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

Executive Summary

Health care affordability remains a persistent challenge for many Virginia residents. Findings from the Consumer Healthcare Experience State Survey (CHESS) illustrate how high health care costs contribute to delayed care, financial strain, and widespread concern about affording care in the future.

This brief describes findings from a survey of more than 1,300 Virginia adults, conducted by Altarum's Healthcare Value Hub from July 9 to July 16, 2026, to examine experiences with health care affordability burdens, worry about affording care, medical debt, and support for policy solutions.

Key Findings Include:

- **Health care affordability burdens are common:** Two in three respondents (66%) experienced at least one health care affordability burden in the past year.
- **Cost leads to delayed or skipped care:** Just under two in three respondents (63%) delayed or went without health care due to cost in the last twelve months.
- **Worry about affording care is widespread:** Three in four respondents (75%) reported being worried about affording health care in the future.
- **Affordability burdens are not evenly experienced:** Higher rates of going without care, medical debt and related financial strain were reported by respondents with lower incomes and those with disabilities or household members with disabilities.
- **Broad support for policy solutions:** Across party lines, respondents express strong support for policy-based solutions to address high health care costs.

Together, these findings show that health care affordability is a shared challenge affecting access to care and financial security. The findings also highlight broad public support for policies that reduce cost barriers and improve access to affordable care in Virginia.

Background

Health care is expensive in the U.S., and Virginia is no exception; across the country 71% of all CHESS respondents surveyed have reported some form a health care affordability burden. Despite the fact that the U.S. spends substantially more on health care per person than other high-income countries, this higher spending does not consistently translate into better population health outcomes, such as longer life expectancy or lower rates of avoidable illness and death.[1,2,3]

Health care costs continue to rise faster than wages and household income,[4,5] placing growing pressure on household budgets. Many of the policies that shape how health care is financed, delivered, and regulated operate at the state level, making states a key arena for addressing affordability.[6] State-level data on affordability helps policymakers and advocates understand how national cost pressures are experienced locally, identify which populations face the greatest burden, and evaluate policy options aimed at improving access and reducing financial strain. Detailed information on methods and the respondents who took this survey are available in the **Appendix.**

A Range of Health Care Affordability Burdens

In Virginia, just under two in three (63%) of respondents reported that they, or a family member, skipped or delayed medical care due to cost. This figure is slightly lower than the nationwide percentage; 69% of CHESS respondents across all states surveyed reported forgoing or delaying care due to cost. Among those reporting affordability challenges in Virginia, the most common experiences reported were:

- 28% Delayed going to the doctor or having a procedure done;
- 25% Cut pills in half, skipped doses of medicine or did not fill a prescription;
- 20% Skipped a recommended medical test or treatment;
- 18% Avoided going to the doctor or having a procedure done altogether;
- 12% Faced challenges accessing mental health care;
- 7% Delayed getting a medical assistive device; and
- 3% Skipped needed maternity or reproductive health care.

Cost was the most commonly cited reason for delaying or foregoing care (22%). However, other barriers also played a role, including the service not being covered by insurance (13%), being unable to get an appointment (13%), and being unable to get off work (12%). Among uninsured respondents, 36% cited the high cost of insurance as the primary reason they remained without coverage, surpassing other commonly reported reasons such believing coverage was unnecessary or not knowing how to enroll.

Why This Matters

When people delay or go without care, treatment may occur later than recommended or at a more advanced stage of illness. Prior research shows skipping visits, rationing medications, or postponing recommended services is associated with worsening health outcomes, higher rates of hospitalization, and increased health care costs over time.[7,8,9]

