HEALTHCARE VALUE HUB

TENNESSEE JUSTICE CENTER

Data Brief | September 2025

Tennessee Survey Respondents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Express Bipartisan Support for Policy Solutions

Summary

A survey of more than 1,300 Tennessee adults, conducted from June 30 to July 31, 2025, found:

- Nearly 3 in 4 (74%) experienced at least one health care affordability burden in the past year;
- Over 3 in 4 (76%) worry about affording health care in the future;
- Over 2 in 3 (72%) of all respondents delayed or went without health care due to cost in the last twelve months;
- Low-income respondents and respondents with a disability or living in a household with a person with a disability reported higher rates of going without care due to cost and incurring medical debt, depleting savings, and/or sacrificing basic needs due to medical bills; and
- Across party lines, respondents express strong support for policy-based solutions.

Health care is expensive in the U.S., and Tennessee is no exception. Nearly three in every four respondents (74%) reported experiencing at least one health care affordability burden in the last year; such as being uninsured due to cost, delaying, or forgoing needed health services entirely due to cost or finding themselves in financial burden due to medical care.

A Range of Health Care Affordability Burdens

In Tennessee, nearly 3 in 4 (72% of) respondents reported that they, or a family member, skipped or delayed medical care due to cost. Among those reporting affordability challenges, the most common experiences were:

- 31%—Cut pills in half, skipped doses of medicine or did not fill a prescription;[1]
- 25%—Skipped needed dental care;
- 24%—Skipped a recommended medical test or treatment;
- 23%—Delayed going to the doctor or having a procedure done;
- 18%—Avoided going to the doctor or having a procedure done altogether;
- 18%—Had problems getting mental health care or addiction treatment;[2] and
- 7%—Skipped or delayed getting a medical assistive device
- 4%—Skipped needed maternity or reproductive health care;

While cost was the most commonly cited reason for delaying or foregoing care (27%), factors such as the inability to get an appointment (14%), not being able to get time off of work (12%), and not having insurance (11%), also contributed to instances of patients delaying or forgoing care.

Although the vast majority of Tennessee survey respondents (90%) reported having some form of health insurance, cost emerged as the most significant obstacle to coverage for those who are uninsured. Among uninsured respondents, 51% cited the high cost of insurance as the primary reason they remained without coverage – surpassing other common reasons such as "I don't need it" and "I don't know how to get it."

Differences in Health Care Affordability Burdens

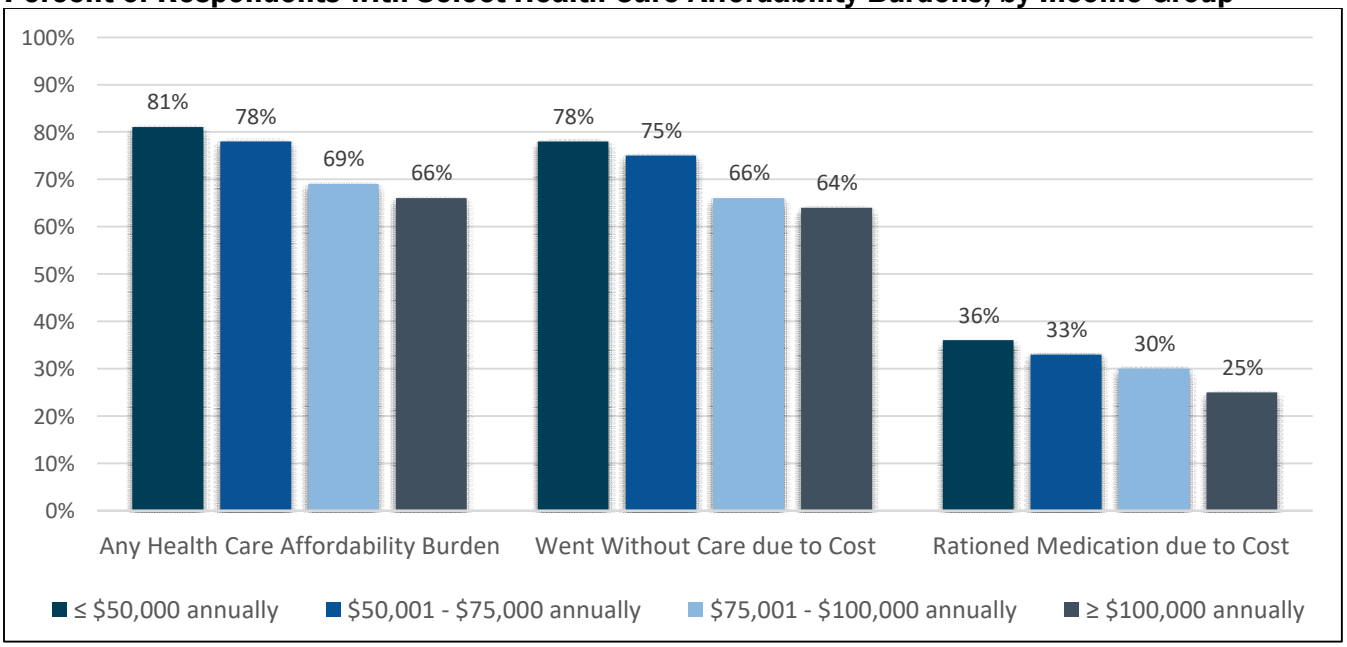
The frequency and severity of health care affordability burdens may be influenced by an individual's characteristics, such as their age or income. Survey results from Tennessee reveal trends in how different populations experience several common affordability burdens; such as affording mental health and addiction treatment, dental and vision care, primary care visits, surgical procedures, and purchasing medical assistive devices.

Income and Employment

Income is one of the most consistent predictors of an individual's ability to afford health care.[3] Over four out of every five respondents (81%) with an annual household income of less than $50,000 reported experiencing at least one health care affordability burden in the last year. These respondents also reported delaying or forgoing care due to cost more frequently than respondents with higher incomes (see Figure 1).

