



# The 2026 CHCF California Health Policy Survey

FEBRUARY 2026



## AUTHORS

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## About the Authors

This report was written by Jen Joynt, independent health care consultant. Research was conducted by NORC at the University of Chicago, a nonprofit public opinion research center. The survey and data analysis were led by Rebecca Catterson, MPH, principal research director at NORC, and Emily Alvarez, MA, senior research scientist, with support by Larry Bye, MA, senior fellow.

## About the Foundation

The [California Health Care Foundation](#) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

## About the Survey

The California Health Care Foundation California Health Policy Survey was conducted October 3, 2025, through November 10, 2025, via a mixed AmeriSpeak panel ( $n = 1,316$ ) and address-based sample ( $n = 1,236$ ) design among a random representative sample of 2,552 adults age 18 and older living in California. Interviews were conducted in English ( $n = 2,460$ ), Spanish ( $n = 69$ ), and Chinese ( $n = 23$ ). Survey respondents were asked whether they identified as Hispanic or Latino and then asked their racial identity. All respondents who did not identify as Latino/x are reported with concise labels (Asian, Black, or White). The sample size was not sufficient to report data for Californians who selected more than one race or who identify as some other race. A multistage weighting design was applied to ensure accurate representation of the California adult population. More details on survey methods are available in the appendix.

Where comparisons are made by income groups, “Californians with low incomes” refers to those with household income below 200% of the federal poverty level (e.g., \$53,300 for a family of three in 2025). “Californians with higher incomes” refers to those with household income at 200% or above the federal poverty level in 2025. Any result reported as “different from,” “more than,” “more likely,” or “less than” another result is a statistically significant difference at  $p < .05$ .

# Executive Summary

California is home to nearly 40 million people of different incomes, ages, and racial and ethnic backgrounds, and who live in different regions. Periodically since 2019, the California Health Care Foundation has conducted a representative, statewide survey of residents' views and experiences on a variety of health care topics, some of which are tracked to detect meaningful shifts over time.

The California Health Care Foundation and NORC at the University of Chicago, a nonpartisan research organization, conducted the survey again in late 2025. This year's survey provides significant new data on health care costs and Californians' experiences affording health care. It also presents Californians' opinions about the major federal tax and budget bill, H.R. 1, passed by Congress in the summer of 2025.

Key themes and findings from this year's survey include:

## **Health care costs are causing economic hardship to large percentages of Californians across income levels.**

- Half of Californians say their health care expenses have increased faster than their income (Figure 36). Seven in 10 Californians feel that health care expenses place a financial strain on their household (Figure 33).
- In a state known for its high costs and housing crisis, worries about unexpected medical bills far exceed worries about affording other expenses, including rent and groceries. Nearly two in three Californians (64%), including 75% of those with low incomes and 62% with higher incomes, are worried about unexpected medical bills. In comparison, 48% are worried about rent and 47% about groceries (Figure 38 and Figure 39).
- Four in 10 Californians have medical debt, including 55% of those with low incomes and 37% with higher incomes (Figure 43).
- Many Californians across income levels report skipping or delaying savings and other essential household expenses to afford health care (Figure 29). To afford health care, Californians report cutting back on:
  - Savings and retirement contributions: 40% overall, 44% with low incomes, and 39% with higher incomes
  - Leisure and entertainment: 44% overall, 48% with low incomes, and 45% with higher incomes
  - Groceries and household essentials: 28% overall, 46% with low incomes, and 20% with higher incomes
  - Rent or mortgage: 19% overall, 39% with low incomes, and 11% with higher incomes

**A strong majority of Californians across income groups say they or a family member skipped or delayed health care in the past year due to cost.**

- About 6 in 10 Californians (59%) report that they or a family member skipped or delayed care due to cost in the past 12 months. (Figure 21).
- The situation is even worse for Californians with low incomes, 70% of whom say they skipped or delayed health care in the past year due to cost (Figure 22). But this is not only a problem for those with low incomes: 55% of Californians with higher incomes also report skipping or delaying care due to cost (Figure 23).

**Although health care affordability challenges are experienced by a wide range of Californians across race and region, Californians living in the Rural North and Latino/x Californians experience greater burdens.**

- Seven in 10 Rural North respondents (69%) say their health care expenses have increased faster than their income, more than California overall (51%) and any other region (Figure 36 and Figure 37).
- Seven in 10 Rural North respondents (71%) say they skipped or delayed care, more than California overall (59%) and more than any other region except the Inland Empire (65%, which is not statistically different from the Rural North) (Figure 24).
- Latino/x Californians are more likely to say it is difficult for them or their family to afford health care than Californians of other races/ethnicities. Half (50%) say it is difficult to afford dental care compared to 39% of Californians overall; 48% to afford specialty care compared to 40% overall; 40% to afford primary care compared to 30% overall (Figure 16 and Figure 17).
- Many Latino/x Californians report reducing savings and spending on essential household items to afford health care expenses. Notably, 40% say they delayed, reduced, or skipped purchasing groceries or household essentials compared to 28% of Californians overall; 35% delayed or skipped paying utility bills compared to 22% overall; 30% delayed or skipped paying their rent or mortgage compared to 19% overall (Figure 29 and Figure 30).

**A strong majority of Californians overall and across political parties agree that making health care more affordable is an important priority for state policymakers in 2026.**

- About 8 in 10 Californians (83%) say that making health care affordable is an “extremely” or “very” important priority for state policymakers in 2026 (Figure 7).
- Along with state government, health insurance companies, pharmaceutical companies, the federal government, and hospitals are seen as having “a great deal” or “a lot” of responsibility to make health care more affordable by large majorities of Californians overall and across political parties (Figure 11).

**Half of Californians hold an unfavorable view of the federal tax and budget bill H.R. 1, and half think it will weaken Medi-Cal.**

- Opinions of H.R. 1 differ across political parties in California (Figure 1).
  - Three in four Democrats (77%) have an unfavorable opinion, 2% a favorable opinion, and 21% are unsure.
  - Four in 10 Californians with no party preference have an unfavorable opinion, 8% a favorable opinion, and 52% are unsure.
  - Four in 10 Republicans (42%) express a favorable opinion, 13% an unfavorable opinion, and 45% are unsure.
- About half (53%) of Californians think H.R. 1 will weaken Medi-Cal, although these opinions also vary widely across political parties; 76% of Democrats, 21% of Republicans, and 45% of those with no party preference say the bill will weaken Medi-Cal (Figure 3).

# Section 1. Health Policy Opinions and Priorities

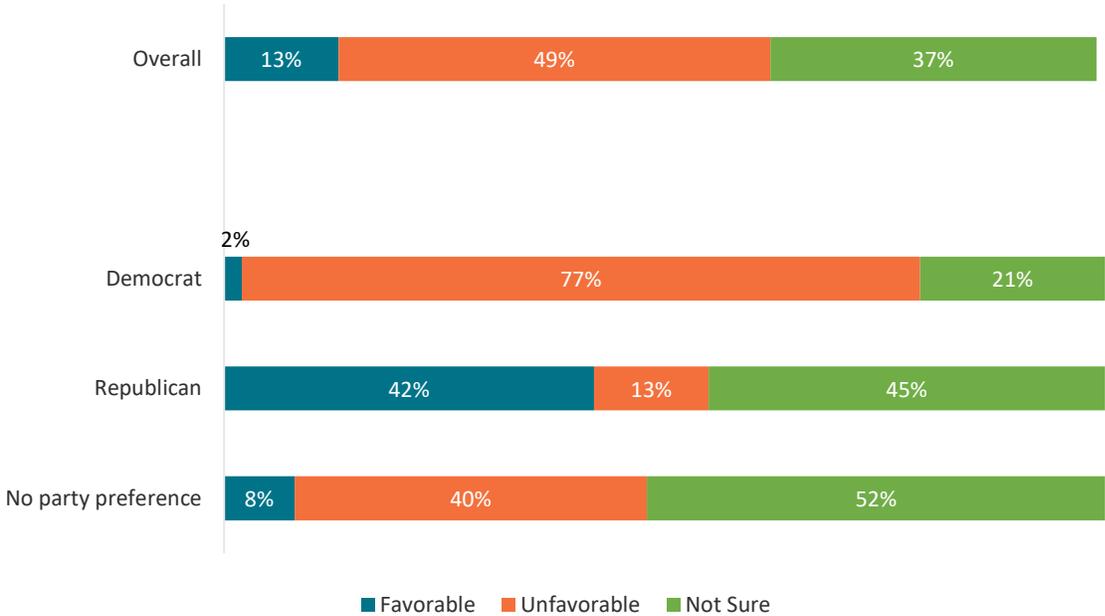
## Federal Tax and Budget Bill H.R. 1

Californians were asked about their familiarity with and opinions about the federal tax and budget bill H.R. 1, also known as the “One Big Beautiful Bill.” Most Californians (81%) have heard of or read about H.R. 1 at least a little. Democrats (66%) were more likely to have heard of or read about H.R. 1 “a lot” or “some” than Republicans (56%) or those without a party preference (46%).

Half of Californians (49%) have an unfavorable opinion of H.R. 1, 13% have a favorable opinion of the bill, and 37% are not sure. Three in four Democrats (77%) have an unfavorable opinion, and 21% are not sure. Among Republicans, 42% have a favorable opinion, 13% an unfavorable opinion, and 45% are not sure. Half of those with no party preference (52%) are not sure, and 40% have an unfavorable opinion (Figure 1).

**Figure 1. Half of Californians Have an Unfavorable Opinion of the Federal Tax and Budget Bill H.R. 1**

Q: IN GENERAL, DO YOU HAVE A FAVORABLE OR UNFAVORABLE OPINION ABOUT THE TAX AND BUDGET BILL, ALSO KNOWN AS THE “ONE BIG BEAUTIFUL BILL”?



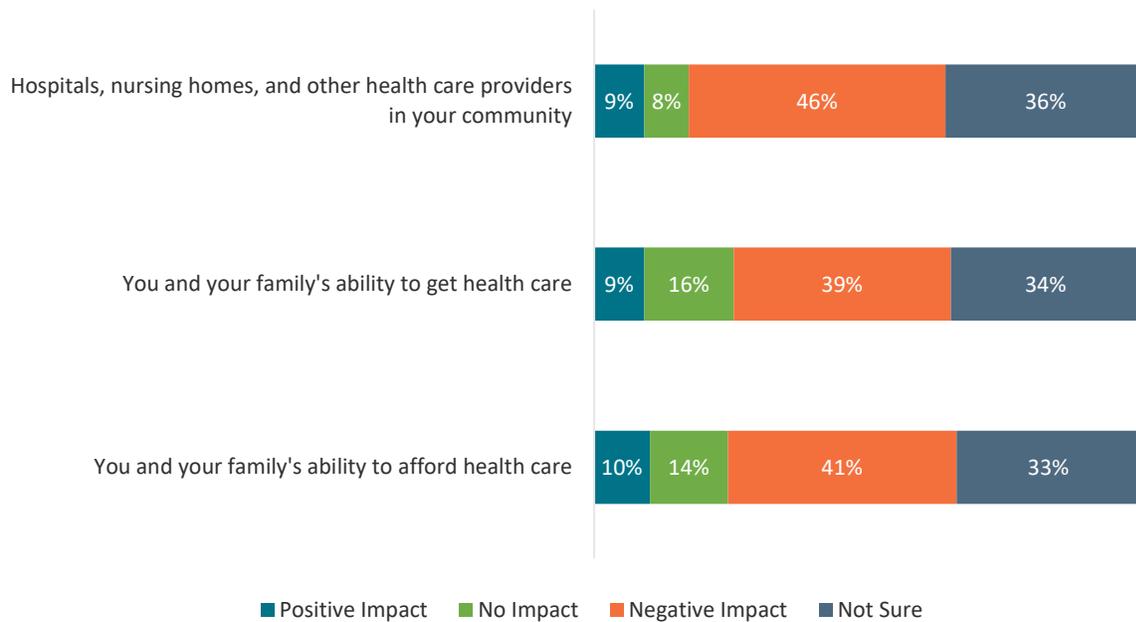
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. Respondents were asked which political party they considered themselves a member of; 40% said Democrat; 37%, no party preference; and 21%, Republican. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Only 1 in 10 Californians think H.R. 1 will have a positive impact on their family’s ability to afford health care (10%), their family’s ability to get health care (9%), and on health care providers in their community (9%). About 4 in 10 think H.R. 1 will have a negative impact on each of those, while about one in three Californians say they are not sure what impact H.R. 1 will have (Figure 2).

**Figure 2. One in 10 Californians Think H.R. 1 Will Have a Positive Impact on Their Family’s Ability to Afford and Get Health Care**

Q: BASED ON WHAT YOU KNOW, DO YOU THINK THE TAX AND BUDGET BILL, ALSO KNOWN AS THE “ONE BIG BEAUTIFUL BILL,” WILL HAVE A POSITIVE IMPACT, A NEGATIVE IMPACT, OR NO IMPACT ON EACH OF THE FOLLOWING?



Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options.

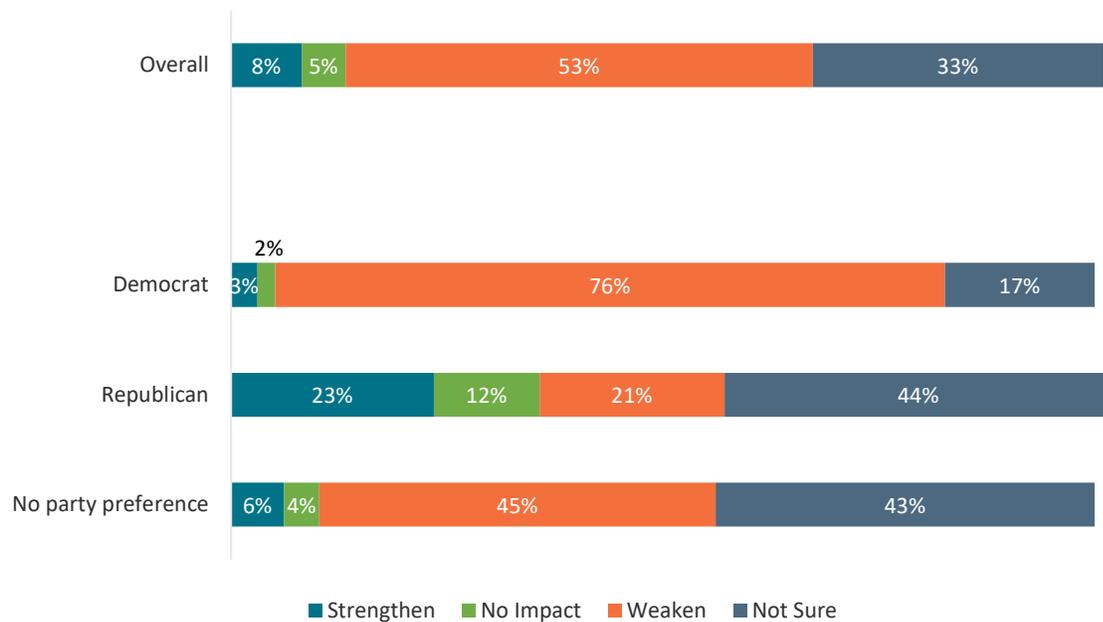
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

About one in five Republicans think H.R. 1 will have a positive impact on their family’s ability to afford health care (23%), their family’s ability to get health care (22%), and on health care providers in their community (23%), more than Democrats and those with no party preference.

About half of Californians (53%) think H.R. 1 will weaken Medi-Cal; 8% think it will strengthen Medi-Cal, 5% think it will have no impact, and 33% are not sure. Opinions about H.R. 1’s impact on Medi-Cal differ across political parties. Three in four Democrats (76%) and 45% of those with no party preference think H.R. 1 will weaken Medi-Cal. Republicans are more evenly split: 23% say the bill will strengthen Medi-Cal, 21% say it will weaken Medi-Cal, and 44% are not sure (Figure 3).

### Figure 3. More Than Half of Californians Think That H.R. 1 Will Weaken Medi-Cal

Q: BASED ON WHAT YOU KNOW, DO YOU THINK THE TAX AND BUDGET BILL, ALSO KNOWN AS THE “ONE BIG BEAUTIFUL BILL,” WILL STRENGTHEN, WEAKEN, OR HAVE NO IMPACT ON MEDI-CAL, A HEALTH INSURANCE PROGRAM FOR CALIFORNIANS WITH LOW INCOME?



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. Respondents were asked which political party they considered themselves a member of; 40% said Democrat, 37%, no party preference; and 21%, Republican. Figures may not sum due to rounding.

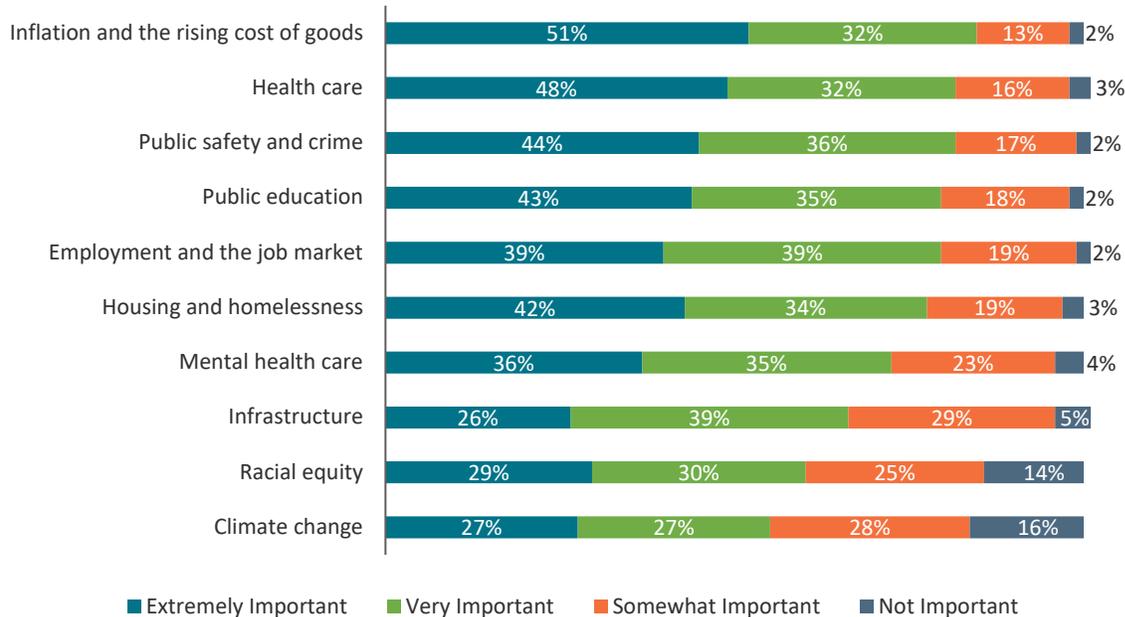
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

### Priorities for California State Government

Californians were asked about overall priorities for the governor and state legislature to address in 2026. Eighty-three percent of Californians identify inflation and the rising cost of goods as an “extremely” or “very” important priority for the government in 2026, followed closely by health care (80%) and public safety and crime (80%) (Figure 4).

**Figure 4. Eight In 10 Californians Identify Inflation and Health Care as Important Priorities for the Government in 2026**

Q: HOW IMPORTANT DO YOU THINK IT IS FOR THE CALIFORNIA GOVERNOR AND LEGISLATURE TO PRIORITIZE IMPROVEMENT IN THE FOLLOWING AREAS IN 2026?



Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Californians in both income groups (low incomes and higher incomes) place a similar level of importance on each priority area — 75% or more across income groups think inflation, health care, public safety, employment, and housing are “extremely” or “very” important policy areas. The policy priority with the greatest difference is racial equity, with 66% of those with low incomes and 55% of those with higher incomes saying this is an “extremely” or “very” important priority for state government.

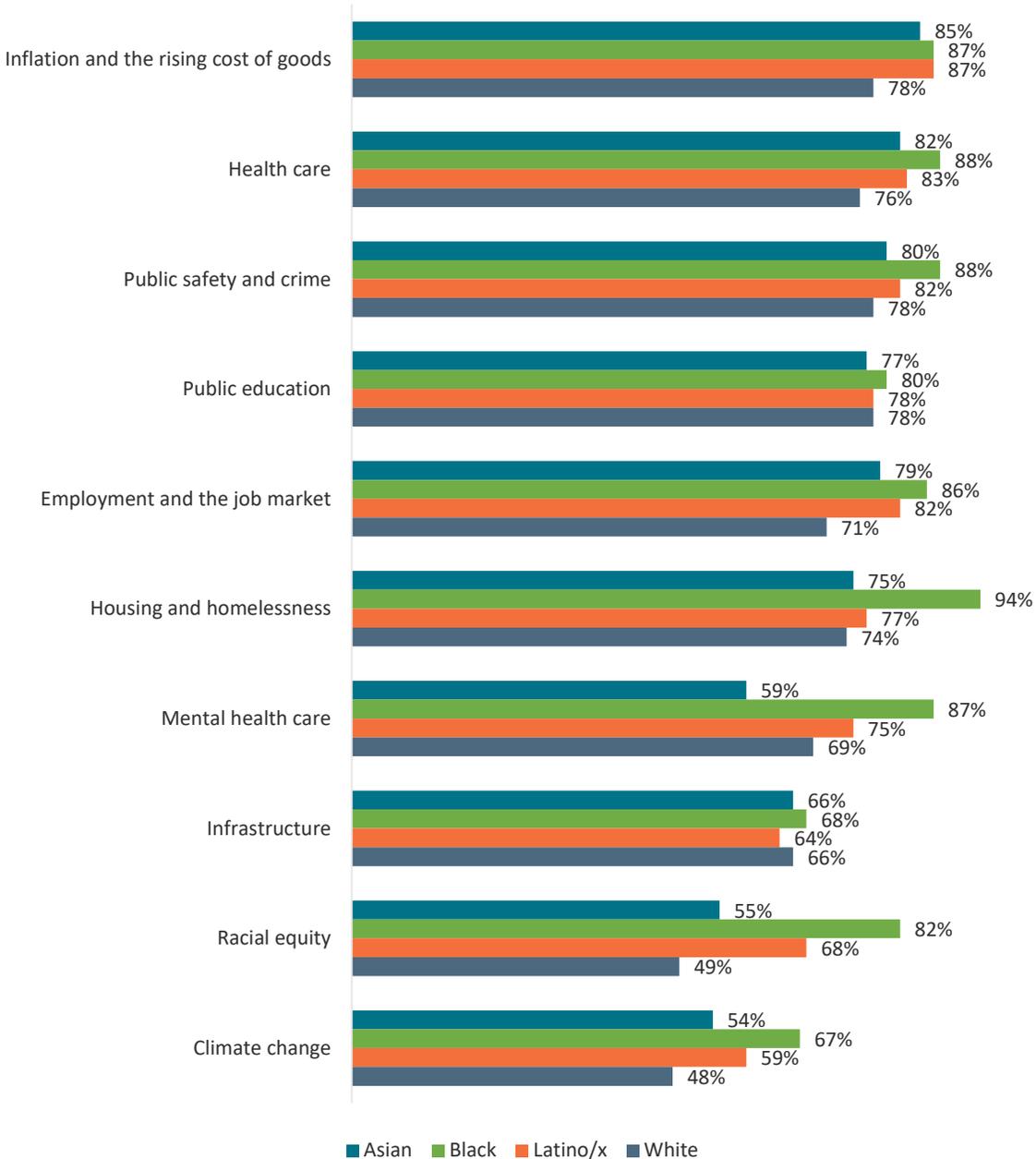
Similarly, there is more agreement than disagreement on policy priorities across racial and ethnic groups. At least 8 in 10 Asian, Black, and Latino/x Californians think inflation, health care, and public safety are important policy areas, with slightly smaller percentages of White Californians agreeing. More than half of respondents across racial/ethnic groups consider 8 of these 10 policy areas “extremely” or “very” important.

Black Californians (87%) and Latino/x Californians (75%) are more likely to say mental health care is “extremely” or “very” important than Asian Californians (59%) and White Californians (69%). Ninety-four percent of Black Californians say housing and homelessness is “extremely” or “very” important, more than Californians of all other races/ethnicities. And more Black

Californians (82%) consider racial equity to be an “extremely” or “very” important priority compared to Californians of other races/ethnicities (Figure 5).

**Figure 5. Californians Across Races and Ethnicities Agree on the Importance of Many Policy Priorities**

PERCENTAGE OF CALIFORNIANS WHO SAY EACH IS “EXTREMELY” OR “VERY” IMPORTANT



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options.

