

Georgia Survey Respondents Receive Unexpected Medical Bills, Incur Medical Debt, and Express Bipartisan Support Government Action

Executive Summary

Medical debt remains a common consequence of high and unpredictable out-of-pocket medical costs. Findings from the Consumer Healthcare Experience State Survey (CHESS) illustrate how unexpected medical bills and affordability challenges contribute to financial strain for many Georgia households.

This brief describes findings from a survey of nearly 1,400 Georgia adults, conducted by Altarum's Healthcare Value Hub from July 8th to July 23rd, 2026, to examine experiences with unexpected medical bills, financial burden, medical debt, and support for policy solutions.

Key findings include:

- **Unexpected medical bills are not uncommon:** 30% received an unexpected medical bill in the past year.
- **Financial strain affects many households:** 43% experienced financial burdens due to medical bills, including using up all or most of their savings, going without basic necessities, accumulating credit card debt, or being contacted by a collection agency.
- **Medical debt persists despite coverage:** 33% reported that they or a family member had outstanding medical bills; among those with medical debt, 58% reported that insurance only covered part of the service, 15% reported their insurance plan did not cover the service, and 12% reported their deductible was too high.
- **Large debts exists but the majority of debt is under \$5,000:** 10% of respondents reported owing at least \$10,000 in medical debt while 56% of respondents reported owing less than \$2,500 in medical debt.
- **Support for solutions across party lines:** Respondents across political affiliations express strong support for government-led solutions to reduce out-of-pocket costs and increase price transparency.

Together, these findings show that medical debt is closely tied to unpredictable medical bills and unaffordable out-of-pocket costs, even among insured Georgia respondents, and highlight broad public support for policies that prevent medical debt.

Background

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.¹ 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.^{2,3,4} This lack of affordability is reflected in national survey findings showing that many medical debts stem from one-time or short-term medical expenses that are often unexpected,⁵ and 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 negatively impact long-term financial security and ability to afford care in the future.

The aim of this brief is to present findings from the Georgia CHES survey on unexpected medical bills, financial burdens due to medical costs, medical debt, and support for policy solutions. Detailed information on the survey methods, sampling approach, and study population is provided in the **Appendix**.

Unexpected Medical Bills

Thirty percent (30%) of Georgia respondents received an unexpected medical bill in the past year. Among respondents who received an unexpected bill, experiences varied by coverage. Respondents with employer-sponsored and Georgia Medicaid most frequently reported an unexpected medical bill (35% and 34%, respectively), followed by respondents enrolled in individually purchased insurance (e.g., through the health care Marketplace (32%) and Medicare (18%).

Financial Burdens Due to Medical Cost

Nearly half of Georgia respondents (43%) reported experiencing at least one financial burden due to medical costs in the last year.

Financial burdens were not evenly distributed across the population. Higher rates of medical cost-related burden were reported among younger adults, respondents of color, respondents with a disability or who live with a person with a disability, and respondents with Medicaid. The findings in Georgia are consistent with what we see across the National CHES data set regarding the impact of financial burdens from medical costs (**Table 1**).

Respondents reported a range of strategies and consequences when trying to manage medical expenses. 18% reported being contacted by a collection agency, 14% reported using up all or most of their savings, and 13% reported borrowing money or taking out a loan or another mortgage on their home. Fewer respondents reported going without basic necessities like food, heat or housing due to medical bills (12%), accumulating large amounts of credit card debt (11%), or being placed on a long-term payment plan (10%).

Table 1. Percent of Respondents Who Experienced a Financial Burden Related to Medical Bills, by Selected Characteristics

	Georgia Financial Burden Due to Medical Bills	National CHES Financial Burden Due to Medical Bills
Household Characteristics		
Household Income		
≤ \$50,000 annually	51%	46%
\$50,001 - \$75,000 annually	52%	43%
\$75,001 - \$100,000 annually	46%	44%
\$100,000 – \$150,000 annually	31%	37%
≥ \$150,000 annually	---	29%
Physical or Cognitive Impairment		
Household includes a person with a physical or cognitive impairment	66%	58%
Household does not include a person with a physical or cognitive impairment	33%	32%
Demographic Characteristics		