Differences in Health Care Affordability Burdens

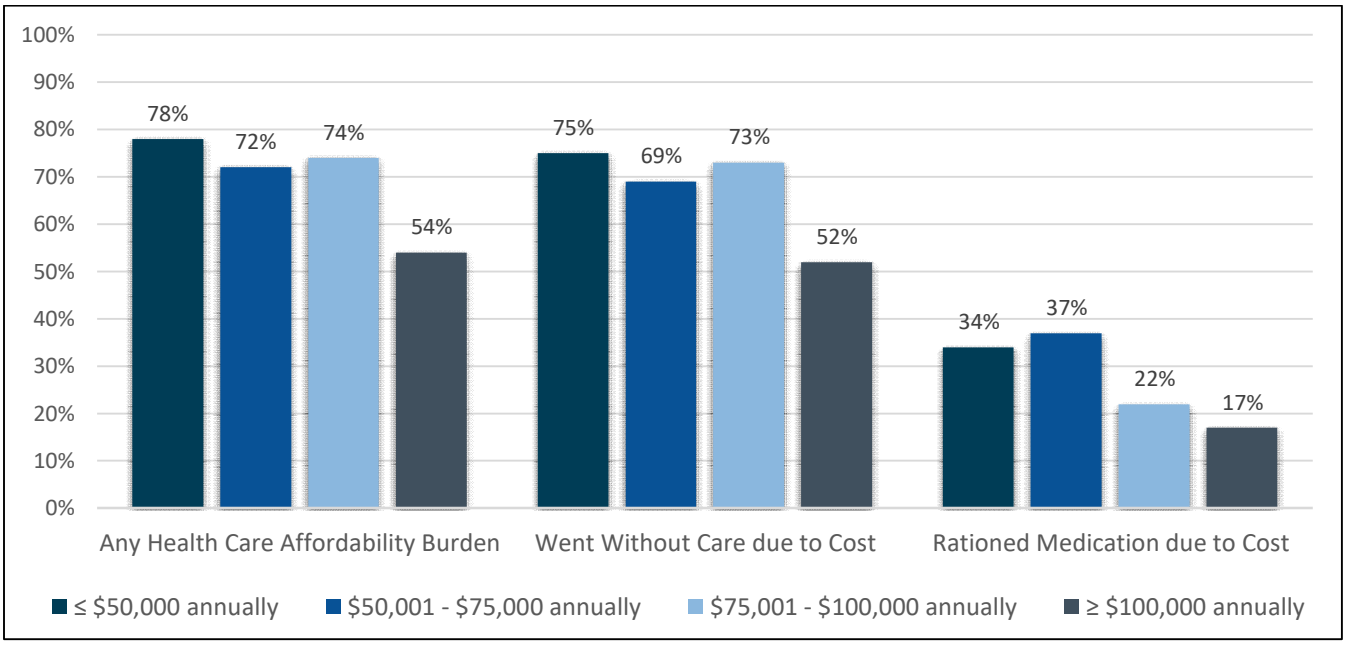
Health care affordability burdens may be experienced differently across income, employment status, insurance coverage, race and ethnicity, age, and disability status. High frequencies of affordability burdens have been reported by CHESS respondents across the country; as a whole, 71% of CHESS respondents across all states surveyed have reported experiencing one or more health care affordability burden(s).

Income and Employment

Respondents with lower household incomes reported higher rates of health care affordability burdens than those with higher incomes. In Virginia, nearly four in five respondents (78%) 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 (**Figure 1**).

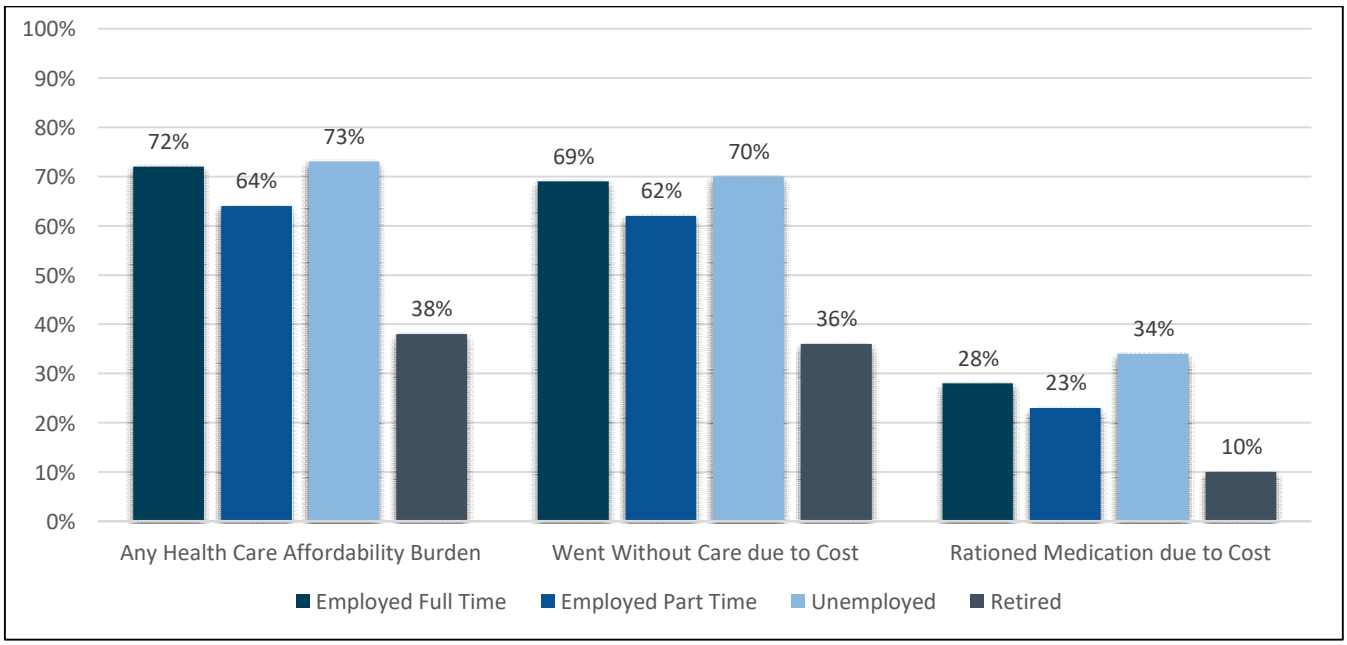
Affordability challenges also varied by employment status. Respondents who were employed full time and those who were unemployed reported higher rates of experiencing any health care affordability burden, while respondents who were unemployed reported higher rates of going without care or rationing medication due to cost (**Figure 2**).

