HEALTHCARE VALUE HUB

Data Brief | August 2026

North Carolina Survey Respondents Worry about Hospital Costs, Face Challenges Understanding Cost and Quality Information, and Support Government Action

Executive Summary

Hospital care is a major source of financial concern for many North Carolina residents. Findings from Altarum's Consumer Healthcare Experience State Survey (CHESS), conducted among more than 1,400 North Carolina adults from July 8 to July 23, 2026, highlight widespread worry about hospital costs. The results also point to challenges understanding hospital costs and quality information and broad support for government action.

Key findings include:

- **Worry about hospital costs is widespread:** Seventy-six percent of respondents reported worry about affording health care now or in the future, including hospital services.
- **Hospital care is a common source of medical bills:** More than one in three of respondents (37%) experienced a financial burden from medical bills, and 24% reported outstanding medical bills; among those with outstanding bills, over half (72%) reported at least one hospital bill.
- **Challenges finding hospital cost and quality information:** Respondents reported lower confidence finding procedure costs in advance, locating hospital quality ratings, and resolving billing issues compared to navigating routine health care decisions.
- **Understanding insurance terms varies across respondents:** Fewer than half of respondents correctly defined "coinsurance," with lower understanding among respondents with less formal education.
- **Broad, bipartisan support for solutions:** Respondents across political affiliations expressed support for government actions related to hospital pricing, billing practices, and oversight of health system consolidation.

Together, these findings show that hospital care represents a significant source of financial risk for many respondents, often alongside challenges anticipating costs and assessing quality. At the same time, there is broad public support for efforts to improve hospital cost transparency and oversight.

Background

Hospitals provide essential care, but the cost of hospital services can be difficult for consumers to anticipate and afford. Findings from Altarum's Consumer Healthcare Experience State Survey (CHESS) show widespread concern about hospital costs and gaps in consumers' ability to find and interpret information about hospital prices, billing and quality.

This brief summarizes responses from North Carolina residents focusing on hospital affordability, access to cost and quality information, and support for related policy solutions. Detailed information on survey methods and respondent characteristics is available in the **Appendix**.

Worry about Affording Hospital Services

Seventy-six percent of North Carolina respondents reported being worried about affording health care, both now and in the future, including affording services commonly provided in hospitals. Respondents frequently reported worry related to hospital-associated services and situations that may involve high out-of-pocket

costs, including medical care for a serious illness or accident (57%), ambulance services in an emergency (50%), routine or scheduled medical services (39%), and maternity or reproductive care (29%).

These concerns are reflected in respondents' experiences after receiving care. More than one-third of respondents (37%) reported experiencing a financial burden due to medical bills and 24% of respondents reported having outstanding medical bills. Among the respondents who reported having outstanding medical bills, over half (72%) said at least one of those bills came from a hospital.

Together, these findings show that hospital services are a major source of financial worry and medical bills for many respondents. Challenges affording care and anticipating hospital costs contribute to this concern, especially when information about prices, billing, and quality is difficult to find.

