

COST OF CARE

Landscape Analysis of Secondary Data



Kansas Health
Foundation



1^{IN}10*

KANSAS ADULTS
needed to see a doctor
but could not afford it.

Source: 2024 Behavioral Risk Factor
Surveillance System (BRFSS) survey

*BRFSS data are not directly comparable with CHES data. They come from different surveys conducted with different scopes and in different years. BRFSS asks about an individual's needed doctor visit, while the 2025 Consumer Healthcare Experience State Survey (CHES) includes more types of care and experiences of individuals and their family members living in the same household.

THE KANSAS HEALTH FOUNDATION wants Kansas to lead the nation in health. Reaching that goal requires Kansans to be able to get the health care they need, and too often, cost stands in the way.

AMERICA'S HEALTH RANKINGS specifically tracks Avoided Care Due to Cost by asking adults whether there was a time in the past 12 months when they needed to see a doctor but could not afford it. In 2024, 11.5% of Kansas adults—about 1 in 10—reported this experience, placing Kansas 24th in the 2025 rankings.**

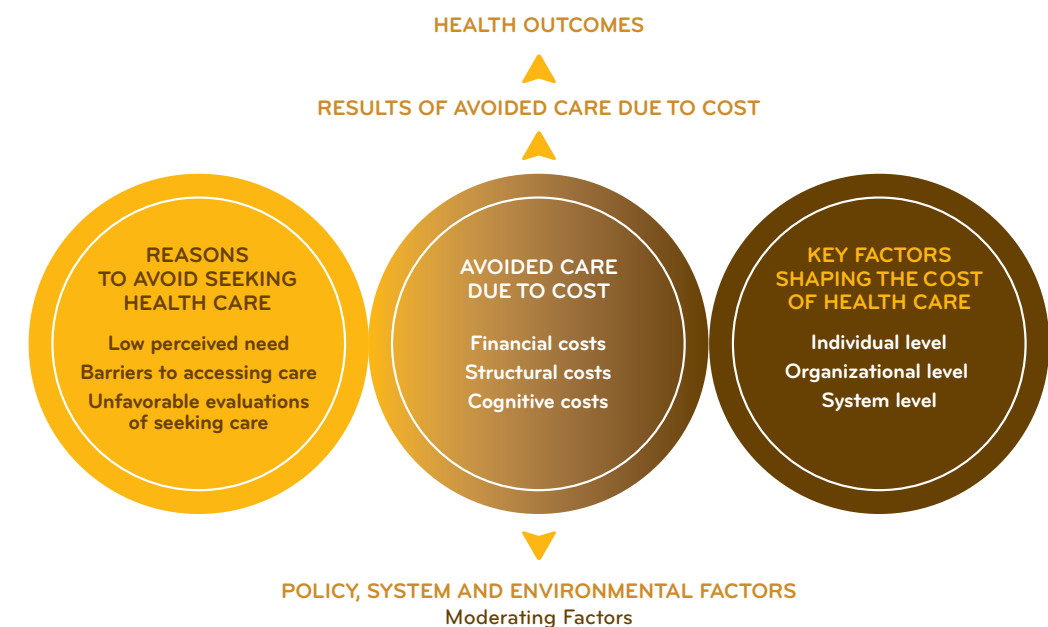
The cost of care extends beyond a medical bill. For many Kansans, it leads to difficult choices: delaying a procedure, skipping a recommended test or treatment, or avoiding care altogether. Financial costs include things like insurance expenses, medical debt and surprise bills; structural costs include barriers such as limited providers and lost wages for time away from work; and cognitive costs include the time and effort required to navigate a complex system and understand charges. These costs often overlap, making it even harder for Kansans to get the care they need.

7^{IN}10*

KANSAS RESPONDENTS said they or a family member living with them skipped, delayed or went without some form of care because of cost. These experiences include things like postponing a doctor visit or procedure, skipping a recommended test or treatment, not filling a prescription or going without needed dental care.

