Data Brief | September 2025

Tennessee Survey Respondents Worry about High Hospital Costs; Face Challenges Understanding Quality and Cost of Care; Support a Range of Government Solutions

Summary

Hospitals provide essential services and are vital to the well-being of our communities. However, a recent survey of over 1,300 Tennessee adults, conducted from June 30 to July 31, 2025, revealed widespread concern about the cost of hospital care, a lack of confidence in navigating the health care system, understanding their cost sharing obligations, and bipartisan support for government-led solutions. These challenges are sometimes attributed to insufficient levels of *health insurance literacy* or *health literacy,* which is associated with poorer health outcomes, lower patient satisfaction and higher costs.[1,2,3] This brief surfaces respondents' experiences operating within the health care system, interpreting their cost-sharing obligations and highlights support for related policy solutions.

Concern about Affording Hospital Services

A majority of Tennessee respondents report being concerned about their ability to afford care. In fact, 76% of Tennessee respondents reported being worried about affording health care, both now and in the future, and nearly three in every five (57% of) respondents reported being "worried" or "very worried" about affording medical costs in the event of a serious illness or accident.

- Fifty-nine percent (59%) of respondents reported being "worried" or "very worried" about affording medical cost when elderly.
- Sixty-two (62%) percent of respondents reported being 'worried" or "very worried" about being able to afford home health care services.

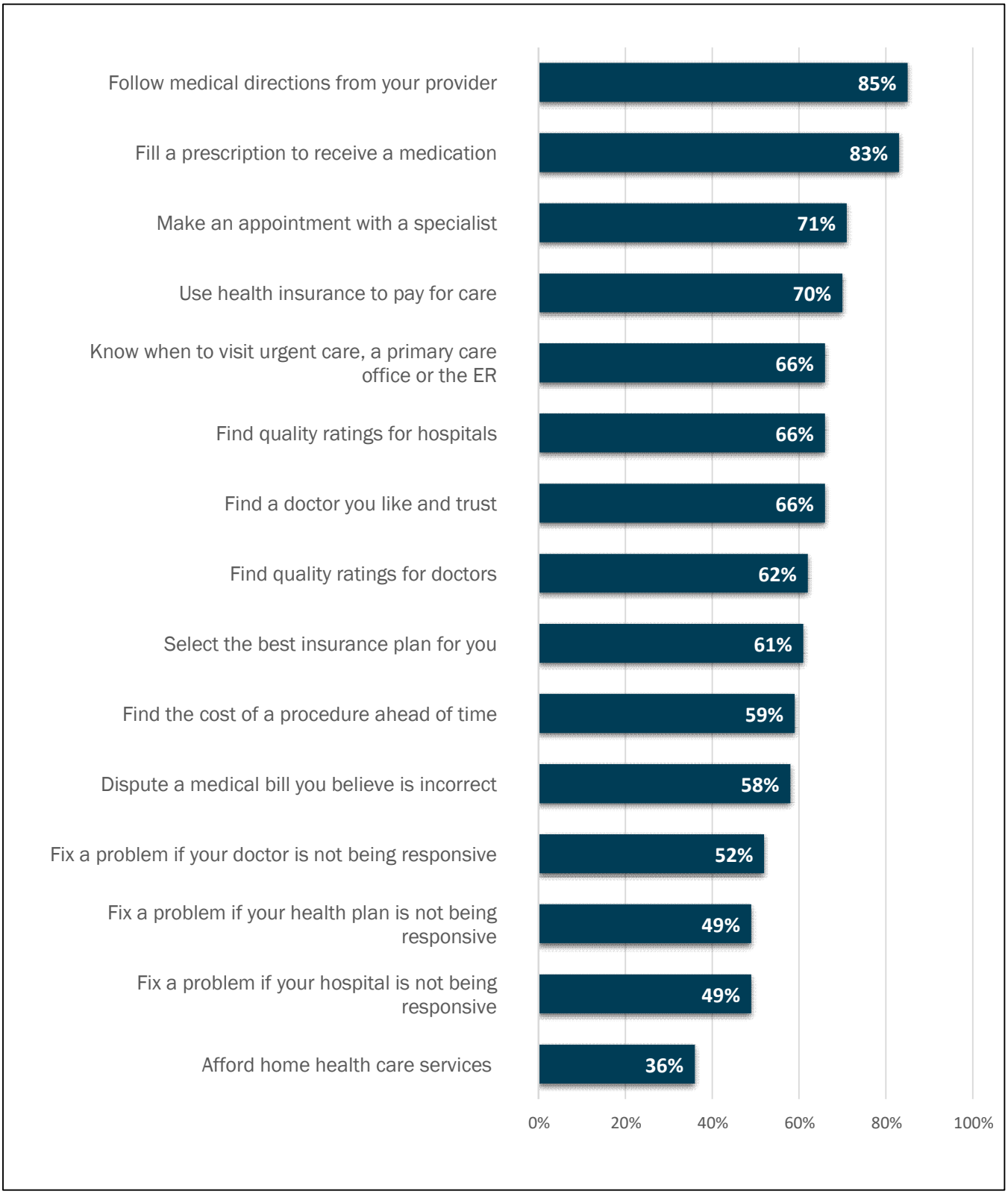
Some respondents also reported cost burdens following care. In total, 45% reported experiencing a financial burden due to medical bills and 59% of respondents reported receiving an unexpected medical bill in the past year. Among the 59% of respondents who reported receiving an unexpected medical bill in the past year, over half (54%) said at least one of those bills came from a hospital.

