%
Independent Living	116	8%
Hearing	119	9%
Vision	101	7%
Self-Care: Difficulty dressing or bathing	89	6%
No disability or long-term health condition	880	64%

Source: 2025 Poll of Oklahoma 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.