

DOLLAR FOR



THE PATH TO CHARITY CARE

**Exploring the Journey & Roadblocks to
Financial Assistance for Medical Bills**



In late 2023, Dollar For conducted a survey to understand patients' experience with charity care. We found that only 29% of patients with hospital bills they cannot afford are able to learn about, apply for, and receive charity care.

Only 29% of patients with hospital bills they cannot afford are able to learn about, apply for, and receive charity care.

Overall, the data show that when people apply for charity care, they are generally successful in receiving debt reduction. However, most patients lack awareness of the programs, and support to help navigate the application process.

Known

In order for charity care to be “known” to patients, they must both be aware of the program and decide to apply. Our research found that most patients are not receiving the education they need to “know” about hospital financial assistance programs.

- ✔ 51% of those who are potentially eligible do not apply for financial assistance.
- ✔ Most patients (52%) did not report receiving information about financial assistance from their hospital.
- ✔ Increased charity care education from the hospital increases application rates.
- ✔ Hospitals are more likely to speak with patients with higher bills about charity care.

Easy

In order for charity care to be “easy” to patients, they must be able to apply without a document burden through a simple medium, understand the process and where they are at in it, and be able to readily communicate with someone who is well-informed about the process. Our research found that many patients do not find the current process easy and the outcomes are much better if patients receive help from the hospital or an organization like Dollar For.

- ✓ Nearly a quarter of patients describe the application process as somewhat or very hard.
- ✓ Approval rates are highest (67%) when patients get help from Dollar For or the hospital directly.
- ✓ Many applicants (45%) don't receive any assistance during the application process.
- ✓ 63% of applicants who receive help from Dollar For or a similar organization describe the process as easy.
- ✓ People of color receive more help applying for charity care (57%) than white patients (50%), and are more successful with applications when they get help from Dollar For or similar organizations.

Fair

In order for charity care to be “fair” it needs to be available to all those who need it and equitably administered and distributed. Our research found that most people who need charity care do not receive it largely due to barriers around awareness and application ease, and that application outcomes vary greatly for different racial groups.

- ✔ Black patients have a 62% lower probability of being approved for charity care than all other races.
- ✔ The most common reasons applications are denied due to the age of the bill (28%) and paperwork issues (24%).
- ✔ Patients denied charity care typically either enter a payment plan or have their debt sent to a collections agency.
- ✔ Patients who receive charity care report meaningful additional health (94%) and financial (58%) benefits.

The **Dollar For Charity Care Study** was conducted in late 2023 to examine how patients experienced the charity care process and what organizations, hospitals, and lawmakers could do to make it more effective.

Background

188 million Americans are living on the edge of poverty.¹ Medical debt pushes people into poverty more than anything else.² For many Americans barely making ends meet, a small emergency can push them into poverty. Medical debt is the leading cause of bankruptcy in the U.S. and pushes many Americans into financial crises.³

Today, Americans owe \$195 billion in medical debt.⁴ Much of this burden is carried by uninsured adults, women, Black and Hispanic adults, parents, and those with lower incomes. Almost 40 percent of people with medical debt say they were denied a mortgage loan or housing lease.⁵ Further, one in four adult Americans avoids medical care due to its cost.⁶

Our research demonstrates the barriers that patients encounter in accessing charity care, and provides insights into solutions that will benefit both patients and hospitals.

About Charity Care

Mandated in the Affordable Care Act, nonprofit hospitals must reduce or waive bills for lower-income patients. These community benefit programs, known as “charity care” prevent patients from falling into poverty. Every hospital has its own unique policy and process for deciding who qualifies and how to apply.

However, there is no systematic enforcement of charity care laws. Most Americans aren’t aware of these programs. Instead, patients experience needless financial burdens.

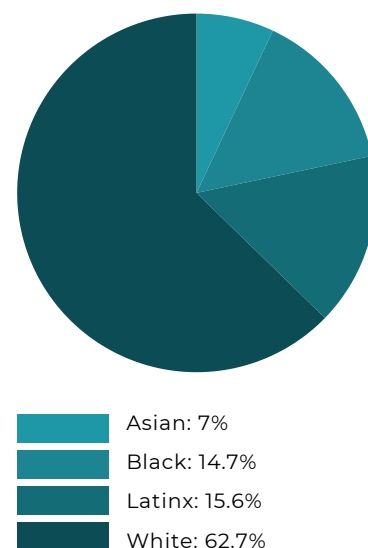
About Dollar For

Dollar For is a national nonprofit that crushes hospital bills by helping patients access charity care. We empower patients and advocate on their behalf. To date, we have helped patients submit over 13,500 financial assistance applications and crushed over \$46 million in medical debt.

Dollar For wanted to tell the story of patients experiencing unaffordable medical bills by examining the processes and challenges of accessing financial assistance to make those bills more affordable or free.

To achieve this, we surveyed people who reported they had at least one hospital bill they could not afford in the 12 months before the survey. We ensured a national representative sample (n=1125) pooled with Dollar For's own mailing list (n=503). Survey questions for both the general population sample and the Dollar For sample contain the same questions and responses. The questions in the survey address awareness, hospital education interactions, application decisions, impacts, and challenges.

After removing incomplete surveys and adjusting for population estimates, the total number of respondents is 1,628. The population of people with medical debt is different from the segments of people in the general population. To correct for the difference in the segmented distribution of the population, we utilize data from the US Census Bureau's Survey of Income and Program Participation (SIPP). Sample weights based on the population were applied to all the results in this report to correct for differences between the pooled sample and the target population.



Once the sample weights were accounted for, many of the primary variables in the analysis were not significant between the two samples. Utilizing the Dollar For sample also supplemented the deficit in the proportion of the population in the general sample to the actual population of people with medical debt, which has a larger proportion of people of color than white people, justifying combining samples

To include a direct narrative of those impacted the most by the cost of medical bills, we also included interviews and focus groups. This provided a mixed-method approach of both quantitative and qualitative data that allowed us to dissect large systems and grassroots impacts. Focus groups took on an educational component and were conversational. The themes concentrated on the individual experiences of participants.

Findings - Known

DOLLAR FOR

In order for charity care to be “known” to patients, they must both be aware of the program and decide to apply. Our research finds that most patients are not receiving the education they need to “know” about hospital financial assistance programs.

