RESEARCH BRIEF

NOVEMBER 2025

Burdened by the Bill: Understanding Medical Debt in Massachusetts

Findings from the Massachusetts Health Insurance Survey

Summary

Issue: Despite near-universal health insurance coverage in Massachusetts, more than 1 in 8 residents carries family medical debt. Medical debt poses a persistent affordability challenge and is associated with a wide range of negative consequences, from forgoing medical care to facing food insecurity and housing instability.

Objective: To report the scope of medical debt in the Commonwealth, including the factors associated with medical debt and descriptions of medical debt by sociodemographic characteristics.

Methods: The 2021 and 2023 Massachusetts Health Insurance Surveys (MHIS) were pooled to produce a detailed analysis of sociodemographic patterns in the rates, amount, age, and other attributes associated with medical debt.

Findings: A lack of insurance coverage is strongly related to medical debt: residents with any household family members not continuously insured over the past 12 months were nearly twice as likely to have medical debt than those with all household family members continuously insured. Nonetheless, health insurance coverage does not fully protect Massachusetts families from medical debt. For residents with coverage, deductibles were the most common source of bills leading to medical debt, and residents with high-deductible health plans (HDHPs) were more likely to report medical debt than those without an HDHP. Copayments and coinsurance were sources of bills leading to medical debt among two-thirds of residents with debt. Black residents and residents with family incomes between 139 to 500 percent of FPL had higher rates of medical debt, were more likely to have $2,000 or more in medical debt, and were more likely to have held medical debt for more than a year.

Implications: Given the anticipated disruptions in insurance coverage due to policy decisions at the federal level, policymakers could consider safeguards to protect residents without insurance coverage from incurring unmitigated medical debt. For insured residents, policymakers could broaden initiatives addressing rising deductibles and copays and target growing coinsurance because most residents reported these costs as contributing to their medical debt. Given the larger burden of medical debt borne by Black residents and residents with family incomes between 139 and 500 percent FPL, care should be taken to center these groups for policy initiatives.

Introduction

Medical debt is a rising concern as health care costs increase and individuals struggle to afford care. Massachusetts has some of the highest health care costs in the nation,[1] which lead to substantial out-of-pocket costs and medical debt despite near universal health insurance coverage.[2] Medical debt can affect residents' financial security, health, and overall well-being. People with medical debt often forgo needed medical care,[3] experience worse health outcomes,[4] and have increased unmet health-related social needs such as food insecurity and housing instability.[5] More than half of Massachusetts residents with medical debt either dipped into their savings or began saving less.[6] Further, more than 1 in 3 Massachusetts residents with medical debt was contacted by a collection agency.[7]

The costs of health insurance and health care services in Massachusetts rose from 2021 to 2023. Wages and salaries in Massachusetts increased by 9.7 percent; however, premiums increased by 12.1 percent, and member cost sharing[8]—which includes deductibles,[9] copayments,[10] and coinsurance payments[11]—grew by 12.9 percent.[12] Enrollment in high-deductible health plans (HDHPs), which shift more of the costs of health care onto consumers, more than doubled between 2015 and 2023 (from 21 percent to 45 percent).[13]

Recent laws and regulations aim to improve health care affordability in the Commonwealth. In 2023, Massachusetts's ConnectorCare program eliminated copays for specific drugs treating hypertension, diabetes, asthma, and coronary artery disease for members.[14] In 2025, the Healey-Driscoll Administration issued regulatory guidance limiting the growth of deductibles and copays to the rate of medical inflation[15] and signed bills capping costs for specific prescription medications and increasing oversight of the health care industry.[16] Massachusetts has additional legislation filed, including the reform of medical debt reporting and collection[17] and hospital financial assistance,[18] the exclusion of medical debt from credit reports,[19] and the uniform and transparent reporting of medical debt.[20] Further, nonprofit organizations are working with hospitals and health care providers to purchase and retire the medical debt of residents below certain incomes in Massachusetts.[21] Other states are piloting similar policies that retire the medical debt of those below certain incomes, cap medical debt interest rates, require hospitals to check patient eligibility for financial assistance, require transparent medical billing, and ban the refusal of medical services for those with unpaid debt.[22, 23]

Policymaker attention to medical debt is warranted because most residents with medical debt report that their debt was incurred for care while all family members had insurance coverage, suggesting that coverage is not fully protective. This analysis documents the scope of medical debt in the Commonwealth as measured in the Massachusetts Health Insurance Survey (MHIS). Analyses focus on a) rates of medical debt, b) the amount and age of medical debt, c) factors contributing to medical debt, and d) the extent to which increasingly common HDHPs are associated with medical debt. We pay particular attention to how medical debt is patterned along racial, ethnic, and economic lines to examine the extent to which some groups are disproportionately burdened by medical debt. This analysis provides an enhanced understanding of medical debt in the Commonwealth, which can help in targeting policy and regulatory initiatives.

