HEALTHCARE VALUE HUB

Data Brief | October 2025

Virginia Survey Respondents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Express Bipartisan Support for Policy Solutions

Summary

A survey of more than 1,380 Virginia adults, conducted from August 1 to August 19, 2025, found:

- Over 1 in 4 (71%) experienced at least one health care affordability burden in the past year;
- Nearly 1 in 4 (72%) worry about affording health care in the future;
- Over 2 in 3 (69%) respondents delayed or went without health care due to cost in the last twelve months;
- Low-income and middle-income respondents and respondents with a disability or living in a household with a person with a disability reported higher rates of going without care due to cost and incurring medical debt, depleting savings, and/or sacrificing basic needs due to medical bills; and
- Across party lines, respondents express strong support for policy-based solutions.

Health care is expensive in the U.S., and Virginia is no exception. Nearly one in four respondents (71%) reported experiencing at least one health care affordability burden in the last year; such as being uninsured due to cost, delaying, or forgoing needed health services entirely due to cost or finding themselves in financial burden to their medical care.

A Range of Health Care Affordability Burdens

In Virginia, two-thirds of respondents (69%) reported that they, or a family member, skipped or delayed medical care due to cost. Among those with affordability challenges, the most commonly reported experiences were:

- 27%—Cut pills in half, skipped doses of medicine or did not fill a prescription;[1]
- 26%—Delayed going to the doctor or having a procedure done;
- 27%—Skipped needed dental care;
- 23%—Skipped a recommended medical test or treatment;
- 15%—Had problems getting mental health care or addiction treatment;[2]
- 15%—Avoided going to the doctor or having a procedure done altogether;
- 6%—Skipped or delayed getting a medical assistive device; and
- 3%—Skipped needed maternity or reproductive health care;

While cost was the most commonly cited reason for delaying or foregoing care, factors such as the inability to get an appointment (16%), not having insurance (12%) and not being able to get time off of work (13%) also contributed to instances of patients delaying or forgoing care.

Although the vast majority of Virginia survey respondents (93%) reported having some form of health insurance, cost emerged as the most significant obstacle to coverage for those who are uninsured. Among uninsured respondents, 46% cited the high cost of insurance as the primary reason they remained without coverage, far surpassing other common reasons such as "I don't need it" and "I don't know how to get it." Similarly, 47% of respondents specified that cost was the primary reason they did not have dental coverage.

Differences in Health Care Affordability Burdens

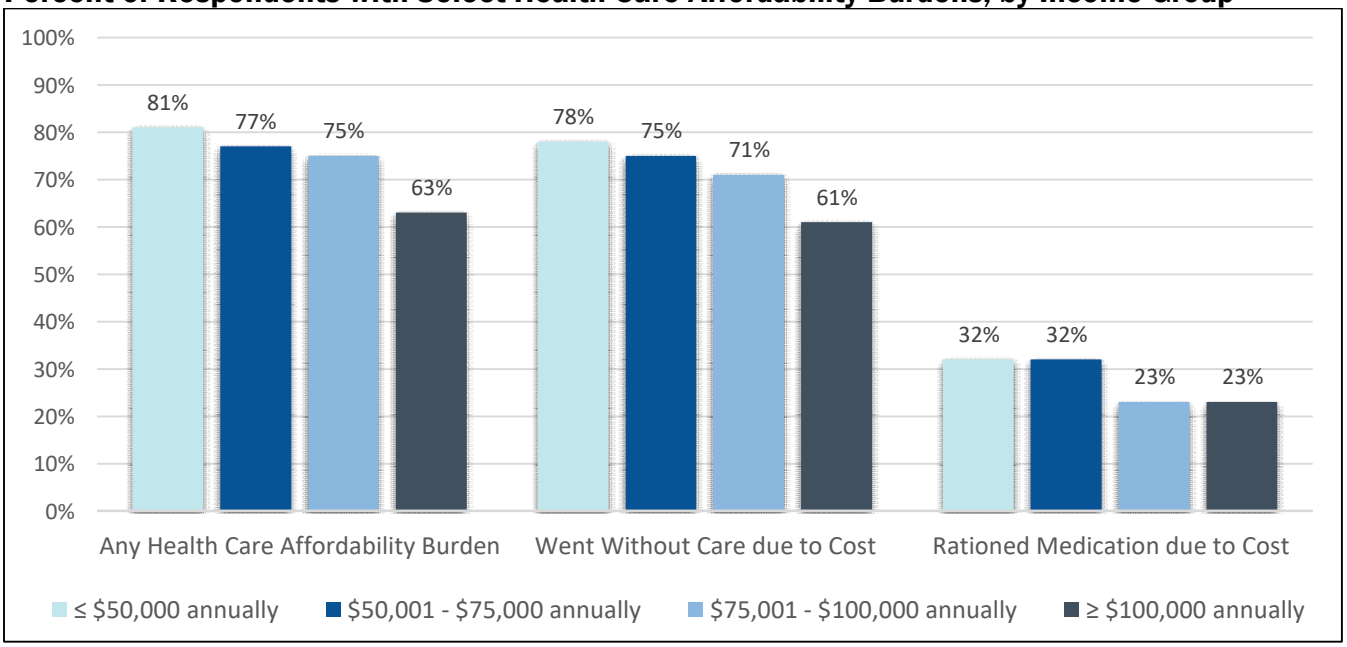
The frequency and severity of health care affordability burdens may be influenced by an individual's characteristics, such as their age or income. Survey results from Virginia reveal trends in how different populations experience several common affordability burdens, such as affording mental health and addiction treatment, dental and vision care, primary care visits, surgical procedures, and purchasing medical assistive devices.

Income and Employment

Income is one of the most consistent predictors of an individual's ability to afford health care.[3] Four out of five respondents (81%) with an annual household income of less than $50,000 reported experiencing at least one health care affordability burden in the last year. These respondents also reported delaying or forgoing care due to cost more frequently than respondents with higher incomes (see Figure 1).

