Insuring the Insured: Consumer Expectations and Experiences with Health Care Costs and Coverage in 2022

2022 Negotiator’s Guide To Health Care Reform
Introduction

Consumers for Quality Care (CQC) is pleased to share this 2022 Negotiator’s Guide to give lawmakers a roadmap of where voters want to see change and action when it comes to health care. This guide features the findings from an Impact Research and Public Opinion Strategies survey of 1,206 registered voters nationwide conducted from April 27 through May 3 of 2022.

While the COVID-19 pandemic has been a lesson on the incredible importance of expanding access to care for all, the mission of Consumers for Quality Care (CQC) remains consistent – to ensure patients, and their right to high-quality health care, remain at the front of the health care debate. It has never been a more important time to reevaluate our nation’s access to health care, and to eliminate unnecessary roadblocks and obstacles that stand between Americans and the care they need.

Our survey findings show, above all else, that Americans are concerned about the cost of health care in this nation. Today, Americans are feeling the strain of inflation, chiefly in the prices they are paying for gas and energy, food, and health care. In fact, a majority of voters reported that the amount they pay out of pocket for health care seems to be going up every year, with 60 percent saying they have skipped or delayed getting the health care they need because they are concerned about how much they will have to pay out-of-pocket.

Even consumers with insurance reported being hit with higher deductibles, premiums, and other high out-of-pocket costs when they go to their doctor, the hospital or at the pharmacy counter. High health care costs, and the unpredictability of what people have to pay out of pocket, are reasons why so many patients are plagued with thousands of dollars in medical debt that often goes into collections. Americans deserve quality care that’s affordable and won’t lead to toxic medical bills – especially when they have insurance.

The need for more mental health care services has also never been clearer. Our research showed that 88 percent of voters believe insurance should cover mental health care. Even though mental health parity is guaranteed by law, too many insured Americans can’t get the mental health care they need because they can’t afford it and they can’t find providers in their networks.

So, although more Americans have health care coverage than ever before – an accomplishment that we all are proud of and celebrate – many still face barriers in getting the care they need because of steep prices they encounter for deductibles and other out-of-pocket health care costs. Bringing down health care costs would be a winning issue for elected officials and candidates from any party.

In 2022, voters want to see action from their elected representatives, a reality that is reflected in the findings of our survey. There is a real need for meaningful reform, and it is critical that our nation’s leaders use their power to support Americans by bringing practical solutions to the table and eliminating barriers to care.

Sincerely,

Consumers for Quality Care
Consumers’ Concerns: Health Care Costs

Americans are feeling the strain of inflation, and that includes the prices they are paying for gas/energy, food, and health care. In fact, a majority of voters say the amount they pay out of pocket for health care seems to be going up every year, even more than other things they need.

**STATEMENT:** Health care costs are a major factor in driving up inflation.

*Strongly agree*  *Somewhat agree*  *Strongly disagree*  *Somewhat disagree*  *Don't know*

![Bar Chart](chart.png)

*households with lower incomes who said they have difficulty paying their bills every month

Nearly 3-in-4 voters are at least very concerned with health care costs, with more than 1-in-3 strongly concerned. Health care costs ranked higher as a concern for voters than housing, child care, and college costs, all of which have been more dominant in recent national debate.

**How concerned are you, if at all, with the following?**

*Extremely concerned*  *Very concerned*

![Bar Chart](chart2.png)
Consumers’ Concerns: Health Care Costs

Making the reduction of health care costs their top priority is politically advantageous for candidates – the majority of voters overall and across party lines say they would be more likely to vote for a candidate who prioritizes this.

Would you be more or less likely to support a political candidate who made reducing health care costs their top priority or would it make no difference?

- Much more likely
- Somewhat more likely
- Much less likely
- Somewhat less likely
- No difference / Don’t know

The main problem for voters is simple: out-of-pocket costs are too high. Voters point to out-of-pocket costs by a more than 2-to-1 margin over the next highest option – too many people lacking coverage.

What do you think is the single biggest issue people face with the health care system today?

- Out-of-pocket costs are too high
- Too many people lack coverage
- Too many people lack access to resources like healthy foods or transportation to doctor’s appointments to be healthy
- The system is confusing and difficult to navigate
- Insurance coverage is not dependable
- Care is not personalized
- There are no issues with the health care system today
The Importance of Access: Mental Health Care

It is more important than ever before to increase access to mental health care and treatment, yet these important services are far out of reach for many.

• Nearly 7-in-10 voters under 50 (69%) and almost half of voters over 50 (45%) claim it’s difficult to find mental health providers due to cost and lack of insurance coverage.