Challenges Finding Hospital Cost and Quality Information

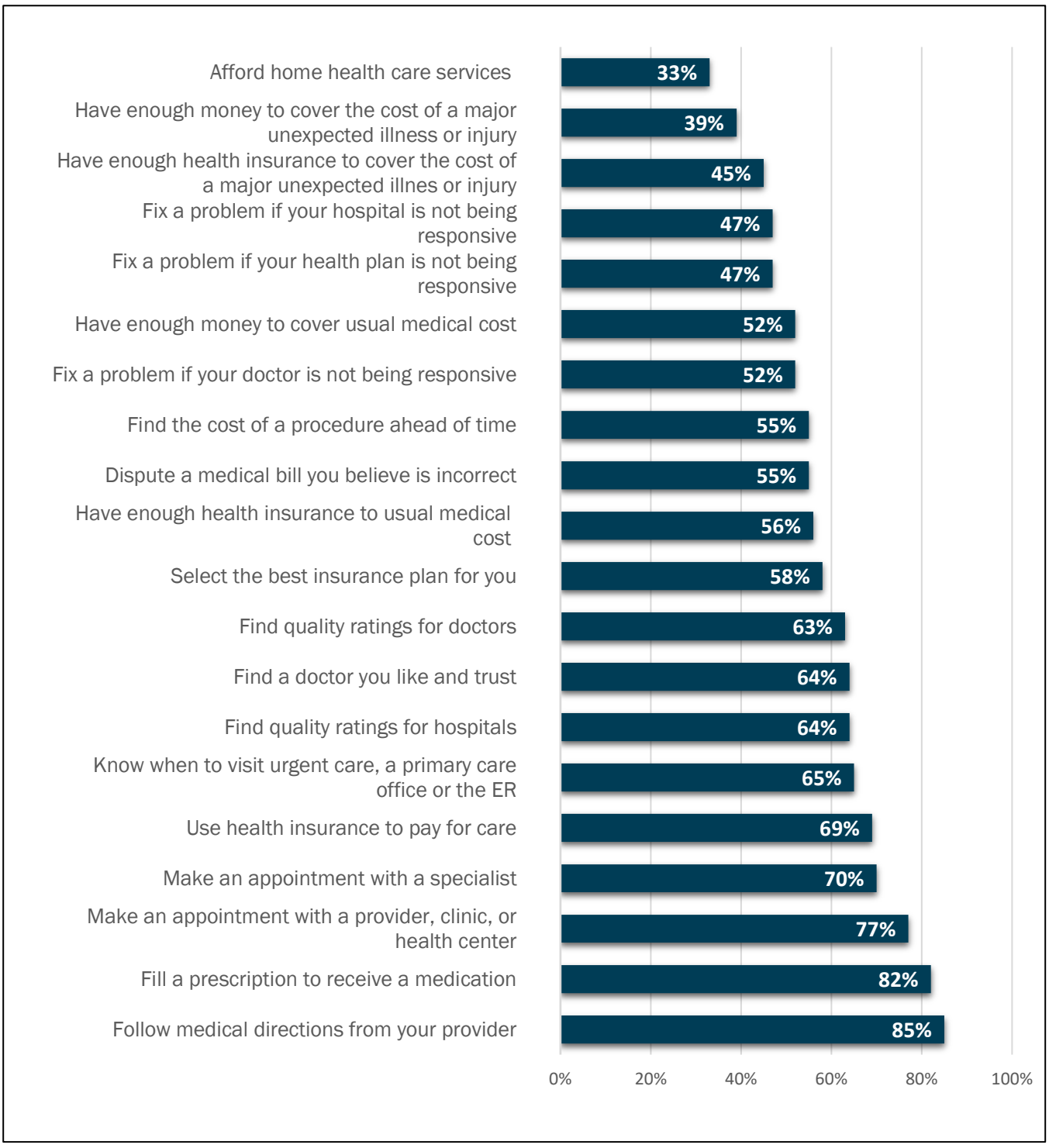
Survey results indicate that hospital care presents distinct challenges related to understanding costs, billing, and quality information before services are provided. While many respondents report confidence navigating routine health care decisions, confidence is lower for tasks that involve anticipating or managing hospital costs and quality information.

Figure 1 illustrates this contrast across common health care–related tasks. Respondents were more likely to report high confidence for activities such as following instructions from a provider (86%), or knowing when to seek urgent or emergency care (65%). In contrast, fewer respondents reported high confidence in tasks that are especially relevant to hospital care, including finding the cost of a procedure in advance (55%), disputing a medical bill (55%), and resolving a problem if your hospital is not being responsive to your concerns (47%).

Why This Matters

These gaps in confidence suggest that consumers may have limited ability to plan for potential out-of-pocket expenses or assess quality before hospital care. Challenges finding clear, usable hospital cost and quality information may increase the likelihood of unexpected medical bills and make billing problems harder to resolve after care.

Figure 1. Percentage of Respondents Who Feel "Very" or "Extremely" Confident They Can Complete Select Health Care Related Tasks



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

Understanding Insurance Terms

Figure 2 shows that while most respondents were able to correctly define "premium," and "deductible," fewer than half (47%) were able to accurately define "coinsurance", a key component of hospital cost-sharing after a deductible is met. Misunderstanding coinsurance can be particularly consequential for