Figure 1

Percent of Respondents with Select Health Care Affordability Burdens, by Income Group

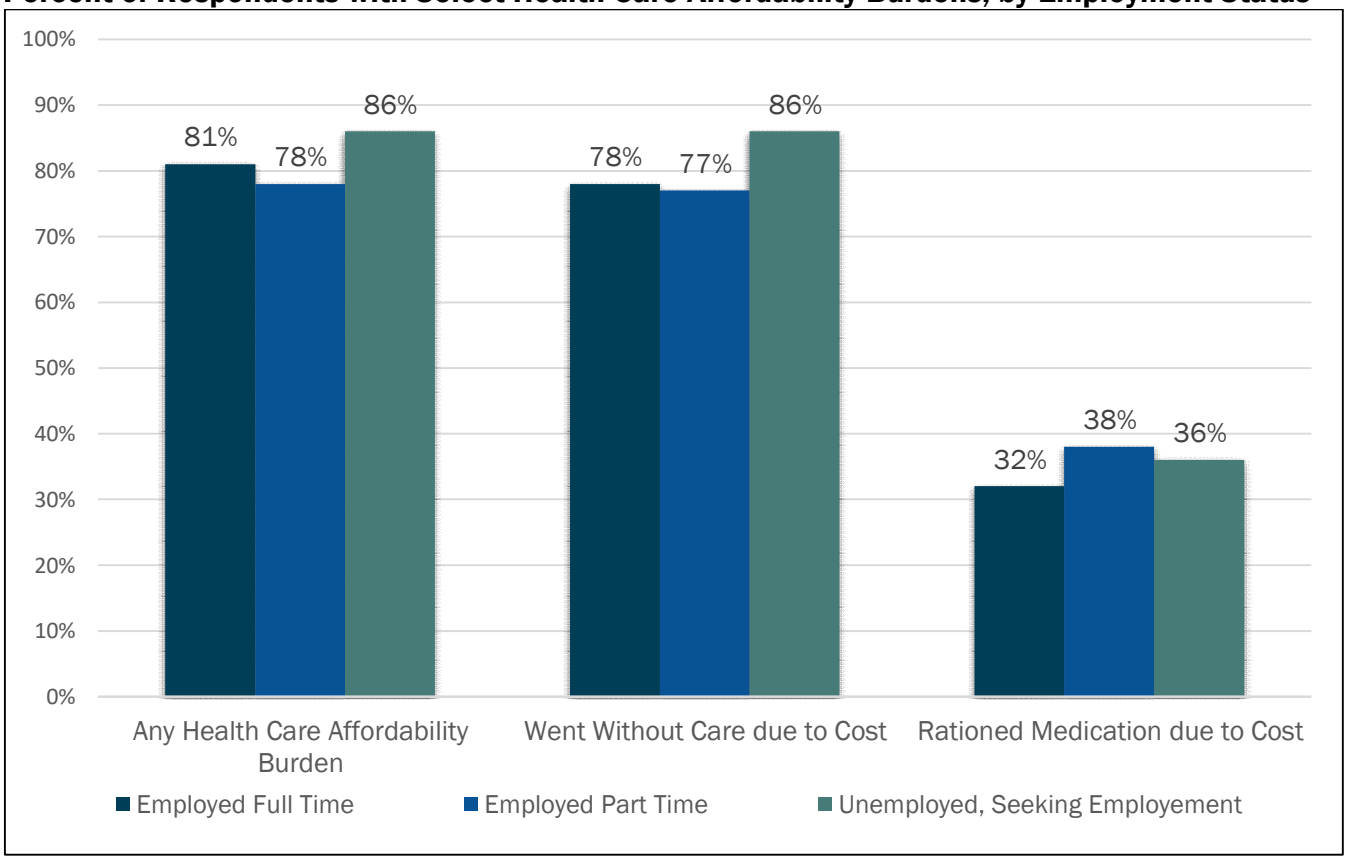


Source: 2025 Poll of Tennessee Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Employment also plays a critical role in health care affordability—not only by providing income but also by providing access to employer-sponsored insurance, which remains the main source of coverage for non-elderly adults in the U.S..[4] Survey data indicate that part-time workers in Tennessee may face heightened affordability challenges (see Figure 2).

Figure 2

Percent of Respondents with Select Health Care Affordability Burdens, by Employment Status



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

Insurance Coverage and Type

People with different types of insurance navigate the health care system in different ways. For example, people with private insurance may face higher premiums and out-of-pocket costs, while individuals enrolled in Medicaid typically encounter lower direct costs but may face other obstacles, including limited provider networks, restrictions on covered services, and longer wait times for appointments.

Approximately a fifth of Tennessee population (20%) is covered by Medicaid or the Children's Health Insurance Program (CHIP), which provides subsidized health insurance to people who are low-income or have a disability.[5] Given its reach, it is not surprising that many respondents expressed support for the program (see Table 1).

Table 1

Percent of Respondents Who "Agree" or "Strongly Agree" with the Following Statements:

Everyone should have access to the health services they need, when and where they need them, without financial hardship	79%
Medicaid helps ensure that people with disabilities or children with special health care needs receive necessary health care support	74%
Medicaid plays a critical role in giving children access to necessary medical care	73%
Medicaid plays a critical role in giving pregnant women access to necessary medical care	69%

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

However, respondents enrolled in TennCare, the state Medicaid program, reported forgoing care more frequently than respondents with other forms of coverage. Respondents with coverage they purchased on their own, such as through the health insurance Marketplace, reported rationing their medication the most. Respondents enrolled in Medicare, coverage for seniors and people with certain disabilities, reported the lowest incidence of rationing medication or going without care due to cost (see Table 2).

