HEALTHCARE VALUE HUB

Data Brief | October 2025

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

Summary

According to a survey of more than 1,380 Virginia adults conducted from August 1 to August 19, 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:

- 41% received an unexpected medical bill in the past year;
- 40% 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;
- 24% reported that they or a family member had outstanding medical bills, with the largest share incurring medical debt of $500 or less (63%);
- 41% reported incurring medical debt because their insurance plan did not cover the service fully, and 18% reported incurring medical debt because their insurance plan did not cover the service at all;
- While unexpected bills and medical debt were prevalent across all respondents, certain groups reported higher rates of exposure; and
- Across party lines, respondents express strong support for government-led solutions to reduce out-of-pocket costs and increase price transparency.

Unexpected Medical Bills

Overall, (41%) of Virginia respondents received an unexpected medical bill in the past year. When asked about the nature of their bill, nearly two-thirds (64%) of respondents reported that the amount was higher than anticipated, and 40% reported that the bill was from a provider that they didn't expect to receive a bill from. In smaller numbers, 22% reported being charged out-of-network rates by a provider they believed was in-network, 13% reported being charged for services they did not receive, and 20% reported experiencing something else unexpected.

Unexpected medical bills were most frequently reported as coming from a hospital (51%), doctor's office (48%), and medical labs (28%), followed by medical clinics (23%), pharmacies (21%), and pregnancy-related services (6%). Unexpected bills can be a major contributor to health care debt. A national survey found that many medical debts come from one-time or short-term medical expenses, which are often unexpected, and that many households don't have the cash to cover an unexpected $500 health care bill.[1]

Among respondents with unexpected bills, those with employer-sponsored and individually purchased insurance (e.g., through the health care Marketplace) most frequently reported unexpected medical bills (45% and 46%, respectively), followed by respondents enrolled in the Virginia Medicaid program (37%) and Medicare (34%).

Respondents made various attempts to resolve their unexpected medical bills, with half (50%) taking more than one step. Many contacted their health plan (51%) or provider (48%), and some attempted to challenge the bill or negotiate a lower bill (14%), while others paid the bill without disputing it (22%). Few filed an insurance appeal (13%) or formal complaint (7%) (see Table 1).

Table 1

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

Action	Percent
Contacted the health plan or consulted insurance policy	51%
Contacted the doctor, hospital or lab	48%
Paid the bill without disputing it	22%
Attempted to challenge the bill or negotiate a lower bill	14%
Filed an insurance appeal	13%
Contacted a consumer assistance program	12%
Asked a friend or family member for help	11%
Contacted a state government agency	7%
Filed a formal complaint	7%
Contacted a state legislator or member of Congress	6%
Contacted a lawyer	4%
Solicited donations using a crowdfunding platform	4%

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

Overall, 40% of respondents with an unexpected medical bill indicated that the issue was resolved to their satisfaction (see Table 2). Respondents were satisfied/dissatisfied with their bill resolution at similar rates regardless of whether they took extra steps to resolve their bill, although those who did not take extra steps paid the original bill in full more frequently than those who did take extra steps (46% compared to 29%).

Table 2

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

Resolution Status	All Respondents with Unexpected Bill	Extra Effort	No Extra Effort
Issue was resolved satisfactorily	40%	48%	43%
Issue was resolved, but not satisfactorily	16%	27%	25%
The issue is still not resolved	12%	22%	24%
Unsure	32%	3%	8%

Source: 2025 Poll of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: "Extra effort" is defined as taking more than one step to resolve an unexpected medical bill. For example: a respondent who contacted their health plan and paid the bill in full, or a respondent who contacted their doctor and attempted to challenge the bill.

Regardless, most respondents reported that they settled their bills by paying in full (38%) or through a payment plan (17%), while a smaller number successfully negotiated a lower bill (9%) or had their bill dismissed (13%) (see Table 3). Some respondents' bills (5%) were sent to collections where the bill remains unpaid, while few (<1%) filed for bankruptcy.

Table 3

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

Resolution Method	Percent
Paid original bill in full	38%
The billing issue remains unresolved	17%
Paying the original bill through a payment plan	17%
The billing issue was dismissed or written off	13%
Successfully negotiated a lower bill	9%
The bill was sent to collections and remains unpaid	5%

Source: 2025 Poll of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Components do not add to 100% due to some respondents being unsure of bill resolution.

