

PERRY

— INSIGHTS FROM FOCUS GROUPS WITH ATLANTA RESIDENTS

Understanding the Impacts of Medical Debt

CONDUCTED FOR RIP MEDICAL DEBT
PREPARED BY PERRYUNDEM

AUGUST 2022

UNDEM

Purpose.

The goal of this research was to hear about the effects of medical debt on the lives of people living in Atlanta. We explored the causes of medical debt, steps they have taken to resolve the debt, their interactions with providers and collections agencies, and what it would mean to have their debt abolished.

The findings illustrate patient perspectives on medical debt. We recognize that it can be challenging for hospitals to provide patients with pricing/billing in advance. But we wanted to hear from patients to better understand their experiences.

RIP Medical Debt supported this research, but PerryUndem's findings are independent and based on our learnings from the focus groups.

About RIP Medical Debt.

RIP Medical Debt (RIP) is a 501(c)(3) national nonprofit whose purpose is to abolish financially burdensome medical debt around the United States.

RIP's model mimics for-profit debt buyers by using fundraised dollars to purchase medical debt in large, bundled portfolios for pennies on the dollar. *One dollar donated erases an average of \$100 of medical debt.* Prior to RIP's purchase, many of these bills passed through months or years of collection. Others are purchased or donated directly from hospitals and doctors' groups. Once we own the debt, we notify the thousands of individuals whose debt(s) we purchased that we are freeing them of any obligation to pay (and removing any negative credit marks associated with the debt).

RIP Medical Debt's mission is threefold:

1. Be as source of justice in an unjust healthcare finance system, by combining the generosity of donors with the existing debt industry to produce a high volume of debt relief (reducing mental and financial distress for millions of people).
2. Furnish healthcare providers with a way to strengthen communities by relieving debt. We also offer to partner with them to refine their financial aid programs to better serve people.
3. Bring attention to the negative impacts caused by medical debt to spur change toward a more transparent, equitable and affordable healthcare system.

For more information, go to <https://ripmedicaldebt.org/>.

Methods.

PerryUndem, a non-partisan research firm, conducted three focus groups in May 2022 with moderate- and low-income Atlanta residents who have medical debt. In each focus group, we recruited individuals with recent debt (last 2 years) as well as those with older debt. We also wanted to hear from people with different health coverage situations (e.g., employer-sponsored health insurance, Medicaid, uninsured, etc.).

We segmented the groups by race and ethnicity to learn about different experiences with medical debt and understand intersections with structural racism. Each focus group included 8-9 participants.

We also held two smaller focus groups in late May – early June with 2-3 individuals in each who had their medical debt paid by RIP Medical Debt. From these participants, we wanted to learn about the effects of having their debt abolished.

Methods (cont'd).

The table to the right gives more detail about the focus groups.

Group #	DATE	GEOGRAPHY	COMPOSITION
1	May 10	Atlanta Metro	White adults, mix of gender, moderate / low-income, currently have medical debt, mix of recent/longer-term debt, mix of insurance status
2	May 11	Atlanta Metro	Black adults, mix of gender, moderate / low-income, currently have medical debt, mix of recent/longer-term debt, mix of insurance status
3	May 18	Atlanta Metro	Latino adults, mix of gender, moderate / low-income, currently have medical debt, mix of recent/longer-term debt, mix of insurance status
4	May 26	Atlanta Metro	Black adults who have had medical debt abolished
5	June 1	Atlanta Metro	Black adults who have had medical debt abolished

Summary.

HOSPITAL

1.

They are struggling. Many of the Atlanta residents in our focus groups are still digging out from the past couple of years. A number experienced job loss, reduced hours, lost pay, and general uncertainty around their employment during the pandemic. Some became sick with COVID and many experienced other health challenges during this period, adding more strain. Inflation and rising prices continue to put financial pressure on them.

2.

They have multiple sources of debt. Years of struggling financially have led to different kinds of debt. Some have significant credit card debt (sometimes used to pay medical debt). Others have student loans. And all have medical debt. As debt piles up, some are forced to stop payment on their medical debt or make hard decisions about which debt to pay. Some talk about ongoing worries from older bills/debt too. Their debt is oppressive and many feel caught in a cycle they cannot escape.