Insurance coverage and costs are the two predominant barriers keeping people from being able to access mental health care.

Which of the following do you think is the greatest barrier keeping people from being able to access mental health care?

<table>
<thead>
<tr>
<th>Overall</th>
<th>Agree Mental Health Providers are Difficult to Find</th>
</tr>
</thead>
<tbody>
<tr>
<td>They are not all covered by insurance</td>
<td>36</td>
</tr>
<tr>
<td>The out-of-pocket costs</td>
<td>25</td>
</tr>
<tr>
<td>The difficulty of accessing treatments and prescriptions</td>
<td>13</td>
</tr>
<tr>
<td>The lack of mental health care providers</td>
<td>12</td>
</tr>
</tbody>
</table>
Medical Debt: A Widespread Issue

- 37% of voters have received a medical bill for something they thought was covered but wasn’t.
- 60% of respondents have skipped or delayed going to the doctor or hospital care because they were concerned about out-of-pocket costs.

Medical debt has affected most voters, with over 60% reporting that they or someone close to them have had a medical bill go into collections, including 80% in financially unstable households.

Have you or someone you know well ever had any medical bill go into collections?

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Financially Unstable Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've received a medical bill for something that I thought would be covered by my insurance but wasn't</td>
<td>40</td>
<td>37</td>
</tr>
<tr>
<td>I've had to delay needed care because I couldn't afford the out-of-pocket costs</td>
<td>44</td>
<td>31</td>
</tr>
<tr>
<td>I've received a surprise medical bill</td>
<td>34</td>
<td>31</td>
</tr>
<tr>
<td>My insurance company required me to switch from a medication or treatment plan I was on to a cheaper alternative</td>
<td>25</td>
<td>22</td>
</tr>
<tr>
<td>I've been denied coverage by my insurance for a treatment or medication my doctor recommended</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td>I've been unable to afford my monthly health care premium</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>I've been kicked off my health care coverage and unable to get similar care</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>An illness or medical emergency in my family forced me into bankruptcy</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

Have you or has someone you know well had their household finances seriously affected by medical bills in the last two years?

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Financially Unstable Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I have</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>Yes, someone I know has</td>
<td>28</td>
<td>13</td>
</tr>
<tr>
<td>Don't know</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

No | 41 | 31

Yes | 26 | 6
The government ensuring all Americans have access to affordable, quality care is well within the scope of the changes that voters want to see, with voters across party lines believing this should be a responsibility for the government.

Do you think the federal government should ensure that all Americans have access to affordable, quality health care coverage?

![Bar chart showing responses to the question about government ensuring access to affordable health care across party lines.]

Preventing junk insurance plans from being sold would help reduce the cost of health care. 65% of voters say that preventing insurance plans from selling plans that cover so little that going to the doctor isn’t affordable even with insurance would reduce the cost of health care.

![Bar chart showing support for various policy solutions to reduce health care costs across party lines.]

Regulating pharmacy benefit managers also gets high support from Democrats but is less supported by Independents and Republicans.
It was a medication that my insurance had previously covered every month for over a decade. They just decided they weren’t covering it anymore unless I proved that I required it by redoing all the therapies and medications I had tried before trying the one they decided to decline out of nowhere. It was easier for me to just pay for it out of pocket.

“...

I was denied coverage for a colonoscopy.

“...

My insurance didn’t cover even half of my bill.

“...

My doctor had to fight with the insurance company to get them to approve it.

“...

I was denied coverage for mental health issues. My insurance plan didn’t cover going to see the doctor I really liked, so I had to see someone else who was much further away and added to my levels of stress and worry. I ultimately stopped going.

“...
I have been denied coverage in the past for anesthesia during a breech labor.

The medication prescribed to me was newer and too expensive, so I was forced to opt for an older medication that did not effectively help my condition.

I had to get surgery for a liver problem I had in 2019, the cost was around $20,000, but my health insurance said it would not be able to cover the cost.

My daughter was not released from the hospital for 5 days, per her doctor’s recommendation, but my insurance denied 2 of the 5 days she was there. They stated it wasn’t medically necessary.

My doctor recommended further testing and my insurance denied it and deemed it unnecessary. I did it anyway and paid out of pocket. I’m still paying it off.

“My doctor submitted a pre-authorization and it was denied.”

“It was considered routine bloodwork that my doctor ordered, but it was not covered by my insurance and I received a super high, unexpected bill!”

“I couldn’t get the prescription medication that I needed.”