

Medical Debt in Missouri



Missouri Foundation
for *Health*



January 2024

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Project Number: W1117

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Executive Summary

In December 2023, SSRS conducted eight focus groups with Missourians who are experiencing medical debt to support Missouri Foundation of Health (MFH) in understanding the impact of medical debt on Missourians' lives. The goal of the focus groups was to hear diverse voices on how medical debt affects household finances, health and health care, emotional, mental and physical well-being, and other aspects of people's lives.

Focus group participants conveyed that their medical debt is the result of both anticipated and unexpected health care events. For some, this debt reflects the steady accumulation of health care expenses for chronic health conditions that they have been unable to fully pay off. For others, the debt emerges from unexpected expenses that they realize - only after the care is received - will only be partially covered by their health insurance or not covered at all.

Whether totaling hundreds, thousands, or tens of thousands of dollars, participants agree that their medical debt has imposed significant financial burdens on them and their families. The burden of medical debt has caused some to take on additional jobs, to move to less expensive housing, to delay retirement, to deplete their long-term savings, and to scramble to pay their regular monthly bills. The most serious financial repercussion of medical debt seems to be the impact on credit scores, which participants describe as affecting their ability to apply for housing, car loans, and jobs.

The consequences of medical debt on physical and emotional health are also described as significant. Participants conveyed the overwhelming stress of having the debt hanging over their lives, often exacerbated by debt collectors hounding them, their family members, and their neighbors for payment. This, coupled with the shame when having to ask friends and family for help, has a profoundly negative impact on their sense of self as well as on their relationships with their families and friends. Additionally, participants described their physical health being impacted, with several sharing that they have avoided or delayed care to prevent additional debt. A few participants also shared stories of being pressured to pay down their debt prior to receiving additional care or being denied the care altogether because of the debt.

Participants' ideas for addressing medical debt both pertained to personal strategies and broader systemic change. On the one hand, personal strategies such as proactive financial planning, prioritizing crucial expenses, and engaging in preventive health care to avoid future costs were deemed crucial. On the other hand, participants expressed the need for policy changes such as streamlining health care costs, providing transparent and upfront cost information to patients, offering broader financial support, and improving insurance coverage while reducing co-pays and deductibles. Such policies should aim to provide specific support for those living just above federal poverty lines and those managing lost income due to disability or job loss. These perspectives collectively paint a picture of a multifaceted approach needed to tackle the complexities surrounding medical debt.

Methodology

Eight focus groups were conducted from December 6-21, 2023, covering the following groups:

- Low-income: Two in-person groups with individuals whose annual household income is at 250% or less of the federal poverty guidelines.
- Rural: Two telephone groups with residents of rural counties¹
- Disability: Two Zoom groups with people experiencing physical, mental, or behavioral disabilities
- Spanish: Two Zoom groups with those whose primary language is Spanish

Due to the sensitive nature of speaking about the impact of medical debt on their lives, focus group sessions were kept intentionally smaller to encourage open dialogue. The study was reviewed and approved by an independent Institutional Review Board (IRB).

Participant Recruitment

SSRS partnered with Qlarity, a Missouri-based recruitment company, to identify and recruit focus group participants. The recruitment screener is shown in Appendix A. Table 1 summarizes the demographic characteristics of participants across all focus groups. Each group consisted of four to seven participants, with a total of 42 individuals participating.

Incentives

Participants in the telephone and Zoom groups received a \$150 electronic gift card after the session. In-person participants were provided with an additional \$100 to help defray any travel costs or child care expenses associated with their participation.

Data Collection and Analysis

Each focus group lasted 90 minutes and was led by an experienced moderator. The English groups also were facilitated by a co-moderator. The moderator guide is provided in Appendix B.

The recordings of each session were transcribed, including English transcripts produced for the two Spanish groups. The transcripts formed the basis for subsequent analysis that aimed to uncover and extract key themes and patterns that align with the research objectives.

Throughout this report, direct quotations are provided to illustrate key findings. Attributions indicate the group description, the sex and age range of the participant, and the current level of medical debt they are facing.

¹ Rural counties were defined as all Missouri counties other than Buchanan, Platte, Clay, Jackson, Cass, Jasper, Newton, Greene, Christian, Boone, Cole, St. Charles, Jefferson, St. Louis, St. Louis City, and Cape Girardeau.

Table 1. Summary of Participant Demographics Across Group Segments

	Group Segments			
	Low-income 2 groups N = 14	Rural 2 groups N = 11	Disability 2 groups N = 8	Spanish 2 groups N = 8
Gender				
Male	9	7	3	3
Female	5	4	5	5
Age				
18 to 29	0	1	1	5
30 to 49	5	4	4	2
50 to 59	4	4	1	1
60 to 69	5	2	2	0
Race/Ethnicity				
White, non-Hispanic	8	11	8	0
Black, non-Hispanic	5	0	0	0
Hispanic	1	0	0	8
Level of Medical Debt				
Less than \$500	2	1	1	0
\$500 to less than \$1,000	3	0	0	0
\$1,000 to less than \$2,500	3	0	2	3
\$2,500 to less than \$5,000	3	4	2	3
\$5,000 to less than \$10,000	3	5	1	0
\$10,000 or more	0	1	2	2

Key Findings

Medical Debt Circumstances

Across the eight groups, participants described navigating a combination of medical and dental debts, with a predominant focus on medical expenses. A significant portion of individuals were not only paying off their own medical debt but also assuming financial responsibility for family members' debt, including children, spouses, or parents. Medical debt primarily stemmed from unexpected medical issues, although a smaller group faced debts due to expenses associated with ongoing health conditions. Key contributors to their financial strain included expenses for ambulance services, hospital admissions and long-term stays, diagnostic laboratory tests, deductibles, and procedures not fully covered by their insurance. Many participants have been managing their debt for several years.

Honestly, if you're middle class or low class, how can you afford \$2,000 a ride in an ambulance? (Low-income, Female, 30-49, \$1,000 to less than \$2,500 in debt)

*It officially started 24 years ago. My medical issues are always emergency problems, that I end up getting hurt, and you go to the ER and you've got ambulance rides and all this stuff. **And it just goes around - you start, and then three years later you're paid off. And then another episode, something happens. It's all unexpected.*** (Rural, Male, 50-59, \$5,000 to less than \$10,000 in debt)

Defining Medical Debt

Participants described medical debt as a significant financial burden, extending beyond the cost of medical services to impact their ability to pay regular bills and saving money. The experiences shared by individuals regarding medical debt highlight its unexpected nature. Medical issues are often unforeseen, making it challenging to plan for the resulting health care costs. Health care costs are rarely conveyed to the patient in advance, adding to the unpredictability of the financial impact. The inevitability of needing health care was also highlighted, and avoiding getting sick is not a viable strategy to prevent medical debt.

For many participants, medical debt is a burden that starts with an overdue bill and piles up, becoming overwhelming to manage, especially as inevitable additional health care visits compound the debt accrued.

[Medical debt is] something that I will have to pay for the rest of my life...*[It's] stuck to my social security number, my birthday, my name. So that's stuck with me for the rest of my life. "* (Low-income, Female, 30-49, \$1,000 to less than \$2,500 in debt)

Participants across the groups note that medical debt often results from situations beyond the patient's control, despite efforts to minimize the cost of the health care services. Some examples of this include:

- Incorrect billing codes, which can lead to procedures either costing more or being rejected outright by insurance.