3.

It was not always an emergency or unexpected medical situation that led to their medical debt. In fact, some say their debt stemmed from planned medical procedures and surgeries. Others incurred debt through managing complicated chronic conditions – they could not keep up with all of the bills. Some accrued bills from multiple medical situations over the past few years, while others are dealing with debt from a single incident.

4.

Having health insurance didn't protect them. Some focus group participants thought they had “good” health coverage when they incurred their medical debt while others were uninsured. They agree having health coverage does not protect you from big bills or medical debt. They believe hospitals (most Atlanta-area hospitals were mentioned), providers, and insurance companies find loopholes in order to send large and unexpected medical bills to people.

5.

They feel they have no control over what they will owe. Many argue that it is impossible to know how much care will cost beforehand because prices are not clear or discussed before treatment. Some say they received bills from providers they do not recall or only spoke to for minutes. None were warned by their providers that there may be extra costs or that recommended treatments would mean additional fees. So, they wait until after care to receive the bills and only then know how much they owe. Even those who did discuss costs upfront with providers say the final bills were much higher.

6.

There is a deep distrust of the health system. This arose in every focus group. They primarily blame health providers, hospitals, insurance companies, ambulance companies, and others for their medical debt. They feel the system is driven by greed and is lacking humanity. In this system, they feel powerless.

7.

They are not passive – they fight back against the debt. Most say they questioned the bills and tried to get them dismissed. The process was confusing, overwhelming, and time-consuming. They were always speaking to new people, new debt collectors, retelling their story, sending new documentation. They rarely made headway. Some gave up – discouraged by the process. Others eventually agreed to a payment plan to satisfy the hospitals and debt collectors. While some have made regular payments – sometimes over long periods – others could not afford them and ignored the bills. A few say they declared bankruptcy because the debt became too much.

8.

Medical debt harms them emotionally, financially, and puts their health at risk. The debt weighs on them and many say they experience anxiety and depression. They try to compartmentalize the debt in order to get through their daily lives. Many are forced to balance medical debt with other necessities like groceries, housing, and transportation and choose what bills to pay. Their health is impacted too – many tell how they delay or skip medical care because they fear incurring new debt or worry the hospital won't treat them until they pay the bill.

9.

They see inequities. Many people of color in the focus groups believe their communities are more impacted by medical debt. Some say it is because structural racism makes it harder for them to obtain health coverage and good paying jobs. Hospitals and insurance companies tend to treat them differently too, according to some participants, and can be aggressive in pursuing payment from their communities.

10.

All want debt relief. If their medical debt was paid, they say it would be one less worry in their life. They could gain some peace – which most lack currently – and could help them obtain some level of financial stability. Some say it would help them pay off other debt as well.

11.

Those who had debt abolished by RIP Medical Debt say it was extremely helpful. They are grateful and say it made a difference. It relieved the constant pressure of their debts. Some also sought health care services once their debt was paid – care they had been putting off – because they felt less vulnerable. And at least two Atlanta residents said having their medical debt abolished was a catalyst to paying down other debts – they could see the light at the end of the tunnel.

12.

But debt remains a problem. Many of these individuals are still in precarious financial situations even after their medical debt was paid. Other debts remain, including other medical debts. Some are also uninsured, which puts them at risk of more medical debt in the future.



Service Date
Type of Service
Account #

02/19/19
PATIENT
11-81

ed/Total Charges
Adjustments
Insurance Payments
Patient Payments
From Insurance
is your balance

\$36,027.35
\$13,149.89
\$15,927.37
\$0.00
\$0.00
\$6,950.00

Detailed Findings.

Life is challenging for these Atlanta residents.

There are lingering effects from the pandemic. Focus group participants are still feeling the impacts of COVID and the economic pressures of the past two years. Many say they were already in difficult financial positions and the pandemic only made things worse. Some lost jobs, had hours cut, lost pay, and experienced employment insecurity. Some became uninsured during this period.