Confidence Seeking Hospital Care, Quality, Billing Information

Limited knowledge of health care quality or costs can hinder consumers' ability to budget for care, which can be especially detrimental to the under- and uninsured.[4] Tennessee respondents are fairly confident in their ability to recognize when to seek emergency care, follow directions provided by their doctor, and their ability to fill a prescription. Sixty-two percent (62%) of respondents are very or extremely confident that they know when to visit the emergency department as opposed to an urgent care center or a primary care provider (see Figure 1).

Figure 1

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



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

However, respondents are less confident in their ability to find hospital costs and quality information before a service. They are also less confident in their ability to resolve concerns related to financial obligations, such as disputing a medical bill. Out of all respondents:

- Sixty-four percent (64%) of respondents reported they were not confident in their ability to afford home health care services;
- Sixty percent (60%) of respondents reported they were not confident in their ability to have enough money to cover major unexpected illnesses or injuries;
- Fifty-one percent (51%) of respondents feel very or extremely confident they could resolve an issue if their health plan was not being responsive;
- Forty-six percent (46%) of respondents reported they were not confident in their ability to have enough money to cover their usual necessary medical cost;
- Forty-one percent (41%) of respondents reported they were not confident in their ability to determine the cost of a medical procedure in advance;
- Thirty-nine percent (39%) are not confident in their ability to find quality ratings for hospitals; and
- Thirty-eight percent (38%) are not confident in their ability to find quality ratings for doctors.

This lack of confidence may be reflected in the low rates of searching for hospital price and quality information. Only 40% of respondents reported trying to find the cost of a hospital stay ahead of time, while 14% of the respondents that reported needing a hospital service did not search for cost information at all. Among the respondents that did search for cost information or who required a hospital service:

- 25% were able to find the information they needed, and
- 15% attempted to find hospital cost information but were unsuccessful.

Similarly, nearly half (48% of) Tennessee respondents reported searching for hospital quality information, 41% found the information they needed, 16% did not find what they needed, and 16% reported needing a hospital stay but not searching for quality information (see Figure 2). Among those that did search for hospital quality information or needed a hospital stay, 35% were successful in their search, while 13% searched for hospital quality information but were unsuccessful.

