HEALTHCARE VALUE HUB

Data Brief | December 2025

Washington Survey Respondents Receive Unexpected Medical Bills and Incur Medical Debt; Express Bipartisan Support for Government Action

Summary

According to a survey of more than 1,380 Washington adults conducted from September 9 to October 8, 2025, many respondents have received unexpected medical bills and faced financial burdens due to medical bills, and some have incurred medical debt in the past year. Among survey respondents:

- 29% received an unexpected medical bill in the past year;
- 35% experienced financial burdens due to medical bills, including using up all or most of their savings, going without basic necessities like food, heat or housing, racking up credit card debt, or being contacted by a collection agency;
- 20% reported that they or a family member had outstanding medical bills; the largest share incurring medical debt of $1,000 to $2,499; but 9% of respondents report owing over $10,000 in medical debt
- 26% reported incurring medical debt because their insurance plan did not cover the service; 45% reported incurring medical debt because their insurance covered only a portion of the service and the remaining bill was too high, and 16% reported incurring medical debt because their deductible or co-pay was too high;
- While unexpected bills and medical debt were prevalent across all respondents, certain groups reported higher rates of exposure; and
- Across party lines, respondents express strong support for government-led solutions to reduce out-of-pocket costs and increase price transparency.

Unexpected Medical Bills

Twenty-nine percent (29%) of Washington respondents received an unexpected medical bill in the past year. Unexpected bills can be a major contributor to health care debt. A national survey found that many medical debts come from one-time or short-term medical expenses, which are often unexpected, and a 2024 survey found that 63% of Washington State households surveyed didn't have the cash to cover an unexpected $500 health care bill.[1,2]

Among respondents with unexpected bills, they were most frequently reported among those with individually purchased insurance, such as through the health care Marketplace (40%), followed by those with employer-sponsored insurance (31%), followed by respondents enrolled in Medicare Part A and Part B (28%), Apple Health Washington, the state Medicaid program (23%), and Medicare Advantage, Part C (22%).

Medical Debt and Health Insurance

In the absence of affordable care options, individuals may find themselves burdened by medical costs. In 2024, nearly 100 million Americans owed over $220 billion in medical debt.[3] Medical debt is largely driven by unaffordable bills: many Americans with private coverage must pay thousands of dollars in out-of-pocket expenses to get care, including increasingly high premiums, deductibles, co-insurance, and copayments.[4,5,6] This lack of affordability is reflected in recent survey findings that 63% of Washington State households say they could not pay a $500

unexpected medical bill, and would either have to incur debt to pay it or would not be able to pay the bill at all.[7] These factors contribute to the rising amount of medical debt that many Washingtonians face, which negatively impacts long-term financial security and ability to afford care in the future.

Medical debt is an issue for survey respondents as well: 20% of respondents reported that they or a family member had outstanding medical bills.

Among those with outstanding medical bills, the most common amount of medical debt reported was $1,000-$2,499, reported by 23% of respondents. The next most frequently cited amounts were $500 - $999 (20%) and less than $500 (19%). Ten percent of respondents reported medical debt of $2,500 - $4,999 and $5,000 - $7,499. Nearly 1 in 10 respondents (9%) report owing over $10,000 in medical debt. The duration of medical debts varied, with the largest share having a medical debt in their family for less than a year (42%) followed by 1-2 years (34%) and 3-5 years (13%).

Medical debt affects both insured and uninsured people (see Table 1). Medical debt can be common among uninsured people in part because they are responsible for the full cost of care.[8,9] Those with employer-sponsored, individual, and marketplace insurance may also be exposed to medical debt through high cost-sharing.[10] While Medicaid and Medicare enrollees often have low or no cost-sharing, they may have fewer covered services or a lack of providers who will accept their insurance, requiring them to pay out-of-pocket.[11,12] All of these factors can contribute to medical debt across insurance types.

Table 1

Percent who Had Outstanding Medical Bills in the Previous 12 Months, by Insurance Type

	Outstanding Medical Bills
Employer-based health insurance	21%
Health insurance purchased individually	23%
Medicare Part A and Part B, coverage for older adults	21%
Medicare Part C, coverage for older adults	11%
Apple Health, Washington Medicaid program	23%

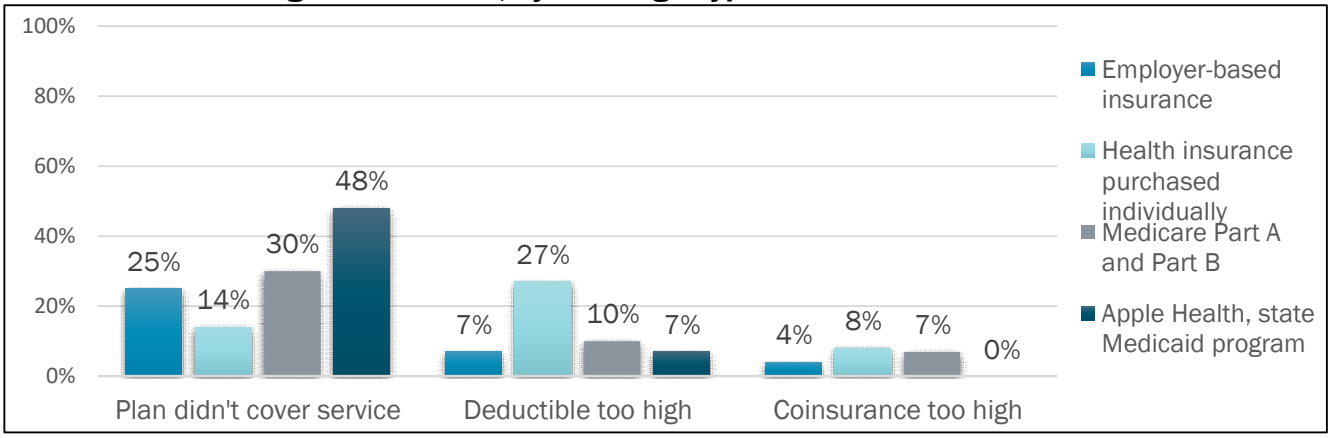
Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