Table 2

Percent of Respondents with Select Health Care Affordability Burdens, By Coverage Type

	Went without Care due to Cost	Rationed Medication due to Cost
Employer-Sponsored health insurance	72%	31%
Health insurance purchased individually	82%	35%
Medicare, coverage for older adults	55%	23%
TennCare, state Medicaid program	86%	47%

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

When asked, some survey participants also shared personal accounts of being unable to access necessary health care because of the cost. The anecdotes illuminate a common theme: that challenges finding affordable health care exist across all coverage types. Although individuals without health insurance coverage often face the most acute affordability issues, respondents with commercial insurance, Medicare, and Medicaid also shared narratives revealing difficulties accessing care due to cost:

"Please describe a time that you did not get a health care service due to cost in the last twelve months"
Health Insurance through Employer

- "Needed an ultrasound for a nodule in neck, but the copay was $200 dollars, and I could not afford it."
- "I am supposed to have dental procedures done; wisdom teeth removal, and fillings of cavities, but I can't afford it. I also have ovarian cyst that ruptured but can't afford to see a doctor."
- "I can't have my dental procedure to fix my broken tooth. I can't afford to replace a crown or fill cavities for my spouse."
- "I delayed a specialist visit because the co-pay and additional test were more than I could afford."
- "I fell and hurt my knee from a fall and can't get to the doctor because of $600 being due upfront."

- "Please describe a time that you did not get a health care service due to cost in the last twelve months"
  Insurance Purchased by the Respondent

- "Surgery to repair a hernia mesh is needed but insurance is refusing to pay even it is a potentially life-threatening issues/complications."
- "I need a hip replacement, and it is too costly and can't afford to take time off of work and still pay bills and the cost of the procedure."
- "I am in great need of dental care but even with insurance I cannot afford the treatment I need. The same thing applies to my chemo meds. The out-of-pocket cost is so high I have to borrow money from others to help pay for it or skip doses to make it last longer."

"Please describe a time that you did not get a health care service due to cost in the last twelve months"
Medicare, Coverage for Seniors and Individuals with Disabilities

- "The emergency room refused expanded treatment due to my insurance not covering the treatment."
- "I am unable to get several of my prescriptions."
- "I cannot afford to get any dental work done because insurance doesn't cover it and it is TOO expensive out of pocket."
- "I delayed one of my appointments for about two months because I was not sure that I would have enough money to pay the co-pay."
- "I have exceeded my Medicare allowance, so I can't have anything else scheduled until 2026."

"Please describe a time that you did not get a health care service due to cost in the last twelve months"
Tennessee Medicaid

- "I did not go to the dentist because I can't afford it."
- "I didn't even have money to afford gas to get to my appointment."
- I need dental work urgently, but the co-pays are too expensive, I have had issues for over three years."
- I skipped a neck and back specialist appointment because of the outrageous cost, it was a $500 per x-ray bill."
- "Finding treatment in my area for specific medical issues and I have no transportation to travel long distances."

"Please describe a time that you did not get a health care service due to cost in the last twelve months"
No Insurance Coverage/Uninsured

- "Can't afford lab work needed to get prescription filled, can't afford the doctor appointments without insurance much less the prescriptions."
- "Had an emergency removal of my IUD and can't afford to get a new one. I have broken teeth and cavities and need dental work. Poor eyesight and mental health issues as well. I haven't been to my primary care provider in over four years, and I have many other health issues."
- "I could not get the surgeries I need, my cancer has spread needs to be cut out but without insurance or cash in hand I can't even get an appointment for any reason."
- I can't afford new glasses and an eye exam."

Race and Ethnicity

Overall, respondents of color in Tennessee reported going without care and rationing medication due to cost more frequently than white, alone non-Hispanic respondents. Eighty-one percent (81%) of respondents of color reported forgoing care due to cost in the past twelve months, compared to 68% of white alone, non-Hispanic/Latino respondents (see Table 3). White, non-Hispanic respondents reported slightly higher rates of skipping dental services. However, respondents of color reported other health care affordability burdens, like forgoing needed health services entirely due to cost, at the same or at an elevated rate relative to white respondents (see Figure 3).

Table 3

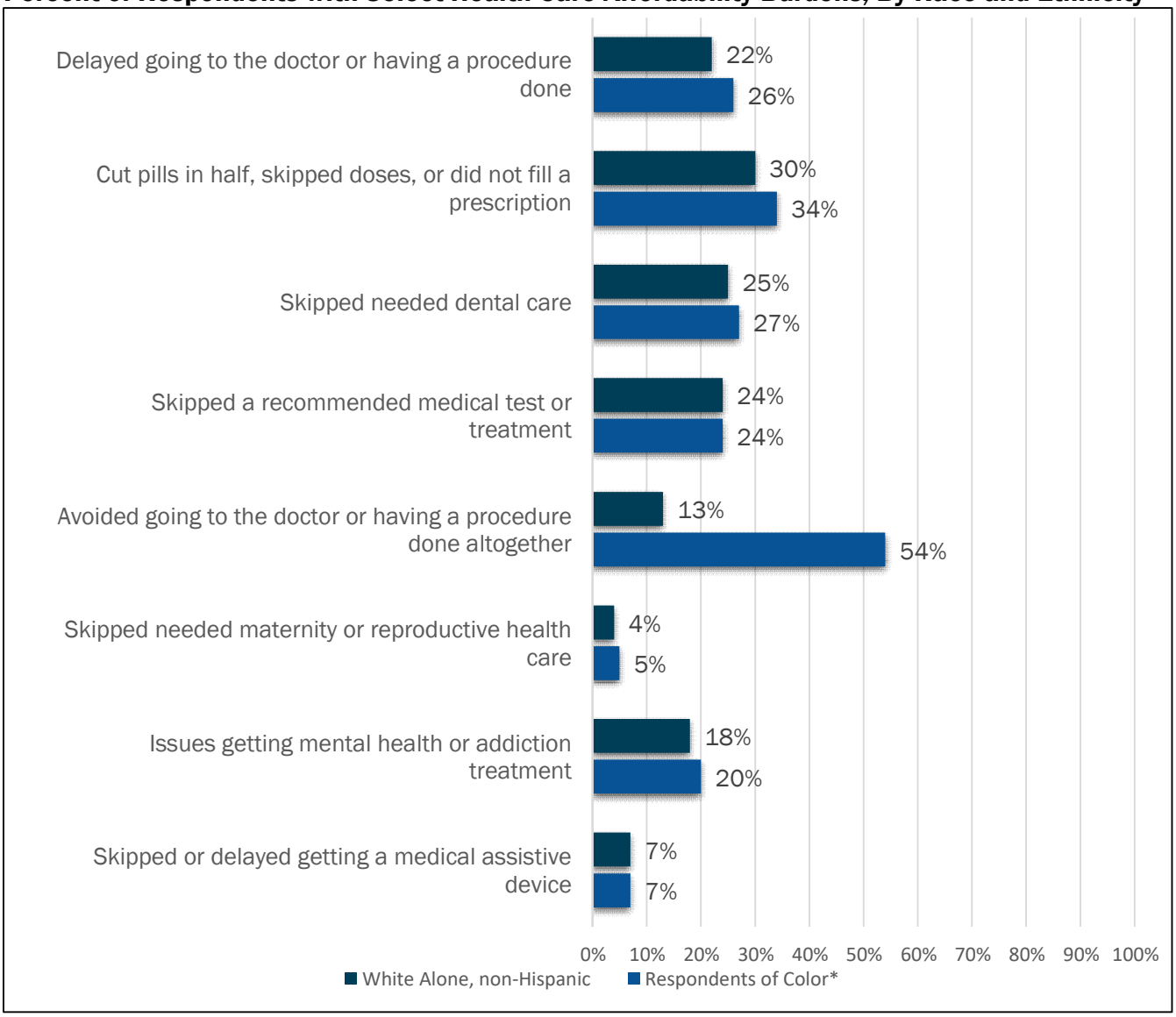
Percent of Respondents with Select Health Care Affordability Burdens, By Race and Ethnicity