	Georgia Financial Burden Due to Medical Bills	National CHES Financial Burden Due to Medical Bills
Age		
18-24	54%	50%
25-34	51%	57%
35-44	45%	52%
45-54	48%	42%
55-64	27%	30%
65+	20%	14%
Race/Ethnicity		
Respondents of Color (Total)*	47%	49%
Black or African American, Non-Hispanic/Latino*	50%	53%
Hispanic or Latino, any race*	39%	51%
White Alone, Non-Hispanic/Latino	39%	34%
Insurance Type		
Employer-based health insurance	42%	40%
Health insurance purchased individually	54%	56%
Traditional Medicare, fee for service	28%	25%
Medicare Advantage	37%	--
Georgia Medicaid	51%	44%

Source: 2026 Poll of Georgia 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

Thirty-three percent (33%) of Georgia respondents reported that they or a family member currently have outstanding medical bills (**Table 2**). Among respondents with medical debt, the most reported amount was \$1,000-\$2,499 (20%), followed by less than \$500 (19%), \$2,500 - \$4,999 (18%), \$500 - \$999 (17%) and \$5,000 - \$7,499 (10%). Still, 1 in 10 respondents (10%) report owing over \$10,000 in medical debt.

Table 2. Percent who Had Outstanding Medical Bills in the Previous 12 Months, by Insurance Type

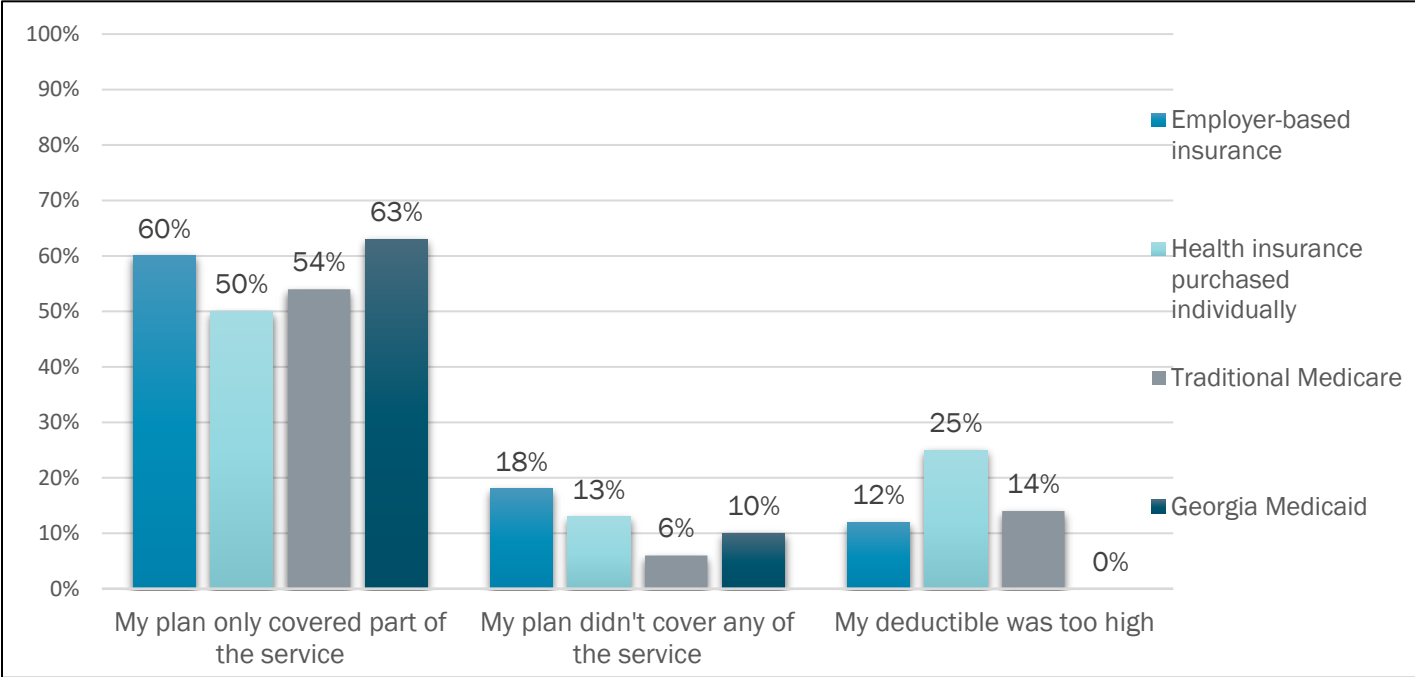
	Outstanding Medical Bills
Employer-based health insurance	34%
Health insurance purchased individually	38%
Traditional Medicare, fee for service	20%
Medicaid Advantage	31%
Georgia Medicaid	35%

