The Governance Institute

BOARD BRIEFING

# Why insured patients put off care

Paying yesterday's bill does not make tomorrow's appointment affordable.

5–6 MINUTE READ

## In This Briefing

A patient can remain insured and current on existing payments while postponing another visit. The decision may never reach an appointment report. Following that experience shows why coverage, collections, and affordable access can tell different stories.

### About Board Briefings

Board Briefings offer deeper explanations of healthcare issues and their implications for governance. Each includes a practical example, authoritative sources, and key questions to support informed board discussion.

## What Happened

On September 17, the Commonwealth Fund reported that 32% of working-age adults with continuous private insurance were paying medical bills or debt over time. Among that group, 30% said the burden led them to delay or avoid needed care. The findings came from a 2025 survey. (1)

These respondents had not lost their coverage. They were still paying for earlier care, and another visit could mean another bill. Insurance remained in place while the household had to decide what it could afford next.

## The Issue, Explained

A procedure can be covered by insurance and still leave the patient a substantial bill. The plan pays under its terms, and the household must fit the remaining obligation around housing, food, transport, and other needs. Having insurance and struggling with medical costs are not contradictory experiences.

A deductible is one source of that obligation: the amount a patient pays for specified covered care before the plan begins paying under its terms. Copayments and other patient costs may also apply. Coverage reduces some financial risk without showing how much money a household has available. (2)

A payment plan can make one bill manageable by spreading it across months. It does not necessarily make a second bill affordable. Every installment may arrive on schedule while the patient grows reluctant to accept another expense. The payment record captures an earlier obligation, not the next care decision.

That decision may happen before anyone books an appointment. A patient can postpone calling for recommended follow-up or decline an offered service. No appointment is canceled because none was made. The person has gone without care, but the usual count of missed visits may show nothing.

The survey's definition is important here. It includes medical bills being paid over time, not only overdue debts or amounts sent to collections. The 30% delayed-care finding concerns that subgroup, not all insured adults. It describes respondents' experience rather than the reason for every hospital's missed appointment. (1)

## The Issue, Explained (continued)

Uncertainty can add to the burden. A patient may not know what insurance will pay or whether another clinician will send a separate bill. A clearer estimate can resolve confusion. It cannot necessarily supply the money needed to meet the estimate.

Assistance and payment arrangements change different parts of the problem. Assistance may reduce an eligible patient's obligation. Installments spread it out. Either may help while leaving little room for the next expense. Success in collecting a balance is not the same as success in making continuing care affordable.

The hospital still needs revenue to keep services available. That creates a real tension: payments support care, while the household making them may feel unable to return. Looking only at collections misses the second outcome. Looking only at appointments can miss the financial pressure before a visit is requested.

Money is not the only barrier. Work schedules, transport, and a lack of suitable appointments can also prevent a return. Similar gaps in care may therefore require different explanations. Coverage and payment records cannot supply those explanations without understanding why patients did not proceed.

## A Practical Example

In this hypothetical case, a patient owes $1,500 after an insured procedure and agrees to pay $125 a month for a year. Every payment arrives on time. Another visit is recommended, but the patient does not book it because a second bill feels unmanageable.

The hospital eventually collects the full balance. There is no default and no canceled appointment, because the next visit was never booked. Yet the patient has gone without recommended care. The payment record describes the earlier treatment, not whether the next service was affordable.

A second patient books the same kind of visit but cancels because it conflicts with work. Both miss care, but only one describes a financial cause. These invented cases show why the same apparent access problem can begin in different places.

## Governance Implications

A service's availability does not fully describe access. Patients also need to be able to use it. For care that involves repeat visits, household finances may affect both continuing treatment and the demand assumed in the organization's plans.

Coverage and collection results provide useful information, but cannot explain every postponed visit. Patient accounts can reveal whether the barrier is cost, uncertainty, transportation, or appointment availability. Clearer information, financial assistance, and added capacity address different problems.

Management administers patient financial arrangements and access processes. The board considers the policies, resources, and significant patterns affecting the organization's mission. Understanding those patterns connects the financial plan with care people can realistically obtain. An earlier bill paid in full does not establish that the next needed visit is within reach.

## Questions for the Board

1. **When reviewing access to care:**
   What do patients report about barriers to starting or continuing needed care, including care never scheduled?

2. **When reviewing patient financial trends:**
   How do coverage and collection results compare with what is known about patients' ability to afford further care?

3. **When evaluating access and assistance policies:**
   What evidence shows whether the organization's access and assistance commitments are addressing the barriers identified?

## Sources & Further Reading

1. The Commonwealth Fund. How Medical Bills and Debt Impact Americans with Private Insurance. September 17, 2026. The delay finding concerns the subgroup paying bills or debt over time.

2. HealthCare.gov. Deductible. Background on a common patient payment obligation.

*Board Briefings provide governance education and do not constitute legal, clinical, accounting, or investment advice.*