More than three-quarters (78%) of those with medical debt had health insurance at the time they incurred the debt. At the time of the survey, almost half (46%) reported being covered by employer-sponsored insurance, followed by Medicare Part C (14%), insurance bought on the Marketplace exchange (11%), and Apple Health (12%), and Medicare Part A and B (9%). Most respondents (83%) had no gaps in coverage in the past 12 months.

When asked why they incurred medical debt, 26% reported that their insurance did not cover the service at all. while almost half (45%) reported that they incurred debt because their insurance only covered a portion of the service and the remaining bill was too high, alongside 11% because their deductible was too high and they were unable to meet it and 4% because their coinsurance was too high. Notably, larger shares of those with Apple Health and Medicare reported that it was because their insurance plan did not cover the service compared to other coverage types; in contrast, those with employer-sponsored or individually purchased insurance reported higher rates of incurring medical debt because their deductible was too high (see Figure 1).

Figure 1

Reasons for Accruing Medical Debt, by Coverage Type



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

Differences in Amount and Sources of Medical Debt

Respondents most frequently identified the following services as the source of their medical debt:

- 62%—Hospital
- 31%—Laboratory (lab tests, x-rays, scans)
- 29%—Doctor or technician in hospital
- 22%—Urgent care centers
- 19%—Doctor or technician not in hospital

These findings of medical debt attributed to hospitals persist despite state laws that require Washington hospitals to inform patients of the availability of financial assistance and charity care and eligibility for discounted care between 300% - 400% of the federal poverty level.[13] People also reported physical therapist or pain management clinic (15%), dental provider (13%) mental healthcare or addiction treatment (12%), pregnancy-related expenses (6%), as care that generated their medical debt.

Across all respondents, the majority had outstanding medical bills totaling less than $3,000 (19% had less than $500 in outstanding medical bills, 20% had $500-999 in outstanding medical bills, and 23% had $1,00-$2,499 in medical bills). Still, the remaining respondents had outstanding medical bills ranging from $2,500 to $10,000 or more. Medical debt affects consumers across incomes, age groups, and other demographic characteristics; however, there are differences in the prevalence of medical debt across groups (see Table 6), as well as the amounts and reasons for incurring medical debt.

Income

Those earning $50,001 to $75,000 reported the highest rates of medical debt, followed by those earning less than $50,000 (see Table 6). While over two-thirds (68%) of respondents with household incomes of less than $50,000 per year report having $2,500 in medical debt or less, six percent (6%) owe more than $10,000 in medical debt (see Figure 2). Interestingly, a higher proportion of respondents with household incomes above $100,000 per year report owing more than $10,000 in debt (10%) than respondents in any other income bracket.