Source: 2026 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Medical debt frequently occurred despite insurance coverage. Respondents with medical debt (34%) reported having health insurance at the time they incurred the debt, and nearly three in four respondents (74%) had no gaps in coverage in the past 12 months. At the time of the survey, 4 in 10 (40%) reported being covered by employer-sponsored insurance, followed by insurance bought on the Marketplace exchange (15%), Medicare Advantage (13%), Traditional Medicare, (9%) and Georgia Medicaid (8%). Medical debt affects both insured and uninsured respondents (**Table 2**).

Respondents identified multiple reasons for incurring medical debt, reflecting differences in insurance coverage (**Figure 1**). Over half of Georgia respondents reported that their insurance only covered half of the service (58%), followed by insurance not covering the service at all (15%). In lesser numbers, respondents reported their deductible was too high to meet (12%), and 4% reported that their coinsurance was too high.

Figure 1. Reasons for Accruing Medical Debt, by Coverage Type



Source: 2026 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: *Data for individually purchased health insurance, traditional Medicare, and Georgia Medicaid did not meet the N=100 threshold. Some data also did not meet the CV=0.3 threshold. Please interpret with caution.

Respondents most frequently identified hospital services (65%) and laboratory services (lab tests, x-rays, scans) (32%), as the source of their medical debt.

Other commonly reported sources included doctor or technician services in the hospital (28%), doctor or technician services not in hospital (25%), and urgent care centers (19%). Smaller proportions cited physical therapy or pain management services (10%), dental services (10%), mental healthcare or addiction treatment (8%), and pregnancy-related expenses (5%), and as the source of their medical debt.

Why This Matters

Medical debt can occur across insurance types for different reasons. Uninsured individuals are responsible for the full cost of care,^{6,7} while those with employer-based, individual, or Marketplace coverage may face high cost-sharing.⁸ Although Medicaid and Medicare often have lower cost-sharing, limited covered services or difficulty finding participating providers can still result in out-of-pocket costs.^{9,10}

Differences in Amount and Reasons for Medical Debt

While insurance coverage plays a central role in how medical debt occurs, the prevalence and severity of medical debt also vary across income, age, disability status, and race and ethnicity.

Income

Medical debt was reported across income levels, though both the likelihood of having medical debt and the amounts owed varied by household income (Table 3). Among respondents with a household income below \$50,000, over 6 in 10 (62%) reported having \$2,500 or less in medical debt, while 13% owe more than \$10,000 versus those with a household income above \$100,000 (57% and 10% respectively).*

*Data for some income groups did not meet the N=100 threshold.