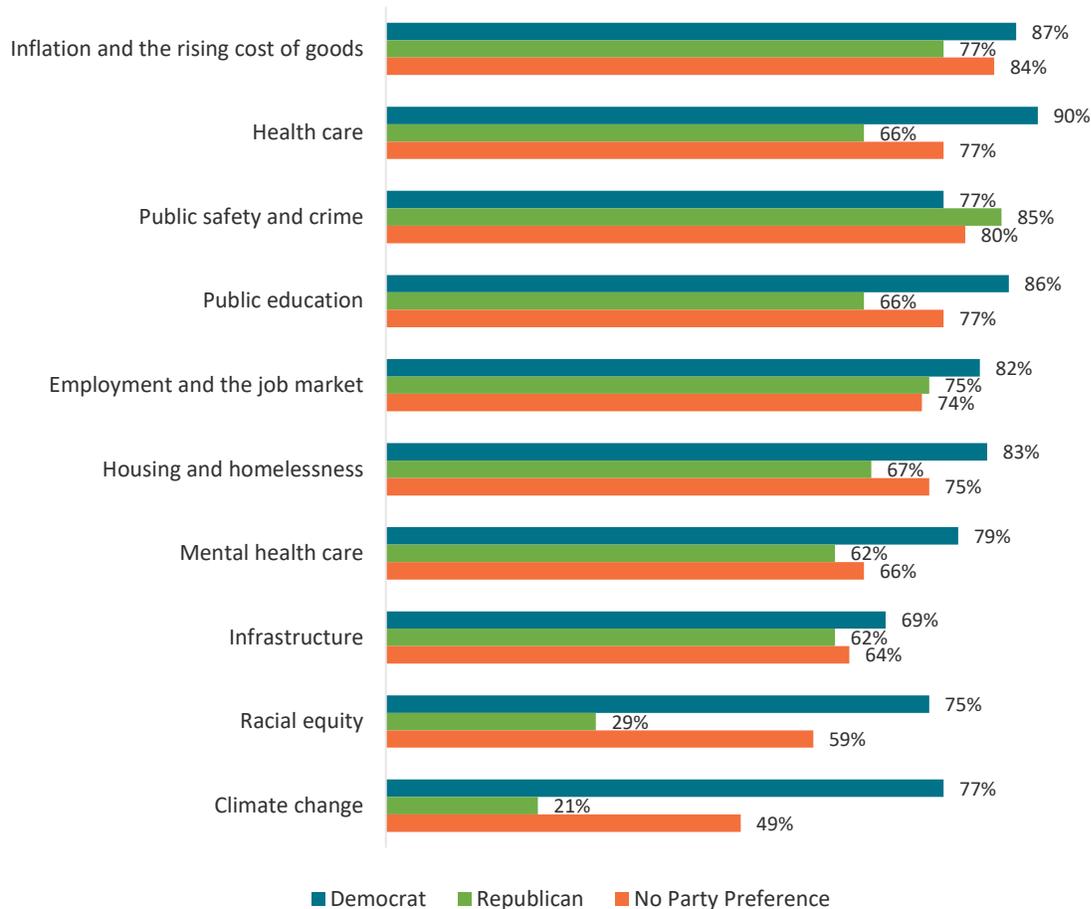
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Across political parties, Californians are generally united around the importance of the governor and the legislature prioritizing many policy areas. More than 60% across parties consider 8 of the 10 issues to be “extremely” or “very” important priorities. Very large majorities consider inflation and the rising cost of goods to be a high priority, with 87% of Democrats, 84% of those without a party preference, and 77% of Republicans saying this is “extremely” or “very” important. Nine in 10 Democrats (90%) consider health care to be a top priority, more than those with no party preference (77%) and Republicans (66%). (Figure 6)

For two policy priorities, climate change and racial equity, there are substantial differences between California Republicans, California Democrats, and those with no party preference. For climate change, 77% of Democrats say this is “extremely” or “very” important compared to 49% of those without a party preference and 21% of Republicans. Similarly, 75% of Democrats and 59% of those without a party preference say racial equity is “extremely” or “very” important compared to 29% of Republicans.

**Figure 6. Importance of Policy Priorities for California State Government Differs by Political Party Affiliation**

PERCENTAGE OF CALIFORNIANS WHO SAY EACH IS “EXTREMELY” OR “VERY” IMPORTANT



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. Respondents were asked which political party they considered themselves a member of; 40% said Democrat; 37%, no party preference; and 21%, Republican.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

## Health Care Priorities

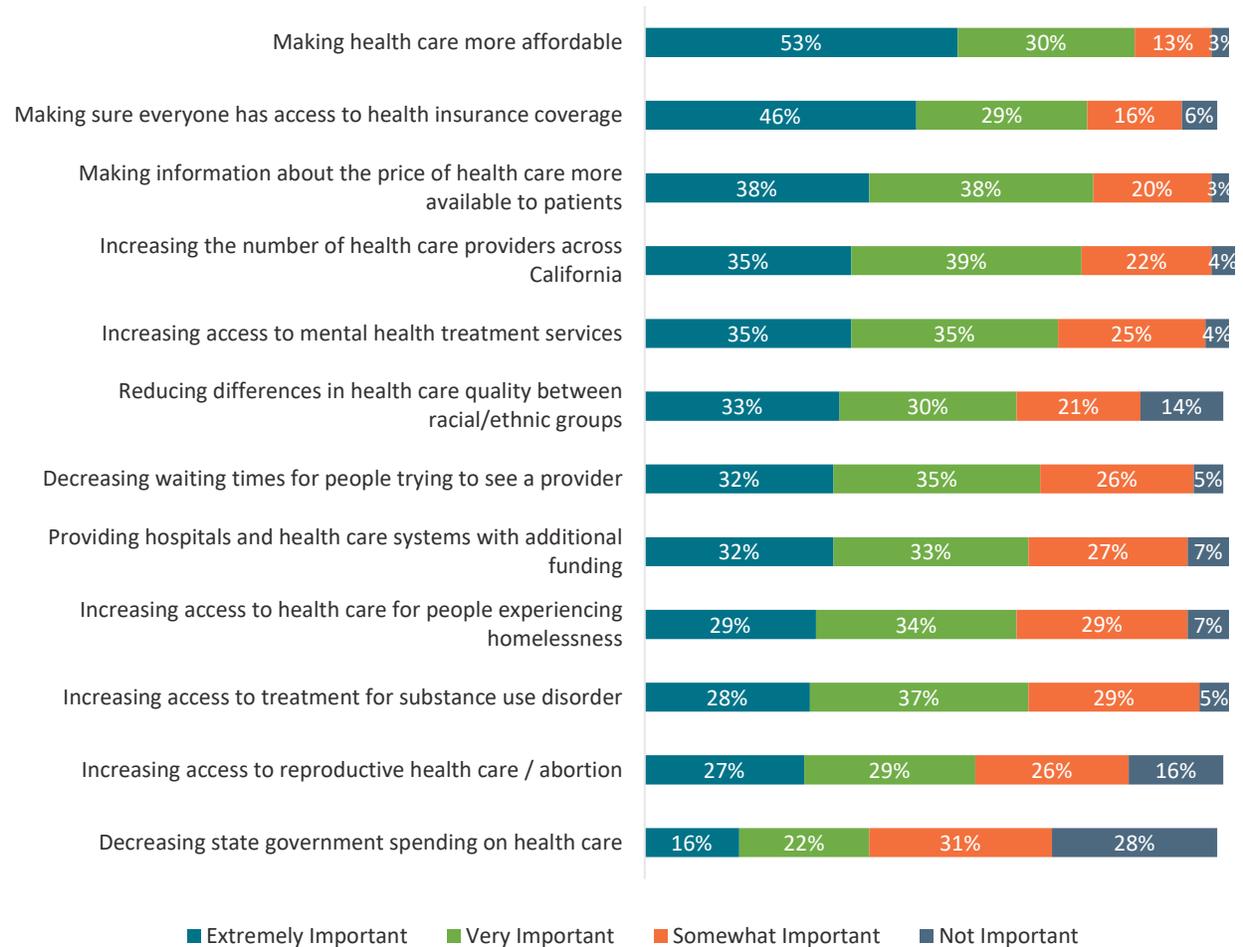
Californians were asked how important it is for the governor and state legislature to work on a variety of health care–related items in 2026. About 8 in 10 Californians (83%) say making health care more affordable is important (53% “extremely” important; 30% “very” important). Three in four Californians say making sure everyone has access to health insurance coverage (75%) and making information about the price of health care more available to patients (75%\*) are “extremely” or “very” important. Six in 10 or more Californians think 10 of the 12 health care

\* May not match figure in chart due to rounding.

policy areas are “extremely” or “very” important for state government to work on in 2026 (Figure 7.)

**Figure 7. About 8 in 10 Californians Say Making Health Care More Affordable Is an Important Priority for Policymakers in 2026**

Q: HOW IMPORTANT DO YOU THINK IT IS FOR THE CALIFORNIA GOVERNOR AND LEGISLATURE TO WORK ON THE FOLLOWING THINGS IN 2026?



Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options.

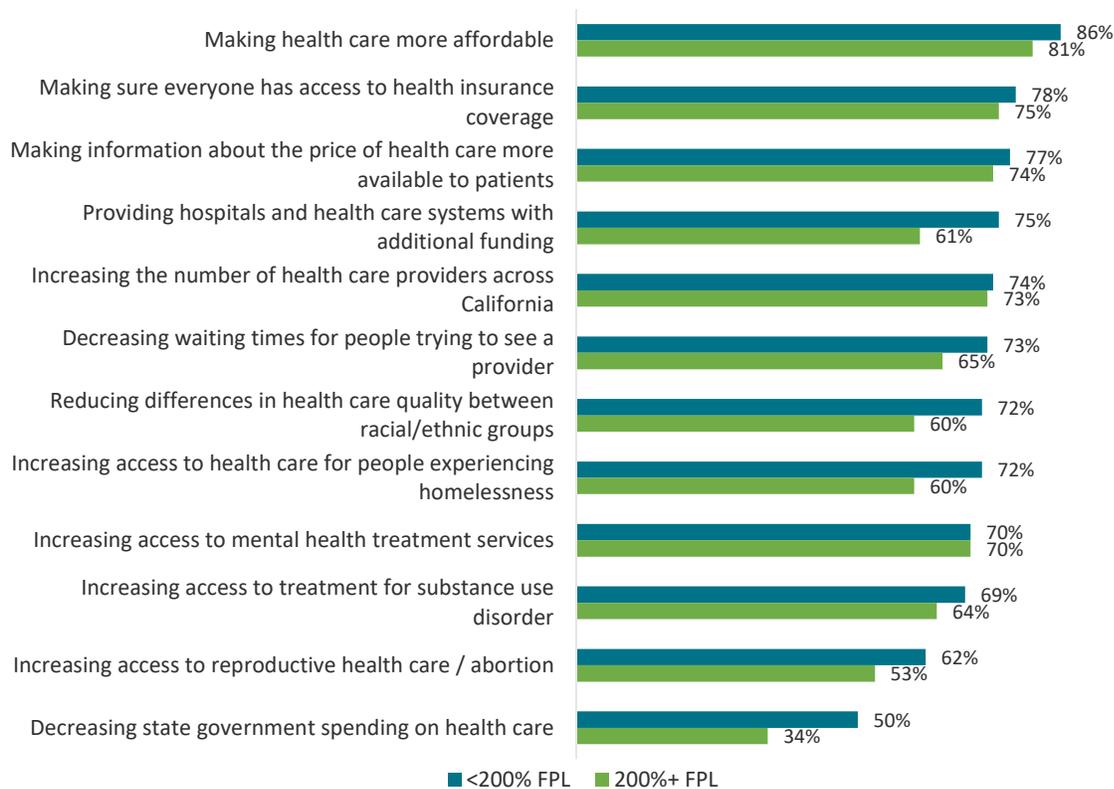
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Californians with low incomes and higher incomes agree that many health care items are “extremely” or “very” important for state policymakers to work on in 2026. Eighty-six percent of Californians with low incomes and 81% of those with higher incomes say making health care more affordable is an “extremely” or “very” important policy priority. About three in four Californians with low incomes and higher incomes say making sure everyone has access to health insurance coverage and making information about the price of health care more available to patients are “extremely” or “very” important (Figure 8).

Although there are differences between Californians with low and higher incomes, clear majorities of both income groups think that almost all these health care items are “extremely” or “very” important. The only exception is decreasing state government spending on health care.

**Figure 8. Eight in 10 or More Californians Across Income Levels Say Making Health Care More Affordable Is an Important Policy Priority**

PERCENTAGE OF CALIFORNIANS WHO SAY EACH IS “EXTREMELY” OR “VERY” IMPORTANT



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

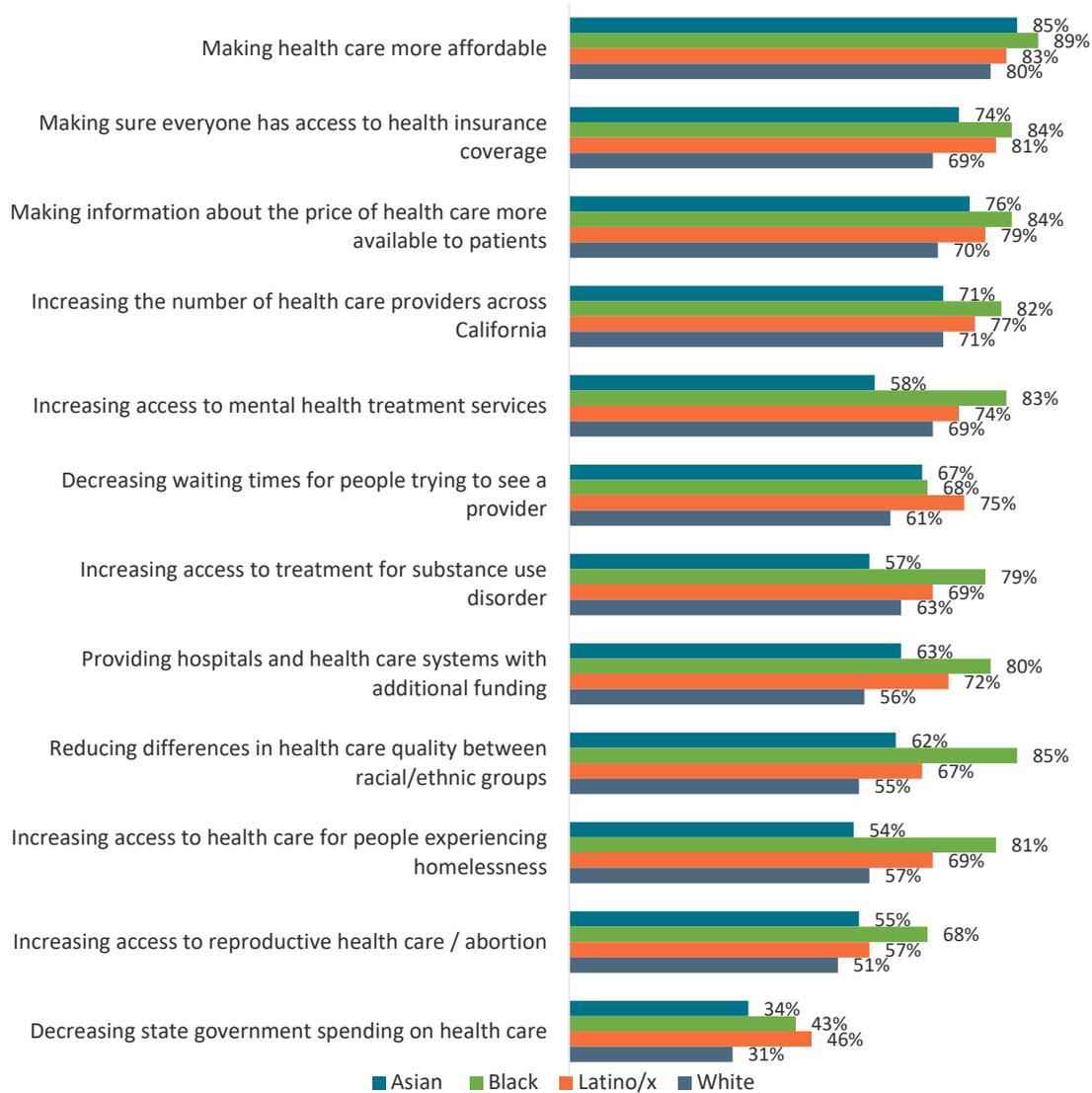
Most Californians across races/ethnicities think each health care issue is “extremely” or “very” important, with the exception of decreasing state government spending on health care. Eight in 10 or more Californians across races/ethnicities think making health care more affordable is “extremely” or “very” important (Figure 9).

Despite the broad agreement on health care issues, there are some differences across racial and ethnic groups. Black (84%) and Latino/x Californians (81%) are more likely to consider making sure everyone has access to health insurance coverage to be important than White Californians (69%). Black (81%) and Latino/x Californians (69%) are more likely to say increasing access to health care for people experiencing homelessness is “extremely” or “very” important

than Asian (54%) and White Californians (57%). Eighty-five percent of Black Californians say it is “extremely” or “very” important to reduce differences in health care quality between racial and ethnic groups; this is significantly higher than any other racial or ethnic group.

**Figure 9. Eight in 10 or More Californians Across Races/Ethnicities Think Making Health Care More Affordable Is Important**

PERCENTAGE OF CALIFORNIANS WHO SAY EACH IS “EXTREMELY” OR “VERY” IMPORTANT



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options.

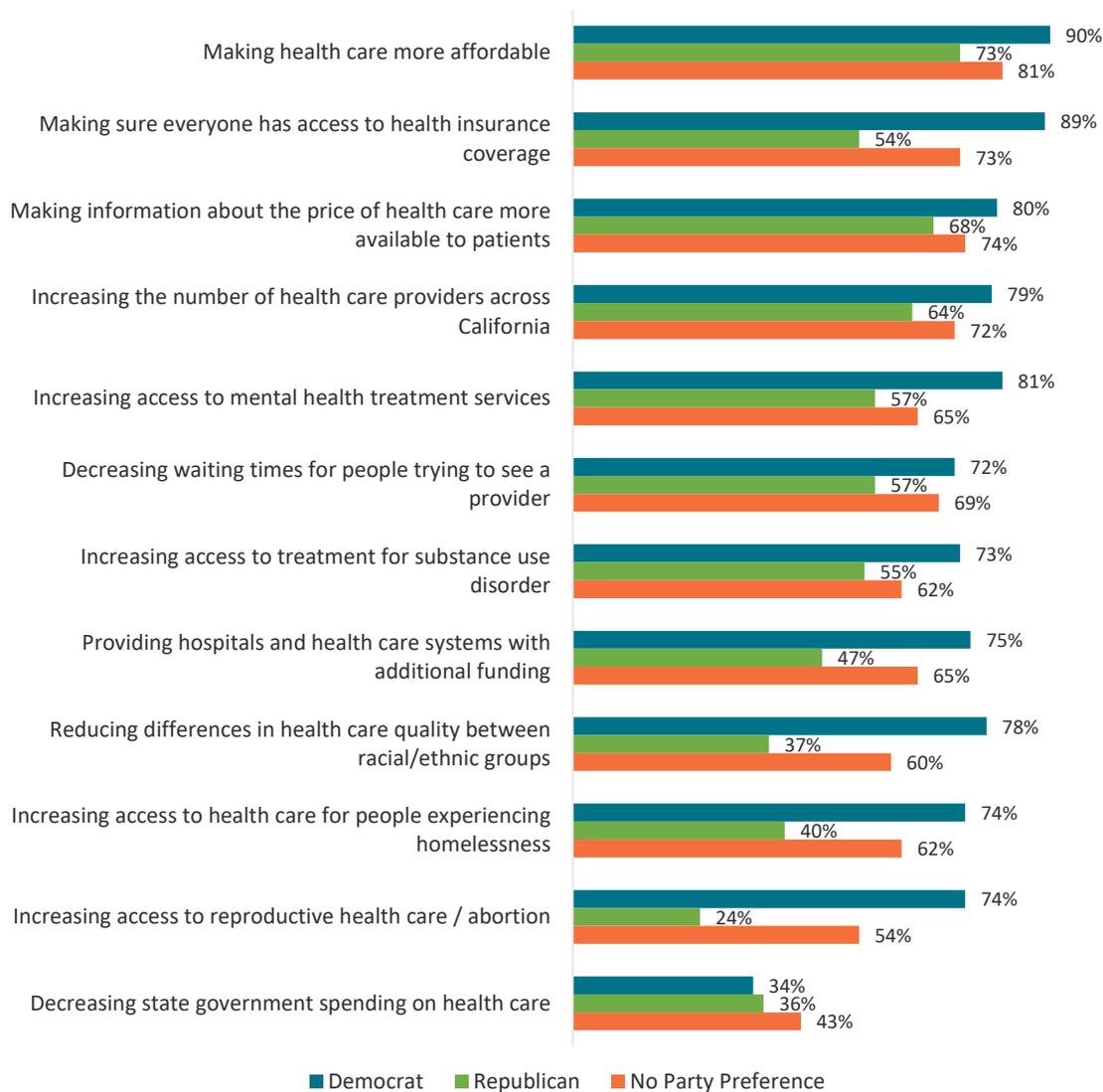
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Across political parties, Californians agree that making health care more affordable is an important priority for state policymakers: 90% of Democrats, 81% of those with no party affiliation, and 73% of Republicans say this is “extremely” or “very” important. California

Democrats are more likely to consider each health care priority to be “extremely” or “very” important than Republicans, with the exception of decreasing state government spending on health care. Still, clear majorities (well over 50%) across all three party categories find seven of these issues “extremely” or “very” important. The biggest differences occur around three issues: increasing access to reproductive health care and abortion, reducing racial disparities, and increasing access to health care for people experiencing homelessness (Figure 10).

**Figure 10. Californians Across Political Parties Place a High Priority on Making Health Care More Affordable**

PERCENTAGE OF CALIFORNIANS WHO SAY EACH IS “EXTREMELY” OR “VERY” IMPORTANT



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. Respondents were asked which political party they considered themselves a member of; 40% said Democrat; 37%, no party preference; and 21%, Republican.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

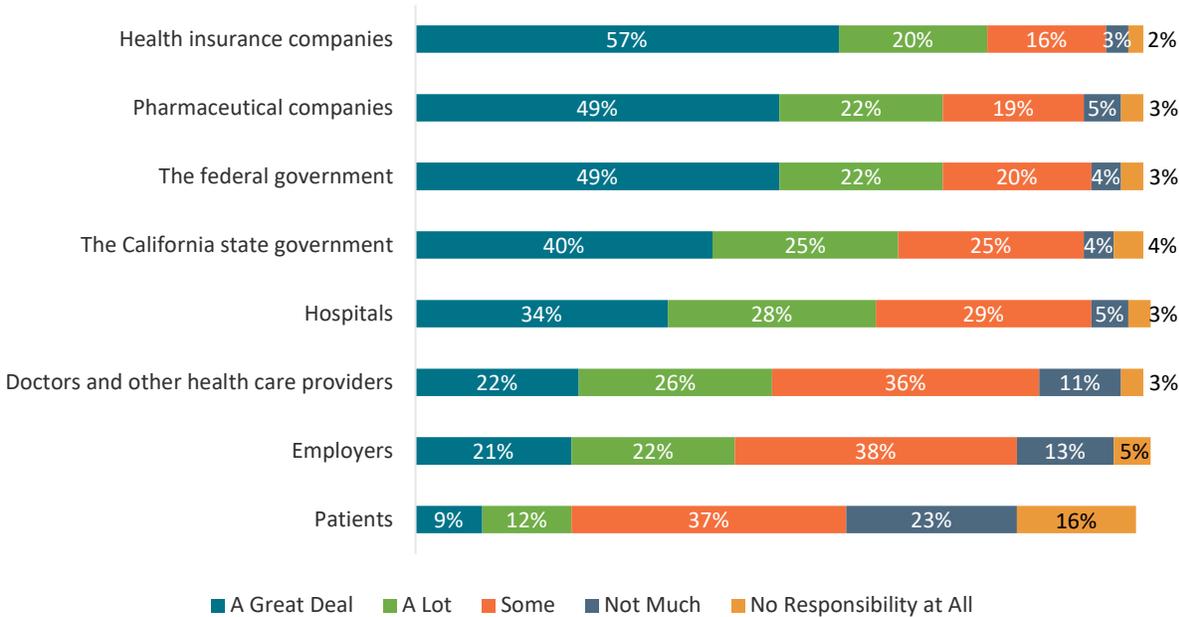
# Responsibility for Making Health Care Affordable

Large majorities of Californians believe that both the health care industry (health insurance companies, pharmaceutical companies, and hospitals) and the government (federal and state) have a large responsibility to make health care more affordable.

About three in four Californians (78%\*) think that health insurance companies bear “a great deal” (57%) or “a lot” (20%) of responsibility for making health care more affordable. Beyond insurance companies, Californians think that pharmaceutical companies (72%\*), the federal government (71%), the California state government (66%\*), and hospitals (62%) are responsible for making health care more affordable (Figure 11).

**Figure 11. Strong Majorities of Californians Say Responsibility for Making Health Care More Affordable Rests With Industry and Government**

Q: HOW MUCH RESPONSIBILITY, IF ANY, DOES EACH OF THE FOLLOWING HAVE FOR MAKING HEALTH CARE MORE AFFORDABLE?



Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

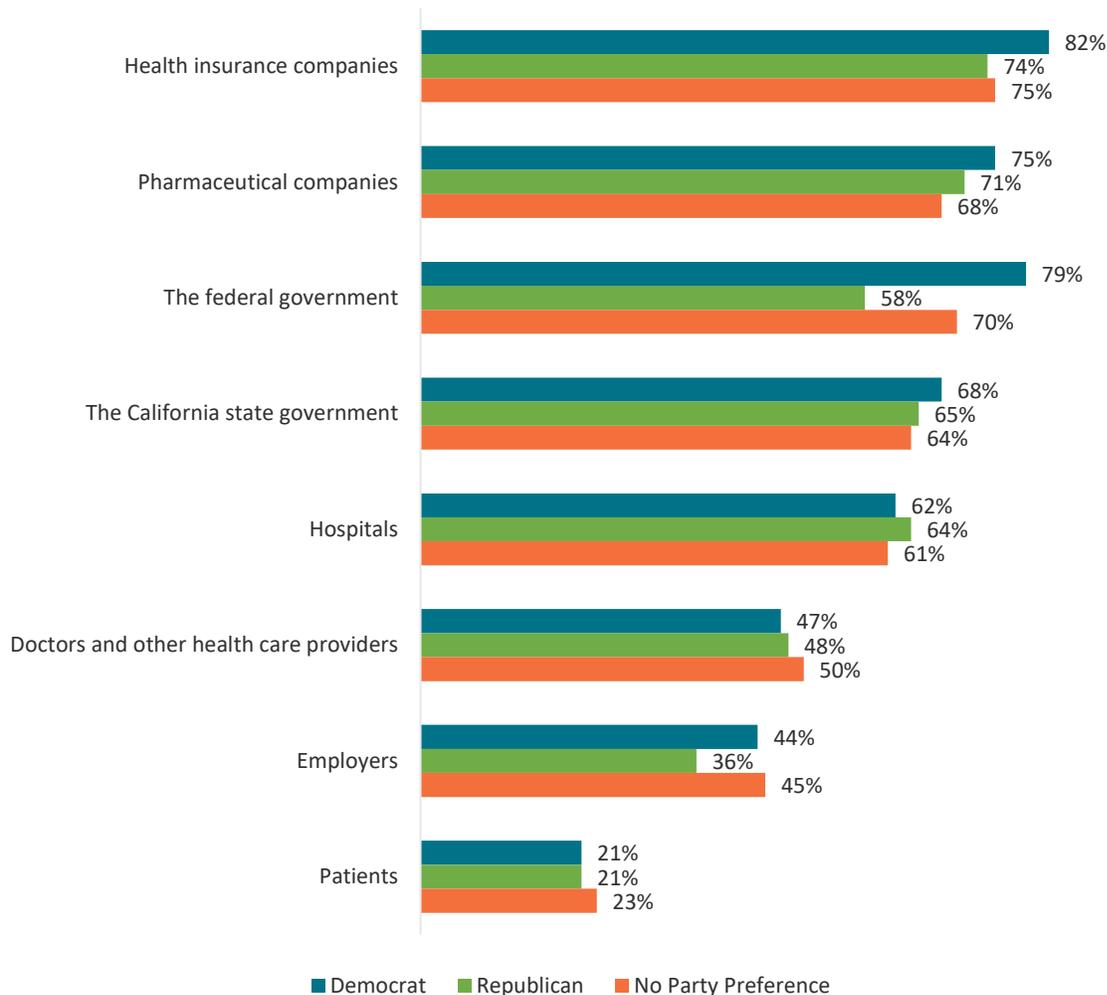
Californians across political parties agree that health insurance companies bear “a great deal” or “a lot” of responsibility for making health care more affordable: 82% of Democrats, 75% of those with no party preference, and 74% of Republicans. A majority of Californians of each

\* May not match figure in chart due to rounding.

party also think that pharmaceutical companies, the federal government, the California state government, and hospitals are responsible for making health care more affordable (Figure 12).

**Figure 12. Californians Across Political Parties Think Industry, Federal Government, and State Government Are Responsible for Making Health Care More Affordable**

PERCENTAGE WHO SAY EACH HAS “A GREAT DEAL” OR “A LOT” OF RESPONSIBILITY FOR MAKING HEALTH CARE MORE AFFORDABLE



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. Respondents were asked which political party they considered themselves a member of; 40% said Democrat; 37%, no party preference; and 21%, Republican.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

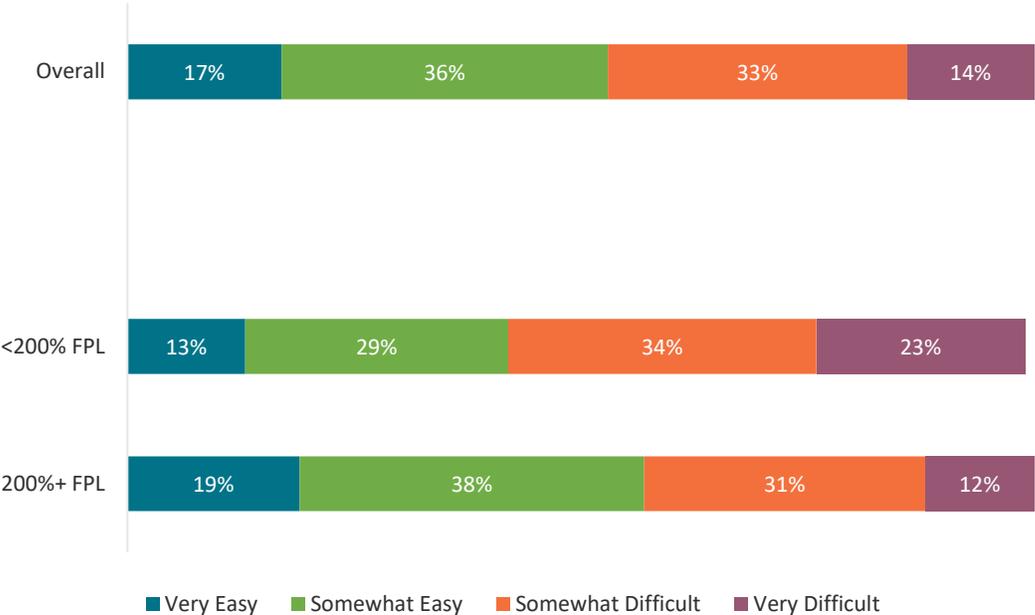
# Section 2. Affordability and Health Care Costs

## Affordability

This year’s poll asked Californians how easy or difficult it is for them and their families to afford health care in the state of California. Nearly half of Californians (47%) say it is “very” (14%) or “somewhat” (33%) difficult to afford health care. Californians with low incomes (58%\*) are more likely to say it is “very” or “somewhat” difficult to afford health care than those with higher incomes (43%) (Figure 13).

**Figure 13. Nearly Half of Californians and More Than Half of Californians with Low Incomes Say It Is Difficult to Afford Health Care**

Q: HOW EASY OR DIFFICULT IS IT FOR YOU AND YOUR FAMILY TO AFFORD HEALTH CARE IN THE STATE OF CALIFORNIA?



Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options. *FPL* is federal poverty level.

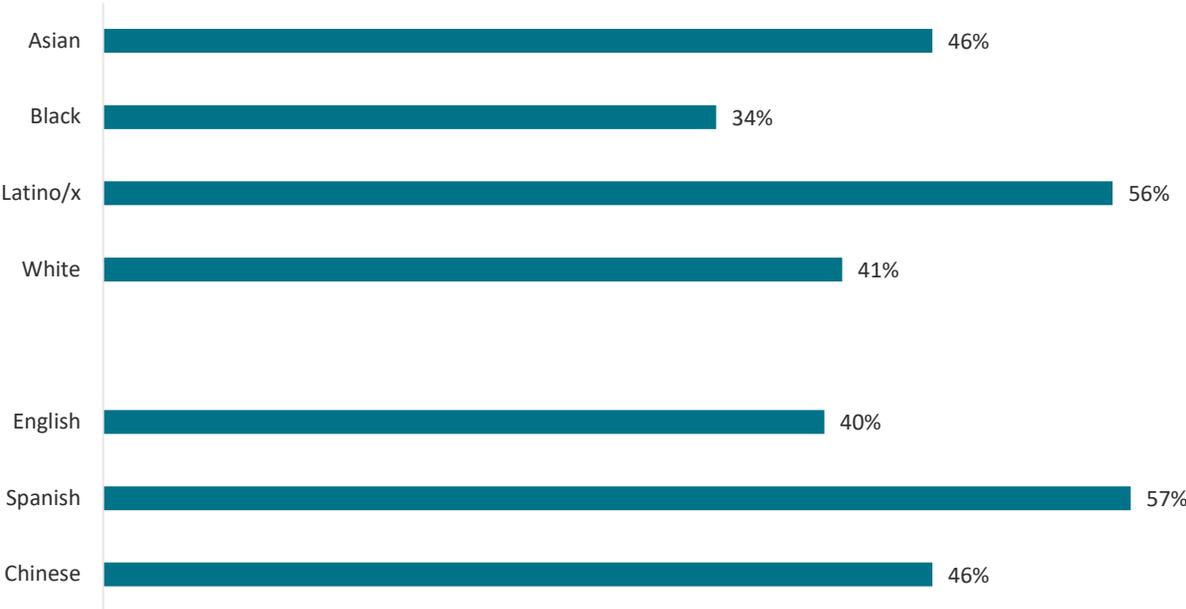
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Latino/x respondents (56%) are more likely to say it is “very” or “somewhat” difficult to afford health care than respondents of other races/ethnicities. A majority of Californians who speak Spanish at home (57%) say it is difficult to afford health care, compared to 46% of those who speak Chinese at home and 40% of those who speak English at home (Figure 14).

\* May not match figure in chart due to rounding.

**Figure 14. More Than Half of Latino/x Californians Say It Is Difficult to Afford Health Care — the Most of Any Racial/Ethnic Group**

PERCENTAGE WHO SAY IT IS “VERY” OR “SOMEWHAT” DIFFICULT FOR THEM AND THEIR FAMILY TO AFFORD HEALTH CARE IN THE STATE OF CALIFORNIA



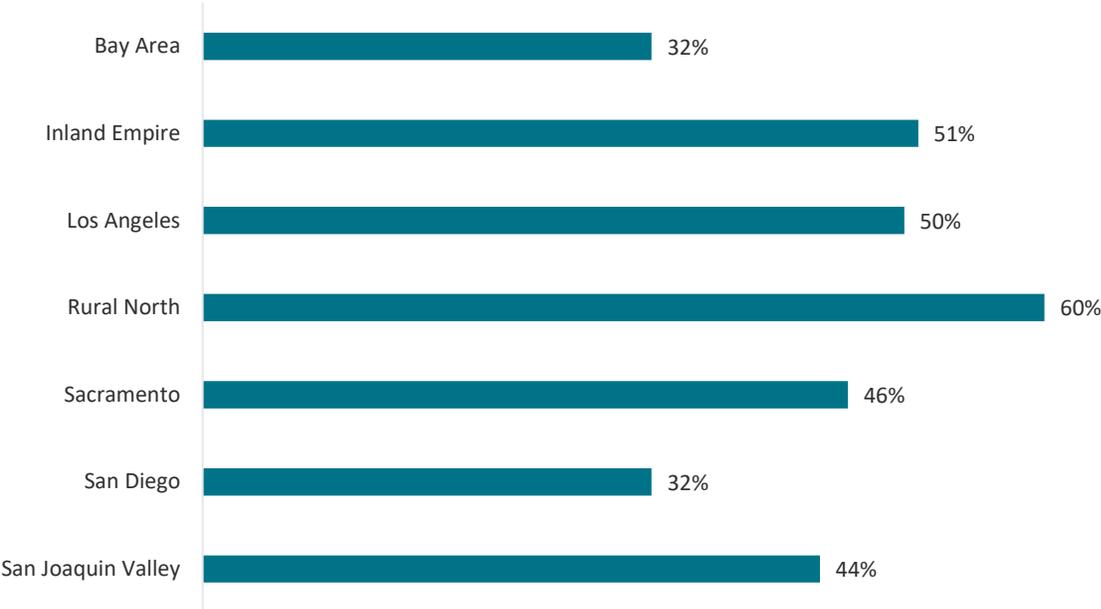
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Difficulty affording health care varies by region in California, from a high of 60% of Rural North respondents to a low of 32% of Bay Area and San Diego respondents who say it is “very” or “somewhat” difficult for them and their family to afford health care (Figure 15).

**Figure 15. Six in 10 Rural North Respondents and Half of Inland Empire and Los Angeles Respondents Say It Is Difficult to Afford Health Care**

PERCENTAGE WHO SAY IT IS “VERY” OR “SOMEWHAT” DIFFICULT FOR THEM AND THEIR FAMILY TO AFFORD HEALTH CARE IN THE STATE OF CALIFORNIA



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. See appendix for definitions of regions.

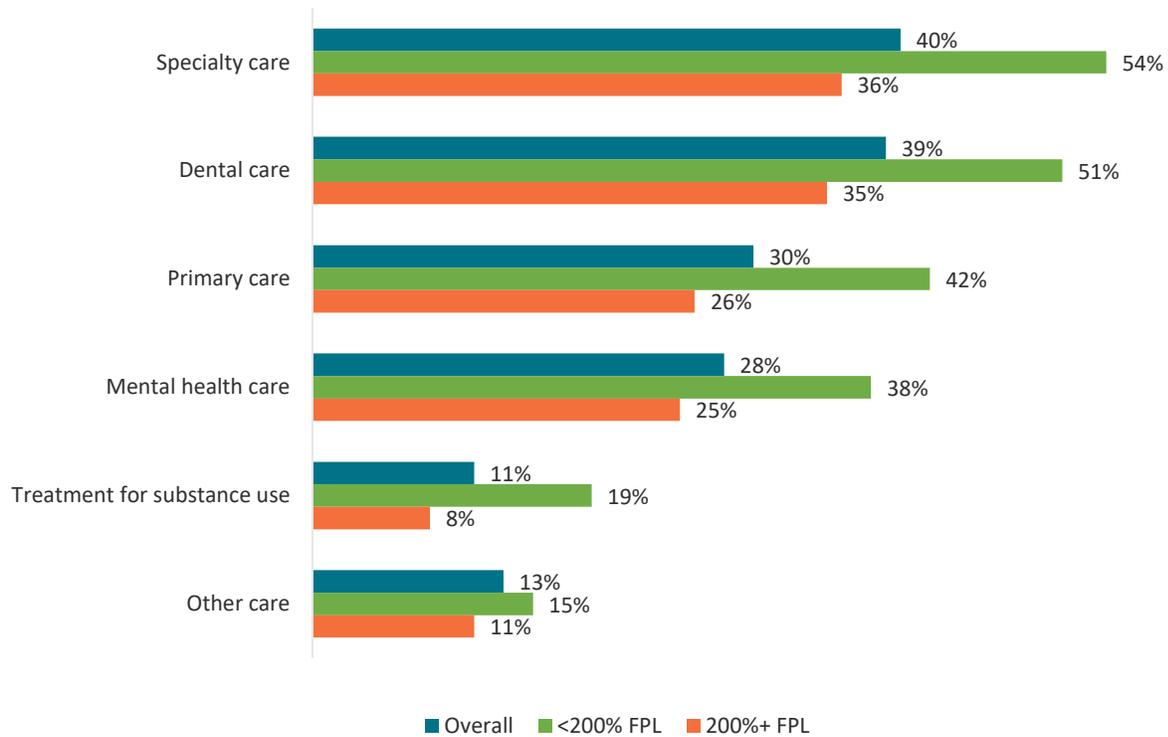
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

While uninsured respondents (69%) are more likely to say it is “very” or “somewhat” difficult to afford health care, more than 4 in 10 insured respondents (44%) also report difficulty affording health care. Californians who describe their health as “poor” or “fair” (61%) are more likely to say it is “very” or “somewhat” difficult to afford health care than those who describe their health as “good” (52%) or “very good” or “excellent” (37%).

Four in 10 Californians say it is “very” or “somewhat” difficult to afford specialty care (40%) and dental care (39%). Half of Californians with low incomes say it is “very” or “somewhat” difficult to afford specialty care (54%) and dental care (51%), and 4 in 10 report the same for primary care (42%) (Figure 16).

**Figure 16. Four in 10 Californians and Half of Californians with Low Incomes Report Difficulty Affording Specialty Care and Dental Care**

PERCENTAGE WHO SAY IT HAS BEEN “VERY” OR “SOMEWHAT” DIFFICULT FOR THEM AND THEIR FAMILY TO AFFORD THE FOLLOWING TYPES OF HEALTH CARE IN THE LAST 12 MONTHS



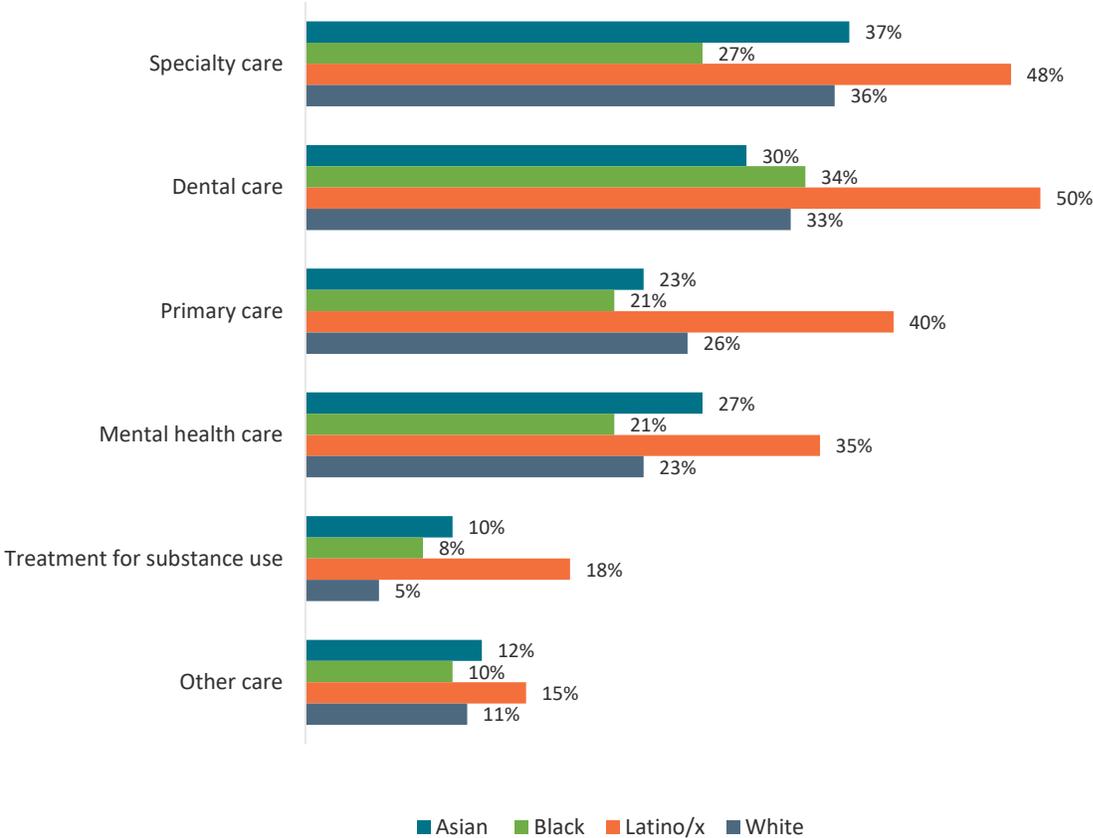
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Latino/x Californians are more likely to say it is “very” or “somewhat” difficult to afford most types of care compared to other races/ethnicities; about half say dental care (50%) and specialty care (48%) are difficult to afford (Figure 17).

**Figure 17. Half of Latino/x Californians Have Difficulty Affording Dental Care and Specialty Care — More Than Other Racial/Ethnic Groups**

PERCENTAGE WHO SAY IT HAS BEEN “VERY” OR “SOMEWHAT” DIFFICULT FOR THEM AND THEIR FAMILY TO AFFORD THE FOLLOWING TYPES OF HEALTH CARE IN THE LAST 12 MONTHS



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options.

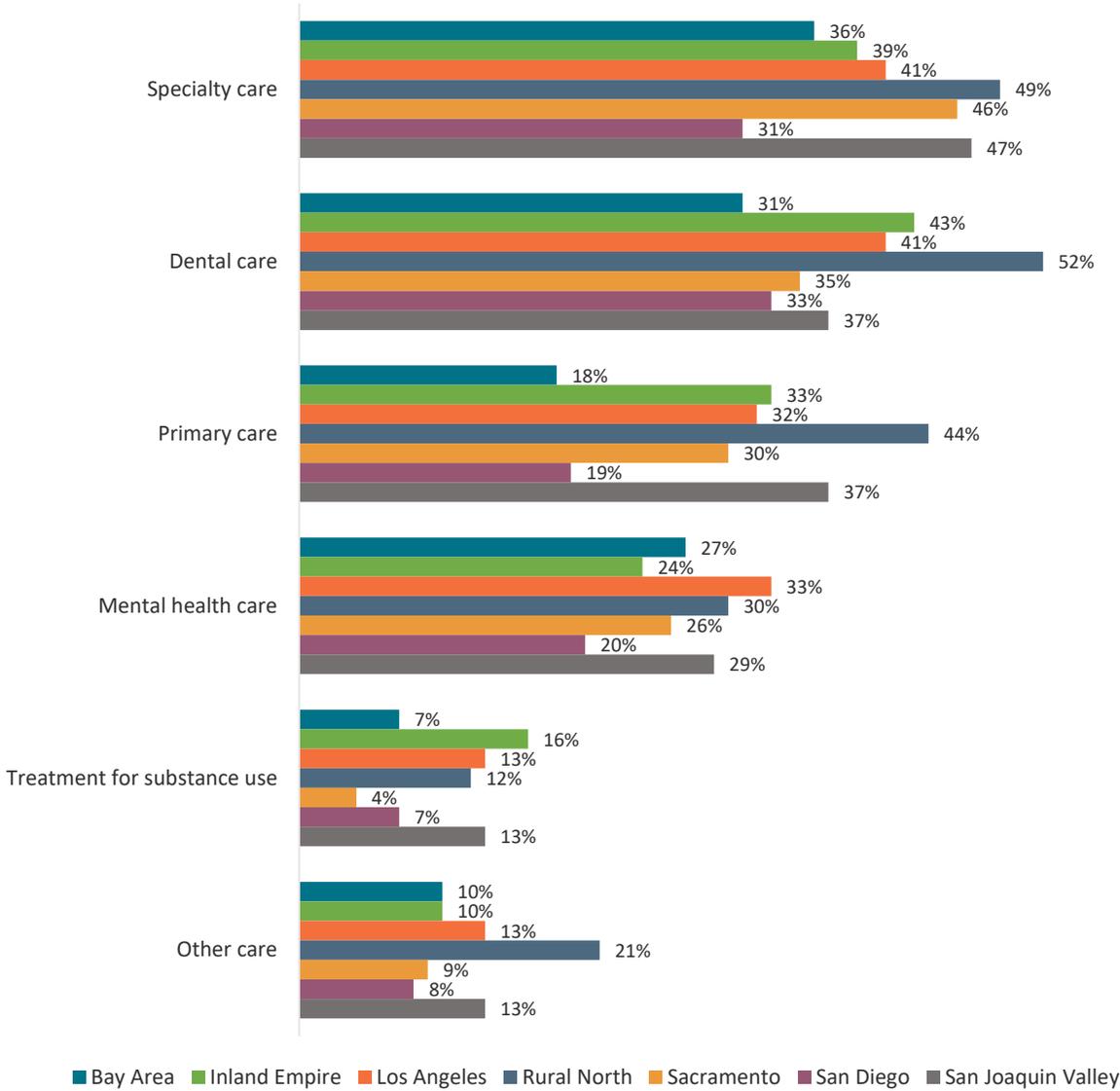
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Respondents who speak Spanish at home are more likely to say it is “very” or “somewhat” difficult to afford dental care (51%), specialty care (49%), primary care (41%), and mental health care (36%) than those who speak English or Chinese at home.

Difficulty affording specific types of care varies by region. About half of residents in the Rural North (49%), San Joaquin Valley (47%), and Sacramento (46%) say it is “very” or “somewhat” difficult to afford specialty care. Rural North residents are more likely than residents of other regions to say it is difficult to afford dental care (52%) and primary care (44%) (Figure 18).

**Figure 18. Half of Rural North Respondents Have Difficulty Affording Specialty Care and Dental Care**

PERCENTAGE WHO SAY IT HAS BEEN “VERY” OR “SOMEWHAT” DIFFICULT FOR THEM AND THEIR FAMILY TO AFFORD THE FOLLOWING TYPES OF HEALTH CARE IN THE LAST 12 MONTHS



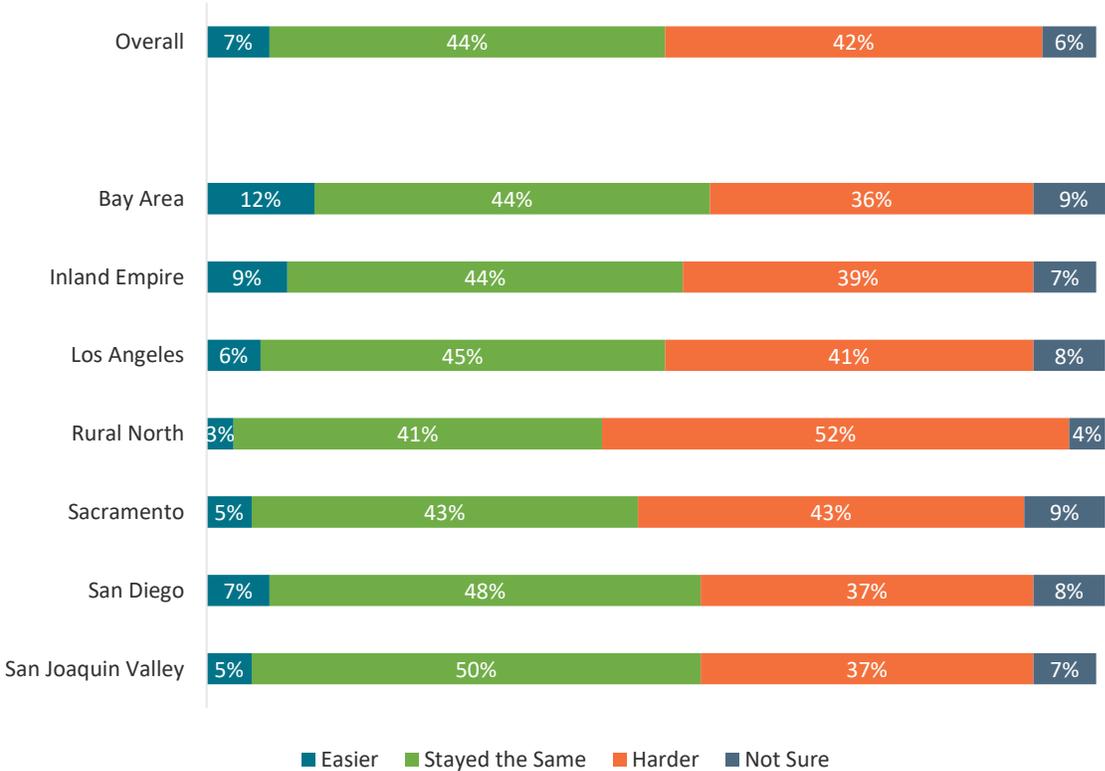
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. See appendix for definitions of regions.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Four in 10 Californians (42%) say it has gotten harder to afford health care for themselves and their families in the past several years, 44% say it has stayed the same, and 7% say it has gotten easier. Rates are similar across Californians by income, with 43% of those with low incomes and 42% of those with higher incomes saying it has gotten harder to afford health care. Half of Rural North respondents (52%) say it has gotten harder to afford health care for themselves and their families (Figure 19).