Source: 2025 Consumer Healthcare
Experience State Survey (CHES)

Figure 1. FRAMEWORK OF AVOIDED CARE DUE TO COST



Note: Avoided care due to cost is at the intersection of reasons for avoiding health care and the factors shaping the cost of health care. This intersection can be further conceptualized through three categories of costs — financial, structural and cognitive. Experiencing these financial, structural and cognitive barriers may contribute to an individual's decision to avoid care due to cost. Collectively, the results of avoided care due to cost may then contribute to negative health outcomes.

Source: Kansas Health Institute.

**Source: 2025 America's Health Rankings

NEARLY
3 IN 4

KANSAS RESPONDENTS

said they or a family member experienced a health care affordability burden. These burdens include things like delaying or going without care due to cost, experiencing a financial burden due to medical bills, or being uninsured due to cost.

Source: 2025 Consumer Healthcare Experience State Survey (CHESS)

FINANCIAL COSTS

The financial cost of care depends on more than the price of a doctor visit. A person’s income, insurance coverage and ability to absorb an unexpected expense can all shape whether they get needed care—and some Kansans face these barriers much more often than others.

Cost does not affect every Kansan equally. Younger adults, people with lower incomes or less education, and some racial and ethnic groups are more likely to report being unable to afford a needed doctor visit.

Figure 2. PERCENTAGE OF KANSAS ADULTS REPORTING AVOIDED CARE DUE TO COST IN THE PAST 12 MONTHS, BY POPULATION GROUP, 2024 (BRFSS)

GROUP	PERCENTAGE (%)
Kansas Adults	11.5%
Age	
18-24	15.9%
25-34	20.0%
35-44	13.9%
45-54	11.5%
55-64	7.9%
65+	3.5%

Figure 2. (Cont.) PERCENTAGE OF KANSAS ADULTS REPORTING AVOIDED CARE DUE TO COST IN THE PAST 12 MONTHS, BY POPULATION GROUP, 2024 (BRFSS)

GROUP	PERCENTAGE (%)
Sex/Gender	
Female	12.6%
Male	10.4%
Race/Ethnicity*	
American Indian or Alaskan Native, non-Hispanic	18.5%
Multiracial, non-Hispanic	18.5%
Hispanic	16.2%
Black, non-Hispanic	12.5%
White, non-Hispanic	10.4%
Household Income*	
Less than \$15,000	21.1%
\$15,000-\$24,999	20.1%
\$25,000-\$34,999	21.8%
\$35,000-\$49,999	17.8%
\$50,000-\$99,999	9.6%
\$100,000-\$199,999	5.0%

Figure 2. (Cont.) PERCENTAGE OF KANSAS ADULTS REPORTING AVOIDED CARE DUE TO COST IN THE PAST 12 MONTHS, BY POPULATION GROUP, 2024 (BRFSS)

GROUP	PERCENTAGE (%)
Education	
Less Than High School	16.7%
High School or General Education Development (G.E.D.)	15.0%
Some Post-High School	11.8%
College Graduate	6.7%

***Note:** The figure shows the crude prevalence for the percentage of adults ages 18 or older responding “yes” to the following question: “Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?” * Percentages were not available due to small number of responses for the following subgroups: Asian, non-Hispanic; Native Hawaiian or Pacific Islander, non-Hispanic; and Other, non-Hispanic in the Race/Ethnicity Group, and those with a household income of \$200,000 or more.

Source: Kansas Health Institute analysis of U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), Prevalence & Trends Data, 2024.

A broader look shows how deeply affordability challenges reach into Kansas households. These challenges include skipping or delaying care due to cost, experiencing financial hardship from medical bills, or going without insurance because it costs too much. **Some Kansans experience these challenges more often than others**, including those living in counties classified as “frontier” or “rural” by KDHE, in households earning \$50,000 or less annually, or living with a person with a physical or cognitive impairment.

