Pennsylvania 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 Pennsylvania households.

This brief describes findings from a survey of more than 1,400 Pennsylvania adults, conducted by Altarum's Healthcare Value Hub from July 9th – July 14th, 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:** 25% received an unexpected medical bill in the past year.
- **Financial strain affects many households:** 31% 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 with medical debt, 21% reported their insurance plan did not cover the service at all, and 11% reported their deductible was too high.
- **Large debts exist but the majority of debt is under $5,000:** Although nearly one in ten (8%) respondents reported owing at least $10,000 in medical debt, most (76%) respondents reported owing less than $5,000 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 Pennsylvania 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.[1,2,3] 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, [4] 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 Pennsylvania 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

A quarter (25%) of Pennsylvania 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 individually purchased insurance (e.g., through the health care Marketplace) most frequently reported an unexpected medical bill (31% and 29%, respectively), followed by respondents enrolled in Medical Assistance, the Pennsylvania Medicaid program (18%) and Medicare (16%).

Financial Burdens Due to Medical Cost

Nearly one-third of Pennsylvania respondents (31%) reported experiencing at least one financial burden due to medical costs in the last year. 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 Pennsylvania are similar to what we see across the National CHESS data set regarding the impact of financial burdens from medical costs (**Table 1**).

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

	Pennsylvania Financial Burden Due to Medical Bills	National Financial Burden Due to Medical Bills
Household Characteristics		
Household Income		
≤ $50,000 annually	33%	**46%**
$50,001 - $75,000 annually	31%	**43%**
$75,001 - $100,000 annually	29%	**44%**
≥ $100,000 annually	29%	**37%**
Physical or Cognitive Impairment		
Household includes a person with a physical or cognitive impairment	48%	**58%**
Household does not include a person with a physical or cognitive impairment	24%	**32%**
Demographic Characteristics		
Age		

	Pennsylvania Financial Burden Due to Medical Bills	National Financial Burden Due to Medical Bills
18-24	42%	**50%**
25-34	45%	**57%**
35-44	40%	**52%**
45-54	27%	**42%**
55-64	21%	**30%**
65+	9%	**14%**
Race/Ethnicity		
Respondents of Color (Total)	41%	**49%**
Black or African American, Non-Hispanic/Latino	46%	**53%**
Hispanic or Latino, any race	43%	**51%**
White Alone, Non-Hispanic/Latino	28%	**34%**
Insurance Type		
Employer-based health insurance	34%	**40%**
Health insurance purchased individually	32%	**56%**
Medicare, coverage for older adults	19%	**25%**
Pennsylvania Medicaid	36%	**44%**

Source: 2026 Poll of Pennsylvania 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.

Respondents reported a range of strategies and consequences when trying to manage medical expenses. Ten percent reported using up all or most of their savings, 13% reported being contacted by a collection agency, and 10% reported going without basic necessities like food, heat or housing due to medical bills. Fewer respondents reported borrowing money or taking out a loan or another mortgage on their home (5%), accumulating large amounts of credit card debt (7%), or being placed on a long-term payment plan (7%).

Medical Debt and Health Insurance

Nearly a quarter (22%) of Pennsylvania respondents reported that they or a family member currently have outstanding medical bills. Among respondents with medical debt, the most commonly reported amount was less than $500 (26%), followed by $1,000 to $2,499 (22%), $2,500 to $4,999 (16%), and $5,000 to $7,499 (12%). Nearly a tenth (8%) of respondents reported having incurred more than $10,000 in medical debt. Among those who were insured and have incurred medical debt in the past twelve months, respondents with employer-sponsored insurance most frequently reported outstanding medical debt (**Table 2**).