Figure 1. Percent of Respondents with Health Care Affordability Burdens, by Income Group



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

Figure 2. Percent of Respondents with Health Care Affordability Burdens, by Employment Status



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

Insurance Coverage and Type

Respondents with different forms of coverage reported distinct patterns of cost related barriers, reflecting differences in premiums, cost sharing, and access to covered services. In the National CHESS data set respondents without health insurance coverage, those that purchase their health insurance on the Marketplace, and those on Medicaid experience higher rates of skipping or rationing care. Approximately 16% of Virginia's population is covered by Medicaid or the Children's Health Insurance Program (CHIP), which provides subsidized health insurance to people with lower incomes or disabilities.[10] Many respondents expressed strong support for maintaining and strengthening the Medicaid program, including ensuring access for low-income individuals, people with disabilities, and families.

Despite this support, respondents enrolled in Virginia Medicaid reported rationing medication due to cost more frequently than respondents with other forms of coverage (**Table 1**). Respondents with coverage they purchased individually, such as through the health insurance Marketplace, reported the highest rates of going without care due to cost, while respondents enrolled in Medicare reported the lowest incidence of rationing medication or going without care due to cost (**Table 1**).

Table 1. Percent of Respondents Skipping or Rationing Care by Coverage Type

	Went without Care due to Cost	Rationed Medication due to Cost
Employer-Sponsored health insurance	65%	25%
Health insurance purchased individually	74%	27%
Traditional Medicare, fee for service	47%	17%
Medicare Advantage	59%	24%
Virginia Medicaid	71%	38%

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

When asked to describe their experiences, some survey participants shared personal accounts of being unable to access necessary health care because of cost. While individuals without health insurance coverage often face the most severe affordability burden, respondents with employer-sponsored coverage, individually purchased plans, Medicare, and Medicaid also described difficulties accessing care due to cost (Table 2).

Table 2. Sample Responses to "Please describe a time that you did not get a health care service due to cost in the last twelve months", by Insurance Type

Health Insurance through Employer
"Back in the January ice storm I twisted my ankle severely while sledding with my son and I wasn't sure if it was broken or sprained but because of the ice on the roads and [because of] my fear of the cost, I decided to stay home and just treat it as sprained."
"Insurance would not cover cancer screening and [the] out-of-pocket cost too high."
"I did not get a medical procedure done that I needed because my insurance would not cover it."

Insurance Purchased by the Respondent
“A few months ago, I needed a tooth removed that hurt really bad, but I couldn’t afford it.”
“[I] could not afford a test to be done by a lung doctor.”
“I can't remember a specific [instance] but basically only go [to the doctor] when a bone is broken. I've had countless injuries and have long term problems that might be tendonitis or carpel tunnel, but not only can I not afford the medical expense, I also cannot afford the time off of work that I would need to have surgery to treat this stuff.”
Medicare, Coverage for Seniors and Individuals with Disabilities
“[I] have issues with [my] knee and leg, but [I] don't get an appointment to see a [doctor] due to fear of cost I will owe after Medicare pays.”
“I am spreading out my usage of my inhaler due to its high cost.”
“I have been delaying dental and vision care because they are not covered by Medicare or my Medicare supplemental - which makes no sense - my teeth and eyes are part of my body, too!”
Medicare advantage,
“[I did not get a] bone scan due to the cost out of pocket.”
“[I] could not find a doctor that took my insurance and had to pay for [a] procedure. [I] haven’t had follow-up due to the cost. [I also] don’t take a medication needed due to the cost.”
“I didn’t take an appointment with eye doctor because its expensive. I also put [off] making [a] dentist appointment for surgery, I can’t afford it.”
Virginia Medicaid
“[I] needed [a] knee brace [I] couldn't afford.”
“My Medicaid wouldn’t cover an appointment with one of my doctors and stopped covering one of my medications.”
“I was supposed to have surgery and the insurance denied coverage, so I couldn’t do it.”
No Insurance Coverage/Uninsured
“Going to the doctor without insurance is $80 and if I don't have it from that paycheck after paying bills, I have to cancel and hope I have it the next time that they schedule and possibly have to see a different doctor than my regular doctor.”
“I have high blood pressure and with no insurance I can’t afford medicine or an appointment to get said medicine.”
“I have 3 current prescriptions for medication I need and am supposed to take every day, but I only paid to have 2 of the prescriptions filled.”