Figure 1

Percent of Respondents with Select Health Care Affordability Burdens, by Income Group

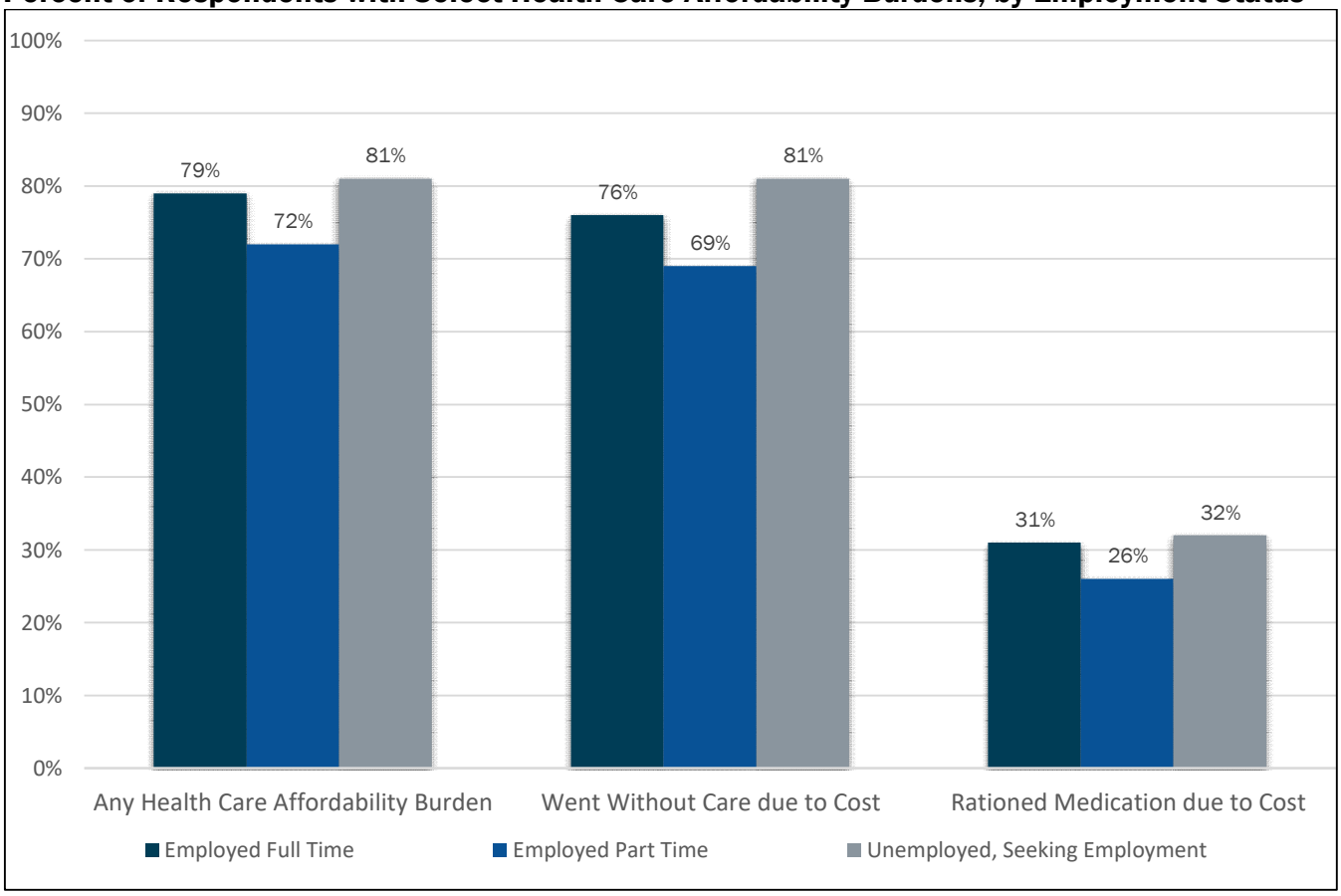


Source: 2025 Poll of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Employment also plays a critical role in health care affordability; not only by providing income but also by providing access to employer-sponsored insurance, which remains the main source of coverage for non-elderly adults in the U.S..[4] Interestingly, rates of health care affordability burdens were similarly high among Virginia respondents working full time and those who were unemployed and seeking employment (see Figure 2).

Figure 2

Percent of Respondents with Select Health Care Affordability Burdens, by Employment Status



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

Insurance Coverage and Type

People with different types of insurance navigate the health care system in different ways. For example, people with private insurance may face higher premiums and out-of-pocket costs, while individuals enrolled in Medicaid typically encounter lower direct costs but may face other obstacles, including limited provider networks, restrictions on covered services, and longer wait times for appointments.

Nearly one fourth of Virginia's population (17%) is covered by Medicaid or the Children's Health Insurance Program (CHIP), which provides subsidized health insurance to people who are low-income or have a disability.[5] Given its reach, it is not surprising that many respondents expressed support for the program (see Table 1).

Table 1

Percent of Respondents Who "Agree" or "Strongly Agree" with the Following Statements:

Medicaid helps ensure that people with disabilities or children with special health care needs receive necessary health care support	73%
Everyone should have access to the health services they need, when and where they need them, without financial hardship	81%
Medicaid plays a critical role in giving children access to necessary medical care	77%
Medicaid plays a critical role in giving pregnant women access to necessary medical care	74%

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

However, respondents with coverage they purchased on their own, such as through the Marketplace and those enrolled in Virginia's Medicaid program reported forgoing care and rationing medication more frequently than respondents with other forms of coverage. Respondents enrolled in Medicare reported the lowest incidence of rationing medication or going without care due to cost (see Table 2).