**Figure 19. Four in 10 Californians and Half of Rural North Respondents Say It Has Gotten Harder to Afford Health Care in the Past Several Years**

Q: IN THE PAST SEVERAL YEARS, HAS IT GOTTEN EASIER, HARDER, OR STAYED THE SAME FOR YOU AND YOUR FAMILY TO AFFORD HEALTH CARE?



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. See appendix for definitions of regions. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

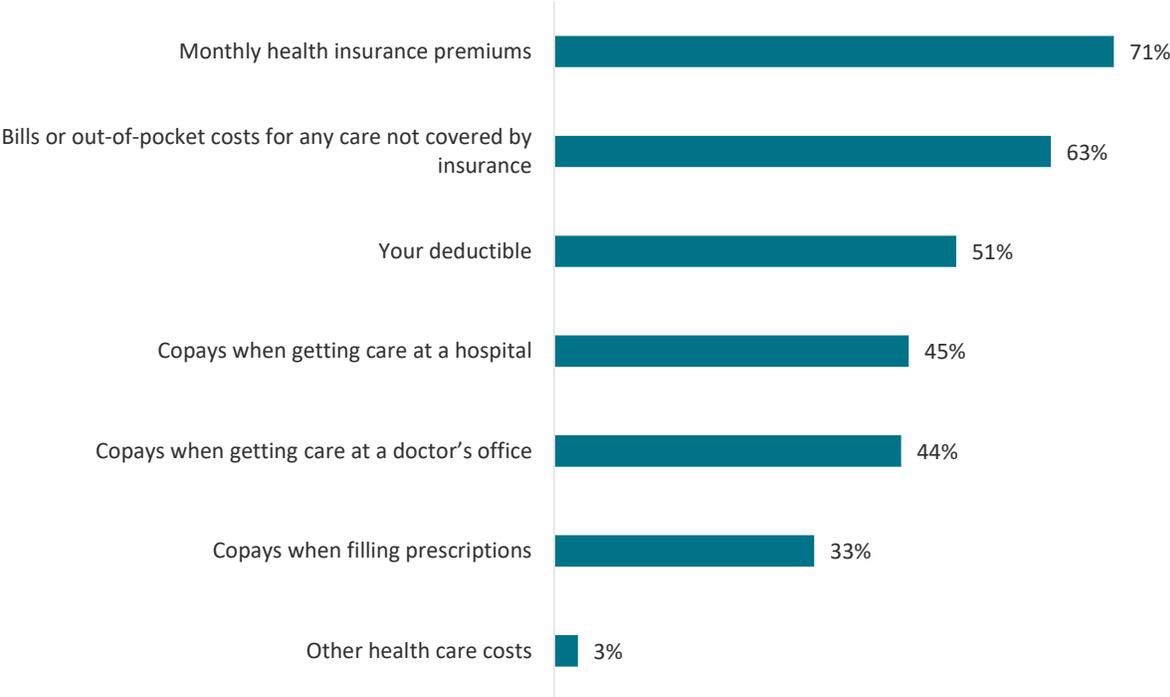
Latino/x Californians (47%) were more likely to say it has gotten harder to afford health care than Black (20%) or White Californians (42%). Half of respondents who speak Chinese (51%) say it has gotten harder.

Among Californians who say it is “very” or “somewhat” difficult to afford health care, two in three (66%) say it has gotten harder to afford health care in the past several years. This is much higher than the response of Californians who say it is “very” or “somewhat” easy to afford health care; among this group only 21% say it has gotten harder to afford health care in the past several years.

Respondents who say it has gotten “harder” to afford health care in the past several years were asked which types of health care costs have become harder to afford. Seventy-one percent say monthly health insurance premiums, 63% say costs for care not covered by insurance, and 51% say their deductibles have become harder to afford (Figure 20).

**Figure 20. Among Californians Who Say Health Care Has Become Harder to Afford, Large Majorities Point to Premiums and Costs Not Covered by Insurance as Becoming Harder to Afford**

AMONG THOSE WHO SAY HEALTH CARE COSTS ARE HARDER TO AFFORD, PERCENTAGE WHO SAY SPECIFIC COSTS HAVE BECOME HARDER TO AFFORD



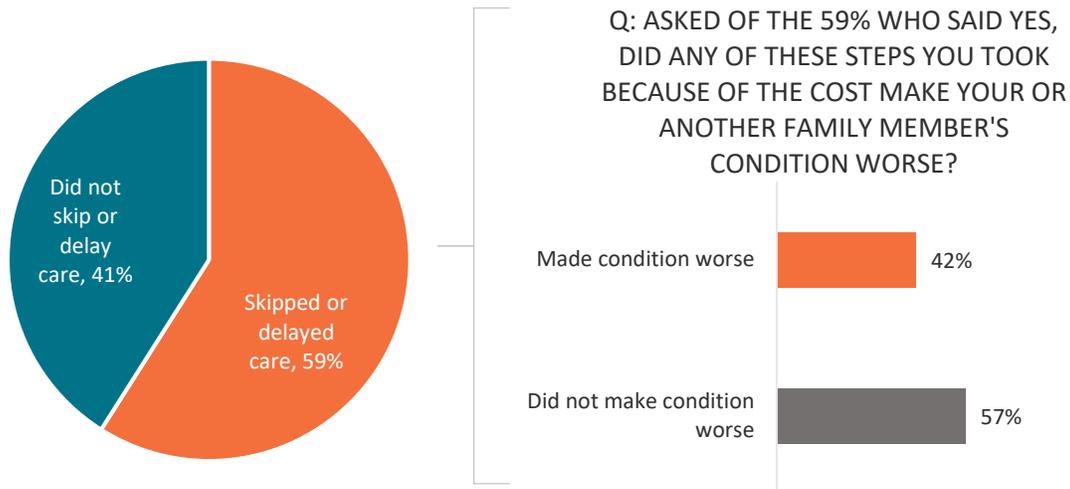
Notes: Sample includes 2,552 California residents age 18 and older. Data shown for the 1,104 respondents who said it has gotten “harder” to afford their health care in the past several years. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

### Impact of Health Care Costs

Health care costs have serious implications for Californians. Six in 10 Californians (59%) say they or another family member skipped or delayed health care in the past year because of the cost. Among those who skipped or delayed care, 42% say this made their or another family member’s condition worse (Figure 21).

**Figure 21. Six in 10 Californians Report Skipping or Delaying Care Due to Cost; 4 in 10 of Those Say Skipping Care Made Their Condition Worse**

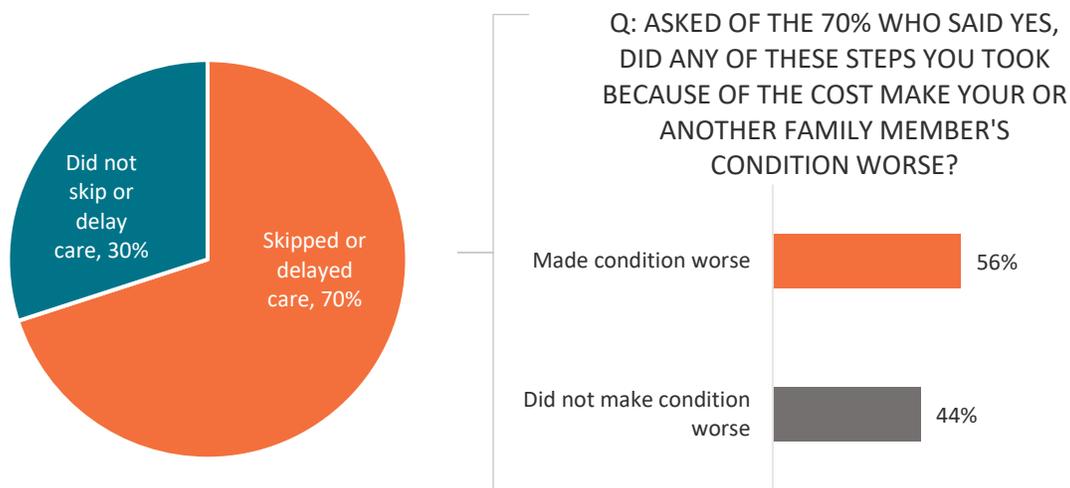


Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

The situation is even worse for Californians with low incomes, 70% of whom say they skipped or delayed health care in the past year due to cost. More than half of those (56%) say their condition became worse as a result of skipping or delaying care (Figure 22).

**Figure 22. Seven in 10 Californians with Low Incomes Report Skipping or Delaying Care Due to Cost; 56% Say Skipping Care Made Their Condition Worse**



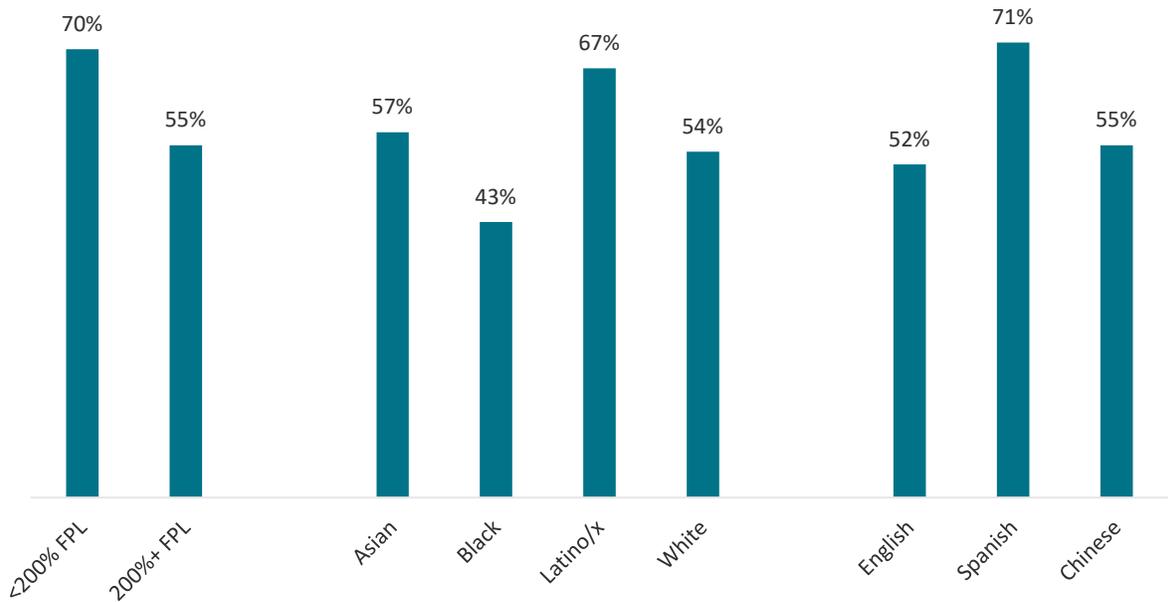
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

While Californians with low incomes (70%) are more likely to say they skipped or delayed care due to cost, more than half of Californians with higher incomes (55%) report skipping or delaying care. Two in three Latino/x Californians (67%) say they delayed or skipped care, more than Asian (57%), Black (43%), and White Californians (54%). Respondents who speak Spanish at home (71%) are more likely to say they delayed or skipped care than those who speak English at home (52%) or Chinese at home (55%) (Figure 23).

**Figure 23. Two in Three Latino/x Californians and 7 in 10 Californians Who Speak Spanish Report Skipping or Delaying Care Due to Cost**

PERCENTAGE WHO SAY THAT THEY OR ANOTHER FAMILY MEMBER HAS SKIPPED OR DELAYED ANY TYPE OF CARE DUE TO COST IN THE PAST 12 MONTHS



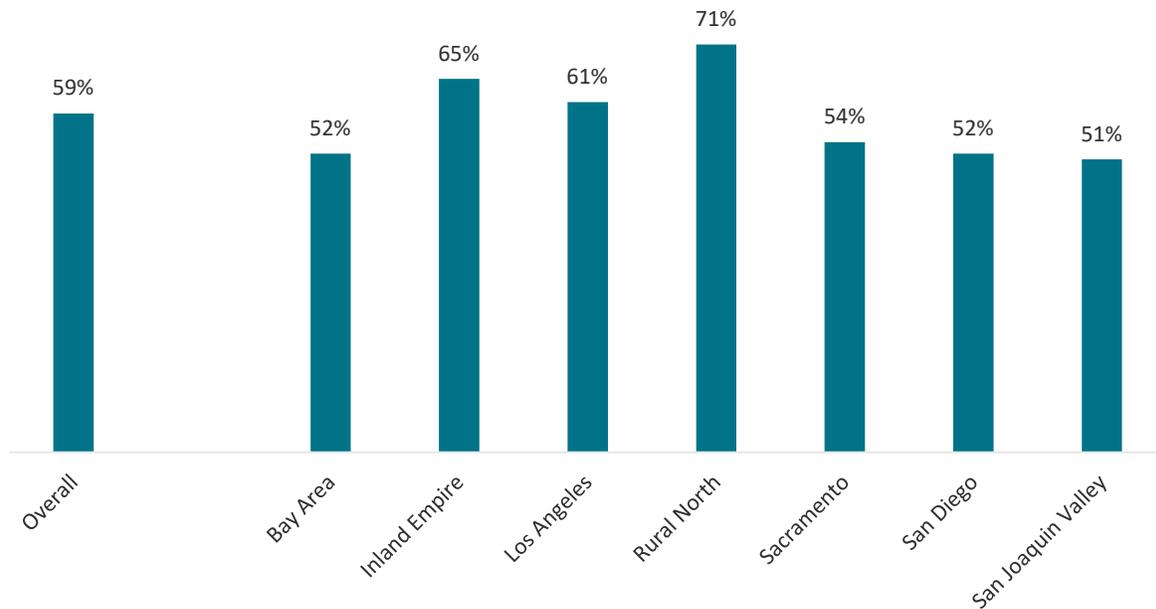
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. FPL is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Seven in 10 Rural North respondents (71%) say they skipped or delayed care, statistically higher than California overall and any other region except the Inland Empire (65%) (Figure 24).

**Figure 24. Seven in 10 Rural North Respondents Report Skipping or Delaying Care Due to Cost**

PERCENTAGE WHO SAY THAT THEY OR ANOTHER FAMILY MEMBER HAS SKIPPED OR DELAYED ANY TYPE OF CARE DUE TO COST IN THE PAST 12 MONTHS



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. See appendix for definitions of regions.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

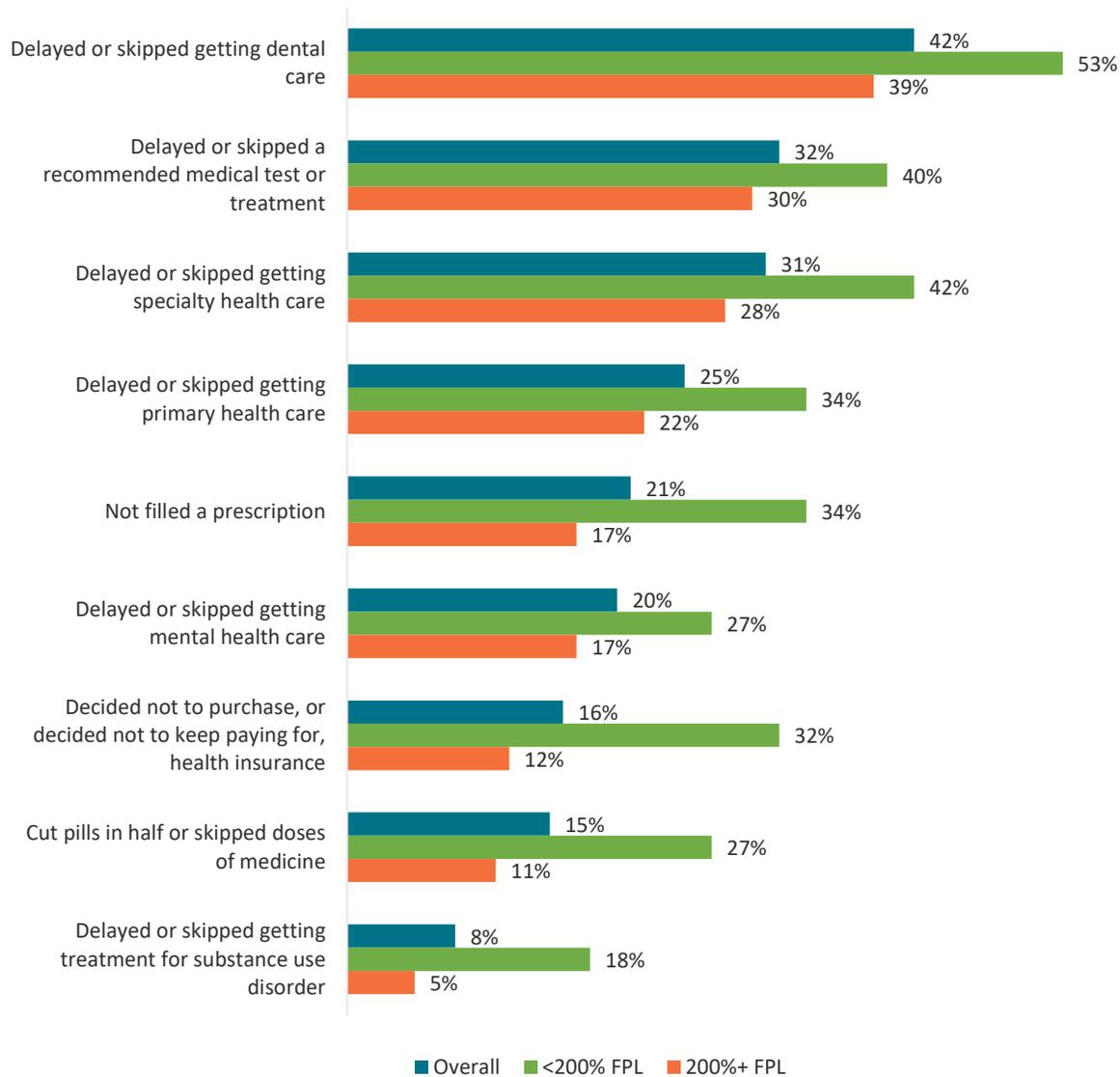
While uninsured Californians (75%) are more likely to say they delayed or skipped care due to cost, more than half of insured Californians (57%) also say they delayed or skipped care.

Seven in 10 Californians who describe their health as “poor” or “fair” (71%) and two in three who describe their health as “good” (66%) say they delayed or skipped care, more than those who describe their health as “very good” or “excellent” (48%).

Respondents were asked whether they delayed or skipped specific types of care. Four in 10 respondents (42%) reported that they delayed or skipped dental care; 3 in 10 a recommended test or treatment (32%) or specialty care (31%); and one in four primary care (25%). Californians with low incomes were more likely to report skipping or delaying each type of care than those with higher incomes, with half (53%) saying they delayed or skipped dental care and 4 in 10 specialty care (42%) and a recommended test or treatment (40%) (Figure 25).

**Figure 25. More Than 4 in 10 Californians and More Than Half with Low Incomes Delayed or Skipped Dental Care Because of the Cost**

PERCENTAGE WHO SAY THEY OR ANOTHER FAMILY MEMBER HAS DONE THE FOLLOWING BECAUSE OF THE COST IN THE PAST 12 MONTHS



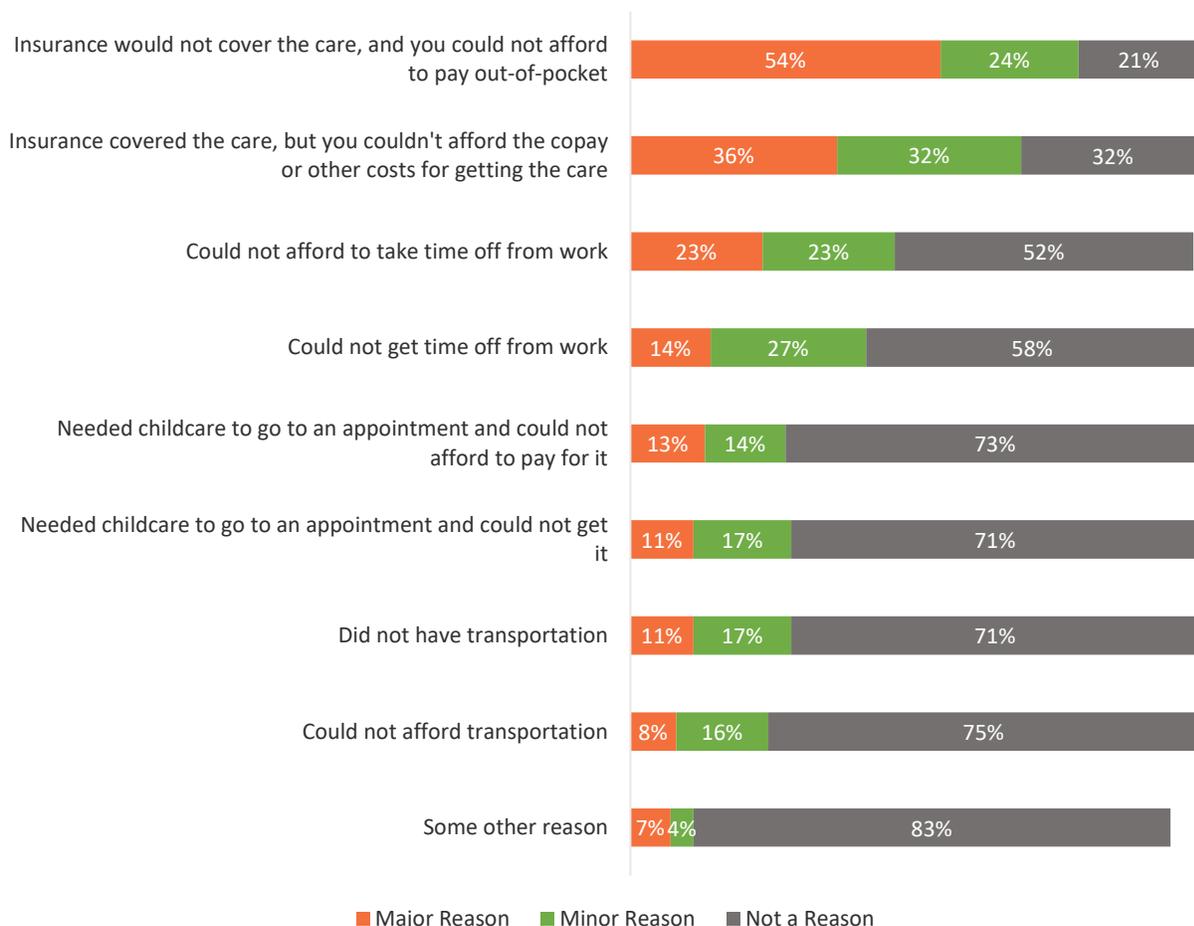
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Among Californians who delayed or skipped care, 78% say that “insurance would not cover the care” was a “major” or “minor” reason for delaying or skipping care (54%, “major”). This is the highest reported reason overall and across Californians by income, race/ethnicity, region, and language spoken. More than two in three respondents who delayed or skipped care (68%) say that not being able to afford the copay was a “major” or “minor” reason for skipping or postponing care (Figure 26).

**Figure 26. Among Californians Who Delayed or Skipped Care, More Than Half Say That “Insurance Would Not Cover the Care” Was a “Major” Reason for Delaying or Skipping Care**

Q: WOULD YOU SAY EACH OF THE FOLLOWING WAS A MAJOR REASON, A MINOR REASON, OR NOT A REASON WHY YOU OR A FAMILY MEMBER DELAYED OR SKIPPED GETTING CARE?