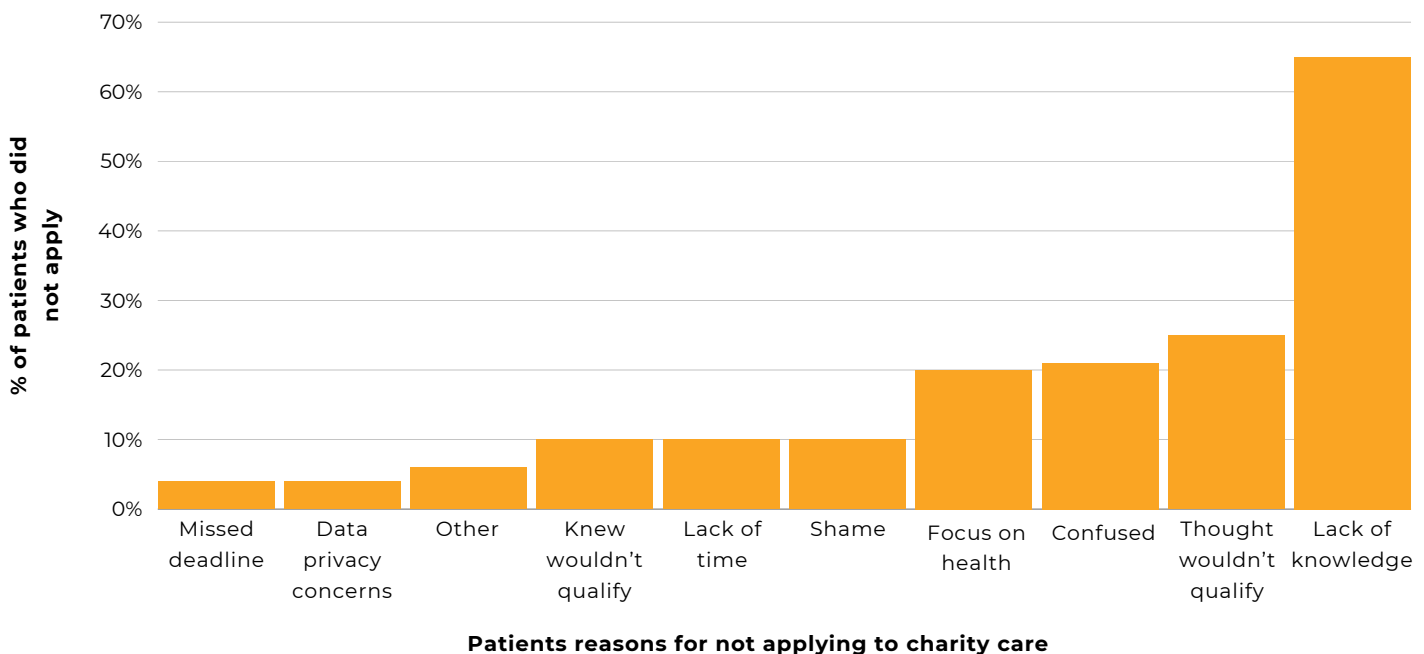
51%

51% of those who are potentially eligible do not apply for financial assistance.

The absence of educational interactions between hospital staff and patients matters because patients can't apply for a program unless they know it exists. In fact, just over half of patients with unaffordable hospital bills don't apply for charity care. The most often cited reason (65%) for not applying for charity care is not knowing that financial assistance exists.

The most often cited reason (65%) for not applying for charity care is not knowing that financial assistance exists.

A 40 percentage-point gap separates a lack of knowledge of charity care from the next most cited reason for not applying - thinking they would not qualify (25%). Confusion is the third highest reason (21%), followed by choosing to focus on their health rather than pursue charity care (20%).



Overwhelmingly, the evidence suggests that **awareness of charity care** is key to deciding to enter the application process, and hospitals play a major role in that knowledge process. Responses of “lack of knowledge” and “missed deadline” are both symptoms of the general problem that patients simply were not aware of charity care programs – or at least they were not aware of these programs soon enough.

However, **patients deciding not to apply is also a significant barrier.** Patients thinking that they would not qualify, that they were confused, that they were simply focused on their health, they felt shame, they lacked the time, or they had data privacy concerns make up a significant percentage of otherwise eligible patients not accessing charity care.

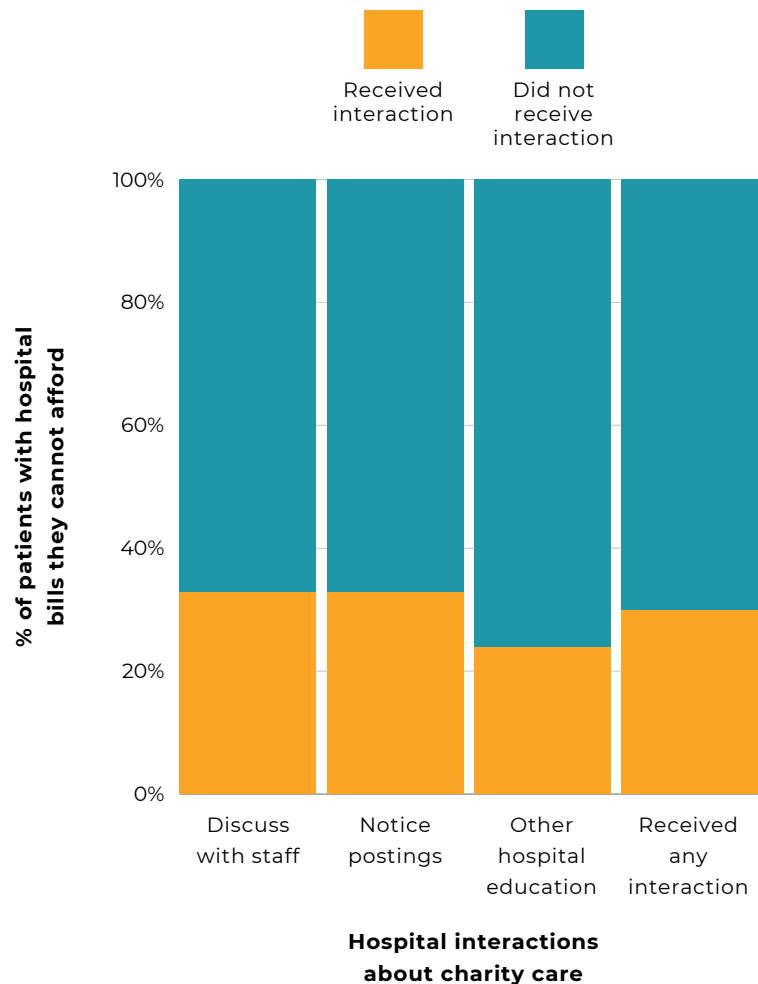
52%

Most patients (52%) did not report receiving information about financial assistance from their hospital.

Nonprofit hospitals are legally required to notify patients of charity programs by providing patients a copy of a plain language summary of their policy, and posting information in bills, websites, and admission areas. For many patients, this content may be their first introduction to charity care. In fact, 70% of patients who reported charity care awareness had at least one interaction with a hospital about financial assistance opportunities.

In fact, 70% of patients who reported charity care awareness had at least one interaction with a hospital about financial assistance opportunities.

Only 33% of patients with unaffordable bills had discussions with hospital staff, while 67% did not. Thirty-three percent read a notice on a hospital bill, website, or posted sign, while 67% did not. And only 24% reported learning by some other means.



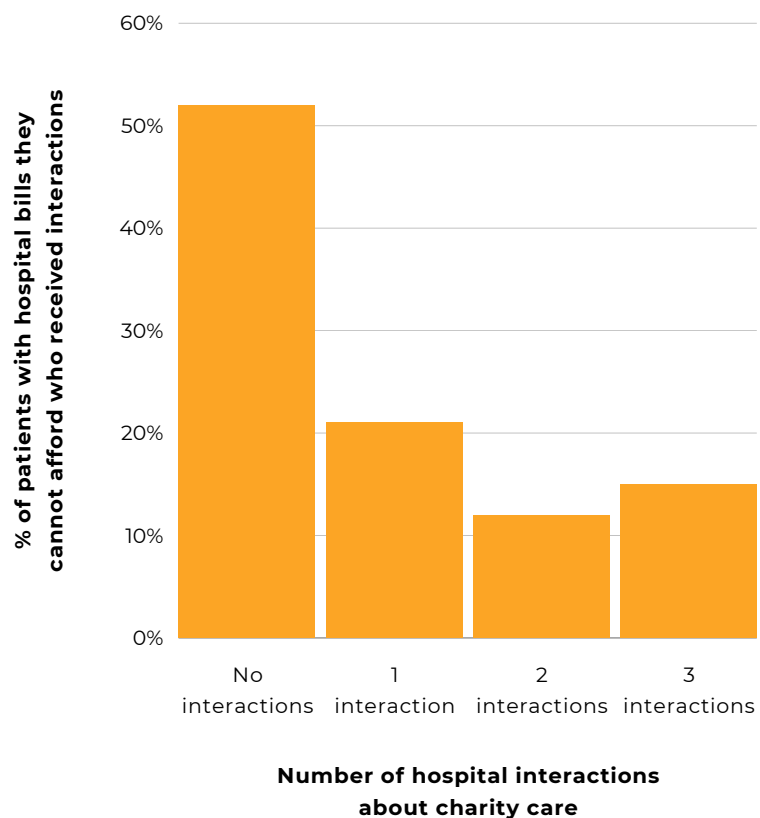
Increased charity care education from the hospital increases application rates.