Table 2

Percent of Respondents with Select Health Care Affordability Burdens, By Coverage Type

	Went without Care due to Cost	Rationed Medication due to Cost
Employer-Sponsored health insurance	71%	26%
Health insurance purchased individually	81%	36%
Medicare, coverage for older adults	48%	19%
Virginia Medicaid	79%	34%

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

When asked, some survey participants also shared personal accounts of being unable to access necessary health care because of the cost. The anecdotes illuminate a common theme: that challenges finding affordable health care exist across all coverage types. Although individuals without health insurance coverage often face the most acute affordability issues, respondents with commercial insurance, Medicare, and Medicaid also shared narratives revealing difficulties accessing care due to cost:

Select Responses to the question "Please describe a time that you did not get a health care service due to cost in the last twelve months," by Insurance Type

Health Insurance through Employer
"Couldn't afford insulin, rationed doses for months."
"I need to get an MRI for a spinal condition I have but the X-Ray cost $500 and I'm still working to pay that off before I can get the MRI. I've put this procedure off for months because of it."
"I often select who in my family can get medical care. We often have to rotate and I often forgo care so the children can get care. It simply costs too much to use our insurance. And I had many expenses that did not apply to the deductible. Which is not ok."
"I was not able to get dental care as my work dental insurance does not cover much of anything. I am at a point where I need dentures or dental implants and my insurance does not pay out much yearly for this service."
"I haven't gotten dental care -- some implants I need - because I can't afford it. My teeth are basically gone."
"Having multiple immediate family members pass from cancer, I looked into the genetic cancer screenings that can be done through your PCP. These blood tests are not considered medically necessary even in the case of immediate family history, so my insurance won't cover them and I'm not willing to spend $3,000 +/- out of pocket to have the tests done."
"I cannot even go for a basic checkup because there is no money left after my husband and children's needs."
"I didn't go to a specialist in epilepsy because the insurance company will not pay the higher premium. I stopped taking the mental health counseling because the insurance company pays for only a few sessions, then covers nothing."
Insurance Purchased by the Respondent
"I delayed getting a root canal due to the dental coverage I had not paying enough of the cost."
"I didn't get a back/spinal MRI because of the cost it was 5k."
Medicare, Coverage for Seniors and Individuals with Disabilities

"I had to delay getting a dental implant because original insurance did not cover this procedure. The second policy only covered $1,000 so I had to wait until I came up with the other $5,000." "Dental work. I am barely covered for basic exam and cleaning." "I have had bad back pain and do not get it checked due to high medical costs and Medicare doesn't cover everything." "I did not have the income to pay for transportation, the copay required by the insurance or money for the recommended prescription." "I have multiple teeth currently making it so I can't eat on one side of my mouth as well as fainting more regularly that I cannot afford to get checked out." "I need cataract surgery but haven't sought it out because of the cost."
Virginia Medicaid, Coverage for Low-Income People
"I can't get the last three wisdom teeth removed because I cannot afford the FULL out of pocket cost." "I couldn't get a dilation appointment because I had Medicaid." "I had to go back to my psychiatrist to get a different medication because when I got to the pharmacy and tried to pick it up, they gave me a price it would cost and I was like, doesn't insurance doesn't cover it, and they said no, so I was without mental health meds for about a month before I can get back in to see my psychiatrist." "I was prescribed a certain medication and it was denied by the insurance company several times but I couldn't afford it on my own." "I've needed new dentures for 2 years mine broke cause I was a victim of a brutal assault but I have to wait 3 more years before Medicaid will cover a new set no matter the reason." "I have crooked teeth and occasional tooth pain, but every doctor I go to charges a lot for dental. My insurance does not cover dental care. I am currently not insured, so it will definitely be extremely high." "It took me a long time to get my wisdom teeth pulled while experiencing pain because I needed to pay $500 for a scan that my insurance wouldn't cover and that was a hefty price for a scan and it took me a while to raise the funds to do so."

Race and Ethnicity

Overall, respondents of color in Virginia reported going without care and rationing medication due to cost more frequently than white alone, non-Hispanic respondents. Over one in four (77%) of respondents of color reported forgoing care due to cost in the past twelve months, compared to 63% of white alone, non-Hispanic/Latino respondents (see Table 3). Respondents of color notably reported higher rates of skipping dental services (32%) compared to white, non-Hispanic respondents (24%), especially among Hispanic or Latino respondents (43%). However, respondents of color reported other health care affordability burdens at similar rates relative to white respondents, like forgoing needed health services entirely due to cost or getting mental health and addiction services (see Figure 3).