Data Source and Methods

"Medical debt" is defined as the presence of any medical bills that are being paid over time by a resident or their co-residential family members, including bills on a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. Data is from the MHIS, a statewide, population-based survey of non-institutionalized residents of the Commonwealth. This biennial survey provides information on health insurance coverage and health care access, utilization, and affordability among residents and their families. Rates of medical debt are examined by family income and

by race using pooled data from the 2021 and 2023 MHIS cycles to increase the statistical power.[24] Pooling the data allows for a more detailed analysis of racial, ethnic, and income patterns in the age and amount of medical debt, the costs contributing to family medical debt, and how rates of medical debt were related to current enrollment in a HDHP. Details about the sampling design, weights, and other aspects of survey methodology are available in the methodology report.[25] Measure definitions are shown in Table 1.

Table 1: Measure Definitions

MEDICAL DEBT

The MHIS measures medical debt as whether the resident or any co-residential family members have medical bills that are being paid over time, including medical bills being paid with a credit card, through personal loans, or through bill-paying arrangements with hospitals or other providers. Residents reporting medical debt are asked:

- Were those bills for:
  - A time when they or someone in their family did not have health insurance?
  - From a time when the entire family was insured (select all that apply):
    - Care not covered by their health insurance plan?
    - Deductibles?
    - Copay or coinsurance?
- Whether their cumulative medical debt was $2,000 or more ("high medical debt")?
- When they were first unable to fully pay their medical bills?

SOCIODEMOGRAPHIC FACTORS

Race/ethnicity of resident

- Black/African American, non-Hispanic ("Black")
- White, non-Hispanic ("White")
- Non-Hispanic Multiracial or a racial group not listed ("Multiracial or a group not listed"; includes residents who listed other racial and ethnic groups, including Asian and residents with unspecified race/ethnicity)
- Hispanic/Latino(a) ("Hispanic")

Family income relative to the federal poverty level (FPL), rounded to the nearest thousand:

- Below 139% FPL
  E.g.: In 2022, a family of 4 earning less than $39,000
- 139% FPL to less than 300% FPL
  E.g.: In 2022, a family of 4 earning $39,000 to less than $83,000
- 300% to less than 400% FPL
  E.g.: In 2022, a family of 4 earning $83,000 to less than $111,000
- 400% to less than 500% FPL
  E.g.: In 2022, a family of 4 earning $111,000 to less than $139,000
- At or above 500% FPL
  E.g.: In 2022, a family of 4 earning $139,000 or more

Enrollment in a high-deductible health plan (HDHP)

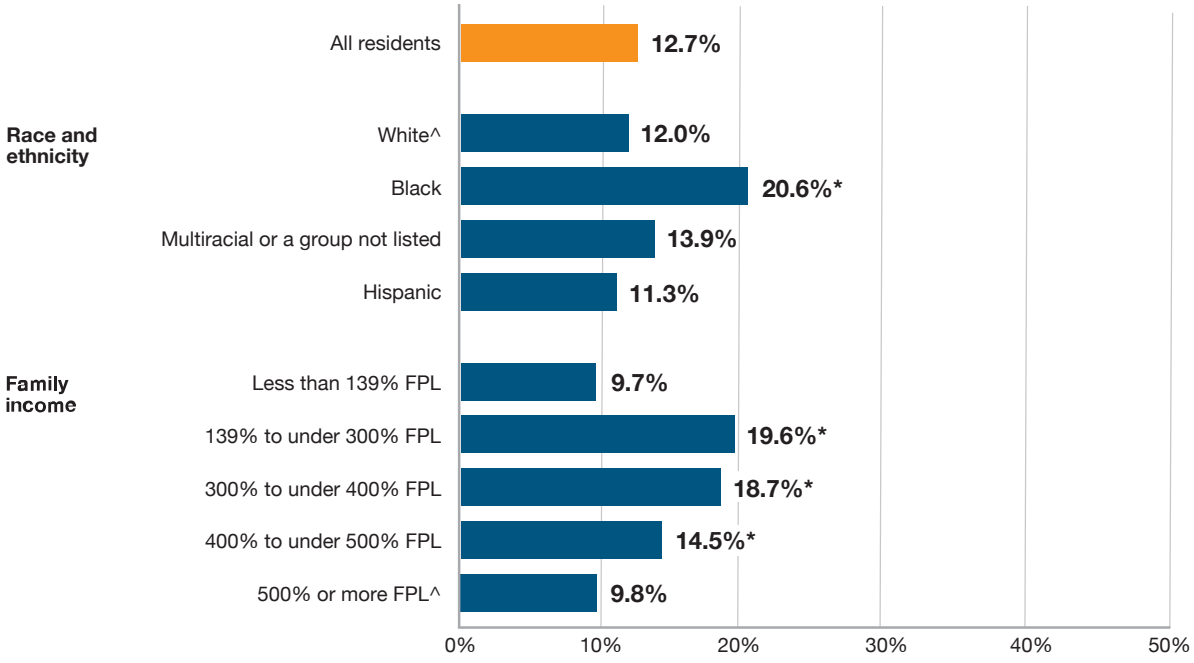
- HDHPs are defined by the Internal Revenue Service as having an annual deductible of:
  - at least $1,400 for single coverage or $2,800 for family coverage in 2021
  - at least $1,500 for single coverage or $3,000 for family coverage in 2023