Race and Ethnicity

Nationwide CHESS data demonstrates significant differences in respondents' ability to afford health care. While 71% of all CHESS respondents across all states surveyed report experiencing any health care affordability burden, this figure increases to 82% of all Hispanic, Latino, Black or African American respondents and 84% of all American Indian or Alaskan Native respondents across all states.

Mirroring the nationwide CHESS figures, respondents of color in Virginia reported higher rates of going without care and rationing medication due to cost than white, non-Hispanic respondents. In the past year, 69% of respondents of color reported forgoing care due to cost, compared to 59% of white, non-Hispanic respondents (**Table 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*	69%	30%
Black or African American*	71%	31%
Hispanic or Latino*	78%	41%
White, alone non-Hispanic	59%	22%

Source: 2026 Poll of Virginia 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 sample sizes for these populations are small. Please interpret data with caution. More information on the sample and methodology can be found in the appendix.

Age and Disability

Affordability burdens vary across age groups (**Table 4**). In Virginia, young adults aged 18-24 reported the highest rates of forgoing care due to cost, though affordability concerns extended across age groups. More than half of respondents under age 55 reported skipping care in the past year due to financial constraints. Young adults also reported the highest rates of medication rationing due to cost.

Similarly, burdens also varied by disability status. Respondents with a disability, or who lived with someone with a disability, reported higher rates of health care affordability burdens than those in households without a disability. Among this group, 79% reported going without some form of care and 39% reported rationing medication due to cost in the past year, compared to 57% and 19% of respondents without a disability or a household member with a disability, respectively.