Inflation and rising costs mean they cannot recover. They are feeling the financial pinch of gas and food prices in particular. They are tightening budgets and changing behaviors to save money. Some are going deeper into debt just to stay afloat. They are worried things will get worse.

Health issues just add to their challenges. Some became ill with COVID or had family members who became ill. Others were already managing chronic health conditions. And some had unexpected medical needs arise during this tense period. Bills from medical services put added pressures on their finances.

Medical debt comes from both planned and unplanned medical procedures.

Different situations lead to medical debt. Their debt stories differ. Some incurred debt through unexpected medical emergencies such as broken bones, heart attacks, and bullet wounds. For others, debt came from bills piling up from numerous medical treatments for chronic and serious health conditions like cancer. And still others told stories of debt through receiving emergency care for their children (high fevers, etc.). Some are still dealing with older bills/debt.

Even planned medical care can lead to debt. While many stories involved unexpected medical emergencies, even those with scheduled medical procedures are not safe from medical debt. These participants agree there is no way to avoid debt in the health system, even when you ask questions and feel prepared for the medical care.

Certain factors drive their risk, the extent of debt, and their ability to manage it.

We noticed differences in their experiences and stories based on the following factors:

- Household financial security and savings (those with lower incomes seemed most at risk);
- Health status and frequency of needed health services (many had ongoing health needs which put them in contact with the health system more often);
- Job / employment status (some incurred debt while unemployed);
- Insurance type / quality of coverage / insured vs uninsured (uninsured participants, for example, felt more vulnerable while those with employer insurance seemed more surprised at their debt);
- Other debt problems like credit card debt or student loans (those with a lot of debt seemed least able to pay their medical debt);
- Familiarity with the health system (those less familiar with the system seemed less prepared, more at risk); and
- Past experience fighting bills and dealing with hospitals / collectors (some have gone through this experience before and knew how to pushback against their bills – or knew it was useless and gave up).



All my medical debt comes from straight emergencies. Like car accidents and getting shot and stuff like that. So, I definitely feel no power when it comes to discussing the costs and the bills because like; it's not just 'oh, you know some people don't want to pay.' I really can't afford that; stuff happens out of the blue and it's not really up for discussion. Like I owe y'all this and I don't have insurance, it is what it is. – *Black woman in Atlanta area with debt*

My kidney stone surgery like a year and a half ago was \$66,000...it just totally blew me away...my hand surgery was \$13,000. I was in there for about an hour, and that doesn't even include...after I had my surgeries done then with my hand, I had to go to rehab for three months and pay the physical therapist and everything...every time I go, I had to pay, pay, pay and so it was three months' worth of, paying that...it's still butchered up. I still can't bend my finger. – *White woman in Atlanta area with debt*

I knew the general cost...I knew what was going to be covered by my insurance, what percentage was going to be covered. I had no clue how large that bill was going to be, then I've got not just one, like it wasn't one lump...So I've got a bill from my surgeon, the ear, nose, and throat doctor. I've got a bill from the anesthesiologist. I've got a bill from the surgical center. I've got a bill from the orderly...I've got multiple bills from different things, so...it was like getting hit by a Mack Truck...I was floored when they started coming in and I didn't know what to do at that point. – *Latina woman in Atlanta area with debt*

There are common themes across their debt stories.

Most were unaware of true costs before their treatment. Even those who had explicit cost discussions before a procedure were still surprised by the bills.

Many had extra and unasked-for providers take part in their care. None were warned they were out-of-network / there would be additional costs.

Some had urgent needs and were unable to control / dictate their care. They were not in a position to ask about costs either.

Many insured participants assumed their insurance would cover the bulk of the costs. They were surprised later to see that wasn't the case.

Costs are not predictable or consistent. They feel there is no way for them to know ahead of time what various services will cost. Prices seem too high and arbitrary, making it hard for them to prepare and budget.

Uninsured participants delayed getting services (due to high costs) and had more serious health needs as a result. When they eventually obtained care, costs were unaffordable.

Trying to fight/resolve medical bills is frustrating and confusing.

Most feel their bills were handed over too quickly to collections agencies. Many were still trying to resolve the bills with the hospital / provider.