The data suggest that simply increasing the number of interactions with the patient about charity care can increase application rates. Patients reported receiving charity care education from hospital staff, from hospital educational postings, or from some other hospital sources. Patients who receive all 3 educational interventions have an 86% chance of applying for charity care.

Patients who receive all 3 educational interventions have an 86% chance of applying for charity care.

For the 48% of respondents who received information about charity care from their hospital, 21% had at least one interaction, 12% had two interactions, and **only 15% received all three interactions.**

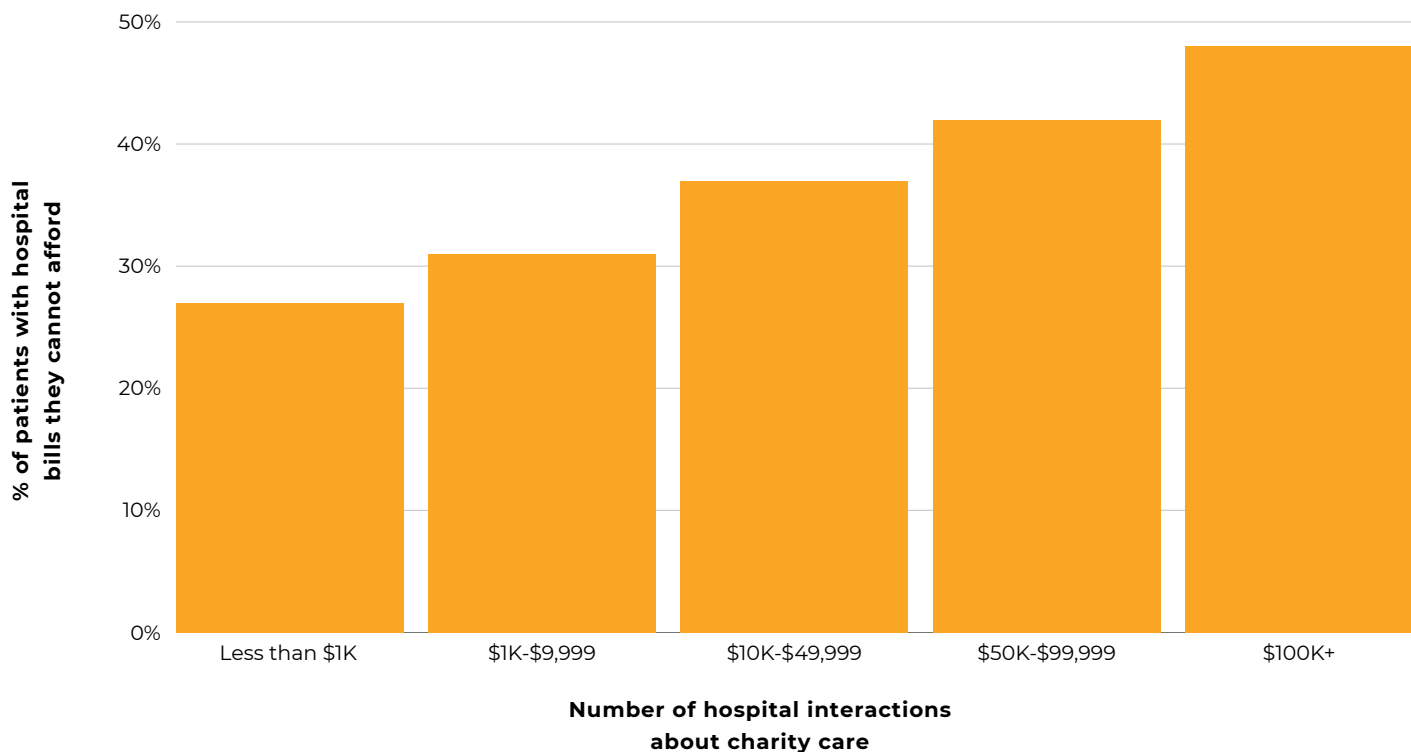
The data suggests that not all interactions with patients about charity care are created equal. Speaking to someone at the hospital is the most effective method to support a patient, with 52% of patients completing an application after a conversation, as compared to noticing postings (48%) or other (39%).



Hospitals are more likely to speak with patients with higher bills about charity care.

Our data show that as the bill amount increases, so does the likelihood of speaking with a staff member about financial assistance. People with medical bills of \$100,000 or more have a 48% chance of speaking to hospital staff about charity care.

People with medical bills of \$100,000 or more have a 48% chance of speaking to hospital staff about charity care.



While this may provide more help for patients with large bills, **77% of the medical bills people cannot afford are less than \$10,000.**

People with medical bills less than \$1,000 have a 27% chance of speaking with hospital staff, while those with bills between \$1,000 and less than \$10,000 have a 31% chance of speaking to staff.

In order for charity care to be “easy” to patients, they must be able to apply without a document burden through a simple medium, understand the process and where they are at in it, and be able to readily communicate with someone who is well-informed about the process and where the patient is at. Our research found that many patients do not find the current process easy and the outcomes are much better if patients receive help from an organization like Dollar For.

Nearly a quarter of patients describe the application process as somewhat or very hard.

A slim majority of patients with unaffordable medical bills experience an application process without major difficulties. However, this ease is not universal. Nearly a quarter of patients describe the application process as somewhat or very hard.

Nearly a quarter of patients describe the application process as somewhat or very hard.

Interviews and focus groups suggest that the **hospitals drive the patient experience**. Patients reported satisfaction with hospitals offering automatic enrollments, minimal documentation requirements, online application portals, and dedicated, proactive staff.

“I was initially contacted from the hospital's financial assistance department, asking me if I needed financial assistance. And then from there, we did everything over the phone...no paperwork or anything.”

Patients were less satisfied when hospital application processes were unclear without a well-defined structure for the process, significant documentation was required, and hospital staff were unresponsive.

“There was a big disconnect between the billing and the financial assistance. The bills just kept coming, and the billing people didn't really want to be involved with the financial assistance part of it [...] So it was very confusing at first and frustrating because what took months to happen should have been a much easier, smooth process.”

Focus groups also illustrated how patients with more complicated financial situations and multi-income households experienced increased barriers. Participants believe that hospitals were deliberately trying to make the process difficult so that they could deny patients. One participant noted:

“They were asking about assets. And then my wife runs her own business, and then they wanted to know how much she made and what were her expenses. [...] [I]t got into, ‘Do you have a 401(k) or retirement, and how much is in that?’ [...] I started to look at all of that and went, ‘I don't think they're going to ever do it.’ And then I was sort of that feeling like, ‘Do I really want to put all of that information into this form and give it to them?’”