Table 3

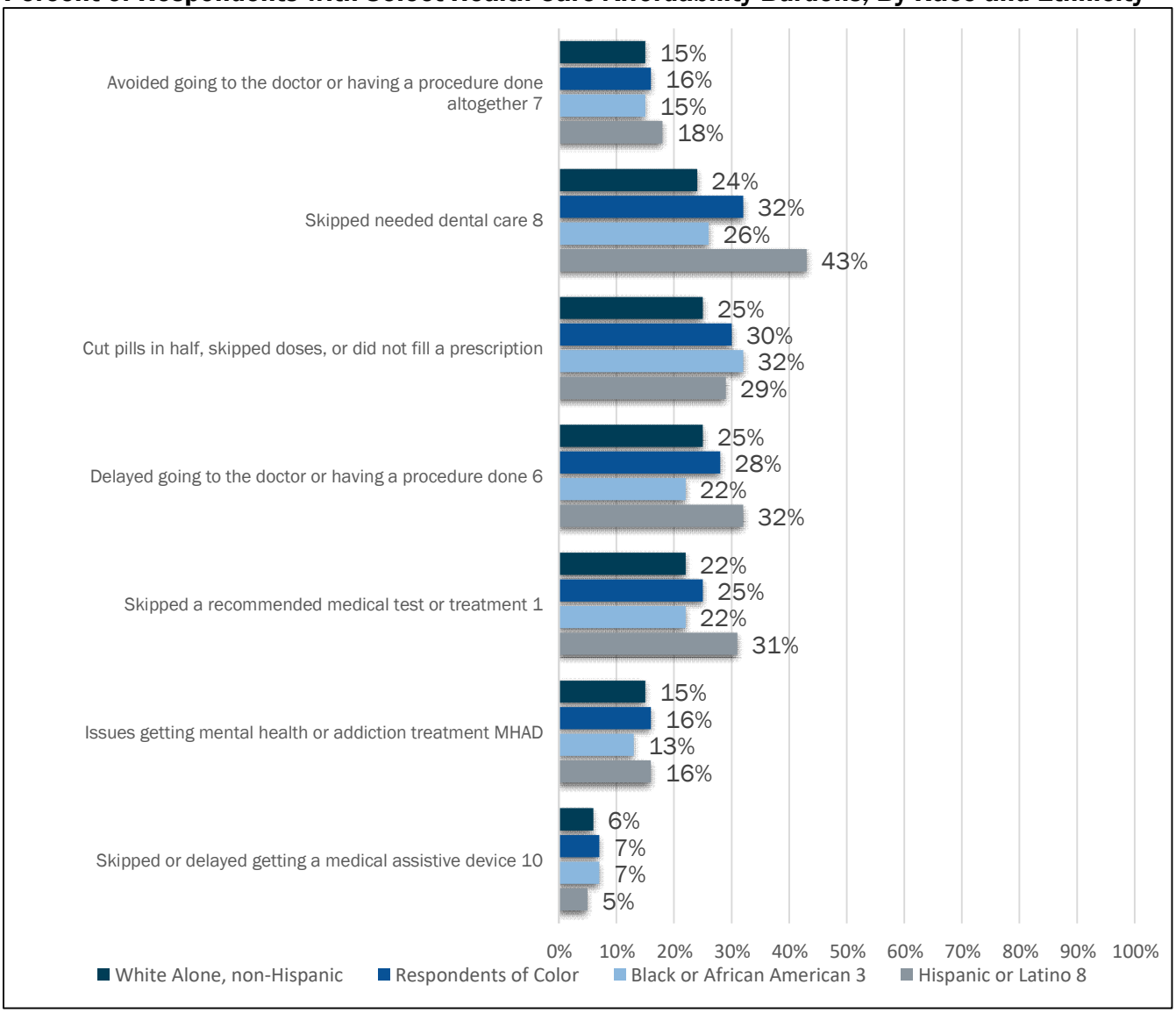
Percent of Respondents with Select Health Care Affordability Burdens, By Race and Ethnicity

	Went without Care due to Cost	Rationed Medication due to Cost
Respondents of Color*	77%	30%
Black or African American	76%	32%
Hispanic or Latino	73%	29%
White, alone non-Hispanic	63%	25%

Source: 2025 Poll of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

Figure 3

Percent of Respondents with Select Health Care Affordability Burdens, By Race and Ethnicity



Source: 2025 Poll of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

Age and Disability

While anyone can be affected by a serious illness or injury, some groups face greater financial obstacles to accessing care. In Virginia, adults aged 25-34 reported the highest rates of forgoing care due to cost. However, affordability concerns extend across age groups. More than half of all respondents under age 55 reported skipping care in the past year due to financial constraints (see Table 4). Most adults over the age of 65 will be insured under Medicare, which provides affordable coverage for basic health services. However, affordability may remain a concern for this group, particularly for older adults with complex or chronic conditions.

Younger adults and middle aged respondents also reported the highest rates of medication rationing due to cost. This finding has important implications for policymakers interested in improving prescription drug affordability in their state. For example, although the Inflation Reduction Act (IRA) capped insulin costs for Medicare beneficiaries at $35 per month, these protections do not apply to younger populations.[6] While the survey does not specify which medications were rationed, many respondents who reported rationing medication due to cost were under the age of 65, highlighting the need for broader efforts to lower out-of-pocket drug costs across all age groups.

Table 4

Percent of Respondents with Select Health Care Affordability Burdens, By Age Group

	Went without Care due to Cost	Rationed Medication due to Cost
18-24	81%	37%
25-34	86%	28%
35-44	79%	37%
45-54	69%	21%
55-64	51%	17%
65+	31%	10%

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

Respondents with a disability, or who live with someone with a disability, also reported higher rates of health care affordability burdens. Of those included in this group, 85% reported going without some form of care due to cost and 38% reported rationing medication due to cost in the past year. In contrast, fewer respondents living in a household *without* a person with a disability reported forgoing care (62%) and rationing medication (22%) due to cost (see Table 5).

Table 5

Percent of Respondents with Select Health Care Affordability Burdens, By Disability Status

	Went without Care due to Cost	Rationed Medication due to Cost
Household includes a person with a disability	85%	38%
Household does not include a person with a disability	62%	22%