In some cases, it was unclear whether they are being pursued by the hospital or a debt collector. They feel intentionally bounced around between different people involved in their debt. That means no one is accountable.

Having to retell their debt story every time someone contacts them is frustrating. It is time-consuming and exhausting to feel they are starting from square one again and again. They feel they are making no progress.

Interactions with the hospital and collections agencies are often confusing or unproductive. They get blindsided by calls – which means they don't know who they are speaking with, which organization is calling them, or have the information available to push back. After the calls, they rarely feel there is any resolution.

Some say the hospital / debt collectors tell them: “Just pay, most people do.” It feels manipulative, intentional, and meant to show them that there is no point fighting the debt.

The system feels broken.

Most end up dissatisfied with the process of resolving their bills. They feel dismissed and powerless against the well-funded institutions they are fighting. No one is listening to them. The bureaucracy of the process is dehumanizing.

They see many places where the system is failing. Costs are too high, and providers seem able to charge what they want for services. There is no effort to communicate with patients in advance about potential costs or warn them about the bills they will be receiving. Insurance coverage is unaffordable to many people and even good health coverage leaves people exposed to big medical bills.

Once they receive the medical bills, they feel there is no recourse to challenge them, even when the bills are wrong. They blame a combination of greed, confusing or misleading billing practices, deceptive insurance companies, government inaction to protect them, and consumers with limited power to change outcomes.



My personal opinion is they are here to get our money. They are super rich...the biggest business in [the] United States is health[care]. So, they are here to get your money in some way. You know when you pay the premium or when you pay the copayment or in your deductible, they are here to get your money. That's why we don't have a good health system. – *Latina woman in Atlanta area with debt*

You know those collection agencies, they try to put the fear in people if you don't pay, you're going to have to appear in court. But, when you educate yourself on those things, you know better that there's some things that they can do and that they can't do. And I can't remember who said it, but we have to empower ourselves with knowledge on what we have the legal right as a human being, what we can, what we are, what's expected of these companies to us. We have a right to get in and to ask and inquire. – *Black woman in Atlanta area with debt*

I have good insurance and I think it's crap. I mean, I think the whole system is unfair. I think that they charge too much money. I think the way stuff is coded, everything is like you have to know the right code and right words to say, or they won't cover it. Even preventative stuff...I had an experience recently, I'm 51. I went in to get a shingle's shot... And my doctor is cool, but she said, 'well you can either get the shot that's like 85% to 90% effective and it costs a hundred dollars, in addition. Or you can get the shot that's covered by your insurance that's like 40% effective.' And it's like, how is this, this is crazy? And I feel like, that's how everything is. – *Latina woman in Atlanta area with debt*

And then there are certain things that aren't covered, then the medications. I feel like even with insurance we are still paying a ton out of pocket just to meet what the deductible is and then they don't even cover everything after that. And you have a deductible per each visit that you go to and if you have to go to a specialist that's an additional, I think, \$20 to \$40 depending on what it is. So, I feel like even with insurance and they're taking so much for that, it's hard to keep up. – *White woman in Atlanta area with debt*

What I said to them was, 'look, I'm not going to be able to pay you everything upfront, so the best I can do is get into an arrangement with you'...they asked me what I could pay, and I gave them a number and that's what I've been paying every month for about a year now.

– *Black woman in Atlanta area with debt*



I think one of the main reasons, and this is my biggest gripe with all of health care, is anytime you want to go to a doctor or have a procedure, they will not tell you what something is going to cost ahead of time. Like when you go to a restaurant you know exactly how much that meal that you order is going to cost you. So why is it when I go to a doctor's office or have a procedure, I cannot get an upfront price of how much that's going to cost me, an honest answer? – *White man in Atlanta area with debt*

You have to prioritize. Am I going to pay this? Am I going to eat? Or am I going to give my child this? So, I still have the bills. I mean it was a collections agency and then you know a third party and then you get those mystery calls, 'we have mailed this....we've mailed this paperwork to your house, and you have to call us back.' So, I'm not even tripping with these people because I know where I stand with these bills. And thank God fortunately I haven't had any, you know mishaps or any problems with these medical bills. I guess after a certain amount of time if you're not paying, they're like okay she's not going to pay. – *Black woman in Atlanta area with debt*

Medical debt worsens a family's financial situation and leads to more debt.

