



Medical Debt and 340B Survey

National Consumers League

 **MAY 2025**

Key Takeaways

1

Medical debt has afflicted a majority of American adults.

A quarter of U.S. adults currently have debt due to medical bills (25%), and another quarter have had it *previously* (29%). The most common triggers are emergency care (64%) and lab fees (62%). Three-in-five (62%) incurred the debt during an unexpected injury, and nearly half (49%) did so when they received a 'surprise' bill from a hospital or provider. Worryingly, more than half of adults who've experienced medical debt skipped further medical care (54%) and/or used up all or most of their savings (51%).

2

Adults strongly support policies to tackle medical debt.

A majority of U.S. adults strongly or somewhat support every policy proposal from NCL to address the burden of medical debt. Four-in-five adults (83%) support requiring providers to offer payment plans, three-in-four (74%) support prohibiting the denial of care due to pre-existing medical debt, and two-thirds support both incentivizing Medicaid expansion (67%) and prohibiting spousal medical debt transfer (64%).

3

Familiarity with 340B is low: adults like the concept, but not the abuses.

Just one-in-twelve (8%) U.S. adults have seen, read, or heard anything about the 340B program. After receiving a neutral definition, three quarters (73%) hold a favorable opinion. However, a majority of adults found every single critique of the program concerning: three-in-four adults (76%) found it concerning that 340B hospitals often pursue aggressive debt collection practices against patients least able to afford care, for example. Three-in-four (77%) believe that hospitals should be required to pass 340B savings directly on to patients.

4

Adults think 340B reform is urgently needed.

Almost At least three-in-four adults supported every 340B reform policy tested, and *all* policies received 'strong' support from a majority of adults. Among other policies, four-in-five adults (78%) support establishing requirements requiring that qualifying patients receive reduced out-of-pocket costs for their medicines. Three-in-four adults would be more likely to support a member of Congress working to address 340B abuses (72%), and four-in-five (79%) say reform should be a top or important priority for lawmakers.

Medical Debt

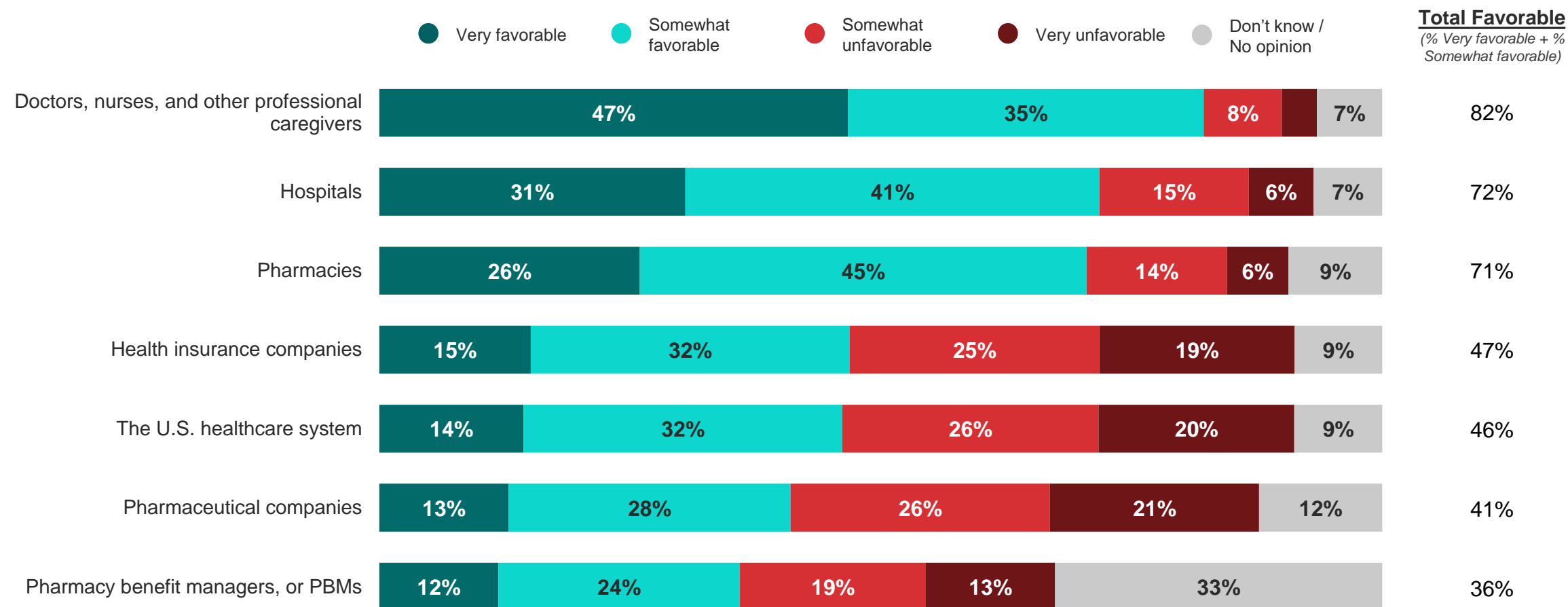
340B Drug Pricing Program



MEDICAL DEBT

Four-in-five adults have a favorable opinion of doctors, nurses, and other professional caregivers—opinion are much less favorable when it comes to the wider healthcare system.

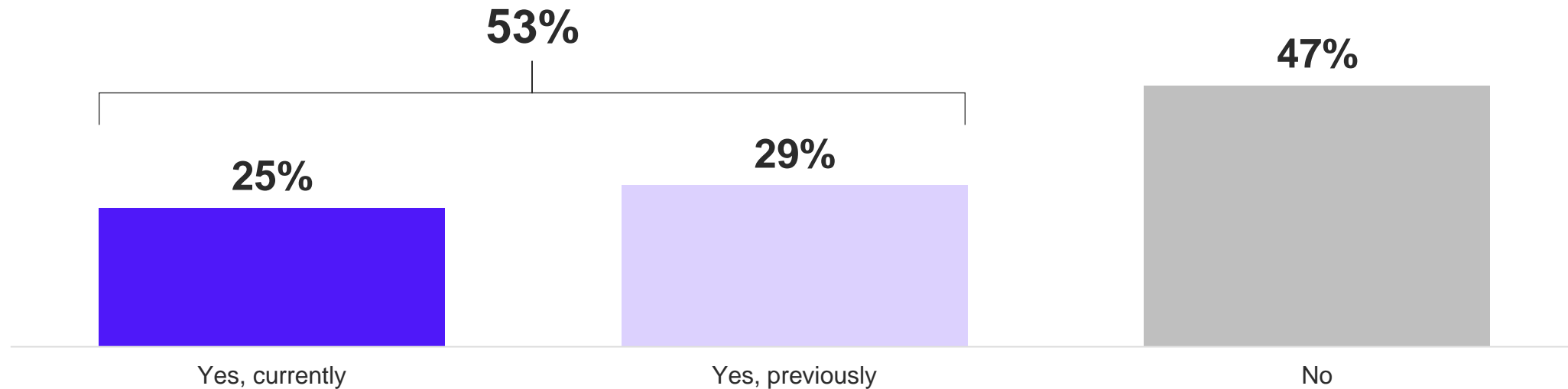
Do you have a favorable or unfavorable opinion of the following groups?



MEDICAL DEBT

A majority of American adults currently have or previously had medical debt.

