

Affording health care now a struggle for half of Americans: Poll

October 26 2023, by Cara Murez



More than half of working-age Americans struggle to afford their health care and many forgo care, possibly risking their health, according to a new survey.

The Commonwealth Fund survey queried more than 7,800 [individuals](#) aged 19 and up between April and July.

The survey found that 51% of these Americans struggled to afford their health care, with 32% living with medical debt.

Just over half of those with medical debt incurred it during care for ongoing health conditions, rather than one-time or unexpected health events.

About 57% said they had delayed or gone without care because of concerns about costs, and that they had aggravated [health issues](#) because of that.

This trend was consistent across all insurance types, the results showed.

About 43% of people with [employer coverage](#), 45% with Medicaid, 51% with Medicare, and 57% with a [marketplace](#) or individual-market plan reported difficulty affording their care.

The numbers are striking. Eighty-five percent of people had medical debt loads of \$500 or more. Nearly half carried debt of \$2,000 or more. More than two-thirds of those with medical debt said they were making payments directly to providers.

About 38% said they had delayed or skipped health care or [prescription drugs](#) in the past year because they couldn't afford the expense. That included 29% of those with employer plans.

Even more of those who skipped care were covered by individual-market plans (37%), Medicaid (39%) or Medicare (42%).

This led to a pinch in their household budgets, too, according to the

report.

About 57% of working-age adults reported that 10% or more of their monthly budget goes toward [health care costs](#).

For marketplace enrollees and low-income individuals with employer plans, nearly one-quarter reported allocating 25% or more of their monthly budget to health care costs.

Around one-third of working-age adults across various insurance types mentioned that [health care](#) costs made it harder to afford necessities like food and utilities.

It's better to have health coverage than not, the study's authors noted. But still people with all insurance types struggled to pay for premiums, copayments, coinsurance, and uncovered health services.

Ways to reduce these burdens for all consumers would be to protect them from being financially ruined by medical debt, the authors said.

State and [federal governments](#) could better enforce and expand existing protections, including access to [financial assistance](#) for patients, the authors suggested in a Commonwealth Fund news release.

Congress could also enact [medical debt](#) protections. This might include banning aggressive collection tactics, to prevent debt from impeding care.

Other fixes for those with employer coverage could be to adjust premiums and cost sharing based on employee income. Employers could reduce premium contributions for lower-wage workers, the authors said.

Only 10% of employers with more than 200 employees had programs to

do this in 2022.

For those with marketplace and individual market plans, subsidies set to expire in 2025 could be permanently extended by Congress, the authors suggested.

These larger subsidies have dramatically lowered household premiums, the authors noted. They have led to record enrollment in the marketplaces.

For those on Medicaid, eliminating or limiting cost sharing for high-value services would help. Even relatively modest copayments can cause people to delay care in these very low-income households, the investigators noted.

More information: The Consumer Financial Protection Bureau has more on [medical debt](#).

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