Mine was billing codes. They would code it incorrectly, *the billing department, because I would have to call the hospital, then I'd have to call the doctor's office, then I'd have to call the billing. Most of mine would be to get these tests done every year so you don't get sick [preventative care], and they wouldn't bill it that way. They would bill it like a diagnostic test.* (Disability, Female, 60-69, Less than \$500 in debt)

- Inability to obtain accurate estimates or bills for the cost of procedures or visits.

*I just think **there needs to be more knowledge [about costs], or a warning**, because **you can go in and ask for an itemized bill, or an estimate, but they'll tell you that the estimate isn't accurate then they'll be off by hundreds of dollars.** (Disability, Female, 18-29, \$1,000 to less than \$2,500 in debt)*

***I would pay something off, but then the hospital would send me a different bill from the same treatment when I thought it was paid off.** You pay for the X-ray when you get the X-ray, but then you have to pay for someone to read the X-ray and interpret the results. (Spanish, Female, 50-59, \$2,500 to less than \$5,000 in debt)*

- Inconsistent practices regarding offering discounts to uninsured or those who pay in cash, leading some to wonder how costs are determined.

***I think insurance companies charge you much more than what you would owe if you didn't have insurance. I think sometimes they charge you less if you don't have insurance.** And insurance companies charge more, because they want to keep part of it. But then we end up owing more. (Spanish, Female, 18-29, \$10,000-\$25,000 in debt)*

- Overcharging for basic expenses during hospital stays were mentioned by rural and Spanish participants.

*Just the Tylenol pill, something that we get a bottle of at Walmart, **they want to charge you 10 bucks for one pill when they give you that.** So, I mean, it's ridiculous the markup on that side of it. (Rural, Female, 30-49, \$2,500 to less than \$5,000 in debt)*

- Billing (and therefore collections) from multiple companies rather than consolidated billing by the hospital where care was received.

*They have also little things you don't think about. They'll outsource things within the ER situation. "We're going to take you upstairs for an MRI," and then **I get a bill from some MRI company and I'm like, "What? I was in the hospital."** They're like, "Yeah, we're a different company." "What?" (Low-income, Male, 50-59, \$5,000 to less than \$10,000 in debt)*

Financial Consequences

Nearly all focus group participants conveyed that their medical debt has led to a significant financial burden on their lives, with very few differences observed across the groups. Medical

debt has affected their ability to pay other financial obligations, often forcing some to use alternative financing like formal and informal loans, credit cards, and long-term savings to get by. Many participants have had to deplete their savings to help pay off medical bills. To manage the financial strain caused by medical debt, some participants have had to take on additional jobs or work longer hours which sometimes negatively affects their sleep and other health factors.

*I'm a farmer, full-time. **It just meant that I have had to go outside of the home and take on odd jobs for people to provide extra income to pay the bills.** (Rural, Male, 50-59, \$5,000 to less than \$10,000 in debt)*

*So, **the moment the bills arrive, I just know I have to find an additional part-time job or something, maybe help out a neighbor. I look for short and small side jobs to be able to cover those debts.** (Spanish, Male, 30-49, \$10,000-\$25,000 in debt)*

Others have been forced into difficult housing decisions or have had to sell assets like property to manage their debts. In addition, the burden of insurance premiums and deductibles, lack of or inadequate insurance coverage, out-of-network charges, and the challenge of balancing other household bills further exacerbated their financial situation.

*What we're currently paying is probably going to [take] three or four years yet we're going to be paying over \$200 a month. **That could really be used towards either a car payment or allow me to put more money in my 401k.** (Disability, Male, 30-49, \$1,000 to less than 2,500 in debt)*

Impact on ability to pay bills

Participants explain that unexpected medical bills, sometimes arriving months after the service, can complicate budgeting efforts for predictable monthly expenses like utility bills. This unpredictability intensifies the financial strain, making individuals feel trapped in a cycle of never-ending debt. In many cases, participants described tough choices they have had to make, paying as little as \$5 per month towards their medical debt so that they are still able to cover their basic necessities like groceries and rent. Most participants across groups agreed that to preserve their livelihood, they must prioritize expenses such as rent, electricity, food, etc. over medical bills. This approach, while practical, underscores the ongoing impact and far-reaching implications of medical debt on everyday financial decisions and overall quality of life.

We have many bills to pay aside from rent. I have children, I need to buy food, clothes, I need money if I want to be able to go out to places. So, whenever you have to go to the hospital, those bills pile up on everything else. You need to stop paying

for other things to be able to cover those doctor's expenses. (Spanish, Female, 18-29, \$1,000-\$2,500 in debt)

Impact on savings and retirement

Many participants discussed the frustration of having to pull from different types of savings accounts to reduce their medical debt, which can lead to a depletion of personal savings. In some cases, they have had to pull money from long-term accounts like retirement funds, which can affect their future financial security. One low-income participant had to suspend his retirement because of the medical debt.

*I worked in public education, and I had enough years to retire. I was looking forward to that. And I did know that retirement would not include health insurance. **But I was a little naive in not understanding what things would cost, and they were unexpected. So that meant that I had to go back to work. I didn't want to be working.** (Low-income, Male, 60-69, \$500 to less than \$1,000 in debt)*

To manage debt without completely eroding their savings, some described a strategy of using credit cards for medical bills but then shifting savings around to pay off the credit card bill before interest accrues. Others were unable to pay off their credit cards, ultimately growing the size of their medical debt by adding on interest payments.

*What I've been doing is I have more than one credit card, and the credit cards usually all come out with these, "We'll loan you so much money, for whatever percentage." And as long **as I keep paying it off, the percentage doesn't go to that monstrous figure.** So then, **I just borrow it from the next credit card, and it's a vicious cycle.** (Disability, Female, 60-69, \$5,000 to \$10,000 in debt)*

Impact on credit scores

Participants across the focus groups conveyed that medical debt has lowered their credit score, which in turn has affected their ability to obtain loans, rent apartments, and, in some cases, get jobs. Several explained they did not know that medical debt would affect their credit score and conveyed that this has had perhaps the most significant impact on their lives.

***Because I was so young when I got all my stuff [debt], it just destroyed my credit.** I've been trying to get my credit to raise for four [or] five years now. And it's just making it impossible, which makes me really worried, as a young adult turning 24 next year, that I'd have terrible credit, worse than a typical person my age should (Disability, Female, 18-29, \$1,000 to less than \$2,500 in debt)*

*If you got bad debt...and they do a [employment] prescreening, **they won't hire you because you got a bad credit score.** Then you can't get health insurance. (Low-income, Male, 60-69, \$500 to less than \$1,000)*

Legal consequences

Only a few participants shared that they needed to declare bankruptcy due to their medical debt. However, one participant in the low-income group clarified that filing for bankruptcy is not a remedy to eliminate medical debts, sharing that a family member who filed for bankruptcy was unable to erase some of their medical debt. Another participant shared that it took nearly a decade to financially recover after filing for bankruptcy, emphasizing the long-term impact of such a decision as a cautionary tale. Another participant shared how they turned to credit cards to pay off medical bills, which eventually led to a bankruptcy declaration when they couldn't manage their credit card debt.