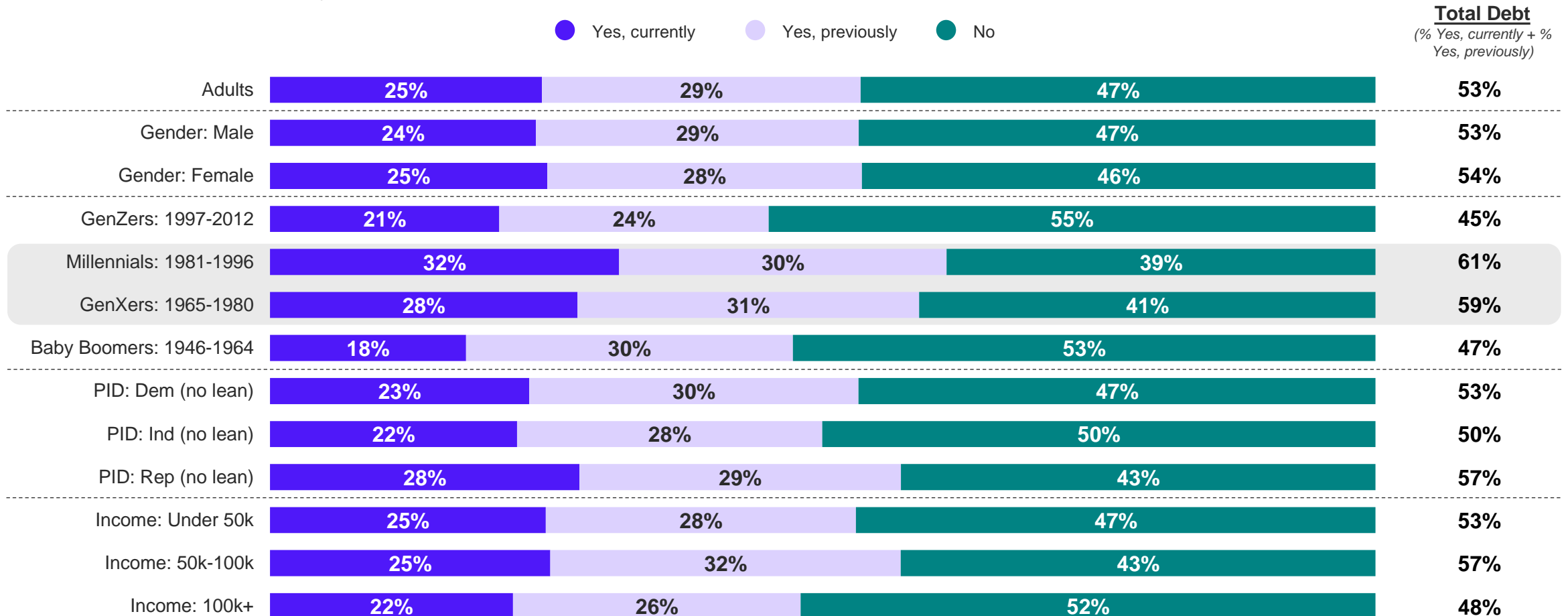
Do you currently have, or have you ever had, any debt due to medical bills? This may include bills for your own medical care, or someone else's care, such as a family member's.



MEDICAL DEBT

Both younger and older adults are less likely to have current or past medical debt compared with middle-aged folks.

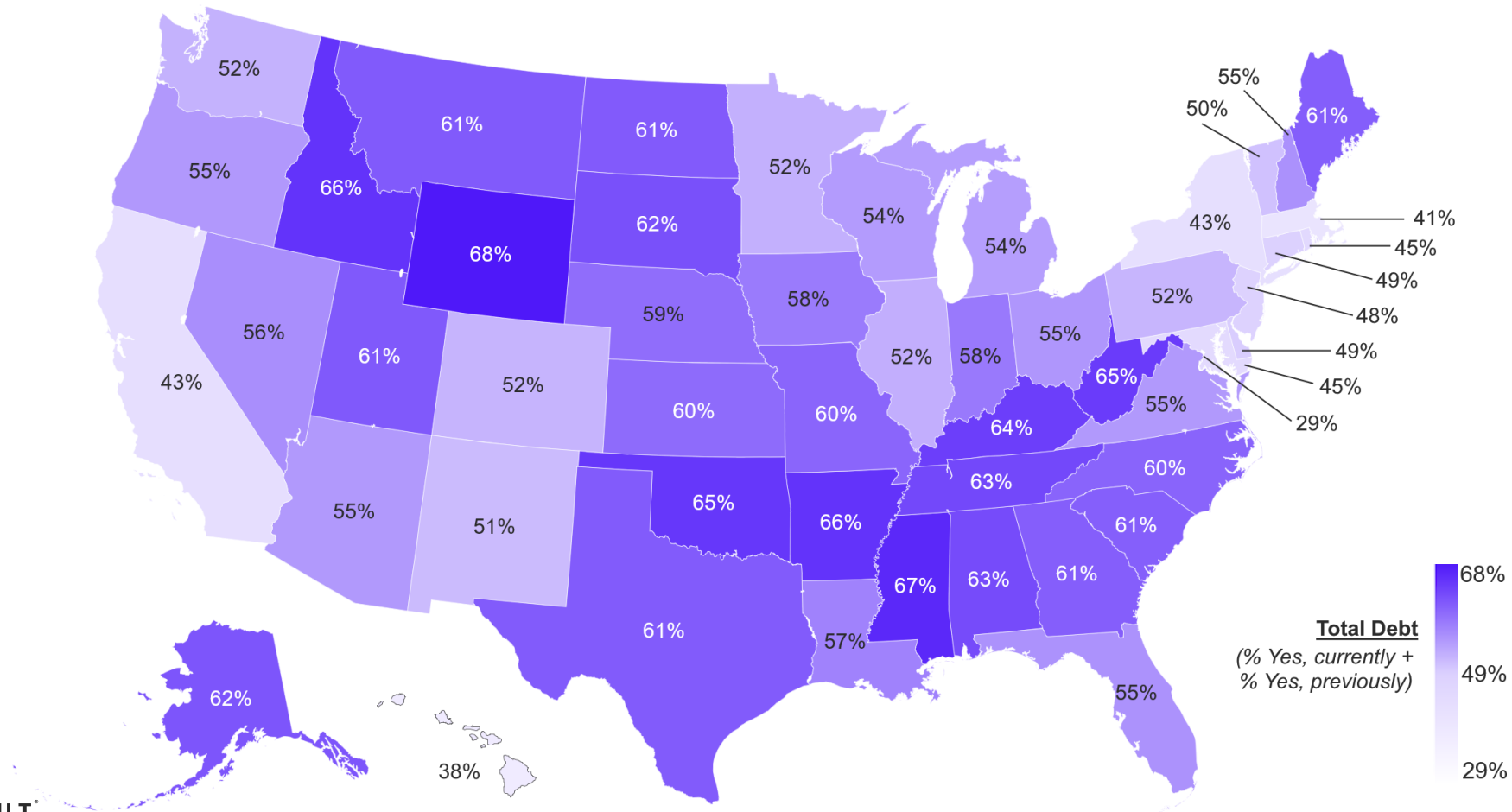
Do you currently have, or have you ever had, any debt due to medical bills? This may include bills for your own medical care, or someone else's care, such as a family member's.



MEDICAL DEBT

Adults in rural states and/or the South are more likely to have current or previous medical debt.

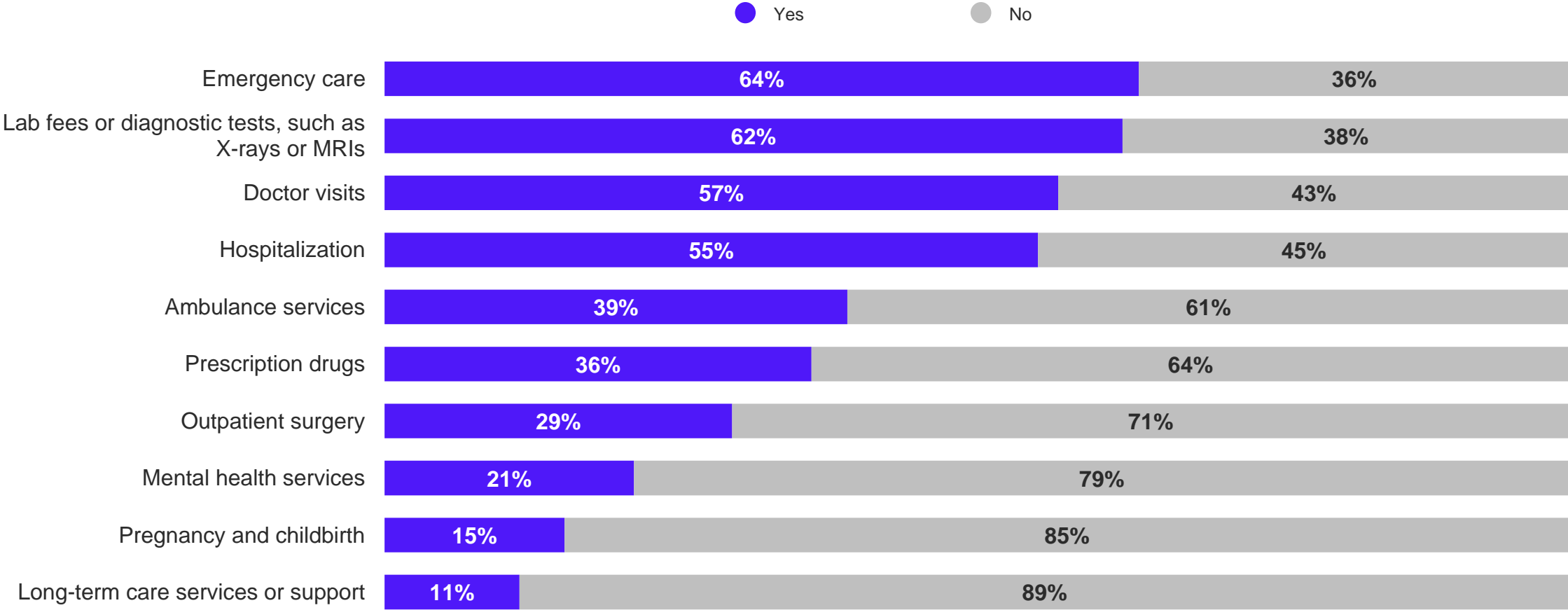
Do you currently have, or have you ever had, any debt due to medical bills? This may include bills for your own medical care, or someone else's care, such as a family member's.