Few respondents indicated that cost and quality information was not important to them (10 and 5%, respectively). Additionally, despite federal price transparency mandates for hospitals, hospital costs and quality ratings are still not always accessible.[5] The most frequently cited reasons respondents did not attempt to find cost or quality information include:

- 29% followed their doctors' recommendations or referrals;
- 28% did not know where to look;
- 28% reported that searching for information felt too confusing or overwhelming;
- 18% did not have time to look; and
- 16% reported that it did not occur to them to look for quality or price information.

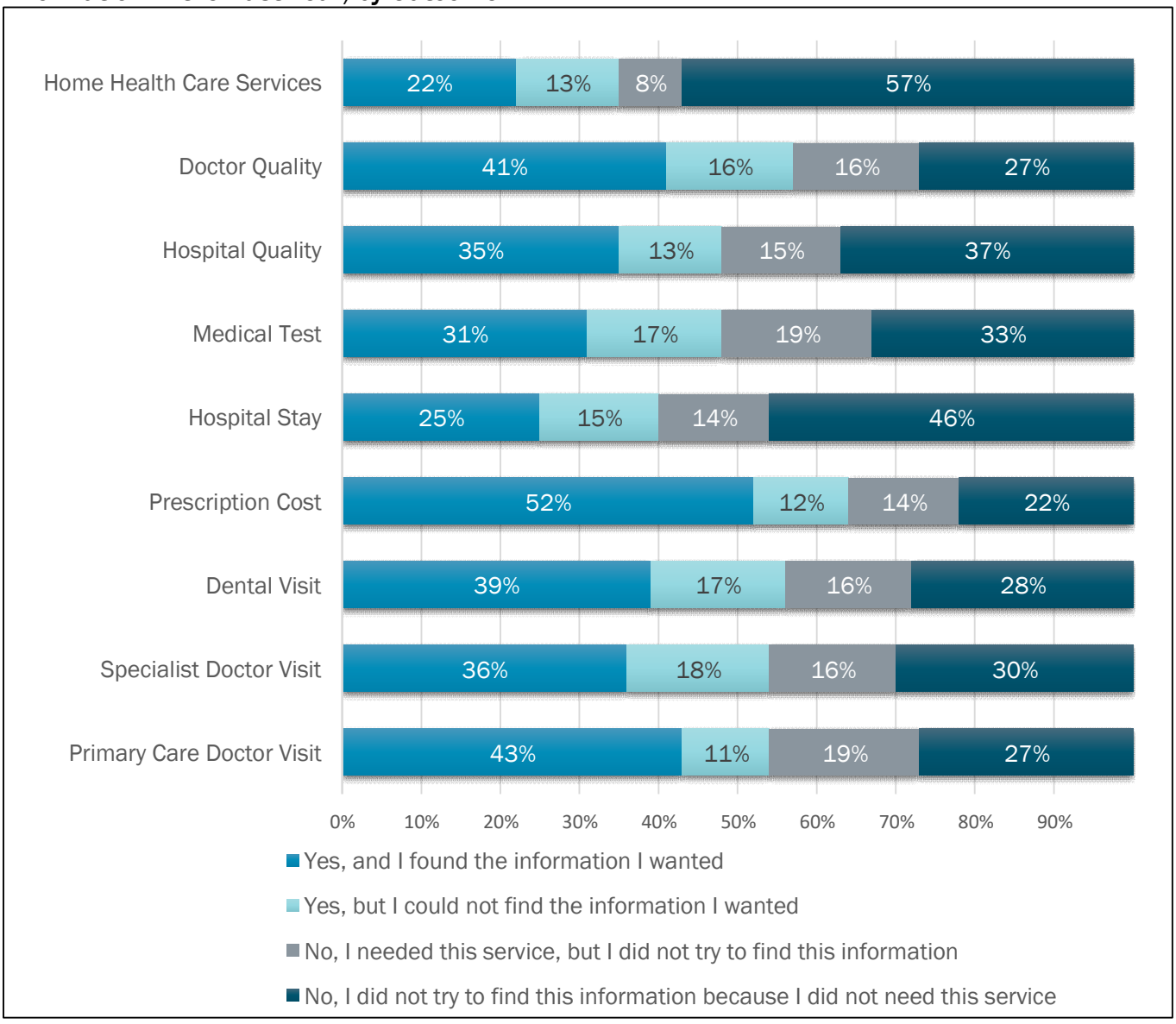
The respondents who did attempt to find hospital *cost* information, but were unsuccessful, described several challenges:

