# Alaska 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 Alaska households.

This brief describes findings from a survey of more than 355 Alaska adults, conducted by Altarum's Healthcare Value Hub from July 8th – August 31st, 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:** Nearly a third (31%) of respondents received an unexpected medical bill in the past year.
- **Financial strain affects many households:** 37% 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:** Nearly a quarter (22%) of respondents reported that they or a family member had outstanding medical bills; among those who were insured when they incurred the medical debt, 61% reported their insurance only partially covered the service.
- **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 Alaska 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]

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 Alaska CHESS 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

Nearly a third (31%) of Alaska respondents received an unexpected medical bill in the past year. Among respondents who received an unexpected bill, experiences varied by coverage. Approximately 22.5% of Alaska's population is covered by Medicaid or the Children's Health Insurance Program (CHIP), which provides subsidized health insurance to people with lower incomes or disabilities.[7]

The rate of uninsured is particularly high in Alaska (11%).[8] However, many Alaska residents receive care through the Indian Health Service (IHS) and the tribal health organizations that provide health services to eligible American Indian or Alaskan Native (AIAN) residents. IHS is not health insurance but is a federally funded care system with no set list of covered benefits, and it pays for care only at tribal and IHS facilities, not wherever a patient goes.

If a service is not available locally, the Purchased/Referred Care (PRC) program can pay an outside provider. PRC is also not an insurance program, and limited funding means it covers emergencies first and may deny or delay other requests. For this reason, AIAN patients are encouraged to enroll in Medicaid, Medicare, or Marketplace coverage in addition to using IHS, since insurance pays for care outside the tribal system and covers services PRC may not approve. Medicaid is a major source of coverage for AIAN people, especially children, and it is one of the main ways the federal government meets its trust responsibility.

## Financial Burdens Due to Medical Cost

More than a third of Alaska respondents (37%) reported experiencing at least one financial burden due to medical costs in the last year. Respondents reported a range of strategies and consequences when trying to manage medical expenses. Sixteen percent reported using up all or most of their savings to cover medical bills, 12% reported going without basic necessities like food, heat or housing to cover medical bills, and 13% reported being contacted by a collection agency, indicating that the bills were left unpaid for a period of time.

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,Error! Bookmark not defined.] and younger and middle aged adults may face higher combined costs related to family responsibilities.[9] 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.[Error! Bookmark not defined.,10,11]

Prior research has also documented racial and ethnic disparities in medical debt linked to differences in income, insurance design, and access to care.[12,13] Tribal community members in Alaska are no exception, 22% of respondents reporting they belong to a tribal community reported they or a family member currently having medical bills overdue. Thirty-five percent (35%) reported experiencing at least one financial burden due to medical costs in the last year.

Across groups, medical debt can have lasting effects on financial security, including depleted savings, damaged credit, and delayed major life decisions.[9,14] 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 Alaska households.

## Support for Solutions Across Party Lines

Support for addressing medical debt extended across political affiliations, with respondents expressing strong support for policy solutions such as prohibiting medical debt from impacting patients' credit reports (85% strongly in favor) and others aimed at reducing out-of-pocket costs, increasing price transparency, and

preventing unexpected medical bills (**Table 1**). 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.

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

| Selected Survey Statement | Total Percent | Republican | Democrat | Independent |
|---|---|---|---|---|
| The government should rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this) | 92% | 91% | 91% | 95% |
| The government should limit the price of expensive prescription drugs | 92% | 92% | 86% | 95% |
| The government should allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber | 84% | 83% | 85% | 84% |
| The government should limit and prevent health care mergers that could reduce competition and increase health care prices | 85% | 83% | 84% | 88% |
| The government should 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 | 93% | 93% | 91% | 95% |
| The government should limit the prices at expensive hospitals in the private health insurance market (Medicare and Medicaid already set hospital prices for their markets) | 90% | 90% | 89% | 91% |
| The government should change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services | 88% | 87% | 88% | 90% |
| The government should increase investment in primary care | 92% | 91% | 86% | 95% |
| The government should make it easier for people to apply for and renew their Medicaid coverage | 91% | 93% | 93% | 89% |
| The government should integrate the Medicaid and Medicare programs for people who are eligible for both to make it simpler for them to navigate those programs | 89% | 89% | 91% | 89% |