MEDICAL DEBT

Adults who’ve experienced medical debt most commonly incurred the debt during emergency care, lab fees, doctor visits, and/or hospitalization.

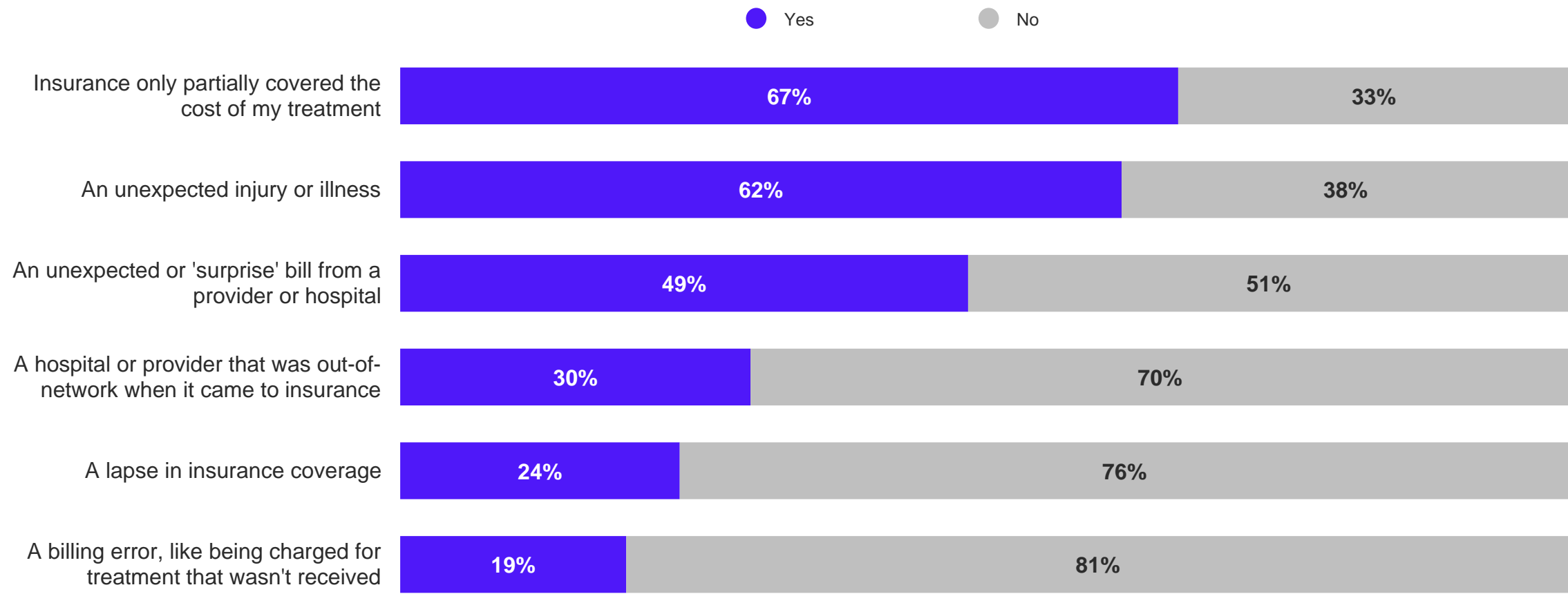
Were any of the bills that caused your medical debt due to the following items?



MEDICAL DEBT

Two-thirds of adults who've experienced medical debt report their insurance only partially covering the cost of their treatment. Many incurred the debt from an unexpected injury or 'surprise' bill.

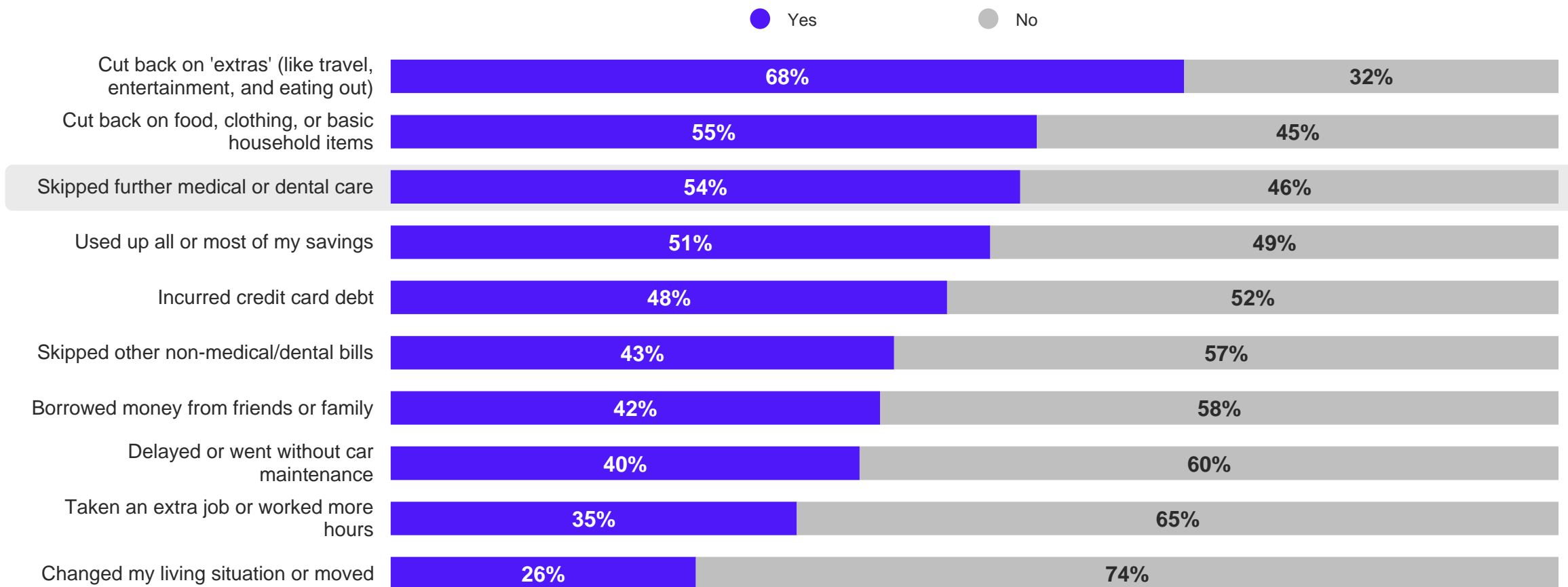
Did you or a family member experience any of the following situations during the event that caused your medical debt?



MEDICAL DEBT

Two-in-three adults who've experienced medical debt say they've had to cut back on 'extras,' and a majority report having had to skip further medical or dental care.

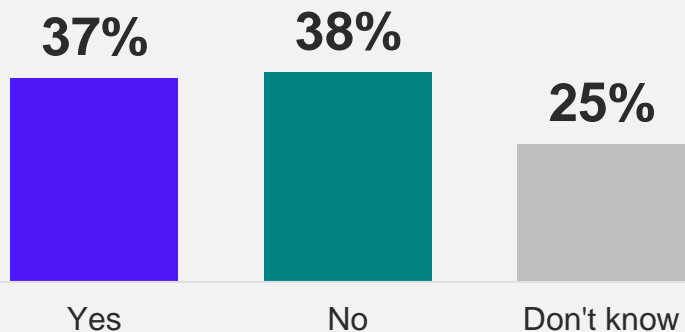
Have you had to make any of the following sacrifices as a result of medical debt?