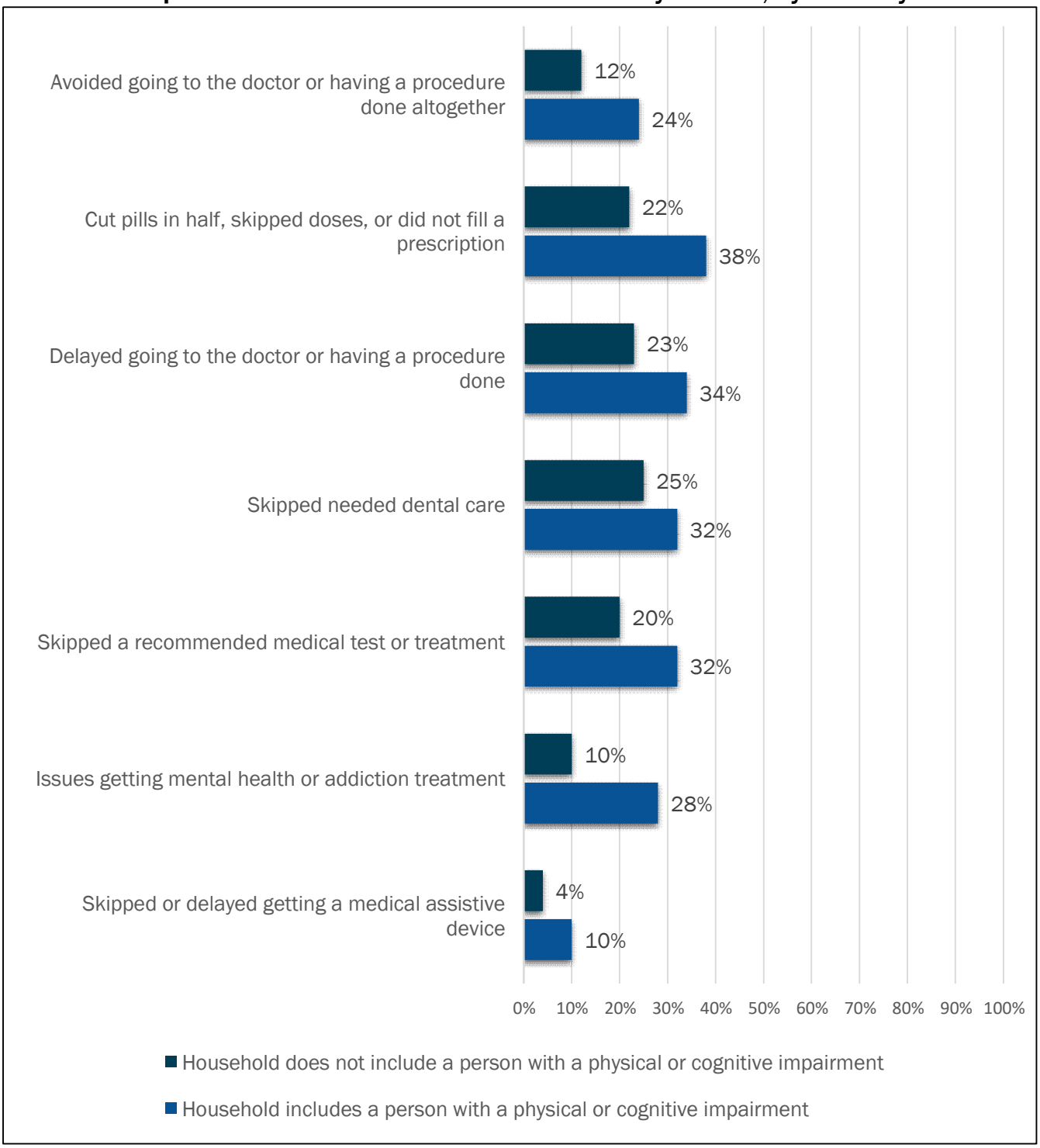
Source: 2025 Poll of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

People with disabilities also face affordability burdens specific to their health needs. For example, 10% of respondents with a disability or with a disabled household member reported delaying the purchase of a medical assistive device (like a wheelchair, cane/walker, hearing aid, or prosthetic limb) due to cost, compared to 4% of respondents in households without a disabled member. Overall, individuals living with or alongside someone with a disability were more likely to experience at least one health care affordability burden (see Figure 4).

Given that 29% of U.S. adults live with some form of disability, more than a quarter of the population often face elevated health care affordability burdens.[7] People with a disability pay an average $13,492 annually for health care, while a person without a disability pays $2,853.[8] Out-of-pocket costs are also more than twice as high for an individual with a disability versus an individual without ($1053 v. $486).[9]

Figure 4

Percent of Respondents with Select Health Care Affordability Burdens, By Disability Status



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

Encountering Medical Debt

Although many respondents reported delaying, forgoing, or rationing care due to cost, others did receive care but faced financial hardship from the resulting medical bills. More than a third of respondents (40%) reported experiencing at least one significant financial burden related to medical debt, including:

- 17%—Used up all or most of their savings to pay off medical bills;
- 14%—Were contacted by a collection agency;
- 11%—Were unable to pay for basic necessities like food, heat or housing due to medical bills;
- 11%—Borrowed money, took out a loan, or another mortgage on their home to pay off medical bills;
- 9%—Accumulated large amounts of credit card debt to pay off medical bills;
- 5%—Asked for donations (GoFundMe campaigns) to pay off medical bills; and
- 1%—Declared bankruptcy to pay off medical bills.

Respondents of color (46%) reported experiencing at least one financial burden related to medical debt more frequently than white, alone non-Hispanic respondents (37%). Likewise, respondents with a disability or who live with a person with a disability (59%) also reported navigating medical cost burdens more frequently than respondents without a disabled household member (33%), and respondents that purchased coverage on their own, such as through the Marketplace, more frequently reported cost burdens (55%) than respondents with other insurance types. Notably, respondents working full time reported higher rates of cost burdens due to medical bills than those working part-time or unemployed and seeking employment (see Table 6).

Table 6

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

	Experienced Any Cost Burden due to Medical Debt
Household Characteristics	
Household Income	
≤ $50,000 annually	44%
$50,001 - $75,000 annually	47%
$75,001 - $100,000 annually	47%
≥ $100,000 annually	35%
Physical or Cognitive Impairment	
Household includes a person with a physical or cognitive impairment	59%
Household does not include a person with a physical or cognitive impairment	33%
Demographic Characteristics	
Race and Ethnicity	
Respondents of Color (Total)	46%
Black or African American	45%
Hispanic or Latino	45%
White, alone non-Hispanic	37%

	Experienced Any Cost Burden due to Medical Debt
Employment Status	
Employed Full-Time	52%
Employed Part-Time	38%
Unemployed and seeking employment	35%
Orientation	
Sexual Diverse	54%
Not Sexual Diverse	39%
Insurance Status	
Employer-based health insurance	45%
Health insurance purchased individually	55%
Medicare, coverage for older adults	23%
Cardinal Care, Virginia Medicaid	50%

Source: 2025 Poll of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

These findings reflect broader societal challenges. In 2024, nearly 100 million Americans collectively owed more than $220 billion in medical debt.[10] Even with insurance, many Americans struggle to afford medical bills. With the average cost of a one-night hospital stay in the U.S. exceeding $3,000, most consumers are unable to afford the cost of a sudden illness or injury.[11] The majority of respondents (70%) reported that they were insured at the time they incurred their medical debt. When asked to describe why they still incurred medical debt despite having health insurance coverage, the most common responses were:

- 18%—My insurance didn't cover the service at all;
- 41%—My insurance only covered a portion of the service, and the remaining bill is too high;
- 6%—My deductible was too high, and I was not able meet it;
- 5%—The interest rate on the debt is too high; and
- 2%—My coinsurance was too high, and I could not afford to pay it.