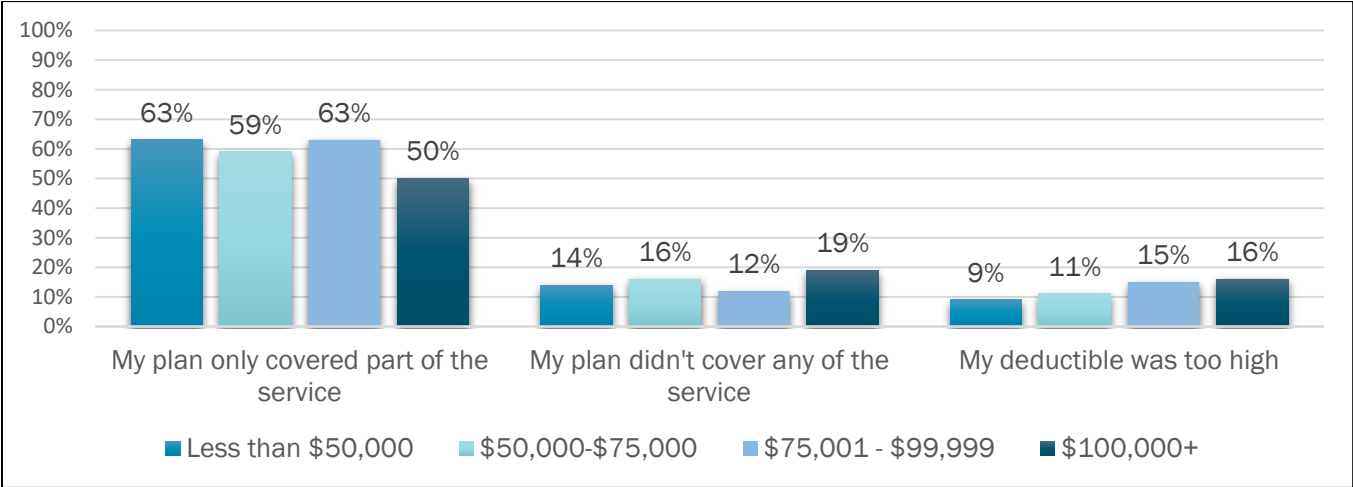
Table 3. Percent of Respondents with Outstanding Medical Bills in the Previous 12 Months, by Income

	Outstanding Medical Bills
≤ \$50,000 annually	40%
\$50,001 - \$75,000 annually	39%
\$75,001 - \$100,000 annually	34%
≥ \$100,000 annually	24%

Source: 2026 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Differences were also observed in the reasons respondents reported for incurring medical debt. While respondents across income groups cited similar reasons overall (Figure 2), lower -income respondents more frequently reported incurring medical debt because services were only partially covered by insurance (63%), whereas respondents in higher income brackets more often cited high deductibles as a contributing factor (16%).

Figure 2. Reason for Incurring Medical Debt, by Income*



Source: 2026 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*The quantity of responses for individual groups not shown above were insufficient to report reliable estimates.

Note: *Data for income groups above Less than \$50,000 did not meet the N=100 threshold. Please interpret with caution.

Age

Medical debt prevalence varied by age (Table 4). Respondents ages 45-54 reported the highest rates of medical debt (47%), followed by those ages 25-34 (37%) and 18-24 (36%). In contrast, those ages 65+ reported lower rates of medical debt (15%). Across all age groups, respondents most often reported lower

amounts of medical debt, although a smaller share in each age group reported owing \$10,000 or more.

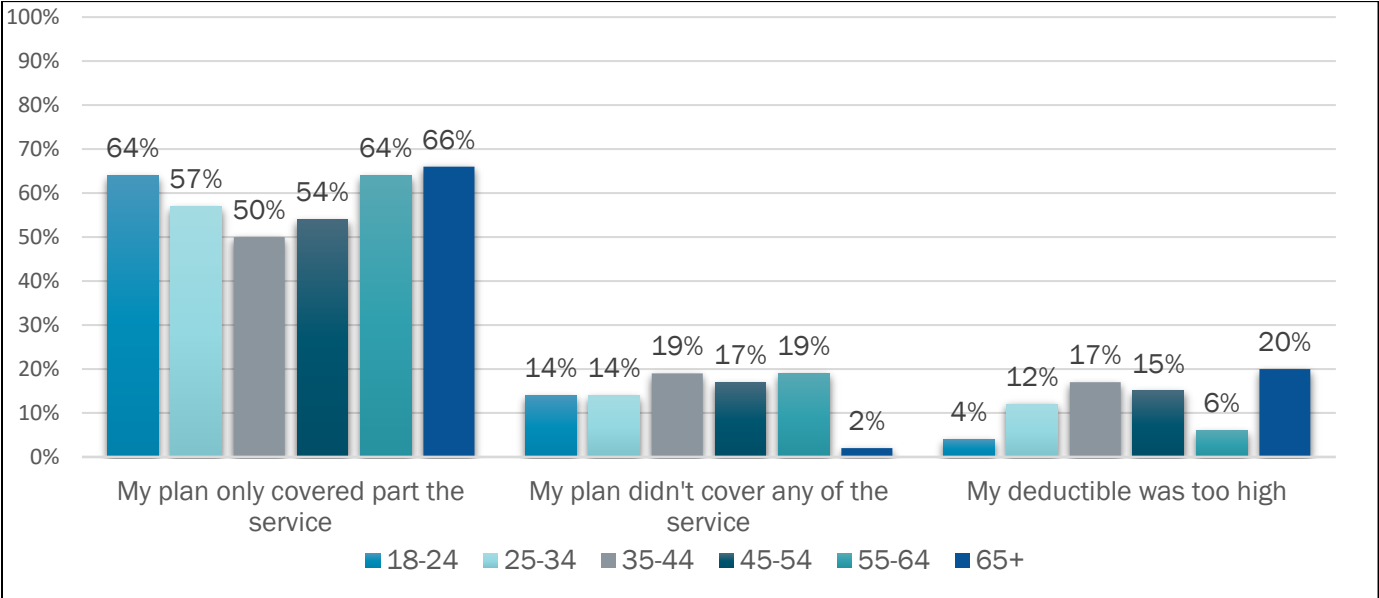
Table 4. Percent of Respondents with Outstanding Medical Bills in the Previous 12 Months, by Age