	Went without Care due to Cost	Rationed Medication due to Cost
Respondents of Color*	81%	34%
Black or African American	83%	37%
Hispanic or Latino	81%	29%
White, alone non-Hispanic	68%	30%

Source: 2025 Poll of Tennessee Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

Figure 3

Percent of Respondents with Select Health Care Affordability Burdens, By Race and Ethnicity



Source: 2025 Poll of Tennessee Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

Age and Disability

While anyone can be affected by a serious illness or injury, some groups face greater financial obstacles to accessing care. In Tennessee, young adults aged 25-34 reported the highest rates of forgoing care due to cost. However, affordability concerns extend across age groups—more than half of all respondents under age 65 reported skipping care in the past year due to financial constraints (see Table 4). Most adults over the age of 65 will be insured under Medicare, which provides affordable coverage for basic health services. However, affordability may remain a concern for this group, particularly for older adults with complex or chronic conditions.

Young adults also reported the highest rates of medication rationing due to cost. This finding has important implications for policymakers interested in improving prescription drug affordability in their state. For example, although the Inflation Reduction Act (IRA) capped insulin costs for Medicare beneficiaries at $35 per month, these protections do not apply to younger populations.[6] While the survey does not specify which medications were rationed, a non-negligible number of respondents who reported rationing medication due to cost were under the age of 65, highlighting the need for broader efforts to lower out-of-pocket drug costs across all age groups.

Table 4

Percent of Respondents with Select Health Care Affordability Burdens, By Age Group

	Went without Care due to Cost	Rationed Medication due to Cost
18-24	85%	38%
25-34	87%	31%
35-44	83%	45%
45-54	65%	23%
55-64	58%	25%
65+	44%	16%

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

Respondents with a disability, or who live with someone with a disability, also reported higher rates of health care affordability burdens. Of those included in this group, 83% reported going without some form of care and 44% reported rationing medication due to cost in the past year. In contrast, fewer respondents living in a household *without* a person with a disability reported forgoing care (66%) and rationing medication (25%) due to cost (see Table 5).

Table 5

Percent of Respondents with Select Health Care Affordability Burdens, By Disability Status

	Went without Care due to Cost	Rationed Medication due to Cost
Household includes a person with a disability	83%	44%
Household does not include a person with a disability	66%	25%

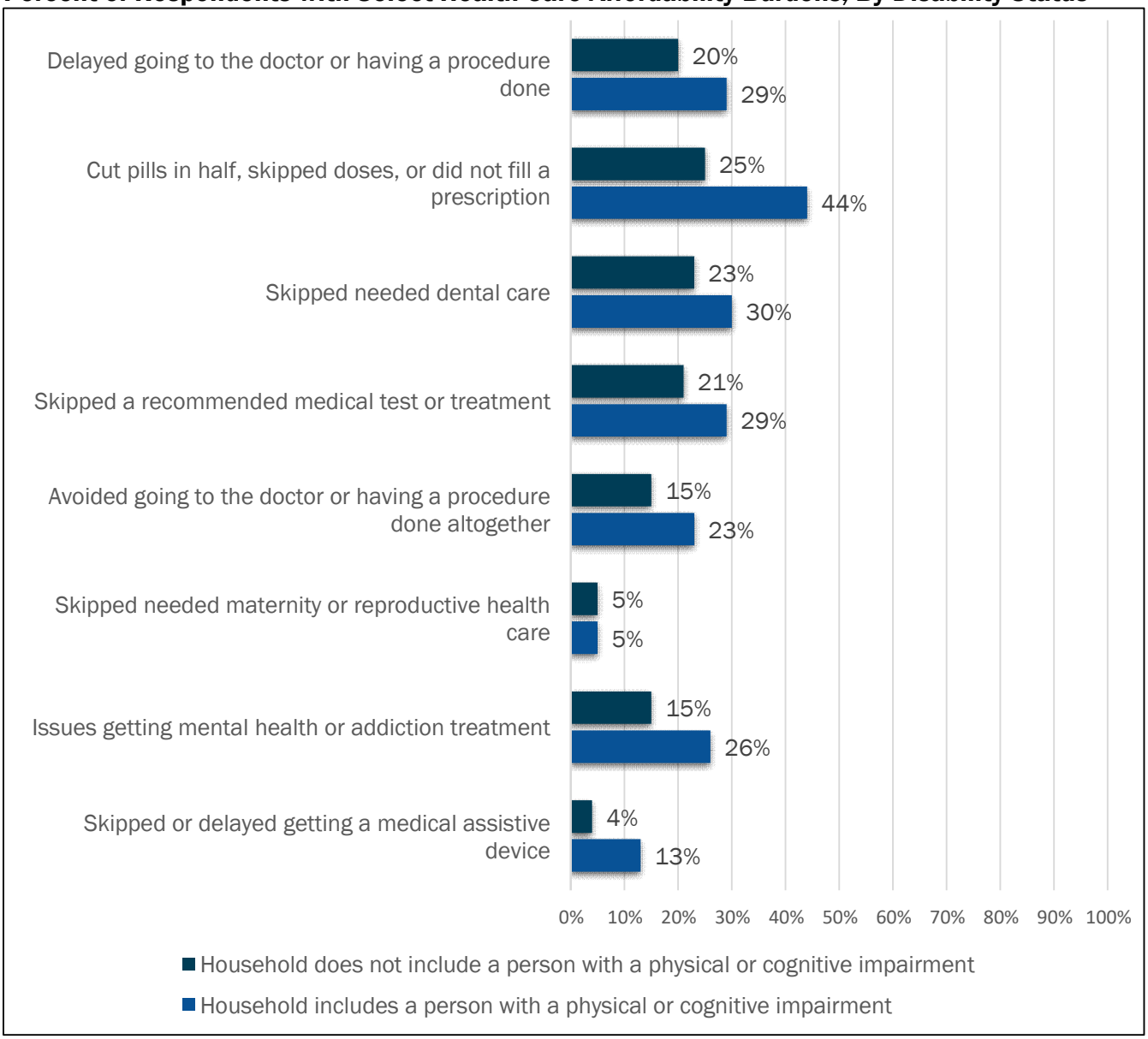
Source: 2025 Poll of Tennessee Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