Figure 3. PERCENTAGE OF KANSAS ADULT RESPONDENTS REPORTING ANY AFFORDABILITY BURDENS BY SELECT CHARACTERISTICS, 2025 (CHESS)

SELECT CHARACTERISTICS	PERCENTAGE (%)
Total Respondents	74%
Race and Ethnicity	
Respondents of Color	83%
White, Non-Hispanic	71%
Disability	
Household includes a person with a physical or cognitive impairment	86%
Household does not include a person with a physical or cognitive impairment	69%
Household Income	
Less than \$50,000	86%
\$50,000- \$75,000	77%
\$75,001-\$100,000	73%
More than \$100,000	62%
Education Status	
High School Diploma or GED	83%
Some College, Training, or Certificate Program	78%
Associate Degree	74%
Bachelor's Degree	72%
Graduate School	62%



Figure 3. (Cont.) PERCENTAGE OF KANSAS ADULT RESPONDENTS REPORTING ANY AFFORDABILITY BURDENS BY SELECT CHARACTERISTICS, 2025 (CHESS)

SELECT CHARACTERISTICS	PERCENTAGE (%)
Rurality (KDHE Peer County Group)	
Frontier	85%
Rural	80%
Densely-Settled Rural	82%
Semi-Urban	74%
Urban	71%

Note: Respondents were identified as having a health care affordability burden if they or a family member living with them experienced any of the following challenges in the past year: delayed or went without care due to cost (e.g., doctor visits, tests, procedures, dental care or prescriptions), experienced a financial burden due to medical bills (e.g., exhausting savings, accumulating debts, facing collections or struggling to afford food and housing) or were uninsured due to costs. The Kansas Consumer Healthcare Experience State Survey (CHESS) included 1,439 respondents ages 18 and older between Aug. 1, 2025, and Sept. 19, 2025. Data are weighted to U.S. Census benchmarks for age, sex, race/ethnicity and household income to ensure the sample is demographically representative of Kansas.

Source: Altarum Healthcare Value Hub. Kansas Survey Respondents Report that Trust and Respect Impact Care; Variations in Health Care Affordability Burdens, 2025. Rurality data provided by Altarum Healthcare Value Hub in response to a data request (June 2026).

THE FEDERAL POVERTY LEVEL
FOR A FAMILY OF FOUR IN 2024 WAS
\$31,200.