Navigating Health System Consolidation

In addition to the above health care affordability burdens, a small share of Virginia respondents reported being impacted by health system consolidation.[12] There have been nine changes in ownership (CHOW) involving Virginia hospitals through mergers, acquisitions, and other transactions involving health care organizations since 2017.[13,14] In the past year, 21% of survey respondents reported that they were aware of a merger or acquisition in their community. Of those, one third (35%) said that they or a family member lost access to a preferred health care organization due to changes arising from the merger.

Among those who reported losing access their preferred health care provider due to a merger:

- 55%—delayed or avoided going to the doctor or having a procedure done because they could no longer access their preferred health care organization due to a merger;
- 41%—skipped one or more recommended follow-up appointment(s) due to a merger;
- 40%—skipped filling a prescription medication;
- 29%—changed their preferred doctor or hospital to one that is in-network; and
- 8%—had to change their preferred provider due to a merger resulting in a service closure

Some respondents reported that the merger caused an additional burden for them or their families. Among those, the three most frequently cited issues include:

- 23%—the merger created a gap in their continuity of care;
- 21%—the merger created an added financial burden; and
- 20%—the merger created an added wait time burden when searching for a provider who is accepting new patients.

In addition, 62% of respondents reported being somewhat, moderately or very worried about the impacts of mergers in their health care organizations. When asked about their largest concern, respondents most frequently reported:

- 29%—I'm concerned I will have fewer choices of where to receive care;
- 22%—I'm concerned my doctor may no longer be covered by my insurance;
- 22%—I'm concerned I will have to pay more to see my doctor;
- 13%—I'm concerned I will have a lower quality of care; and
- 11%—I'm concerned I will have to travel farther to see my doctor

The Virginia Attorney General must be notified of nonprofit hospital transactions; however, the AG does not have approval authority over nonprofit health facility acquisitions, and hospitals are not required to report whether transactions will affect consumer affordability or price growth in review criteria.[15]

High Levels of Worry about Affording Care and Coverage

The majority of Virginia respondents are concerned about their ability to afford care. In total, 72% of respondents reported being either "worried" or "very worried" about affording some aspect of care in the future. The most commonly cited concerns include:

- 57%—Being unable to afford nursing home or home care services;
- 55%—Being unable to afford medical costs when elderly;
- 54%—Affording care in the event of a serious illness or accident;
- 48%—Cost of needed dental care;
- 47%—Cost of prescription drugs; and
- 28%—Cost of maternity and reproductive care

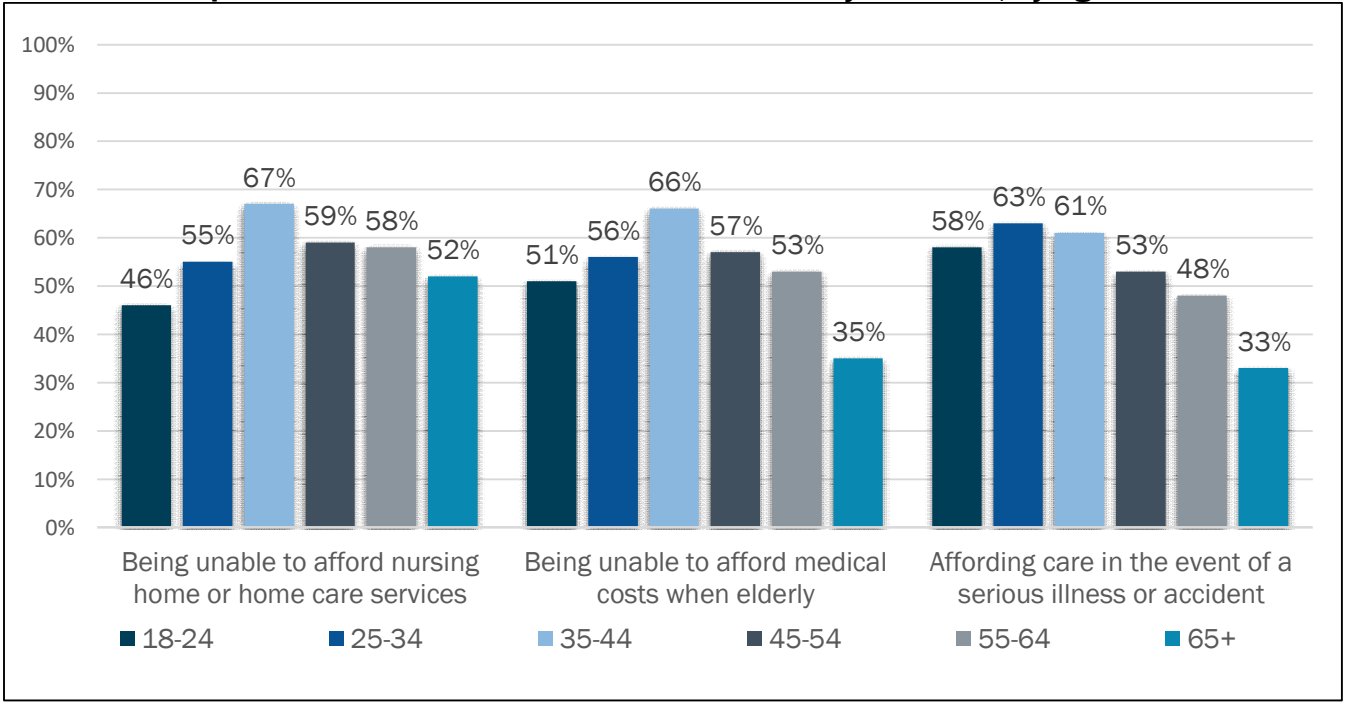
While two of the most frequently cited concerns, affording the cost of nursing home or home care services and affording medical costs when elderly, are typically associated with older adults, these worries were also frequently reported by younger respondents. For example, 56% of respondents aged 25–34 and 66% of those aged 35–44 expressed concern about being able to afford medical costs when they are older. Almost

half (46%) of all respondents between the ages of 18-24 reported being worried about paying for some form of long-term care (see Figure 5).

