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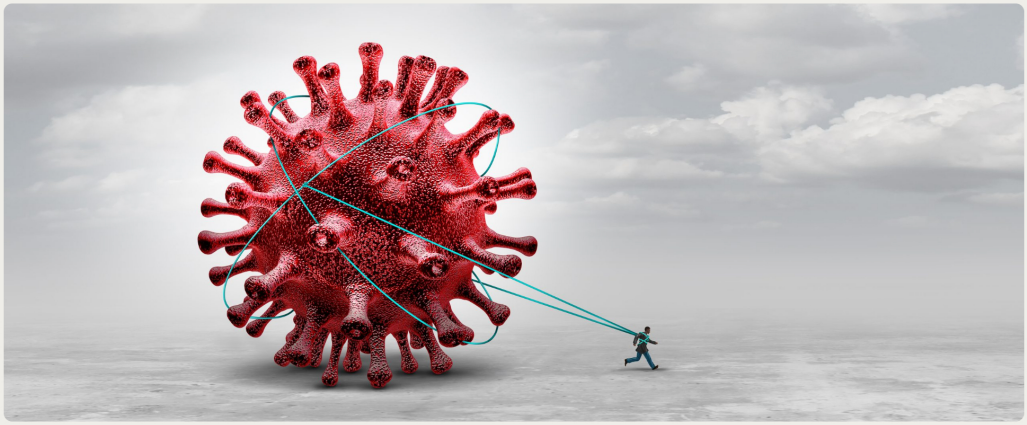
How Did Long COVID Impact the Medical Debt Crisis?

May 12, 2024

HIGHLIGHTS

In 2019, between 15% and 41% of U.S. adults had some form of medical debt, owing an estimated $195 billion. Medical debt in America grew to $220 billion by 2021.



Executive Summary

Fifteen percent of adults in the United States have unpaid medical bills, and as many as 41% have used credit cards or personal loans or borrowed from family and friends to pay for healthcare.[1] With a lack of pricing transparency, high medical costs, and the prevalence of high deductible health insurance plans, U.S. patients often find themselves taking on debt to pay for medical care.[2] Altogether, U.S. adults owe at least $220 billion in medical debt.[3]

Although anyone can find themselves facing unaffordable medical bills, lower income households and individuals with chronic illnesses are at the highest risk.[4] Post Acute Sequelae of COVID-19 (PASC), commonly known as long COVID, sometimes arises following an initial COVID-19 infection. An estimated 43 million American adults have experienced it, including 17 million who currently had long COVID in March 2024. The extra care associated with long COVID symptoms has exacerbated the medical debt crisis.[5]

Long COVID is still poorly understood, and research into effective treatments is ongoing. Patients face a slew of doctor visits, tests, and treatments, some of which insurance companies refuse to cover.[6] Researchers at the Centers for Disease Control and Prevention (CDC) found that, over a six-month period following a COVID-19 infection, privately insured adults aged 18-64 who developed long COVID faced medical bills $1,562 more than those who were never diagnosed with COVID-19.[7] Long COVID patients who were previously hospitalized with COVID-19 faced more dramatic cost disparities, with medical bills 3.2 times higher ($8,412 more) than those who had COVID-19 but were never hospitalized.[8]

Diagnosing long COVID is complicated, and more than 200 symptoms have been associated with the condition.[9] Given the complex diagnostic process and uncertainty over effective treatments, insurance companies may deny claims, leaving patients on the hook for thousands of dollars of medical bills.[10] One promising treatment for some long COVID symptoms costs as much as $51,000 but has not been FDA-approved for this purpose and so health insurance will not cover it.[11]

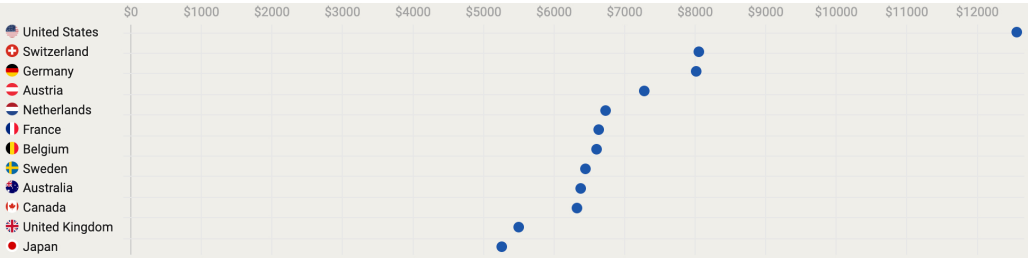
The excess out-of-pocket costs associated with long COVID are difficult to calculate, but long COVID is responsible for an estimated $528 billion in increased medical expenses, and a $3.7 trillion overall economic impact on the U.S.[12] Half of Americans say they cannot afford an unexpected medical bill of only $500 without taking on debt, suggesting that much of the extra expenses associated with long COVID will result in greater medical debt among U.S. adults.[13]