- 35% reported that their provider or hospital would not provide a price estimate;
- 34% reported that their insurer would not provide a price estimate;
- 27% reported that the available *cost* information was confusing; and
- 27% reported that the price information was insufficient.

Similarly, among the respondents who were unsuccessful in their search for hospital *quality* information, 31% reported that the resources were confusing and 15% reported that the quality information was not sufficient.

Figure 2

Percentage of Respondents Who Did and Did Not Search for Hospital Cost or Quality Information in the Past Year, by Outcome



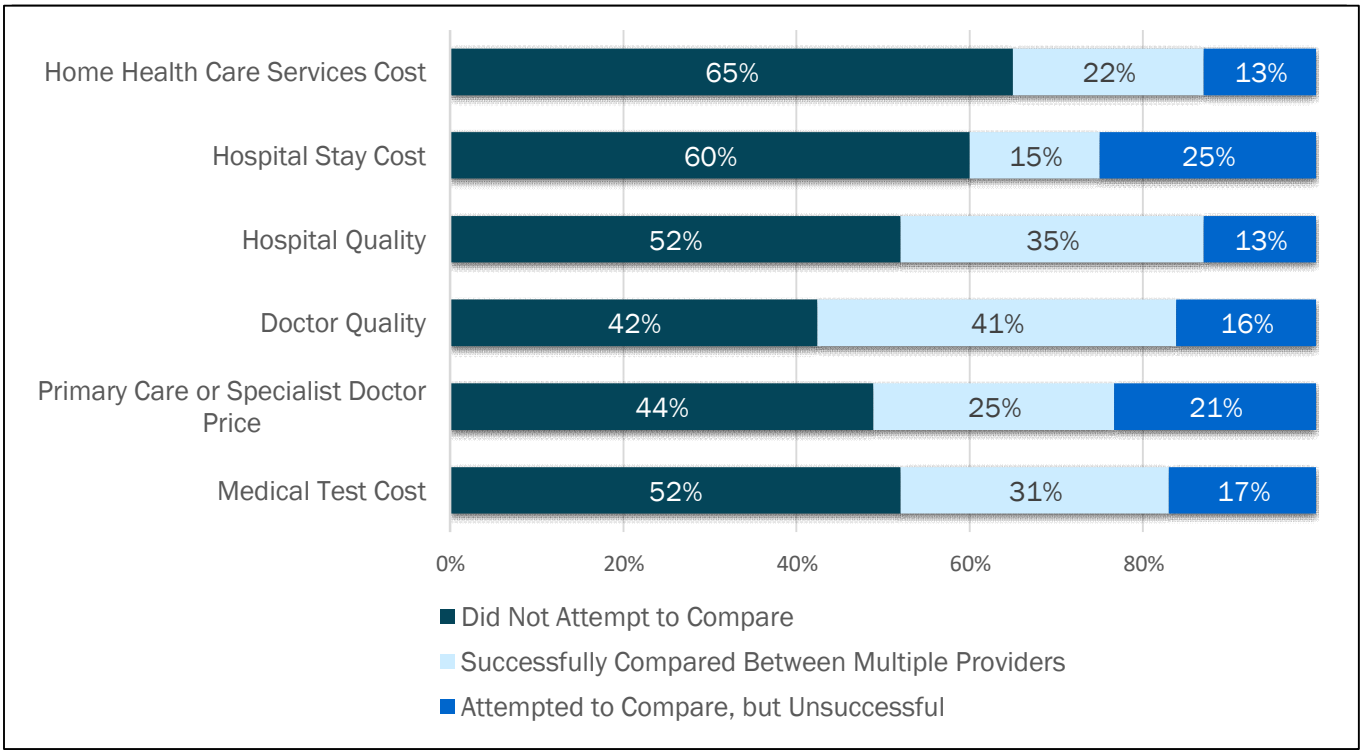
Source: 2025 Survey of Tennessee Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Totals may not equal 100% due to rounding.