Financial Burdens Due to Medical Bills

Many survey respondents have experienced financial burdens due to medical bills. Overall, 40% reported experiencing one or more of these struggles to pay their medical bills in the last year:

- 17%—Used up all or most of their savings
- 14%—Were contacted by a collection agency
- 11%—Borrowed money, got a loan or another mortgage on their home
- 11%—Were unable to pay for basic necessities like food, heat or housing
- 8%—Were placed on a long-term payment plan
- 9%—Racked up large amounts of credit card debt
- 5%—Asked for donations (GoFundMe campaigns)

Notably, respondents of color reported experiencing at least one financial burden related to medical debt more frequently than white, alone non-Hispanic respondents (46% compared to 37%). 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 (58% compared to 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 (see Table 4).

Table 4

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

	Experienced Any Financial Burden due to Medical Costs
Geographic Setting	
Rural Virginia	38%
Non-Rural Virginia	41%
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 disability	33%
Household does not include a person with a disability	59%
Demographic Characteristics	
Age	
18-24	54%
25-34	52%
35-44	52%
45-54	33%
55-64	21%
65+	16%
Race/Ethnicity	
Respondents of Color (Total)	46%
Black or African American, Non-Hispanic/Latino	45%
Hispanic or Latino, any race	45%
White Alone, Non-Hispanic/Latino	37%
Insurance Type	
Employer-based health insurance	45%
Health insurance purchased individually	55%
Medicare, coverage for older adults	23%
Virginia Medicaid	50%
Orientation	
Sexual diverse	54%
Not sexual diverse	39%

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

Note: The Respondents of Color category includes respondents who are: Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. The Disability Status category includes respondents who responded that they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

Medical Debt and Health Insurance

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

Medical debt is an issue for Virginia survey respondents as well. Nearly a quarter (24%) of respondents reported that they or a family member have outstanding medical bills. Among those with outstanding medical bills, the majority of respondents reported owing less than $500 (64%). However, nearly one in ten respondents reported owing between $500 - $999 (8%) or between $1,000 - $2,499 (10%). In lesser numbers reported owing between $2,500 - $4,999 (7%), $5,000 - $7,499 (5%), and $7,500 - $9,999 (3%), while 3% reported owing $10,000 or more in medical debt.

The duration that respondents reported carrying any amount of medical debt varied, with the largest share having a medical debt in their family for less than a year (72%) followed by between 1 - 2 years (15%) and 3 - 5 years (7%). Approximately 1 in every 20 respondents reported having outstanding medical debt for five or more years (6%). The majority of respondents had never been given an opportunity to have their medical debt relieved (59%) or erased (62%).

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

Table 5

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

	Outstanding Medical Bills
Employer-based health insurance	27%
Health insurance purchased individually	32%
Medicare, coverage for older adults	14%
Virginia Medicaid	32%