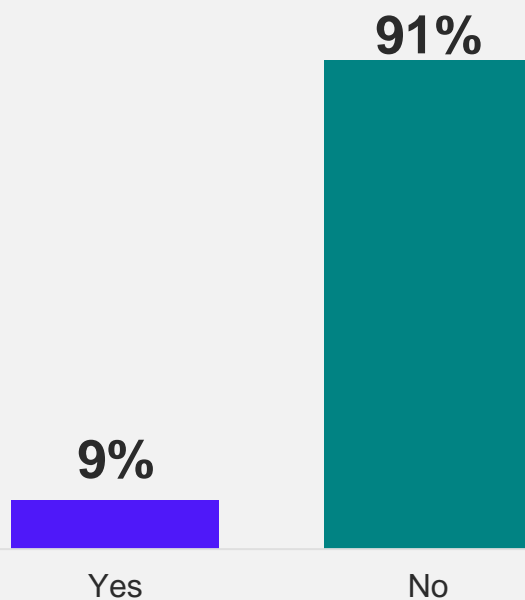
MEDICAL DEBT

A third of adults who've experienced medical debt say it has negatively affected their credit score, and around one-in-ten have been sued or declared bankruptcy.

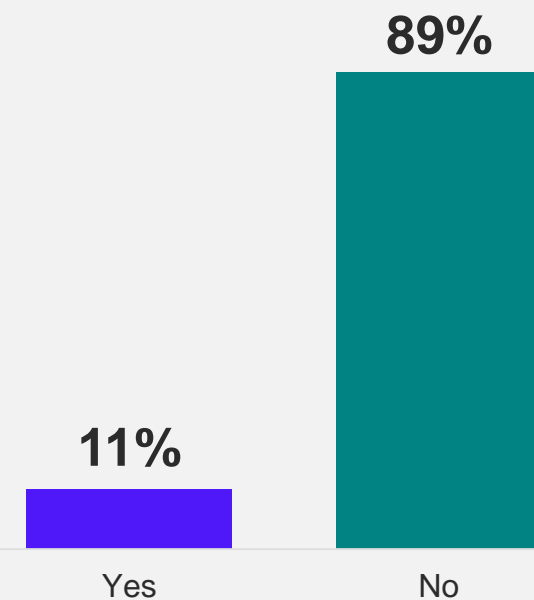
As far as you know, has medical debt negatively affected your credit score?



Have you ever declared bankruptcy as a result of medical debt?



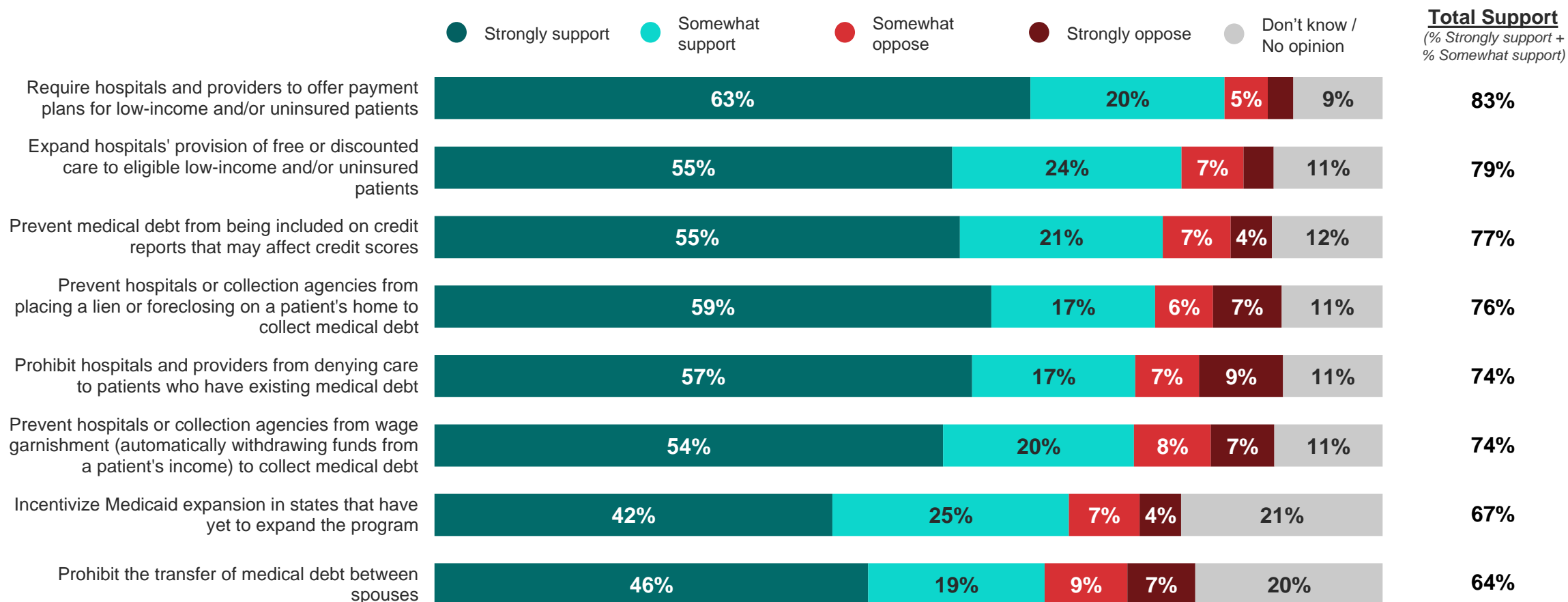
Have you ever been sued by someone (such as a hospital or provider) in order to collect payment on your medical debt?



MEDICAL DEBT

Majorities of adults supported every policy to address medical debt– more than three-in-five strongly support requiring hospitals to offer payment plans.

Below are a few policies that have been proposed to address the issue of medical debt. For each, please indicate if you support or oppose the proposal.



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Medical Debt

340B Drug Pricing Program

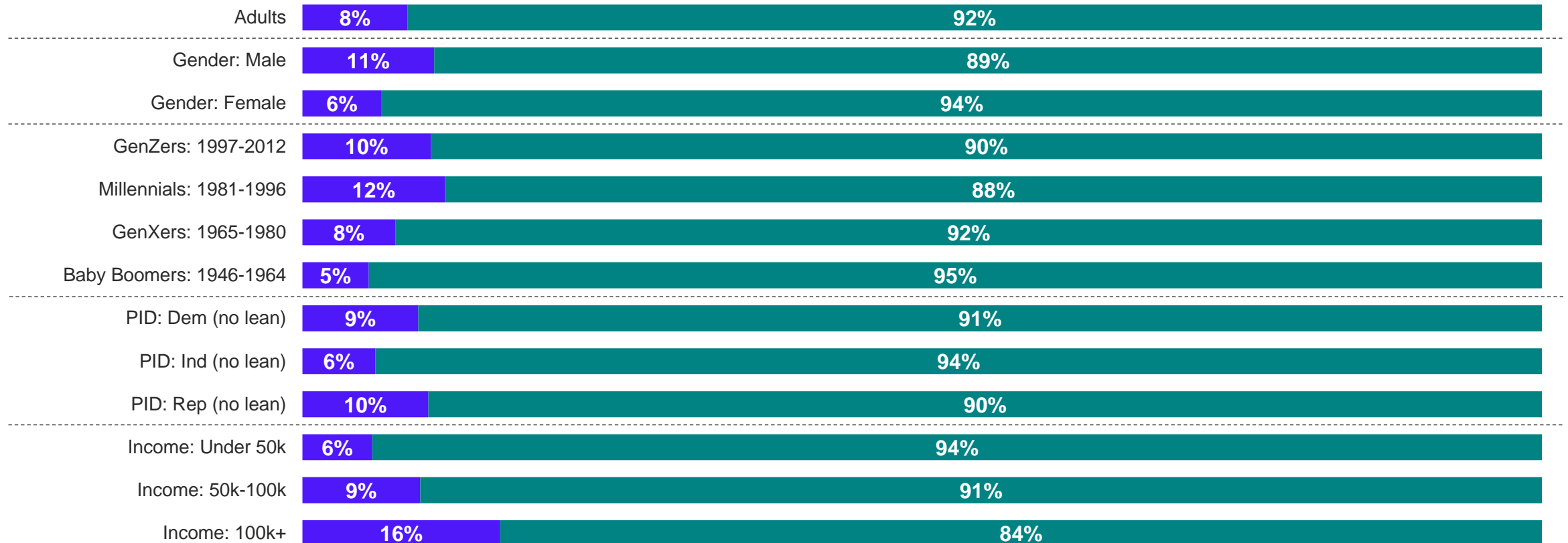


340B DRUG PRICING PROGRAM

Only one-in-ten adults has encountered information about the 340B Drug Pricing Program, particularly men, younger folks, and more affluent adults.

Have you seen, read, or heard anything about the 340B Drug Pricing Program?