Healthcare Spending and Debt in the United States

According to the Centers for Medicare & Medicaid Services, U.S. healthcare spending reached $4.5 trillion in 2022.[14] As a share of gross domestic product and on a per capita basis, the United States outspends other developed countries due to higher prices.[15] In 2022, for example, the U.S. spent twice as much or more per capita on healthcare as Australia, Canada, the United Kingdom, and France.[16]

Per Capita Healthcare Expenditures, 2022

The per capita expenditure for healthcare in one year in the US ($12,555) is about twice the amount Australians or Canadians pay (about $6,300).



Data from Australia, Belgium, France, Japan, Switzerland, and the U.S. are estimated. Data from Austria, Canada, Germany, the Netherlands, Sweden and the United Kingdom are provisional. Numbers are PPP (purchasing power parity) adjusted.

Chart: A-Mark Foundation • Source: Peterson-KFF • Get the data • Created with Datawrapper

Although the COVID-19 pandemic contributed to ballooning healthcare spending in 2020 and 2021, the United States has spent far more on healthcare than other countries since the 1980s, and U.S. spending has grown at a faster rate.[17]

Unlike the United States, most wealthy countries strictly regulate health insurance costs, out-of-pocket payments, and even the amount of money that doctors, medical facilities, and drug companies can charge patients.[18] Absent these price controls, the same treatments and services cost significantly more in the U.S. than other high-income countries, and these costs get passed on to patients.[19]

Compounding the high costs of care in the United States, there is very little transparency for medical care pricing, meaning that patients will not know the final total for their health services until they receive a bill. Moreover, private healthcare insurance companies are allowed to set their own fees as well as accept or deny claims for a wide range of reasons.[20]

Hospitals, drug companies, and other medical care providers have raised prices over recent years, and simultaneously, health plan deductibles have grown, too. Between 2012 and 2016, for example, healthcare prices grew nearly four times faster than the overall rate of inflation.[21] Similarly, the average health plan deductible for a single worker with employer-based insurance has almost quadrupled since 2006.[22]

High deductible health plans have accounted for approximately 30% of the private employer insurance market since 2012, nine years after George W. Bush signed a 2003 law allowing them.[23] The average deductible for a single person enrolled in a private employer health plan is around $1,400.[24] Health plans administered through the *Affordable Care Act* (ACA) are "notorious" for high deductibles, according to The Guardian, averaging around $3,000.[25] [26]

State exchanges have an out-of-pocket maximum of $9,450 in 2024, not including premiums, out-of-network services, additional provider charges and other services not covered by the plan;[27] that number is expected to grow to $14,100 by the year 2030, outpacing projected wage increases.[28]

Given the variability and high costs of care, many Americans struggle to budget for healthcare and find themselves unprepared for sudden medical bills.[29] For example, even before the pandemic, an estimated 7.4% of American households faced catastrophic health spending, in which out-of-pocket healthcare costs are so high that individuals cannot afford both healthcare costs and necessities, like food, housing, and other living expenses.[30] In contrast, the prevalence of catastrophic healthcare spending was 1.1% in the Netherlands, 1.5% in the United Kingdom, 2.1% in France, 2.4% in Germany, 2.6% in Japan, and 3.2% in Australia.[31] [32]

Catastrophic Health Spending, % of Households per Country, pre-2020

Catastrophic health spending is an out-of-pocket healthcare cost that cannot be afforded without cutting down on necessities like food, housing, or other living expenses. 7.4% of American households faced catastrophic health spending prior to the COVID-19 pandemic.

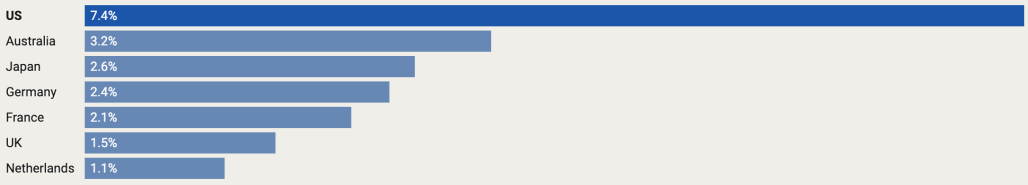


Chart: A-Mark Foundation • Source: Health at a Glance, 2023 (OECD) • Get the data • Created with Datawrapper

The Medical Debt Crisis

Continually rising costs of healthcare in the United States have culminated in a medical debt crisis. The U.S. Census Bureau defines medical debt as, "medical costs people were unable to pay up front or when they received care."[33] They collect information on medical debt among U.S. adults in the Survey of Income and Program Participation (SIPP).[34] In 2021, SIPP data estimated that 15% of U.S. households carried medical debt, with debts totaling at least $220 billion.[35] Approximately 6% of U.S. adults hold more than $1,000 in medical debt, and 1% owes more than $10,000 in medical debt.[36]