I was using my credit cards from, like, 2010 to 2014 to pay medical, and then I had to declare bankruptcy because I couldn't pay the credit cards, so they wouldn't give me loans...I wrote off everything that they tell you to that you can, and that was 2015. I had to save like a year to even pay the bankruptcy lawyer. (Low-income, Female, 30-49, \$2,500 to less than \$5,000)

Another legal consequence of medical debt is the potential impact on immigration status. One Spanish-language participant explained the ramifications that an outstanding medical debt could have on work visas and ability to remain in the United States.

For people who have DACA, or people who are in the US with a work visa, they need to have their medical bills in order to be able to have their [immigration] papers in order. If I wanted to be able to fix my papers, if I have a medical debt, I won't be able to do it. The government can see all of that. (Spanish, Female, 18-29, \$1,000-\$2,500 in debt)

Health Consequences

In each group, at least a few participants mentioned avoiding or delaying getting health care, dental care, or filling prescriptions out of concern for the possibility of having to take on additional medical debt. In some cases, this led their condition to become more serious and thus required more expensive treatment and, hence, even more medical debt.

I've delayed the care because of trying to stay out of debt, and then it got to the point where you had no choice, and then it comes full force. Then it's still the same thing...if I go for this or that, then it's just going to add way more debt, and then that's even harder to get out of. (Rural, Male, 50-59, \$5,000 to less than \$10,000 in debt)

For those with pre-existing conditions and disabilities, avoiding medical debt is nearly impossible, regardless of their insurance status. Many cannot delay care due to ongoing

illnesses and/or long-term care, and most will likely face hospital visits at some point, resulting in an increase in medical debt for pricey procedures.

*At this point, I don't think there really is any way to avoid it. **Everybody's going to end up going to the hospital at some point in time, so then whether they're on insurance or not, they're going to end up coming across something that puts them in debt.*** (Disability, Male, 30-49, More than \$10,000)

Challenges in obtaining treatment or accessing care

A few participants shared experiences when they have been refused care because of outstanding bills.

*One time when I had to go to the doctor when you had to pay your primary, I couldn't pay because I was low [income], and I said, **"Hey, can I pay whenever I get paid or whatever?" And they're like, "Nope." They wouldn't see me.*** (Low-income, Female, 60-69, \$1,000 to less than \$2,500 in debt)

Whenever I call them, they look me up or they ask me if I have insurance, and I say no, they immediately turn me down. Or if they find out I have any type of debt with another dental clinic in the area, they refuse to see me. (Rural, Male, 18-29, \$2,500 to less than \$5,000)

Participants living in rural areas shared the added challenges of having to travel long distances (adding fuel expenses) to be able to receive the care they need.

*We have to go 80 miles away to do MRIs and different kinds of things that you have to do prior to a surgery. **And then you've got the gas and all that. There's just a lot of things that you have to consider whenever you're thinking about your health care.*** (Rural, Male, 50-59, \$5,000 to less than \$10,000)

*I had my accident in Springfield, so we have to go there every time. **Springfield is three hours away. So, we have to pay for gas, food, the doctor's appointment. There are times when my appointments are a week apart, so we have to go and come back twice in a very short time.*** So, that does affect the general expenses. (Spanish, Female, 18-29, \$1,000-\$2,500 in debt)

Impact of health insurance status on debt

A few Spanish participants expressed frustrations as they explain how obtaining health insurance has made no financial difference to their ability to manage or minimize medical debt, and in some cases has cost them more.

*I used to not have medical insurance, and those bills started to accumulate because I had to pay them out-of-pocket. **Now that I do have health insurance, it's just as if I didn't have it, because the co-payments are also very expensive... It feels as if the bills were higher, I have to pay a lot more, but I can't receive help anymore, because I have insurance.** It's hard. **One thinks you'll do better once you get insurance, but I honestly believe it just makes it worse sometimes.** (Spanish, Female, 50-59, \$2,500 to less than \$5,000)*

***I have medical insurance, and I still feel everything is too expensive. So, I get angry, because I know I'm paying a lot for my medical insurance!** It's frustrating beyond belief. (Spanish, Male, 30-49, more than \$10,000 in debt)*

Emotional Consequences

General stress and shame

Many participants report feeling overwhelmed and stressed by the burdens of medical debt. They also experience anxiety about future health care expenses and the possibility of accumulating more debt.

*It's affected me a lot. **It stresses me out a lot. I feel like I'm worthless...I go to therapy now. I feel like I can't take care of myself.** I feel terrible. (Disability, Male, 40-49, more than \$10,000 in debt)*

Additionally, many participants expressed a sense of worthlessness, shame, or inadequacy due to their inability to pay their debt or needing to seek government assistance. For some, this has led to depression.

*How it affects me is it kind of **makes me feel like a failure** that I'm paying a collection agency because I didn't manage my money. (Rural, Male, 50-59, \$5,000 to less than \$10,000 in debt)*

*I've had to recently go and apply for HUD and housing...**I don't want to be one of those that have to live under the government's wing for the rest of my life.** (Disability, Male, 30-49, \$10,000 to less than \$25,000 in debt)*

*I would say it has caused depression. **It's horrible to see the money you earn isn't yours. You kill yourself working and, at the end of the day, your whole paycheck goes to your debts. I've fallen into depression a lot because of that.** (Spanish, Female, 18-29, \$1,000-\$2,500 in debt)*

Stress of dealing with debt collectors

Several participants shared that their stress is exacerbated by debt collectors repeatedly reaching out to them or to their family members to collect payment.

I've had bill collectors call my mother, and try to get money from her, so that just puts stress on her, and she's 87 years old. So then she worries about me. "Do you need money? Do you need food? Do you need this?" It's terrible. (Disability, Female, 50-59, \$2,500 to less than \$5,000 in debt)

When I saw I had that big debt, my morale did go down a lot. It feels awful to be receiving calls asking you to pay, and not having the money. (Spanish, Male, 18-29, \$2,500 to less than \$5,000 in debt)

Impact on social relationships

Many participants have not discussed their medical debt with anyone outside of their immediate family. Those who have broached the topic with others report feelings of embarrassment and humiliation, with one low-income participant saying he feels like "the loser" of his social group. Another participant from the disability group mentioned they are unable to participate in social activities like going out to dinners or drinks due to a lack of funds caused by medical debt. A Spanish participant shares the shame felt from needing to get financial help from family members, explaining that they want to pay, but just can't. Another low-income participant highlighted the emotional strain when communicating with a significant other about medical debt, while contrastingly, a rural participant explained how he and his wife try to talk openly about their medical debt amongst themselves as well as to their children in an effort for them to learn from their experiences.

I'm now 38 years old, I don't have to be asking my mom for money or help! I don't want her to think I'm not doing well, or that I can't pay for it. (Spanish, Male, 30-49, \$10,000-\$25,000 in debt)

It does cause marital issues because we have to have open and honest discussions, and you can become easily frustrated with one another, and it's all about the bills. (Rural, Male, 50-59, \$5,000 to less than \$10,000)

Strategies to Lower Medical Debt

To help reduce their medical debt, participants have used a variety of strategies, including working directly with the health care provider, as well as turning to social media, family, and friends. In one situation, a participant with a disability sought help from their parents and adjusted their living arrangements to reduce expenses. In another situation, a rural participant's

boss helped by providing funds to lower their rent payments, which helped him to have more funds available to pay down his medical debt or other financial obligations.

