HEALTHCARE VALUE HUB

Data Brief | October 2025

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

Summary

Hospitals provide essential services and are vital to the well-being of our communities. However, a recent survey of over 1,380 Virginia adults, conducted from August 1 to August 19, 2025, revealed widespread concern about the cost of hospital care, a lack of confidence in navigating the health care system, understanding their cost sharing obligations, and bipartisan support for government-led solutions. These challenges are sometimes attributed to insufficient levels of *health insurance literacy* or *health literacy,* which is associated with poorer health outcomes, lower patient satisfaction and higher costs.[1,2,3] This brief surfaces respondents' experiences operating within the health care system, interpreting their cost-sharing obligations and highlights support for related policy solutions.

Concern about Affording Hospital Services

A majority of Virginia respondents report being concerned about their ability to afford care. In fact, 72% of Virginia respondents reported being worried about affording health care, both now and in the future, and nearly slightly more than half (54% of) respondents reported being "worried" or "very worried" about affording medical costs in the event of a serious illness or accident. Additionally:

- Fifty-five percent (55%) of respondents reported being "worried" or "very worried" about affording medical cost when elderly.
- Fifty-seven percent (57%) of respondents reported being 'worried" or "very worried" about being able to afford home health care services.

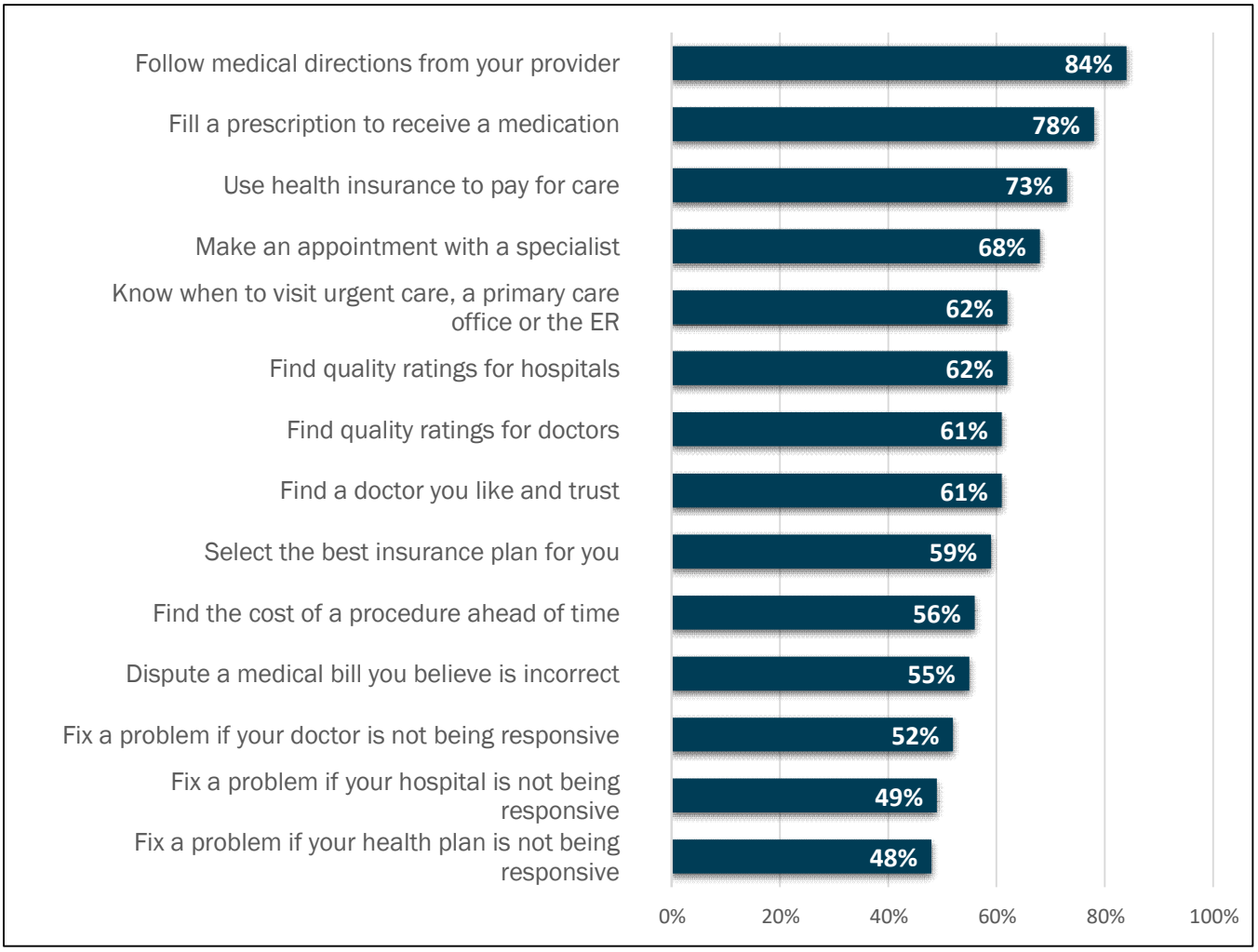
Some respondents also reported cost burdens following care. In total, 40% reported experiencing a financial burden due to medical bills and 41% of respondents reported receiving an unexpected medical bill in the past year. Among the 41% of respondents who reported receiving an unexpected medical bill in the past year, nearly half (52%) said at least one of those bills came from a hospital.