What is the rate of medical debt among Massachusetts residents?

One in 8 residents holds medical debt, a burden disproportionately borne by Black residents and residents in families with incomes from 139% to less than 500% of the federal poverty level.

More than 1 in 8 residents reported medical debt (see Figure 1). The burden of medical debt is disproportionately borne by Black residents: 1 in 5 Black residents reported medical debt compared with 1 in 8 White residents. Regarding income, residents with family incomes from 139% to less than 500% of the federal poverty level (FPL) have the highest rates of medical debt. Residents with a family income less than 139% FPL and residents at or above 500% FPL were the least likely to report family medical debt (9.7% and 9.8%, respectively). The lower likelihood of the lowest-income families reporting family medical debt may reflect MassHealth's elimination of all copays and cost-sharing for members in that income bracket.

Figure 1. Rates of medical debt for all residents by family income and race/ethnicity, 2021-2023



Source: Pooled 2021 and 2023 Massachusetts Health Insurance Survey.

^Reference categories: Race/Ethnicity = White; Income = 500% or more of federal poverty level (FPL). For a family of 4 in 2022, 139% FPL was $39,000; 300% FPL was $83,000; 400% FPL was $111,000; 500% FPL was $139,000, rounded to the nearest thousand.

*Measure is significantly different from reference category ($p < 0.05$).

+Measure is significantly different from reference category ($p < 0.10$).

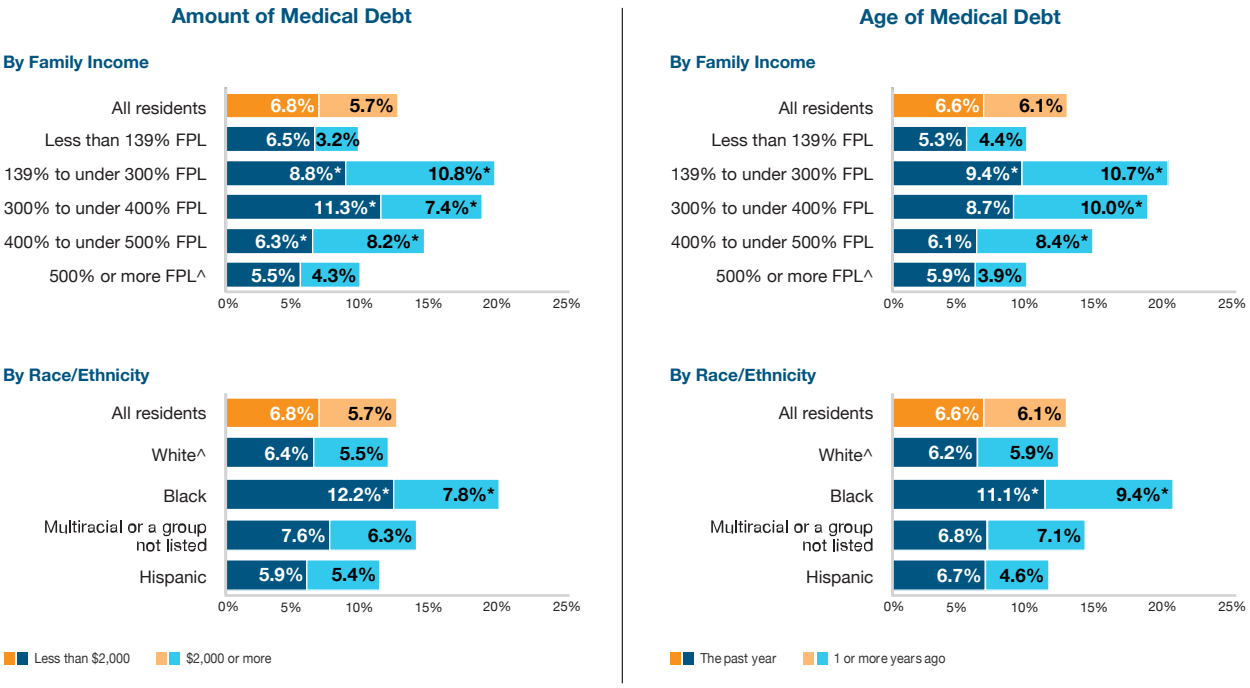
Who has high debt and who has held it for more than a year?