Further, some hospitals confuse or deprioritize financial assistance in interactions with patients compared to other options such as a payment plan.

“[T]hey sent me an application for more financial aid, but they also said, ‘We must have \$100 a month’... [T]hey were very threatening.”

67%

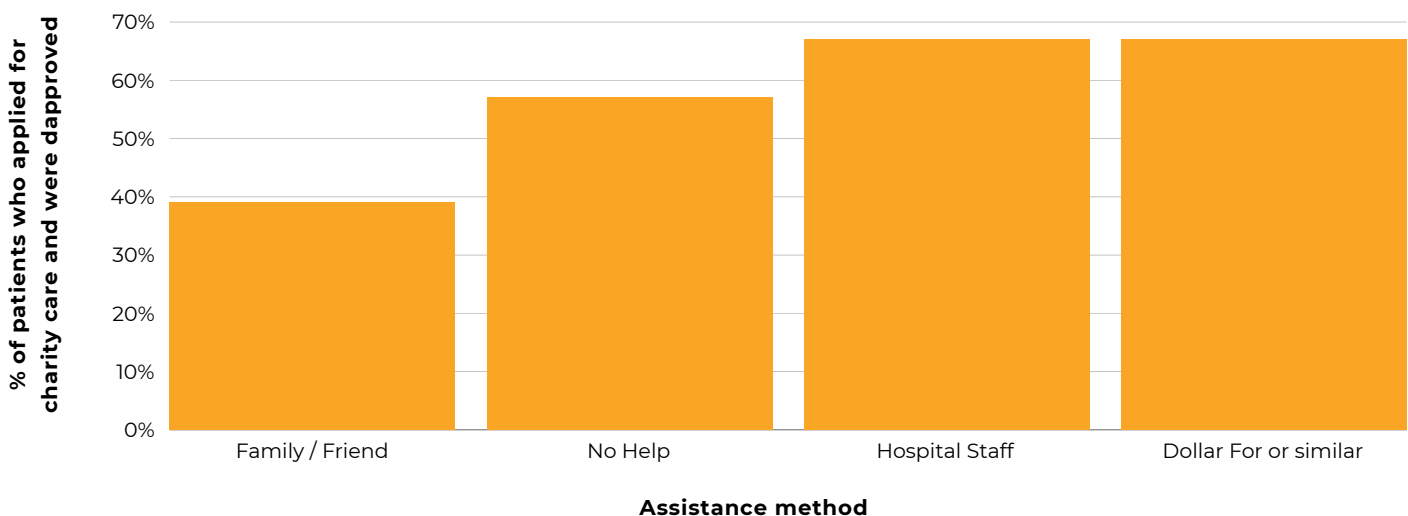
Approval rates are highest (67%) when patients get help from Dollar For or the hospital directly.

Despite the relative “difficulty” of getting help applying from the hospitals, this help meaningfully correlates to action. In sum, 67% of people who receive application support from the hospital are ultimately approved for financial assistance. Yet only 21% of the patients who talk to hospital staff about financial assistance receive staff help in the application process.

People who receive application support from the hospital are ultimately approved for financial assistance. The only other path to this approval rate is working with an organization like Dollar For.

Working with an organization like Dollar For is the only other path to a positive outcome comparable to hospitals - a 67% rate of approval.

This is likely due to the functions that organizations like Dollar For play as a replacement for a financial assistance structure in a hospital. By comparison, 57% of those who apply independently and 39% who get help from a family or friend ultimately receive charity care approvals.

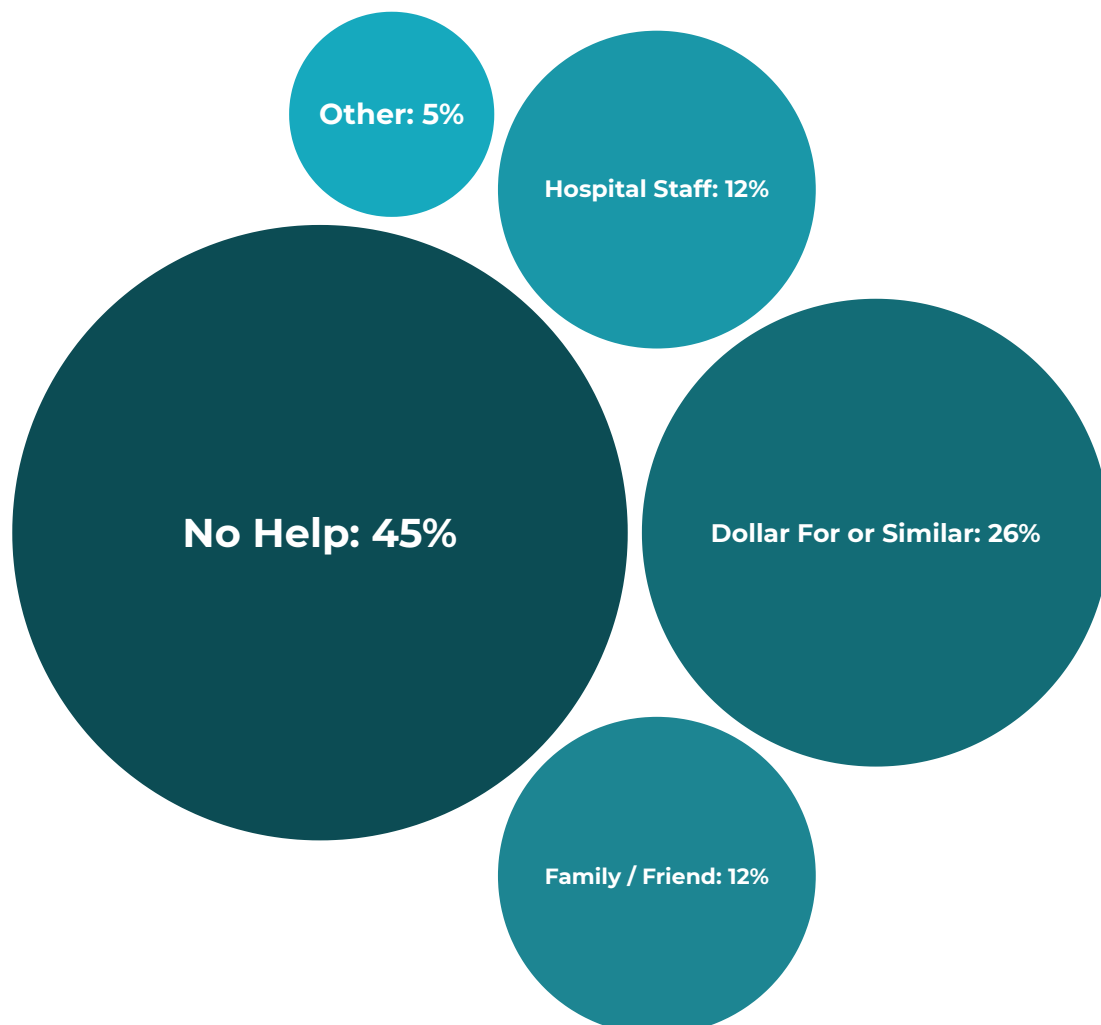


45% *Many applicants (45%) don't receive any assistance during the application process.*

For those who do seek help, 26% choose to work with Dollar For or a similar organization, 12% get help from family or friends, and 5% get help from other online sources such as online searches. Only 12% receive help in the application process from hospital staff.