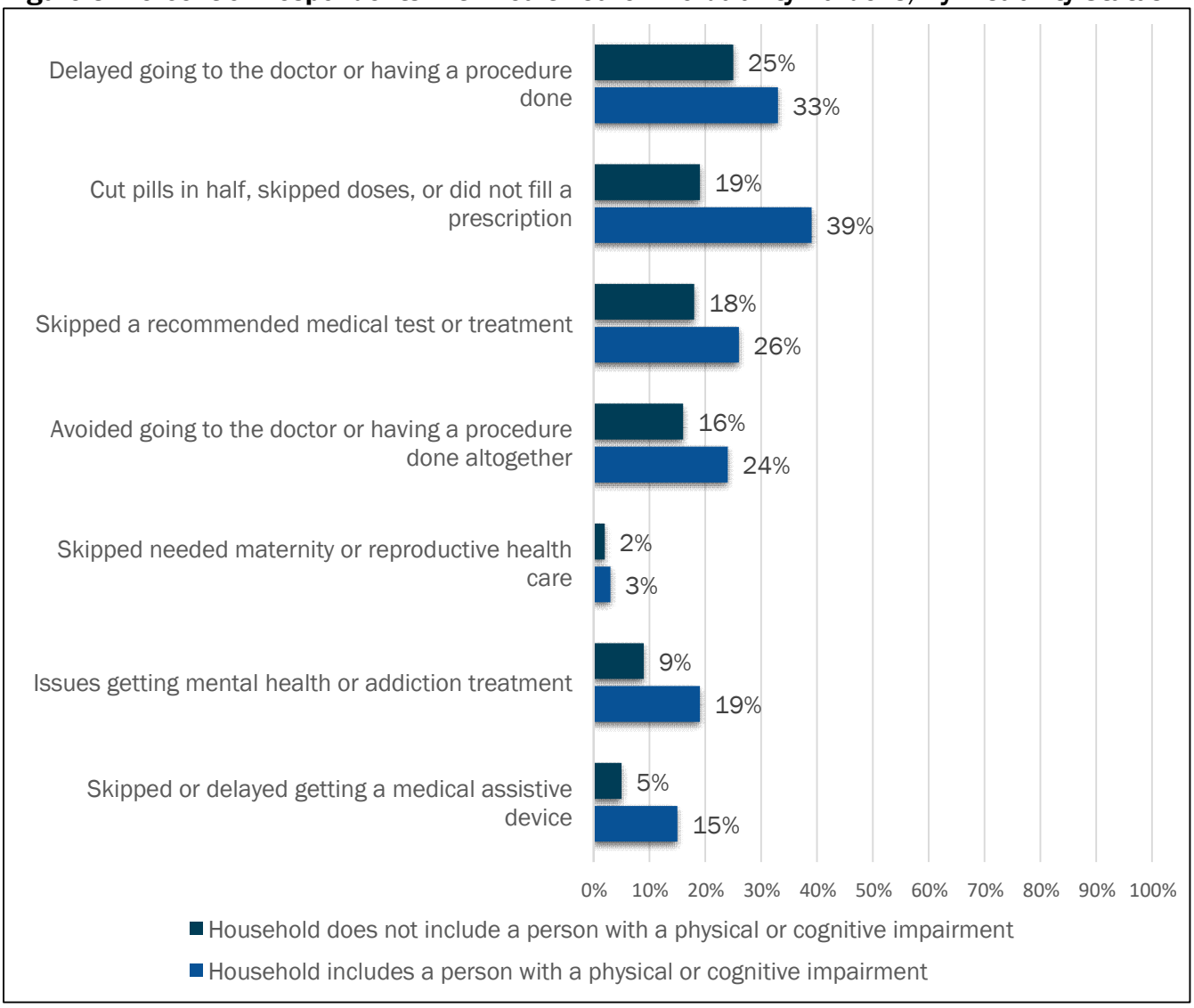
Across all states surveyed, 81% of CHESS respondents with a disability, or who live with a person with a disability, reported forgoing or delaying care due to cost, compared to 64% of all CHESS respondents across all states surveyed who do not have a disability or do not live with a person with a disability. These differences were also reflected in disability-related health needs: 15% 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 5% of respondents in households without a disability (**Figure 3**).

Table 4. Percent of Respondents with Select Health Care Affordability Burdens, By Age Group

Age	Went without Care due to Cost	Rationed Medication due to Cost
18-24	83%	36%
25-34	79%	31%
35-44	70%	31%
45-54	59%	24%
55-64	46%	14%
65+	30%	9%

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

Figure 3. Percent of Respondents with Health Care Affordability Burdens, By Disability Status



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

Why This Matters

Differences in affordability burdens reflect underlying factors that shape people's ability to manage health care costs:

- **Income:** Lower incomes limit the ability to absorb premiums, deductibles, and other out-of-pocket costs.[7,11,12]
- **Employment:** Unstable or part-time employment can reduce access to coverage and contribute to gaps in insurance.[13]
- **Insurance coverage and type:** Plan design, including deductibles and cost sharing, affects out-of-pocket exposure, even among insured individuals.[12]
- **Age:** Younger and working-age adults may face different affordability pressures than older adults with Medicare coverage.[14]
- **Disability:** Higher health care needs and more frequent service use can lead to greater cumulative costs.[15]
- **Race and ethnicity:** Structural differences in income, coverage, and access contribute to disparities in affordability and medical debt.[7]

Together, these factors help explain why affordability challenges are not evenly distributed and highlight the importance of targeted policy approaches to reduce cost barriers.

Encountering Medical Debt

Although many respondents reported delaying, forgoing, or rationing care due to cost, others did receive care but experienced financial hardship from the resulting medical bills. More than a third of respondents (37%) reported experiencing at least one significant financial burden related to medical costs, including using up savings (12%), going without basic necessities (12%), being contacted by a collection agency (12%), or borrowing money (9%).

Medical debt-related financial burdens were more common among lower-income respondents, with roughly 5 in 10 respondents earning $50,000 or less reporting a financial burden due to medical bills (47%), compared to about 3 in 10 among those with incomes of $100,000 or more (29%). Respondents with disabilities or household members with disabilities (58%) and respondents of color (44%) also reported higher rates of medical debt-related burdens than their counterparts (28% and 32%, respectively).

Among respondents who reported medical debt, 71% reported having health insurance at the time the debt was incurred. The most commonly cited reasons for this include insurance only covering a portion of the service (57%) and insurance not covering the service at all (21%). In lesser numbers, nearly one in ten (9%) of respondents reported incurring medical debt despite having insurance because their deductible was too high.