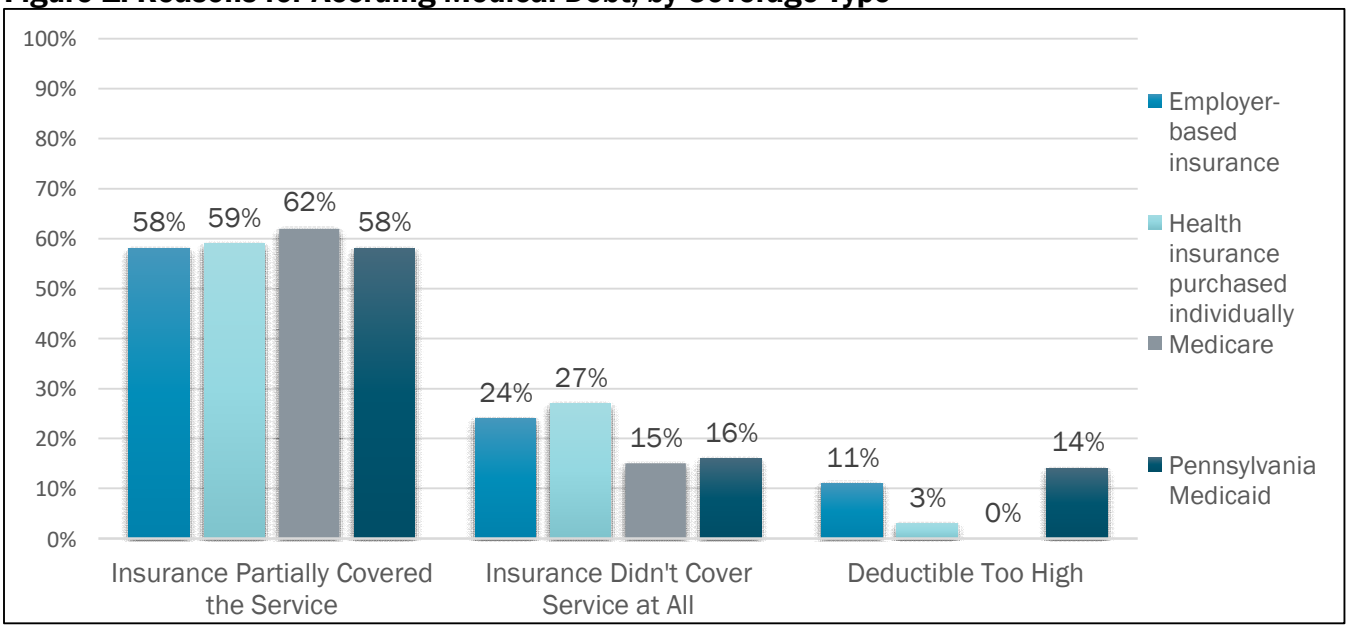
Table 2. Percent who Had Outstanding Medical Bills in the Past 12 Months, by Insurance Type

	Outstanding Medical Bills
Employer-based health insurance	26%
Health insurance purchased individually	22%
Medicare, coverage for older adults	15%
Medical Assistance, Pennsylvania Medicaid program	22%

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

Respondents identified multiple reasons for incurring medical debt, reflecting differences in insurance coverage. Nearly three in five (57%) respondents reported that their insurance only partially covered the cost of care and twenty-one percent (21%) reported that their insurance carrier didn't cover the service at all. (**Figure 1**).

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



Source: 2026 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
*Note the quantity of respondents for the group shown above were insufficient to report reliable estimates.

Respondents most frequently identified hospital services (68%) as the source of their medical debt. Other commonly reported sources included laboratory tests such as MRI's (33%), doctor or technician services in a hospital (31%), doctor or technician services not in a hospital (22%), an urgent care center (16%), and chronic condition management such as physical therapy, pain management, and dialysis (15%).

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.[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 outstanding medical debt living in a household earning below $50,0000, nearly three-fourths (73%) reported having $2,500 or less in medical debt, while 6% owe more than $10,000.