People with disabilities also face affordability burdens specific to their health needs. For example, 13% of respondents with a disability or with a disabled household member reported delaying the purchase of a medical assistive device (like a wheelchair, cane/walker, hearing aid, or prosthetic limb) due to cost, compared to only 4% of respondents in households without a disabled member. Overall, individuals living with or alongside someone with a disability were more likely to experience at least one health care affordability burden (see Figure 4).

Given that 29% of U.S. adults live with some form of disability, more than a quarter of the population often face elevated health care affordability burdens.[7] People with a disability pay an average $13,492 annually for health care, while a person without a disability pays $2,853.[8] Out-of-pocket costs are also more than twice as high for an individual with a disability versus an individual without ($1053 v. $486).[9]

Figure 4

Percent of Respondents with Select Health Care Affordability Burdens, By Disability Status



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

Encountering Medical Debt

Although many respondents reported delaying, forgoing, or rationing care due to cost, others did receive care but faced financial hardship from the resulting medical bills. More than a third of respondents (45%) reported experiencing at least one significant financial burden related to medical debt, including:

- 16%—Used up all or most of their savings to pay off medical bills;
- 16%—Were contacted by a collection agency;
- 15%—Were unable to pay for basic necessities like food, heat or housing due to medical bills;
- 11%—Borrowed money, took out a loan, or another mortgage on their home to pay off medical bills;
- 9%—Accumulated large amounts of credit card debt to pay off medical bills;
- 9%—Were placed on a long-term payment plan to pay off medical bills; and
- 7%—Asked for donations (GoFundMe campaigns) to pay off medical bills.

Respondents of color reported experiencing at least one of the previous financial burden related to medical debt more frequently than white, alone non-Hispanic respondents. 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. Respondents that purchased coverage on their own, such as through the marketplace, reported the highest rates of the above burdens due to medical bills (57%) compared to respondents with all other insurance types (see Table 6).

Table 6

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

	Experienced Cost Burden due to Medical Debt
Household Characteristics	
Household Income	
≤ $50,000 annually	45%
$50,001 - $75,000 annually	41%
$75,001 - $100,000 annually	40%
≥ $100,000 annually	49%
Physical or Cognitive Impairment	
Household includes a person with a physical or cognitive impairment	59%
Household does not include a person with a physical or cognitive impairment	38%
Demographic Characteristics	
Race and Ethnicity	
Respondents of Color (Total)	54%
Black or African American	60%
Hispanic or Latino	47%
White, alone non-Hispanic	41%
Employment Status	
Employed Full-Time	57%
Employed Part-Time	47%
Unemployed, but seeking employment	49%

	Experienced Cost Burden due to Medical Debt
Orientation	
Sexual Diverse	58%
Not Sexual Diverse	43%
Insurance Status	
Employer-based health insurance	52%
Health insurance purchased individually	57%
Medicare, coverage for older adults	27%
TennCare, state Medicaid program	56%

Source: 2025 Poll of Tennessee Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

These findings reflect broader societal challenges. In 2024, nearly 100 million Americans collectively owed more than $220 billion in medical debt.[10] Even with insurance, many Americans struggle to afford medical bills—with the average cost of a one-night hospital stay in the U.S. exceeding $3,000, most consumers are unable to afford the cost of a sudden illness or injury.[11] Over one quarter (27%) of respondents reported that they or a family member currently has medical bills that are over dure. The majority of respondents (67%) reported that they were insured at the time they incurred their medical debt. When asked to describe why they still incurred medical debt despite having health insurance coverage, the most common responses were:

- 39%—My insurance only covered a portion of the service, and the remaining bill is too high;
- 17%—My insurance didn't cover the service at all;
- 8%—My deductible was too high, and I was not able meet it;
- 3%—My coinsurance was too high, and I could not afford to pay it; and
- 3%—The interest rate on the debt is too high

Navigating Health System Consolidation*

In addition to the above health care affordability burdens, a small share of Tennessee respondents reported being impacted by health system consolidation.[12] Between 2017 and 2024, there were six changes in ownership (CHOW) involving Tennessee hospitals through mergers, acquisitions, and other transactions involving health care organizations.[13,14] In the past year, 27% of respondents reported that they were aware of a merger or acquisition in their community. Of those, nearly two out of five (39%) said that they or a family member lost access to a preferred health care organization due to changes arising from the merger.

Among those who reported losing access their preferred health care provider due to a merger:

- 46%—skipped one or more recommended follow-up appointment(s) due to a merger;

* Note: The sample size of respondents who said they were affected by a merger was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.

- 45%—delayed or avoided going to the doctor or having a procedure done because they could no longer access their preferred health care organization due to a merger; and
- 40%—changed their preferred doctor or hospital to one that is in-network;
- 36%—skipped filling a prescription medication;
- 28%—changed their health plan coverage to include their preferred doctor hospital.