Residents in families with incomes from 139% to less than 500% of the federal poverty level and Black residents were more likely to have high medical debt and to have held that debt for a year or longer.

Residents in families with incomes from 139% to less than 500% FPL were more likely to have high medical debt—an amount $2,000 or more—than those with a family income at or above 500% FPL (see Figure 2). Furthermore, these residents were more likely than those with a family income at or above 500% FPL to report that their medical debt is from a year ago or longer. Of note, residents with a family income from 139% to less than 300% FPL reported the highest rates of high medical debt (10.8%). Those with a family income below 139% FPL were neither more likely to report high medical debt nor to have held debt for a year or longer than those with a family income of 500% FPL or more.

Black residents were more likely to have any medical debt than White residents, with 7.8% of Black residents having high medical debt (vs. 5.5% of White residents). Also, a larger percentage of Black residents have held debt for a year or more compared with White residents (9.4% vs. 5.9%).

Figure 2. Amount and age of medical debt for all residents by family income and race/ethnicity, 2021-2023



Source: Pooled 2021 and 2023 Massachusetts Health Insurance Survey.

Notes: For 2021, all residents were asked whether they had family medical debt. Due to a split sample to control survey length, only half of residents with medical debt were asked the amount and age of debt in that cycle; those who were not asked the amount and age of their debt were excluded entirely from this graphic. In 2023, all residents were asked all questions in the survey and are included in this graphic.

^Reference categories: Race/Ethnicity = White; Income = 500% or more of federal poverty level (FPL). For a family of 4 in 2022, 139% FPL was $39,000; 300% FPL was $83,000; 400% FPL was $111,000; 500% FPL was $139,000, rounded to the nearest thousand.

*Measure is significantly different from reference category ($p < 0.05$).

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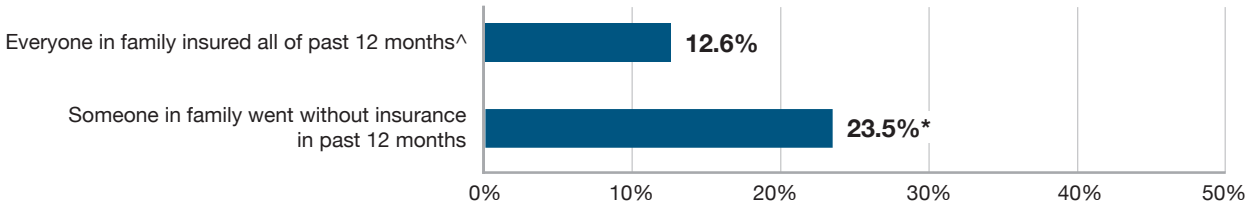
What contributed to medical debt?

Residents who had periods of uninsurance in the family reported higher rates of medical debt.

Compared with residents for whom all family members were continuously insured for the past 12 months, having someone uninsured in the family is associated with nearly double the rate of medical debt (23.5% vs. 12.6%; see Figure 3a.)

Figure 3a. Rate of medical debt by family insurance status, 2021-2023



Source: Pooled 2021 and 2023 Massachusetts Health Insurance Survey.