They fall behind in other bills and make trade-offs that impact the quality of their lives. Many say their medical debt causes them to make sacrifices – cutting back on groceries, cable, and transportation costs. Others say they have to cancel vacations or other discretionary spending because it simply isn't feasible. They have feelings of guilt about not being able to provide a better life for their family.

Debt creates more debt. Going into medical debt means they start falling behind in other areas too. Some go into credit card debt to pay off medical bills. Others miss car payments or ignore student loans. Medical bills and debt can cause a larger financial spiral. Some see their credit affected which has knock-on effects that impact their ability to move to a better neighborhood, get approved for loans, etc.



Juggling. Juggling bills. Because I'm a single parent...I only have one daughter, but I'm a single parent and so I have to just juggle my bills around when I can't afford it. Because my bills have to get paid. So, if my deductible, if I haven't reached that or if I get some type of bills from the insurance company, they're billing me, they're just going to have to wait because I have other priorities in my household. – *Black woman in Atlanta area who had debt paid off*

I feel like you work so hard for the money that you have and sometimes you want to do something nice for yourself, and then you have to think responsibly, which isn't always bad...it's good to think responsibly, don't get me wrong, but that one thing that you might really want and you feel like that you've been working your butt off for...then you're like, oh no, let me think about that medical debt and try to make another payment on that or try to get rid of it. Or it's just in the back of my head constantly of what I can and can't buy, or what I can't and can spend and it's always there for me, because I am super money conscious. – *White woman in Atlanta area with debt*

I mean if you have a lot of medical debt...you can't do other stuff...it could affect your credit...you might not pay a bill or this might be something you know you can't do if you got a lot of medical debt or if you're trying to pay it, is it going to take away from other stuff that you might need to provide for your family. – *Black woman in Atlanta area with debt*

Medical debt causes and exacerbates emotional and health challenges.

The emotional and mental health toll is heavy. Many talk about stress, anxiety, and depression related to their medical debt. Their debt takes away their peace and sense of security.

Medical debt causes many participants to delay or skip needed health services for fear of incurring new debt.

Many are deciding against regular check-ups, lab work, MRIs, physical therapy, etc. because they cannot afford additional bills. Some of these individuals have chronic or serious health conditions like cancer and they are skipping care. There is a real fear that they are making themselves sick because of these financial considerations.

Some avoid going back to the same hospital / providers where they have debt. They are unsure if they will get services or treatment. A few also mention they've had to prepay for some procedures because of previous issues with bills and debt; they were under the impression they could not get this care without prepaying.



I'm pretty sure everyone here has probably heard of the saying that stress is the silent killer...I'm pretty active. But every now and then...the worry is just sometimes your body just feels different, your state of mind. Whether it's mental or physical health, but stress will come out whether it's in a physical or emotional form. And so, the biggest thing has been actually not even worrying so much about the financial side, but actually trying to tackle the emotional stressful side, pretty much to keep that in balance and not lose your mind. – *Latina woman in Atlanta area with debt*

It is stressful because it's sitting there like in that pile. You just feel that burden, that heavy weight from carrying that and, you know I just get frustrated when they don't want to work with you. – *White woman in Atlanta area with debt*

Real stressful because at the time I was going to school. I had to withdraw myself from school, because nobody else in the house was working and I had to pay the majority of the bills myself. – *Black woman in Atlanta area who had debt paid off*

It affects...your everyday life...even though you're paying \$25 a month...you're trying to keep paying on, and then that affects what you're able to do in the rest of your life...I've got this debt sitting here so we can't do this, or we have to put off doing this. It really affects our everyday decision making...knowing that you have additional surgeries coming up and that it's going to be added to it...it's just the stress is very high, very high. – *White woman in Atlanta area with debt*