U.S. ADULTS AGES

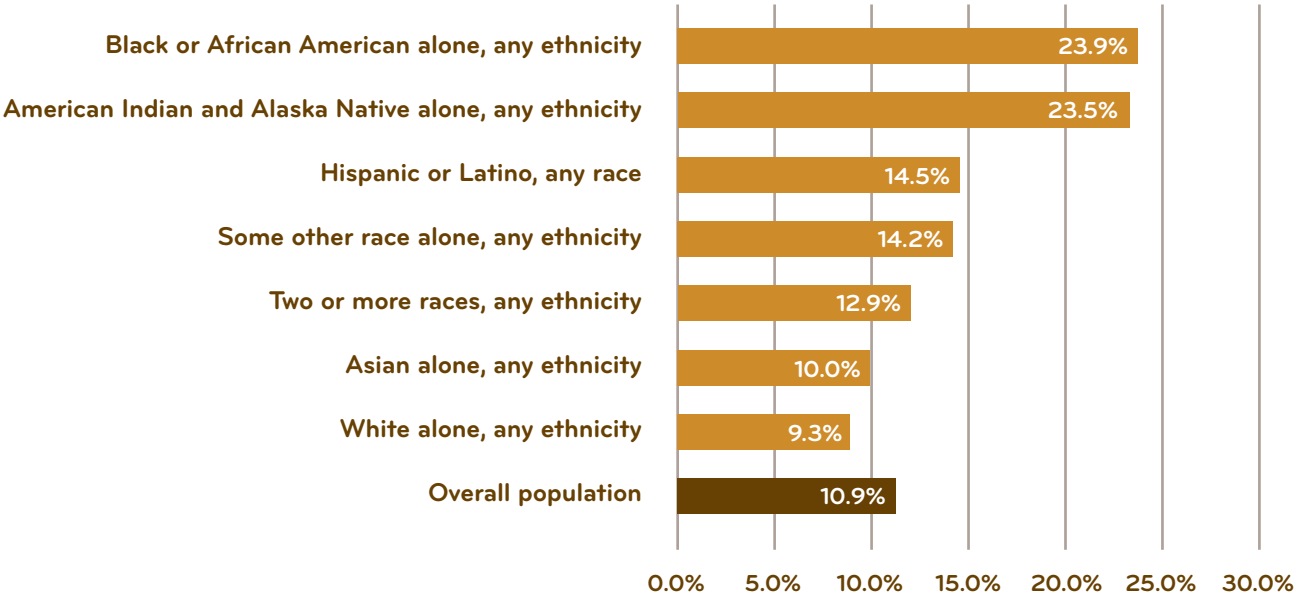
18^{to}29

were less able to afford surprise expenses than any other age group in 2025, with fewer than half of these young adults (45 percent) able to pay a \$400 unexpected expense in cash or its equivalent.

Source: Kansas Health Institute analysis of U.S. Board of Governors of the Federal Reserve System Survey of Household Economics and Decision-Making 2025 data.

A person's ability to manage health care costs is closely tied to their overall financial situation. Longstanding income disparities leave some Kansas communities with far fewer resources to absorb those costs.

Figure 4. POVERTY RATE BY RACIAL AND ETHNIC GROUP IN KANSAS, 2024



Note: Kansans earning less than 100 percent of the Federal Poverty Level (FPL; \$31,200 for a family of four in 2024) = 313,235 people. Poverty rate is displayed as a percentage of a population group earning less than 100 percent FPL. The category of Hispanic or Latino, Any Race, is not mutually exclusive from other categories.

Source: Kansas Health Institute analysis of U.S. Census Bureau 2024 American Community Survey 1-Year Estimates Table S1701.

In 2025, just over half of survey respondents in Kansas (55 percent) reported being worried about affording health insurance for themselves or a family member living with them. The highest rates of worry were among LGBTQ+ individuals (74 percent), those living in counties classified as "rural" by KDHE (70 percent) and those who were unemployed (69 percent).

Figure 5. PERCENTAGE OF KANSAS ADULT RESPONDENTS WORRIED ABOUT AFFORDING AND LOSING HEALTH INSURANCE FOR THEMSELVES OR A FAMILY MEMBER, 2025

SELECT CHARACTERISTICS	WORRIED ABOUT AFFORDING HEALTH INSURANCE	WORRIED ABOUT LOSING HEALTH INSURANCE COVERAGE
Total Respondents	55%	31%
Race and Ethnicity		
Respondents of Color (Total)	61%	44%
Black and African American	58%	41%
Hispanic or Latino	65%	49%
White, Non-Hispanic	53%	28%
Orientation		
LGBTQ+	74%	54%
Not LGBTQ+	53%	29%
Employment		
Unemployed	69%	47%
Employed Full Time	58%	33%
Employed Part Time	55%	29%
Retired	44%	19%
Annual Household Income		
\$50,000 and Less	62%	43%
\$50,001- \$75,000	61%	36%
\$75,001-\$100,000	54%	25%
More Than \$100,000	46%	20%

Figure 5. (Cont.) PERCENTAGE OF KANSAS ADULT RESPONDENTS WORRIED ABOUT AFFORDING AND LOSING HEALTH INSURANCE FOR THEMSELVES OR A FAMILY MEMBER,