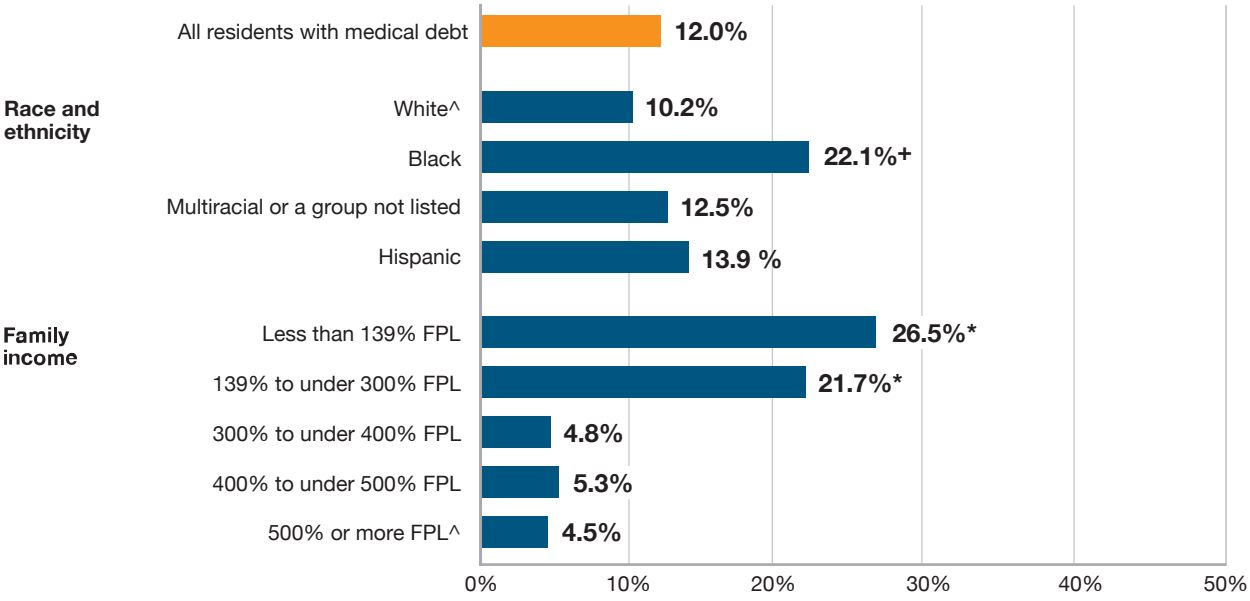
^Reference category: Everyone in family insured all of the past 12 months.

*Measure is significantly different from reference category (p <0.05).

+Measure is significantly different from reference category (p <0.10).

Among residents with medical debt, 12.0% reported that their medical debt includes care received when not everyone in their family was insured (see Figure 3b). Residents with family incomes below 300% FPL (e.g., a family of 4 earning less than $83,000 in 2022) were more than 4 times as likely as those with family incomes above 500% FPL (e.g., a family of 4 earning $139,000 or more in 2022) to report that their debt includes care received when not everyone in the family was insured. For Black residents, this percentage was double that of White residents.

Figure 3b. Rate of medical debt when a family member received care while uninsured by race/ethnicity and family income, 2021-2023



Source: Pooled 2021 and 2023 Massachusetts Health Insurance Survey.

Note: Among those with medical debt, the percent of residents reporting that their medical debt includes care while not everyone in the family was insured.

^Reference categories: Race/Ethnicity = White; Income = 500% or more of federal poverty level (FPL). For a family of 4 in 2022, 139% FPL was $39,000; 300% FPL was $83,000; 400% FPL was $111,000; 500% FPL was $139,000, rounded to the nearest thousand.

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+Measure is significantly different from reference category ($p < 0.10$).

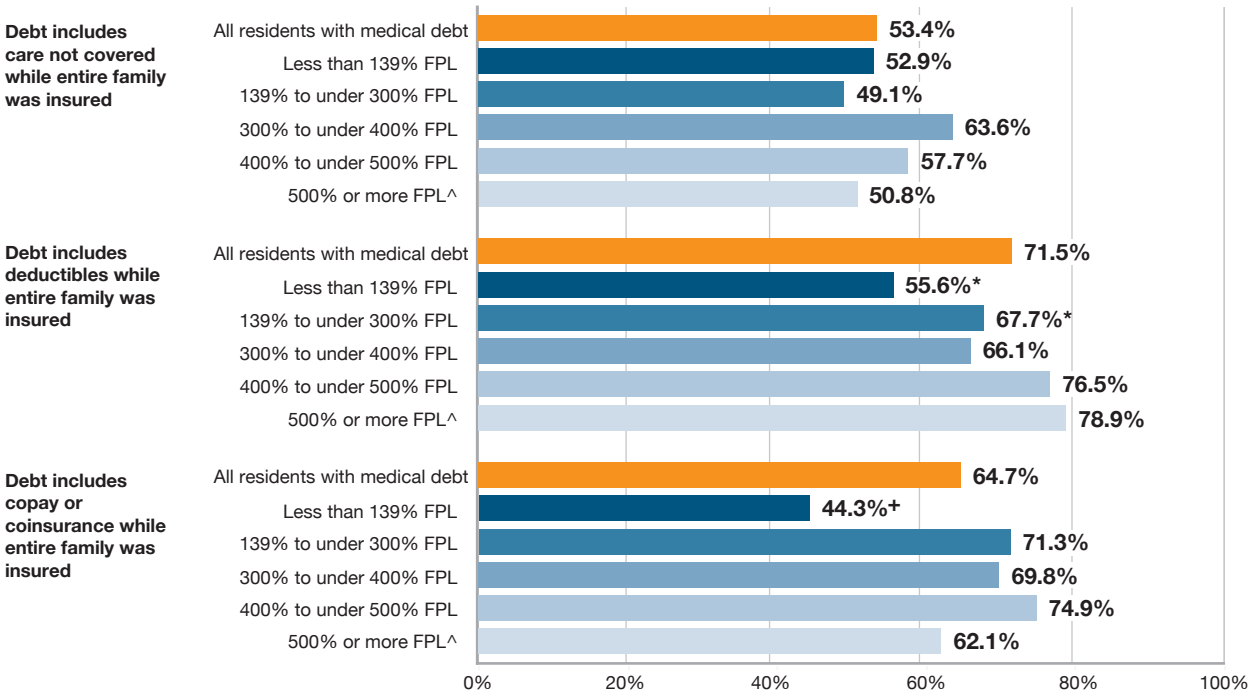
For those with continuous family insurance, deductibles were the factor most often leading to medical debt.