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

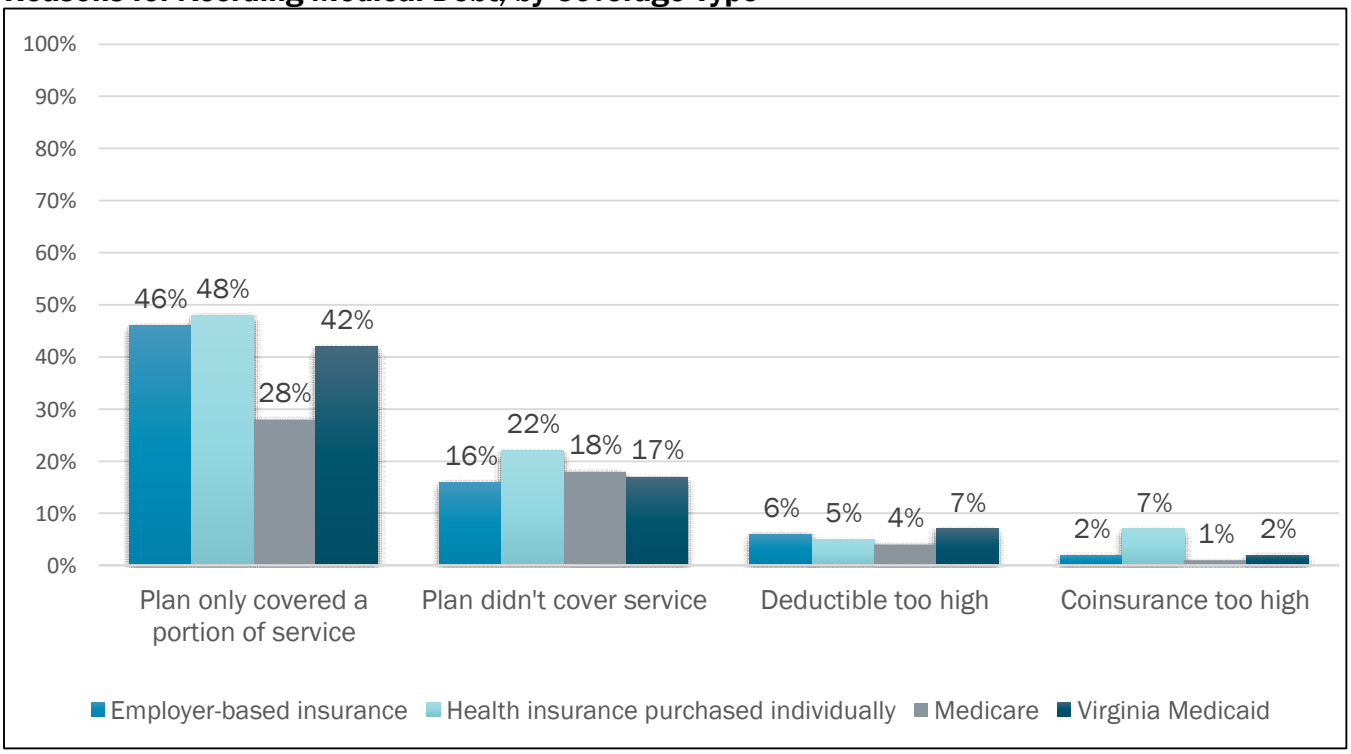
Nearly three-fourths (70%) of respondents with medical debt had health insurance at the time they incurred the debt. At the time of the survey, over two-fifths 44% of respondents with outstanding medical bills reported being covered by employer-sponsored insurance, 21% were covered by Medicare, 11% reported having individual or small group insurance (like coverage purchased on the Marketplace), and 10% reported being covered by Medicaid. Over three-fourths (84%) of respondents had no gaps in coverage in the past 12 months.

When asked why they incurred medical debt, 41% of all respondents reported that their insurance only covered a portion of the service, while 18% of respondents reported that their insurance did not cover the service at all. In lesser numbers, 6% of respondents reported that their deductible was too high and they were unable to meet it, 2% reported that their coinsurance was too high, and another 5% of respondents reported that the corresponding interest rates have kept them in debt.

Apart from those with Medicare, respondents most commonly reported that they accrued medical debt because their insurance plan did not fully cover the service compared to other coverage types)see Figure 1). Notably, Almost half of residents (46%) who utilize Medicare reported 'Other' reasons for accruing medical debt.

Figure 1

Reasons for Accruing Medical Debt, by Coverage Type



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

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, as well as the amounts and reasons for incurring medical debt.

Income

Those earning $50,001 - $75,000 reported the highest rates of medical debt, followed by those earning ≤ $50,000 annually (see Table 6). While almost two-thirds (62%) of respondents with household incomes of less than $50,000 per year report having less than $500 in medical debt, roughly 1 in 20 (4%) owe more than $10,000 in medical debt.

Table 6

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

	Outstanding Medical Bills
≤ $50,000 annually	27%
$50,001 - $75,000 annually	30%
$75,001 - $100,000 annually	26%
≥ $100,000 annually	20%