Age Range	Outstanding Medical Bills
18-24	36%
25-34	37%
35-44	35%
45-54	47%
55-64	22%
65+	15%

Source: 2026 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
*The quantity of responses for individual age groups not shown above were insufficient to report reliable estimates.

Reasons for incurring medical debt were generally similar across age groups, though the relative importance of specific factors varied (**Figure 3**). More than half of respondents aged 65+ (66%) and 55-64 (64%) report incurring medical debt because their insurance plan didn't fully cover the service(s) they received. Higher rates of medical debt due to high deductibles were reported among respondents ages 65+ (20%), while respondents aged 35-44 and 55-64 reported higher rates of their plans not covering any of their needed services (both 19%).

Figure 3. Reason for Incurring Medical Debt, by Age*



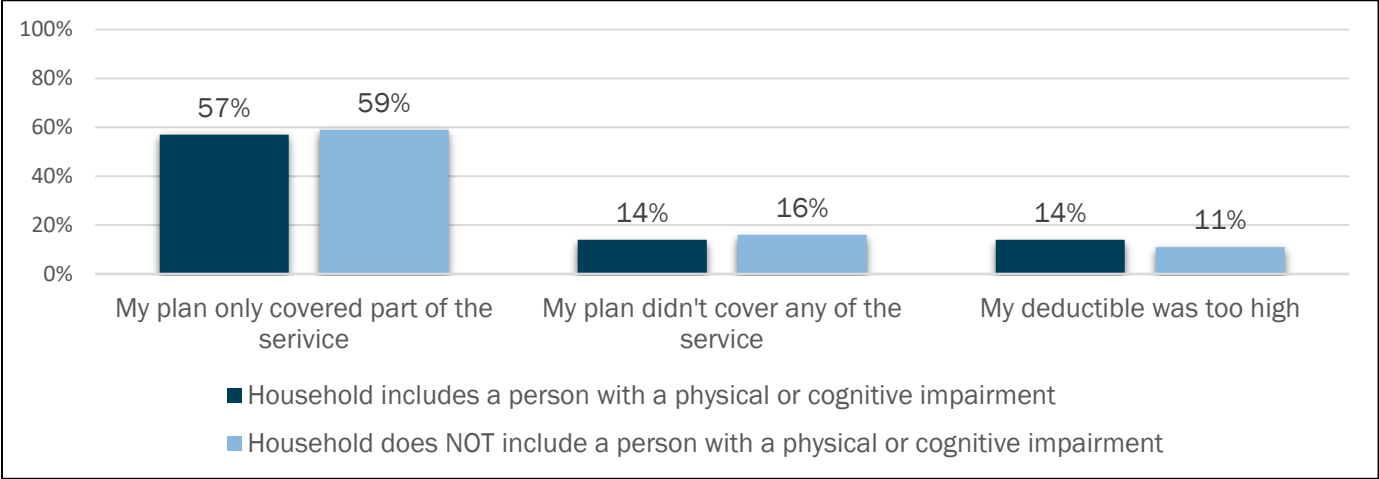
Source: 2026 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: *Not all data included met the N=100 and CV=0.3 threshold; Please interpret with caution.

