WebMD | Insights Lab

A CONSUMER HEALTH WHITE PAPER

The Price of Care

A Consumer's Guide to Navigating Healthcare Affordability in America

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Based on original consumer research interviews and published data on prescription costs, medical debt, and healthcare access.

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Introduction: A Monthly, Weekly, Constant Concern

Cari Shane pays $1,200 a month for health insurance. She still avoids the doctor unless she absolutely has to — not because she doesn't care about her health, but because each visit costs her another $250 copay. “When I physically go for an appointment and I give my insurance card to the person… they're just shocked,” she says. “I'm lucky I'm in good health because I'm spending $1,200 each month to not go to the doctor.” Shane isn't an outlier. She's the norm. WebMD's 2026 Healthcare Affordability Research study found that three out of five people delayed or avoided medical care in the past year because of cost — and 40% of them had insurance at the time. In interviews conducted alongside that research, one participant described the topic as “a big part of family finance” that shows up not once a year, but constantly: “I would say it's a monthly concern. Absolutely.”

This whitepaper combines WebMD's original survey findings, in-depth consumer interviews, and outside expert perspective to paint an honest picture of what affordability struggles actually look like today — the coping strategies people turn to, the risks some of those strategies carry, the obstacles that make costs so hard to control, and the practical steps that can genuinely help. Our goal isn't to pretend these problems don't exist. It's to help you navigate them as safely and effectively as possible.

The Scope of the Problem

Nearly 1 in every 5 dollars spent in the U.S. goes to health care — up from 1 in 20 dollars in 1960. The American Heart Association has warned that healthcare affordability in the U.S. has reached “crisis levels.” Rebekah Angove, PhD, chief science officer of the Patient Advocate Foundation and executive director of its Patient Insight Institute, put it bluntly after a listening session with patients: “They laughed, because to them, that's an oxymoron. There is no affordable health care.”

WebMD's Healthcare Affordability Research study quantifies just how widespread the strain has become:

3 in 5

People who delayed or avoided medical care in the past year because of cost — 40% of them were insured



42%

Said they “sometimes” worried about healthcare costs over the past year; 26% called their stress “severe”



32%

Reported a “constant” fear of getting sick or injured; 30% experienced panic or anxiety attacks over cost



The reasons costs have climbed this high are structural, according to Angove: rising prices for medical services, devices, and medications ("the cost of care is going up, and that burden is being shifted to patients"); a strained system with worker shortages, hospital closures, and a confusing web of overlapping public and private plans; rapidly increasing demand as the population ages (88% of older Americans live with a chronic condition, and by 2030 seniors will outnumber children in the U.S. for the first time); and a lack of regulation that lets the U.S. pay more for care than other wealthy countries. The people we interviewed put faces on these numbers. Their experiences show how cost pressure shapes not just isolated medical decisions, but entire ways of living.

"When I Hear Healthcare Affordability, I Think About..."

We began every interview with the same open-ended prompt. The answers ranged from clinical to visceral — and revealed just how emotionally loaded the topic has become.

> **"When I hear the phrase healthcare affordability, I think about going broke.**
>
> — Interview participant

> **I feel that that is nonexistent in this country... My husband and I had a problem with some of his medication. Even with insurance, it was over $200 a month. How in the hell are people supposed to do this?**
>
> — Interview participant

> **Scorn... In [my home country], it's extremely rare that anybody would become homeless or lose anything of value because of healthcare costs. And so here, it's absurd.**
>
> — Interview participant, comparing the U.S. system to a universal-coverage country

Other participants described the topic in terms of specific bills that stuck with them — “bills I received for hospitalization... particularly bills that were, generally, professionals, physicians who interpreted results long after the procedure was completed” — a reminder that surprise bills from out-of-network specialists (radiologists, anesthesiologists, pathologists) remain one of the most disorienting parts of the system, even for people who thought they understood their coverage.

The Dangerous Ways People Trim Their Prescription Bills

About 1 in 4 people say they have a hard time paying for their prescriptions. A late-2025 survey of more than 4,000 patients with chronic conditions by the Patient Advocate Foundation's (PAF) Patient Insight Institute found people are piling debt onto credit cards and cutting household spending to keep up. “We are concerned about the out-of-pocket costs that so many Americans are facing,” says Amy Niles, PAF's chief mission officer.