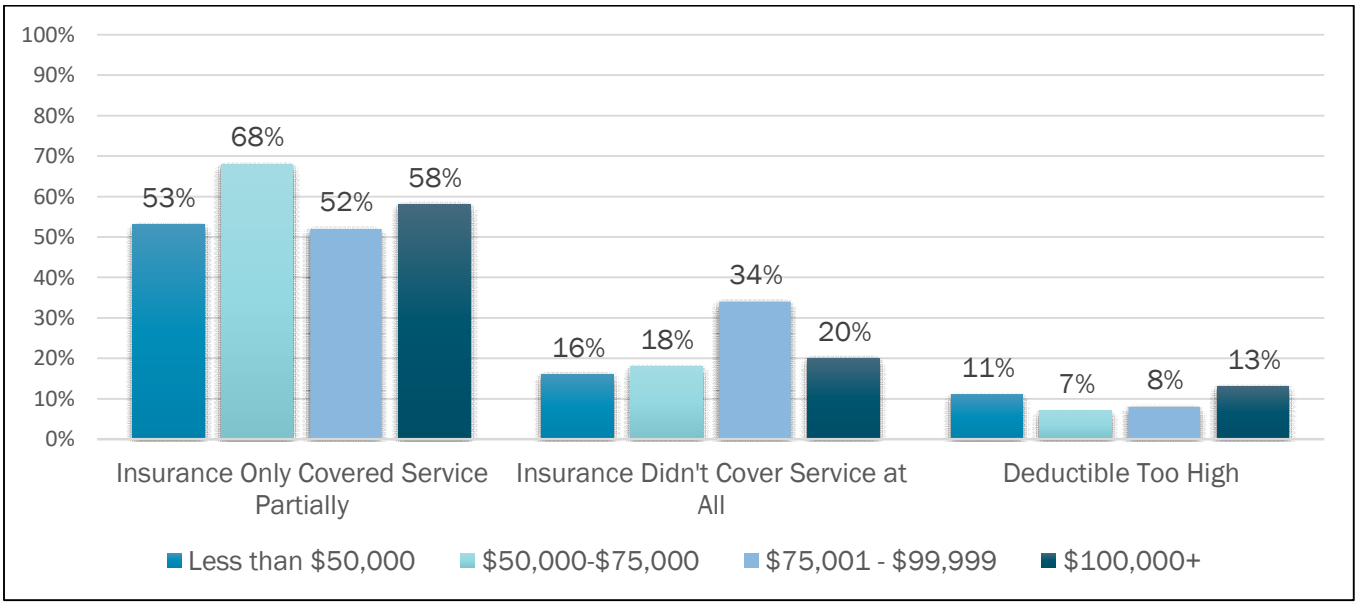
Table 3. Percent of Respondents with Outstanding Medical Bills in the Previous 12 Months, by Income

	Outstanding Medical Bills
≤ $50,000 annually	24%
$50,001 - $75,000 annually	23%
$75,001 - $100,000 annually	26%
≥ $100,000 annually	18%

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

Differences were also observed in the reasons respondents across income stratifications reported for incurring medical debt. While respondents across income groups cited similar reasons overall (**Figure 2**), respondents earning between $50,000 and $75,000 annually most frequently reported incurring medical debt because services were only partially covered by their insurance (68%), whereas respondents in higher income brackets more often cited high deductibles as a contributing factor (13%).

Figure 2. Reason for Incurring Medical Debt, by Income



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

Age

Medical debt prevalence among Pennsylvania respondents also varied by age. Respondents aged 35-44 reported the highest rates of medical debt (34%), followed by those 25-34 (30%) and 45-54 (21%). In contrast, those 65+ reported the lowest rates of medical debt (6%) (**Table 4**).

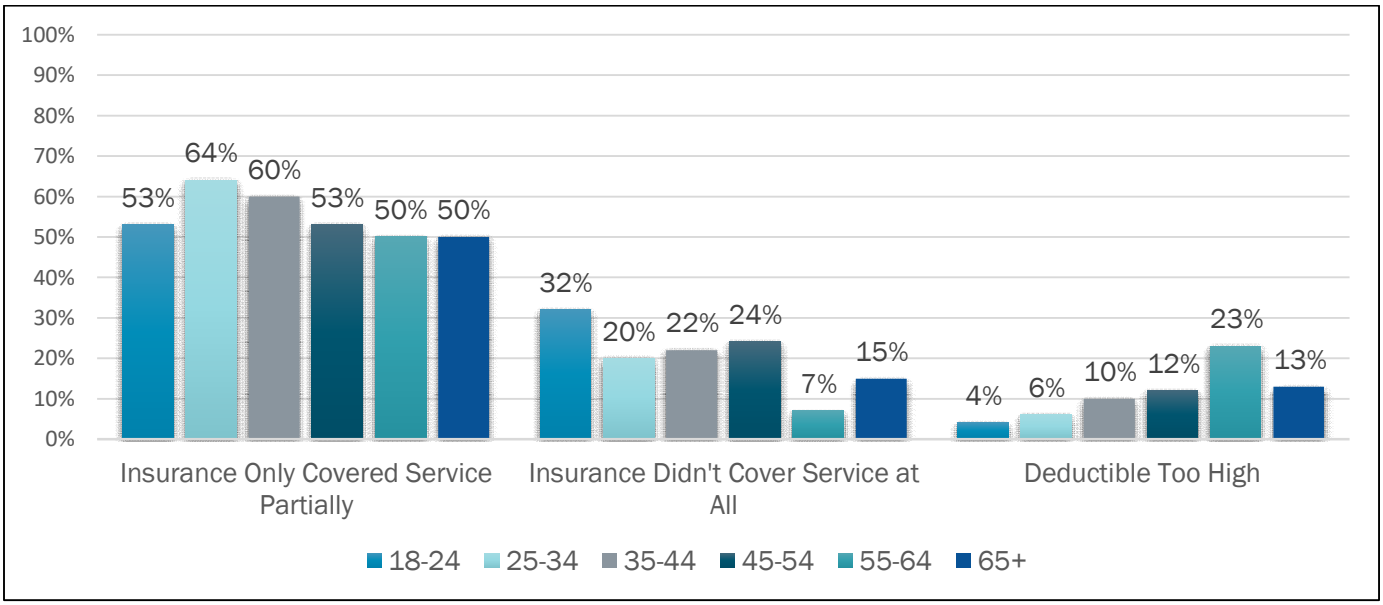
Table 4. Percent of Respondents with Outstanding Medical Bills in the Past 12 Months, by Age