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 (48%) compared to those without a disabled household member (27%). Respondents with a household member with a disability most frequently reported owing between \$2,500 - \$4,499 in medical debt (21%), while those without a household member with a disability most frequently reported medical debt of less than \$500 (22%).

Reasons for incurring medical debt were similar among respondents with or without a household member with a disability. Compared with respondents without a disabled household member, respondents with a household member with a disability reported similar rates of medical debt due to non-covered services (14% vs 16%), plans partially covering the service (57% vs 59%), and deductibles (14% vs 11%) (Figure 4).

Figure 4. Reason for Incurring Medical Debt, by Disability Status



Source: 2026 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Race and Ethnicity

Differences in medical debt exposure were also seen across racial/ethnic groups (Table 5). Respondents of color reported higher rates of medical debt (37%) compared to White alone non-Hispanic respondents (30%). Black/African American respondents more commonly report owing less than \$2,500 in medical debt (65%), followed by respondents of color respondents (63%) and white alone non-Hispanic respondents (50%).

Table 5. Percent who Had Outstanding Medical Bills in the Previous 12 Months, by Race and Ethnicity

	Outstanding Medical Bills
Respondents of Color (Total)*	36%
Black or African American, Non-Hispanic/Latino*	38%
Hispanic or Latino, any race*	27%
White Alone, Non-Hispanic/Latino	30%

Source: 2026 Poll of Georgia 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.

Why this matters

Differences in the amount and reasons for medical debt often reflect variation in financial resources, life stage, and exposure to health care costs. Lower income households may be less able to absorb uncovered services or cost-sharing,^{6,7} and younger and middle aged adults may face higher combined costs related to family responsibilities.¹¹ People with disabilities and chronic health conditions may have more frequent health care needs and out-of-pocket costs, and may also experience income disruptions that make medical bills harder to manage.^{7,12,13} Prior research has also documented racial and ethnic disparities in medical debt linked to differences in income, insurance design, and access to care.^{14,15} Across groups, medical debt can have lasting effects on financial security, including depleted savings, damaged credit, and delayed major life decisions.^{11,16}

Support for Solutions Across Party Lines

Support for addressing medical debt extended across political affiliations, with respondents expressing strong support for policy approaches aimed at reducing out-of-pocket costs, increasing price transparency, and preventing unexpected medical bills (Table 7).

Taken together, these findings indicate that medical debt is widely viewed as a shared affordability challenge and that there is broad public support for policy efforts to prevent medical debt before it occurs.

Why this matters

Support for addressing medical debt across political affiliations underscores that health care affordability is a shared concern. Bipartisan support for policies that reduce out-of-pocket costs, increase price transparency, and prevent unexpected medical bills points to opportunities for policy action with broad public backing.

Table 7

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

<i>Selected Survey Statement</i>	<i>Total Percent</i>	<i>Republican</i>	<i>Democrat</i>	<i>Independent</i>
Limit the price of expensive prescription drugs	92%	92%	93%	92%
Prohibit extra fees that aren't connected to the cost of your care, like hospitals charging facility fees at offices and clinics miles away from the hospital campus	92%	90%	92%	96%
Prevent hospitals from charging more for routine health care services that are most often provided in a doctor's office	91%	91%	91%	91%
Rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this)	90%	89%	90%	91%
Limit the prices at expensive hospitals in the private health insurance market (Medicare and Medicaid already set hospital prices for their markets)	90%	90%	90%	90%
Increase investment in primary care	89%	90%	89%	89%
Make it easier for people to apply for and renew their Medicaid coverage	88%	82%	93%	90%
Change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services	87%	86%	87%	89%
Integrate the Medicaid and Medicare programs for people who are eligible for both to make it simpler for them to navigate those programs	87%	83%	87%	90%
Allow the government to limit and prevent health care mergers that could reduce competition and increase health care prices	86%	85%	87%	86%
Allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber	83%	85%	83%	82%
Everyone should have access to the health services they need, when and where they need them, without financial hardship	81%	79%	84%	79%

The state government should implement policies aimed at lowering the high and rising costs of health care	81%	79%	84%	78%
The state government should invest in improving health status in low-income communities	78%	69%	86%	77%
Medicaid plays a critical role in giving eligible patients access to necessary medical care	73%	66%	80%	72%
Potential price increases should be factored in when the state government is deciding whether to allow a health system to consolidate, grow, or close	70%	71%	72%	66%
Racial inequities in health care are a major issue, causing people of color to receive lower-quality care compared to others	53%	32%	77%	47%

Source: 2026 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Why this matters

Taken together, these findings show how unexpected medical bills and unaffordable out-of-pocket costs can translate into financial strain and medical debt for many Georgia households. The combination of widespread experiences and broad support for prevention-focused policies underscores the importance of strategies that reduce the likelihood of medical debt before it occurs.