Table 2

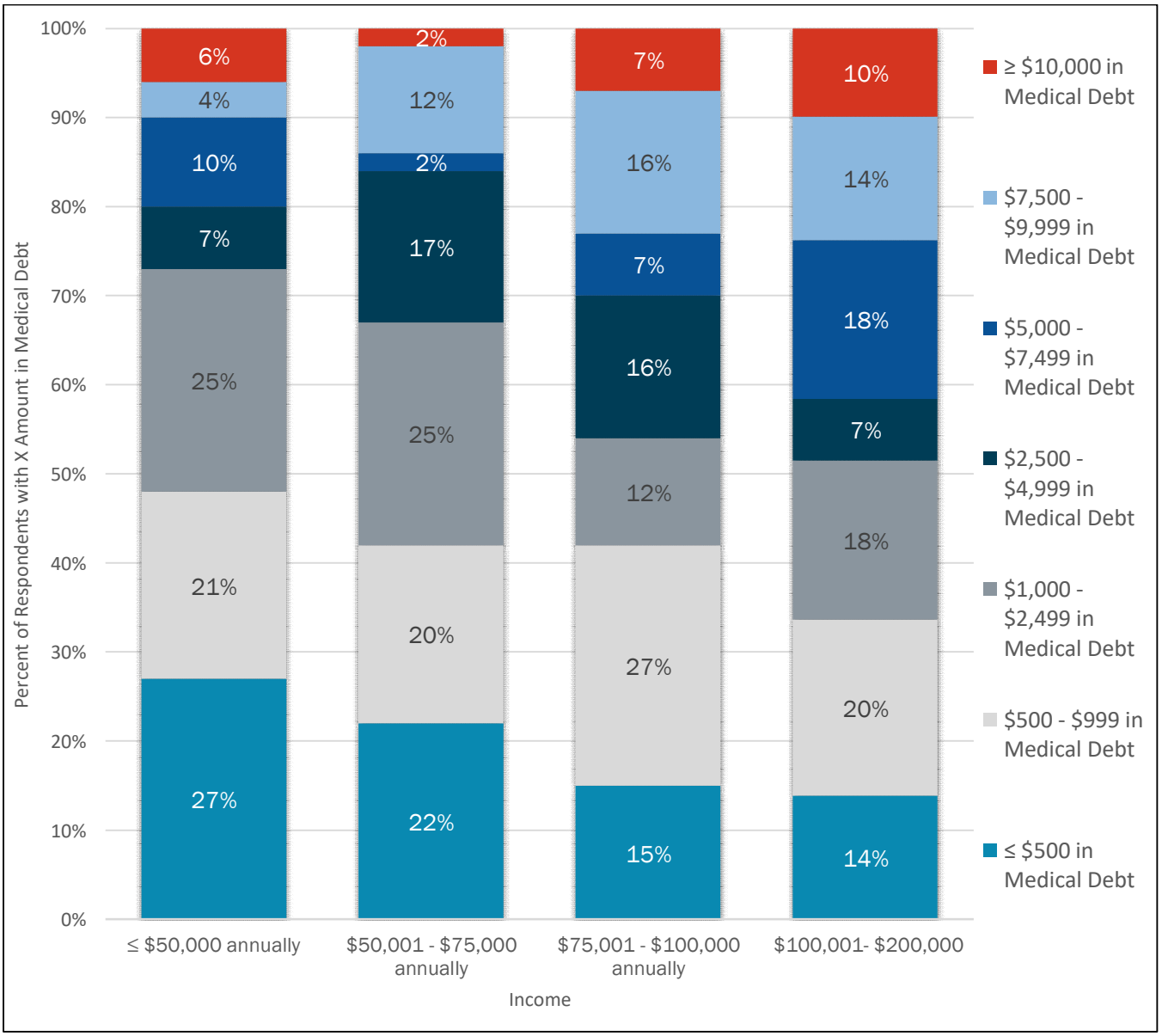
Percent of Respondents with Outstanding Medical Bills in the Previous 12 Months, by Income

	Outstanding Medical Bills
≤ $50,000 annually	23%
$50,001 - $75,000 annually	27%
$75,001 - $100,000 annually	22%
$100,001 - $200,000 annually	20%
≥ $200,000 annually**	9%

Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Unweighted responses among those with incomes above $200,000 annually were below the level to provide reliable estimates, so results should be interpreted with caution.

Figure 2

Percent of Respondents with Medical Debt, by Annual Household Income and Amount of Debt Incurred



Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Only 9 respondents earnings above $200,000 reported having outstanding medical bills, so results were not included.

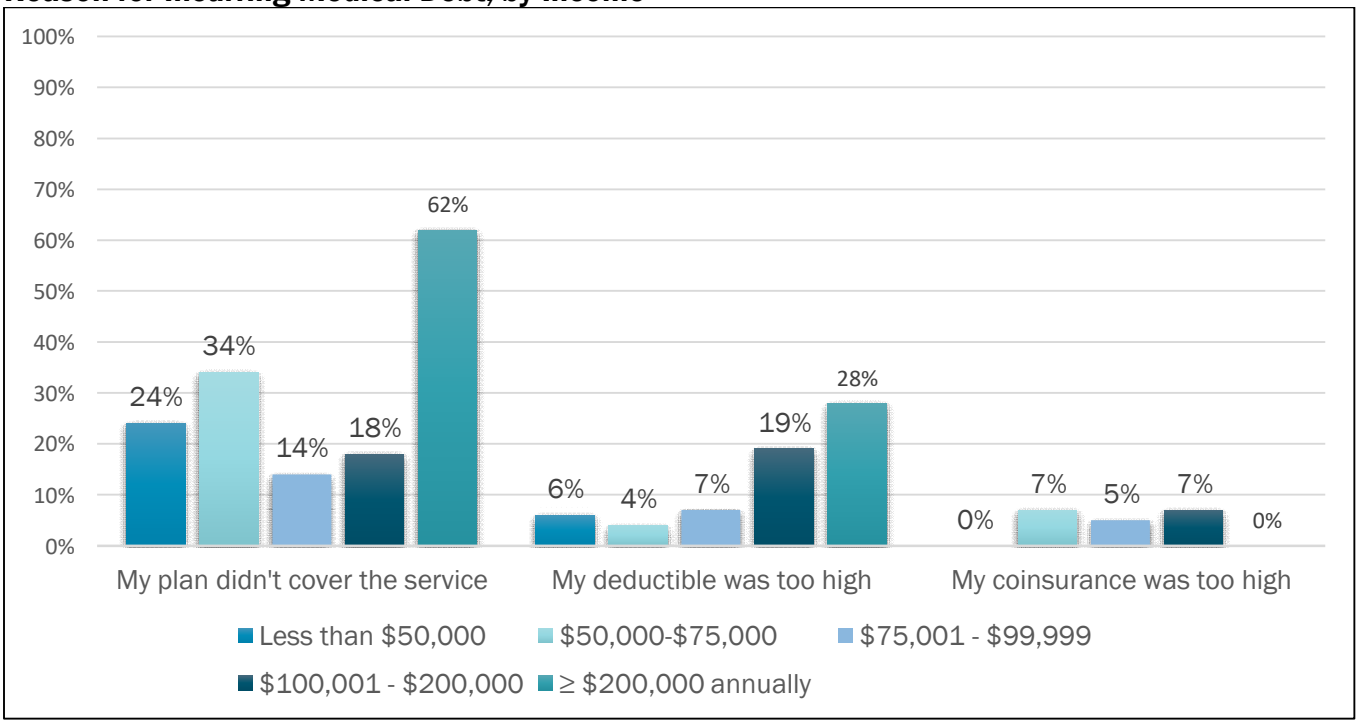
Medical debt affects people across the income spectrum. While medical debt is most prevalent among low- and middle-income households, even high-income households are exposed to medical debt for similar reasons, including being unable to afford medical bills and expecting insurance to pay for services.[14]