SELECT CHARACTERISTICS	WORRIED ABOUT AFFORDING HEALTH INSURANCE	WORRIED ABOUT LOSING HEALTH INSURANCE COVERAGE
Education Status		
High School Diploma or GED	57%	38%
Some College, Training or Certificate Program	66%	38%
Associate Degree	53%	33%
Bachelor's Degree	50%	26%
Graduate School	49%	24%
Insurance Status		
Employer-Based Health Insurance	55%	27%
Health Insurance Purchased Individually	65%	46%
Medicare	48%	19%
KanCare	57%	53%
Rurality (KDHE Peer County Group)		
Frontier	50%	42%
Rural	70%	35%
Densely-Settled Rural	60%	36%
Semi-Urban	55%	31%
Urban	52%	29%

Note: The Kansas Consumer Healthcare Experience State Survey (CHESS) included 1,439 respondents age 18 and older between Aug. 1, 2025, and Sept. 19, 2025. Data are weighted to U.S. Census benchmarks for age, sex, race/ethnicity and household income to ensure the sample is demographically representative of Kansas.

Source: Altarum Healthcare Value Hub. Kansas Survey Respondents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Express Bipartisan Support for Policy Solutions, 2025.

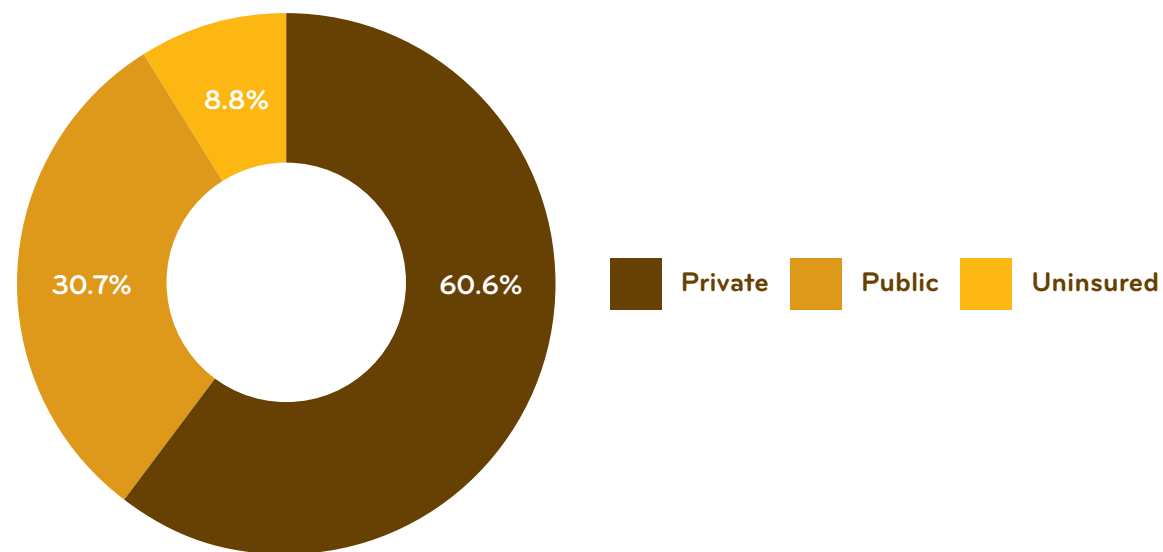


3^{IN}5

KANSANS

have private health insurance, often provided by their employer. For employer-sponsored coverage, premiums in Kansas rose faster than inflation between 2013 and 2024.