However, some types of debt are difficult to capture using SIPP's definition of medical debt, such as medical bills paid with conventional credit cards or informal borrowing from family and friends.[37] When including these debts, the KFF (formerly known as The Kaiser Family Foundation) Health Care Debt Survey found that as many as 41% of U.S. adults carry some form of medical debt (including dental bills).[38]

Consequences of Medical Debt

The consequences of medical debt are broad and can last for years. While paying down medical debt, 33% of U.S. adults reported

The consequences of medical debt are broad and can last for years. While paying down medical debt, 63% of U.S. adults reported cutting back spending on food, clothing, and basic necessities and 48% said the debt depleted their savings.[39] Medical debt can also prevent individuals from saving money to buy a home, invest in education, or build retirement savings.[40]

Over one-third (37%) of medical debt holders also said the debt has made them miss or delay payments on other bills, such as mortgage payments or student loans, which can negatively impact credit scores.[41] In the U.S., credit score is a critical factor influencing financing options for vehicle and home purchases, and getting approved for renting a home, and a negative credit score can even prevent someone from getting a job.[42]

Sacrifices Made Due to Medical Debt, 2020

In a survey from 2020, almost two thirds of the participants (63%) reported that their medical debt had made them cut back spending on food, clothing and basic necessities.

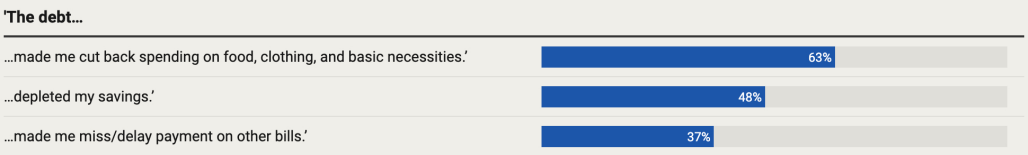


Table: A-Mark Foundation • Source: NPR • Get the data • Created with Datawrapper

Healthcare-related debt is a leading cause of personal bankruptcy in the U.S., and an estimated $88 billion of medical debt is in collections.[43] A 2019 study found that medical issues were cited as a cause in approximately two-thirds (66.5%) of U.S. bankruptcies, including 58.5% who specifically stated medical expenses as a reason. The authors estimated there were about 530,000 medical bankruptcies annually.[44]

Beyond financial consequences, medical debt can impact someone's ability to access healthcare in the future. According to KFF polling, 15% of medical debt holders "have been denied care by a hospital or other medical or dental provider because of their debt."[45]

Unequal Distribution of Medical Debt

Regardless of whether they have insurance or not, many Americans are at risk of going into debt over medical expenses. KFF reported that half of adults cannot afford an unexpected medical bill of $500 without going into debt. However, medical debt is not distributed evenly.[46]

KFF analyzed SIPP data on who owes "significant medical debt," defined as unpaid medical bills exceeding $250, and found that significant medical debt is more prevalent among women (9%) than men (7%), and nearly twice as many Black adults (13%) owe significant debt related to medical bills compared to white adults (7%). Moreover, the prevalence of significant medical debt decreases as household income level increases, ranging from 11% of low and modest income households to 7% of upper-middle income households and 4% among the highest income households. The analysis showed that "20 million people (nearly 1 in 12 adults) owe medical debt."[47]

The strongest predictors of significant medical debt are disabilities and chronic illness, such as cancer, diabetes, or heart disease.[48] The prevalence of medical debt exceeding $250 among U.S. adults with disabilities (13%) is more than twice that of individuals without disabilities (6%).[49]

Share of Adults With Significant Medical Debt, by Demographics, 2021

Eight percent of Americans owe "significant medical debt" which is defined as unpaid medical bills exceeding $250. Significant medical debt is most prevalent among Black Americans and adults with disabilities.

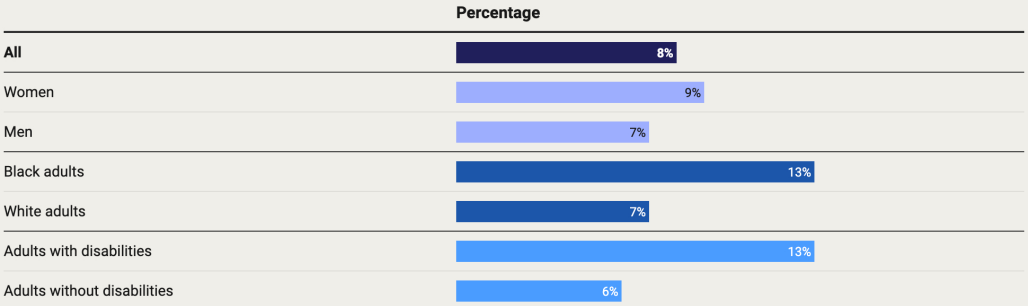


Table: A-Mark Foundation • Source: Petersen-KFF • Get the data • Created with Datawrapper