I think it makes some people unable to get additional procedures done. Like if you have outstanding debt with a hospital, you're not able to really go there anymore until you clear up that debt. At least that's what they threatened me with, with my debt, that they wouldn't serve me as a customer anymore. – *White man in Atlanta area with debt*

It was more mental, more like anxiety I would say that kind of prohibited me to get back to where I was physically because I was stressed out about the bills. And then not being able to do certain things for my daughter or my wife for that matter, because I knew I had this bill. And then I had to basically put off some certain things that I normally would be able to afford to do for them...it caused more mental anxiety for me. – *Black man in Atlanta area with debt*

I know firsthand that I'm supposed to get these MRI's every six months, I'll push it a year, I'll push it nine months...I will avoid going and getting them, and you kind of roll the dice with that...what if I miss something and the six months made a difference, but you know sometimes you just don't have it to fork out. – *White woman in Atlanta area with debt*

Medical debt is experienced inequitably.

Most are not surprised to learn people of color are more likely to have medical debt. Some cite structural and historic biases that make it harder for people of color to get good paying jobs or obtain health insurance. Many also argue there is unequal treatment in the health system and that people of color do not always receive the same level of care as white people (e.g., extra or unnecessary tests are pushed on people of color).

Some argue hospitals / collections agencies are more aggressive with their communities. Based on their own experiences, some Black and Latino respondents think people of color are targeted more for debt collection and subjected to harsher tactics. Systemic racism and assumptions about their community are behind this aggression. For example, that people of color will be less likely to fight back, are less knowledgeable about their health insurance, are easier to manipulate, or lack experience in challenging bills.

The state's failure to expand Medicaid in Georgia emerges in this discussion. Some Black and Latino participants think their communities suffer more from medical debt because the state has not expanded Medicaid like most other states. This leaves them more vulnerable to being uninsured – and incurring medical debt when they seek care.

So, I think that is a concern in the community, I don't care how much you make as a Black person. But just the history of America and the different things that the medical community has done to African Americans. – *Black woman in Atlanta area with debt*

I think in the African American community a lot of times we just don't trust doctors. And so sometimes people just wait until it gets bad and then you have to go to the emergency room...as opposed to doing preventative maintenance prior to. – *Black woman in Atlanta area with debt*

I'm realizing that in certain communities...for instance, in the Hispanic community, we deal with everything in the family. So, when we talk in the family...whoever is the oldest in the family or the one who has a little bit more experience or so forth, it's the person who guides...the pack. Well, in other communities they actually go, and they research. They look into, they take time. They really are proactive about, how can I get this medical debt...or what can I do with it?... I can't deal with that, I'm not paying it, let it go to collections. – *Latina woman in Atlanta area with debt*

That's a problem also in most Black communities. Nobody ever teaches us about finances they just say here's money, here go do something with it. And we don't know the right thing to do with it because our momma and daddy didn't know, our grandma and our granddad didn't know. So, then we make these poor financial decisions, and we get ourselves into situations. – *Black woman in Atlanta area with debt*



Where they end up with medical debt...

The debt never goes away. These Atlanta residents say they get to an unsatisfactory but “manageable” place with their debt (whether they try to pay it off or ignore it). However, it still exists, and they have to deal with it. The debt continues to hang over their heads – even years after the initial procedure or service.

Payment plans are a common outcome.

Many get to a point with their debt where they figure out a payment plan with a hospital or a debt collector. It usually is much lower than the debt they owe – but still high for them. Paying something is better than paying nothing they say. By doing this, they hope to avoid hurting their credit.

Others ignore their debt. They cannot afford to pay it and say they try to “pretend” the debt doesn’t exist. They compartmentalize and try to live their lives. A few talk about laundry hampers or boxes where they place these bills. They also hang up and block calls from debt collectors; they have decided not to engage anymore but worry about impacts on their credit score.

A few declared bankruptcy. When the debt is too large, some have sought protection through bankruptcy. Usually this is driven by more than just medical debt – they have fallen behind on many bills in their lives. They recognize the consequences of bankruptcy, but also feel it is their only way out.

If their medical debt was abolished, most say they would feel emotional relief, be better able to pay other bills.