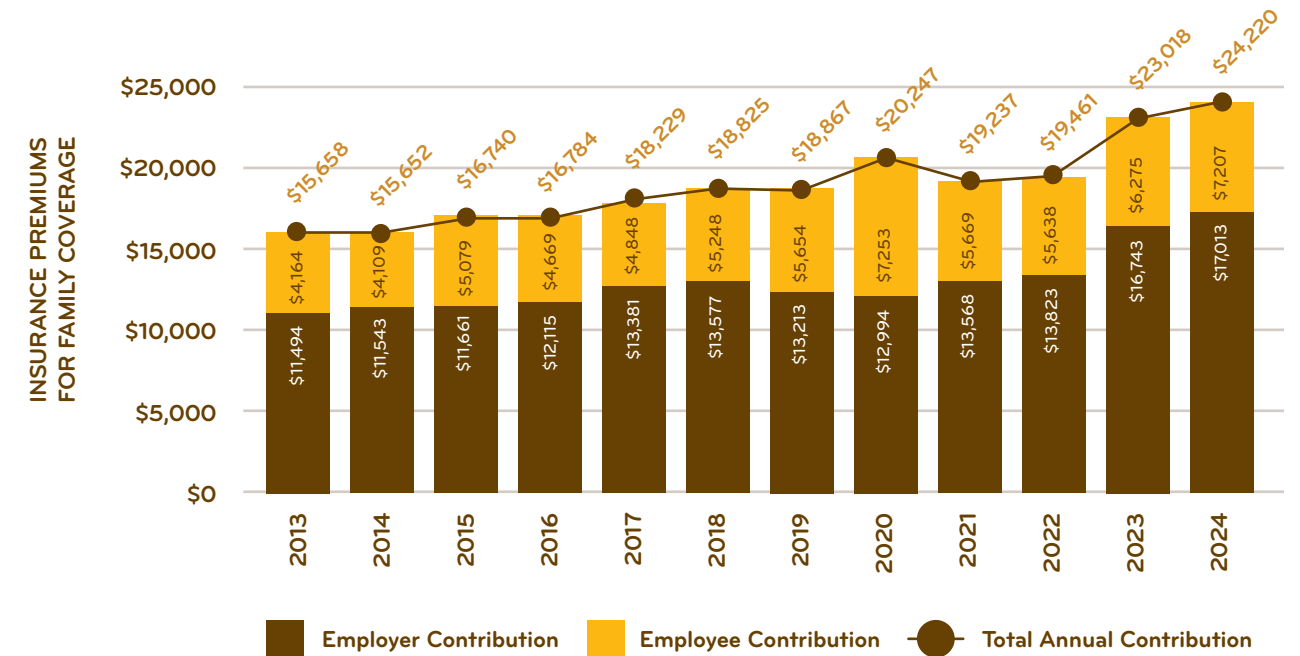
Figure 6. SOURCE OF INSURANCE COVERAGE FOR KANSANS, 2020-2024 5-YEAR ESTIMATE



Note: Total number of civilian noninstitutionalized Kansans in 2024 = 2,885,099. Public coverage refers to coverage provided through government-sponsored health insurance programs including Medicare, Medicaid, Children's Health Insurance Program (CHIP) and VA health care. Private coverage refers to employment-based health insurance, military/TRICARE, insurance purchased directly from a private health insurance company or the marketplace created by the Affordable Care Act. Percentages may not add to 100 percent due to rounding.

Source: Kansas Health Institute analysis of U.S. Census Bureau 2020-2024 American Community Survey 5-Year Estimates Table B27010.

Figure 7. INSURANCE PREMIUMS FOR EMPLOYERS AND EMPLOYEES FOR EMPLOYER-SPONSORED HEALTH INSURANCE IN KANSAS, 2013-2024



AVERAGE ANNUAL PRICE INCREASES 2013-2024		
Total Annual Premium - Family	Employer Contribution	3.6%
	Employee Contribution	5.1%
Total Annual Premium - Employee Only	Employer Contribution	3.2%
	Employee Contribution	4.2%
Consumer Price Index Midwest, All Urban Consumers (CPI-U)		2.5%

Note: Family coverage is defined as a plan that covers the enrollee and members of the enrollee's immediate family (spouse and/or children). Employee-only coverage is a plan that covers the employee only. Average annual price increases between 2013-2024 present geometric means for premiums and CPI-U. CPI-U is a measure of inflation using average changes to U.S. consumer prices over time for a set of typical goods and services.