● Yes ● No



DEFINITION SHOWN TO RESPONDENTS

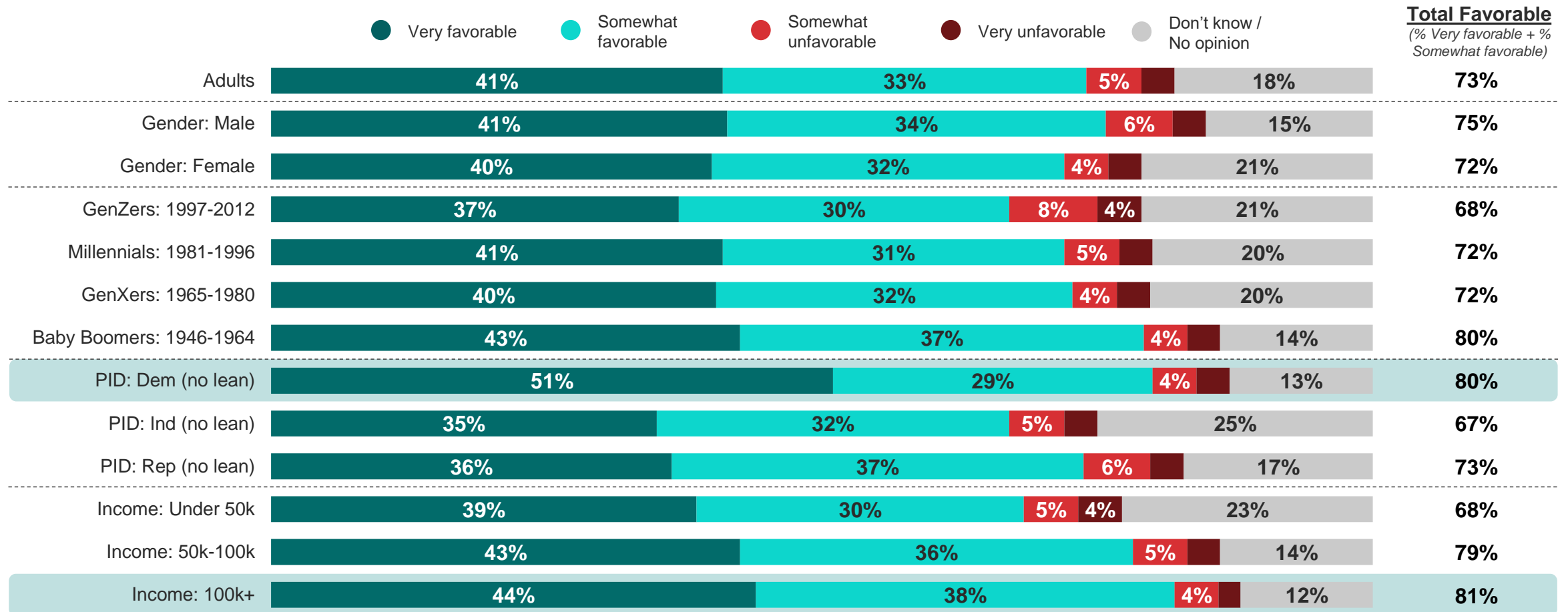
In 1992, Congress created the 340B Drug Pricing Program to help certain safety net hospitals and clinics treat low-income and vulnerable patients. Under the program, pharmaceutical manufacturers provide discounted pricing on medicines to participating hospitals and clinics. Since participating hospitals and clinics buy medicines at this discounted price, they can use the money they save on 340B medicines to help low-income and vulnerable patients.



340B DRUG PRICING PROGRAM

A majority of Democrats have a very favorable view of 340B post-definition. Wealthier adults are also more favorable to the program.

Based on the above, do you have a favorable or unfavorable opinion of the 340B Drug Pricing Program?

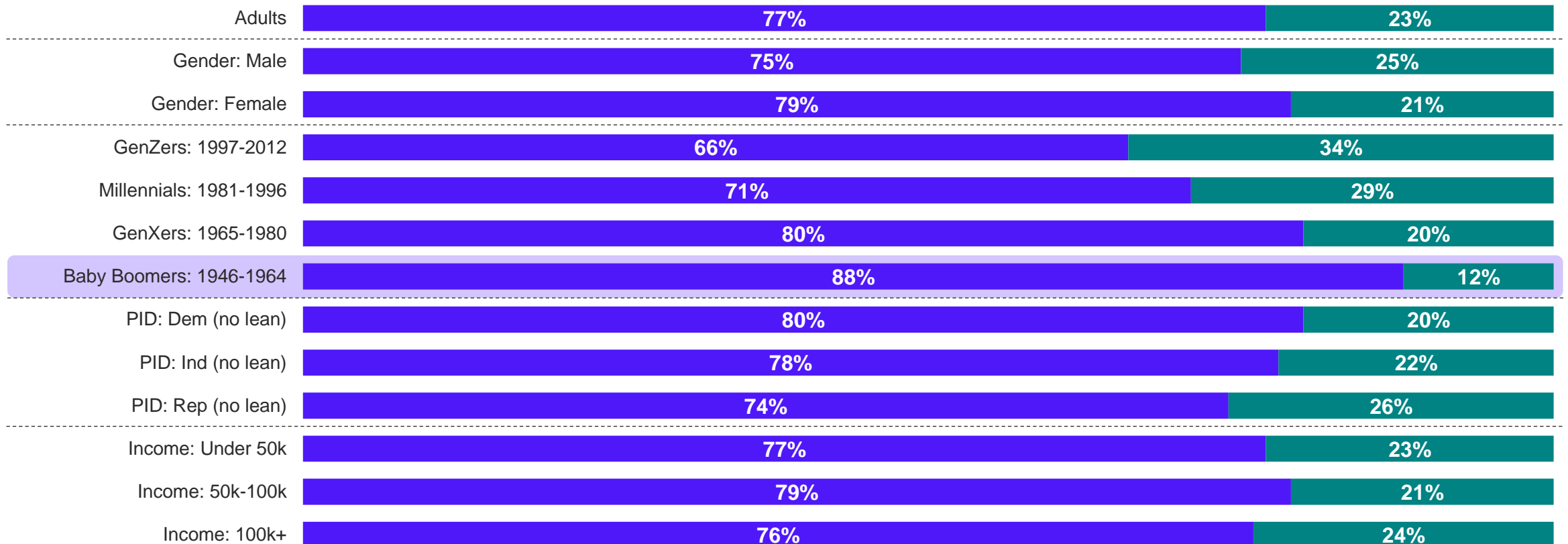


340B DRUG PRICING PROGRAM

Older generations lean more towards requiring 340B hospitals to benefit patients directly: nine in ten Baby Boomers align with that interpretation of the program.

Based on what you know, which of the following statements align closest to your perspective about the 340B Drug Pricing Program, even if neither is exactly right?