Comparing Cost and Quality Information

Among the respondents who were able to successfully locate sufficient cost or quality information, 89% reported they were able to find enough information to successfully compare the costs of a hospital stay between two or more options, and 85% reported finding enough information to compare quality ratings across hospitals (see Figure 3).

Figure 3

Percent of Respondents Successful at Finding Hospital Cost and Quality Information and Using that Information to Compare Cost and Quality Between Multiple Providers



Source: 2025 Survey of Tennessee Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Totals may not equal 100% due to rounding.

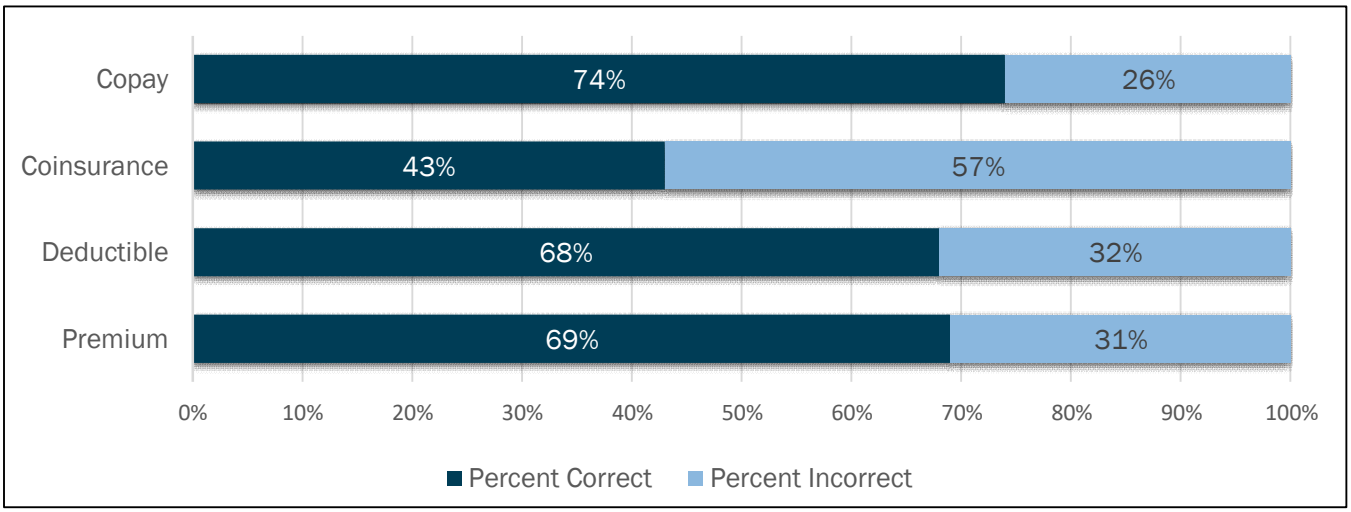
Respondents who were able to successfully compare cost or quality information between multiple providers reported that the comparison ultimately influenced their choice of which provider to seek care from:

- 87% of respondents who compared costs for a primary care or specialist visit;
- 92% of those who compared the cost of medical test providers;
- 87% of those who compared the cost of a hospital stay; and
- 85% of respondents who searched for hospital quality information reported that the comparison influenced their decision.

Difficulty Understanding Common Health Terms

Research indicates that nearly half of insured adults find at least one aspect of their insurance difficult to understand.[6] When given multiple choices, over two out of three (69% of) Tennessee respondents were able to correctly define "premium," and a similar amount (68%) were able to correctly define "deductible." However, fewer than half (43%) were able to accurately define "coinsurance" (see Figure 4). Of note, more educated respondents generally performed better when asked to define these terms (see Table 1).