WebMD's own Healthcare Affordability Research found that the most common ways people try to cut prescription costs are also the riskiest:

- **25%** delay filling a prescription, putting off a needed refill until they can better afford it.
- **21%** leave a prescription unfilled entirely, walking away from the pharmacy counter without the medication.
- **18%** skip doses to stretch a supply of medication further than intended.
- **14%** split pills or take smaller-than-prescribed doses on their own.
- **10%** share medications with a friend or family member.

Our interviews put real experiences behind these numbers. One participant managing a spouse's chronic condition described it plainly: “Cutting the pills in half. Done that before... he'll take one a day just to make sure he has that buffer.” Another rationed their own anti-anxiety medication: “I was taking half doses... or some days I would go without any just to make it last longer.” A third described rationing a weekly injectable medication while waiting to find out if it would still be covered after their plan's renewal date: “Let's try to ration this medicine up somewhat until I can call... and see if there's any chance it could be covered next year.” And one participant with a chronic skin condition went 25 years without effective treatment because a one-month supply of the prescribed cream cost $3,000 and wasn't covered.

Not taking medication as prescribed can make chronic conditions worse and drive up ER visits and hospitalizations: skipping blood pressure medication raises stroke risk, skipping cholesterol medication raises heart attack risk, and cutting back on asthma medication can trigger a flare severe enough to require emergency care. The financial strain takes an emotional toll, too — WebMD's research linked cost-related medication struggles to fear of getting sick or injured, depression, anxiety, and rising stress, which can in turn make chronic conditions worse.

The takeaway: “Be empowered to have a conversation with your healthcare provider about affordability — it's not something to be embarrassed about,” Niles says. “High costs are impacting so many individuals. You can have a very high income and still have problems affording a very expensive brand medication.” Your doctor may not realize what a prescription actually costs you — telling them opens the door to a generic swap, a free sample, a dosage change made safely, or a referral to a nurse navigator who can help track down assistance.

Skipping Medical Care Altogether

Rationing medication is only part of the picture. WebMD's survey found people are postponing entire categories of care: 38% postponed dental care, 37% skipped seeing a specialist, 36% delayed vision care or new glasses, 33% declined a test or procedure their doctor recommended, and 21% put off mental health care.

A note on the numbers: WebMD's research asked about prescription cost-cutting in two different ways, and it's worth being precise about what each one measures. Asked specifically which cost-saving strategies they had used, 21% of respondents said they had left a prescription unfilled entirely (see the prior section). Asked more broadly about skipping any kind of medical care over the past year, 31% said that included not getting a prescription filled because of cost. These appear to be different survey questions, possibly with different groups of respondents or time frames, which likely explains why the two figures don't match. Both, however, point in the same direction: a substantial share of people — somewhere between roughly a fifth and a third — are walking away from needed medication because they can't afford it.

> **“I wanted to go get an X-ray... but I just knew that was just going to add another bill to what we're already dealing with. I did not bother going... It might be broken, but it doesn't feel broken, so I'll just wait it out.**
>
> — Interview participant, describing an untreated sprained ankle

This participant described the emotional toll of that choice as “a vicious cycle” — the physical pain of an injury compounded by the fear of what an unaffordable bill might mean, with no way to know which fear was more justified until the bill arrived. Rebekah Angove sees this pattern constantly: “People delay care, and what happens is they end up using emergency services, or they have a manageable chronic disease like diabetes or asthma, but they're not getting care to manage it.”

Other participants described skipping preventive tests for financial reasons that, in hindsight, felt riskier than they seemed at the time. One declined a recommended calcium score screening because it wasn't covered by insurance — and was later diagnosed with a heart condition. Another canceled routine specialist visits by phone shortly before the appointment because “we know they're going to be a giant bill,” despite feeling uncertain whether the visit was truly unnecessary.

Skipped care also reshapes bigger life decisions. Among WebMD survey respondents, healthcare costs influenced where they chose to live (25%), whether they stayed at a job they'd rather leave (24%), whether they had children (13%), and even whether they married or divorced (5%). To cope, respondents reported working while sick, taking out loans or using credit cards, cutting back on groceries, reducing childcare, delaying school, taking on extra jobs, struggling to pay utilities, moving to cheaper housing or delaying a move, canceling vacations, and defaulting on debts. “The stress of how to pay for care, when you're already sick and maybe have a diagnosis that you're trying to manage, is very real,” Angove says.