Continuous family insurance does not eliminate the risk of medical debt. While 12.0% of residents reported that their medical debt includes care received when not everyone in their family was insured (see Figure 3b), the remaining 88.0% reported that they and their families were insured at the time the debt was incurred. Among those residents who incurred debt while insured, deductibles (71.5%; see Figure 3c) and copays or coinsurance (64.7%) were the most common sources of bills leading to medical debt, a pattern that held for all racial and ethnic groups (see Figure 3d). Nonetheless, half of residents (53.4%) reported that care that was not covered by their health insurance contributed to their medical debt.

Family income is strongly related to whether copays, coinsurance, and deductibles contribute to medical debt. In Massachusetts, income-based eligibility for MassHealth and ConnectorCare protects lower-income residents from out-of-pocket costs. MassHealth eliminates all copays and cost-sharing for individuals below 139% FPL, and ConnectorCare removes copays for primary care, behavioral health, and certain prescription drugs. Residents with incomes below 139% FPL were substantially less likely to report that copays or coinsurance contributed to medical debt compared with those at or above 500% FPL (44.3% vs. 62.1%). A similar pattern was observed for deductibles, which were cited as contributing to the debt of 55.6% of residents below 139% FPL compared with 78.9% of residents at or above 500% FPL.

Hispanic residents and residents who are multiracial or a group not listed were more likely than White residents to report that their debt was from copays or coinsurance (77.9% and 73.9% compared with 60.8% of White residents; see Figure 3d). There were no significant racial or ethnic differences for debt from care not covered or from deductibles.

Figure 3c: Costs contributing to medical debt among those with continuous family insurance by family income, 2021-2023



Source: Pooled 2021 and 2023 Massachusetts Health Insurance Survey.

Note: Categories of "care not covered," "deductibles," and "copay or coinsurance" not mutually exclusive.

^Reference category: Income = 500% or more of federal poverty level (FPL). For a family of 4 in 2022, 139% FPL was $39,000; 300% FPL was $83,000; 400% FPL was $111,000; 500% FPL was $139,000, rounded to the nearest thousand.

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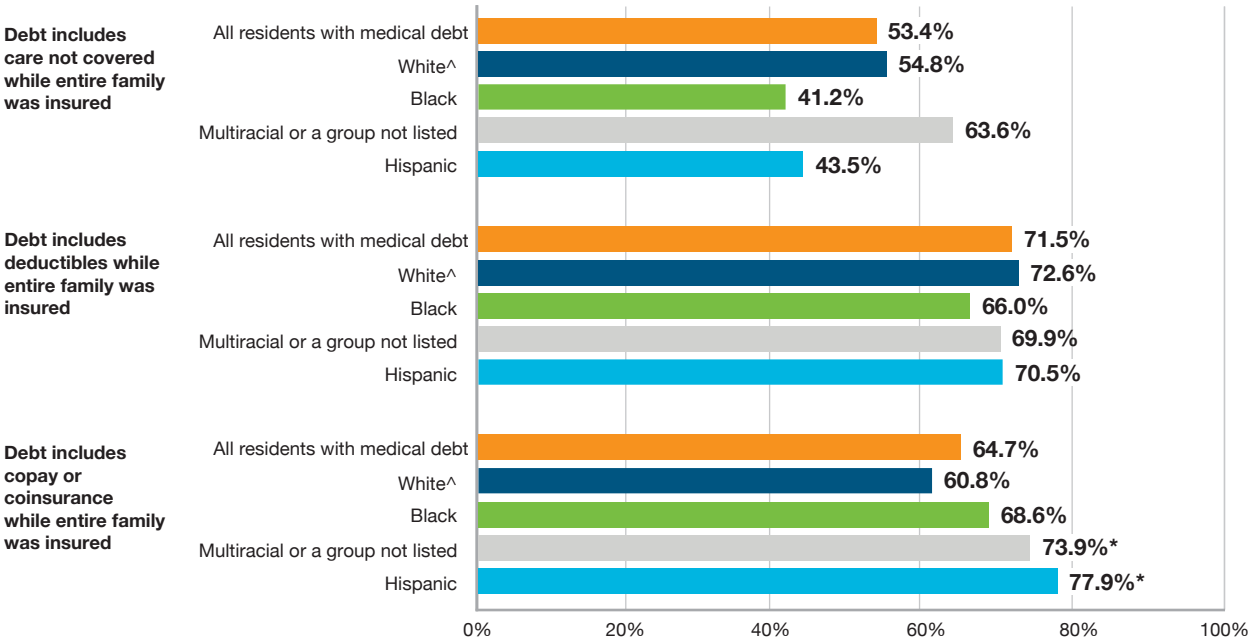
+Measure is significantly different from reference category ($p < 0.10$).