Only 12% receive help in the application process from hospital staff.

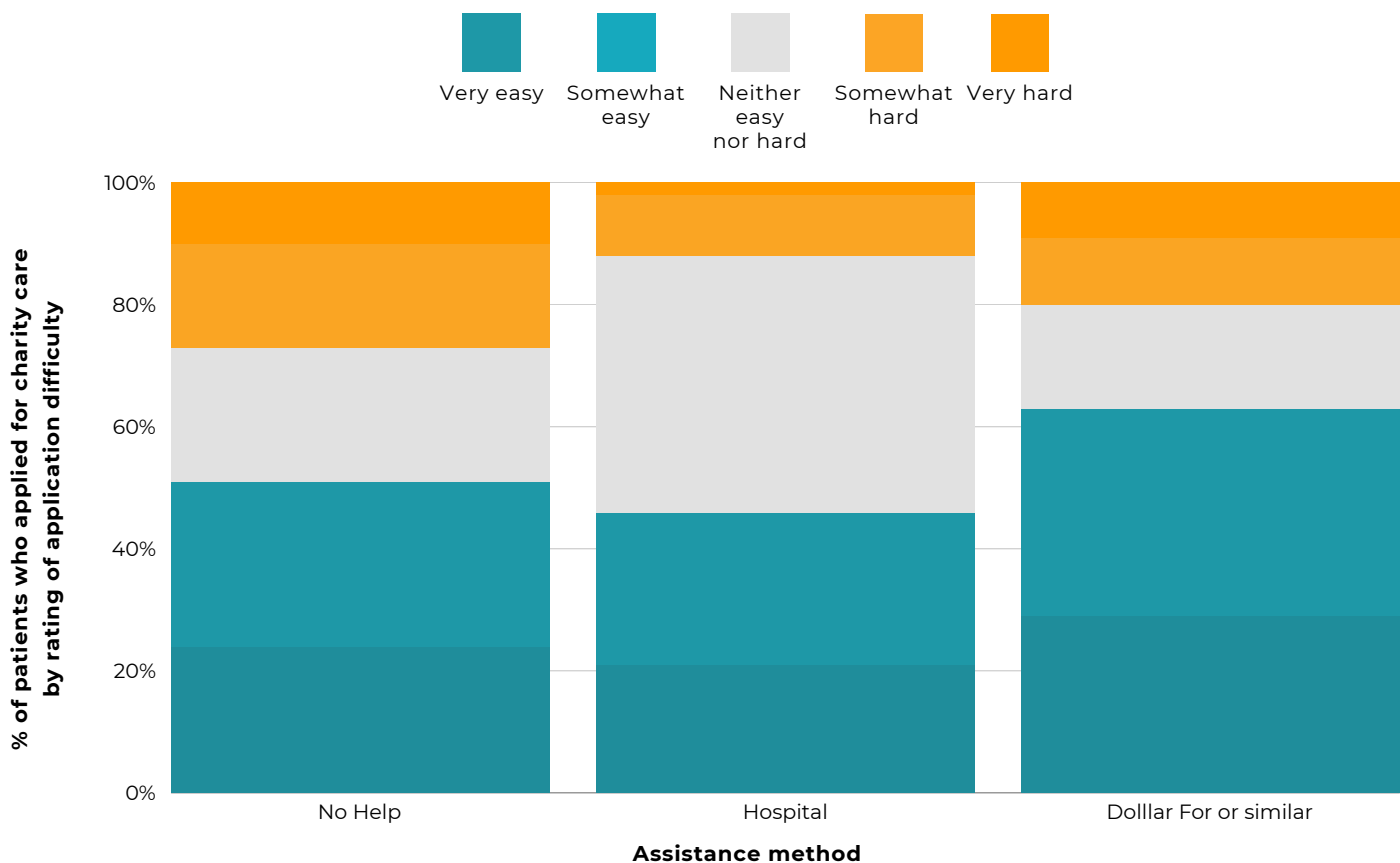
% of patients who applied for charity care by assistance method



63%

63% of applicants who receive help from Dollar For or a similar organization describe the process as easy.

While both receiving assistance from hospitals and from organizations like Dollar For have the same approval rate (67%), the overall process experience is enhanced when the aid comes from sources outside the hospital as patients report an easier process.



Comparatively, 46% of people who get help from hospitals consider the application process easy. 51% of people who did not receive any help considered the process easy, and 47% of applicants who got help from friends and family found the process easy. Lastly, only 37% of those who use another form of help describe the application experience as easy.

People of color receive more help applying for charity care (57%) than white patients (50%), and are more successful with applications when they get help from Dollar For or similar organizations.

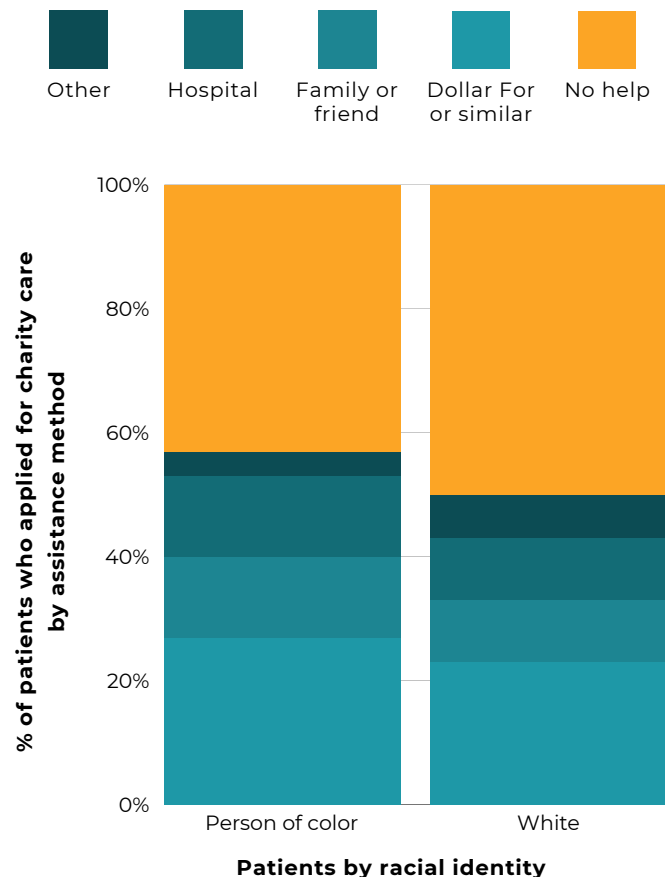
People of color and white patients have approximately the same approval rating (57% and 56%, respectively) when they apply without help. But for patients who need additional support, organizations like Dollar For can be a significant modifier in the application process. When using an organization like Dollar For, 70% of people of color and 57% white patients get approved.

Further disaggregation of the data shows increased racial disparities. Only 43% of Black patients are approved when applying independently, a 13 percentage-point gap from white patients.