Conclusion

Findings from the Georgia Consumer Healthcare Experience State Survey show that unexpected medical bills, financial strain, and medical debt are common experiences for Georgia residents. Many respondents reported significant financial burdens related to medical costs, including using savings, taking on credit card debt, or carrying unpaid medical bills.

Medical debt was most often driven by unaffordable out-of-pocket costs, even among respondents with health insurance. Many respondents incurred medical debt because their insurance plan did not cover the service, or because their deductible or co-insurance was too high to afford. Differences in exposure to medical debt were observed across income, age, disability status, and race and ethnicity, underscoring that medical debt affects a wide range of Georgia households.

Respondents across the political spectrum expressed support for policies aimed at reducing out-of-pocket costs, increasing price transparency and preventing unexpected medical bills. Together, these findings highlight medical debt as a shared affordability challenge and point to broad public support for efforts to prevent medical debt before it occurs.

By grounding policy discussions in Georgia residents' lived experiences, these findings can help state policymakers identify and evaluate strategies that protect consumers from unaffordable out-of-pocket costs and prevent medical debt. For more information on healthcare affordability in Georgia and strategies that survey respondents support, please see the Georgia Health Care Affordability Consumer Healthcare Experience State Survey.

Notes

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About the Altarum Healthcare Value Hub

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

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Appendix. Methodology & Population

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 July 8th to July 23rd, 2026, used a web panel from Dynata with a demographically balanced sample of nearly 1,400 respondents who live in Georgia. 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 1,379 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not

Demographic Characteristic	Frequency	Percent
Sex		
Woman	719	52%
Man	660	48%
Sexual Diverse	163	12%
Insurance Type		
Health insurance through my or a family member's employer	474	34%
Health insurance I buy on my own	211	15%
Medicare, coverage for seniors and those with serious disabilities	138	10%
Georgia Medicaid	190	14%
TRICARE/Military Health System	110	8%
Department of Veterans Affairs	27	2%
No coverage of any type	171	12%
I don't know	30	2%
Race		
American Indian/Native Alaskan	28	2%
Asian	37	3%
Black or African American	254	18%
Native Hawaiian/Other Pacific Islander	9	<1%
White	1,016	74%
Prefer Not to Answer	6	<1%
Two or More Races	69	5%
Ethnicity		
Hispanic or Latino	98	7%
Non-Hispanic or Latino	1281	93%
Age		
18-24	235	17%
25-34	263	19%
35-44	272	20%
45-54	222	16%
55-64	208	15%
65+	175	13%
Party Affiliation		
Republican	548	40%
Democrat	399	29%
Neither	432	31%

Demographic Characteristic	Frequency	Percent
Household Income		
Under \$20K	213	15%
\$20K-\$29K	149	11%
\$30K-\$39K	140	10%
\$40K-\$49K	116	8%
\$50K-\$59K	146	11%
\$60K-\$74K	123	9%
\$75K-\$99K	160	12%
\$100K-\$149K	202	15%
\$150K+	130	9%
Education Level		
Some high school	68	5%
High school diploma/GED	322	23%
Some college or training/certificate program	324	23%
Associate degree	137	10%
Bachelor's degree	303	22%
Some graduate school	35	3%
Graduate degree	190	14%
Self-Reported Health Status		
Excellent	191	14%
Very Good	445	32%
Good	485	35%
Fair	215	16%
Poor	43	3%
Disability		
Mobility	224	16%
Cognition	120	9%
Independent Living	136	10%
Hearing	94	7%
Vision	83	6%
Self-Care: Difficulty dressing or bathing	61	4%
No disability or long-term health condition	947	69%

Source: 2026 Poll of Georgia 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.