Figure 3d: Costs contributing to medical debt among those with continuous family insurance by race, 2021-2023



Source: Pooled 2021 and 2023 Massachusetts Health Insurance Survey.

Note: Categories of "care not covered," "deductibles," and "copay or coinsurance" not mutually exclusive.

^Reference categories: Income = 500% or more of federal poverty level (FPL) and Race/Ethnicity = White. For a family of 4 in 2022, 139% FPL was $39,000; 300% FPL was $83,000; 400% FPL was $111,000; 500% FPL was $139,000, rounded to the nearest thousand.

*Measure is significantly different from reference category ($p < 0.05$).

+Measure is significantly different from reference category ($p < 0.10$).

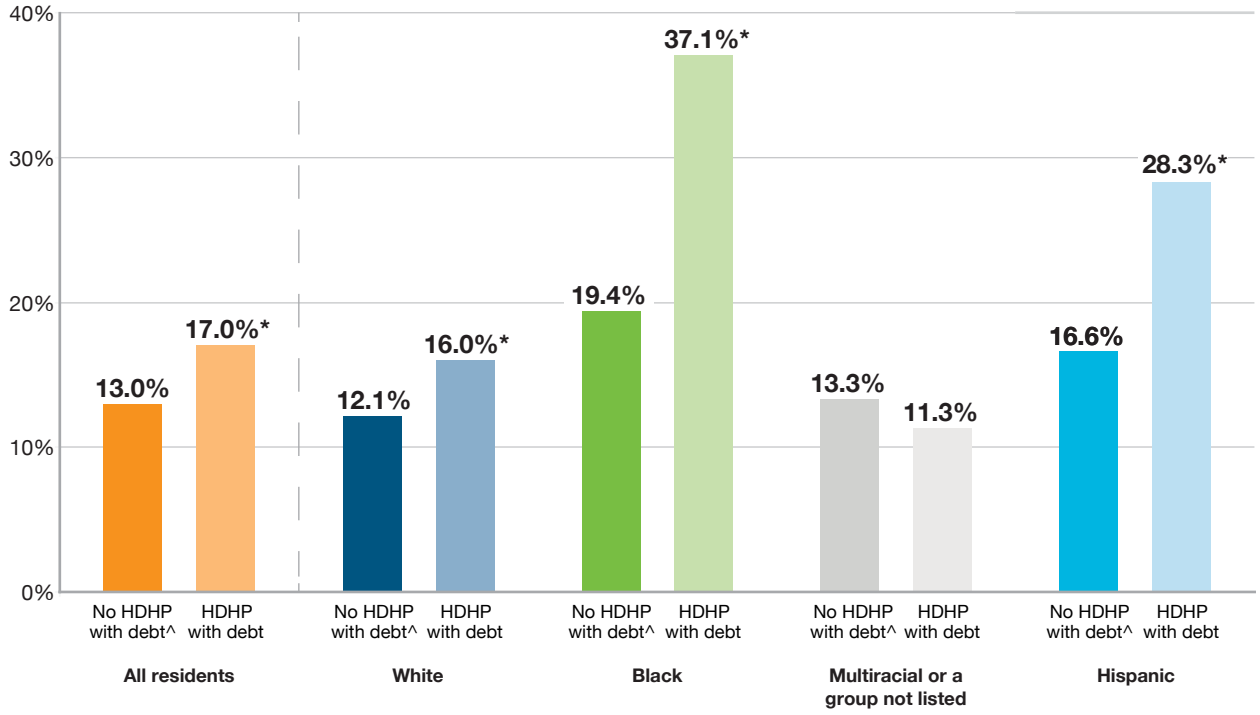
Is medical debt related to enrollment in an HDHP?

Residents currently enrolled in a high-deductible health plan (HDHP) were more likely to report medical debt.