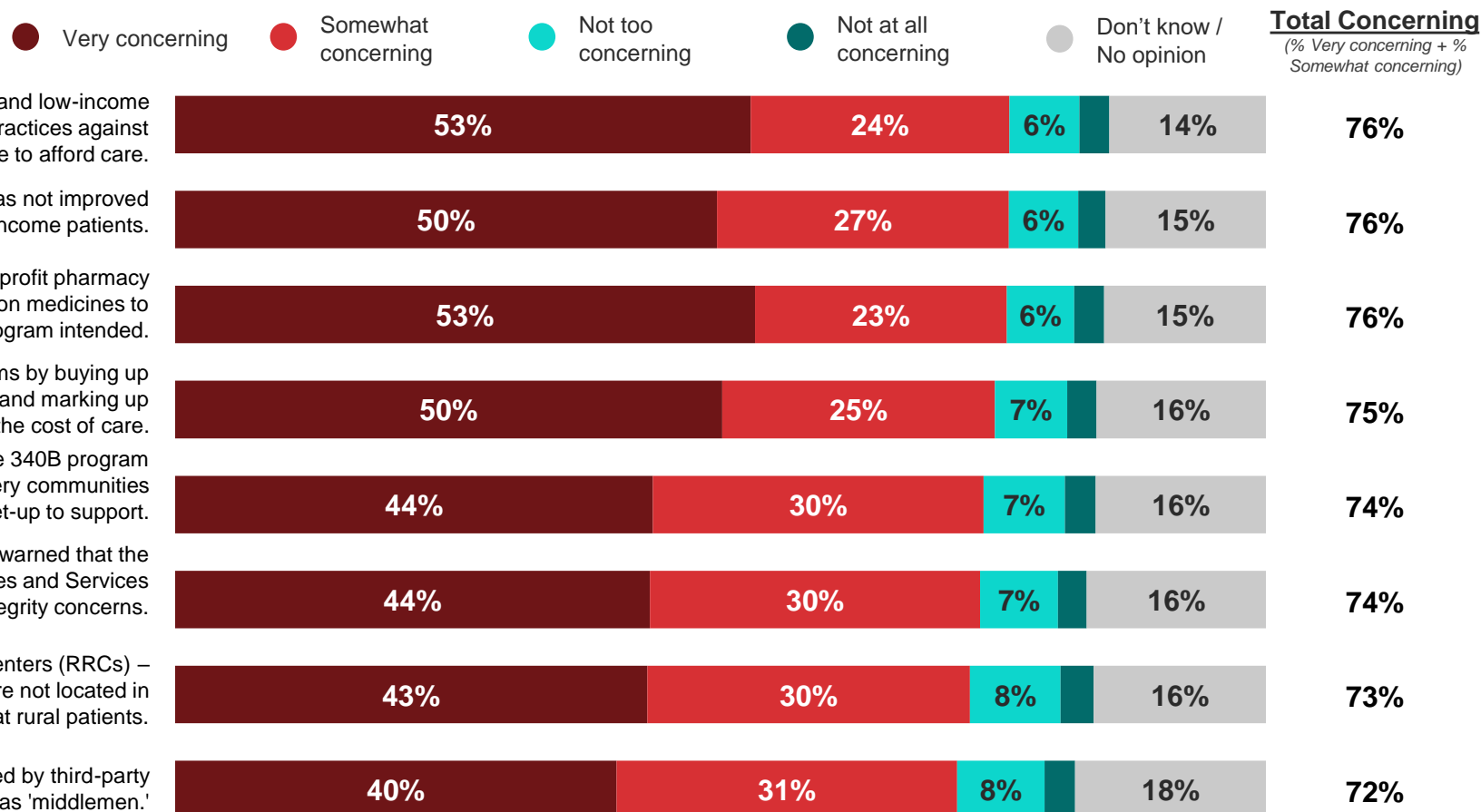
- Hospitals that receive 340B drug discounts should be required to pass those savings on to low-income and vulnerable patients.
- Hospitals that receive 340B drug discounts should be free to invest those savings into programs and facilities flexibly as needs arise.



340B DRUG PRICING PROGRAM

Majorities of adults found every 340B critique concerning. The most concerning messages focused on how *patients* have been impacted— by aggressive debt collection, poor health outcomes, etc.

Now you will read more about the critiques about the 340B Drug Pricing Program and participating hospitals. Please indicate how concerning, if at all, each of the statements are about the 340B Drug Pricing Program.



340B DRUG PRICING PROGRAM

When asked to choose between statements, one-in-four adults found it *most* concerning that the 340B program is serving as a profit generator.

Now, among the same statements as before, which do you find the **MOST** concerning?

The 340B program is a profit generator for large hospitals and for-profit pharmacy chains. They are not passing along savings that they receive on medicines to vulnerable and low-income patients as the program intended.

23%

Even though 340B hospitals are meant to support vulnerable and low-income patients, many have been accused of aggressive debt collection practices against patients who are least able to afford care.

17%

Hospital executives are using 340B to create new profit streams by buying up smaller non-340B hospitals and independent physician practices and marking up the cost of care.

13%

Research shows that hospital participation in the 340B program has not improved health outcomes for vulnerable and low-income patients.

12%

Only 35% of 340B hospitals and 23% of pharmacies involved in the 340B program are located in areas with a shortage of healthcare services—the very communities the program was set-up to support.

10%

An increasing number of hospitals are identifying as rural referral centers (RRCs) – so they can be eligible for the 340B program – even though they are not located in a rural community and have no obligation to treat rural patients.

10%

A number of independent watchdogs (like the GAO and OIG) have warned that the 340B program lacks standards to prevent abuse. Health Resources and Services Administration (HRSA) audits have documented program integrity concerns.

8%

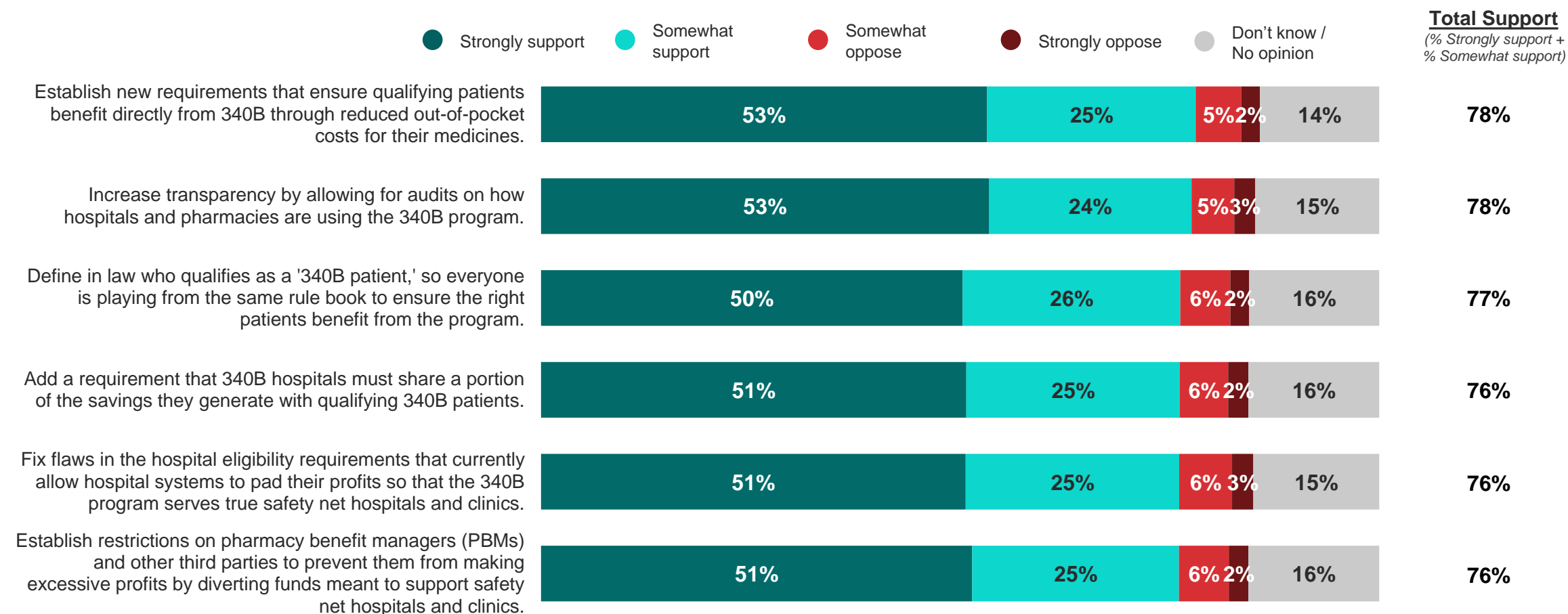
Most pharmacies profiting from the 340B program are owned by third-party companies that function as 'middlemen.'

7%

340B DRUG PRICING PROGRAM

A majority of adults *strongly* supported each tested 340B reform. Four-in-five adults support requiring qualifying patients to benefit directly through reduced out-of-pocket prescription costs.