Negotiating with health care providers

Several explained that their most effective strategy to reduce the debt has been direct negotiations with hospital billing departments or the health care provider, where participants set up manageable payment plans, often finding a cooperative and understanding response. For some, this means paying as little as \$5 per month rather than the hundreds of dollars they were being billed each month. Ultimately, participants convey that making consistent and small payments has helped to reduce medical debt while showing bill collectors a genuine intent to pay off the debt.

***I've always been successful talking to the guy you have debt with... It's like, "I don't have the money, I want to pay you, so how are we going to figure this out?"** When you get the bill, you usually have 90 days before it starts getting ugly. And then you just contact him [the company], and they're usually negotiable. (Low-income, Male, 60-69, \$500 to less than \$1,000 in debt)*

I've just been paying \$5 a week, to three different hospitals. I'll probably be dead before it's paid off. (Disability, Female, 50-59, \$2,500 to less than \$5,000 in debt)

Seeking family support

Participants' experiences with seeking help with their medical debt from family and friends varied significantly. While a few participants said they prefer to deal with their financial burden privately, others described the generosity of their families but also cautioned that it has had an impact on their relationships.

On the positive side, one participant shared that by openly discussing his financial struggles with others, he has been able to network and discover potential solutions or advice for managing his debt. A rural participant mentioned that there is a sense of community rallying around individuals with major medical debts through benefits and other supportive actions, although these efforts are usually not enough to alleviate the debt fully.

I talk openly with as many people as possible. I try to network and focus. Sometimes, you might find out there's something else out there that can help you. So, I talk openly about issues like that just to see what else other people are doing and to see if there's something I've missed out on. (Rural, Male, 50-59, \$5,000 to less than \$10,000)

As noted earlier, a more common result of seeking help from family members was a strain on the relationship. Several participants highlighted tensions with family members or roommates

who were asked for help. In some cases, these family members were reluctant to provide help. In other cases, they provided help, but this led to resentment and conflict.

I needed milk one time for my kid, and my sister-in-law was like, "No, get out of here." So just depends on who you ask, I guess. (Disability, Female, 50-59, \$2,500 to less than \$5,000 in debt)

I feel it strained my relationship with my mom. I feel like all of these money problems can really make or break relationships with your family and friends. (Disability, Female, 18-29, \$1,000 to less than \$2,500 in debt)

Turning to community

Some participants have turned to churches, neighbors, charities, and other local organizations for assistance with their other expenses, freeing up their financial burdens so they can focus on paying down their debt. Others have engaged in educational resources and online communities, like Facebook groups, where they gathered information and attended seminars focused on financial management, particularly in handling medical debts.

Different churches will help if you get in a bind. They'll help you pay for your electric or your gas or your water, but they won't pay down your medical debt. (Low-income, Female, 60-69, \$1,000 to less than \$2,500 in debt)

I'm in groups on Facebook that when they post flyers and they have seminars where people talk to you about debt, how they can teach you how to handle your debt. (Low-income, Female, 30-49, \$1,000 to less than \$2,500 in debt)

The role of social services was also significant, with a couple of low-income participants working with these agencies to address medical bills and exploring options like Medicaid to help cover certain medical and dental expenses.

I've had a lot of medical [debt], probably for most of my life...I paid one of them [bills] down, but I'm working with social services a lot and they sent me a whole booklet [of information]. (Low-income, Female, 30-49, \$2,500 to less than \$5000 in debt)

I do have Medicaid, and since I had it, it makes it a lot easier as far as medical and dental. (Low-income, Male, 50-59, Less than \$500 in debt)

Budgeting and reducing other expenses

Several low-income participants discussed different methods to reduce their other expenses. A few participants mentioned seeking stipends or payment assistance for other bills, like utility bills, to free up funds to pay off medical debt. One participant mentioned a government

program for first-time homebuyers to allow mortgage payments to be deferred, again, freeing up funds to pay off medical debt. A couple of other low-income participants reminisced on the aid of a federal prescription program that offered free medications at one point, though they noted these benefits were not a permanent solution as access has become complex.

Others in the rural and disability groups discussed how they had to sell assets, such as rental properties, to cover their debts. Additionally, some individuals had to move back in with their parents to reduce living expenses or cut back on extraneous spending such as vacations and other social activities. Prioritizing debt repayment over saving money is a common strategy, even if it means depleting savings.

*The bills piled up to the point to where it was like, "All right," I had to move back into my parents' house. I had nothing else to do. **Luckily, my parents were nice enough and let me live in their basement.** (Disability, Male, 30-49, \$10,000 to less than \$25,000 in debt)*

*There was some rental property that we had acquired as some income in retirement. **It was simpler and easier and quicker just to sell some of that and use that money to pay the debt and be done with it.** So, that's what we decided to do. And yeah, it's messed up retirement considerably. But the debt's gone. (Rural, Male, 60-69, \$25,000 or more in debt)*

Other debt reduction strategies

Participants also mentioned using payment strategies such as automatic withdrawals from their paychecks, Health Savings Accounts (HSAs), or taking courses on financial management and self-discipline techniques, such as envelope budgeting (categorically dividing money into labeled envelopes to better monitor spending) to allocate funds. Loans from banks or credit cards were cautiously mentioned as other methods to help pay off medical bills, acknowledging the risks of the added expense of interest payments. Similarly, payday loans and debt consolidators are used as a last resort since they can lead to further financial difficulties. One low-income participant considered this but ruled it out, and a participant from the disability groups cautioned against this, citing their experience with hidden costs and the risk of paying more in the long run.

*Currently, I'm running a balance on a CareCredit card. **I've been affected with the CareCredit payment, which obviously adds a ton of interest on there.** (Rural, Male, 50-59, \$5,000 to less than \$10,000 in debt)*

*There's resources for everything. I would say **a debt consolidator is not the route to go.** I tried that years ago, and actually, **it's more trouble than it's worth.** There is so*

*much on the inside of that that you don't realize, and **you wind up paying more than just paying the bill off.** (Disability, Female, 30-49, \$2,500 to less than \$5,000)*

Looking Ahead

Participants were asked to reflect on their experiences with medical debt and suggest ways in which the Missouri health care system could help reduce the impact of medical debt on people's lives. During the discussion, participants provided thoughtful responses on what they would like to see in their health care system and medical debt recovery processes. They also shared advice and suggestions on how to manage medical debts more effectively.

Reducing impact of medical debt

When asked how the health care system could help reduce the impact of medical debt on people's lives, the initial response was to lower costs across the board. Other ideas included:

- Better communication to patients about the estimated costs and what insurance may or may not cover prior to the patient agreeing to the procedure.

*I feel it's starting with all of the transparency laws, but **they have to do a better job of helping patients understand their costs upfront.** (Spanish, Female, 30-49, \$2,500 to less than \$5,000)*

- Offering better insurance coverage, especially for those who do not qualify for Medicaid, that aims to reduce co-pays, deductibles, and other out-of-pocket expenses.

***I would say we need to have more affordable health insurance.** They need to make it more affordable straight across the board for everybody. (Rural, Female, 30-49, \$2,500 to less than \$5,000 in debt)*

- Reduce administrative overhead charges that get passed along to patients.