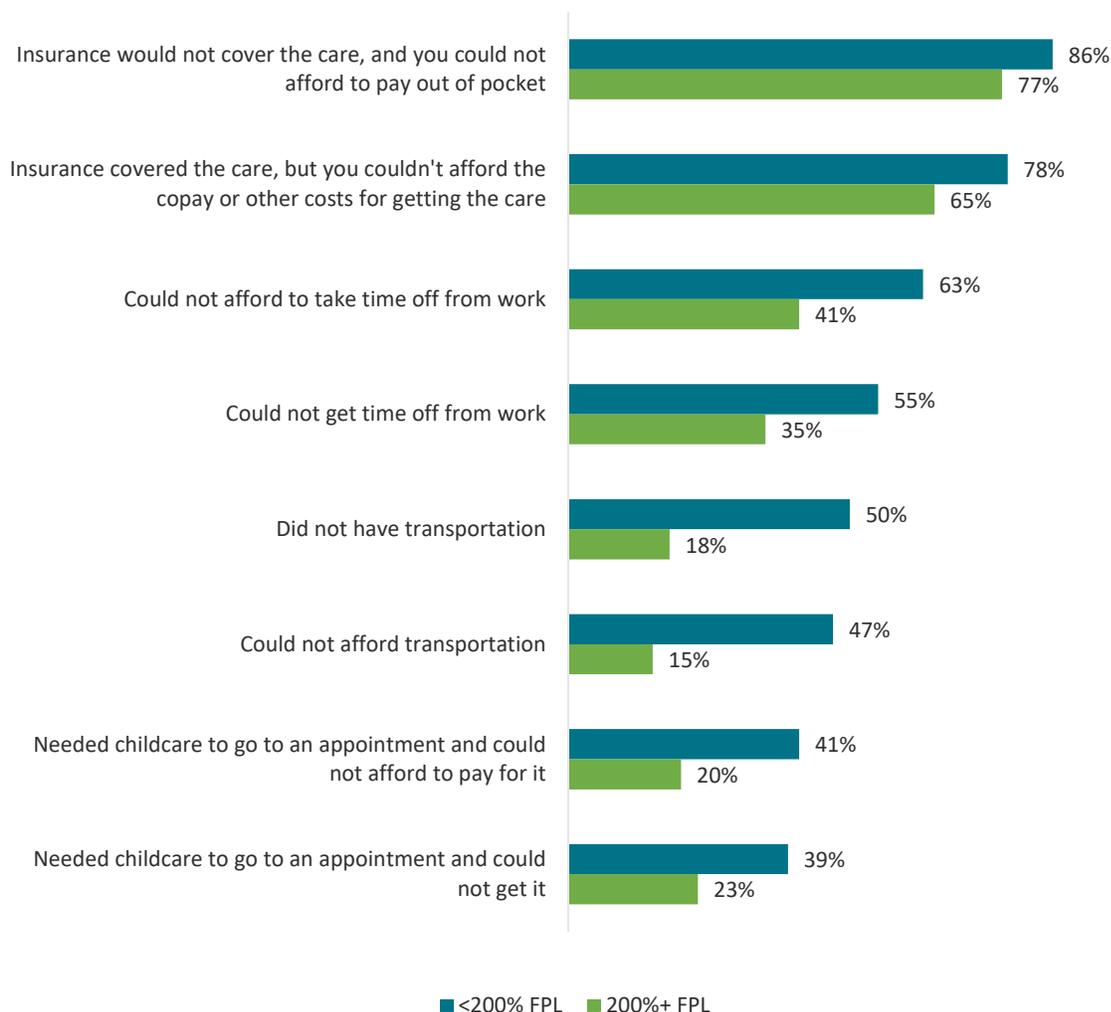
Notes: Sample includes 2,552 California residents age 18 and older. Data shown for the 1,476 respondents who said they delayed or skipped health care because of the cost. *Did not answer* not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Among Californians who delayed or skipped care, 86% of those with low incomes and 77% of those with higher incomes say that “insurance would not cover the care, and you could not afford to pay out of pocket” was a “major” or “minor” reason for their delaying or skipping care. More than three in four respondents with low incomes (78%) and about two in three respondents with higher incomes (65%) who delayed or skipped care say that not being able to afford the copay was a “major” or “minor” reason for delaying or skipping care. Half or more respondents with low incomes also say not being able to afford to take time off work (63%), not being able to get off work (55%), and not having transportation (50%) were “major” or “minor” reasons for delaying or skipping care (Figure 27).

**Figure 27. Californians Across Income Levels Say “Insurance Would Not Cover the Care” and “Could Not Afford Copays” Were Reasons for Delaying or Skipping Care**

PERCENTAGE OF CALIFORNIANS WHO SAY EACH IS A “MAJOR” OR “MINOR” REASON WHY THEY OR A FAMILY MEMBER DELAYED OR SKIPPED GETTING CARE

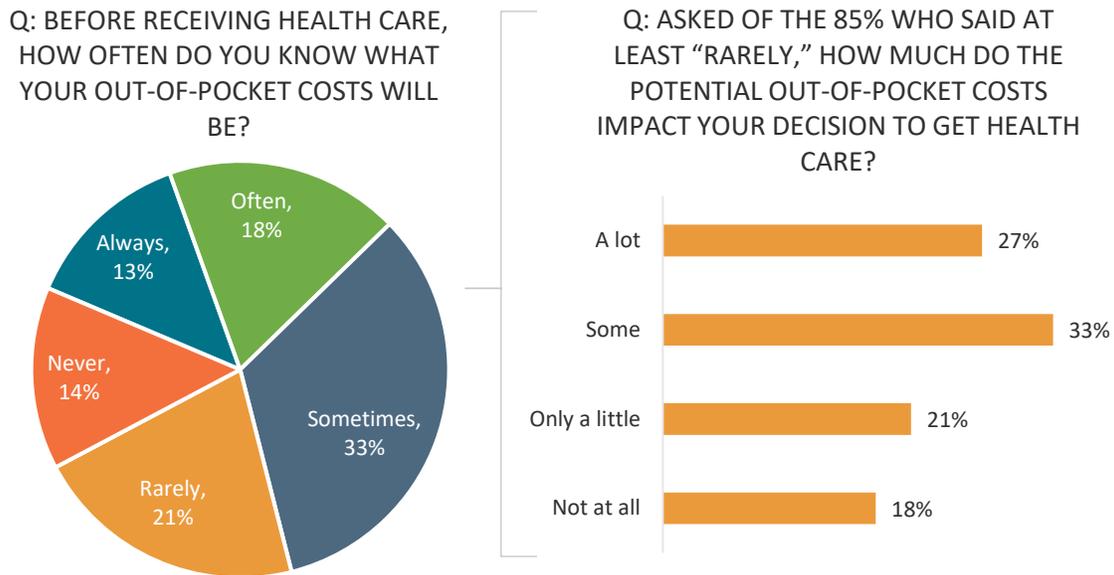


Notes: Sample includes 2,552 California residents age 18 and older. Data shown for the 1,476 respondents who said they delayed or skipped health care because of the cost. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Potential out-of-pocket costs have large impacts on Californians’ decisions to get health care. About 3 in 10 Californians “always” or “often” know what their out-of-pocket costs will be, and an additional one in three “sometimes” know. Among those who know what their out-of-pocket costs will be as least “rarely,” 6 in 10 say potential out-of-pocket costs impact their decision to get health care “a lot” (27%) or “some” (33%) (Figure 28).

**Figure 28. Among Californians Who Know What Their Out-of-Pocket Costs Will Be, 6 in 10 Say Out-Of-Pocket Costs Impact Their Decision to Get Health Care**



Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options. Figures may not sum due to rounding.

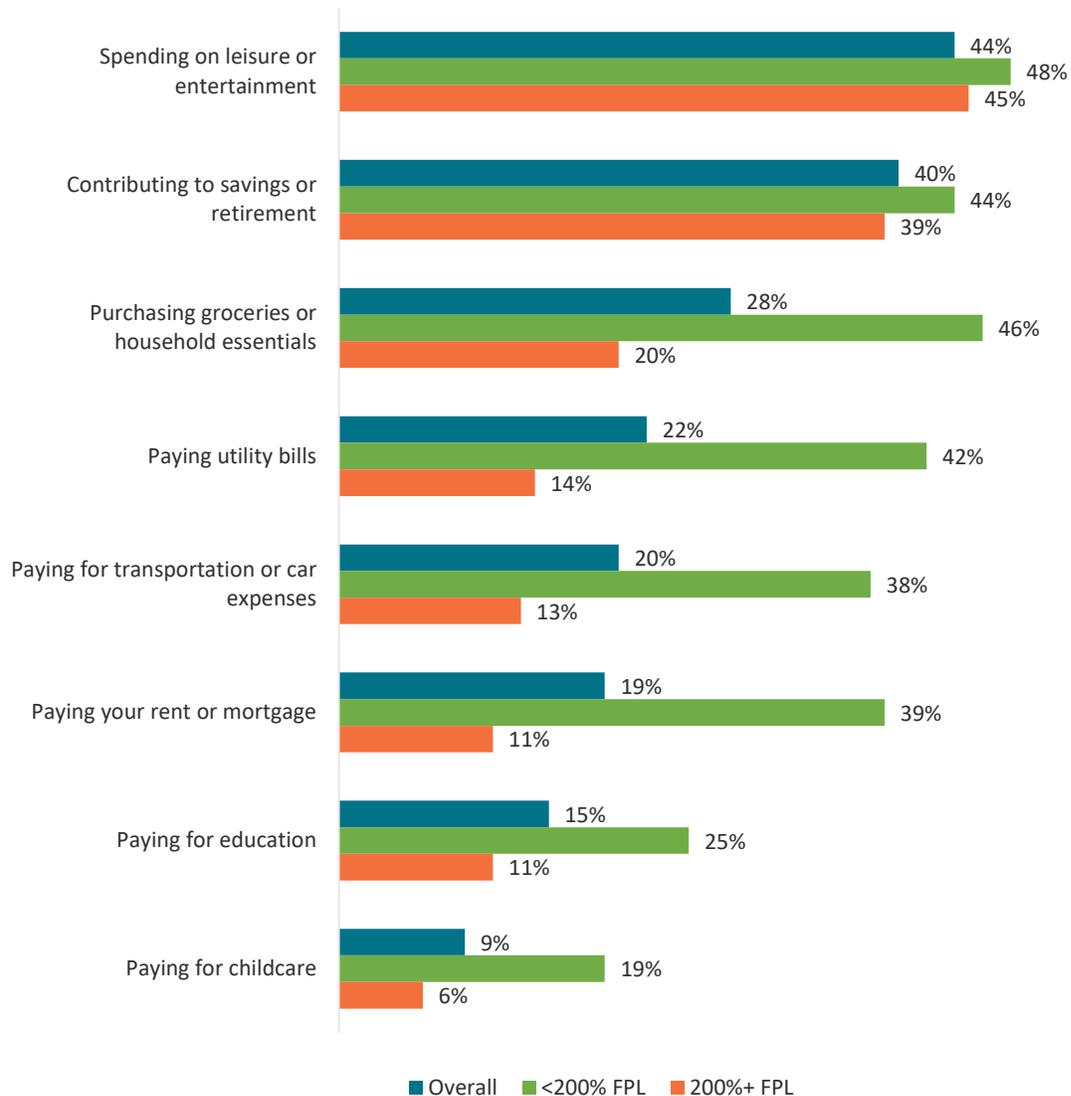
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Among Californians with low incomes who know what their out-of-pocket costs will be at least “rarely,” three in four (74%; 42% “a lot”) say out-of-pocket costs exert “a lot” or “some” impact on their decision to get health care.

Respondents were asked if they had delayed, reduced, or skipped spending on items not related to health care in order to afford health care expenses. Similar percentages of Californians across income groups say they have reduced spending on leisure and entertainment and contributing to savings and retirement to afford health care expenses. Californians with low incomes were more likely than Californians with higher incomes to say they delayed, reduced, or skipped purchasing groceries or household essentials, paying utility bills, paying rent or mortgage, and paying for transportation (Figure 29).

**Figure 29. To Afford Health Care Expenses, About 4 in 10 Californians Across Income Levels Say They Are Contributing Less to Savings and Retirement**

PERCENTAGE WHO SAY THEY OR A FAMILY MEMBER DELAYED, REDUCED, OR SKIPPED ANY OF THE FOLLOWING IN ORDER TO AFFORD HEALTH CARE EXPENSES IN THE PAST SEVERAL YEARS



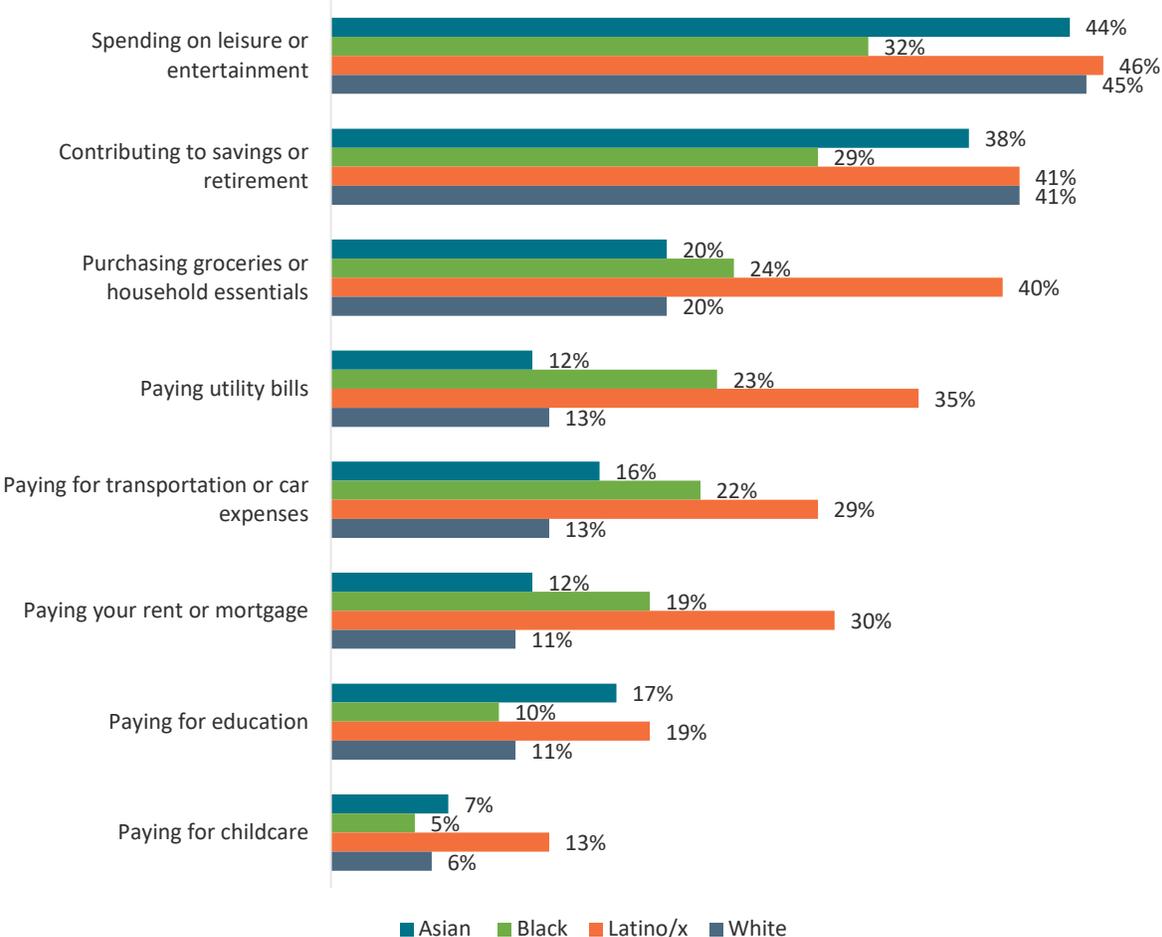
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

High and similar percentages of Latino/x, White, and Asian respondents say they delayed, skipped, or reduced spending on leisure and entertainment and contributing to savings or retirement. Latino/x respondents are more likely to say they delayed, reduced, or skipped purchasing groceries or household essentials (40%), paying utility bills (35%), or paying rent or mortgage (30%) than other races/ethnicities (Figure 30).

**Figure 30. Many Latino/x Californians Report Reducing Spending on Many Things to Afford Health Care**

PERCENTAGE WHO SAY THEY OR A FAMILY MEMBER DELAYED, REDUCED, OR SKIPPED ANY OF THE FOLLOWING IN ORDER TO AFFORD HEALTH CARE EXPENSES IN THE PAST SEVERAL YEARS



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

More than half of Rural North respondents say they delayed, reduced, or skipped spending on leisure or entertainment (56%) and contributing to savings and retirement (52%) to afford health care expenses.

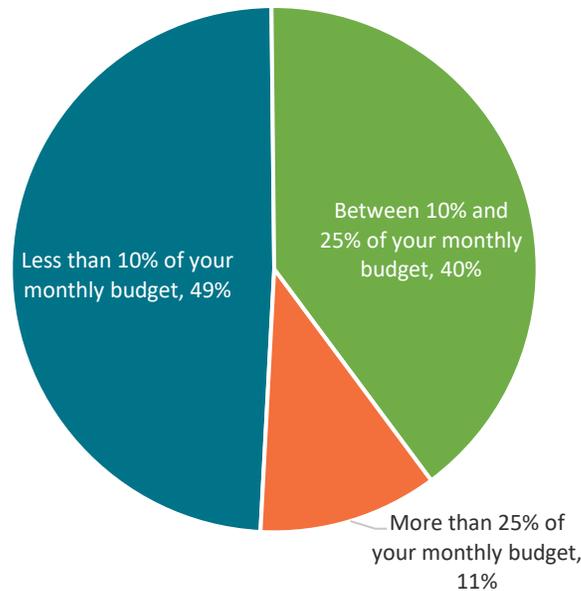
**Health Care Spending**

Respondents were asked to estimate how much of their monthly household spending was for costs related to health care, including monthly health insurance premiums, copays, medical bills, and other out-of-pocket expenses. Seventy-nine percent of survey respondents provided an estimate of spending on health care; 21% answered “not sure.” Among those who provided

an estimate, half (51%) say they spend 10% or more of their monthly budget on health care costs. And 1 in 10 (11%) say they spend 25% or more (Figure 31).

**Figure 31. Half of Californians Who Provided an Estimate of Their Monthly Budget Spend More Than 10% of That Budget on Health Care Costs**

Q: ABOUT HOW MUCH OF YOUR MONTHLY HOUSEHOLD SPENDING IS FOR COSTS RELATED TO HEALTH CARE?



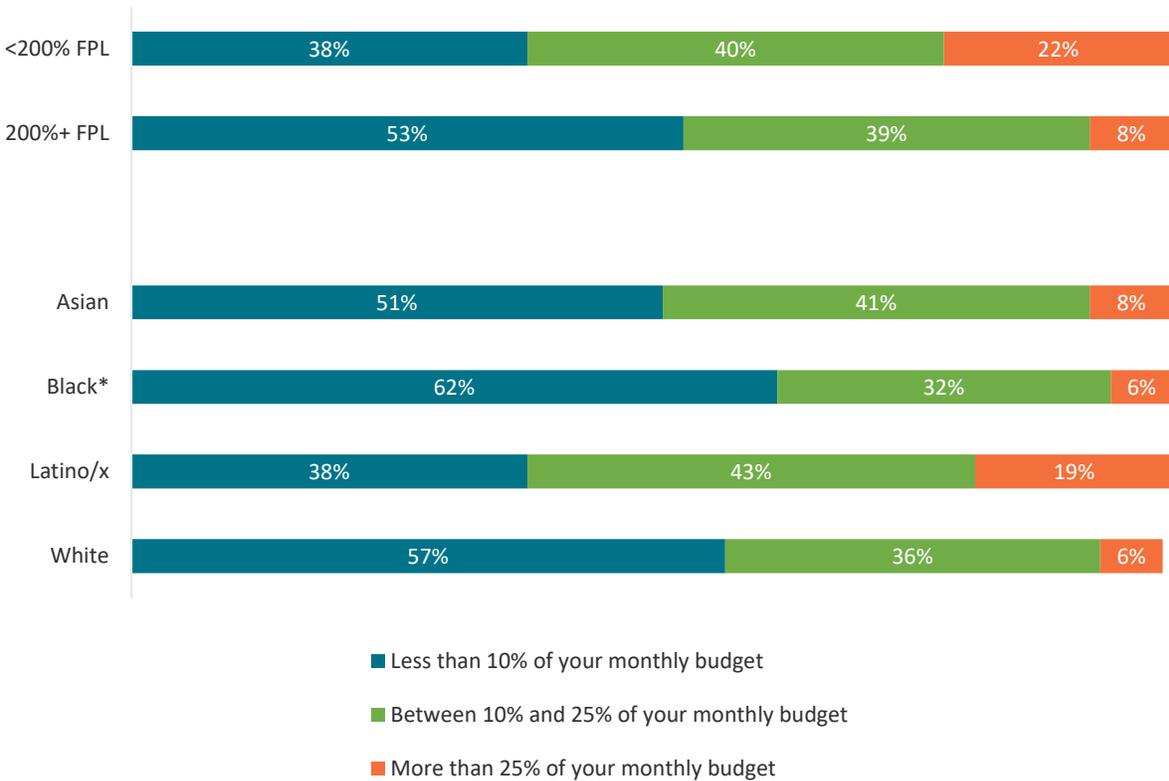
Notes: Sample includes 2,552 California residents age 18 and older. Data do not include the 21% of respondents ( $n = 541$ ) who answered *not sure*. See topline for full question wording and response options. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

About one in five respondents with low incomes (22%) who provided an estimate spend 25% or more of their monthly household budget on health care expenses. About one in five Latino/x respondents (19%) who provided an estimate spend 25% or more of their monthly household budget on health care expenses. This is more than respondents of other races/ethnicities (Figure 32).

**Figure 32. One in Five Californians with Low Incomes and Latino/x Californians Who Provided an Estimate of Their Monthly Budget Spend More Than 25% of That Budget on Health Care**

Q: ABOUT HOW MUCH OF YOUR MONTHLY HOUSEHOLD SPENDING IS FOR COSTS RELATED TO HEALTH CARE?



\* n = 81 for Black respondents; interpret data with caution.

Notes: Sample includes 2,552 California residents age 18 and older. Data do not include the 21% of respondents (n = 541) who answered *not sure*. See topline for full question wording and response options. *FPL* is federal poverty level. Figures may not sum due to rounding.

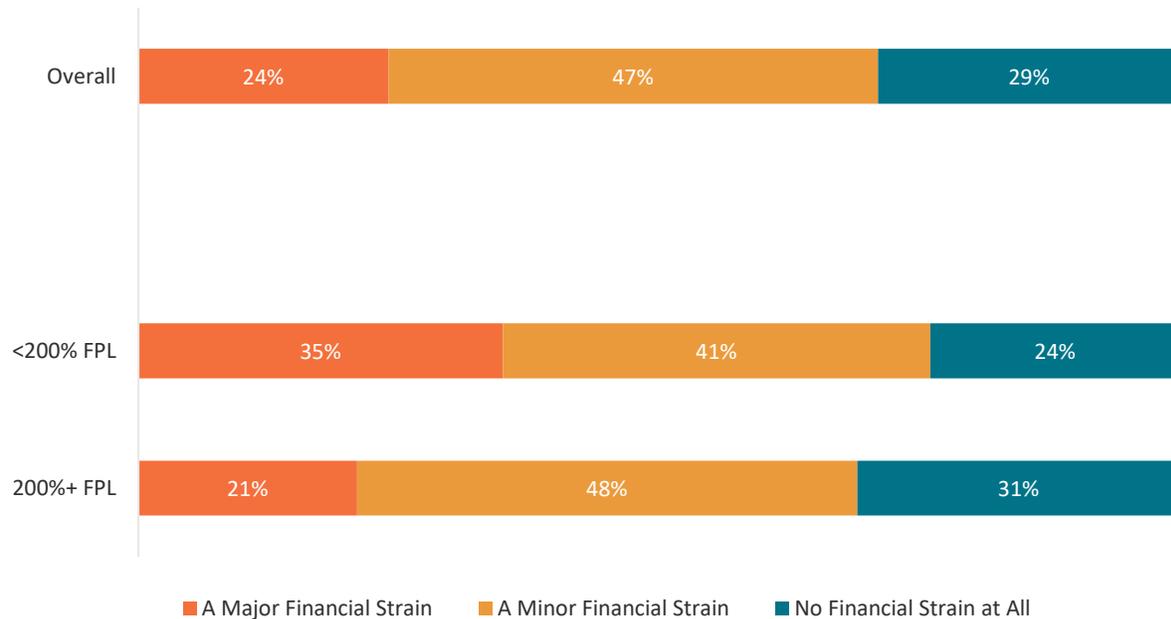
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Seven in 10 Californians (71%) say that health care expenses place a “major” or “minor” financial strain on their household (24% “major”). Three in four Californians with low incomes (76%) and two in three Californians with higher incomes (68%\*) say health care expenses place a financial strain on their household (Figure 33).

\* May not match figure in chart due to rounding.

### Figure 33. Seven in 10 Californians Feel That Health Care Expenses Place a Financial Strain on Their Household

Q: HOW MUCH FINANCIAL STRAIN, IF ANY, DO YOU FEEL YOUR HEALTH CARE EXPENSES PLACE ON YOUR HOUSEHOLD?



Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options. *FPL* is federal poverty level.