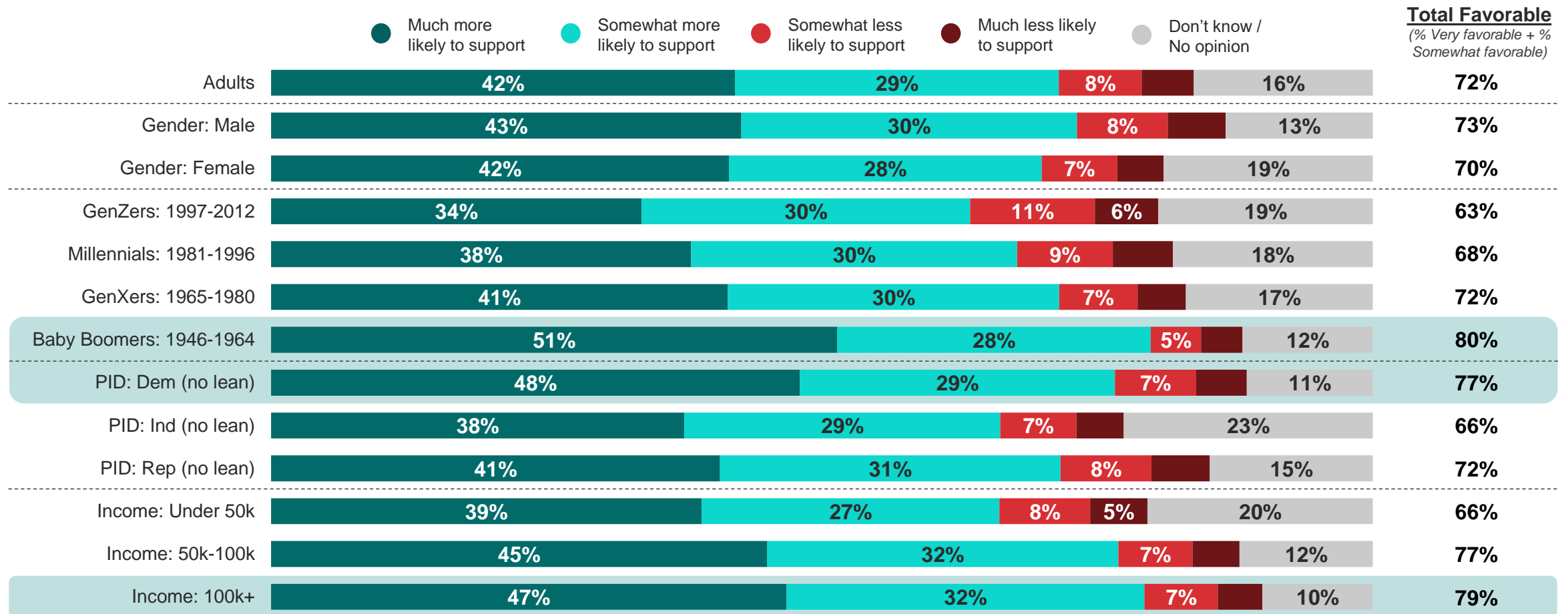
Below are some potential ways to reform the 340B Drug Pricing Program. For each, please indicate if you support or oppose the proposal.



340B DRUG PRICING PROGRAM

Democrats, older generations, and more affluent adults are more likely to support a pro-reform member of Congress. A majority of Baby Boomers say they would be *much* more likely.

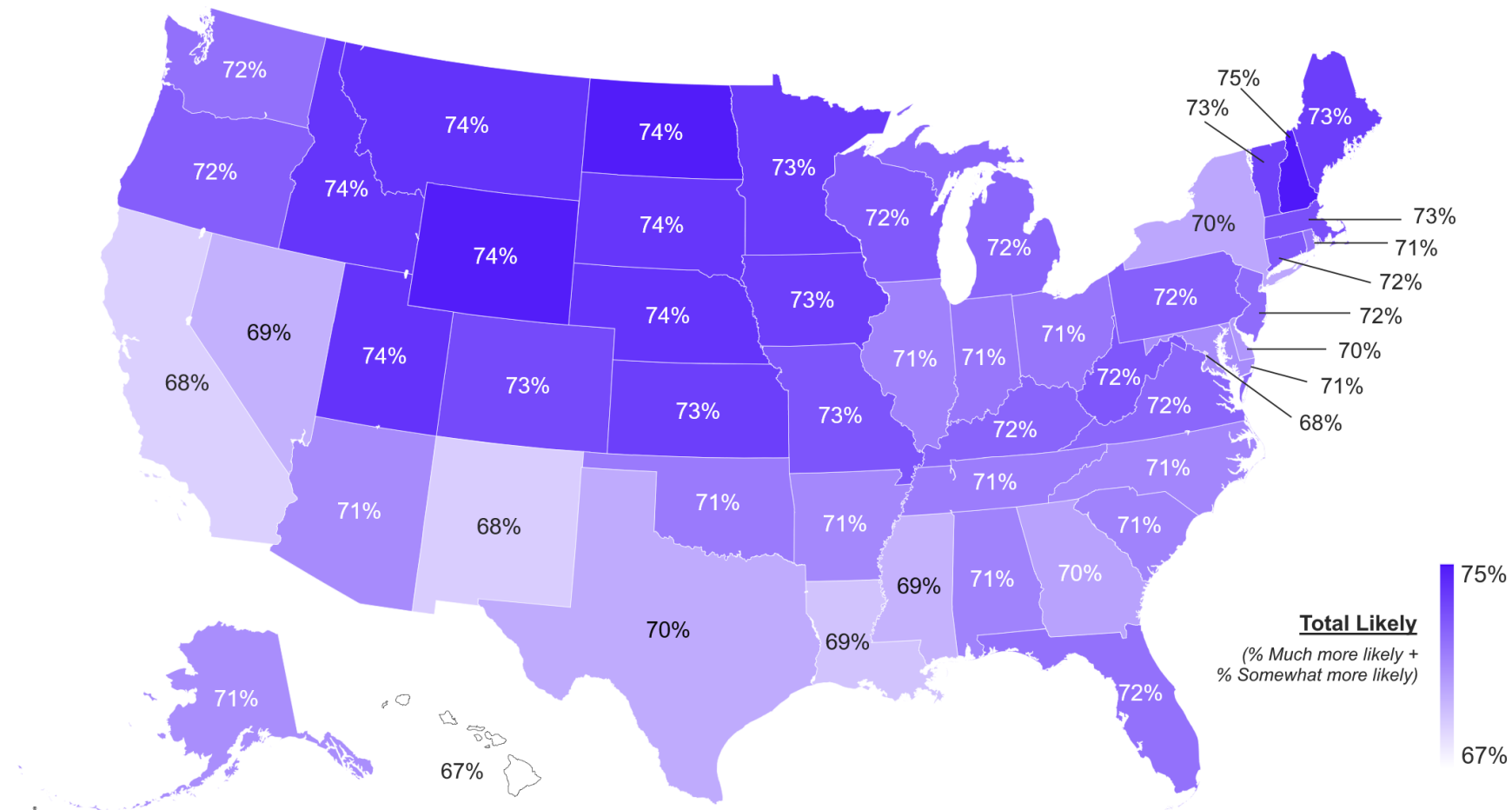
Now that you have learned more about the 340B Drug Pricing Program, would you be more or less likely to support a member of Congress working to address abuses in the 340B Drug Pricing Program?



340B DRUG PRICING PROGRAM

Support for pro-reform legislators is consistently high across the country, especially in New England and the West.

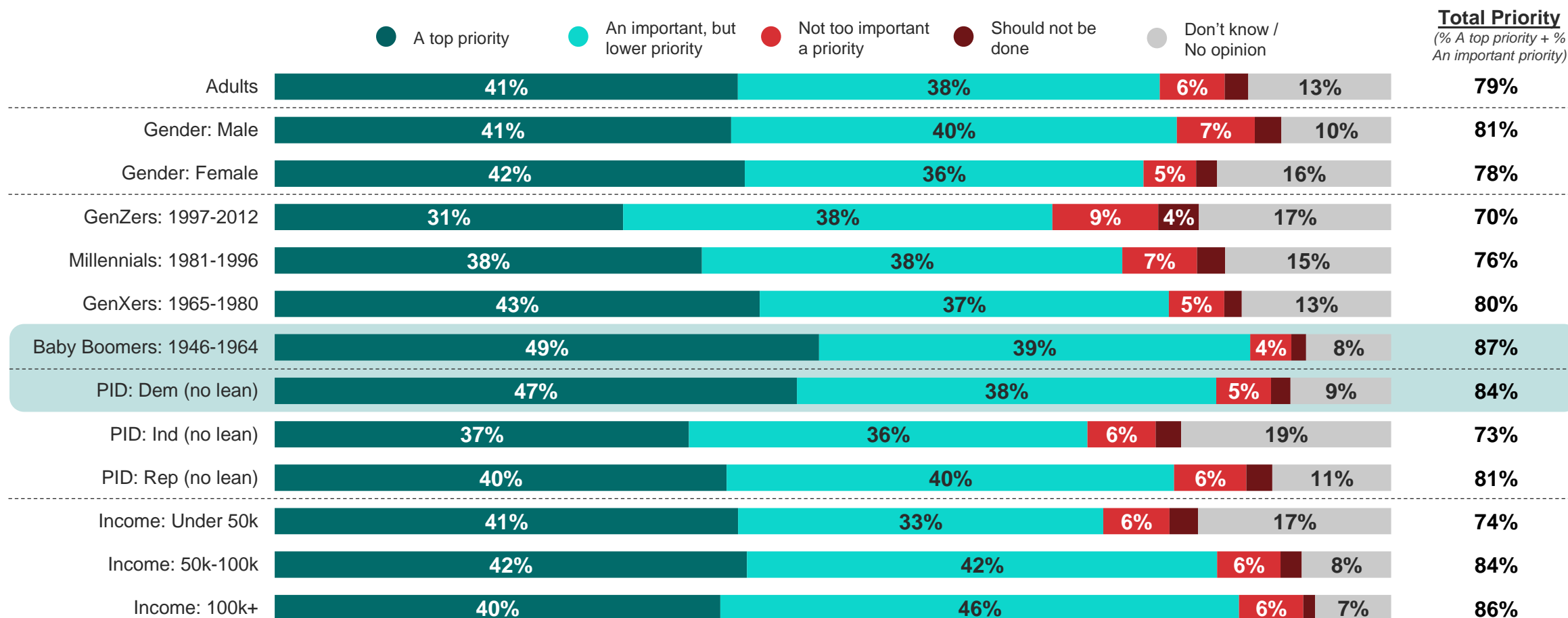
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340B DRUG PRICING PROGRAM

Older generations and Democrats are more likely to believe 340B reform should be a top priority for lawmakers.