*If they would work on reducing the overhead, man, it looks like there's a lot of costs in the system that don't have much to do with health care. **If they could somehow narrow down the overhead and bring down the overall cost, it would be wonderful.** (Rural, Male, 30-49, Less than \$500 in debt)*

- Offer consolidated billing instead of having to pay several different doctors or companies for each visit.

*Instead of me paying \$5 to the 2017 deductible, \$5 to the 2018, just let me send in \$50 or \$60 a month and just leave me alone because I'm paying something. **And if it all went into one place, then I wouldn't have to worry about,***

"Okay, I owe this doctor \$500 and I owe this one \$300 and I owe that one \$200." (Low-income, Female, 60-69, \$2,500 to less than \$5,000 in debt)

- Payment matching in which hospitals financially match the patient's costs when it is over a certain amount.

*They should have a program to match people like unexpected health and they was hospitalized and they get a bill for 10 grand. **Why can't they help people out and say, "Well we're not going to give you a 10 grand bill. We can match you half of this and pay the other half."*** (Low-income, Female, 30-49, \$1,000 to less than \$2,500 in debt)

- Create policies to erase after a certain period to reduce long-term financial strain.

Why don't they, after 10 years, just make everybody's medical debts fall off? *That would be nice. After 10 years, just like all debts fall off.* (Low-income, Female, 30-49, \$1,000 to less than \$2,500 in debt).

- Establish fixed prices for standard medical exams regardless of insurance status or plan.

I think they should establish fixed prices -regardless of your insurance status- for each test and study. *If they had fixed prices, then people would know how much they need to pay, regardless of their insurance.* (Spanish, Female, 50-59, \$2,500 to less than \$5,000 in debt).

- Create policies to provide financial support to those living just above poverty thresholds, with a focus on Hispanics and other minority communities.

*People who can't pay out-of-pocket are usually the minorities, like Hispanics. All of the people I know who have medical debt are Hispanic. **I would recommend for the state to make an economic plan, so that many people can join that and receive help with their bills.*** (Spanish, Male, 18-29, \$1,000-\$2,500 in debt)

Advice and resources for people facing medical debt

Participants shared several pieces of advice or resources for others who are facing medical debt.

- Proactively seek information and financial counseling to better understand and manage debt and long-term financial options.

*I would say just go through resources and like you say, **try to get somebody to help you, a counselor, teach you how to work around your debts, teach you how to try to balance your money** til you have a savings, work, anything*

from medical comes up. (Low-income, Female, 30-49, \$1,000 to less than \$5,000 in debt)

- Negotiate costs and payment plans with hospitals and debt-collection companies directly.

*If you've already incurred the debt, speak directly to the establishment, whether it's the hospital or clinic or whatever. And if it's went to a collection agency, speak to them. **Let them know what you can afford. Just know that you can talk to those people, directly figure out what you can do yourself, and just be honest with them. Most of the time they will work with you if you talk to them and be honest with them.** (Rural, Male, 50-59, \$5,000 to less than \$10,000 in debt)*

- Make regular payments (even if minimal) on medical debt to demonstrate a committed effort in resolving the situation.

*Even if it's a couple dollars, \$5, \$10, **pay a little over time to show that you're at least trying.** (Disability, Male, 30-49, \$10,000 to less than \$25,000 in debt)*

- Actively check bills and insurance coverage to avoid making unnecessary payments (Rural, Spanish)

***I ask for a receipt of everything they charged me with, and the detailed information, as to know exactly what I'm paying for.** I would tell them to ask for that first, because sometimes things happen and they charge you with things that you didn't use. (Spanish, Female, 18-29, \$10,000-\$25,000 in debt)*

- Engage in preventative health care to minimize chances of hospitalization or serious illnesses.

***Stay up on your wellness visits.** I mean if your company, your HSA or whatever pays for your well care visits, dental, medical, once a year, use it man. Don't ignore it. (Low-income, Male, 60-69, \$500 to less than \$1,000 in debt)*

Conclusions

The focus group findings reveal that medical debt can result both from one-time unexpected health care events and from accumulation of health care expenses overtime. Regardless of what prompts it, medical debt is an overwhelming burden for many individuals. This can lead to long-term financial consequences, such as impairment of credit scores, impacts on housing and

employment, reduction of long-term savings and retirement plans, and in some cases, bankruptcy.

The emotional toll of medical debt is significant, causing stress and leading to feelings of shame and embarrassment. In many cases, medical debt affects interpersonal relationships when individuals must resort to asking their family for financial or housing support.

Participants expressed the belief that there isn't really any way to avoid medical debt since most people will likely face hospital visits at some point, regardless of their insurance status. This highlights the perceived inevitability of encountering medical expenses that can lead to debt.

Overall, the data indicates that medical debt can have a significant impact on an individual's mental health, relationships, and financial well-being. Participants wish there were better systems in place to help reduce medical debt but have developed a range of strategies to help them eventually resolve the debt.

Appendix A. Recruitment Screener

INTRODUCTION SECTION

We are conducting a study for SSRS, a national research firm, about people’s recent financial experiences. We have a few questions and if you qualify, we will invite you to participate in a 90-minute focus group. If you qualify and participate, you will receive compensation in the amount of \$150 for your participation in this study.

This study is for research purposes only — we are not trying to sell you anything. The information that you provide will be kept confidential and we will keep your identity private.

Are you willing to answer a few questions to find out if you are eligible to participate in this research study?

Yes	<input type="radio"/>	CONTINUE
No	<input type="radio"/>	THANK AND TERMINATE

SCREENER SECTION

ALL QUESTIONS ARE REQUIRED.

Q1. First, in what county do you live?

[DROPDOWN LIST OF COUNTIES WITH OPTION FOR OTHER]

(Non-rural counties are: Buchanan, Platte, Clay, Jackson, Cass, Jasper, Newton, Greene, Christian, Boone, Cole, St. Charles, Jefferson, St. Louis, St. Louis City, and Cape Girardeau. ALL OTHER COUNTIES ARE CONSIDERED RURAL FOR PURPOSES OF THE TWO RURAL GROUPS)

[IF “OTHER” IS SELECTED, TERMINATE]

Q2. [SPANISH SAMPLE ONLY] What is the primary language you speak at home?

- 1 Spanish
- 2 Something else - TERMINATE

Q3. What is your age? **[RECRUIT A MIX]**

- Under 18 **TERMINATE**
- 18-24 years 1
- 25-29 years 2

30-39 years	3
40-49 years	4
50-59 years	5
60-69 years	6
70+ years	7

Q4. Please think about any money you currently owe or debt you have due to medical or dental bills. This may include bills for your own medical or dental care or someone else's care, such as a child, spouse, or parent. Do you currently have...

- 1 Yes
- 2 No

- a. Any medical or dental bills that are past due or that you have been unable to pay
- b. Any medical or dental bills you are paying off over time directly to a provider
- c. Any debt you owe to a bank, collection agency, or other lender that includes debt or loans used to pay medical or dental bills
- d. Any medical or dental bills you have put on a credit card, and you are paying off over time
- e. Any debt you owe to a family member or friend for money you borrowed to pay medical or dental bills

[IF YES TO ANY IN Q4 SKIP TO Q6.]