Age Range	Outstanding Medical Bills
18-24	19%
25-34	30%
35-44	34%
45-54	21%
55-64	14%
65+	6%

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

Reasons for incurring medical debt were generally similar across age groups, though the relative importance of specific factors varied (**Figure 3**). Roughly half of all respondents report incurring medical debt because their insurance plan only partially covered the service(s) they received. Interestingly, higher rates of medical debt due to high deductibles were reported among respondents ages 55-64 (23%).

Figure 3. Reason for Incurring Medical Debt, by Age



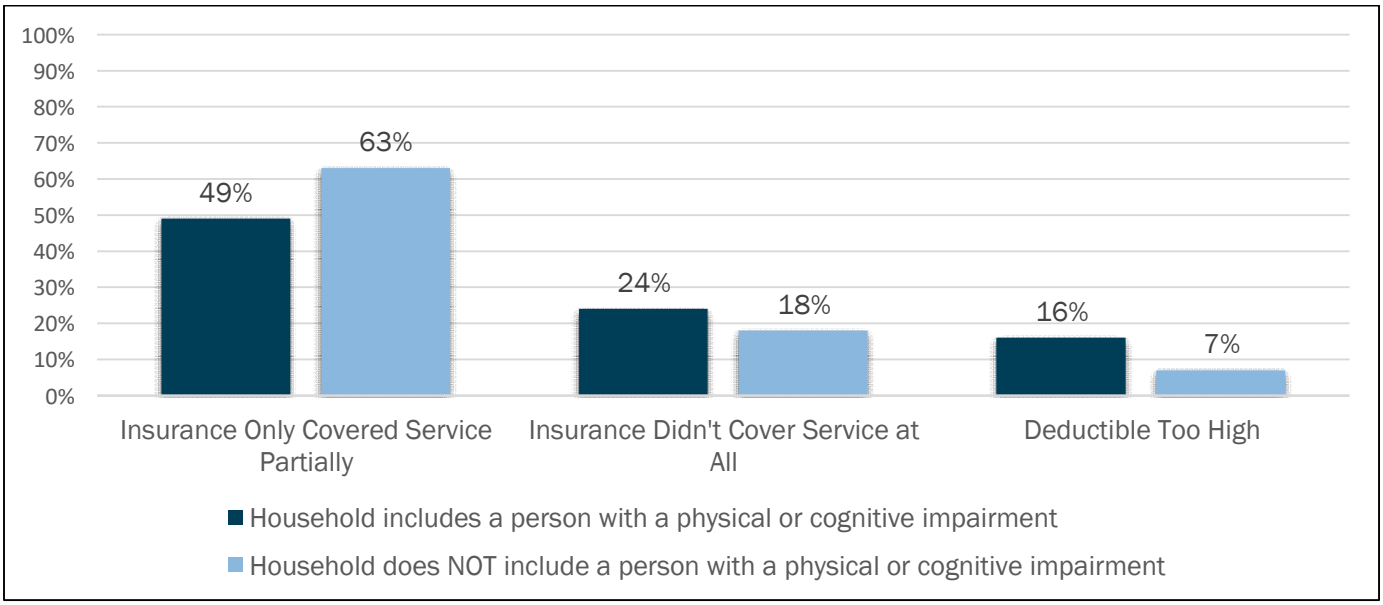
Source: 2026 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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 (34%) compared to those without a disabled household member (17%). Both groups most frequently reported owing less than $500 in medical debt (27% among those with a disability or a disabled household member and 25% of those without).