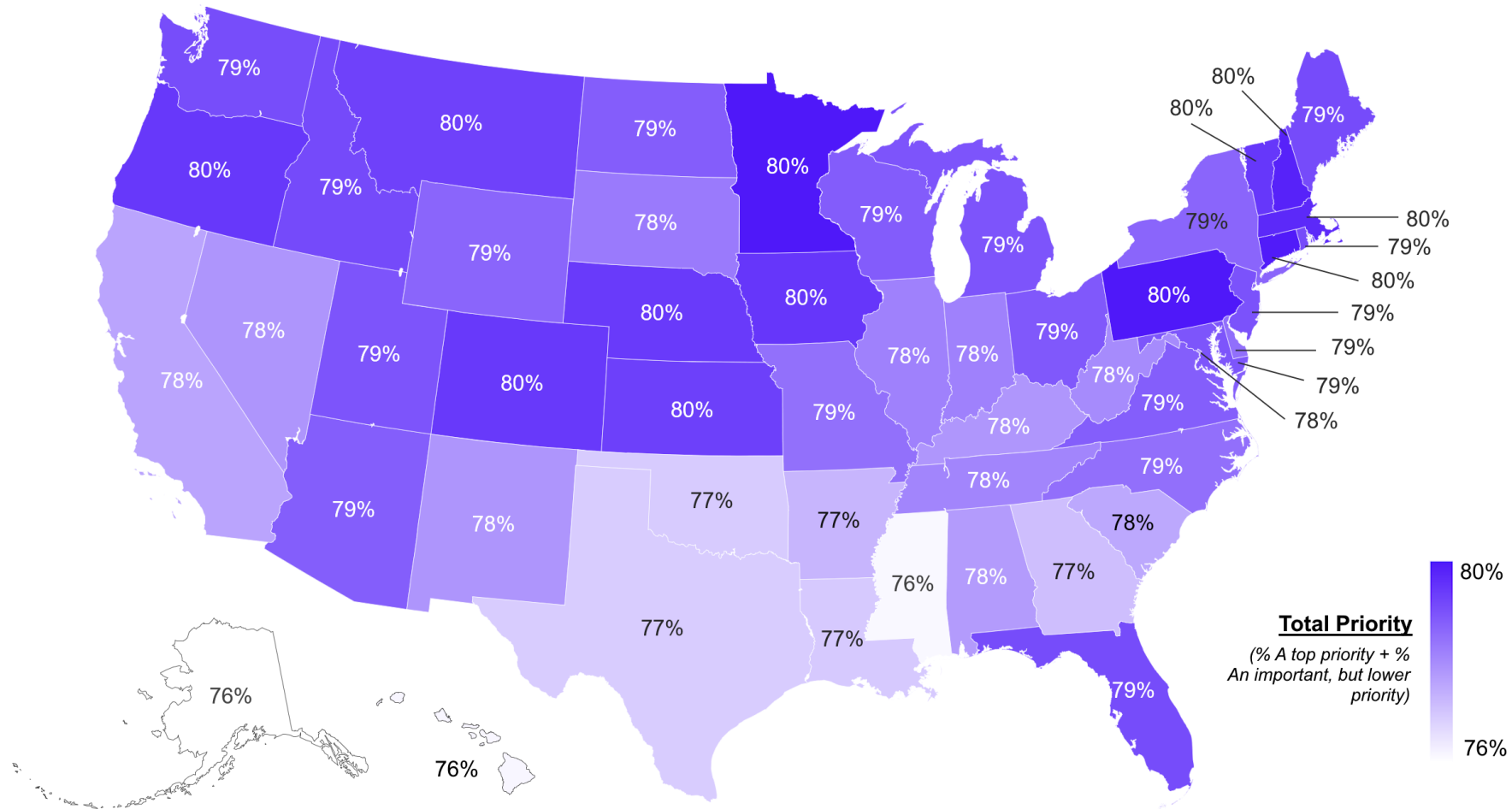
How important of a priority should it be for lawmakers to reform the 340B Drug Pricing Program?



340B DRUG PRICING PROGRAM

Adults nationwide support prioritizing 340B reform – even in its weakest states it receives the support of more than three-in-four adults.

How important of a priority should it be for lawmakers to reform the 340B Drug Pricing Program?

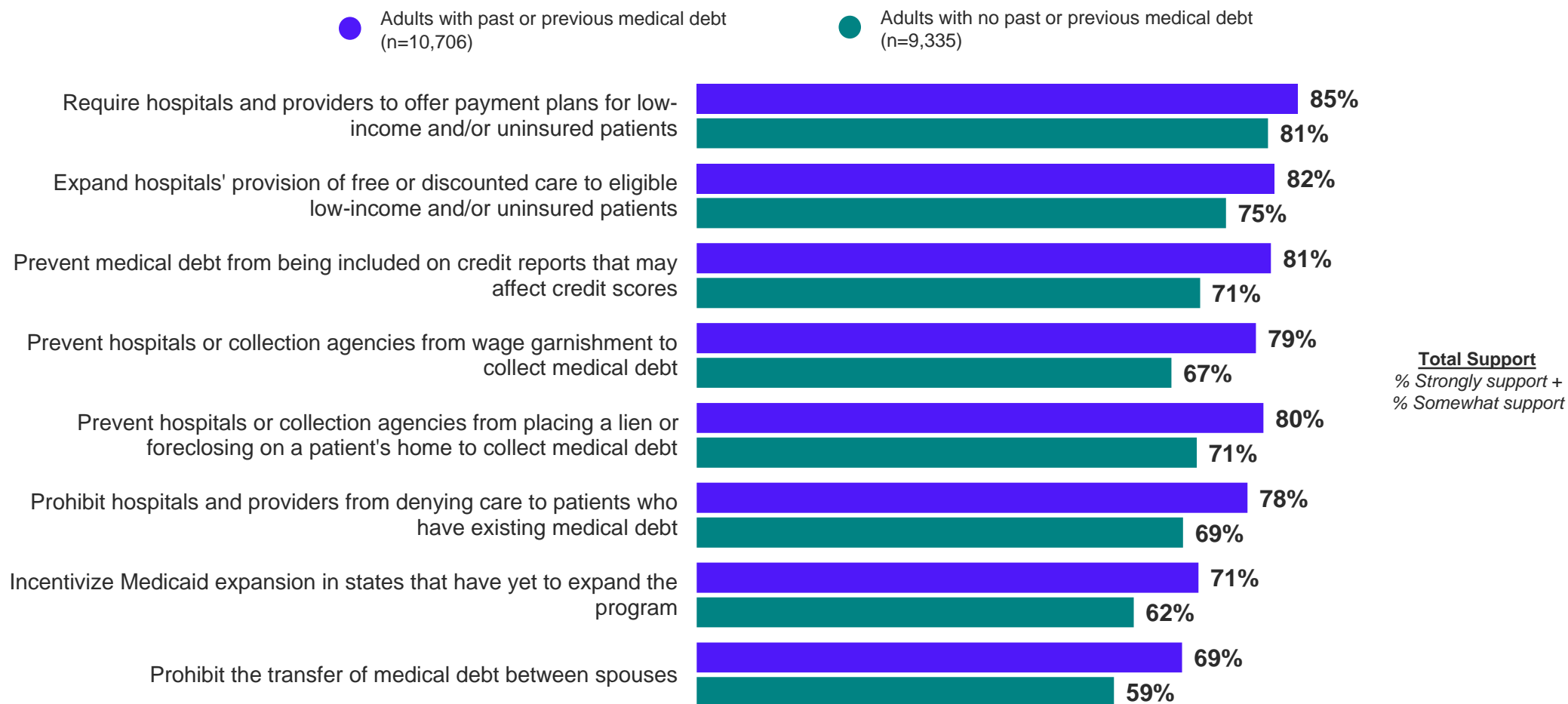




APPENDIX

Adults who've experienced medical debt are more supportive of policies to address medical debt than those who haven't.

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