



New Research: Nearly One in Three Adults with Private Insurance Are Paying Off Medical Debt

Commonwealth Fund Survey Finds Even Insured Americans Are Draining Savings and Cutting Back on Food and Rent to Pay Medical Bills

Nearly one in three (32%) working-age adults with private insurance are paying off medical bills or debt over time, according to a new Commonwealth Fund report. Among those with medical debt, 37 percent used all or part of their savings to pay their bills, 30 percent delayed or avoided needed health care, and 30 percent cut back on basic necessities, including food, heat, or rent.

The report, *How Medical Bills and Debt Impact Americans with Private Insurance*, draws on findings from a Commonwealth Fund survey of adults ages 19 to 64 with private insurance through an employer, an Affordable Care Act (ACA) marketplace plan, or an individual insurance market plan. The researchers also held eight online focus groups.

Key findings include:

- **Most people with medical debt owe thousands of dollars.** Nearly half (46%) of adults paying off medical bills or debt owed \$2,000 or more. This represents an estimated 15 percent of all working-age adults with private insurance.
- **Hospital care is the primary source of medical debt.** Nearly two-thirds (64%) of adults paying off medical balances said their debt came from hospital services, including inpatient, outpatient, or emergency room care. Debt also resulted from more routine care, including doctor's office visits (43%) and lab work or diagnostic tests (38%). Two in five (39%) said their debt was related to an ongoing or chronic condition.
- **Medical debt is not experienced equally.** The burden of medical debt is higher in the South (39%) and among people with low or moderate incomes (38%), women (37%), and Black (41%) or Hispanic (38%) adults.
- **Medical debt causes anxiety and long-lasting economic impacts.** More than two-thirds (68%) of people with unpaid medical bills said the debt caused worry and anxiety. Focus group participants reported feeling overwhelmed by aggressive efforts of providers and collection agencies to obtain payment. A quarter of survey respondents said that their bills or debt had been reported to a credit bureau, and 22 percent said their medical debt had negatively affected their credit score.

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The Commonwealth Fund is a private, nonprofit foundation supporting independent research on health policy reform and a high-performance health system.

- **Many adults with private insurance could not cover an unexpected \$1,000 medical bill.** More than one-third (36%) said they would be unable to pay such a bill within 30 days. The rate rose to more than half for Black and Hispanic adults and people with incomes below 200 percent of the 2025 federal poverty level — \$31,300 for an individual or \$64,300 for a family of four.

POLICY IMPLICATIONS

Nearly two-thirds (64%) of people with medical debt held insurers responsible for their debt, and more than half (57%) blamed the health care system. Nearly all survey respondents supported measures that would ease the burden on people with medical debt, including interest-free payment plans, financial assistance from hospitals, and removing medical debt from consumer credit reports.

The study authors also identify eliminating deductibles in commercial insurance plans and capping the rates insurers pay health care providers as ways to address the underlying causes of medical debt.

The full report will be available after the embargo lifts at:
<https://www.commonwealthfund.org/publications/surveys/2026/sep/how-medical-bills-debt-impact-americans-private-insurance>

HOW WE CONDUCTED THIS SURVEY

The Commonwealth Fund 2025 Affordability Survey was conducted by SSRS from July 22 through October 27, 2025. The survey consisted of telephone and online interviews conducted in English and Spanish among a random, nationally representative sample of 6,353 adults ages 19 to 64 years in the United States. A combination of three probability-based sampling frames — address-based (ABS), SSRS Opinion Panel, and prepaid cell phone — were used to reach people. The majority of respondents completed the survey online.

Statistical results were weighted to compensate for sample designs and patterns of nonresponse that might bias results. The resulting weighted sample is representative of the approximately 196 million U.S. adults ages 19 to 64. The survey has an overall maximum margin of sampling error of +/- 1.5 percentage points at the 95 percent confidence level.

The ABS portion of the survey achieved a 14.4 percent response rate, the SSRS Opinion Panel portion achieved a 2.5 percent response rate, and the prepaid cell portion achieved a 1.5 percent response rate.

This brief focuses on the 4,121 adults with private insurance at the time of survey and for the previous 12 months. The resulting weighted sample is representative of approximately 115.2 million adults ages 19 to 64 with private insurance over the past 12 months. The margin of sampling error for this group is +/- 1.8 percentage points at the 95 percent confidence level.

The Focus Groups

SSRS conducted eight online focus groups in April 2025, prior to fielding the survey. Six focus groups were in English and two were in Spanish, with a total of 45 participants. The focus groups informed the development of survey questions.

FROM THE EXPERTS

Sara R. Collins, study coauthor and Commonwealth Fund Senior Scholar for Expanding Coverage and Access and Tracking Health System Performance

“Medical debt is often viewed as a problem limited to people who are uninsured or who face a major medical emergency. But this survey shows that it is also widespread among Americans with private insurance. Moreover, it often stems from more routine care, including doctors’ office visits and treatment for chronic conditions. When insured people are left owing thousands of dollars for their care, coverage is falling short of its most basic purpose: protecting people financially when they get sick.”

Joseph R. Betancourt, M.D., Commonwealth Fund President

“As a primary care physician, one of the most difficult things is seeing a patient who can’t afford something they truly need, whether it’s important testing, a critical follow-up visit, or necessary treatment. This can have real clinical consequences and be incredibly demoralizing for caregivers. No patient should have to avoid or delay care or experience anxiety about medical bills and debt. We can and should do better. There are clear steps policymakers, insurers, and hospitals can take to ensure people can get and afford the care they need, when they need it most.”