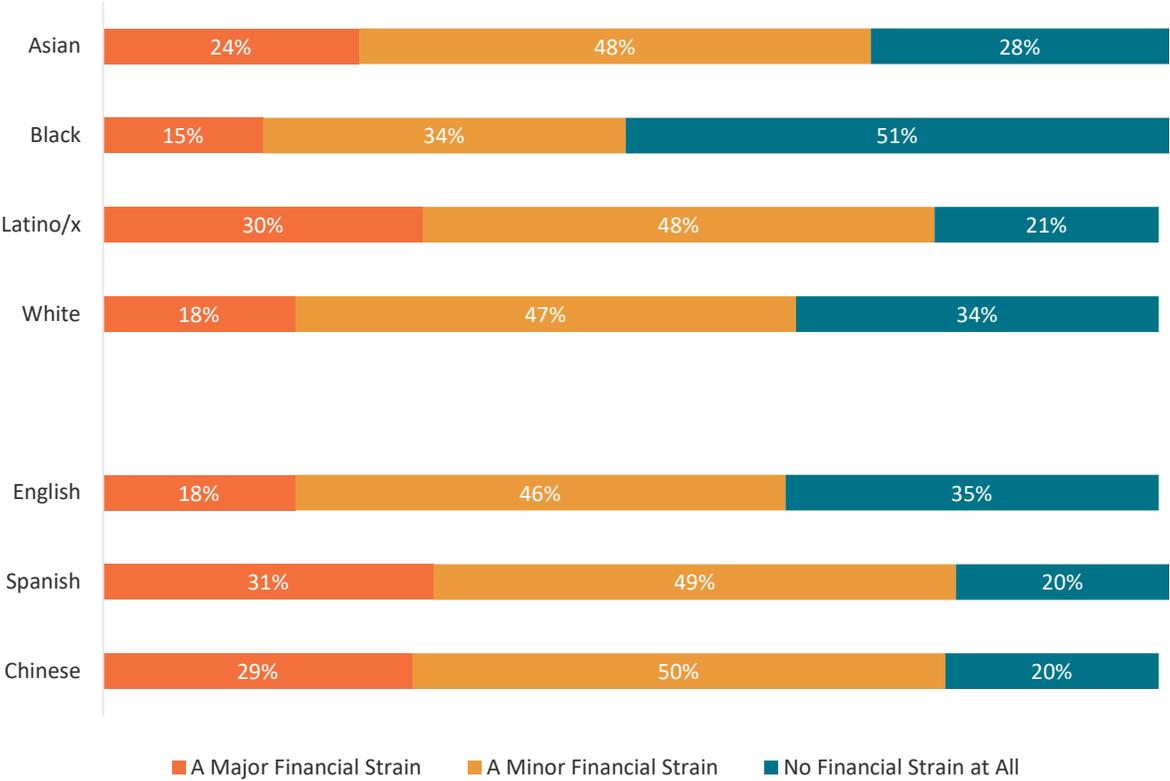
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

More than 7 in 10 Latino/x (78%) and Asian Californians (72%) say that health care expenses place a financial strain on their household. Eight in 10 Californians who speak Chinese at home (80%\*) and Spanish at home (79%\*) say that health care expenses place a financial strain on their household, more than those who speak English at home (65%\*) (Figure 34).

\* May not match figure in chart due to rounding.

**Figure 34. More Than Three in Four Latino/x Californians Feel That Health Care Expenses Place a Financial Strain on Their Household**

Q: HOW MUCH FINANCIAL STRAIN, IF ANY, DO YOU FEEL YOUR HEALTH CARE EXPENSES PLACE ON YOUR HOUSEHOLD?



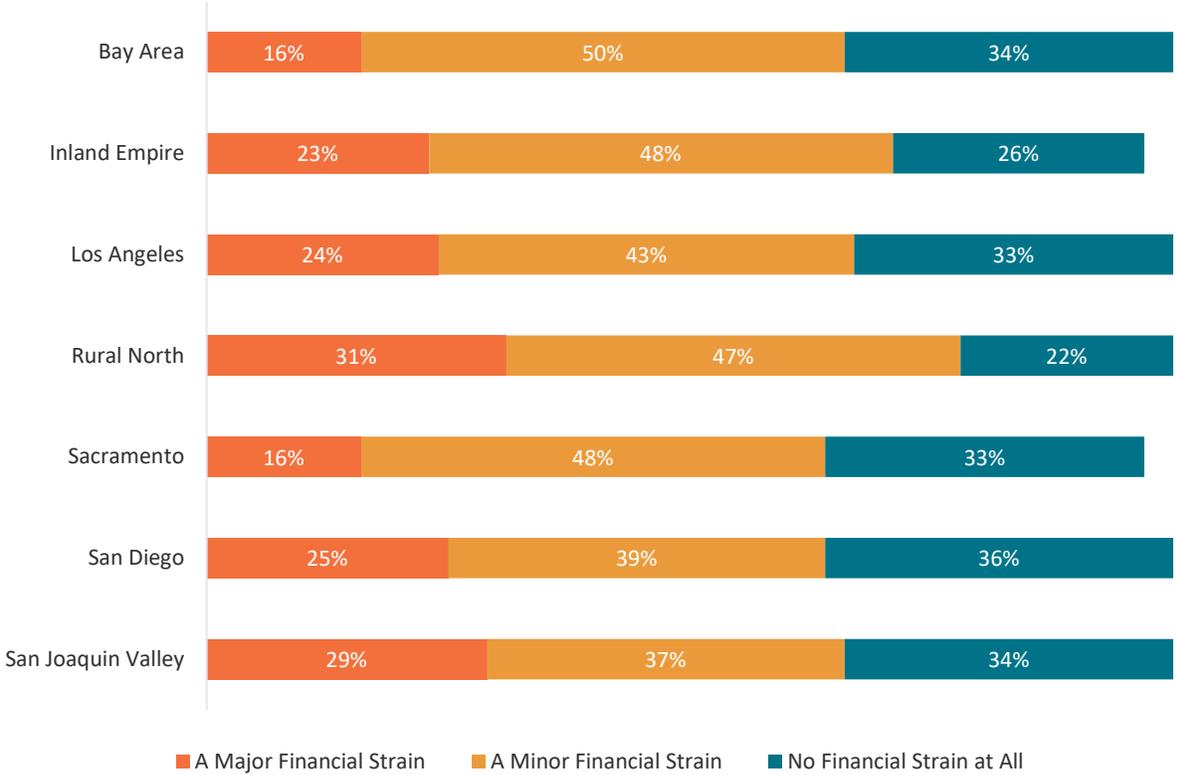
Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

About three in four Rural North respondents (78%) and 7 in 10 Inland Empire respondents (71%) say that health care expenses place a “major” or “minor” financial strain on their household (Figure 35).

**Figure 35. More Than Three in Four Rural North Respondents Feel That Health Care Expenses Place a Financial Strain on Their Household**

Q: HOW MUCH FINANCIAL STRAIN, IF ANY, DO YOU FEEL YOUR HEALTH CARE EXPENSES PLACE ON YOUR HOUSEHOLD?



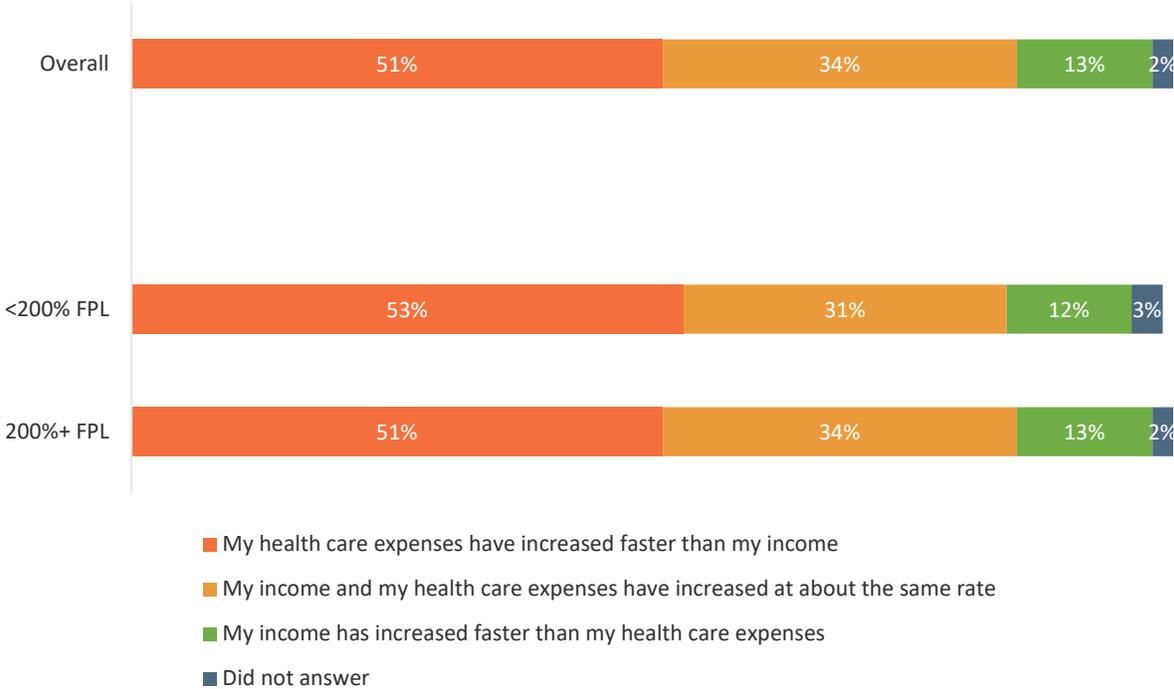
Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options. See appendix for definitions of regions.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Respondents were asked about the relative increase in health care expenses compared to their income. Half of Californians overall (51%) and across income groups (53% for those with low income, 51% for higher income) say that their health care expenses have increased faster than their income. About one in three overall and across income groups say their health care expenses and income have increased at the same rate, and about one in eight say their income has increased faster than their health care expenses (Figure 36).

**Figure 36. Half of Californians Across Income Groups Say Their Health Care Expenses Have Increased Faster Than Their Income**

Q: WHICH OF THE FOLLOWING STATEMENTS COMES CLOSEST TO YOUR EXPERIENCE, EVEN IF NONE ARE EXACTLY RIGHT?



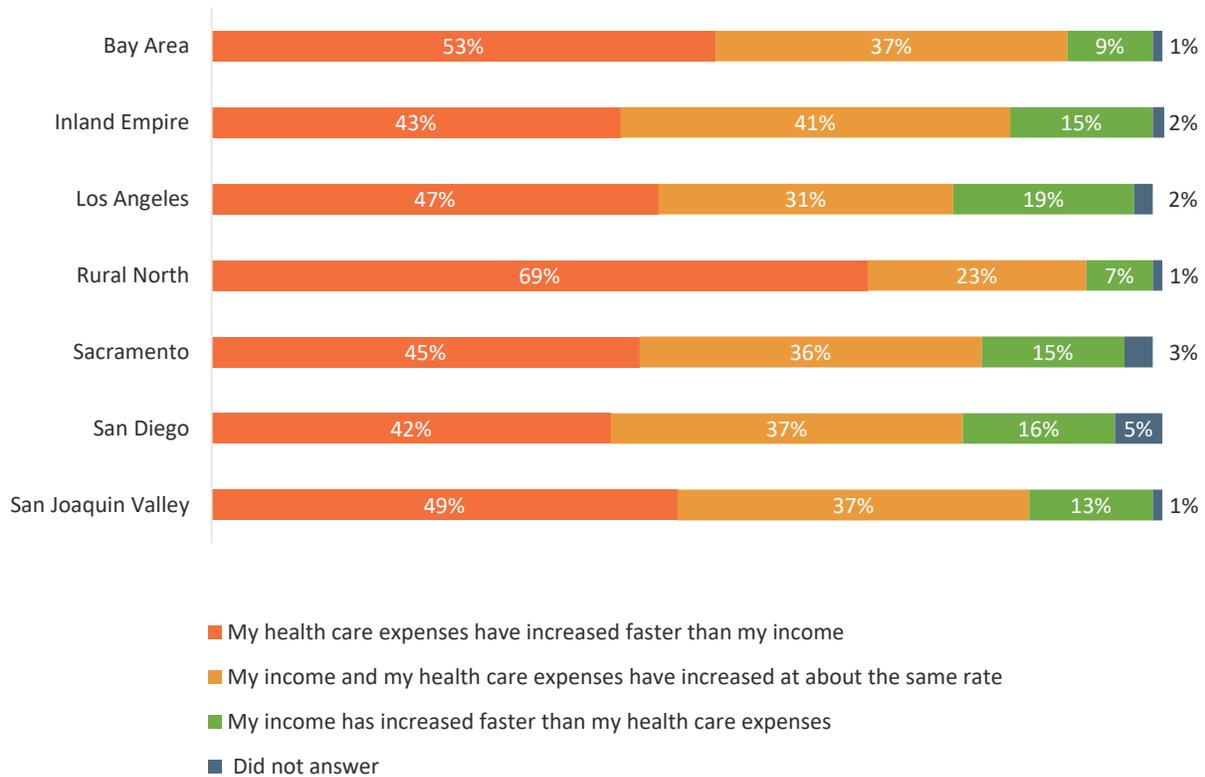
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Seven in 10 Rural North respondents (69%) say their health care expenses have increased faster than their income, much higher than any other region (Figure 37).

**Figure 37. Seven in 10 Rural North Respondents Say Their Health Care Expenses Have Increased Faster Than Their Income**

Q: WHICH OF THE FOLLOWING STATEMENTS COMES CLOSEST TO YOUR EXPERIENCE, EVEN IF NONE ARE EXACTLY RIGHT?



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. Figures may not sum due to rounding. See appendix for definitions of regions.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

## Worries About Affordability

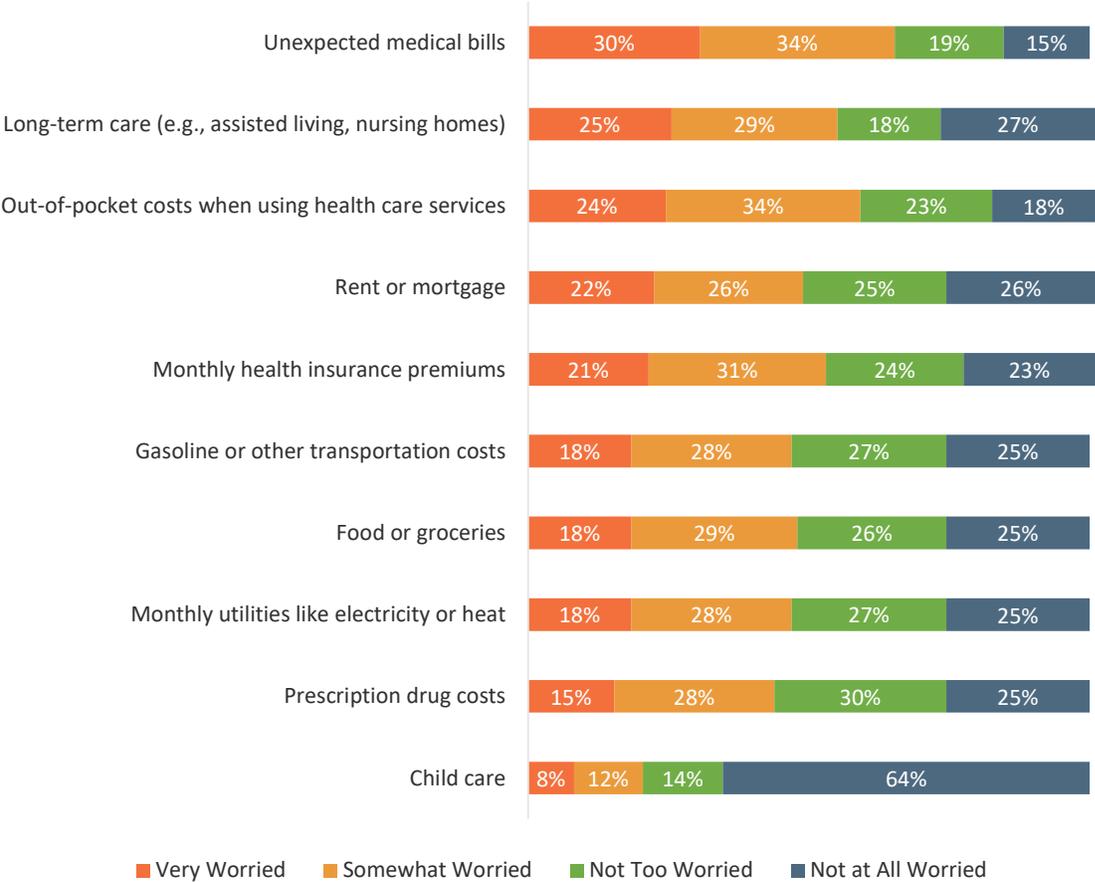
Californians were asked how worried they were about being able to afford basic living expenses and health care costs. Health care expenses topped the list of affordability concerns, with four health care items coming ahead of other basic living expenses such as rent, food, and utilities.

More than 6 in 10 Californians say they are “very” or “somewhat” worried about being able to afford unexpected medical bills (64%; 30% “very”), and nearly 6 in 10 about out-of-pocket costs (58%; 24% “very”). More than half of Californians are worried about being able to afford long-term care (54%) and health insurance premiums (52%). Slightly less than half of Californians are worried about affording rent (48%), food (47%), utilities (47%\*), and gas (46%) (Figure 38).

\* May not match figure in chart due to rounding.

**Figure 38. More Than 6 in 10 Californians Are Worried About Being Able to Afford Unexpected Medical Bills, Far Exceeding Worries About Rent, Gas, and Groceries**

Q: HOW WORRIED ARE YOU ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR YOU AND YOUR FAMILY?



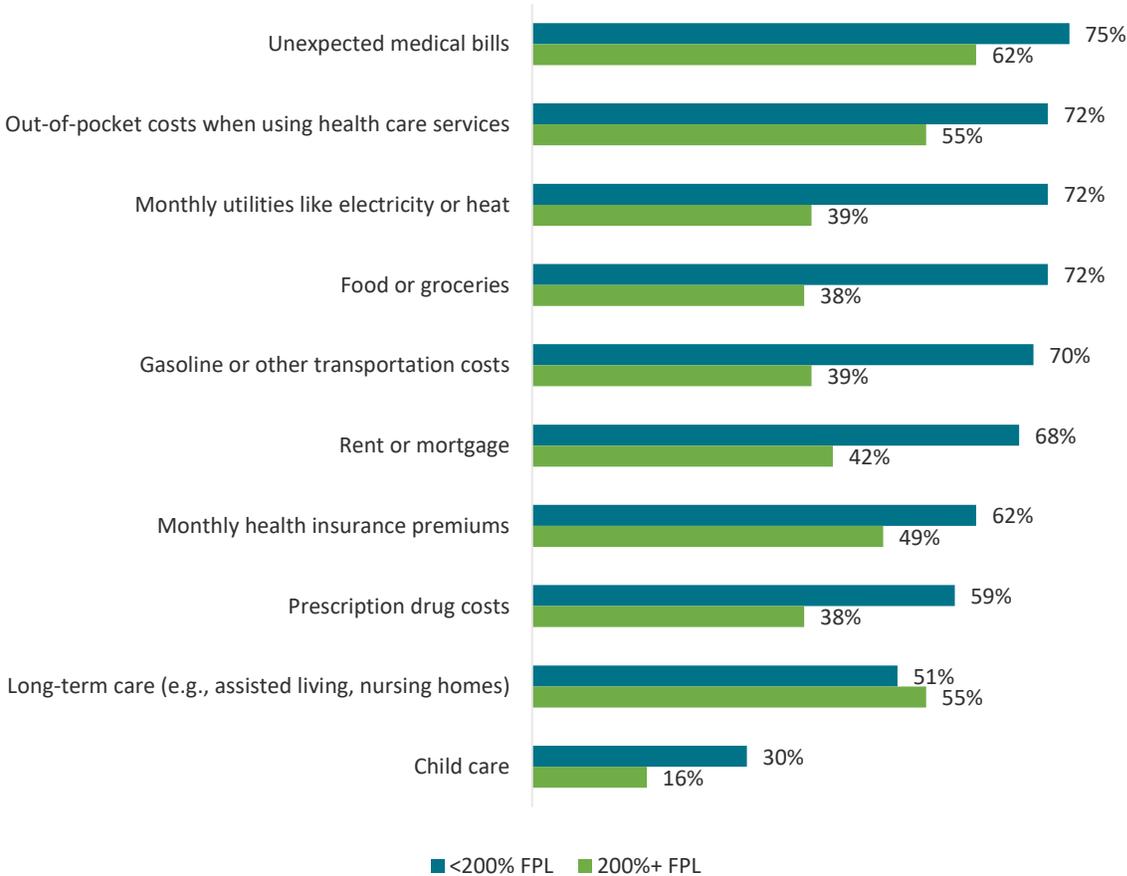
Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Californians with low incomes are more likely than those with higher incomes to be “very” or “somewhat” worried about each of the costs asked about in the survey (with the exception of long-term care). Notably, 75% of Californians with low incomes are “very” or “somewhat” worried about affording unexpected medical bills and 72% about affording out-of-pocket costs, monthly utilities, and food or groceries. Six in 10 Californians (62%) with higher incomes are worried about affording unexpected medical bills and 55% about affording out-of-pocket costs (Figure 39).

**Figure 39. About Three in Four Californians with Low Incomes Are Worried About Affording Unexpected Medical Bills and Out-of-Pocket Costs**

PERCENTAGE “VERY” OR “SOMEWHAT” WORRIED ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR THEM AND THEIR FAMILY



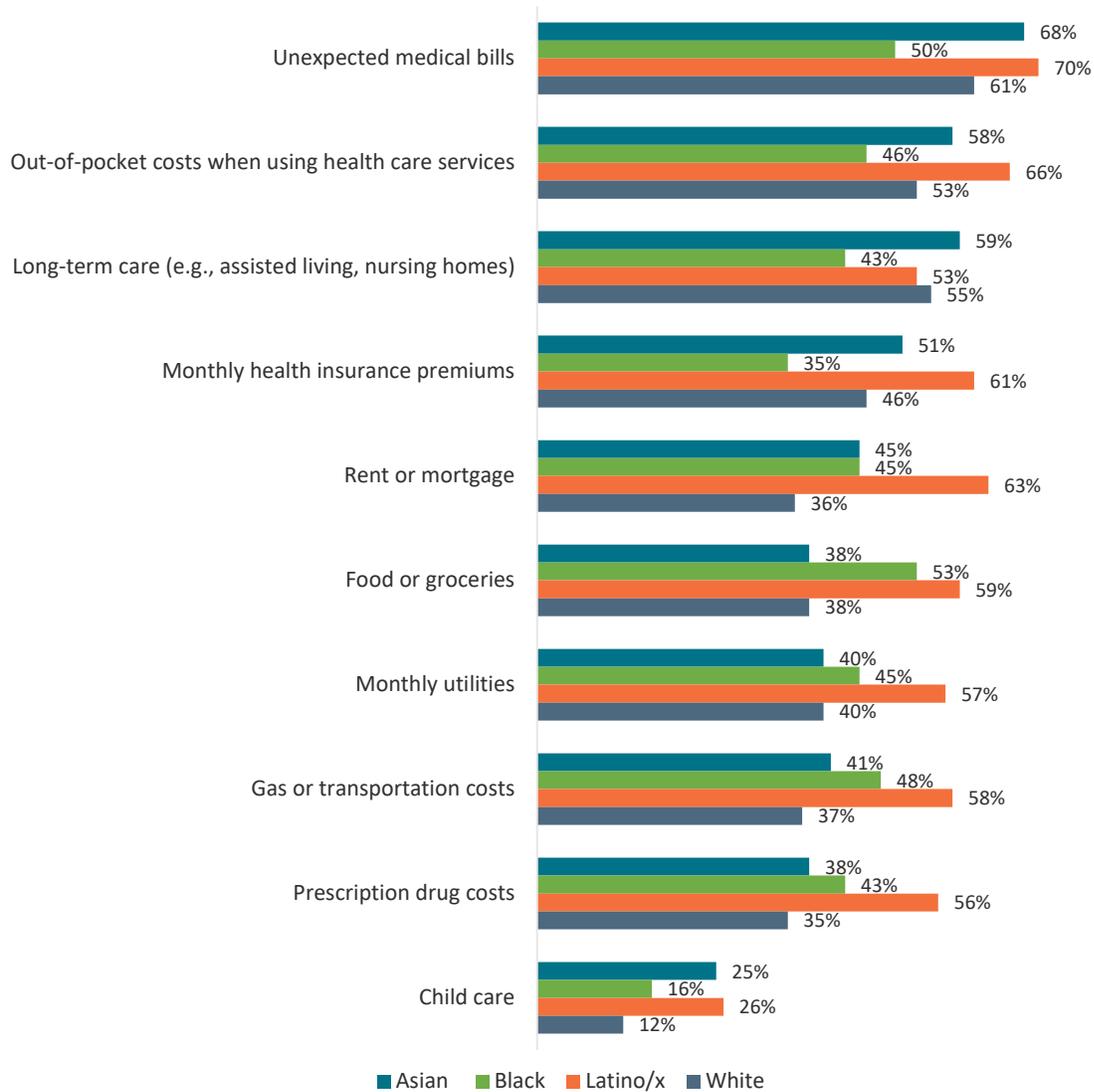
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

High percentages of Californians across races and ethnicities are worried about being able to afford various health care costs. About 7 in 10 Latino/x (70%) and Asian (68%) Californians are “very” or “somewhat” worried about being able to afford unexpected medical bills. Two in three Latino/x Californians (66%) and more than half of Asian (58%) and White Californians (53%) are worried about affording out-of-pocket costs. About 6 in 10 Latino/x Californians are worried about affording rent or mortgage (63%), health insurance premiums (61%), and food (59%) (Figure 40).