Q5. In the past 5 years, was there a time when you had debt due to medical or dental bills that you have since paid off? This could include debt you owed to a medical provider, bank, collection agency, credit card company, other lender or a friend or family member that resulted from medical or dental bills.

- 1 Yes
- 2 No

[IF YES TO Q5, CONTINUE. ELSE TERMINATE]

Q6. [IF YES TO ANY IN Q4: Is/IF YES TO Q5: Was] this debt related to medical care, dental care, or both?

- 1 Medical
- 2 Dental
- 3 Both

Q6a. What is the approximate amount of medical debt you **[IF YES TO ANY IN Q4: currently owe/IF YES TO Q5: previously owed]**, including debt in collections, medical or dental

bills on your credit card balance, debt owed to medical providers, banks or other lenders and any debt owed to family and friends for money borrowed to pay for medical care? Your best estimate is fine. **[RECRUIT A MIX]**

- 1 Less than \$500
- 2 \$500 to less than \$1,000
- 3 \$1,000 to less than \$2,500
- 4 \$2,500 to less than \$5,000
- 5 \$5,000 to less than \$10,000
- 6 \$10,000 to less than \$25,000
- 7 \$25,000 or more

Next are some questions about your health.

Q7. Do you have any of the following health conditions?

- 1 Yes
 - 2 No
-
- a. Are you deaf or do you have serious difficulty hearing?
 - b. Are you blind or have serious difficulty seeing, even when wearing glasses?
 - c. Do you have serious difficulty walking or climbing stairs?
 - d. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?
 - e. Do you have difficulty dressing or bathing?
 - f. Do you have serious difficulty learning how to do things most people your age can learn?
 - g. Using your usual language, do you have serious difficulty communicating (for example understanding or being understood by others)?
 - h. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Q8. [IF Q7a=YES (DEAF)] Do you have accessibility features on your computer or device that would allow you to participate in a live focus group with others who are speaking aloud?

- 1 Yes
- 2 No - **TERMINATE**

Q15. In the past five years, have you or anyone in your immediate family received medical treatment for any of the following medical conditions? (RECRUIT AT LEAST 2 IN RURAL, SPANISH, AND LOW-INCOME GROUPS WHO SAY YES TO AT LEAST ONE IN A-E)

- 1 Yes
 - 2 No
- a. High blood pressure or heart disease
 - b. Diabetes
 - c. Cancer
 - d. A serious mental health condition such as depression
 - e. Any other chronic health conditions such as arthritis, or asthma or other breathing problems (Specify)

Q16. Are you currently covered by any of the following types of health insurance or health coverage plans? (Select all that apply)

- 1 Private health insurance offered through an employer or union. This could be insurance through a current job, a former job, your job, or someone else's job. Military or veterans insurance should not be included as employer insurance.
- 2 A health insurance plan that you bought directly from an insurance company
- 3 Medicare, the government program that pays health care bills for people age 65 and older and for some disabled people
- 4 Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low-incomes or a disability
- 5 Health insurance through ANY other source, including military or veteran's coverage
- 6 I don't have health insurance

IF CODES 1-5 IN Q16, CONTINUE. ELSE SKIP TO Q17.

Q16a. At any point in the past 3 years, were you uninsured, that is, you were not covered by any form of health insurance?

- 1 Yes
- 2 No

[RECRUIT AT LEAST 2 UNINSURED (Q16=6 OR Q16a=1) FOR EACH GROUP]

Q17. What is your gender? **[RECRUIT A MIX]**

- 1 Male
- 2 Female
- 3 Non-binary

4 I prefer to use a different term (specify)

Q18. Are you Hispanic or Latino?

- 1 Yes
- 2 No

Q19. What is your race? **[RECRUIT A MIX FOR LOW-INCOME, DISABLED, RURAL GROUPS]**

Select all that apply

- American Indian or Alaska Native 1
- Asian or Pacific Islander 2
- Black or African American 3
- White 4
- Other (specify) 5

Q20. What is the highest level of education you've completed? **[RECRUIT A MIX]**

Select one

- 1 – 11th grade 1
- High school graduate 2
- Vocational or technical school 3
- Some college but no degree 4
- Associate's degree 5
- 4-year college or bachelor's degree 6
- Graduate school or advanced degree 7

Q21. What best describes your employment situation today? **[RECRUIT A MIX]**

- 1 Employed full-time
- 2 Employed part-time
- 3 Unemployed and currently seeking employment
- 4 Unemployed and not seeking employment
- 5 A student
- 6 Retired
- 7 On disability and can't work
- 8 Stay at home parent

Q22. Which of the following best describes your marital status? **[RECRUIT A MIX]**

Select one

- Married 1
- Living with partner 2
- Single, never married 3
- Separated or divorced 4
- Widowed 5

Q23. Including yourself, how many people live in your household, including children?

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6 or more

Q24. What was your annual household income in 2022?

IF Q23=	DISPLAY THESE CATEGORIES					
	100%	150%	200%	250%	300%	TOP
	1	2	3	4	5	6
1	\$15,000 or less	\$15,001 to \$22,000	\$22,001 to \$29,000	\$29,001 to \$36,000	\$36,001 to \$44,000	More than \$44,000
2	\$20,000 or less	\$20,001 to \$30,000	\$30,001 to \$39,000	\$39,001 to \$49,000	\$49,001 to \$59,000	More than \$59,000
3	\$25,000 or less	\$25,001 to \$37,000	\$37,001 to \$50,000	\$50,001 to \$63,000	\$63,001 to \$75,001	More than \$75,000
4	\$30,000 or less	\$30,001 to \$45,000	\$45,001 to \$60,000	\$60,001 to \$75,000	\$75,001 to \$90,000	More than \$90,000
5	\$35,000 or less	\$35,001 to \$53,000	\$53,001 to \$70,000	\$70,001 to \$88,000	\$88,001 to \$105,000	More than \$105,000
6 or more	\$40,000 or less	\$40,001 to \$60,000	\$60,001 to \$81,000	\$81,001 to \$101,000	\$101,001 to \$121,000	More than \$121,000

ELIGIBILITY DETERMINATION

GROUP	MODE	# OF RECRUITS	ELIGIBILITY CRITERIA
Rural	Telephone	Group 1: 8 for 4-6 to show Group 2: 8 for 4-6 to show	Q1=Rural county (TBD)
Low-income	In-person	Group 3: 10 for 6-8 to show Group 4: 10 for 6-8 to show	Q1=St. Louis City AND Q24<4 (IF HAVING PROBLEMS RECRUITING, CAN RELAX TO INCLUDE CATEGORY 4)
Spanish	Zoom	Group 5: 8 for 4-6 to show Group 6: 8 for 4-6 to show	Q2=1
Disability	Zoom	Group 7: 8 for 4-6 to show Group 8: 8 for 4-6 to show	YES to ANY in Q7 or Q21=7
ALL OTHERS			TERMINATE

[IF ELIGIBLE FOR SPANISH OR DISABILITY GROUPS, CONTINUE. ELSE SKIP TO Q28]

Q26. Do you have access to each of the following?

- 1 Yes
- 2 No

- a. A computer or mobile device with a webcam such as a computer, an iPad or tablet, or a mobile phone
- b. High speed internet
- c. A quiet and private space at home from which you can participate

[IF NO TO ANY IN Q26a-c, TERMINATE]

Q27. How comfortable are you with using Zoom to participate in this study?