There are some differences across income brackets related to why respondents accrued medical debt. Those earning less than $50,000 reported the second highest rates of accruing medical debt because their plan did not cover the service (24%). However, similar percentages of respondents from all other income brackets reported the same reason (see Figure 3).

Those earning over $100,000 reported the highest rates of accruing debt because their deductible was too high (40%), although similar percentages of those earning between $50,000 - $75,000 (35%) and between $75,001 - $99,999 (36%) reported the same. Still, almost a quarter (22%) of those earning below $50,000 reported their deductible being too high was a cause of their medical debt. High coinsurance also seemed to be a common reason for medical debt accrual across all income levels, though slightly less so for those earning $100,000 or more.

Figure 3

Reason for Incurring Medical Debt, by Income



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

Age

Respondents of different ages reported different incidences of medical debt. Those ages 18-24 and 35-44 reported the highest rates of medical debt, followed by those ages 25-34 (see Table 3). Thirty-three percent of respondents ages 25-34, 55-64, and 65+ reported owing $1000-$2499, $7500-$9999, and $500-$999, respectively, in medical debt. Respondents ages 35-44 reported having more than $10,000 in medical debt, the most frequently among age groups (13%) (see Figure 4).

Table 3

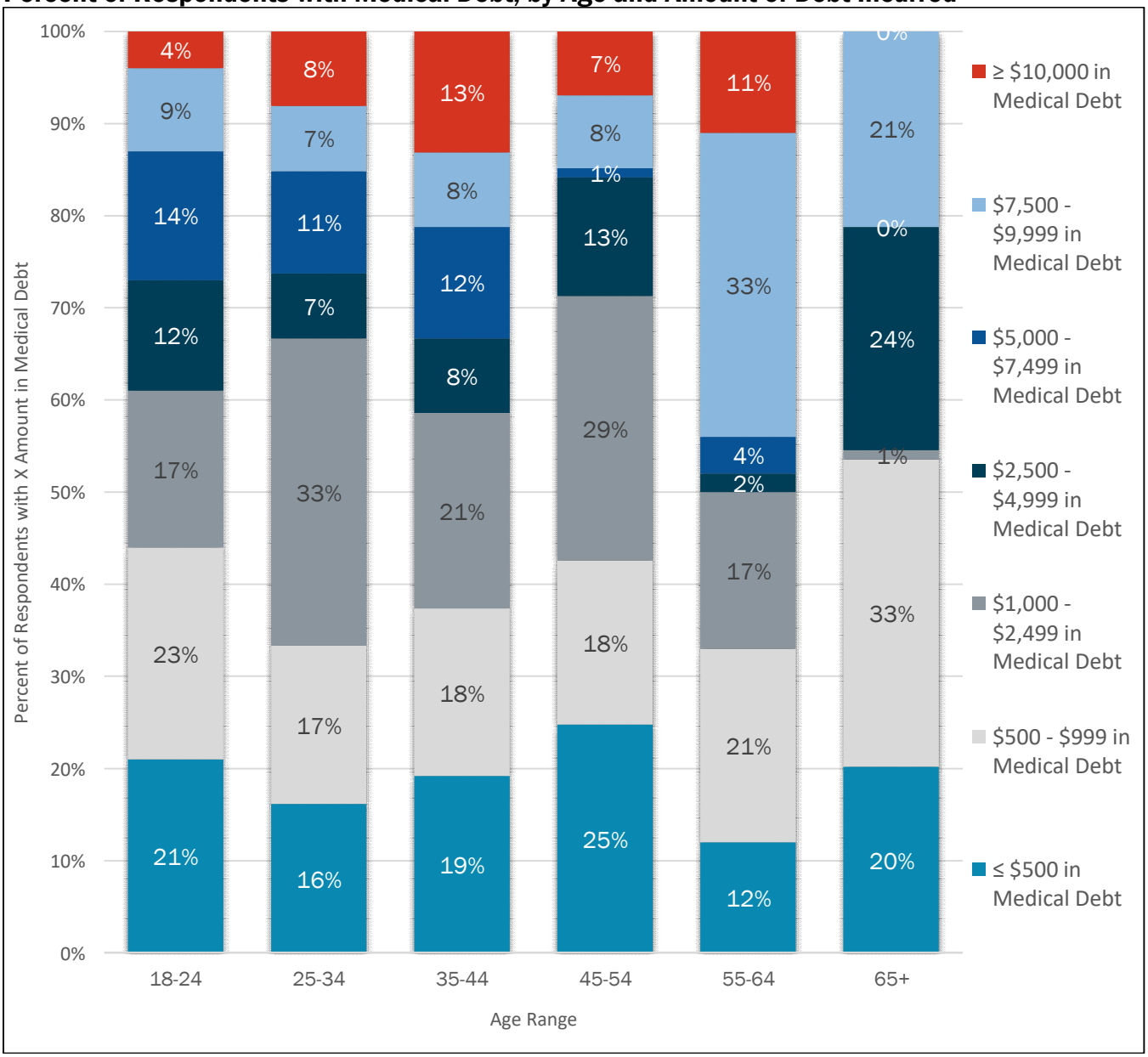
Percent of Respondents with Outstanding Medical Bills in the Previous 12 Months, by Age