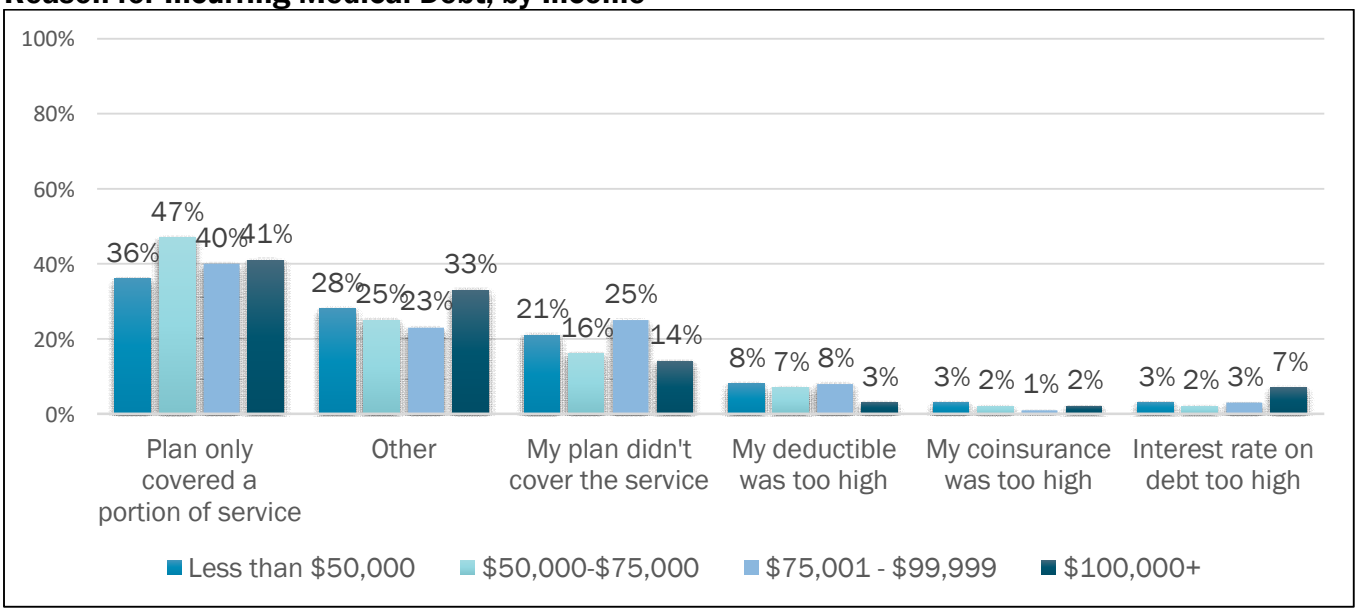
Source: 2025 Poll of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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

There are some differences across income brackets related to why respondents accrued medical debt. Those earning $50,000 - $75,000 reported the highest rates of accruing medical debt because their plan only covered a portion of the service. However, similar percentages of respondents from all other income brackets reported the same reason (see Figure 3). Interestingly those earning over $100,000 reported the highest rates of accruing debt because the interest rate on their medical debt was too high (7%).

Figure 3

Reason for Incurring Medical Debt, by Income



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

Age

Respondents of different ages reported different incidence of medical debt. Those ages 35-44 reported the highest rates of medical debt, followed by those ages 18-24 and 25-34 (see Table 7). Respondents aged 65+ most commonly reported owing less than $500 in medical debt (90%), followed by those ages 55-64 (82%) and ages 45-54 (65%).

Table 7

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

	Outstanding Medical Bills
18-24	29%
25-34	29%
35-44	35%
45-54	20%
55-64	14%
65+	7%