Confidence Seeking Hospital Care, Quality, Billing Information

Limited knowledge of health care quality or costs can hinder consumers' ability to budget for care, which can be especially detrimental to the under- and uninsured.[4] Virginia respondents are fairly confident in their ability to recognize when to seek emergency care, follow directions provided by their doctor, and their ability to fill a prescription. Sixty-one percent (62%) of respondents are very or extremely confident that they know when to visit the emergency department as opposed to an urgent care center or a primary care provider (see Figure 1).

Figure 1

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



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

However, respondents are less confident in their ability to find hospital costs and quality information before a service. They are also less confident in their ability to resolve concerns related to financial obligations, such as disputing a medical bill. Out of all respondents:

- Forty-seven percent (47%) of respondents reported they were not confident in their ability to have enough money to cover their usual necessary medical cost;
- Fifty-seven percent (57%) of respondents reported they were not confident in their ability to have enough money to cover major unexpected illnesses or injuries;
- Sixty-three percent (63%) of respondents reported they were not confident in their ability to afford home health care services;
- Forty-four percent (44%) of respondents reported they were not confident in their ability to determine the cost of a medical procedure in advance;
- Fifty-two percent (52%) of respondents reported they were not confident they could resolve an issue if their health plan was not being responsive;
- Thirty-nine percent (39%) are not confident in their ability to find quality ratings for doctors; and
- Sixty-two percent (62%) are not confident in their ability to find quality ratings for hospitals.