	Outstanding Medical Bills
18-24	29%
25-34	25%
35-44	29%
45-54	18%
55-64	7%
65+	7%

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

Figure 4

Percent of Respondents with Medical Debt, by Age and Amount of Debt Incurred



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

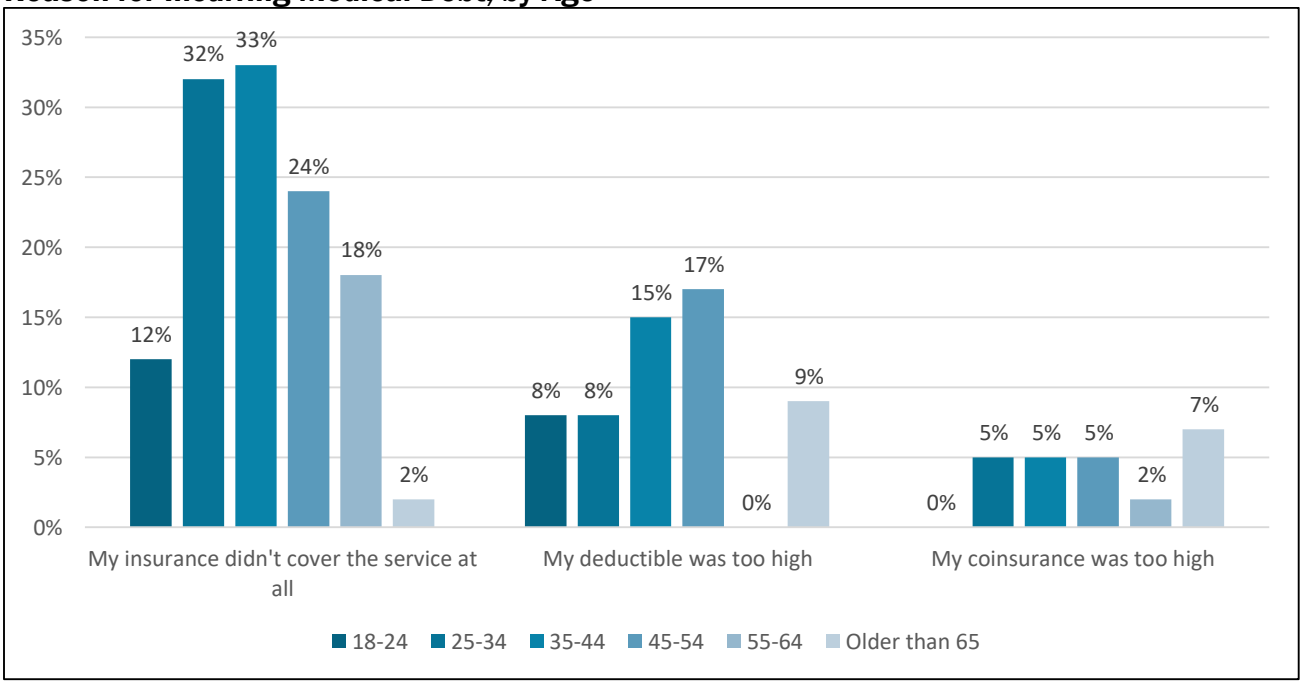
Nationally, rates of medical debt are higher among middle age and young adults, who are more frequently exposed to the combined high cost of care for themselves, children, spouses, and aging relatives.[15] Studies have also found that large shares of non-elderly households cannot afford to pay typical cost-sharing amounts, especially those with low incomes.[16] Medical debt impacts long-term financial security, with many adults delaying buying homes and education.[17]

Although the prevalence of health care debt can decline with age, one in five adults ages 65 and older still have medical debt nationwide, with roughly one-third taking money out of retirement, college, or other long-term savings accounts.[18] In addition, adults of all ages have reported medical debt negatively impacting their credit scores.[19] These conditions can make it more difficult for adults of all ages to afford needed care in the future.

Across age groups, respondents report [similar/different] reasons for accruing medical debt. Roughly one third of respondents ages 25-34 (32%) and 35-44 (33%) report accruing medical debt because their insurance plan didn't cover the service(s) they received (see Figure 5). While respondents age 45-54 reported higher rates of accruing medical debt because their deductible was too high (17%) compared to other age groups, respondents older than 65 higher rates of accruing medical debt because their coinsurance was too high (7%).