- 1 Very comfortable
- 2 Somewhat comfortable
- 3 Not comfortable – **TERMINATE BUT FLAG**

Q28. The study involves participating in a small group discussion about the impact that medical debt has had on people’s lives. All of the information will be kept confidential and your name will never be associated with what you say during the discussion. Participants will each receive \$150 as a thank you [**IF LOW-INCOME:** and you will receive an additional \$100 to help with any travel costs or child care expenses]. Are you willing to share your experiences with how medical debt has affected you in a small group with 4-5 other people who have faced similar situations?

- 1 Yes
- 2 No - **TERMINATE**

Q29. The focus group will be recorded so the research team can analyze the results. Is that okay with you?

- 1 Yes
- 2 No - **TERMINATE**

[IF LOW-INCOME] The group will take place in-person at [LOCATION] on [DATE] from [TIME].

[IF RURAL] The group will take place by telephone on [DATE] from [TIME].

[IF SPANISH OR DISABILITY] The group will take place over Zoom on [DATE] from [TIME].

[IF DISABILITY] Will you need a legal guardian or a care partner to help you log on or to help you participate in the Zoom session?

- 1 Yes: [DISPLAY: Please make sure that person is available on the date and time of the session. At the start of the focus group, we will ask both you and that person to provide consent to participate in the discussion.
- 2 No

[CFR TO INSERT STANDARD ADDITIONAL RECRUITMENT/SCHEDULING LANGUAGE HERE]

IF RESPONDENT HAS BEEN TERMINATED

<<We're sorry, but at this time you do not qualify to participate in this study. We appreciate your interest and hope that you will participate in future studies if contacted. Thank you!>>

Appendix B. Moderator Guide

I. Introduction & Ground Rules (10 minutes)

Welcome everyone, I'm (NAME) from SSRS, a research organization based in Glen Mills, PA. And this is my co-moderator (NAME). We want to start by thanking you for being part of this special discussion today.

Missouri Foundation for Health has asked us to conduct discussions with people all around the state to help them understand the impact that medical debt has on people's lives. Each of you is here today because you shared with us that you currently or recently have experienced medical debt. I know this may not be an easy topic to talk about in a group setting, but I am hoping that you'll find it helpful to hear about each other's experiences, and that you will get something positive out of today's conversation. We'll use the information from today's discussion to help Missouri Foundation for Health develop a survey questionnaire that will be conducted statewide so they can get an accurate picture of how medical debt affects people's lives.

[VIRTUAL] Before we get started, I want to go over some highlights from the consent document that you each received. I'm going to display it on my screen if any of you didn't get a chance to see it. [IF ANY PARTICIPANTS IN THE DISABILITY GROUPS ARE BLIND/HAVE SERIOUS DIFFICULTY SEEING, READ THE ENTIRE CONSENT FORM ALOUD RATHER THAN READING THE HIGHLIGHTS BELOW.

[IN PERSON] Before we get started, let me tell you a little about today's discussion.

Your participation in this discussion is voluntary. That means you can skip any question you prefer not to answer, and you can leave at any point in the discussion if you decide you no longer want to participate.

Because we'll be talking about the impact that medical debt has had on your lives, it's possible that some of the questions about your medical debt, the health care that led to this debt, or your current financial situation, may upset you or make you uncomfortable. If you want to take a break at any time and step away from the conversation, I understand, but I hope that you'll find the discussion to be meaningful and supportive for each other. I want to remind you that on the

2nd page of the consent form that you all received, there is a list of resources that you can turn to if you would like to speak with a trained counselor after this discussion or need support with your medical debt.

Everything you say in this conversation will be kept confidential, which means we will never use your name in anything we write about this study. When preparing our report, we might include a quote of something you said, but we will not attach your name to the quote.

We would like to (audio/video) record the discussion so that we have an accurate record of what was said when we do our analysis. The recordings will only be used to generate a transcript from the session to help us write the report and then we will destroy the recordings once the report is finalized.

Also, [CO-MODERATOR NAME] is here to help me with today's discussion so I will check in with her every now and then to see if she has any follow-up questions she'd like to ask.

[IF OBSERVERS ARE PRESENT] We have some observers today from SSRS and Missouri Foundation for Health. All observers will maintain your confidentiality in the same manner that I will. Towards the end of the discussion, I will check in with them to see if they have any follow-up questions they'd like me to ask.

Finally, I want to say that this is a safe space where I hope you will all feel comfortable talking about your experiences. Please respect each other's privacy by not sharing anything from this discussion with anyone else after this session ends.

Does anyone have any questions about the information I just shared?

PROVISION OF INFORMED CONSENT:

- **IN-PERSON:** Participants will be provided with the informed consent form upon arrival and will be asked to review it while waiting for the session to begin. After reviewing the details above, the moderator will ask each participant to indicate their verbal

consent to participate. If they do not wish to participate, they will be asked to leave the room.

- PHONE: Participants will be emailed the informed consent form prior to the session and will be asked to review it prior to the call. After reviewing the details above, the moderator will ask each participant to indicate their verbal consent to participate. If they do not wish to participate, they will be asked to hang up.
- ZOOM: Participants will be emailed the informed consent form prior to the session and will be asked to review it prior to the focus group. After reviewing the details above, the moderator will ask each participant to indicate their verbal consent to participate. If they do not wish to participate, they will be asked to log off the session.

Do you agree to participate in this discussion?

[START RECORDING]

Great! Let me just go over a few ground rules to make sure our discussion flows smoothly today.

- We have a list of questions we'd like to ask, but I'd like this to be more like a group discussion rather than a Q&A session. You don't need to direct all of your comments to me, rather, feel free to comment on what each other says. You don't need to raise your hand when you want to speak, just jump in.
- [PHONE/ZOOM] Please stay with your mute button OFF so that it's easy to jump in when you have something to say. If there are noises in the background, please mute.
- [PHONE] Because I can't see any of you, please state your first name each time you want to jump into the conversation. It may feel strange at first, but we'll get into a rhythm, and that will help me keep track of who's saying what when I go to listen to the recording later.
- There may be some of you who have more to say today and those who are more quiet. I'll try to manage the conversation to make sure everyone has the opportunity to participate. Thanks for helping me with that.

Let's start by going around the room and having each of you introduce yourself. Please tell me your first name only, who lives at home with you, and something you enjoy doing in your free time. [DISABILITY GROUPS: If you have a care partner with you, please have that person introduce themselves as well.] [MODERATOR GOES FIRST TO MODEL THE BEHAVIOR]

I want to start by giving you a feel for what we'll be talking about today. First I'm going to ask you to tell us what the situation was that led to your medical debt. After that, we'll talk for a bit about what different impacts that the debt has had on you and your family, like financially, health-wise, emotionally, and other impacts. Then we'll talk about where you've turned for help, and then finally, we'll wrap up by looking towards the future. Let's get started!

I. Circumstances that led to medical debt (15 minutes)

So first I'd like to ask each of you to tell us a little about what led to your medical debt.

[IN-PERSON AND ZOOM: Show topics on easel or on screen]

[PHONE] I'll remind you of these topics in case you can't remember all of them.