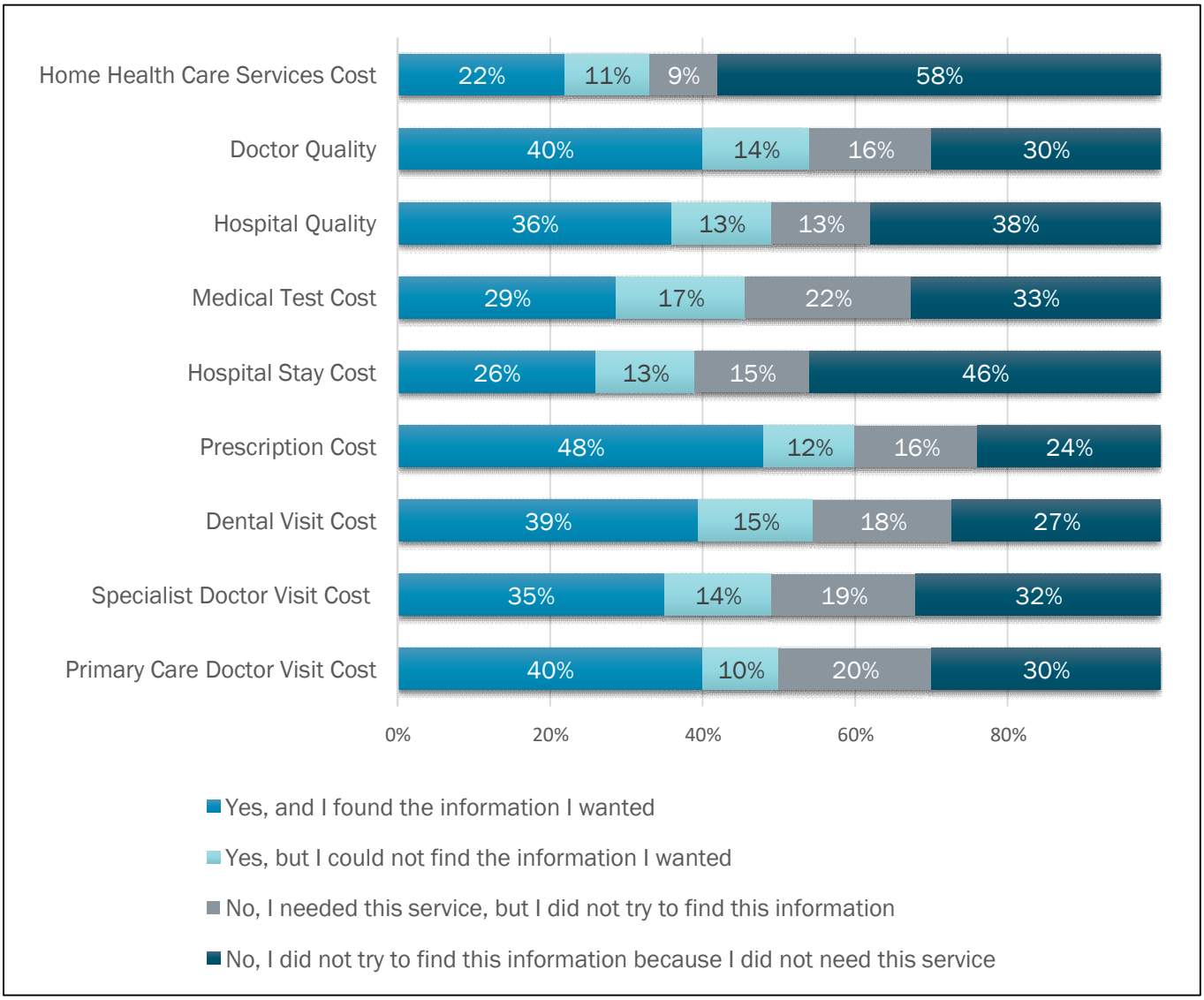
This lack of confidence may be reflected in the low rates of searching for hospital price and quality information. Only 31% of respondents reported trying to find the cost of a hospital stay ahead of time, while 15% of the respondents that reported needing a hospital service did not search for cost information at all. Among the respondents that did search for cost information or who required a hospital service:

- 26% were able to find the information they needed, and
- 13% attempted to find hospital cost information but were unsuccessful.

Similarly, fewer than half (49% of) Virginia respondents reported searching for hospital quality information. Among those that searched, 36% found the information they needed, 13% did not find what they needed, and 13% reported needing a hospital stay but not searching for quality information (see Figure 2). Among those that did search for hospital quality information and needed a hospital stay, 58% were successful in their search, while 21% searched for hospital quality information but were unsuccessful.

Figure 2

Percentage of Respondents Who Did and Did Not Search for Hospital Cost or Quality Information in the Past Year, by Outcome



Source: 2025 Survey of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Totals may not equal 100% due to rounding.

Few respondents indicated that cost and quality information was not important to them (12% and 6%, respectively). Despite federal price transparency mandates for hospitals, hospital costs and quality ratings are still not always accessible.[5] The most frequently cited reasons respondents did not attempt to find cost or quality information include:

- 29% followed their doctors' recommendations or referrals;
- 27% did not know where to look;
- 30% reported that searching for information felt too confusing or overwhelming;
- 16% did not have time to look; and
- 16% reported that it did not occur to them to look for quality or price information.

The respondents who did attempt to find hospital *cost* information, but were unsuccessful, described several challenges:

- 42% reported that the available *cost* information was confusing;
- 31% reported that their insurer would not provide a price estimate;
- 35% reported that their provider or hospital would not provide a price estimate; and
- 27% reported that the price information was insufficient

Similarly, among the respondents who were unsuccessful in their search for hospital *quality* information, 31% reported that the resources were confusing and 17% reported that the quality information was not sufficient.