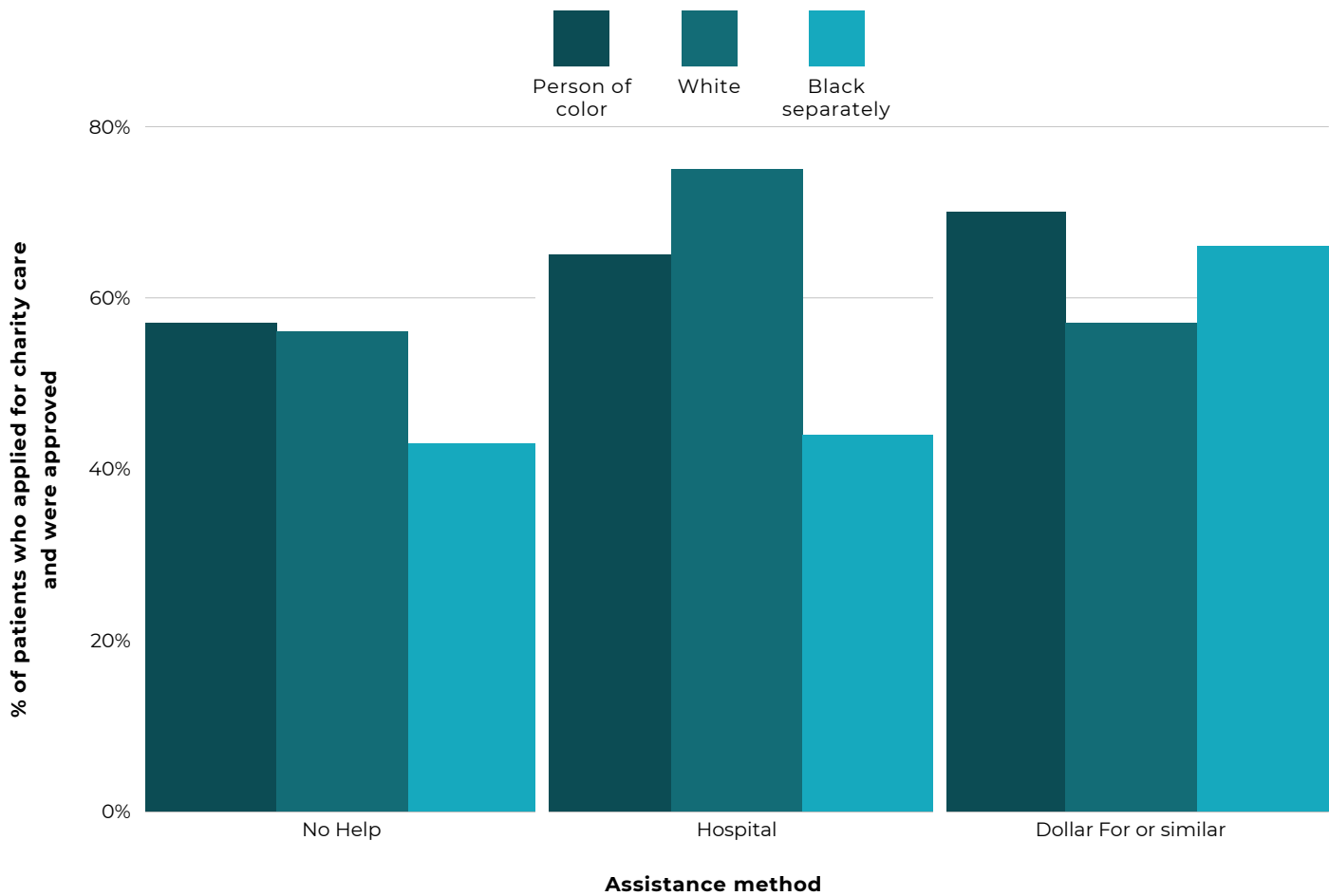
Only 43% of Black patients are approved when applying independently, a 13 percentage-point gap from white patients.

With help from Dollar For or a similar organization, 66% of Black patients who apply for charity care are approved.

For those patients who receive hospital support during the application, 75% of white patients are approved compared to 65% of people of color - a 10 percentage-point difference. The gap is even larger for Black patients, where only 44% of those getting help from the hospital are approved – **a 31 percentage-point difference from white patients and 13 percentage points below the overall rating.**



While the exact reason for this is unclear, the racial disparity is staggering. For white patients going without help or using an organization like Dollar For yields roughly the same results, but hospital assistance makes a substantial difference in success. People of color, and especially Black patients, are not receiving the same level of benefit when they seek help with charity care applications directly from hospitals.



In order for charity care to be “fair” it needs to be available to all those who need it and equitably administered and distributed. Our research found that most people who need charity care do not receive it largely due to barriers around awareness and application ease, and that application outcomes vary greatly for different racial groups.

62%

Black patients have a 62% lower probability of being approved for charity care than all other races.

Overall, 57% of patients who apply for charity care are approved for bill forgiveness while only 19% of applicants are officially denied financial assistance. However, just as hospitals poorly communicate with patients about their charity care programs, they do not communicate well with charity care applicants. 14% of applicants never receive an official approval or denial. Communication issues were common in the interviews and focus groups as well.

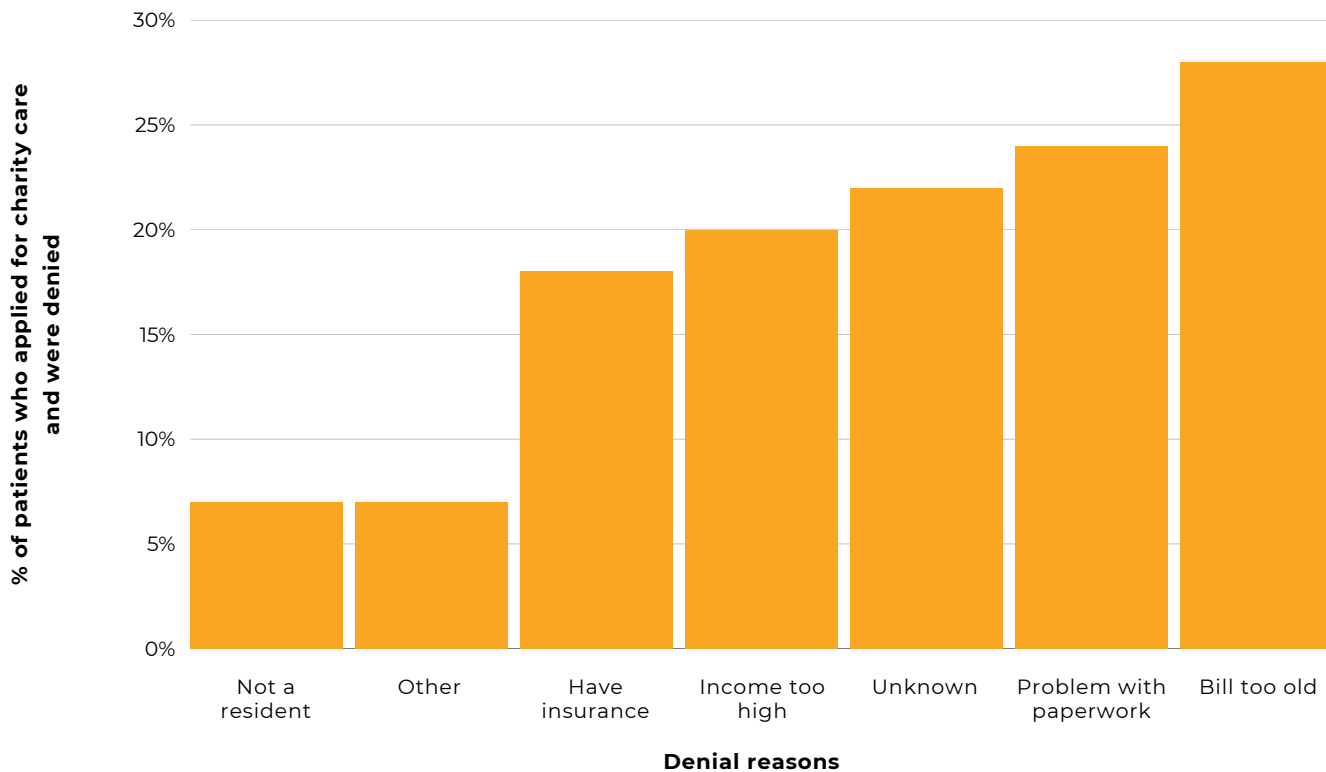
14% of applicants never receive an official approval or denial.