**Figure 40. About 7 in 10 Latino/x and Asian Californians Are Worried About Affording Unexpected Medical Bills**

PERCENTAGE “VERY” OR “SOMEWHAT” WORRIED ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR THEM AND THEIR FAMILY



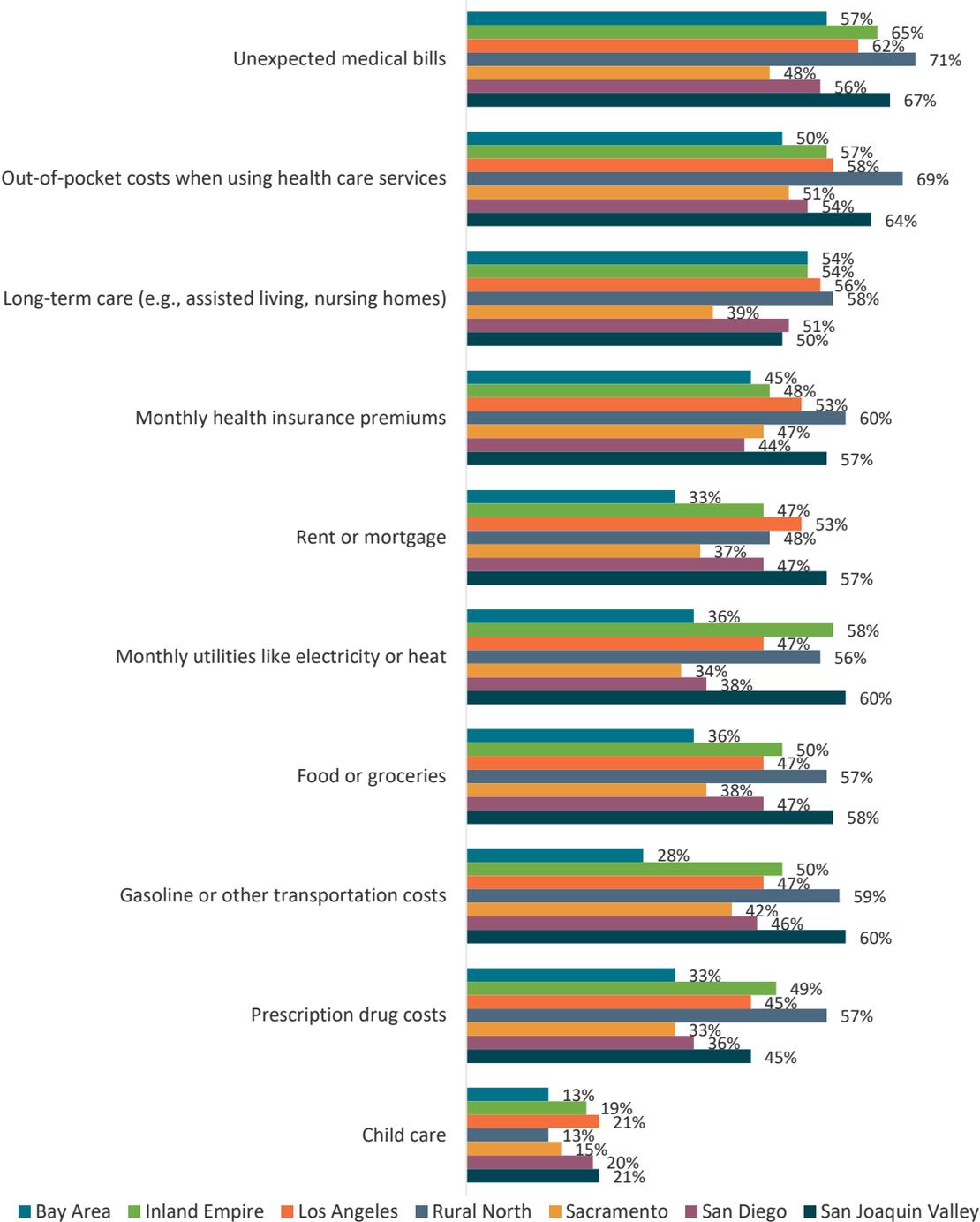
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

Worries about expenses vary across regions, although in most, residents express higher levels of worry about unexpected medical bills and out-of-pocket costs than about basic living expenses including rent, utilities, and food. At the high end, 71% of Rural North, 67% of San Joaquin Valley, and 65% of Inland Empire residents are “very” or “somewhat” worried about affording unexpected medical bills, and 69% of Rural North and 64% of San Joaquin Valley residents are worried about affording out-of-pocket costs. (Figure 41).

**Figure 41. Seven in 10 Rural North Residents Are Worried About Affording Unexpected Medical Bills and Out-of-Pocket Costs**

PERCENTAGE “VERY” OR “SOMEWHAT” WORRIED ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR THEM AND THEIR FAMILY



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. See appendix for definitions of regions.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

A strong majority of Californians who describe their health as “poor” or “fair” say they are “very” or “somewhat” worried about being able to afford unexpected medical bills (78%), out-of-pocket costs (72%), and health insurance premiums (68%). In each instance, they are higher than worries of those who describe their health as “good” or “very good” or “excellent”.

# Section 3. Problems Paying Medical Bills and Medical Debt

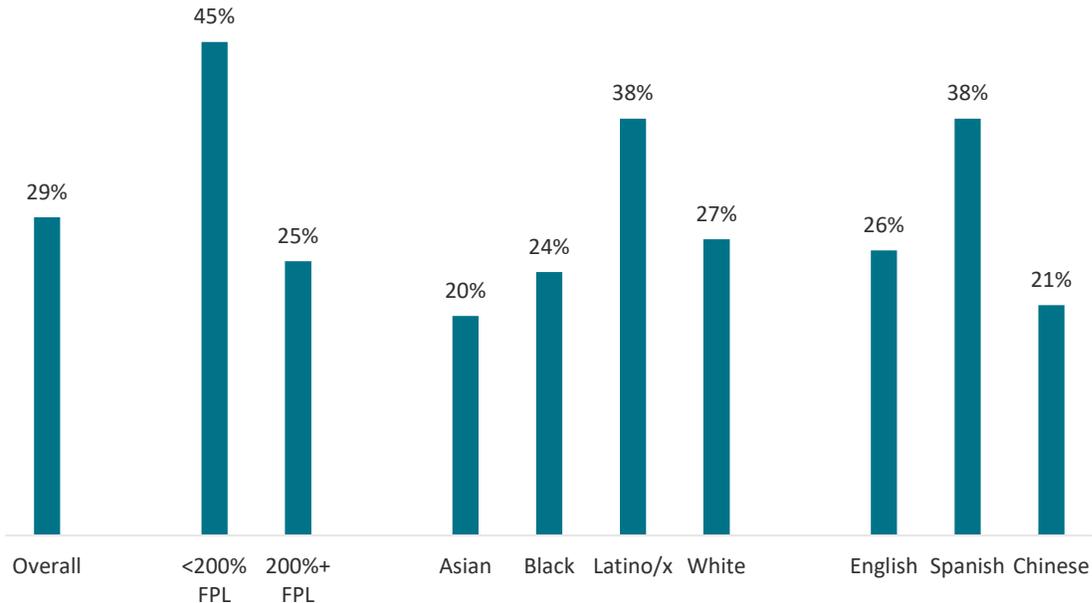
## Problems Paying Medical Bills

Nearly 3 in 10 Californians (29%) say that they or someone in their family had problems paying any medical bills (such as bills for doctors, dentists, medication, or home care) in the past 12 months. This was similar to 2023 (28%). Californians with low incomes (45%) are more likely to report problems paying medical bills than those with higher incomes (25%) (Figure 42).

Latino/x Californians (38%) are more likely to report problems than respondents of other races/ethnicities. Californians who speak Spanish at home (38%) are more likely to have problems paying bills than those who speak English at home (26%) or Chinese at home (21%).

**Figure 42. About 3 in 10 Californians and Nearly Half of Californians with Low Incomes Had Problems Paying Medical Bills in the Past Year**

PERCENTAGE WHO SAY THAT THEY OR ANYONE IN THEIR FAMILY HAD PROBLEMS PAYING ANY MEDICAL BILLS, SUCH AS BILLS FOR DOCTORS, DENTISTS, MEDICATION, OR HOME CARE IN THE PAST 12 MONTHS



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Nearly 4 in 10 residents in San Joaquin Valley (38%) and the Rural North (38%) say that they or someone in their family had problems paying any medical bills in the past year. Californians

who describe their health as “poor” or “fair” (43%) are more likely to report problems than those who describe their health as “good” (33%) or “very good” or “excellent” (21%).

## Medical Debt

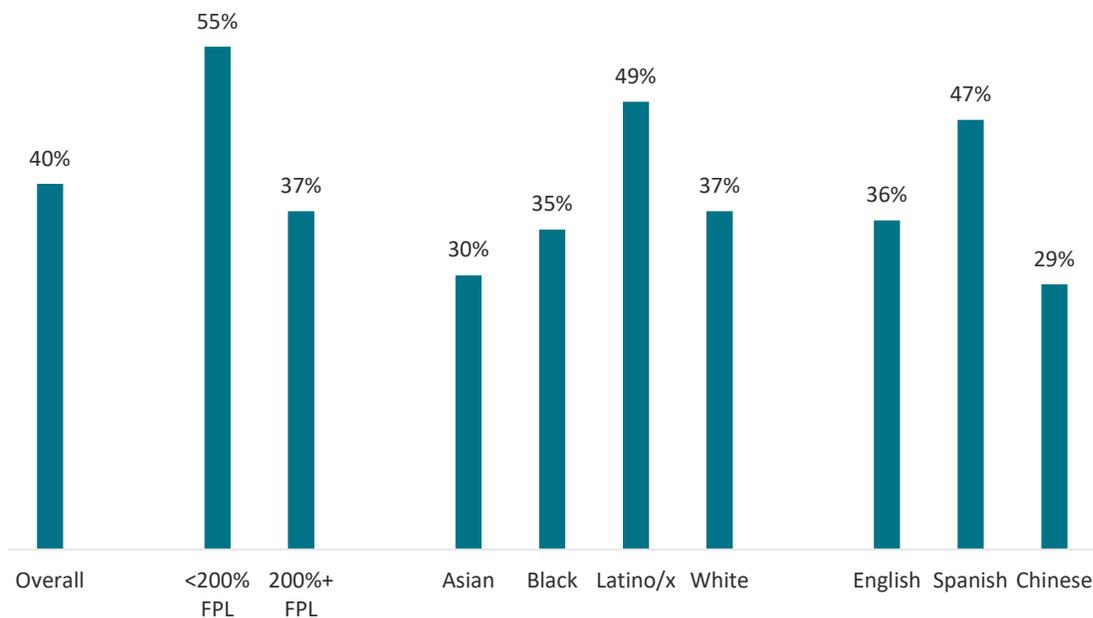
Four in 10 Californians (40%) report having any kind of medical debt (Figure 43). This was similar to 2023 (38%).

Californians with low incomes (55%) are more likely to report any type of medical debt than those with higher incomes (37%).

Latino/x Californians (49%) are more likely to report debt than White (37%), Black (35%), or Asian Californians (30%). Californians who speak Spanish at home (47%) are more likely to say they have medical debt than those who speak English at home (36%) or Chinese at home (29%).

**Figure 43. Four in 10 Californians and More Than Half of Californians with Low Incomes Have Medical Debt**

PERCENTAGE WHO SAY THEY HAVE ANY TYPE OF MEDICAL DEBT



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

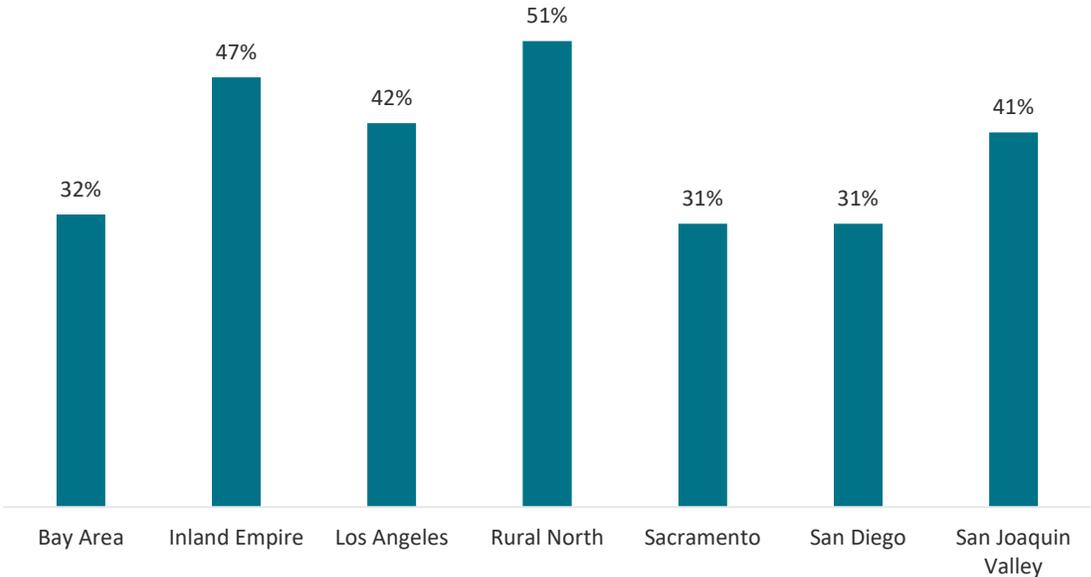
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

More than half of Californians who describe their health as “poor” or “fair” (54%) report medical debt, more than Californians who describe their health as “good” (44%) or “very good” or “excellent” (31%).

The prevalence of medical debt varies across regions. Half of Rural North respondents (51%) and nearly half of Inland Empire respondents (47%) report any medical debt. In contrast, about 3 in 10 Bay Area (32%), Sacramento (31%), and San Diego respondents (31%) report any medical debt (Figure 44).

**Figure 44. Half of Rural North and Nearly Half of Inland Empire Respondents Have Medical Debt**

PERCENTAGE WHO SAY THEY HAVE ANY TYPE OF MEDICAL DEBT



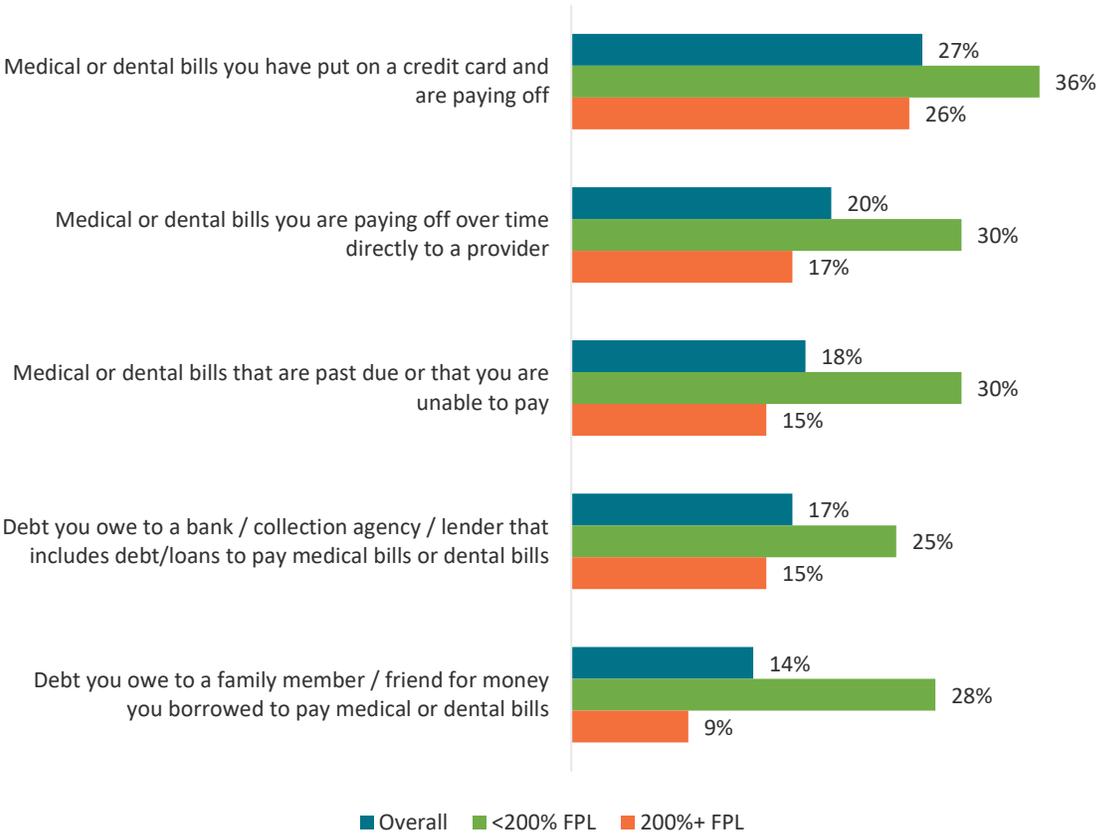
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. See appendix for definitions of regions.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

The most often reported type of medical debt for Californians overall and across income groups is medical or dental bills that they have put on a credit card and are paying off. Californians with low incomes are more likely to have each type of medical debt than Californians with higher incomes (Figure 45).

**Figure 45. More Than One in Four Californians and One in Three Californians with Low Incomes Have Medical Debt They Have Put on a Credit Card**

PERCENTAGE WHO SAY THEY HAVE EACH TYPE OF MEDICAL DEBT



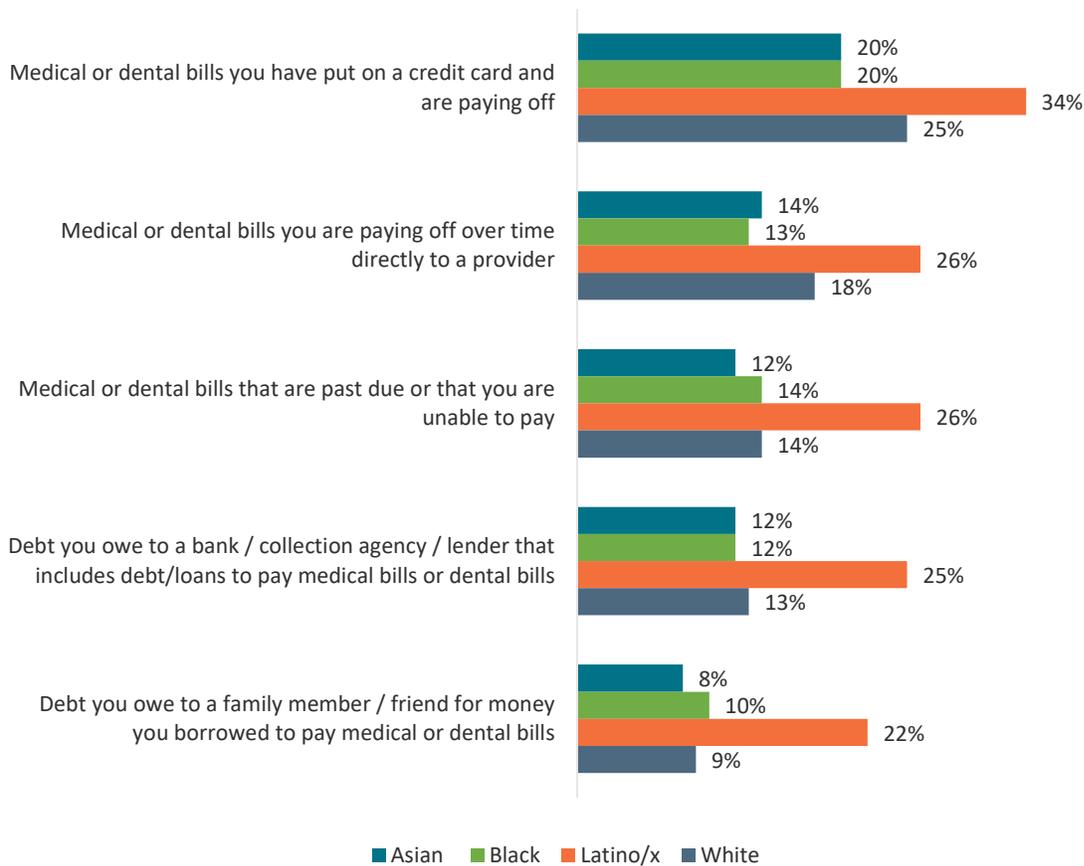
Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Latino/x Californians are more likely to report having each type of medical debt than Californians of other races/ethnicities. One in three Latino/x Californians have medical or dental bills they have put on a credit card and are paying off over time (Figure 46).

**Figure 46. Latino/x Californians Are More Likely to Report Having Each Type of Medical Debt Than Asian, Black, and White Californians**

PERCENTAGE WHO SAY THEY HAVE EACH TYPE OF MEDICAL DEBT



Notes: Sample includes 2,552 California residents age 18 and older. See topline for full question wording and response options.

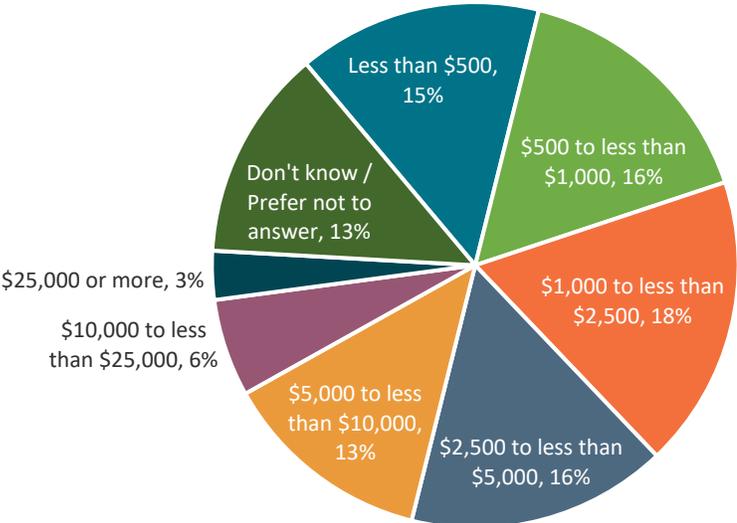
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Among Californians who report medical debt, 4 in 10 (38%) owe \$2,500 or more, with 13% reporting \$5,000 to \$10,000, 6% reporting \$10,000 to \$25,000, and 3% reporting \$25,000 or more (Figure 47). The amount of medical debt owed was similar across Californians by income, race/ethnicity, and language spoken.

One-third of respondents who describe their health as “poor” or “fair” (32%) owe \$5,000 or more in medical debt, which is higher than those who describe their health as “good” (24%) or “excellent” or “very good” (14%).

**Figure 47. Nearly 4 in 10 Californians with Medical Debt Owe \$2,500 or More**

TOTAL AMOUNT OF MEDICAL DEBT OWED



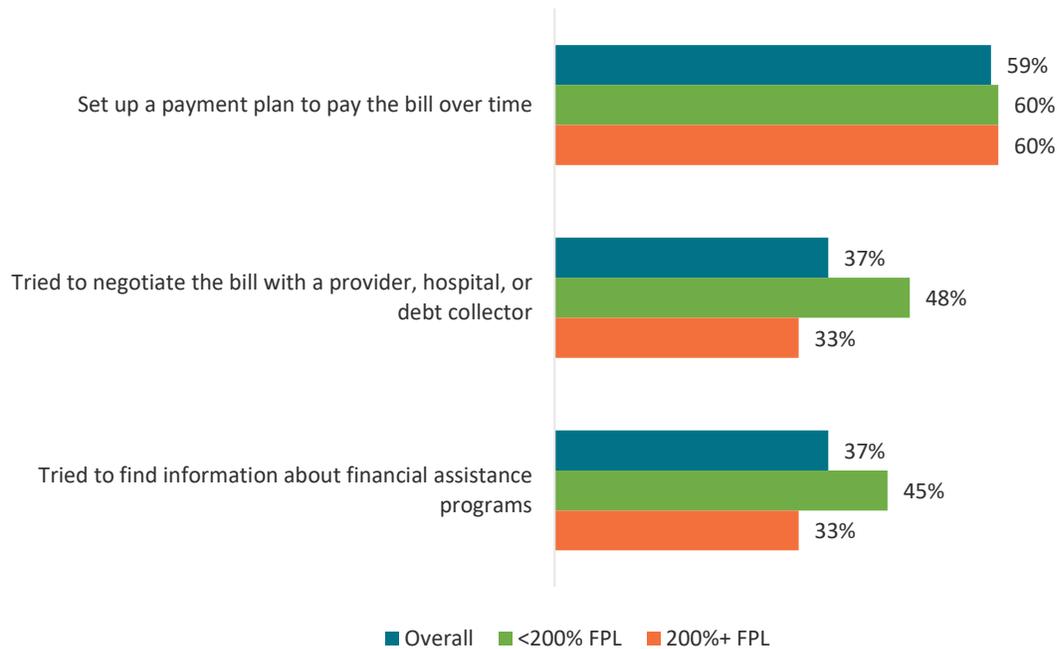
Notes: Sample includes 2,552 California residents age 18 and older. Data shown for the 1,001 respondents who said they have medical debt. See topline for full question wording and response options. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Among Californians who report medical debt, less than 4 in 10 have tried to negotiate the bill (37%) or to find information about financial assistance programs (37%). Californians with low incomes who report medical debt are more likely to have tried to negotiate (48%) and find information about financial assistance (45%) than those with higher incomes (Figure 48).