Comparing Cost and Quality Information

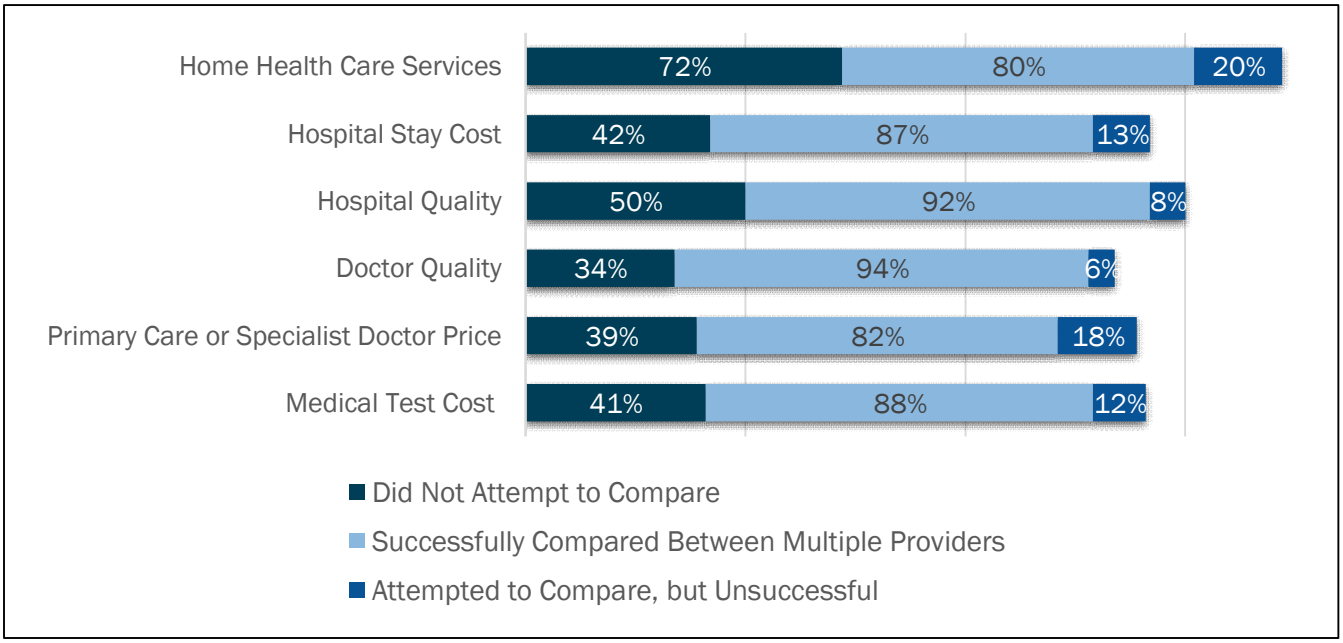
Among the respondents who were able to successfully locate sufficient cost or quality information, 87% reported they were able to find enough information to successfully compare the costs of a hospital stay between two or more options, and 92% reported finding enough information to compare quality ratings across hospitals (see Figure 3).

Respondents who were able to successfully compare cost or quality information between multiple providers reported that the comparison ultimately influenced their choice of which provider to seek care from. Specifically:

- 86% of respondents that compared costs for a primary care or specialist visit;
- 87% of those who compared the cost of medical test providers;
- 89% of those who compared the cost of a hospital stay; and
- 83% of respondents who searched for hospital quality information reported that the comparison influenced their decision.

Figure 3

Percent of Respondents Successful in Finding Hospital Cost and Quality Information and Using that Information to Compare Cost and Quality Between Multiple Providers