| | | | | |
|---|---|---|---|---|
| The government should prevent hospitals from charging more for routine health care services that are most often provided in a doctor's office | 90% | 92% | 88% | 91% |
| The state government should invest in improving health status in low-income communities | 82% | 81% | 84% | 84% |
| Everyone should have access to the health services they need, when and where they need them, without financial hardship | 81% | 80% | 82% | 84% |
| 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% | 74% | 67% | 68% |
| The state government should implement policies aimed at lowering the high and rising costs of health care | 76% | 73% | 68% | 84% |
| Racial inequities in health care are a major issue, causing people of color to receive lower-quality care compared to others | 52% | 43% | 67% | 56% |
| Medicaid plays a critical role in giving eligible patients access to necessary medical care | 80% | 82% | 82% | 77% |

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

## Conclusion

Findings from the Alaska Consumer Healthcare Experience State Survey show that unexpected medical bills, financial strain, and medical debt are common experiences for Alaska 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 Alaska 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 Alaska 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 Alaska and strategies that survey respondents support, please see *Healthcare Value Hub, Alaska Residents Struggle to Afford High Health Care Costs; Worry About Affording Health Care in the Future; Support Government Action across Party Lines, Data Brief (October 2026).*

# Appendix.
## Methodology and 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 – August 31, 2026 used a web panel from Dynata with a demographically balanced sample of approximately 340 respondents who live in Alaska. 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 356 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 | 182 | 53% |
| Man | 145 | 47& |
| Sexual Diverse | 35 | 8% |
| *Insurance Type* | | |
| Employer-Sponsored Insurance | 109 | 38% |
| Insurance Purchased Myself | 28 | 7% |
| Traditional Medicare | 32 | 17% |
| Medicare Advantage | 17 | 3% |
| Denali Care, Alaska's Medicaid | 65 | 11% |
| TRICARE/Military | 10 | 5% |
| Department of Veterans Affairs | 4 | 1% |
| Access to Care through the Indian Health Service (IHS) | 48 | 12% |
| No coverage of any type | 23 | 5% |
| I don't know | 10 | 1% |
| *Race* | | |
| American Indian/Native Alaskan | 86 | 20% |
| Asian | 16 | 9% |
| Black or African American | 31 | 5% |
| Native Hawaiian/Other Pacific Islander | 11 | 2% |
| White | 209 | 70% |
| Prefer Not to Answer | 2 | < 1% |
| Ethnicity | | |
| Hispanic or Latino | 15 | 7% |
| Non-Hispanic or Latino | 331 | 93% |
| *Age* | | |
| 18-24 | 59 | 11% |
| 25-34 | 121 | 30% |
| 35-44 | 76 | 19% |
| 45-54 | 38 | 14% |
| 55-64 | 30 | 15% |
| 65+ | 12 | 10% |
| *Party Affiliation* | | |
| Republican | 125 | 43% |
| Democrat | 63 | 14% |
| Neither | 150 | 43% |

| Demographic Characteristic | Frequency | Percent |
|---|---|---|
| *Household Income* | | |
| Under $20K | 81 | 12% |
| $20K-$29K | 28 | 5% |
| $30K - $39K | 24 | 4% |
| $40K - $49K | 22 | 4% |
| $50K - $59K | 32 | 7% |
| $60K - $74K | 43 | 8% |
| $75K - $99K | 47 | 14% |
| $100K - $149K | 42 | 20% |
| $150K+ | 18 | 27% |
| *Education Level* | | |
| Some high school | 24 | 4% |
| High school diploma/GED | 91 | 17% |
| Some college or training/certificate program | 81 | 24% |
| Associate degree | 29 | 9% |
| Bachelor's degree | 76 | 24% |
| Some graduate school | 10 | 3% |
| Graduate degree | 26 | 19% |
| *Self-Reported Health Status* | | |
| Excellent | 55 | 16% |
| Very Good | 109 | 31% |
| Good | 104 | 35% |
| Fair | 58 | 14% |
| Poor | 20 | 4% |
| *Disability* | | |
| Mobility | 43 | 14% |
| Cognition | 36 | 7% |
| Independent Living | 29 | 6% |
| Hearing | 21 | 5% |
| Vision | 18 | 4% |
| Self-Care | 20 | 4% |
| No disability or long-term health condition | 227 | 68% |
| Are you a member of a federally recognized tribe? | | |
| Yes | 95 | 21% |
| No | 238 | 79% |

*Source: 2026 Poll of Alaska 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.

## 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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