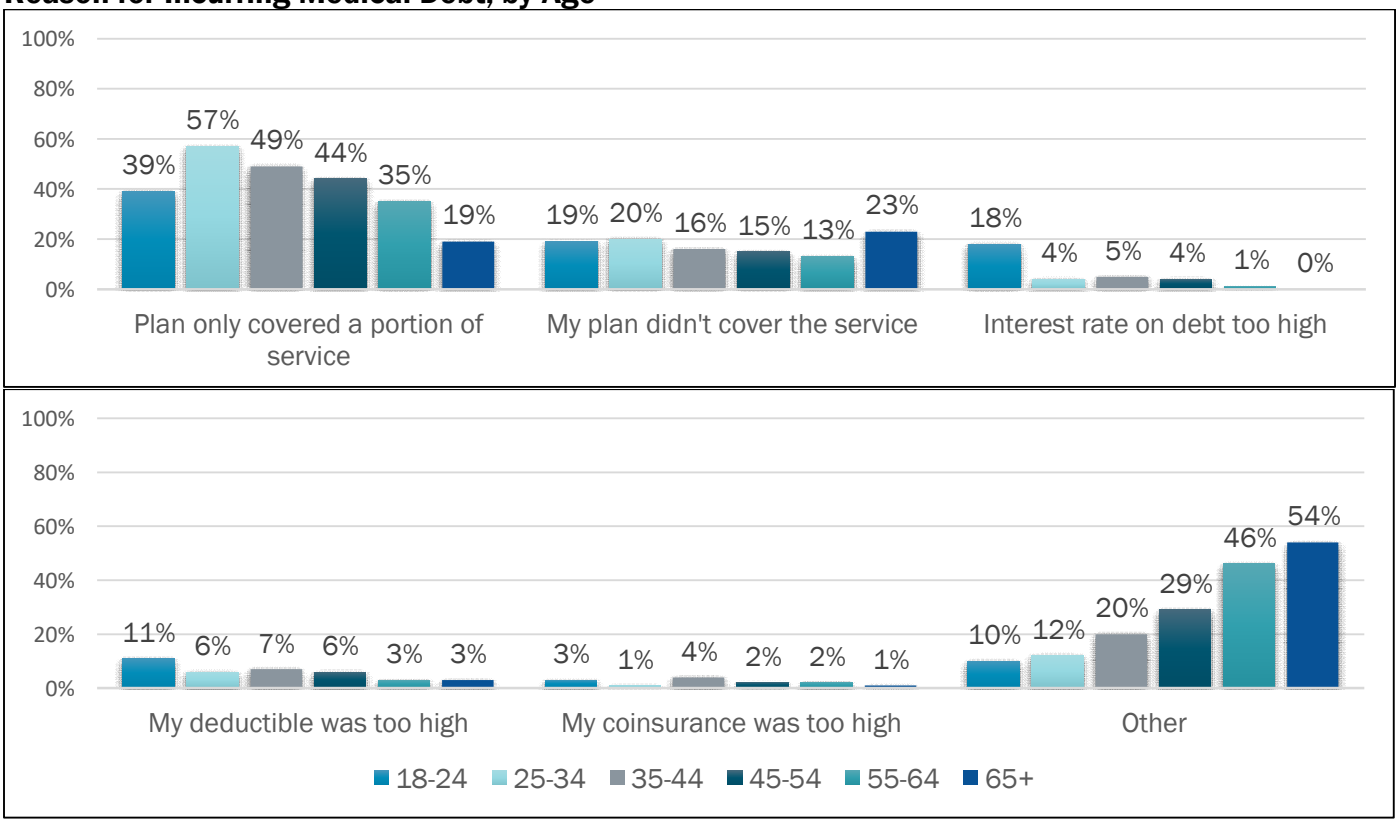
Source: 2025 Poll of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Nationally, rates of medical debt are higher among middle age and young adults, who are more frequently exposed to the combined high cost of care for themselves, children, spouses, and aging relatives.[13] Studies have also found that large shares of non-elderly households cannot afford to pay typical cost-sharing amounts, especially those with low incomes.[14] Medical debt impacts long-term financial security, with many adults delaying buying homes and education. [15] Although the prevalence of health care debt can decline with age, one in five adults ages 65 and older still have medical debt nationwide, with roughly one-third taking money out of retirement, college, or other long-term savings accounts.[16] In addition, adults of all ages have reported medical debt negatively impacting their credit scores.[17] These conditions can make it more difficult for adults of all ages to afford care in the future.

Across age groups, respondents report different reasons for accruing medical debt. Roughly half of respondents ages 25-34 (57%) and 35-44 (49%) report accruing medical debt because their insurance plan only covered a portion of the service(s) they received (see Figure 5). Respondents age 65+ (54%) and 55-64 (46%) reported higher rates of accruing medical debt due to 'Other' reasons.

Figure 5

Reason for Incurring Medical Debt, by Age



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

Disability

Some of the highest rates of medical debt were seen among households that include a person with a disability. Respondents whose households included a member with a disability reported higher rates of medical debt for themselves or their family (37%) compared to those without a disabled household member (19%) (see Table 8). Respondents with a disabled household member most frequently reported owing less than $500 in medical debt (51%), while those without a disabled household member most frequently reported the same amount (69%).

Table 8

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

	Outstanding Medical Bills
Household includes a person with a physical or cognitive impairment	37%
Household does not include a person with a physical or cognitive impairment	19%