The ER-or-Wait Dilemma: Making the Right Call Under Pressure

When something happens after-hours or feels urgent but unclear, cost concerns can turn a straightforward medical decision into an agonizing one. Participants described avoiding both the ER and urgent care out of fear of an unpredictable bill, sometimes waiting out a possible fracture or worsening symptom rather than risk it. Understanding the real cost gap between these settings can help you make a faster, more confident decision when it matters.

If you're not sure which is appropriate, call your primary care provider's after-hours line, a telehealth line, or the urgent care center itself — many will help you determine over the phone whether your symptoms warrant a higher level of care. Never delay calling 911 or going to the ER for symptoms that could indicate a heart attack, stroke, severe allergic reaction, or major trauma; in a true emergency, cost should never be the deciding factor.



5 Roadblocks Standing Between You and Lower Costs

WebMD's Healthcare Affordability Research asked people what makes it hardest to actually save money on care. Their answers — echoed throughout our interviews — point to five recurring roadblocks, along with ways around each one.

1 Trouble getting started (40%)

Nearly 4 in 10 people said they simply don't know where to begin. A few low-effort starting points: use generic medications when possible; look up confusing insurance terms on Healthcare.gov's glossary; stick to in-network doctors for fuller coverage; take advantage of free screenings or preventive care your plan already covers; and if you're uninsured, check whether a local community health center offers low-cost care.

2 Time constraints (30%)

About a third feel that cost-saving strategies simply take too much time and effort. Prescription price-comparison apps that also surface coupons can shortcut the legwork, and if you have an HSA or FSA, setting it to automatically deduct a fixed amount each paycheck removes one more recurring decision.

3 Fear that cheaper means lower quality (31%)

About a third worry that saving money means sacrificing care quality. It's a reasonable instinct, but research hasn't consistently found a link between the cost and the quality of care in the U.S. — some newly approved treatments cost far more without being proven more effective than older options, and two people can be billed very differently for the identical test depending on their coverage, not the quality of what they received.

4 The transparency void (31%)

About a third say a lack of pricing information makes it hard to plan. Federal law requires hospitals and insurance plans to publish prices for many services, but compliance is inconsistent and the postings can be hard to decode. Still, it's worth checking: some health systems and insurers offer online out-of-pocket cost estimator tools, and independent tools like Fair Health Consumer can estimate costs for specific services in your area.

5 Insurance itself gets in the way (35%)

More than a third said their own health insurance makes it harder, not easier, to lower costs. If you're shopping on your state's Marketplace, confirm your preferred doctor or hospital is in-network before enrolling, look for plans with added perks like free checkups or virtual care, and use the Marketplace's side-by-side comparison tool (up to three plans at once) rather than comparing premiums alone.

13 Ways to Cut Prescription Costs — Safely

Rather than rationing on your own, patient advocates point to a long list of legitimate ways to lower what you pay. Not every option will apply to your situation, but most people qualify for at least a few:

1. **Talk to your provider**

   Ask directly about cost. Request a generic, ask about free samples while you look for savings, or ask whether a different dose or frequency would be just as effective. Never change a dose on your own — loop your provider in first. Ask if the office has a nurse navigator who can help track down assistance.

2. **Look into drugmaker patient assistance programs**

   Many brand-name manufacturers offer coupons or copay cards on their websites. These typically aren't available if you're on Medicare or Medicaid, due to federal law, and usually run for one year with possible renewal.

3. **Use your pharmacy benefit manager's price tool**

   Insurers and PBMs like Express Scripts, OptumRx, and Caremark often have a calculator showing costs at nearby pharmacies and by mail order. A three month mail-order supply is often cheaper than paying monthly, and using your plan's preferred pharmacy typically costs less than others.

4. **Download a prescription discount app**

   Apps like GoodRx, Cost Plus Drugs, SingleCare, and WellRx show discounted cash prices and let you compare pharmacies nearby. Useful if you're uninsured, have a high deductible, or your drug isn't covered — but money spent this way usually won't count toward your deductible, so weigh that trade-off.

5. **Price-check direct-to-consumer pharmacies**

   Retailers like Walmart, Costco, and online pharmacies like Amazon can offer savings on both brand and generic drugs. Prices vary by company, so compare before you commit, and consider a pharmacy with a physical location if you need a medication right away.