Figure 5

Reason for Incurring Medical Debt, by Age



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

Disability

Some of the highest rates of medical debt were seen among households that include a person with a disability. Respondents whose households included a member with a disability reported higher rates of medical debt for themselves or their family 33%) compared to those without a household member with a disability. (15%) (see Table 4). Respondents with a household member with a disability most frequently reported owing less than $500 in medical debt (23%), while those without a household member with disabilities most frequently reported medical debt of $1000- $2499 (28%) (see Figure 6).

Table 4

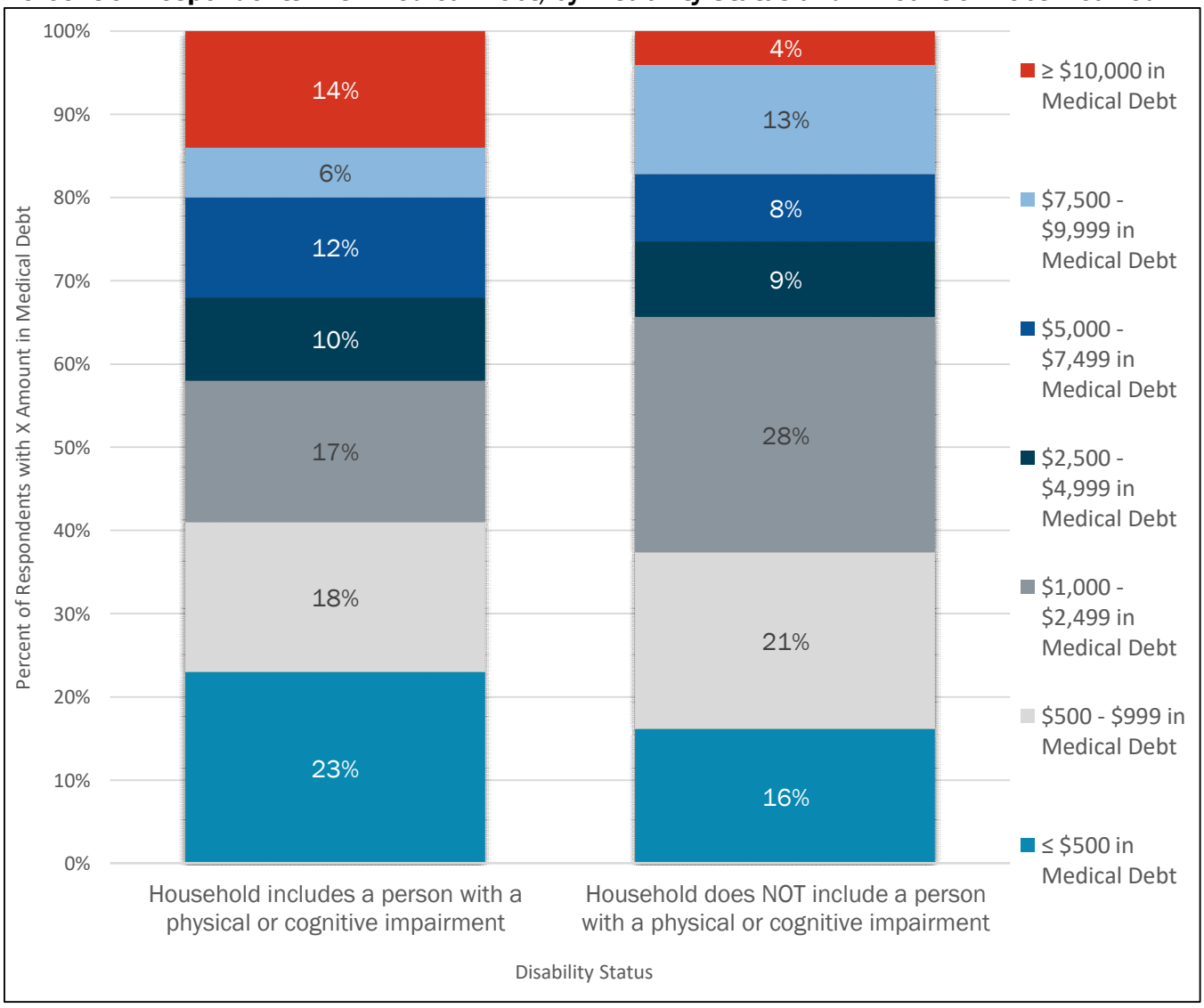
Percent who Had Outstanding Medical Bills in the Previous 12 Months, by Disability Status

	Outstanding Medical Bills
Household includes a person with a physical or cognitive impairment	33%
Household does not include a person with a physical or cognitive impairment	15%

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

Figure 6

Percent of Respondents with Medical Debt, by Disability Status and Amount of Debt Incurred