But disparities by race are significant. Black patients have a 62% lower probability of being approved for charity care than all other races. This is despite having a 32% greater chance of applying for financial assistance.

“But I never got a phone call, and I never talked to anybody, [...] and I never got any notification that [it] was approved. I would just check my balance every day.”

The most common reasons applications are denied due to the age of the bill (28%) and paperwork issues (24%).

Neither of these denial reasons relates to actual patient eligibility and are instead indicative of inadequate educational and application support interventions. A common theme in interviews and focus groups was the length of time it took to file an application. Patients reported that by the time one bill got approved, they needed to complete an application for another bill to avoid collections.

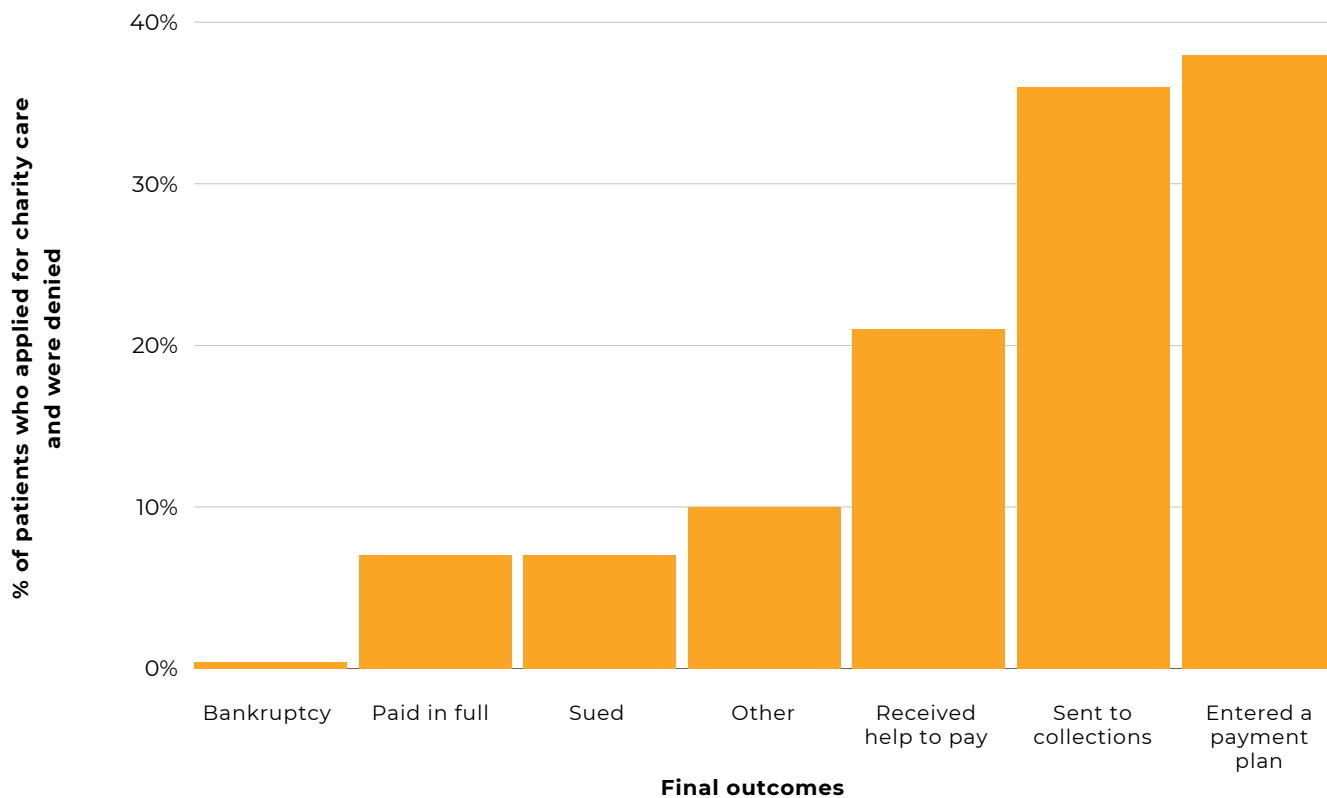


Further, 22% of patients who applied and did not receive charity care never received a reason for their denial. Black patients cited an unknown reason for denial more than any other racial group (52%). In a smaller portion of cases, denials did appear to align with hospital policy exclusions. Twenty percent of applicants did not qualify based on their income, while 18% were unqualified because they had insurance. 7% were not state residents of the hospital they owed. A final 7% reported various other denial reasons.

Patients denied charity care typically either enter a payment plan or have their debt sent to a collections agency.

Only 7% of patients denied charity care paid their medical bills in full. This suggests that although an applicant does not meet the criteria for charity care or slipped through the cracks, the vast majority of patients still don't have resources for both their regular monetary commitments and the additional bill.

Thirty-eight percent of patients denied financial assistance resolved their bills by setting up a payment plan, and 21% received help from others to pay down their medical bills. But even these payment options did not help every patient. Another 36% of denied patients had their debt sent to collections and an additional 7% were sued to recover their debt. .4% had to declare bankruptcy. Although bankruptcy occurs with a relatively small proportion of people, Black patients declared bankruptcy at double the rate of other racial groups.



Patients who receive charity care report meaningful additional health (94%) and financial (58%) benefits.



94%

of patients who receive charity care report meaningful additional health benefits.



54%

of patients who receive charity care report meaningful additional financial benefits.

Decreased stress (45% of charity care recipients) and improved mental health (32%) are the most common impacts of receiving financial assistance for unaffordable medical bills. While 18% said it improved their physical health and 16% said they got time back for other activities.

Patients also experienced significant financial benefits (58%). Twenty-three percent of respondents indicated they bought more or better quality food, and 15% used the saved funds to pay down other debts. Twelve percent of respondents added to their savings, 5% used the money they didn't spend on medical bills on housing, and a further 2% spent it on educational needs.

All of the focus groups mentioned stress or anxiety, which stemmed from two focal points. One source of stress was the unexpected bill itself, while another was the compounding effect of trying to balance the stress of their health concerns with medical bills. As one participant said,

"You go in for the procedure, and you get hit as you're signing in [...] with these extra things. And you know I think that is just not fair to the patient because you're already stressing whatever it is that you have to get going on with either yourself or your family member."

Conclusion and Recommendations

DOLLAR FOR

The findings in this report highlight a range of potential interventions that could improve charity care utilization. Hospitals could more prominently display postings about charity care and make sure to have a conversation with every patient in financial need. They could also improve processes to give more assistance to every applicant, and generally be more available to answer their calls and give them updates. Given the disparity in outcomes for different racial groups, hospitals could also rebuild their entire charity care program to make it more accessible and overall equitable to different groups in their community. These and more steps could be taken to make charity care known, easy, and fair to every patient in need. Each change, however, would be a relatively large administrative burden for hospitals and in isolation would only incrementally help patients.