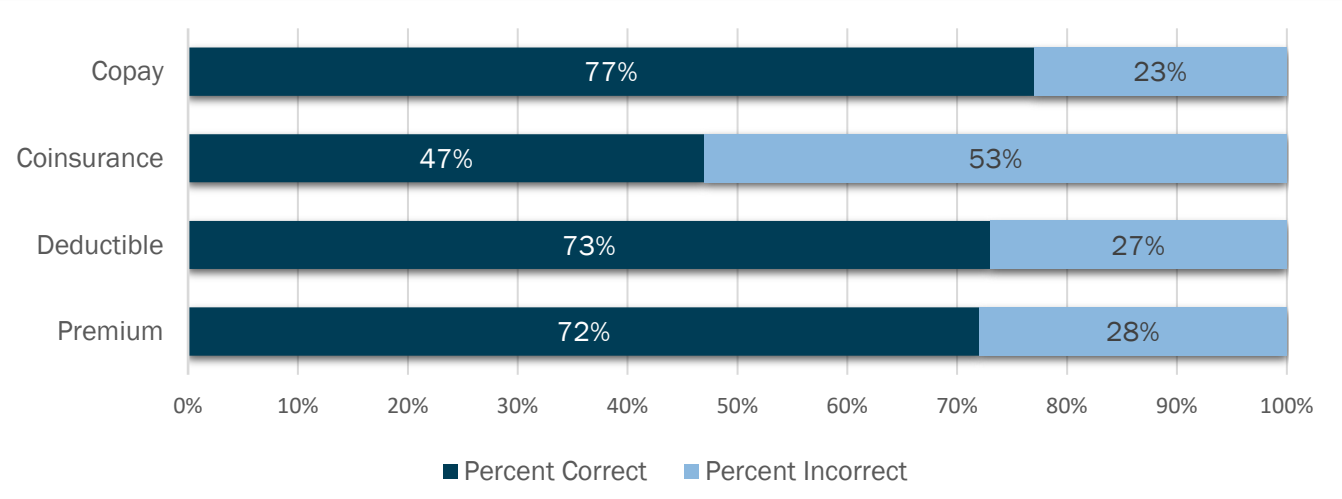
hospital services, where charges are often higher and cost-sharing amounts are less predictable.

Understanding of insurance terms varied by educational attainment (**Table 1**). Respondents with lower levels of education were less likely to correctly define key cost-sharing terms compared to those with a bachelor's or graduate degree, which may make it harder for some patients to anticipate hospital costs and understand medical bills.

Why This Matters

Understanding how insurance applies to hospital services often requires familiarity with terms that determine what patients pay out-of-pocket, such as deductibles, coinsurance, and copays. Survey results suggest that many respondents have difficulty accurately defining these terms, which can make it challenging to anticipate hospital charges before receiving care. Research indicates that nearly half of insured adults find at least one aspect of their insurance difficult to understand.[1]

Figure 2. Percent Who Chose the Correct Insurance Term Definition



Source: 2026 Survey of North Carolina 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	32%	54%	54%	61%
Some College, Training, or Certificate	40%	70%	75%	77%
Associate Degree	49%	72%	75%	78%
Bachelor's Degree	55%	82%	81%	85%
Graduate School	61%	85%	82%	84%

Source: 2026 Survey of North Carolina 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.

Perceptions of Who Drives High Costs

Survey respondents identified several actors as contributing to high health care costs. Drug companies were most frequently cited (73%), followed by health insurance companies (69%), and hospitals (58%). Nearly half of North Carolina respondents (44%) also identified the state government as contributors to high health care costs, placing hospitals among the institutions commonly associated with rising health care expenses.

Support for Solutions to Address Hospital Costs and Transparency

Survey respondents expressed broad support for government actions aimed at addressing health care affordability, including strategies that relate specifically to hospital costs and transparency. Across political affiliations, respondents reported that it is important for the state to play a role in protecting consumers from high and unexpected medical costs and in improving access to information needed to navigate care (**Table 2**).

North Carolina respondents supported a range of policy approaches relevant to hospital care, including limiting excessive hospital prices, addressing billing practices that increase costs without improving care, and strengthening oversight of health system consolidation that may contribute to higher prices. Support for these strategies was observed among Republicans, Democrats, and Independents, suggesting shared concern about the impact of hospital costs on patients and families.

Together, these findings indicate that concerns about hospital affordability and transparency are accompanied by broad public support for government efforts to improve how hospital prices are set, communicated, and regulated.