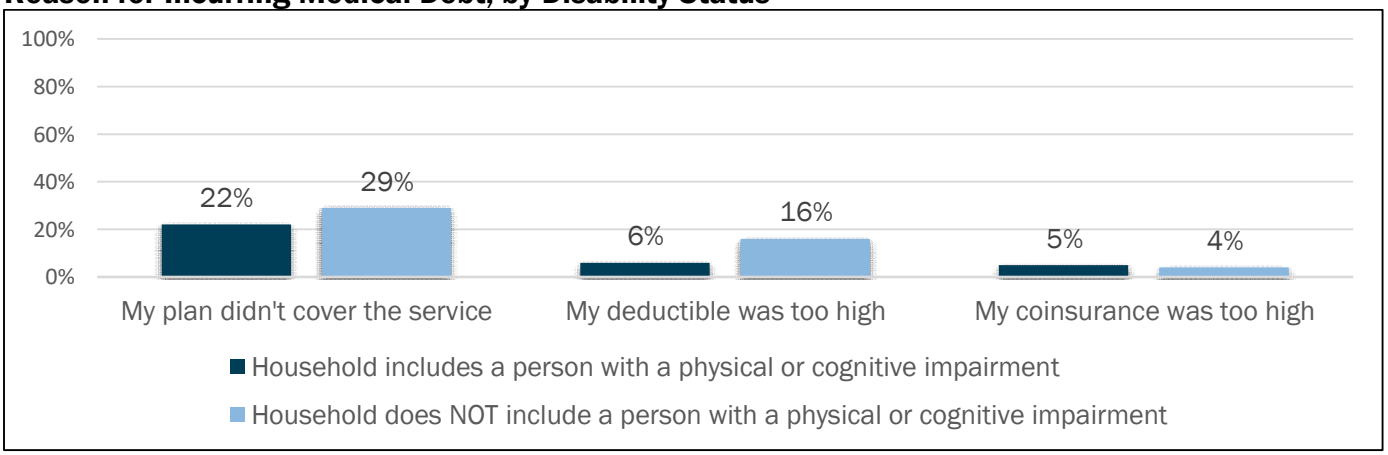
Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Some group totals may not add to 100% due to rounding.

While medical debt occurs across demographic groups, people with disabilities and health issues often report higher rates of medical debt.[20] People with complex health needs require ongoing care and can incur high out-of-pocket costs as a result.[21] They may also experience unemployment and income loss, further impacting their ability to afford medical bills.[22]

Respondents with a disabled household member reported similar reasons for accruing medical debt. Twenty-two percent of respondents with a disabled household member reported that they accrued medical debt because their plan didn't cover the service (22%) compared to 29% percent of those without a disabled household member. Similarly, 6% of those with a household member with a disability had medical debt because their deductible was too high, a higher rates than households without a member with a disability (see Figure 5).

Figure 5

Reason for Incurring Medical Debt, by Disability Status



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

Race and Ethnicity

Differences in medical debt exposure were also seen across racial/ethnic groups. Respondents of color reported higher rates of medical debt (25%) compared to White alone non-Hispanic respondents (18%) (see Table 5) Hispanic/Latino respondents most commonly report owing less than $2,500 in medical debt (75%), followed by Black/African American respondents (76%) and white alone non-Hispanic respondents (57%). White alone non-Hispanic respondents most commonly report having $7,500 or more in medical debt (at 17%), compared to Hispanic/Latino respondents (9%) and Black/African American (11%) respondents (see Figure 6).

Table 5

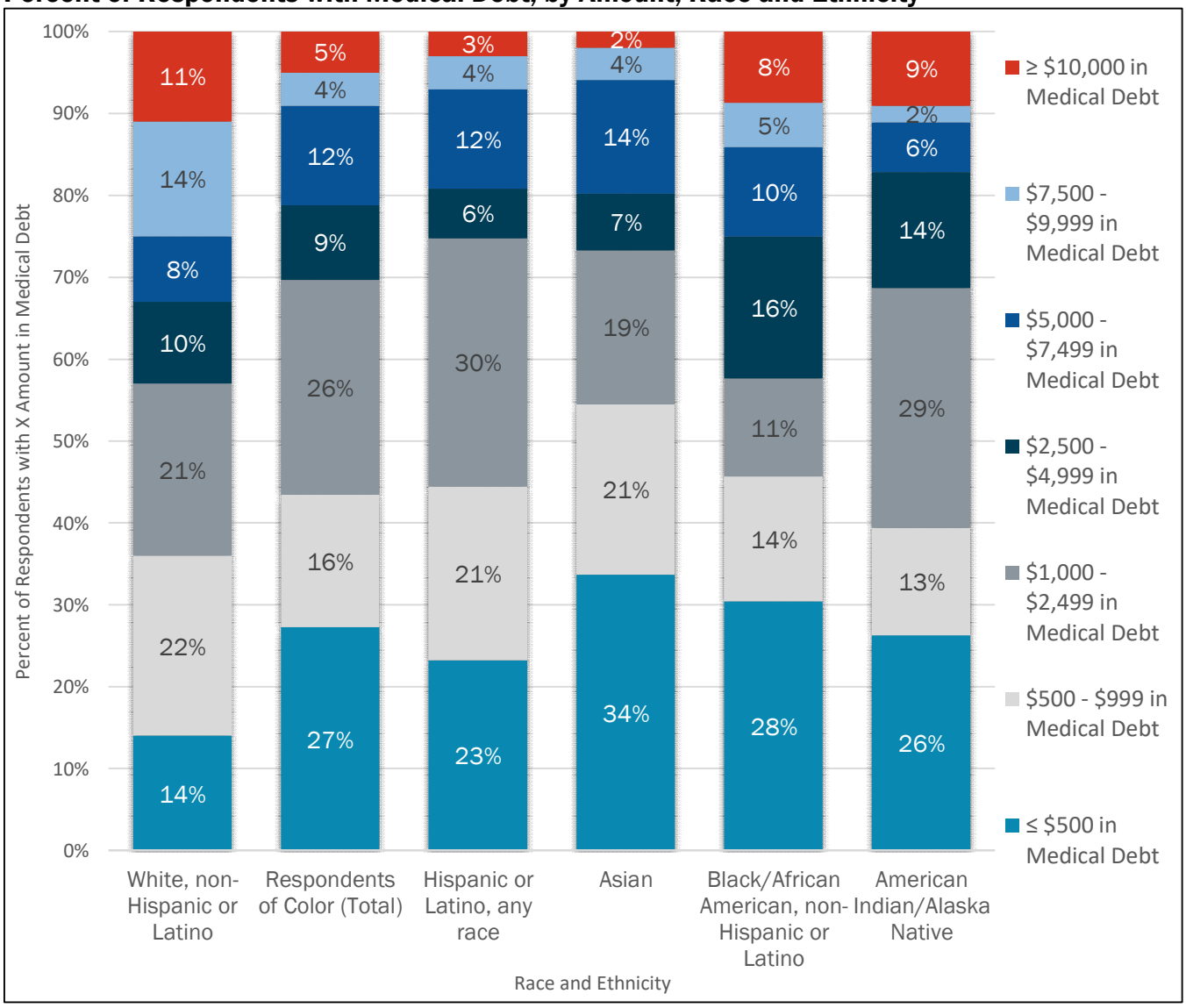
Percent who Had Outstanding Medical Bills in the Previous 12 Months, by Race and Ethnicity