Source: Kansas Health Institute analysis of the Agency for Healthcare Research and Quality Medical Expenditure Panel Survey (MEPS) annual data; U.S. Bureau of Labor Statistics Consumer Price Index for Midwest Urban Consumers, 2013-2024.

STRUCTURAL COSTS

Kansas ranks in the bottom third of states for the availability of health care providers across several specialty areas (number of providers per 100,000 population). When providers are scarce, getting care can require longer travel, more time away from work and longer waits—additional costs that may cause people to delay or go without needed care. When providers are scarce, getting care can require longer travel, more time away from work and longer waits—additional costs that may cause people to delay or go without needed care.

Figure 8. AMERICA'S HEALTH RANKING OF PROVIDER AVAILABILITY BY SPECIALTY AREA IN KANSAS, 2025

HEALTH CARE PROVIDER SPECIALTY AREA	KANSAS' RANK
Primary Care Providers, 2025	24
Women's Health Providers, 2024	35
Mental Health Providers, 2025	38
Dental Care Providers, 2025	38
Geriatric Clinicians, 2025	39
Pediatricians, 2024	48

Note: State rankings are based on the number of providers per 100,000 population. The provider specialty areas may not be exclusive, and some individuals may be counted in multiple groups. The provider groups are based on the population served (e.g. pediatrician rate is per 100,000 population ages 0-21.)

Source: Kansas Health Institute analysis of America's Health Rankings Data, 2025.

SINCE 2006,

5

HOSPITALS IN KANSAS

have completely closed, FOUR hospitals have converted to another type of health care facility, and THREE have converted to a rural emergency hospital (REH).

Source: Cecil G Sheps Center for Health Services Research, University of North Carolina. Accessed June 30, 2026.