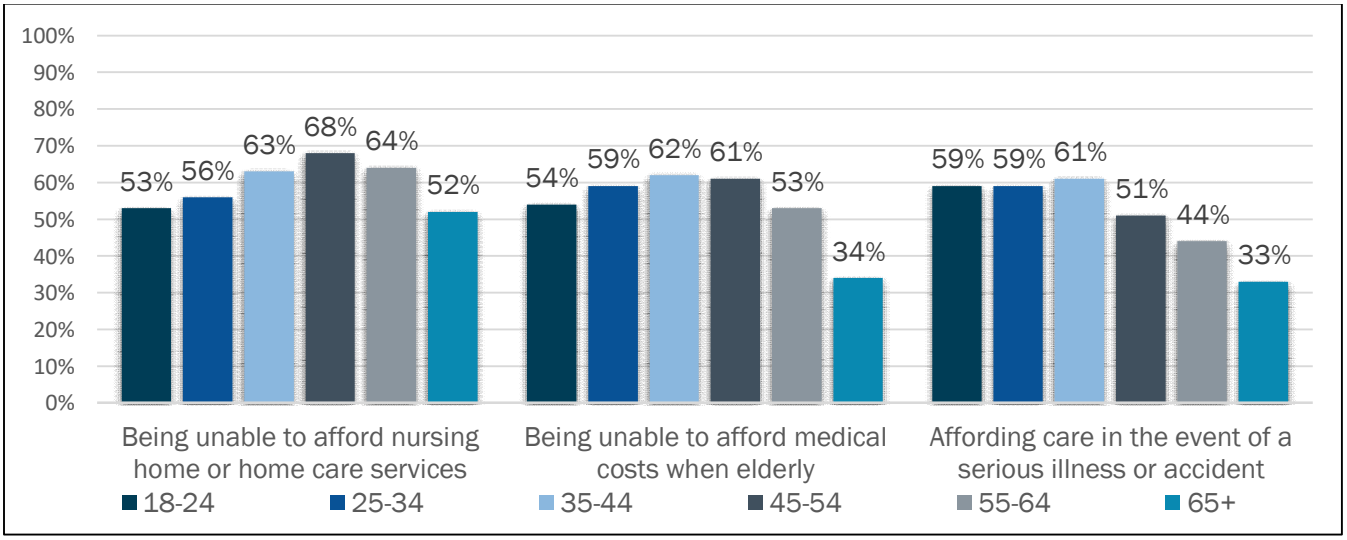
High Levels of Worry about Affording Care and Coverage

Most respondents in Virginia report concern about their ability to afford care. These results align with national surveys showing that worry about affording health care is widespread across the U.S., even among insured adults.[7,11] Across the country, 79% of all CHESS respondents reported concerns about affording the cost of care. This figure slightly exceeds the percentage of Virginia respondents; 75% of Virginia respondents reported being either "worried" or "very worried" about affording some aspect of care in the future.

Virginia respondents most commonly reported concerns about affording nursing home, home care, or other long term supports and services costs as they age (59%) and the cost of medical care in older age (55%). In lesser numbers, respondents also reported being worried about affording the cost of care following a serious illness or accident (52%), that their insurer will deny coverage for needed services (49%), affording an ambulance ride in an emergency (47%), and affording health insurance (46%).

Although concerns about long-term care and medical costs are often associated with older adults, these worries were more frequently reported by younger respondents. For example, 59% of respondents aged 25–34 and 61% of those aged 45–54 expressed concern about being able to afford medical costs when they are older. More than half of all respondents in each age group reported being worried about paying for some form of long-term care (**Figure 4**).

Figure 4. Percent of Respondents with Health Care Affordability Concerns, by Age



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

Healthcare Consolidation and Consumer Concerns

In the past year, 22% of respondents reported that they were aware of a merger or acquisition in their community. Among those who noticed changes following a merger or acquisition, respondents commonly reported having fewer choices of providers (35%), higher out-of-pocket costs (31%), providers leaving insurance networks (22%), and perceived declines in care quality (17%) following the transaction.

When asked about their largest concern related to health care consolidation, respondents most frequently reported:

- 25%—I'm concerned I will have to pay more to see my doctor;
- 24%—I'm concerned I will have fewer choices of where to receive care;
- 21%—I'm concerned my doctor may no longer be covered by my insurance;
- 13%—I'm concerned I will have a lower quality of care; and
- 12%—I'm concerned I will have to travel farther to see my doctor

Together, these concerns highlight how health care consolidation can affect patients' access, choice, and out-of-pocket costs.