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
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	**94%**	93%	93%	95%
Limit the price of expensive prescription drugs	**93%**	92%	94%	92%
Rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this)	**92%**	94%	92%	91%
Limit the prices at expensive hospitals in the private health insurance market (Medicare and Medicaid already set hospital prices for their markets	**92%**	89%	94%	92%
Prevent hospitals from charging more for routine health care services that are most often provided in a doctor's office	**92%**	94%	92%	92%
Increase investment in primary care	**91%**	91%	92%	90%
Integrate the Medicaid and Medicare programs for people who are eligible for both to make it simpler for them to navigate those programs	**89%**	87%	91%	90%
Change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services	**88%**	87%	90%	87%

Make it easier for people to apply for and renew their Medicaid coverage	**88%**	82%	94%	88%
Allow the government to limit and prevent health care mergers that could reduce competition and increase health care prices	**87%**	85%	90%	86%
Allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber	**85%**	87%	84%	85%
Everyone should have access to the health services they need, when and where they need them, without financial hardship	**84%**	82%	88%	82%
The state government should implement policies aimed at lowering the high and rising costs of health care	**82%**	82%	85%	78%
The state government should invest in improving health status in low-income communities	**79%**	79%	85%	76%
Medicaid plays a critical role in giving eligible patients access to necessary medical care	**77%**	77%	82%	73%
Potential price increases should be factored in when the state government is deciding whether to allow a health system to consolidate, grow, or close	**72%**	72%	76%	69%
Racial inequities in health care are a major issue, causing people of color to receive lower-quality care compared to others	**54%**	39%	73%	50%

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

Conclusion

Findings from the North Carolina Consumer Healthcare Experience State Survey show that hospital care is a significant source of financial concern for many respondents. Widespread worry about affording hospital services is accompanied by challenges finding and understanding hospital cost, billing, and quality information before care is received.

These findings show how difficulty anticipating hospital costs and assessing quality may increase the risk of unexpected medical bills and financial strain. At the same time, respondents across political affiliations express support for government efforts to improve hospital cost transparency and accountability, underscoring shared concern about the impact of hospital costs on patients and families.

Notes

[1] 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).

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

© 2025 Altarum | www.altarum.org

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 8 to July 23, 2026, used a web panel from Dynata with a demographically balanced sample of approximately 1,400 respondents who live in North Carolina. 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 1,402 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	698	52%
Man	706	48%
Sexual Diverse		
Insurance Type		
Health insurance through my or a family member's employer	476	39%
Health insurance I buy on my own	141	11%
Medicare, coverage for seniors and those with serious disabilities	154	10%
North Carolina Medicaid	275	17%
TRICARE/Military Health System	24	2%
Department of Veterans Affairs	16	1%
No coverage of any type	90	6%
I don't know	24	1%
Race		
American Indian/Native Alaskan	50	2%
Asian	26	4%
Black or African American	244	23%
Native Hawaiian/Other Pacific Islander	3	0.3%
White	1070	69%
Prefer Not to Answer	4	0.3%
Two or More Races	92	10%
Ethnicity		
Hispanic or Latino	102	11%
Non-Hispanic or Latino	1302	89%
Age		
18-24	204	15%
25-34	274	20%
35-44	257	20%
45-54	230	16%
55-64	222	15%
65+	215	15%
Party Affiliation		
Republican	477	33%
Democrat	402	31%
Neither	525	36%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	186	10%
$20K-$29K	174	10%
$30K - $39K	144	8%
$40K - $49K	115	7%
$50K - $59K	147	9%
$60K - $74K	130	8%
$75K - $99K	159	13%
$100K - $149K	213	17%
$150K+	136	19%
Education Level		
Some high school	53	3%
High school diploma/GED	334	21%
Some college or training/certificate program	302	20%
Associate degree	170	12%
Bachelor's degree	307	24%
Some graduate school	30	2%
Graduate degree	208	18%
Self-Reported Health Status		
Excellent	196	15%
Very Good	448	34%
Good	496	35%
Fair	220	14%
Poor	42	3%
Disability		
Mobility	217	14%
Cognition	108	7%
Independent Living	108	8%
Hearing	90	6%
Vision	93	6%
Self-Care: Difficulty dressing or bathing	52	3%
No disability or long-term health condition	988	72%

Source: 2026 Poll of North Carolina 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.