The annual cost of long-term care in the U.S. ranges from $70,800 for assisted living to over $127,000 for a private room in a nursing facility.[16] Although insurance can offset some of these costs, many plans—including Medicare—only cover long-term care in specific circumstances.[17] As a result, paying out-of-pocket for care may be financially unfeasible for most families, and Medicaid remains the primary payer for nursing home and intermediate care facility services in the absence of a better option.[18,19]

Figure 5

Percent of Respondents with Select Health Care Affordability Concerns, by Age



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

In addition to age, concerns about affordability were also cited across all other demographic groups. However, certain groups expressed concern more frequently than others, including respondents with a disability or who live with a person with a disability, those enrolled in Virginia's Medicaid program, and respondents that are members of the LGBTQ+ community (see Table 7). For example, 78% of respondents with a disability or living with someone with a disability reported worrying about affording future care compared to 69% of those without a disabled household member (see Table 7).[20]

In addition to concerns about affording care in the future, many respondents also worried about affording and maintaining health insurance coverage. Overall, 34% of all respondents reported that they were concerned about *losing* their health insurance coverage, and 53% reported that they were concerned about *affording* their health insurance coverage. Worry about the cost of insurance was more common than concern about losing coverage, and this pattern held true across groups (see Table 7).

Table 7

Percent of Respondents Somewhat or Very Worried About Selected Issues, by Household and Demographic Characteristics

	Worried about Affording Care in the Future	Worried about Losing Health Insurance hiBRDCON_1	Worried about Affording Health Insurance hiBRDCON_2
Household Characteristics			
Household Income			
≤ $50,000 annually	79%	45%	58%
$50,001 - $75,000 annually	78%	35%	57%
$75,001 - $100,000 annually	78%	33%	56%
≥ $100,000 annually	64%	26%	47%
Physical or Cognitive Impairment			
Household includes a person with a disability	78%	44%	57%
Household does not include a person with a disability	69%	29%	51%
Demographic Characteristics			
Race and Ethnicity			
Respondents of Color (Total)	72%	35%	54%
Black or African American	72%	40%	53%
Hispanic or Latino	75%	31%	52%
White, alone non-Hispanic	72%	33%	52%
Employment Status			
Employed Full-Time	74%	34%	57%
Employed Part-Time	77%	35%	57%
Unemployed, seeking employment	78%	55%	63%
Orientation			
Sexual Diverse	88%	51%	68%
Not Sexual Diverse	70%	32%	51%
Insurance Status			
Employer-based health insurance	72%	29%	53%
Health insurance purchased individually	72%	40%	55%
Medicare, coverage for older adults	65%	25%	43%
Cardinal Care, Virginia Medicaid	83%	62%	65%

Source: 2025 Poll of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

Respondent Perceptions of the Health System, Policy Solutions

In light of Virginia respondents' health care affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system. Of the respondents surveyed:

- Just 32% 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 respondents to share their perspectives on both personal and governmental actions to address the high health costs.

Personal Actions

Virginia respondents see a role for themselves in addressing health care affordability. When asked about specific actions they could take:

- 60% of respondents reported researching the cost of a drug beforehand, and
- 72% 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 health care affordability (out of ten options), the most common responses were:

- 73%—Take better care of my personal health;
- 37%—Research treatments myself before going to the doctor; and
- 30%—Do more to compare provider cost and quality before getting services

Government Actions

Virginia respondents also see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing health care 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. Respondents most frequently chose:

- 51%—Economy/Joblessness
- 52%—Health care
- 39%—Affordable housing

When asked about the top three health care priorities the government should address, respondents most frequently chose:

- 44%—Address high health care costs, including prescription drugs;
- 31%—Getting health insurance to those who cannot afford coverage;
- 30%—Preserve consumer protections like: you can't be denied coverage or charged more if you have a pre-existing medical conditions; and
- 29%—Improve Medicaid and Medicare, coverage for low-income people and seniors and those with serious disabilities, respectively

Out of fifteen possible options, Virginia respondents most frequently reported believing that the reason for high health care costs lies with industry stakeholders, such as:

- 74%—Drug companies charging too much money;
- 72%—Hospitals charging too much money; and
- 71%—Insurance companies charging too much money.

Support for Policy Solutions

There is support for change regardless of respondents' political affiliation (see Table 8). 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:

- 93%—The government should show what a fair price would be for specific procedures
- 93%—Require insurers to provide upfront cost estimates to consumers
- 93%—Expand health insurance options so that everyone can afford quality coverage
- 92%—Require drug companies to provide advanced notice of price increases and information to justify those increases
- 92%—Require hospitals and doctors to provide up front patient cost estimates
- 92%—Set standard prices for drugs to make them affordable
- 92%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- 91%—Set standard payments to hospitals for specific procedures
- 90%—Make it easy to switch insurers if a health plan drops your doctor

Table 8

Percent of Respondents Who "Agree" or "Strongly Agree" with Selected Statements, by Political Affiliation