Support for Policy Solutions

Respondents expressed strong support for changes to address high and rising health care costs. Nearly three-quarters (82%) agreed or strongly agreed that “the system needs to change."

When asked which issues the government should prioritize in the coming year, respondents most frequently identified the economy and joblessness (53%), health care (53%), and affordable housing (43%). Among health care-specific priorities, respondents most often selected addressing high health care costs, including ensuring everyone has access to healthcare coverage (48%), lowering out of pocket hospital costs (38%), and improving affordability in the private health insurance market (38%).

Respondents most frequently identified drug companies (72%), health insurance companies (68%), and hospitals (56%) as responsible for high healthcare costs, while 44% also viewed state government as playing a role. Support for policy approaches to address health care costs was strong across political affiliations. Respondents across parties endorsed a range of strategies to reduce out-of-pocket costs, increase price transparency, promote competition, and strengthen access to coverage (**Table 5**).

Table 5. Percent of Respondents Who “Agree” or “Strongly Agree” with Selected Statements, by Political Affiliation

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
Rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this)	**90%**	91%	92%	86%
Limit the price of expensive prescription drugs	**91%**	90%	94%	88%
Allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber	**83%**	84%	84%	81%
Allow the government to limit and prevent health care mergers that could reduce competition and increase health care prices	**88%**	86%	89%	88%
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	**92%**	92%	93%	92%
Limit the prices at expensive hospitals in the private health insurance market (Medicare and Medicaid already set hospital prices for their markets	**90%**	88%	95%	88%
Change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services	**88%**	89%	87%	88%
Increase investment in primary care	**91%**	90%	93%	89%

Make it easier for people to apply for and renew their Medicaid coverage	**88%**	85%	94%	84%
Integrate the Medicaid and Medicare programs for people who are eligible for both to make it simpler for them to navigate those programs	**88%**	84%	91%	90%
Prevent hospitals from charging more for routine health care services that are most often provided in a doctor's office	**90%**	93%	91%	87%
The state government should invest in improving health status in low-income communities	**77%**	70%	86%	75%
Everyone should have access to the health services they need, when and where they need them, without financial hardship	**81%**	77%	87%	80%
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%**	71%	74%	70%
The state government should implement policies aimed at lowering the high and rising costs of health care	**82%**	77%	87%	81%
Racial inequities in health care are a major issue, causing people of color to receive lower-quality care compared to others	**57%**	43%	74%	53%
Medicaid plays a critical role in giving eligible patients access to necessary medical care	**79%**	75%	84%	77%

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

Why this Matters

Support for policy solutions across political affiliations indicates that concerns about health care affordability are widely shared. This bipartisan agreement may create opportunities for policy action to reduce out-of-pocket costs, increase price transparency, and prevent affordability barriers before they lead to delayed care or financial hardship.

Conclusion

Findings from the Virginia Consumer Healthcare Experience Survey show that high health care costs remain a significant barrier to accessing care and maintaining financial security for many residents. While affordability challenges were widespread, some groups experienced a disproportionate burden.

At the same time, respondents across political affiliations shared common concerns about rising health care costs and expressed broad support for policy approaches to improve affordability, including lowering out-of-pocket costs, increasing price transparency, strengthening coverage, and promoting competition.

Together, these findings highlight health care affordability as a shared concern with implications for access, financial security, and long-term health, and demonstrate how state-level data can inform efforts to improve access to affordable, high-quality care.