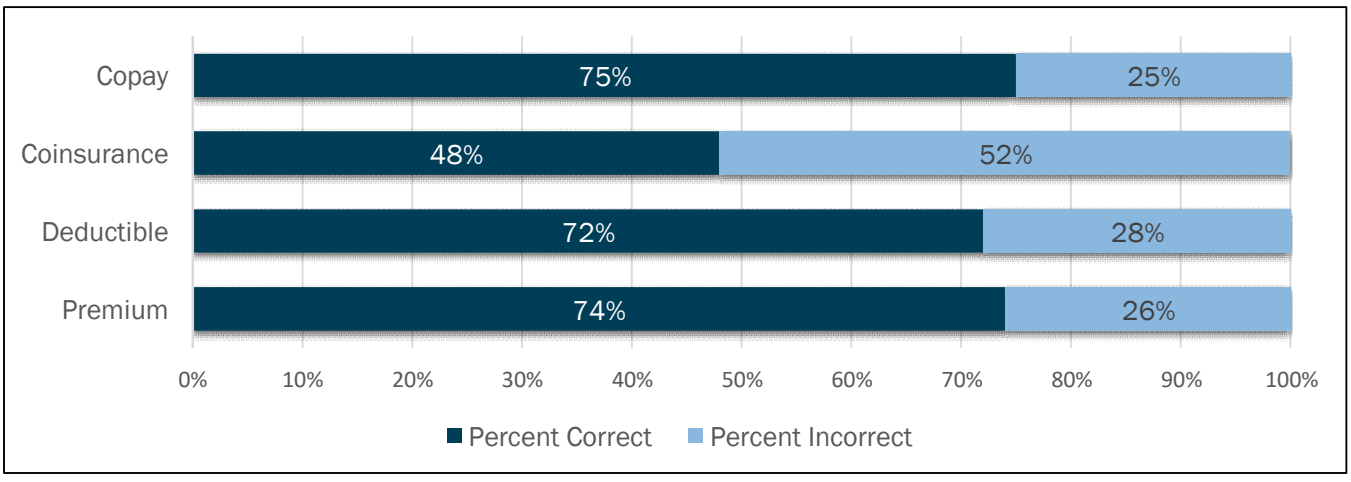
Source: 2025 Survey of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Totals may not equal 100% due to multiple measures being reported

Difficulty Understanding Common Health Terms

Research indicates that nearly half of insured adults find at least one aspect of their insurance difficult to understand.[6] When given multiple choices, nearly three out of four (74% of) Virginia respondents were able to correctly define "premium," and a similar amount (72%) were able to correctly define "deductible." However, fewer than half (48%) were able to accurately define "coinsurance" (see Figure 4). Of note, more educated respondents generally performed better when asked to define these terms (see Table 1).

Figure 4

Percent Who Chose the Correct Insurance Term Definition



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

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

	Coinsurance	Premium	Deductible	Co-Pay
High School Diploma or GED	37%	63%	55%	65%
Some College, Training, or Certificate	48%	75%	77%	73%
Associate Degree	35%	75%	78%	84%
Bachelor's Degree	54%	75%	76%	82%
Graduate School	57%	78%	74%	76%

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

Impact, Concerns about Hospital Consolidation*

In some cases, health care consolidation, which occurs when hospitals and other health care facilities are joined together through a merger, acquisition, or other change of ownership, can magnify the challenges consumers face when seeking, comparing, and affording care.[7] Although the number of survey respondents who reported they have been impacted by a consolidation transaction is too small to report reliable estimates, the survey results indicate that some encountered new challenges following consolidation.

There have been four changes in ownership (CHOW) involving Virginia hospitals through mergers, acquisitions, and other transactions involving health care organizations since 2017.[8] Virginia requires that the State Attorney General must be notified of nonprofit hospital transactions, who has approval authority over transactions involving both nonprofit and for-profit hospitals.[9] In total, 21% of respondents reported that they are aware of a health care consolidation transaction in their community.

Out of the 21% of respondents who reported being aware of a health care consolidation transaction, over one third (35%) reported that they or a family member lost access to a preferred health care organization due to changes arising from the merger. Among respondents who lost access to their preferred provider:

- 29%—switched to an in-network provider;
- 40%—skipped filling a prescription medication;
- 41%—skipped one or more recommended follow-up appointment(s) due to a merger;
- 41%—changed their health insurance plan to keep their preferred provider;
- 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;
- 27%—switched to telehealth options to continue seeing their preferred provider;
- 20%—continued seeing their provider but must now pay out-of-network prices; and
- 8%—had to change their preferred provider due to a merger resulting in a service closure

* Note: The sample size of respondents who said they were affected by a merger was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.