**Figure 48. Less Than 4 in 10 Californians with Medical Debt Have Tried to Negotiate the Bill or Find Information About Financial Assistance Programs**

PERCENTAGE WHO SAY THEY HAVE TAKEN ANY OF THE FOLLOWING ACTIONS TO ADDRESS THEIR CURRENT MEDICAL DEBT



Notes: Sample includes 2,552 California residents age 18 and older. Data shown for the 1,001 respondents who said they have medical debt. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

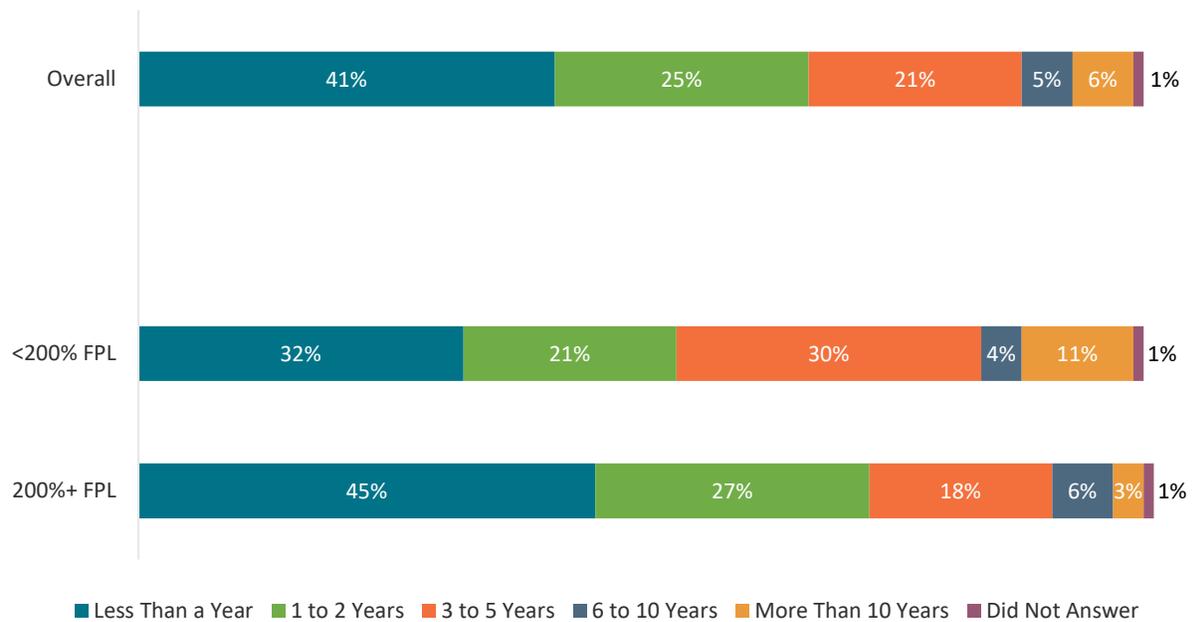
Among Californians who report medical debt, 58%\* say they expect to pay off their medical debt in a year or longer, with 25% saying one to two years; 21% saying three to five years; 5% saying 6 to 10 years; and 6% saying more than 10 years. Californians with low incomes who report medical debt are more likely to say they expect to pay off their medical debt in a year or longer (67%\*), with 11% saying more than 10 years (Figure 49).

Californians who describe their health as “poor” or “fair” are more likely to say a year or longer (75%), with 14% saying more than 10 years.

\* May not match figure in chart due to rounding.

**Figure 49. One in Three Californians with Medical Debt Say They Expect to Pay Off Their Debt in Three Years or Longer**

Q: WHEN DO YOU EXPECT TO PAY OFF YOUR MEDICAL DEBT?



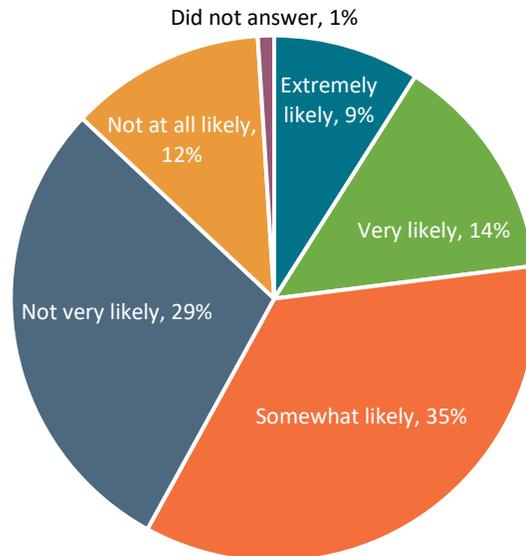
Notes: Sample includes 2,552 California residents age 18 and older. Data shown for the 1,001 respondents who said they have medical debt. See topline for full question wording and response options. *FPL* is federal poverty level. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Nearly one in four Californians with medical debt (23%) say it is “extremely” or “very” likely that they will take on additional medical debt while trying to pay off their current medical debt, and an additional 35% say it is “somewhat likely” (Figure 50).

**Figure 50. Nearly 6 in 10 Californians with Medical Debt Say They Are Likely to Take On Additional Medical Debt While Paying Off Current Debt**

Q: HOW LIKELY IS IT THAT YOU WILL TAKE ON ADDITIONAL MEDICAL DEBT WHILE TRYING TO PAY OFF YOUR CURRENT MEDICAL DEBT?



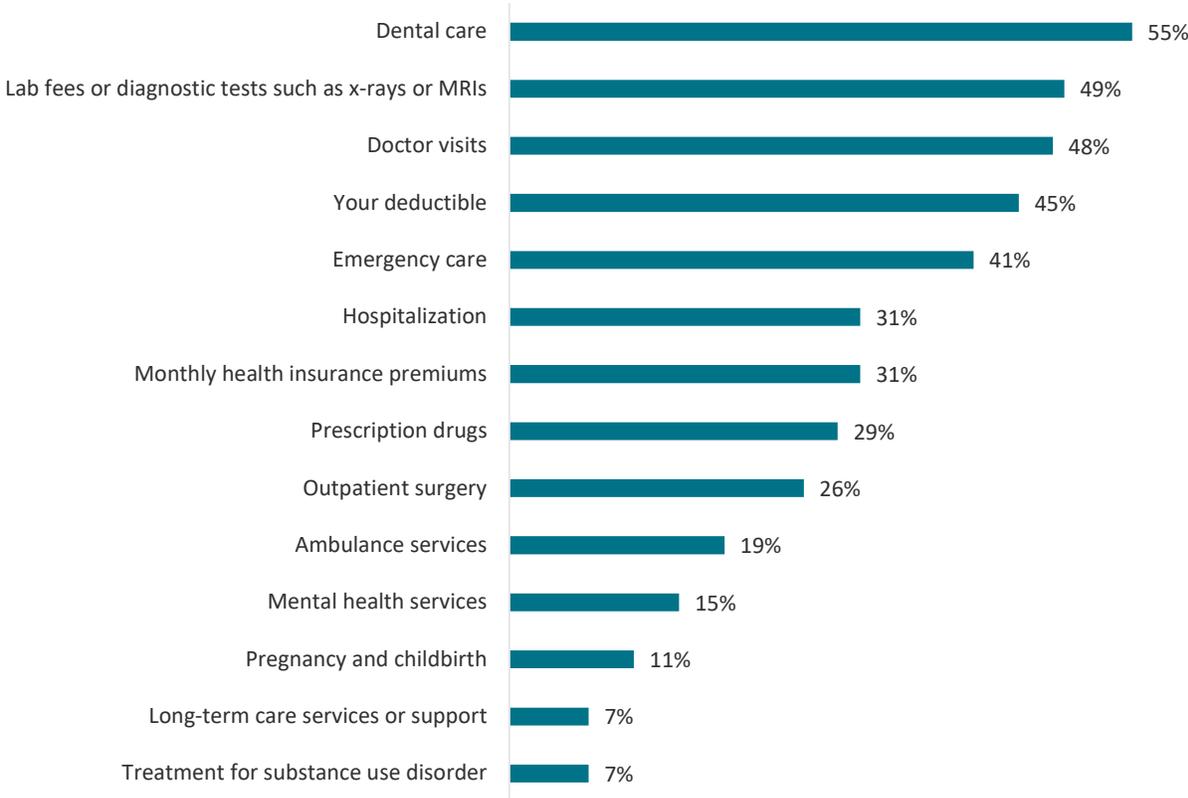
Notes: Sample includes 2,552 California residents age 18 and older. Data shown for the 1,001 respondents who said they have medical debt. See topline for full question wording and response options. Figures may not sum due to rounding.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Respondents who said they had medical debt were asked what type of health care bills caused their debt. Eight in 10 of those with medical debt report that their medical debt comes from two or more types of care. Dental care (55%), lab fees or diagnostic tests such as x-ray or MRIs (49%), doctor visits (48%), and deductibles (45%) topped the list of bills that caused medical debt (Figure 51).

**Figure 51. Californians Report That Their Medical Debt Comes from Many Different Types of Care**

PERCENTAGE WHO SAY THAT ANY OF THE BILLS THAT CAUSED THEIR MEDICAL DEBT CAME FROM THE FOLLOWING TYPES OF CARE



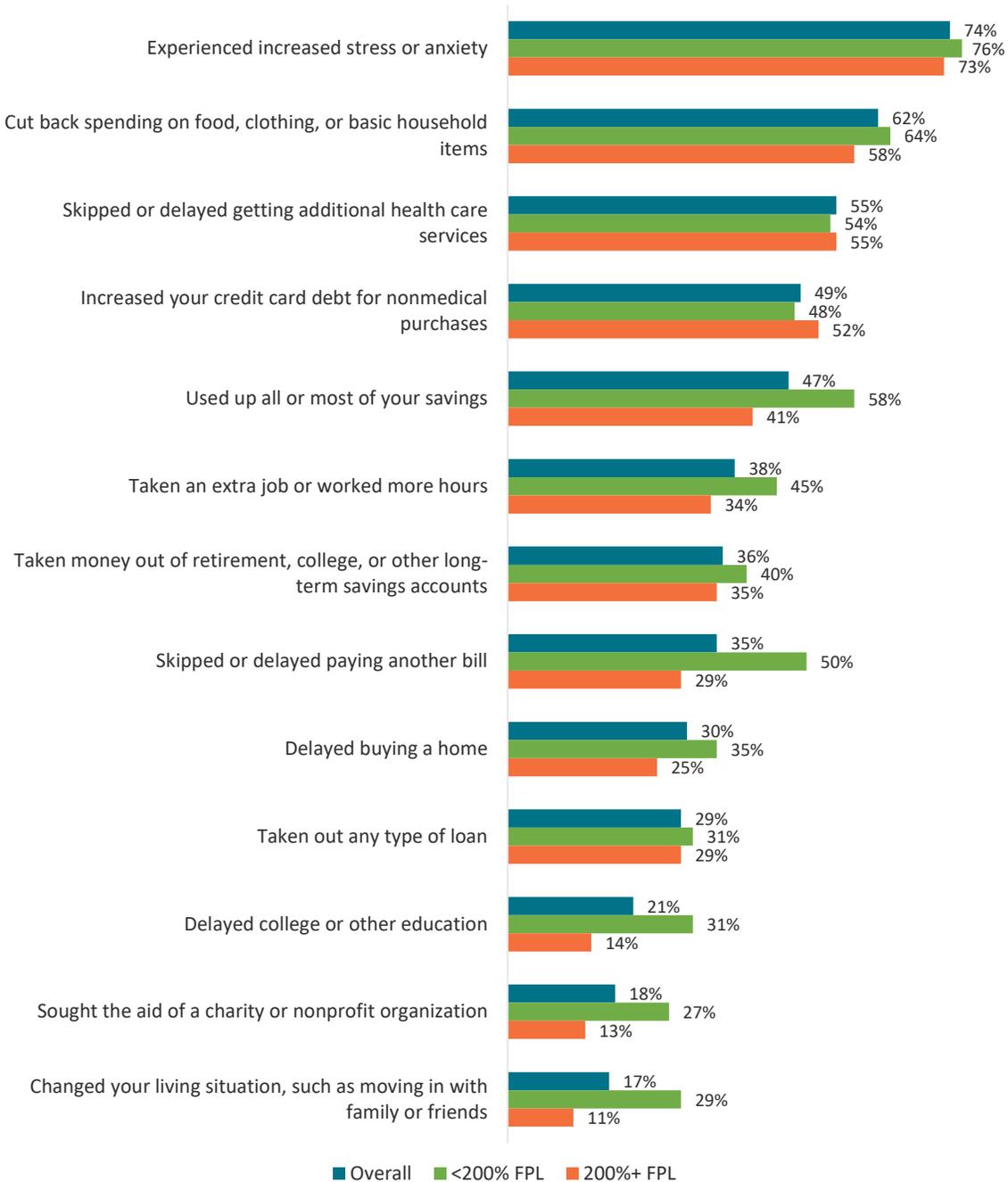
Notes: Sample includes 2,552 California residents age 18 and older. Data shown for the 1,001 respondents who said they have medical debt. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Medical debt has serious financial and quality-of-life impacts for many Californians. Among Californians who have medical debt, about three in four overall and across income groups report experiencing increased anxiety as a result of medical debt. About 6 in 10 overall and across income groups say they cut back spending on food, clothing, and household items, and more than half overall and across income groups say they skipped or delayed getting additional health care. More than half of Californians with low incomes who have medical debt say they have used up all or most of their savings (58%), and half (50%) say they have skipped or delayed paying another bill (Figure 52).

## Figure 52. Three in Four Californians with Medical Debt Report Experiencing Increased Anxiety as a Result of Medical Debt

PERCENTAGE WHO SAY THEY OR A FAMILY MEMBER HAVE DONE ANY OF THE FOLLOWING AS A RESULT OF MEDICAL DEBT IN THE PAST SEVERAL YEARS



Notes: Sample includes 2,552 California residents age 18 and older. Data shown for the 1,001 respondents who said they have medical debt. See topline for full question wording and response options. *FPL* is federal poverty level.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

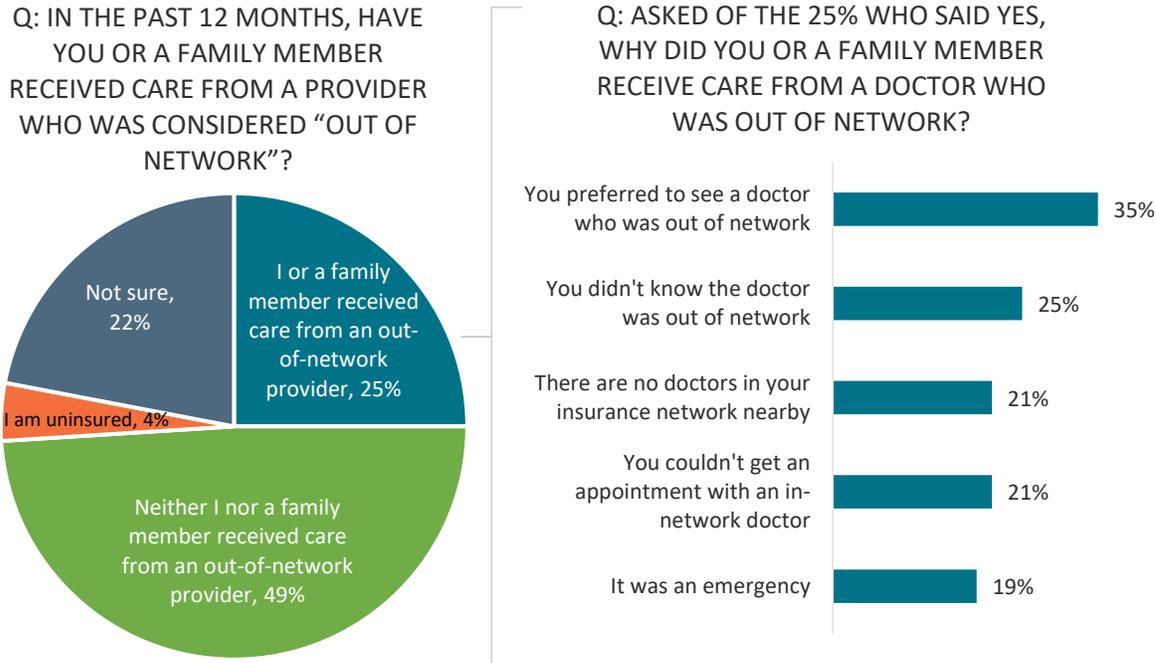
# Section 4. Out-of-Network Care and Health Care Costs

## Out-of-Network Care

In the past year, one in four Californians (25%) say they or a family member received care from an out-of-network provider.

Many Californians seek out-of-network care because they did not know a doctor was out of network (25%), there were no nearby doctors in their insurance network (21%), or they could not get an appointment with an in-network doctor (21%). Among those who have received care from an out-of-network provider, 35% say they went out of network because they or a family member preferred to see that provider (Figure 53).

**Figure 53. One in Four Californians Say They or a Family Member Received Care from an Out-of-Network Provider; One in Four of Those Did Not Know the Doctor Was Out of Network**



Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options. Figures may not sum due to rounding.

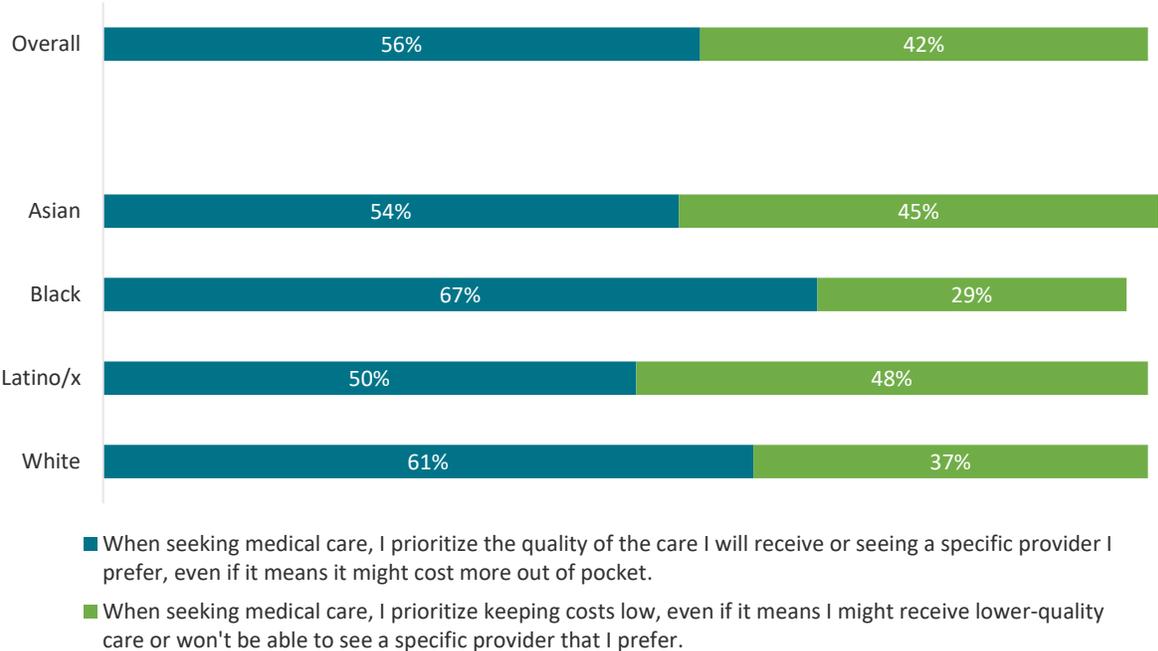
Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

Respondents were asked what they prioritize more when seeking medical care: the quality of care they will receive or seeing a specific provider they prefer, or keeping costs low. More Californians prioritize quality of care or seeing a specific provider (56%) over keeping costs of care low (42%) when seeking medical care (Figure 54).

Two in three Black Californians (67%) and 6 in 10 White Californians (61%) say they prioritize the quality of care they will receive or seeing a specific provider they prefer even if it means it might cost more out of pocket.

**Figure 54. More Californians Prioritize Quality of Care or Seeing a Specific Provider over Keeping Costs of Care Low When Seeking Medical Care**

Q: WHICH OF THE FOLLOWING STATEMENTS COMES CLOSER TO YOUR VIEW, EVEN IF NEITHER IS EXACTLY RIGHT?



Notes: Sample includes 2,552 California residents age 18 and older. *Did not answer* not shown. See topline for full question wording and response options.

Source: CHCF/NORC California Health Policy Survey (October 3–November 10, 2025).

## Appendix. Survey Methodology

This survey was conducted by NORC at the University of Chicago with funding from the California Health Care Foundation. Staff from NORC and the California Health Foundation collaborated on all aspects of this study.

Interviews for this survey were conducted between October 3 and November 10, 2025, with adults age 18 and older living in California. Data were collected using two probability sample sources: NORC's probability-based AmeriSpeak panel, designed to represent the US household population, and an address-based sample (ABS). During the initial recruitment phase of the AmeriSpeak panel, randomly selected US households were sampled with a known, nonzero probability of selection from the NORC National Sample Frame and then contacted by US mail, email, telephone, and field interviewers (face-to-face). The National Sample Frame provides coverage of approximately 97% of the US household population. The US Postal Service's Delivery Sequence File (DSF) and National Consumer Address File have been used in a subset of years as a supplemental sample during AmeriSpeak panel recruitment for low coverage states. Panel members were invited by email or by phone from a NORC telephone interviewer. To qualify for this study, all AmeriSpeak California respondents 18 and older invited to take the survey needed to confirm that they were currently residing in California.

The ABS frame is based on an extract of the DSF, which provides sample coverage of approximately 97% of the US household population. All households in the ABS sample were mailed a letter inviting them to complete the survey online using a unique PIN or via telephone by calling a toll-free number. The letter included a \$1 pre-incentive to encourage participation. All households in the ABS sample also received a reminder postcard sent about a week after the first letter. A second reminder postcard was sent to a subsample of nonresponding households. Mailings were addressed to: [City] Community Member. There was no within-household selection for households with multiple adults. To qualify for this study, all ABS respondents needed to confirm they were age 18 and older and currently residing in California.

Those excluded from each sample source include people with PO box-only addresses, some addresses not listed in the DSF, and some newly constructed dwellings.

The sample was designed to achieve a sufficient number of interviews with respondents age 18 and older that would support accurate representation of the California resident adult population in the overall sample and for sociodemographic subgroups such as by race, Latino/x ethnicity, and region, and includes oversamples of adults who reside in the Rural North region. The ABS frame was stratified into 11 mutually exclusive categories to allow accurate representation of the California adult population. This was accomplished by appending auxiliary data from commercial address databases to the ABS frame to construct sampling strata:

1. San Joaquin Valley
2. Rural North

3. Bay Area and Sacramento — Latino/x
4. Bay Area and Sacramento — Chinese
5. Bay Area and Sacramento — non-Latino/x and non-Chinese
6. Inland Empire, Los Angeles, and San Diego — Latino/x
7. Inland Empire, Los Angeles, and San Diego — Chinese
8. Inland Empire, Los Angeles, and San Diego — non-Latino/x and non-Chinese
9. All Other Regions — Latino/x
10. All Other Regions — Chinese
11. All Other Regions — non-Latino/x and non-Chinese

For the purposes of this study, California regions were based on county and were defined as follows:

<b>Region</b>	<b>Counties</b>
Bay Area	Alameda, Contra Costa, San Francisco
Inland Empire	Riverside, San Bernardino
Los Angeles	Includes 8 LA Service Planning Areas
Rural North	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yuba
Sacramento	El Dorado, Placer, Sacramento, Yolo
San Diego	Imperial, San Diego
San Joaquin Valley	Fresno, Kings, Madera, Mariposa, Tulare

AmeriSpeak panel members were randomly drawn for this study, and 1,316 completed the survey — 1,291 via the web and 25 by telephone. A total of 1,236 ABS sample completed the survey — 1,111 via the web and 125 by telephone. Interviews were conducted in English ( $n = 2,460$ ), Spanish ( $n = 69$ ), and Chinese ( $n = 23$ ), depending on the respondent's preference. All respondents were offered a small monetary incentive for completing the survey.

The overall response rate for the ABS sample was 5.0%. For the AmeriSpeak sample, the final stage completion rate was 22.7%, the weighted household panel response rate was 26.9%, and the weighted household panel retention rate was 78.5%, for a cumulative response rate of 4.8%.

The overall margin of sampling error was +/-3.0 percentage points at the 95% confidence level, including the design effect. The margin of sampling error may be higher for subgroups.

Sampling error is only one of many potential sources of error, and there may be other unmeasured error in this or any other survey.

Quality assurance checks were conducted to ensure data quality. In total, 78 interviews were removed for nonresponse to at least 50% of the questions asked or for completing the survey in less than one-third the median interview time for the full sample. These interviews were excluded from the data file before weighting.

Once the sample was selected and fielded, and all the study data were collected and made final, a multistage weighting design was applied to ensure accurate representation of the California adult population. The first stage of weighting included adjustments to the AmeriSpeak and ABS samples for their unique sample designs. Subsequent weighting steps included an adjustment to account for ABS undeliverable mailings, ineligible respondents, and unknown eligibility, an adjustment for nonresponse to the survey, and construction of weights for the combined AmeriSpeak and ABS samples. Next, the combined AmeriSpeak and ABS sample weights underwent demographic adjustment via poststratification raking to balance the sample to match known adult population totals obtained from the US Census Bureau's 2023 American Community Survey. Demographic benchmark distributions used in the raking included gender, age, race/ethnicity, geographic region, household income relative to 200% of the federal poverty level, language spoken at home, household size, and education. Finally, to reduce the possibility of outlier cases affecting the data excessively and to control the impact on sample variance from such cases, the weights were truncated and re-raked to population totals. The weighted data reflect the California population of adults age 18 and older.

Additional information on the [AmeriSpeak panel methodology](#) is available.

For more information, email [info@norc.org](mailto:info@norc.org).