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
Prohibit drug companies from charging more in U.S. than abroad	90%	90%	91%	89%
Require hospitals and doctors to provide up front patient cost estimates	92%	93%	93%	89%
Require insurers to provide upfront cost estimates to consumers	93%	93%	94%	91%
Show what a fair price would be for specific procedures	93%	92%	94%	94%
Set standard prices for drugs to make them affordable	92%	92%	94%	90%
Make it easy to switch insurers if a health plan drops your doctor	90%	88%	92%	90%
Set standard payments to hospitals for specific procedures	91%	90%	92%	90%
Require drug companies to provide advanced notice of price increases and information to justify those increases	92%	92%	93%	90%
Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes	92%	92%	92%	93%
Set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner	88%	87%	90%	86%

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
Create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs	89%	88%	93%	87%
Expand health insurance options so that everyone can afford quality coverage	93%	91%	96%	93%
Lower the cost of follow-up care and treatment for people with chronic conditions like diabetes, liver disease or cancer	93%	90%	96%	91%
Cap out-of-pocket costs for life-saving medications, such as insulin	93%	91%	95%	91%
Create an affordable state-based health insurance plan that any resident can purchase, regardless of their income or employer coverage status	90%	87%	95%	89%
Set limits on health care spending growth and penalize payers or providers that fail to curb excessive spending growth	86%	86%	89%	82%
Require a minimum amount of spending that insurers and providers in the state must devote to services that keep people healthy, such as primary care	85%	83%	88%	83%
Strengthen policies to drive more competition in health care markets to improve choice and access	88%	89%	88%	88%
Require that routine health care services should cost the same no matter the kind of facility those services are conducted in	88%	87%	89%	86%
Invest in recruitment and training for care workers – such as nursing, home care aides, and personal care aides	92%	94%	92%	90%

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

Notes

1. 19% did not fill a prescription and 12% cut pills in half or skipped doses of medicine due to cost.
2. Eleven percent (11%) had problems getting mental health care and 5% had problems getting addiction treatment.
3. Tracking Healthcare Affordability and Value. (2024). West Health-Gallup. https://westhealth.org/wp-content/uploads/2024/07/Tracking-Healthcare-Affordability-and-Value_West-Health-Gallup_FINAL-Affordability-Index-2024.pdf
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6. Sayed, B., et. al. (2023, Jan 24). Insulin Affordability and the Inflation Reduction Act: Medicare Beneficiary Savings by State and Demographics. ASPE. https://aspe.hhs.gov/reports/insulin-affordability-ira-data-point
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10. Rakshit, S., Rae, M., Claxton, G., et. al. (2024). The Burden of Medical Debt in the United States. Peterson-KFF Health System Tracker. https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/
11. Hospital Adjusted Expenses per Inpatient Day. (2024). Kaiser Family Foundation. https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day
12. The sample size of respondents who said they could no longer access their preferred health care organization due to a health care merger was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.
13. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved August 26, 2025, from https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership
14. A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's identification number and provider agreement (including any Medicare outstanding debt of the old owner) to the new owner…An acquisition/merger occurs when a currently enrolled Medicare provider is purchasing or has been purchased by another enrolled provider. Only the purchaser's CMS Certification Number (CCN) and tax identification number remain. Acquisitions/mergers are different from CHOWs. In the case of an acquisition/merger, the seller/former owner's CCN dissolves. In a CHOW, the seller/former owner's CCN typically remains intact and is transferred to the new owner. A consolidation occurs when two or more enrolled Medicare providers consolidate to form a new business entity. Consolidations are different from acquisitions/mergers. In an acquisition/merger, two entities combine but the CCN and tax identification number (TIN) of the purchasing entity remains intact. In a consolidation, the TINs and CCN of the consolidating entities dissolve and a new TIN and CCN are assigned to the new, consolidated entity. Source: Missouri Department of Health and Senior Services, Change of Ownership Guidelines—Medicare/State Certified Hospice. Retrieved August 23, 2023, from https://health.mo.gov/safety/homecare/pdf/CHOW-Guidelines-StateLicensedHospice.pdf
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About the 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 August 1 to August 19, 2025, used a web panel from Dynata with a demographically balanced sample of respondents who live in Virginia. 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 1,385 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	788	57%
Man	576	42%
Sexual Diverse	149	11%
Insurance Type		
Health insurance through my or a family member's employer	512	37%
insurance I buy on my own	159	11%
Medicare, coverage for seniors and those with serious disabilities	318	23%
Virginia Medicaid	201	15%
TRICARE/Military Health System	40	3%
Department of Veterans Affairs	28	2%
No coverage of any type	79	6%
I don't know	48	3%
Race		
American Indian/Native Alaskan	31	2%
Asian	21	2%
Black or African American	465	34%
Native Hawaiian/Other Pacific Islander	6	< 1%
White	851	61%
Prefer Not to Answer	10	< 1%
Two or More Races	80	6%
Ethnicity		
Hispanic or Latino	97	7%
Non-Hispanic or Latino	1289	93%
Age		
18-24	232	14%
25-34	274	19%
35-44	291	23%
45-54	206	15%
55-64	206	15%
65+	166	13%
Party Affiliation		
Republican	402	29%
Democrat	530	38%
Independent	453	33%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	196	14%
$20K-$29K	155	11%
$30K - $39K	117	8%
$40K - $49K	121	9%
$50K - $59K	159	11%
$60K - $74K	131	9%
$75K - $99K	149	11%
$100K - $149K	199	14%
$150K+	158	11%
Education Level		
Some high school	49	4%
High school diploma/GED	330	24%
Some college or training/certificate program	312	23%
Associate degree	145	10%
Bachelor's degree	296	21%
Some graduate school	38	3%
Graduate degree	215	16%
Self-Reported Health Status		
Excellent	198	14%
Very Good	395	29%
Good	531	38%
Fair	221	16%
Poor	40	3%
Disability		
Mobility	222	16%
Cognition	138	10%
Independent Living	103	7%
Hearing	71	5%
Vision	71	5%
Self-Care: Difficulty dressing or bathing	71	5%
No disability or long-term health condition	953	69%

Source: 2025 Poll of Virginia 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.