Some respondents reported that the merger caused an additional burden for them or their families. Among those, the three most frequently cited issues include:

- 30%—reported that the merger created an added financial burden;
- 24% - reported that the merger created an added transportation burden;
- 21%—reported that the merger created an added wait time when searching for a new provider;
- 17%—reported that the merger created a gap in the continuity of my care.

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a merger, far more respondents (61%) reported being somewhat, moderately or very worried about the impacts of mergers in their health care organizations. When asked about their largest concern, respondents most frequently reported:

- 27%—I'm concerned I will have fewer choices of where to receive care;
- 25%—I'm concerned my doctor may no longer be covered by my insurance;
- 21%—I'm concerned I will have to pay more to see my doctor;
- 12%—I'm concerned I will have to travel farther to see my doctor; and
- 11%—I'm concerned I will have a lower quality of care.

The Tennessee Attorney General must be notified of nonprofit hospital transactions however, the state does require nonprofit hospitals to provide annual reports on whether the change in ownership has negatively impacted health services in the affected communities.[15]

High Levels of Worry about Affording Care and Coverage

The majority of Tennessee respondents are concerned about their ability to afford care. In total, 76% of respondents reported being either "worried" or "very worried" about affording some aspect of care in the future. The most commonly cited concerns include:

- 62%—Being unable to afford nursing home or home care services;
- 59%—Being unable to afford medical costs when elderly;
- 57%—Affording care in the event of a serious illness or accident;
- 51%—Cost of prescription drugs;
- 50%—Cost of needed dental care; and
- 31%—Cost of maternity and reproductive care

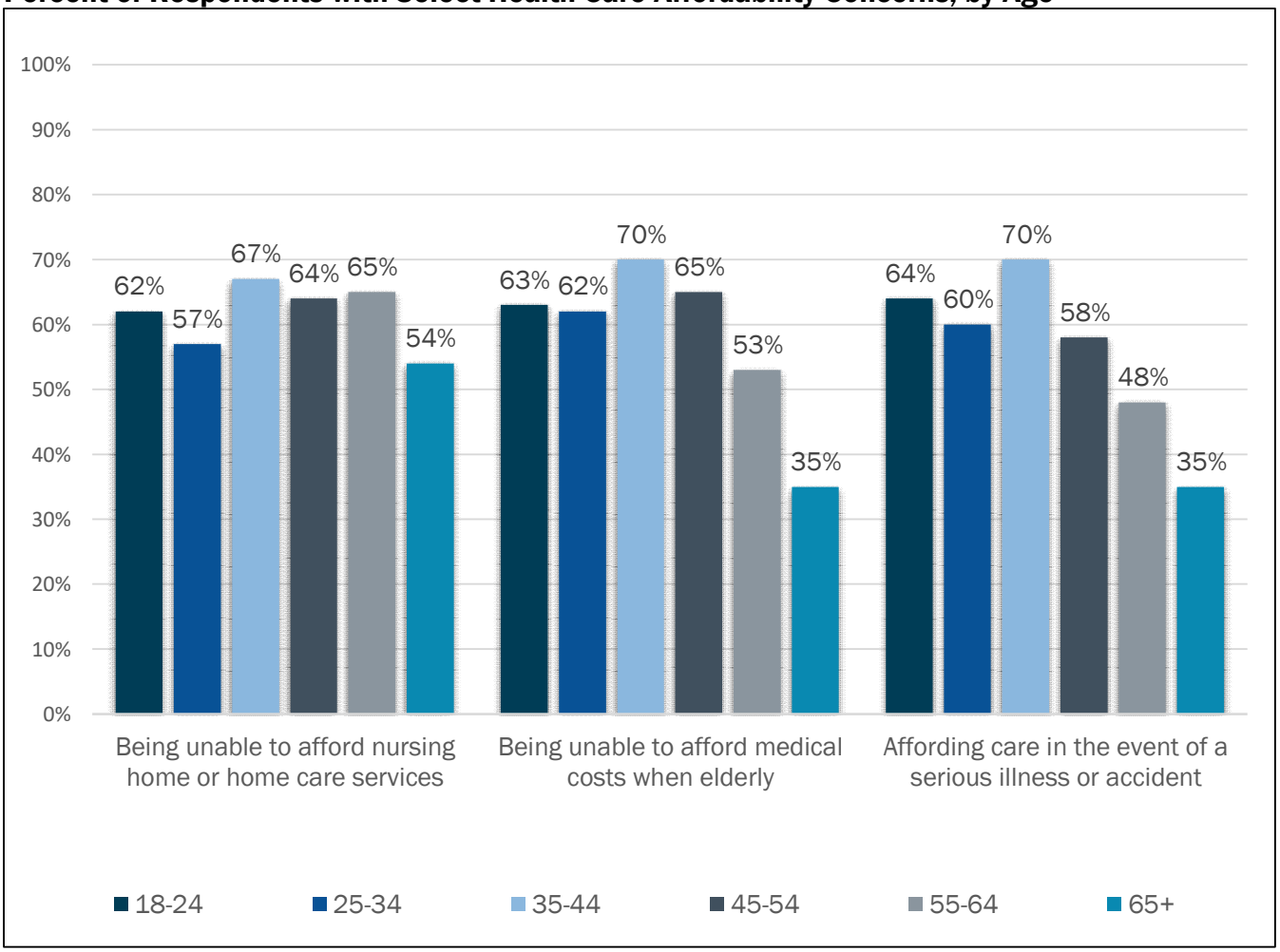
While two of the most frequently cited concerns, affording the cost of nursing home or home care services and affording medical costs when elderly, are typically associated with older adults, these worries were more frequently reported by younger respondents. For example, 70% of respondents aged 34–44 and 65% of those aged 45–54 expressed concern about being able to afford medical costs when they are older. More

than half of all respondents under age 65 (57% or higher) reported being worried about paying for some form of long-term care services (see Figure 5).