	Outstanding Medical Bills
American Indian/Alaska Native	28%
Asian	17%
Black or African American	25%
Hispanic or Latino	29%
White Alone, Non-Hispanic/Latino	18%

Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category includes respondents who are: Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander, and Middle Eastern or North African. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. The Disability Status category includes respondents who responded that they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

Figure 6

Percent of Respondents with Medical Debt, by Amount, Race and Ethnicity



Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Some group totals may not add to 100% due to rounding.

Conclusion

Washington respondents report receiving unexpected medical bills that are often higher than anticipated. While some disputed their bills, many ended up paying them in full. In some cases, respondents experienced financial burdens to pay their medical bills, such as using up all their savings and going without other necessities. In other cases, respondents were unable to pay and had outstanding bills resulting in medical debt, or experienced other financial burdens due to medical bills such as credit card debt, loans, and bills going to collections. Respondents largely incurred medical debt due to unaffordable out-of-pocket costs. The majority had health insurance, and most reported incurring medical debt because their insurance plan did not cover the service, or because their deductible or co-insurance was too high and they could not afford to pay it.

Respondents across the political spectrum expressed support for policies to increase health care price transparency and curb excess prices that could lead to high out-of-pocket costs (for more information on respondents support for policy interventions, see *Washington Survey Respondents Struggle to Afford High*

Health Care Costs; Worry about Affording Health Care in the Future; Express Bipartisan Support for Policy Solutions). While some system level changes can reduce prices and make them more transparent to consumers, if the resulting costs remain unaffordable for consumers, medical debt will continue to be an issue. Given the financial impacts of high medical bills and medical debt, state policymakers can use these insights to investigate policies that protect consumers from unaffordable out-of-pocket costs and prevent medical debt before it occurs.

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

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 September 9 to October 8, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,700 respondents who live in Washington. 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 1,383 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	803	58%
Man	580	42%
Sexual Diverse	242	17%
Insurance Type		
Health insurance through my or a family member's employer	581	42%
Health insurance I buy on my own	128	9%
Traditional Medicare, coverage for seniors and those with serious disabilities	110	8%
Medicare Advantage	153	11%
Apple Health, Washington Medicaid	279	20%
TRICARE/Military Health System	29	2%
Department of Veterans Affairs	9	1%
No coverage of any type	61	4%
I don't know	33	2%
Race		
American Indian/Native Alaskan	161	12%
Asian	282	20%
Black or African American	341	25%
Native Hawaiian/Other Pacific Islander	54	4%
Middle Eastern/North African	15	1%
White	623	45%
Two or More Races	96	11%
Ethnicity		
Hispanic or Latino	120	9%
Non-Hispanic or Latino	1263	91%
Age		
18-24	303	22%
25-34	325	24%
35-44	298	22%
45-54	152	11%
55-64	154	11%
65+	146	11%
Party Affiliation		
Republican	309	22%
Democrat	471	34%
Independent	603	44%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	239	17%
$20K-$29K	118	9%
$30K - $39K	118	9%
$40K - $49K	116	8%
$50K - $59K	122	9%
$60K - $74K	119	9%
$75K - $99K	165	12%
$100K - $149K	190	14%
$150K $199K	124	9%
$200K+	72	5%
Education Level		
Some high school	55	4%
High school diploma/GED	296	21%
Some college or training/certificate program	306	22%
Associate degree	143	10%
Bachelor's degree	335	24%
Some graduate school	30	2%
Graduate degree	218	16%
Self-Reported Health Status		
Excellent	209	15%
Very Good	440	32%
Good	470	34%
Fair	209	15%
Poor	55	4%
Disability		
Mobility	216	16%
Cognition	157	11%
Independent Living	114	8%
Hearing	81	6%
Vision	74	5%
Self-Care: Difficulty dressing or bathing	59	4%
No disability or long-term health condition	994	68%

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

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

Notes

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