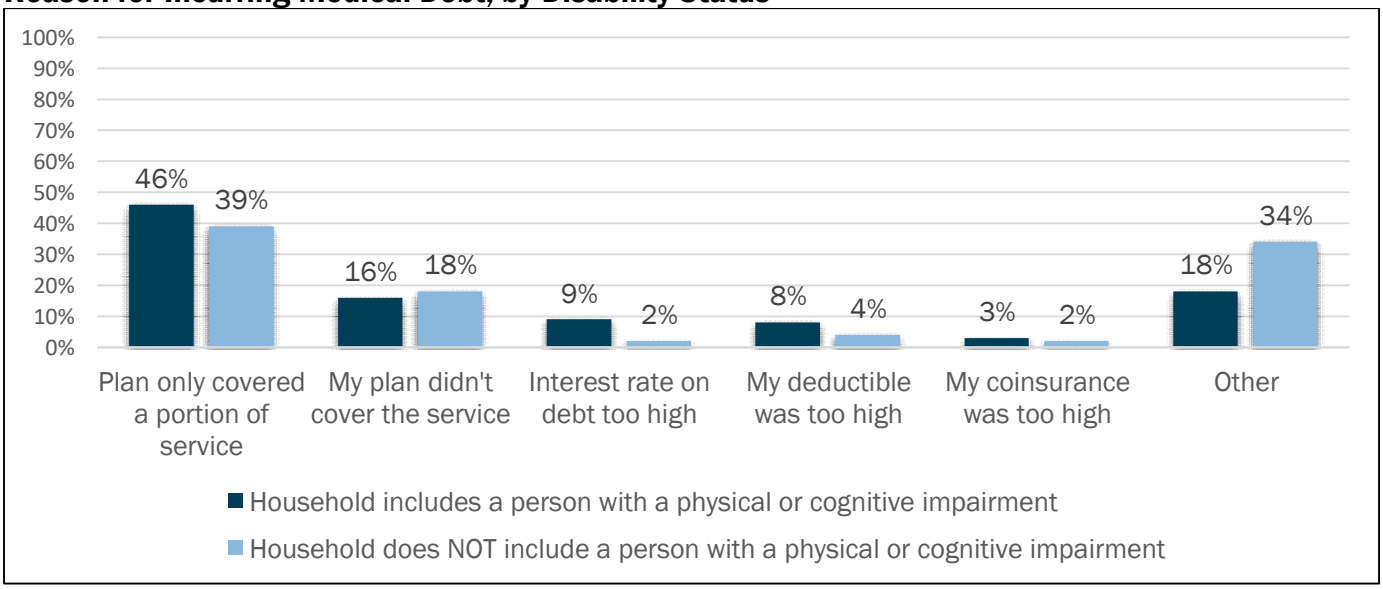
Source: 2025 Poll of Virginia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Disability Status category includes respondents who responded that they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care

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

Respondents with a disabled household member reported similar reasons for accruing medical debt. Forty-six percent of respondents with a disabled household member reported that they accrued medical debt because their plan only covered a portion of the service, while 39% of those without a disabled household member reported the same. Similarly, 16% of those with a household member with a disability had medical debt because their plan didn't cover the service and 18% of those without a disabled household member reported the same (see Figure 5).

Figure 5

Reason for Incurring Medical Debt, by Disability Status



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

Race and Ethnicity

Differences in medical debt exposure were not seen across racial/ethnic groups. Respondents of color reported similar rates of medical debt (25%) compared to White alone non-Hispanic respondents (23%) (see Table 8). Both respondents of color and white alone, non-Hispanic respondents most commonly report owing less than $500 in medical debt (65% and 62% respectively) followed by Black/African American respondents (58%), and Hispanic/Latino respondents (59%).

Table 8

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

	Outstanding Medical Bills
Respondents of Color (Total)	25%
Black or African American	26%
Hispanic or Latino, any race	32%
White Alone, Non-Hispanic/Latino	23%

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

Support for Solutions Across Party Lines

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

- 93%—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 hospitals and doctors to provide up front patient cost estimates to consumers;
- 91%—Establish standard payments to hospitals for specific procedures;

In addition, 85% of respondents thought that it was moderately or extremely important for the state to maintain Medicaid funding to prevent medical debt and improve access to care for those who need it most. Support for solutions extended across the aisle, reflecting bipartisan agreement on the need for greater health care price transparency and policies designed to reduce the frequency of unexpected medical bills and out-of-pocket costs (see Table 6).

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

Table 6

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

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
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%
Set standard prices for drugs to make them affordable	92%	92%	94%	90%
Set standard payments to hospitals for specific procedures	91%	90%	92%	90%
Expand health insurance options so that everyone can afford quality coverage	93%	91%	96%	93%
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%
Lower the cost of follow-up care and treatment for people with chronic conditions like diabetes, liver disease or cancer	93%	90%	96%	91%

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

Conclusion

Virginia 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 Virginia and strategies that survey respondents support, please see *Virginia Survey Respondents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Express Bipartisan Support for Policy Solutions*, Healthcare Value Hub, Data Brief (December 2025).

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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.

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.