Some respondents reported additional challenges beyond losing access to their preferred health care provider. Out of those who reported that the merger caused an additional burden for them or their families, the most frequently reported consequences include:

- 21%—reported that the merger created an added financial burden;
- 20%—reported that the merger created an added wait time burden when searching for a provider who accepts new patients;
- 19%—reported that the merger led to additional transportation burdens; and
- 23% reported that the merger created a gap in the continuity of my care;

Some respondents also provided examples of how they have been personally impacted following hospital consolidation. Examples include:

- ❖ "Longer wait times and limited appointment availability at my usual clinic"
- ❖ "The merger led to a lot of confusion with my healthcare provider, especially regarding billing and insurance coverage. Some of the services I relied on were suddenly unavailable, or the process to get care became more complicated, with long wait times for appointments or even difficulty finding the right specialists in-network. It felt like everything got more fragmented and harder to navigate."
- ❖ "Took me over 18 months to find new PCP that [was] accepting new patients."
- ❖ "Few in network specialists available"

Although only a small number of respondents indicated that they have been personally impacted by health care consolidation, far more respondents (62%) reported being somewhat, moderately or very worried about the potential impacts of a consolidation transaction should one occur. When asked about their biggest concerns:

- 29% reported that they are worried they would have fewer choices for care;
- 22% are concerned that their doctor may no longer be covered by their insurance;
- 22% are concerned that they will have to pay more to see their doctor;
- 13% are concerned that the consolidation will result in lower quality of care; and
- 11% are concerned they will have to travel farther to receive care.

Respondent Perceptions of Health Care Systems, Policy Solutions

Hospitals, along with drug manufacturers and insurance companies, are viewed as a primary contributor to high health care costs. Out of fifteen possible options, Virginia respondents most frequently reported believing that the reason for high health care costs due to powerful industry stakeholders, such as:

- 74%—Drug companies charging too much money
- 71%—Insurance companies charging too much money
- 72%—Hospitals charging too much money
- 49%—A lack of investment in basic social needs (such as housing, healthy food, mental health, addiction services) which causes people to return to providers

Respondents endorsed a number of strategies to address high health care costs and transparency-oriented strategies, including:

- 93%—Show what a fair price would be for a specific procedures;
- 92%—Require hospitals and doctors to provide up-front cost estimates to consumers;

- 92%—Require drug companies to provide advanced notice of price increases;
- 93%—Require insurers to provide up-front cost estimates to consumers;
- 91%—Set standard payments to hospitals for specific procedures;
- 88%—Strengthen policies to drive more competition in health care markets;
- 88%—Establish an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner;
- 93%—Lower cost of follow-up care and treatment for people with chronic conditions like diabetes, liver disease and cancer.
- 88%—Require routine health services to cost the same no matter what facility those services are conducted at; and
- 86%—Establish limits on health care spending growth.

Table 2

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

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
Show what a fair price would be for specific procedures 4	93%	92%	94%	94%
Require hospitals and doctors to provide up front patient cost estimates 2	92%	93%	93%	89%
Require insurers to provide upfront cost estimates to consumers 3	93%	93%	94%	91%
Set standard payments to hospitals for specific procedures 7	91%	90%	92%	90%
Strengthen policies to drive more competition in health care markets to improve choice and access 18	88%	89%	88%	88%
Set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner 10	88%	87%	90%	86%
Lower the cost of follow-up care and treatment for people with chronic conditions like diabetes, liver disease or cancer 13	93%	90%	96%	91%
Require that routine health care services should cost the same no matter the kind of facility those services are conducted in 19	88%	87%	89%	86%
Set limits on health care spending growth and penalize payers or providers that fail to curb excessive spending growth 16	86%	86%	89%	82%

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

The survey findings indicate that while some Virginia respondents are motivated to search for hospital cost and quality information to inform their decisions and plan for future medical expenses, over half did not seek this information at all. This suggests that price transparency initiatives alone may not effectively influence consumer behavior. The lack of knowledge of hospital quality and potential costs may impede Virginia residents' ability to plan for needed care and budget for the expense of a hospital stay, which can be costly, particularly for residents who are uninsured or under-insured.[10]

Virginia respondents reported support for government-led solutions to make price and quality information more accessible and to help consumers navigate hospital care. Many favored solutions could reduce the burden on consumers, such as standardizing payments for specific procedures, requiring cost estimates from hospitals and doctors, and establishing an independent entity for quality reviews. Policymakers should consider these and other policy options to address the bipartisan call for government action.

Notes

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

About the Altarum Healthcare Value Hub

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

Contact the Hub:
(734) 302-4600 | www.HealthcareValueHub.org

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.