Reasons for incurring medical debt were similar among respondents with or without a household member with a disability. However, compared to respondents without a disability or a disabled household member, respondents with a disability or a disabled household member reported higher rates of medical debt due to non-covered services (24% vs 18%) and deductibles (16% vs 7%) (**Figure 4**).

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



Source: 2026 Poll of Pennsylvania 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 (25%) compared to White alone non-Hispanic respondents (21%). Hispanic/Latino respondents most commonly report owing more than $10,000 in medical debt (22%), followed by Black/African American respondents (16%) and white alone non-Hispanic respondents (8%).

Table 5. 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, Non-Hispanic/Latino*	28%
Hispanic or Latino, any race*	26%
White Alone, Non-Hispanic/Latino	21%

Source: 2026 Poll of Pennsylvania 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.

*The quantity of respondents for these groups noted 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,Error! Bookmark not defined.,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.Error! Bookmark not defined.,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.Error! Bookmark not defined.,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 6**).

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 6. 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 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%	92%	94%	93%
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%	92%	93%	90%
The government should limit the price of expensive prescription drugs	92%	91%	93%	93%
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)	92%	95%	92%	88%
The government should prevent hospitals from charging more for routine health care services that are most often provided in a doctor's office	92%	91%	94%	91%
The government should increase investment in primary care	90%	88%	91%	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	90%	86%	92%	91%
The government should change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services	87%	88%	87%	85%
The government should make it easier for people to apply for and renew their Medicaid coverage	87%	81%	92%	87%

The government should limit and prevent health care mergers that could reduce competition and increase health care prices	86%	84%	88%	85%
Everyone should have access to the health services they need, when and where they need them, without financial hardship	86%	81%	93%	83%
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%	85%	83%	85%
The state government should implement policies aimed at lowering the high and rising costs of health care	84%	81%	90%	79%
Medicaid plays a critical role in giving eligible patients access to necessary medical care	78%	73%	86%	74%
The state government should invest in improving health status in low-income communities	77%	66%	88%	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	72%	72%	77%	65%
Racial inequities in health care are a major issue, causing people of color to receive lower-quality care compared to others	53%	32%	74%	46%

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

Notes

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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 9th – July 14th, 2026, used a web panel from Dynata with a demographically balanced sample of approximately 1,400 respondents who live in Pennsylvania. 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 1,405 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	879	51%
Man	526	49%
Sexual Diverse	133	10%
Insurance Type		
Employer-Sponsored Insurance	486	44%
Insurance Purchased Myself	101	7%
Traditional Medicare	196	12%
Medicare Advantage	244	14%
Medicaid	256	15%
TRICARE/Military	9	1%
Department of Veterans Affairs	9	1%
No coverage of any type	71	4%
I don't know	33	2%
Race		
American Indian/Native Alaskan	18	1%
Asian	37	5%
Black or African American	212	13%
Native Hawaiian/Other Pacific Islander	2	< 1%
White	1076	81%
Prefer Not to Answer	4	< 1%
Two or More Races	75	7%
Ethnicity		
Hispanic or Latino	139	9%
Non-Hispanic or Latino	1266	91%
Age		
18-24	179	12%
25-34	212	18%
35-44	258	21%
45-54	231	16%
55-64	262	16%
65+	260	16%
Party Affiliation		
Republican	426	32%
Democrat	580	40%
Neither	399	28%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	230	11%
$20K-$29K	155	8%
$30K - $39K	149	8%
$40K - $49K	112	6%
$50K - $59K	154	9%
$60K - $74K	133	7%
$75K - $99K	168	13%
$100K - $149K	185	18%
$150K+	119	21%
Education Level		
Some high school	43	2%
High school diploma/GED	434	26%
Some college or training/certificate program	264	16%
Associate degree	172	11%
Bachelor's degree	275	24%
Some graduate school	32	2%
Graduate degree	185	20%
Self-Reported Health Status		
Excellent	166	14%
Very Good	419	33%
Good	546	36%
Fair	233	14%
Poor	41	3%
Disability		
Mobility	254	15%
Cognition	127	9%
Independent Living	107	8%
Hearing	97	7%
Vision	59	5%
Self-Care	62	5%
No disability or long-term health condition	975	72%

Source: 2026 Poll of Pennsylvania 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.