6. **Consider a verified international pharmacy**

   The FDA permits buying an FDA-approved, up-to-three month personal supply of medication from abroad for a serious condition. PharmacyChecker.com verifies and monitors licensed international online pharmacies.

7 Check Medicare's Extra Help program

If you're on Medicare and under certain income and resource limits, this Social Security Administration program can bring your Part D premium and deductible to zero and cap drug costs around $4.50 for generics and $11.20 for brand-name drugs. Few people know it exists — it's worth checking your eligibility.

8 Look into your state's pharmaceutical assistance program (SPAP)

More than a dozen states run their own assistance programs; coverage varies, and they're listed by state through the National Conference of State Legislatures.

9 Contact a patient advocacy group

Organizations like the Patient Advocate Foundation help people who are underinsured or on federal programs. Its TotalAssist program covers nearly 150 disease-specific funds for medication copays, coinsurance, deductibles, premiums, and treatment-day charges; its FundFinder tool tracks 200+ assistance funds and can alert you when a fund for your condition opens.

10 Spread out Medicare Part D payments

The Medicare Prescription Payment Plan lets anyone on Medicare spread out-of-pocket drug costs into monthly installments rather than paying them all at once. You have to opt in through your insurer (not at the pharmacy counter) — and the earlier in the year you do, the more it helps.

11 Appeal a denial

If insurance denies a needed medication, you have the right to appeal, and denials are often overturned — though it can take time. Work with your doctor's office on both the appeal and an interim plan.

12 Review your plan every year

Costs, coverage, and your own needs change annually. During open enrollment, compare plans using a full list of your medications, doses, and frequency — tools like Medicare's Plan Finder can show premium, per-drug cost, and deductible differences across plans in your area.

13 Stay ahead of policy changes

Medicaid work requirements are changing in 2027 and rules vary by state. Contact your local Medicaid office early to understand what you may need to do to stay enrolled, rather than waiting until a deadline.

A Final Word

Nearly every person we interviewed, regardless of income, insurance type, or health status, described healthcare affordability as an ongoing source of stress rather than an occasional inconvenience. That stress is real, and it is shared by millions of people making similar trade-offs every week. As Rebekah Angove puts it: “People aren't looking for mansions and Ferraris. They just want to go to the doctor and focus on their health and getting better, and not [worry] about, ‘How am I going to pay for this?’”

This whitepaper can't remove the structural barriers described here. But understanding them — and knowing which coping strategies carry real medical risk versus which cost-saving tools are simply underused — can help you make safer, more informed decisions the next time cost and care collide.

One more habit worth building: keep a record. “Document every cost you incur, even when you're deciding whether to delay care,” advises Brian Nguyen, a personal injury lawyer in Houston. Save receipts, note your symptoms, and track each time cost affects a decision about your health — if your situation ever becomes a legal or insurance dispute, that paper trail can matter enormously.

If you're struggling to afford care or medication, talk to your provider, your pharmacist, a patient advocacy group, or your insurer's member services line before making a change on your own. You may have more options than you realize.

Sources

WebMD survey: “Healthcare Affordability Research,” 2026; Rebekah Angove, PhD, Patient Advocate Foundation and Patient Insight Institute; Amy Niles, chief mission officer, Patient Advocate Foundation; Cari Shane, Washington, D.C.; Brian Nguyen, JD, Universal Law Group, Houston; American Heart Association, “Healthcare costs reach a breaking point” and Circulation presidential advisory on healthcare affordability; KFF, “Healthcare Costs and Affordability” and “Public Opinion on Prescription Drugs and Their Prices”; Patient Advocate Foundation, TotalAssist and FundFinder program materials; Centers for Medicare and Medicaid Services, “Extra Help” and Medicare Prescription Payment Plan guidance; National Conference of State Legislatures, State Pharmaceutical Assistance Programs; Harvard Health, “Millions of adults skip medications due to their high cost”; Mayo Clinic guidance on medication costs and health plan selection; Fair Health Consumer; Healthcare.gov and CMS.gov price transparency resources; original consumer interviews conducted on behalf of WebMD, 2026. This document is intended for general educational purposes and does not constitute medical, legal, or financial advice. Consult a qualified healthcare provider, insurance representative, patient advocacy organization, or financial advisor about your specific situation.