The annual cost of long-term care in the U.S. ranges from $70,800 for assisted living to over $127,000 for a private room in a nursing facility.[16] Although insurance can offset some of these costs, many plans—including Medicare—only cover long-term care in specific circumstances.[17] As a result, paying out-of-pocket for care may be financially unfeasible for most families, and Medicaid remains the primary payer for nursing home and intermediate care facility services in the absence of a better option.[18,19]

Figure 5

Percent of Respondents with Select Health Care Affordability Concerns, by Age



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

In addition to age, concerns about affordability were also cited across all other demographic groups. However, certain groups expressed concern more frequently than others, including respondents living in a household that earns less than $50,000 a year, those with a disability or who live with a person with a disability, and residents living in Southern Tennessee (see Table 7). Overall, 81% of respondents with an annual household income of less than $50,000 reported worrying about affording some aspect of coverage or care in the past year. However, 72% of those earning over $100,000 per year also reported concerns (see Table 7).[20]

In addition to concerns about paying for specific types of care, many respondents also worried about affording and maintaining health insurance coverage. Overall, 37% of all respondents reported that they were concerned about *losing* their health insurance coverage, and 54% reported that they were concerned about

affording their health insurance coverage. Worry about the cost of insurance was more common than concern about losing coverage, and this pattern held true across all income levels, geographic regions, racial and ethnic groups, and types of coverage (see Table 7).

Table 7

Percent of Respondents Somewhat or Very Worried About Selected Issues, by Household and Demographic Characteristics

	Worried about Affording Care in the Future	Worried about Losing Health Insurance	Worried about Affording Health Insurance
Household Characteristics			
Household Income			
≤ $50,000 annually	81%	41%	58%
$50,001 - $75,000 annually	78%	31%	54%
$75,001 - $100,000 annually	69%	34%	45%
≥ $100,000 annually	72%	36%	52%
Physical or Cognitive Impairment			
Household includes a person with a physical or cognitive impairment	85%	51%	61%
Household does not include a person with a physical or cognitive impairment	71%	29%	48%
Demographic Characteristics			
Race and Ethnicity			
Respondents of Color (Total)	79%	42%	60%
Black or African American	79%	46%	59%
Hispanic or Latino	82%	36%	58%
White, alone non-Hispanic	75%	34%	51%
Employment Status			
Employed Full-Time	78%	42%	58%
Employed Part-Time	85%	40%	55%
Unemployed, but seeking employment	84%	51%	69%
Orientation			
Sexual Diverse	88%	56%	67%
Not Sexual Diverse	74%	34%	52%
Insurance Status			
Employer-based health insurance	81%	35%	60%
Health insurance purchased individually	79%	48%	61%

	Worried about Affording Care in the Future	Worried about Losing Health Insurance	Worried about Affording Health Insurance
Medicare, coverage for older adults	67%	25%	41%
TennCare, state Medicaid program	80%	55%	58%
Geographic Region			
Western	79%	39%	57%
Southern*	82%	52%	61%
Mid-Cumberland	76%	36%	57%
Upper-Cumberland*	78%	43%	54%
Southeast	73%	29%	44%
Eastern	74%	35%	49%
Northeast*	72%	26%	47%

Source: 2025 Poll of Tennessee Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.
*The geographic regional response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

Respondent Perceptions of the Health System, Policy Solutions

In light of Tennessee respondents' health care affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system. Of the respondents surveyed:

- Just 38% agreed or strongly agreed that "we have a great healthcare system in the U.S.,"
- While 72% agreed or strongly agreed that "the system needs to change."

To investigate further, the survey asked respondents to share their perspectives on both personal and governmental actions to address the high health costs.

Personal Actions

Tennessee respondents see a role for themselves in addressing health care affordability. When asked about specific actions they could take:

- 64% of respondents reported researching the cost of a drug beforehand, and
- 72% said they would be willing to switch from a brand name to an equivalent generic drug if given the chance.

When asked to select the top three personal actions they felt would be most effective in addressing health care affordability (out of ten options), the most common responses were:

- 69%—Take better care of my personal health;
- 41%—Research treatments myself before going to the doctor; and
- 32%—Do more to compare provider cost and quality before getting services

Government Actions

Tennessee respondents see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing health care problems is one of the top priorities that respondents want their elected officials to work on. At the beginning of the survey, respondents were asked what issues the government should address in the upcoming year. Respondents most frequently chose:

- 54%—Health care
- 44%—Economy/Joblessness
- 37%—Affordable Housing

When asked about the top three health care priorities the government should address, respondents most frequently chose:

- 42%—Address high health care costs, including prescription drugs;
- 33%—Getting health insurance to those who cannot afford coverage; and
- 31%—Improve Medicare, coverage for seniors and those with serious disabilities.

Out of fifteen possible options, Tennesseerespondents most frequently reported believing that the reason for high health care costs lies with industry stakeholders, such as:

- 73%—Drug companies charging too much money;
- 70%—Hospitals charging too much money; and
- 69%—Insurance companies charging too much money.

Support for Policy Solutions

There is support for change regardless of respondents' political affiliation (see Table 8). The high burden of health care affordability, along with high levels of support for change, suggest that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. When it comes to tackling costs, respondents endorsed a number of strategies, including:

- 93%—The government should show what a fair price would be for specific procedures
- 92%—Require drug companies to provide notice of price increases and to justify those increases
- 92%—Require insurers to provide up-front cost estimates to consumers
- 91%—Make it easier to switch insurers if your health plan stops covering your provider
- 91%—Require hospitals and doctors to provide upfront patient cost estimates
- 91%—Cap out-of-pocket costs for life-saving medications, such as insulin
- 90%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes

Table 8

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

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
Show what a fair price would be for specific procedures	93%	93%	93%	94%
Require drug companies to provide advanced notice of price increases and information to justify those increases	92%	91%	94%	90%
Require insurers to provide upfront cost estimates to consumers	92%	93%	92%	90%
Make it easy to switch insurers if a health plan drops your doctor	91%	91%	91%	91%
Require hospitals and doctors to provide up front patient cost estimates	91%	92%	90%	90%
Cap out-of-pocket costs for life-saving medications, such as insulin	91%	90%	94%	90%
Set standard prices for drugs to make them affordable	91%	91%	96%	88%
Lower the cost of follow-up care and treatment for people with chronic conditions like diabetes, liver disease or cancer	91%	90%	92%	93%
Prohibit drug companies from charging more in US than abroad	90%	91%	91%	88%
Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes	90%	89%	92%	89%
Create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs	90%	89%	94%	88%
Expand health insurance options so that everyone can afford quality coverage	90%	89%	94%	89%
Create an affordable state-based health insurance plan that any resident can purchase, regardless of their income or employer coverage status	89%	86%	91%	90%
Set standard payments to hospitals for specific procedures	89%	89%	90%	87%
Invest in recruitment and training for care workers – such as nursing, home care aides, and personal care aides	89%	89%	90%	88%
Strengthen policies to drive more competition in health care markets to improve choice and access	87%	89%	84%	87%
Require that routine health care services should cost the same no matter the kind of facility those services are conducted in	87%	86%	93%	83%

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
Set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner	86%	84%	89%	87%
Set limits on health care spending growth and penalize payers or providers that fail to curb excessive spending growth	86%	87%	89%	83%
Require a minimum amount of spending that insurers and providers in the state must devote to services that keep people healthy, such as primary care	85%	84%	91%	81%

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

Notes

1. Of the 72% of respondents who encountered one or more cost-related barriers to getting health care during the past twelve months, 22% did not fill a prescription and 16% cut pills in half or skipped doses of medicine due to cost.
2. Thirteen percent (13%) had problems getting mental health care and 8% had problems getting addiction treatment.
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6. Sayed, B., et. al. (2023, Jan 24). Insulin Affordability and the Inflation Reduction Act: Medicare Beneficiary Savings by State and Demographics. ASPE. https://aspe.hhs.gov/reports/insulin-affordability-ira-data-point
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8. Kennedy, J., Wood, E.G., Frieden, L. (2017). Disparities in Insurance Coverage, Health Services Use, and Access Following Implementation of the Affordable Care Act: A Comparison of Disabled and Nondisabled Working-Age Adults. INQUIRY 54(1). doi:10.1177/0046958017734031
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10. Rakshit, S., Rae, M., Claxton, G., et. al. (2024). The Burden of Medical Debt in the United States. Peterson-KFF Health System Tracker. https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/
11. Hospital Adjusted Expenses per Inpatient Day. (2024). Kaiser Family Foundation. https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day
12. The sample size of respondents who said they were affected by a closure was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.
13. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved June 5, 2024, from https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership.
14. A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's identification number and provider agreement (including any Medicare outstanding debt of the old owner) to the new owner...An acquisition/merger occurs when a currently enrolled Medicare provider is purchasing or has been purchased by another enrolled provider. Only the purchaser's CMS Certification Number (CCN) and tax identification number remain. Acquisitions/mergers are different from CHOWs. In the case of an acquisition/merger, the seller/former owner's CCN dissolves. In a CHOW, the seller/former owner's CCN typically remains intact and is transferred to the new owner. A consolidation occurs when two or more enrolled Medicare providers consolidate to form a new business entity. Consolidations are different from acquisitions/mergers. In an acquisition/merger, two entities combine but the CCN and tax identification number (TIN) of the purchasing entity remains intact. In a consolidation, the TINs and CCN of the consolidating entities dissolve and a new TIN and CCN are assigned to the new, consolidated entity. Source: Missouri Department of Health and Senior Services, Change of Ownership Guidelines—Medicare/State Certified Hospice. Retrieved August 23, 2023, from https://health.mo.gov/safety/homecare/pdf/CHOW-Guidelines-StateLicensedHospice.pdf
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About the 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

About The Tennessee Justice Center

For over 28 years, the Tennessee Justice Center has been standing with Tennessee families and helping them access necessities of life. Since opening our doors in 1996, TJC has used lawsuits, legislation and coalition building to overcome injustice, winning $2 billion in health care and hundreds of millions in financial and nutrition assistance for Tennesseans. Aside from lawsuits, TJC helps assist seniors and other individuals with TennCare, SNAP and other public benefit programs.

Contact the Tennessee Justice Center:
www.tnjustice.org/

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 June 30 to July 31, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Tennessee. 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 1,369 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	770	56%
Man	599	44%
Sexual Diverse	183	13%
Insurance Type		
Health insurance through my or a family member's employer	453	33%
Health insurance I buy on my own	211	15%
Medicare, coverage for seniors and those with serious disabilities	302	22%
TennCare, the state Medicaid program	189	14%
TRICARE/Military Health System	26	1%
Department of Veterans Affairs	22	1%
No coverage of any type	111	8%
I don't know	55	4%
Race		
American Indian/Native Alaskan	47	3%
Asian	49	4%
Black or African American	453	33%
Native Hawaiian/Other Pacific Islander	11	<1%
White	783	57%
Prefer Not to Answer	17	1%
Two or More Races	107	8%
Ethnicity		
Hispanic or Latino	114	8%
Non-Hispanic or Latino	1,255	92%
Age		
18-24	275	20%
25-34	283	21%
35-44	284	21%
45-54	178	13%
55-64	179	13%
65+	161	12%
Party Affiliation		
Republican	469	34%
Democrat	410	30%
Neither	490	36%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	258	19%
$20K-$29K	140	10%
$30K - $39K	148	11%
$40K - $49K	125	9%
$50K - $59K	138	10%
$60K - $74K	108	8%
$75K - $99K	141	10%
$100K - $149K	162	12%
$150K+	149	11%
Education Level		
Some high school	59	4%
High school diploma/GED	369	27%
Some college or training/certificate program	292	21%
Associate degree	136	10%
Bachelor's degree	260	19%
Some graduate school	31	2%
Graduate degree	222	16%
Self-Reported Health Status		
Excellent	259	19%
Very Good	409	30%
Good	457	33%
Fair	196	14%
Poor	48	4%
Disability		
Mobility	221	16%
Cognition	150	11%
Independent Living	146	11%
Hearing	104	8%
Vision	89	7%
Self-Care: Difficulty dressing or bathing	59	4%
No disability or long-term health condition	897	66%

Source: 2025 Poll of Tennessee 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.