A deeper look at this data suggests an easier solution. Nearly all problems highlighted in this report are solved if patients are no longer obligated to be aware of charity care to receive it. Hospitals require patients to apply for charity care as a means to identify those in financial need. Yet there are other ways to collect that data and identify eligible patients. A better solution would be to make charity care screening automatic.

Nearly all problems highlighted in this report are solved if patients are no longer obligated to be aware of charity care to receive it.

The United States government has data on the household income for nearly every household through tax return filings. The Internal Revenue Service (IRS) could create a simple program that allows hospitals to verify the patient's income directly with the government, with patient authorization. This one simple government-assisted income verification program could unlock charity care to live up to its true potential – all while removing the massive administrative burden from both hospitals and patients.

Recommendation for Hospitals

Prioritize identifying charity care-eligible patients over billing, collections, and bad debt

The HSCRC study in Maryland found that hospitals are likely less effective at screening for charity care than they think. In a tightly regulated state for charity care, Maryland hospitals estimated that only a small amount of its bad debt was charity care-eligible compared to reality. Further, the study confirmed that few low-income patients who were billed were actually able to pay. It is possible, if not likely, that Maryland hospitals spent more in administrative costs to bill and pursue payment from patients under 200% FPL than they actually collected.

If Maryland hospitals had identified charity care-eligible patients early in the process, it's likely that both the hospital and the patient would have been financially better off. The hospital would not have wasted resources to pursue monies that would never be paid, and the patients would not have suffered incalculable social and financial devastation from those bills.

If automatic screening is not available, make charity care programs more visible and accessible.

If hospitals cannot automatically screen patients for charity care, they should do everything they can to inform patients about charity care programs and should remove as many barriers to access as possible. In addition to notices in emergency room lobbies and bills, hospitals should train all staff to discuss charity care with patients. They should post plain language program descriptions on their website homepages. They could also build online application portals that guide patients through the process and remove friction from the existing, fax, mail, or hand-delivery methods employed by most programs.

Recommendations for Federal and State Regulators

Design guidance for consistent reporting of hospital charity care utilization

Inconsistent methodologies for reporting charity care and bad debt make it very challenging for hospitals, advocates, and governments to accurately measure and compare charity care utilization nationally or across states. Leaving hospitals to define their own methodology is unfair to hospitals and the public. For hospitals, the current policy adds an administrative burden to create a model from scratch. As a result, the wide array of methodologies leads to quite different interpretations from hospital to hospital. For the tax-paying public, we are left comparing apples to oranges when evaluating hospitals' ability to screen for charity care.

The IRS could help address this problem by providing hospitals with guidance on standard methodologies for calculating and reporting charity care-eligible bad debt.

Further, to Dollar For's knowledge, the 2020 Maryland Health Services Cost Review Commission study was the first and only of its kind to audit charity care utilization and bad debt reporting in a state. No other study has matched actual patient billing records with reliable patient income records, at least not to a similar scale. Other states and agencies should create similar hospital charity care performance audits.

Enforce existing regulations regarding charity care

Approximately half of nonprofit hospitals leave blank the required field on the Schedule H regarding how much bad debt is eligible for charity care. The IRS should, at a bare minimum, require nonprofit hospitals to complete their tax documents.

The IRS and state regulators should also ensure that hospitals meet their obligation to inform patients about charity care programs. The federal law requires hospitals to widely publicize their charity care policies. At a minimum hospitals must make their policy and plain language summary widely available on its website, inform the community in the hospital's service area about charity care in a way that is reasonably calculated to reach them, offer patients a copy of their charity care plain language summary at intake or discharge, have a conspicuous statement about charity care on every bill, have a conspicuous public display about charity care, and more. The IRS should create enforcement mechanisms to ensure that hospitals are meeting their notice requirements.

Help hospitals identify eligible patients using existing income verification systems

Charity care discounts operate on a sliding scale based on the patient's income. In practice, identifying eligible patients and verifying their income is a large barrier to charity care.

The IRS has a database of income information for nearly every U.S. household. The IRS commonly makes these data available, with the taxpayer's consent, to government and private entities to verify a person's income to confirm eligibility for a program. For example, with the taxpayer's consent, health insurance providers may obtain a person's tax return to verify their eligibility for insurance subsidies. Loan applicants already authorize their mortgage broker or lending institution to access tax returns using the IRS Income Verification Express System. The IRS should create a program allowing taxpayers to authorize hospitals to verify income directly with IRS data using these same processes.

Further, most states require their residents to file income taxes and process filings – and practically all have data on which citizens receive means-tested benefits, such as food stamps or housing assistance. States could also offer this same service by creating or expanding hospital access to processes that allow patients to others to access income verification data.

Government-supported income verification would remove almost all friction between the patient and hospital in the charity care process. Removing the patient's responsibility to learn about and apply for charity care would significantly increase its utilization, decrease the burden on state courts, and give much-needed relief to residents in need. This one slight process improvement could eradicate the billions in charity care-eligible bad debt.

Acknowledgements

This report was authored by Elise Goldstein, MPA, Chief Operating Officer, Dollar For; Eli Rushbanks, JD, General Counsel & Director, Policy, Dollar For; Jared Walker, Executive Director, Dollar For, Christy Snodgrass, RN, Manager, Media and Policy, Dollar For; and Rachel Gregory, PhD, Research Consultant.

Further, everything published by Dollar For is influenced by the work of its team. We give special thanks to:

Lisa Rogers

Michelle Woodruff

Erica Dowden

Alofa Carpenter

Eric Jaimes

Karen Nunez

Killeen McCans

Lacey Hawkins

Lin Navarro

Loanni Martinez

Courtney Ulmer

Natasha Yakanda

1. Calculated based on Americans living at or below 400% of the federal poverty level. KFF. (2022). Distribution of Total Population by Federal Poverty Level. KFF. Retrieved April 22, 2024, from <https://www.kff.org/other/state-indicator/distribution-by-fpl/>. This also equates to the 56% of Americans who report not being able to afford an unexpected medical bill. Rubloff, T. (2024, February 22). Bankrate's Annual Emergency Fund Report. Bankrate. Retrieved April 22, 2024, from <https://www.bankrate.com/banking/savings/financial-security-january-2022/>. Accessed 22 April 2024.
2. Shrider, E. A., & Creamer, J. (2022). *Poverty in the United States: 2022* (p. 15). Census Bureau. Retrieved April 22, 2024, from <https://www.census.gov/content/dam/Census/library/publications/2023/demo/p60-280.pdf>
3. Bedayn, J. (2023, April 12). *States confront medical debt that's bankrupting millions*. AP News. Retrieved April 22, 2024, from <https://apnews.com/article/medical-debt-legislation-2a4f2fab7e2c58a68ac4541b8309c7aa>
4. Rakshit, S., Rae, M., Claxton, G., Amin, K., & Cox, C. (2024, February 12). The burden of medical debt in the United States. Peterson-KFF Health System Tracker. Retrieved April 22, 2024, from <https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/>
5. Consumer Financial Protection Bureau. (2022, February). *Medical Debt Burden in the United States*. CFPB. Retrieved April 22, 2024, from https://files.consumerfinance.gov/f/documents/cfpb_medical-debt-burden-in-the-united-states_report_2022-03.pdf
6. Lopes, L., Montero, A., Presiado, M., & Hamel, L. (2024, March 1). *Americans' Challenges with Health Care Costs*. KFF. Retrieved April 22, 2024, from <https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/>