Given the increasing rates of residents with HDHPs combined with deductibles being noted as the most common cost contributing to medical debt, we examine how rates of medical debt differed by whether or not the resident was enrolled in a high-deductible plan. HDHPs are defined by the Internal Revenue Service as having an annual deductible of at least $1,400 for single coverage or $2,800 for family coverage in 2021, or $1,500 for single coverage or $3,000 for family coverage in 2023. While this measure identifies residents who reported having an HDHP at the time of the survey, the medical debt being reported could have been incurred under a prior health plan that was not an HDHP.

Among residents with commercial insurance, those currently enrolled in an HDHP were more likely to report medical debt (17.0%) than those not currently enrolled in an HDHP (13.0%). Within most racial and ethnic groups, those currently enrolled in an HDHP reported higher rates of medical debt. Black residents enrolled in an HDHP were 1.9 times as likely as Black residents not enrolled in an HDHP to have medical debt and Hispanic residents enrolled in an HDHP were 1.7 times more likely as Hispanic residents not enrolled in an HDHP to have medical debt.

Figure 4. Rates of reported medical debt among commercially insured residents by HDHP enrollment, overall and by race, 2021-2023



Source: Pooled 2021 and 2023 Massachusetts Health Insurance Survey.

^Reference category: No HDHP with debt.

*Measure is significantly different from reference category ($p < 0.05$).

+Measure is significantly different from reference category ($p < 0.10$).

Discussion

Although nearly all Massachusetts residents have health insurance, any uninsurance in the family is associated with nearly double the likelihood of residents reporting medical debt. Furthermore, 1 in 8 residents with medical debt reported having an uninsured family member when the debt was incurred. Medical debt from a time when not all family members were insured was more common among Black residents and residents with family incomes below 300 percent of the FPL.

Just over half of insured Massachusetts residents with medical debt reported that care not covered by their health insurance plan contributed to their medical debt. Massachusetts requires health insurance carriers to include specific health care benefits in certain coverage plans. The services that led to residents having problems paying bills included medical tests or surgical procedures, dental care, emergency care, ongoing care for a chronic condition or long-term health problem, and prescription drugs.[26] Future data collection efforts will aim to gather more information about the specific services leading to debt.

Medical debt is not just a problem for the uninsured; having health insurance coverage does not fully protect Massachusetts families from medical debt. Most Massachusetts residents with medical debt reported that their debt includes costs of care from when all family members were insured and originates from the cost of deductibles, copays, or

coinsurance under their health plan. This underscores the need to address rising deductibles and copays as well as to broaden existing initiatives to target growing coinsurance.

Notably, residents who meet MassHealth's income eligibility—family incomes below 139 percent of the FPL—were less likely to have high medical debt and less likely to have had medical debt for a year or longer than residents with family incomes between 139 percent to under 500 percent FPL. This may reflect MassHealth's elimination of all copays and cost-sharing for members with family incomes below 139 percent FPL. During open enrollment for 2024, the ConnectorCare program began a pilot expansion of the eligibility for plans with no deductibles and low-cost premiums and copays.[27] This pilot expansion includes residents with family incomes up to 500 percent FPL, which in 2025 includes a family of 4 earning $156,000 or less.[28] Enrollees in the pilot expansion reported a decrease in delayed or forgone care due to cost, an indicator of health care affordability.[29]

Black residents shoulder a larger burden of medical debt than other racial and ethnic groups: 7.8 percent of Black residents hold $2,000 or more in medical debt (compared with 5.5% of White residents), and 9.4 percent have held medical debt for a year or longer (compared with 5.9% of White residents). Research at the national level shows that the financial impact of medical debt is substantial, requiring many individuals to choose between paying medical bills or paying for other necessities.[30] Previous CHIA analysis highlights that Black residents have had significantly higher rates of food insecurity and housing instability, two critical health-related social needs, compared with White residents.[31] Given the larger burden borne by Black residents, policy initiatives should ensure that Black residents are centered and involved in discussions of reducing medical debt in the Commonwealth.

These findings provide a baseline understanding of medical debt and should be updated regularly to assess how the changing federal landscape impacts medical debt in Massachusetts, particularly among historically marginalized groups. Close attention to residents' experiences with medical debt can help policymakers address challenges by instituting protections through state statutes. Ongoing refinement of regulations to improve affordability and reduce medical debt could not only decrease the percentage of residents forgoing medical care and improve health equity but also prevent residents from dipping into savings, taking on credit card debt, and choosing between paying medical bills or paying for other necessities.

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[9] Health Insurance Marketplace, "Deductible," accessed April 28, 2025, **https://www.healthcare.gov/glossary/deductible/**. The amount you pay for covered health care services before your insurance plan starts to pay.

[10] Health Insurance Marketplace, "Co-payment," accessed April 28, 2025, **https://www.healthcare.gov/glossary/co-payment/**. A fixed amount ($20, for example) you pay for a covered health care service after you've paid your deductible.

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