Debt relief would reduce their stress. It would bring emotional relief and give them one less thing to worry about. For some, it would also end some of the harassment they experience from debt collectors.

It would free up money for their daily lives. With food and gas prices rising, they say debt relief would ease constraints on their daily budgets and they could better meet their family's basic needs.

They could pay off other debt. A few say they would feel more motivated to tackle other debt and not give up.

They would get health services. Many are avoiding health care currently. Removing some of their medical debt would make them more confident in obtaining needed care.

Still, there is a feeling that relief could be temporary. They are cynical and distrustful of the health care system. They think that debt is not a one-off situation. So, they are worried that this will happen again.



I fell and had to have a total replacement done to my elbow...I ended up with like \$45,000 worth of debt from the surgery...there was no way; you know at the time I had three young children at home...I just couldn't, it was either pay the light bill, feed the kids, you know. Make sure I got gas in the car to get to work or pay this bill. So, I got to the point that where collections were so bad, it so happened I ended up having to declare bankruptcy because I couldn't afford to do the \$45,000. – *Latina woman in Atlanta area with debt*

I can make \$25 payments, but the [visit from the] concussion, I'm afraid what's coming my way...I have a fixed income. So yes, I have a professional job, but my job is a fixed income. So that means everything is exactly to the dollar. I don't have room for anyone to twist an ankle. Let alone for me to get a concussion in my own house. So, there's no room. So yes, medical debt, I'm very afraid of what's coming my way, because I'm just thinking okay, I've got to move things around to make space for this bill coming my way. – *Latina woman in Atlanta area with debt*

Those who had their debt abolished by RIP Medical Debt say it made a positive difference in their life.

They are grateful and relieved. Some talk about the emotional impacts of having their debt paid. They did not expect the help – receiving it made some hopeful, feel they could dig out of debt. It also removed stigma some felt around being in debt.

Some felt more comfortable using health care services again. They had been putting off care, avoiding doctors and hospitals. Having their debt resolved made them feel they could once again use the system to get preventive services and other care. This benefit was particularly important to those with chronic health conditions.

A few say they were inspired to pay down other debt. They mentioned how getting relief from RIP Medical Debt served as a catalyst to tackle their non-medical debts too. They could see a light at the end of the tunnel – that they could get out of debt if they worked at it. One or two said they had more confidence when engaging with debt collectors after their medical debt was abolished.

Receiving help with their debt makes them feel supported. But many still have debt worries.

Often those with medical debt feel alone in dealing with this challenge. Receiving help paying off a debt makes them feel supported.

But many feel vulnerable to future debt. Their precarious financial and employment situation and their lack of health insurance means some still feel at risk of going deeper into debt.

And simply using health care services puts them at risk. They feel the system is stacked against them; even being prepared and asking questions won't protect them. This means that unless change happens within the health system, another hospital visit could mean large bills and more debt.



I think it will keep a lot of people from having unexpected health issues if they knew that they could get the bill paid or the hospital visit paid; they would go to the doctor more and see about their health. They would be happy about going to the doctor more, if they knew that they had help with the bill...they wouldn't go collect a lot of debt after they went to the doctor. I think a lot of people would go and see about their health and they wouldn't be unhealthy. And it would make the life expectancy even higher because a lot of people just die just because they don't go because of a bill. – *Black woman in Atlanta area who had debt paid off*

I had paid off my credit card bill...the school that I was going to, I paid them off. And, I paid off another loan that I owed. So, it motivated me to start paying some stuff as well. – *Black woman in Atlanta area who had debt paid off*

They support big solutions that get at the root causes of medical debt.

They feel big, systemic change is required to ultimately address the problem of medical debt. They would likely support efforts to limit the ability of hospitals, insurance companies, providers, and others to aggressively pursue medical debt. They would welcome more patient protections from large and unexpected medical bills. They seem to support Medicaid expansion in Georgia so they can access affordable health insurance when they lose a job or become uninsured. They want unequal treatment in the health system by providers and others to be addressed and for predatory debt collection measures that target their communities to be outlawed. And they would likely support caps on the prices that doctors, hospitals, and others can charge for their services.

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