Appendix. Methodology and Population

Altarum's Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents' views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions. This survey, conducted from July 9 to July 16, 2026, used a web panel from Dynata with a demographically balanced sample of approximately 1,300 respondents who live in Virginia. 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 1,379 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	841	51%
Man	538	49%
Sexual Diverse	176	13%
Insurance Type		
Health insurance through my or a family member's employer	497	43%
Health insurance I buy on my own	147	12%
Medicare, coverage for seniors and those with serious disabilities	219	15%
Virginia Medicaid	196	10%
TRICARE/Military Health System	37	3%
Department of Veterans Affairs	13	1%
No coverage of any type	69	4%
I don't know	36	2%
Race		
American Indian/Native Alaskan	33	2%
Asian	59	9%
Black or African American	220	21%
Native Hawaiian/Other Pacific Islander	15	1%
White	1,038	69%
Prefer Not to Answer	11	1%
Two or More Races	86	11%
Ethnicity		
Hispanic or Latino	91	11%
Non-Hispanic or Latino	1,288	89%
Age		
18-24	186	14%
25-34	271	21%
35-44	272	21%
45-54	230	16%
55-64	226	15%
65+	188	13%
Party Affiliation		
Republican	440	30%
Democrat	453	35%
Neither	486	35%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	183	9%
$20K-$29K	142	7%
$30K - $39K	112	5%
$40K - $49K	114	6%
$50K - $59K	138	8%
$60K - $74K	123	7%
$75K - $99K	161	12%
$100K - $149K	221	18%
$150K+	185	29%
Education Level		
Some high school	33	2%
High school diploma/GED	322	20%
Some college or training/certificate program	285	18%
Associate degree	161	10%
Bachelor's degree	330	27%
Some graduate school	36	3%
Graduate degree	212	21%
Self-Reported Health Status		
Excellent	179	15%
Very Good	441	35%
Good	463	31%
Fair	239	15%
Poor	57	3%
Disability		
Mobility	244	14%
Cognition	130	8%
Independent Living	114	8%
Hearing	82	5%
Vision	75	5%
Self-Care: Difficulty dressing or bathing	64	4%
No disability or long-term health condition	910	70%

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

Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available here. Altarum does not conduct statistical calculations on the significance of differences between groups in findings. Therefore, determinations that one group experienced a significantly different affordability burden than another should not be inferred. Rather, comparisons are for conversational purposes. The groups selected for this brief were selected by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates under N=100 and a co-efficient of variance more than 0.30.

Notes

[1] Peterson-KFF Health System Tracker. (n.d.). Health spending in the U.S. compared to other countries [Chart collection]. https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries/
[2] OECD. (2025). Health at a glance 2025. OECD Publishing. https://www.oecd.org/en/publications/health-at-a-glance-2025_8f9e3f98-en.html
[3] Commonwealth Fund. (2023, January). U.S. health care from a global perspective, 2022. https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022
[4] KFF. (2022). Health care costs and affordability (Health Policy 101). https://www.kff.org/health-costs/health-policy-101-health-care-costs-and-affordability/
[5] Gallup. (2026). One-third of Americans cut back to cover healthcare expenses. https://news.gallup.com/poll/702596/one-third-americans-cut-back-cover-healthcare-expenses.aspx
[6] KFF. (2025). Congress and the executive branch and health policy (Health Policy 101). https://www.kff.org/state-health-policy-data/health-policy-101-congress-and-the-executive-branch-and-health-policy/
[7] Rakshit, S., McGough, M., & Claxton, G. (2026). How does cost affect access to health care? Peterson-KFF Health System Tracker. https://www.healthsystemtracker.org/chart-collection/cost-affect-access-care/
[8] Achterbosch, M., Aksoy, N., Obeng, G. D., Ameyaw, D., Ágh, T., & van Boven, J. F. M. (2025). Clinical and economic consequences of medication nonadherence: A review of systematic reviews. Frontiers in Pharmacology, 16, 1570359. https://doi.org/10.3389/fphar.2025.1570359
[9] Gaffney, A., McCormick, D., Dickman, S. L., et al. (2026). Risk of burdensome health care spending over time in the US. JAMA Internal Medicine, 186(2), 203–213. https://doi.org/10.1001/jamainternmed.2025.6948
[10] Kaiser Family Foundation. (2024). Health insurance coverage of the total population [State indicator]. https://www.kff.org/other/state-indicator/total-population/
[11] Sparks, G., Lopes, L., & Montero, A. (2026). Americans' challenges with health care costs. KFF. https://www.kff.org/health-costs/americans-challenges-with-health-care-costs/
[12] Collins, S. R., Roy, S., & Masitha, R. (2023). Paying for it: How health care costs and medical debt are making Americans sicker and poorer. Commonwealth Fund. https://www.commonwealthfund.org/publications/surveys/2023/oct/paying-for-it-costs-debt-americans-sicker-poorer-2023-affordability-survey
[13] Winger, A., Rae, M., & Claxton, G. (2025). Part-time workers have less access to employer-based coverage than full-time workers. KFF. https://www.kff.org/private-insurance/part-time-workers-have-less-access-to-employer-based-coverage-than-full-time-workers/
[14] Cohen, R. A., & Cha, A. E., (2023). Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2022 (National Health Statistics Reports No. 180). Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/nhsr/nhsr180.pdf
[15] Centers for Disease Control and Prevention, Disability and Health Branch. (2024, July 15). Disability impacts all of us [Infographic]. https://www.cdc.gov/disability-and-health/media/pdfs/disability-impacts-all-of-us-infographic.pdf

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.

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