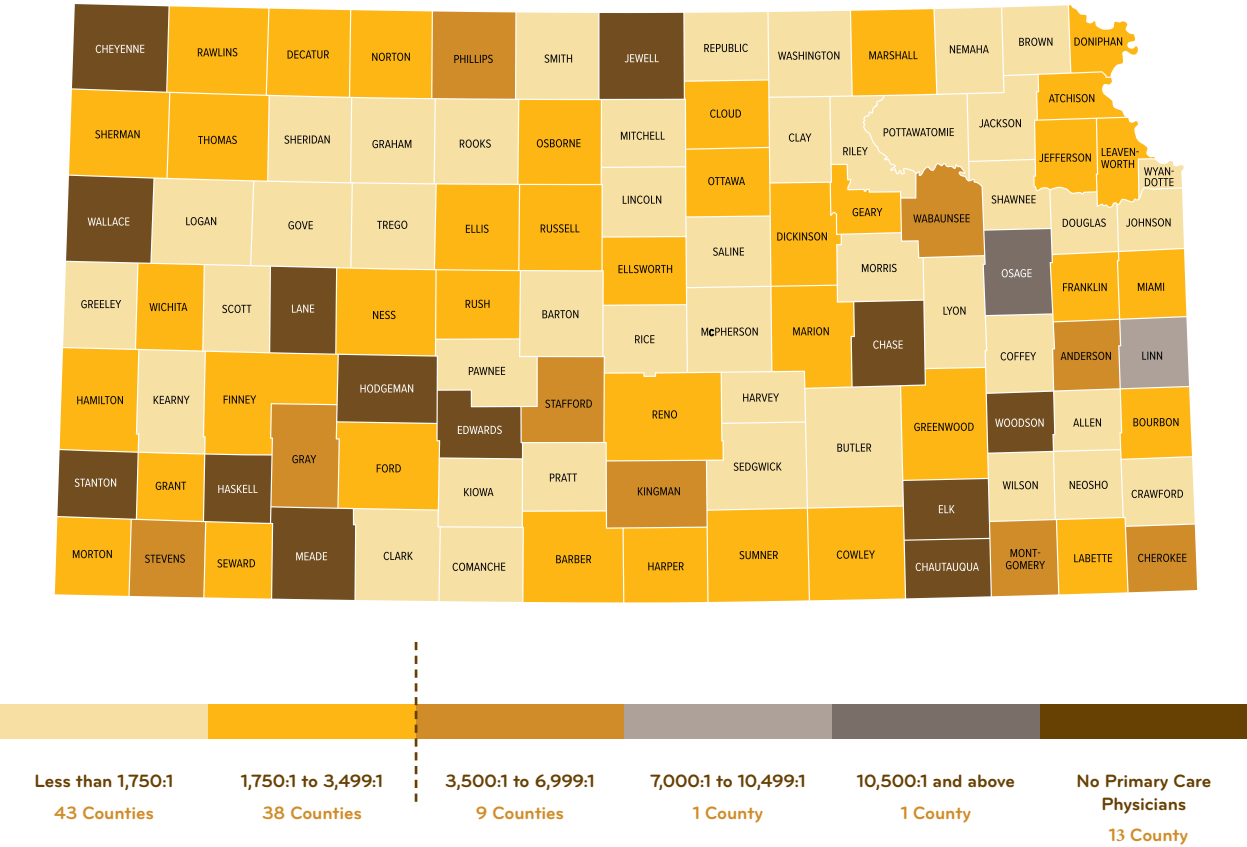
MORE THAN

1 IN 5

KANSAS COUNTIES

had a shortage of primary care providers, based on the federal benchmark of 3,500 people per 1 primary care physician, with some counties having none.

Figure 9. RATIO OF POPULATION TO PRIMARY CARE PHYSICIANS IN KANSAS, BY COUNTY, 2022



Note: Maps show the ratio of population in each county to one health care provider. The ratios represent the number of individuals served by one provider in a county, if the providers were equally distributed across the population.

Source: Kansas Health Institute analysis of data from County Health Rankings & Roadmaps, Sept. 24, 2025, update.

COGNITIVE COSTS

Navigating appointments, costs, billing and insurance can require significant time, energy and support. Combined with communication barriers or experiences of distrust and disrespect, these demands can cause people to delay or avoid care.

Nearly half of survey respondents in Kansas reported not being confident in determining costs of medical procedures in advance and nearly 3 in 5 adults reported not being confident in resolving issues with their health plan in 2025.

Figure 10. PERCENTAGE OF KANSAS ADULT RESPONDENTS REPORTING LACK OF CONFIDENCE IN DETERMINING MEDICAL COSTS AND RESOLVING HEATLH PLAN ISSUES, 2025

RESPONSE	PERCENTAGE (%)
Lack of confidence in ability to determine the cost of a medical procedure in advance	48%
Lack of confidence in ability to resolve an issue if their health plan is not being responsive	57%

Note: The Kansas Consumer Healthcare Experience State Survey (CHESS) included 1,439 respondents ages 18 and older between Aug. 1, 2025, and Sept. 19, 2025. Data are weighted to U.S. Census benchmarks for age, sex, race/ethnicity and household income to ensure the sample is demographically representative of Kansas.

Source: Altarum Healthcare Value Hub. Kansas Survey Respondents Worry About High Hospital Costs; Face Challenges Understanding Quality and Cost of Care; Support a Range of Government Solutions. 2025.

One in 10 Kansas adults reported in 2024 that they needed to see a doctor but could not because they could not afford it. This is a familiar experience for many Kansans across the state. To achieve the bold vision to lead the nation in health, the Kansas Health Foundation is working to mobilize resources around this challenge across the state



ABOUT
1 IN 5

KANSAS ADULTS

surveyed reported avoiding care because of distrust or disrespect from health care providers.

More broadly, 39% reported experiencing distrust or perceived disrespect from a provider, with higher rates observed among respondents of color (51%), those purchasing health insurance individually (51%) and Medicaid-insured respondents (50%). Lower rates were reported among White, non Hispanic individuals (35%), those with employer-based health insurance (39%) and those with Medicare (24%).

Source: 2025 Consumer Healthcare Experience State Survey (CHESS)

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