Figure 4
Percent Who Chose the Correct Insurance Term Definition



Source: 2025 Survey of Tennessee 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	31%	56%	55%	63%
Some College, Training, or Certificate	39%	76%	75%	84%
Associate Degree	42%	75%	69%	81%
Bachelor's Degree	53%	79%	77%	80%
Graduate School	50%	65%	69%	73%

Source: 2025 Survey of Tennessee 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.

Impact, Concerns about Hospital Consolidation*

In some cases, health care consolidation — which occurs when hospitals and other health care facilities are joined together through a merger, acquisition, or other change of ownership — can magnify the challenges consumers face when seeking, comparing, and affording care.[7] Although the number of survey respondents who reported they have been impacted by a consolidation transaction is too small to report reliable estimates, the survey results indicate that some encountered new challenges following consolidation.

* 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.

Six consolidation transactions involving hospitals have occurred in Tennessee between 2018 and 2024.[8] Tennessee requires that the State Attorney General be notified of non-profit hospital transactions and does not have the authority to approve or deny these transactions.[9] In total, 27% of Tennessee survey respondents reported that they are aware of a health care consolidation transaction in their community.

Out of the 27% of respondents who reported being aware of a health care consolidation transaction, nearly two out of five (39%) reported that they or a family member lost access to their preferred health care provider because the change led to their provider being moved out-of-network. Among respondents who lost access to their preferred provider:

- 46% skipped a recommended follow-up visit due to a merger;
- 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;
- 40% switched to an in-network provider;
- 36% skipped filling a prescription;
- 28% changed their health insurance plan to keep their preferred provider;
- 23% turned to telehealth options to continue seeing their preferred provider;
- 20% continued seeing their provider but must now pay out-of-network prices; and
- 9% had to switch providers due to a service closure following a merger.

Some respondents reported additional challenges beyond losing access to their preferred health care provider. Out of those who reported that the merger caused an additional burden for them or their families, the most frequently reported consequences 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; and
- 17% reported that the merger created a gap in the continuity of my care.

Some respondents also provided examples of how they have been personally impacted following hospital consolidation. Examples include:

- ❖ “After the merger, wait times increased and I had to switch doctors due to my insurance.”
- ❖ The merger led to longer wait times, reduced provider appointment availability, and my preferred doctor was longer in network, making it harder to access consistent care.”
- ❖ Over the past 12 months, the merger has caused disruptions in provider availability at my preferred healthcare organization. Several doctors I regularly saw either left or were no longer in-network, leading to delays in scheduling appointments and a lack of continuity in my care.”
- ❖ The hospital that has taken over many clinics and local hospitals has horrible ratings and now we are driving up to 3+ hours away for quality treatment.”
- ❖ The merger makes it difficult to make and appointment, they have been cancelling or rescheduling the appointment if you actually get one made.”
- ❖ We had to seek new providers due to the merger and the facility no longer accepting our insurance.”
- ❖ I could not access my health care organization due to the merger.”
- ❖ I loss my doctor of 26 years, because of the merger.”

Although only a small number of respondents indicated that they have been personally impacted by a health care consolidation, far more respondents (61%) reported being "somewhat," "moderately," or "very" worried about the potential impacts of a consolidation transaction should it occur. When asked about their biggest concerns:

- 27% reported that they are worried they would have fewer choices for care;
- 25% are concerned that their doctor may no longer be covered by their insurance;
- 21% are concerned that they will have to pay more to see their doctor;
- 12% are concerned they will have to travel farther to receive care.
- 11% are concerned that the consolidation will result in lower quality of care; and

Respondent Perceptions of Health Care Systems, Policy Solutions

Hospitals, along with drug manufacturers and insurance companies, are viewed as a primary contributor to high health care costs. Out of fifteen possible options, Tennessee respondents most frequently reported believing that the reason for high health care costs due to powerful industry stakeholders, such as:

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

Respondents endorsed a number of strategies to address high health care costs and transparency-oriented strategies, including:

- 93%—Show what a fair price would be for a specific procedures;
- 92%—Require drug companies to provide advanced notice of price increases;
- 92%—Require insurers to provide up-front cost estimates to consumers;
- 91%—Require hospitals and doctors to provide up-front cost estimates to consumers;
- 91%—Lower cost of follow-up care and treatment for people with chronic conditions like diabetes, liver disease and cancer.
- 89%—Set standard payments to hospitals for specific procedures;
- 87%—Strengthen policies to drive more competition in health care markets;
- 87%—Require routine health services to cost the same no matter what facility those services are conducted at;
- 86%—Establish an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner; and
- 86%—Establish limits on health care spending growth.

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
Show a fair price would be specific procedures	93%	93%	93%	94%
Require hospitals and doctors to provide up-front cost estimates to consumers	91%	92%	90%	90%
Require drug companies to provide advanced notice of price increases	92%	91%	94%	90%
Require insurers to provide up-front cost estimates to consumers	91%	92%	90%	90%
Establish standard payments to hospitals for specific procedures	89%	89%	90%	87%
Strengthen policies to drive more competition in health care markets	87%	89%	84%	87%
Set up an independent entity to rate provider quality, e.g., patient outcomes and bedside manner	86%	84%	89%	87%
Lower the cost of follow-up care and treatment for people with chronic conditions like diabetes, liver disease, or cancer.	91%	90%	92%	93%
Require that routine health care services cost the same no matter the kind of facility those services are conducted at.	87%	86%	93%	83%
Establish limits on health care spending growth, penalties for failing to curb excessive growth	86%	87%	89%	83%

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

The survey findings indicate that while some Tennessee respondents are motivated to search for hospital cost and quality information to inform their decisions and plan for future medical expenses, over half did not seek this information at all. This suggests that price transparency initiatives alone may not effectively influence consumer behavior. The lack of knowledge of hospital quality and potential costs may impede Tennessee residents' ability to plan for needed care and budget for the expense of a hospital stay, which can be costly, particularly for residents who are uninsured or under-insured.[10]

Tennessee respondents reported support for government-led solutions to make price and quality information more accessible and to help consumers navigate hospital care. Many favored solutions could reduce the burden on consumers, such as standardizing payments for specific procedures, requiring cost estimates from hospitals and doctors, and establishing an independent entity for quality reviews. Policymakers should consider these and other policy options to address the bipartisan call for government action.

Notes

1. A person's ability to seek, obtain, and understand health insurance plans, and once enrolled, use their insurance to seek appropriate health care services.
2. A person's ability to obtain, process, and understand basic health information and services needed to manage one's health and make appropriate health decisions.
3. Shahid, R., Shoker, M., Chu, L.M. *et al.* Impact of low health literacy on patients' health outcomes: a multicenter cohort study. *BMC Health Serv Res* **22**, 1148 (2022). https://doi.org/10.1186/s12913-022-08527-9
4. As of January 1, 2021, the Centers for Medicare and Medicaid Services (CMS) requires hospitals to make public a machine-readable file containing a list of standard charges for all items and services provided by the hospital, as well as a consumer-friendly display of at least 300 shoppable services that a patient can schedule in advance. However, Compliance from hospitals has been mixed, indicating that the rule has yet to demonstrate the desired effect. https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential
5. 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).
6. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in Ohio were $3,392 in 2022. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day, (Accessed December 5, 2024).
7. 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 December 5, 2024, from https://health.mo.gov/safety/homecare/pdf/CHOW-Guidelines-StateLicensedHospice.pdf
8. 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.
9. The Source on Health Care Price and Competition, Merger Review, Retrieved December 5, 2024 from https://sourceonhealthcare.org/market-consolidation/merger-review/
10. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in Ohio were $3,392 in 2022, similar to the national average. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day. Accessed December 5, 2024. https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/

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

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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.