To help get us started, I'll share what topics I'm interested in as you share your experiences. You don't need to tell us about the specific health condition that led to the debt - we're more interested in the debt situation itself.

- Was the health care that led to the medical debt for something medical or something dental?
- Was the health care that led to the medical debt for you or someone else in your household?
- Was it for something unexpected, or an ongoing issue?
- What type of health care was it for (like a hospital stay, or lab visits, or prescriptions or medical devices)
- How long ago did you start experiencing the debt situation?

PROBES IF NOT MENTIONED:

- Did it start with a large bill/one big event, or was it lots of expenses that piled up?
- Were you surprised by the expenses? Had anyone at the doctor's office, hospital, or your insurance company spoken to you about what the costs would be before you received the care?
- At what point did you realize that you wouldn't be able to pay right away and would have to take on medical debt? What did you do at that point?

1. Thank you all for sharing. Let's step back for a moment. What does the term "medical debt" mean?

PROBES IF NOT MENTIONED

- What kinds of expenses do you think of as “medical” debt?
- Do you think of medical debt as an overdue bill, or when many bills pile up?
- At what point does it change in your mind from just being an overdue bill to thinking of it as medical debt?

CHECK IN WITH CO-MODERATOR: Anything you want to follow-up on before we continue?

II. Financial consequences (15 minutes)

Let’s focus for a moment on the ways that medical debt has impacted you and your household’s overall financial situation. Here, I’m interested in any impacts on:

- Your job status, like having to take on another job or work more hours
- Your housing status, like having to find less expensive housing
- Your ability to pay other bills
- How you are able to save money
- Any other financial impacts

[PROBES IF NOT MENTIONED]

- a. What about any impacts on your job status? Has it had any impact on your current job, your ability to keep your job, or your ability to find a job? How so?
 - i. Have any of you had to take on an additional job or work more hours because of your medical debt? If so, tell us about that.
- b. What about your housing status? Has medical debt had any impact on your current housing situation, or your ability to find new housing? How so?
 - i. Have any of you been evicted because of your medical debt situation?
- c. Have you had to pull from your savings or any long term accounts like retirement accounts in order to pay down the debt?
- d. What about any impacts on your ability to meet other financial obligations?
- e. Have you had to make any changes as a result of medical debt in terms of how you pay your other bills?
 - i. What about in terms of how you save money in the short-term?
 - ii. What about in terms of how you save money for the long-term?

Have any of you tried to take out a loan since you've had medical debt? What was that like?

[PROBES IF NOT MENTIONED]

- a. Has medical debt affected your access to loans?
- b. How has medical debt affected your credit score?
- c. Are there any other financial opportunities that have been impacted by your medical debt situation?

What about legal consequences? Has anyone been sued over the medical debt? {If yes, tell us about that}

- a. Have any of you had to declare bankruptcy? {If yes, tell us about that}

Are there any other financial consequences you've experienced that we haven't discussed yet?

5. [EASEL/POLL] Before we end this section, I'd like to do a quick poll. Which one of these categories has been most affected by your medical debt situation? [COLLECT ANSWERS AND SEE IF ANYONE IS WILLING TO ELABORATE ON WHY THEY PICKED THAT CATEGORY]

- 1 Overall finances
- 2 Employment
- 3 Housing
- 4 Ability to pay other bills
- 5 Access to loans/credit score
- 6 Legal issues

CHECK IN WITH CO-MODERATOR: Anything you want to follow-up on before we continue?

III. Health consequences (10 minutes)

Now I'd like to hear about the impact that medical debt may have had on you or your household's health. Overall, in what ways has medical debt affected your health?

- Ability to get the health care you need
- Delaying care or delaying prescriptions
- Ability get or keep health insurance

- Any other health consequences

[PROBES IF NOT MENTIONED]

- a. Has it had any impact on your ability to get the care you need? If so, how?
 - i. Have you had any problems getting appointments because of the debt?
 - ii. Have any of you been denied care because of your medical debt? If so, what happened?
 - iii. [RURAL] How is this situation impacted by the fact that you live in a more rural area?
- b. Have any of you delayed care you needed or delayed filling prescriptions because of the medical debt? If so, what happened as a result of this?
- c. Has your medical debt had any impact on your ability to get or keep your health insurance? If so, how?
 - i. Is it affecting your ability to pay your insurance premiums or your deductibles?
 - ii. To what extent are you concerned that your insurance plan might drop you?
- d. Are there any other ways that medical debt has affected your health?

CHECK IN WITH CO-MODERATOR: Anything you want to follow-up on before we continue?

IV. Emotional consequences (10 minutes)

Now I'd like to hear about the emotional impacts of medical debt. If you're comfortable sharing, please tell us how dealing with medical debt has made you feel.

[PROBES IF NOT MENTIONED]

- a. Feelings of stress, anxiety, shame, hopelessness
 - b. Impact on mental health, stress, depression, etc.
 - c. Impact on your relationships and family
- PROBES IF NEEDED:
- i. Have you had to borrow money from family or friends?
 - ii. Have you had to cut back on other types of spending on your family?

V. Sources of help (15 minutes)

1. Now let's shift gears and talk about any help you've gotten with the medical debt. Where have you turned for help?

[PROBES IF NOT MENTIONED:] Have any of you considered turning to...

1. The billing department of your health care provider
 2. Your health insurance provider
 3. A medical case worker or billing advocate
 4. A non-profit debt counseling organization
 5. A debt consolidator
 6. A bank
 7. Family or friends
- a. What resources have been effective in helping you? How have they been helpful?
 - b. Are there any other resources you considered getting help from, but didn't in the end? Why was that?
 - c. [SPANISH] How easy or hard has it been to access resources in Spanish?
2. What strategies have you been using to pay down your medical debt?
 - a. What strategies have been effective for you?
 - b. What hasn't been very effective?
 - c. How long do you expect it to take to fully pay it off?
 - d. Have collection agencies been reaching out to you to pay the bill?
 - e. Are you doing anything to try to consolidate or reduce the debt? If so, what?
 - f. Are you in any financial assistance programs through the hospital or through your insurance company? If so, how helpful has that been?
 - g. Have you noticed, is your debt growing when you don't pay it, meaning that there is interest accruing on the debt?
 - h. (IF FULLY PAID OFF) How long did it take for you to pay off the debt? What strategies did you use to pay it off?
 - i. Have you had to prioritize what other bills you pay as a result of the debt?

CHECK IN WITH CO-MODERATOR: Anything you want to follow-up on before we continue?

VI. Looking ahead (15 minutes)

In this last part of today's discussion, I'd like us to shift gears and see what we could do to help other people who might face medical debt in the future.

- a. Do you have any ideas about how the health care system could help reduce the impact of medical debt on people's lives?
 - i. (LISTEN FOR: Lowering the costs of health care,...and what else?)
 - ii. What needs to change to reduce the problem of medical debt in Missouri?
- b. If you were asked to give advice to others, what are some steps that people could take to avoid medical debt?
- c. Given your experiences, what advice or resources would you recommend for people who are facing medical debt?

[IF OBSERVERS] I'm going to quickly check with our observers to see if they have any additional questions they'd like me to ask.

[ASK ANY FOLLOW-UP QUESTIONS]

Thank you for your time today!! I hope this conversation has been meaningful for you and I appreciate everything you've shared today!