Chronic Disease and Medical Debt: The Rise of Long COVID

The COVID-19 pandemic has complicated the medical debt crisis in the United States. Perhaps surprisingly, the number of U.S. non-elderly adults with medical debt decreased between March 2019 to April 2021, in large part because pandemic-era policies prohibited states from removing Medicaid beneficiaries during the public emergency, thereby expanding access to healthcare at little or no out-

of-pocket cost.[50] Further, pandemic relief measures, like stimulus checks and unemployment benefits, alleviated financial burdens on many households and may have enabled some families to pay off past due bills like medical debts.[51]

Declining healthcare use also contributed to the decrease in adults owing medical debt, as many individuals avoided hospitals and healthcare facilities amid shutdowns and fears of exposure to the virus.[52] For example, in June 2020, 40% of U.S. adults reported that the pandemic drove them to delay medical care, such as routine cancer screenings.[53] With fewer people using health care services, fewer people took on new debts.

Ultimately, however, the total amount of medical debt owed by U.S. adults increased from $195 billion in 2019 to $220 billion in 2021, despite the decline in the number of households carrying medical debt.[54] [55] [56] Some of this increase may be attributable to the steep costs for treating severe COVID-19 illness. According to KFF, the average out-of-pocket cost for COVID-19 hospitalizations was $1,880 among patients enrolled in large employer health insurance plans in 2020.[57] Moreover, according to healthcare policy researchers at the University of Michigan, 42% of patients with private health insurance coverage who were hospitalized with severe COVID-19 infection had low credit scores six months following hospitalization, and 27% had a medical bill sent to collections.[58]

Moreover, according to the CDC, severe COVID-19 illnesses can damage multiple organ systems, including the lungs, heart, kidney, and brain, which may increase the risk of developing new chronic conditions like diabetes, heart disease, and neurological conditions, thereby increasing the prevalence of chronic conditions and individuals' risk of medical debt.[59] Complicating matters further, the pandemic gave way to the emergence of a new chronic illness, Post Acute Sequelae of COVID-19 (PASC), or long COVID.[60]

Treating Long COVID

Long COVID refers to a host of symptoms that persist for at least 30 days after an initial COVID-19 illness, although symptoms can last for months or even years in some cases.[61] [62] Harvard economist David Cutler said, “The most common symptom of long COVID is fatigue, but every organ system has been implicated."[63]

Those who had a severe COVID-19 illness are more likely to develop long COVID, but anyone who has had a COVID infection can develop it, and people who were not vaccinated have a higher risk of long COVID, according to the CDC.[64] People with chronic conditions such as hypertension, lung disease, or diabetes are at highest risk of developing long COVID.[65]

More than 200 symptoms have been associated with long COVID, though common symptoms include fatigue, chest pain, shortness of breath, disrupted sleeping patterns, cognitive dysfunction, as well as a host of respiratory and digestive issues.[66] [67] Given the wide ranging, often ambiguous symptoms, diagnosing long COVID is difficult, and there remains no official test to diagnose long COVID.[68]

KFF estimates that, since the start of the COVID-19 pandemic, 43 million people have had long COVID. In March 2024, 7% of U.S. adults, which is about 17 million people, were currently suffering from long COVID.[69] That's about the same number of adults who have cancer each year, which was 17.4 million in 2021 (the most recently available data at the time of writing).[70]

Researchers at UCLA found that 30% of people who were treated for COVID-19 went on to develop long COVID, which matches what the CDC's Household Pulse Survey showed.[71] [72] The prevalence of long COVID may actually be much higher, as many of those experiencing long COVID may not have recognized it. For example, one woman who was diagnosed with long COVID in 2022 initially wondered if dementia was causing the brain fog and fatigue she experienced.[73]

Without an official, accurate test, diagnosing long COVID typically entails several assessments to rule out other conditions, followed by a range of treatments or interventions to manage symptoms.[74] The cause of long COVID remains unknown, and the treatment process is largely “guesswork,” as infectious disease expert Dr. Jeffrey Parsonnet told CNBC.[75]

The Costs of Long COVID

Data on the costs of long COVID are sparse, but available data suggest that long COVID has had dramatic financial consequences and contributed to the rise in total medical debt. Harvard researchers estimated a total economic impact of $3.7 trillion, including loss in quality of life, lower earnings, and about $528 billion in out-of-pocket medical costs. That economic toll represents about 17% of the U.S. GDP in 2019.[76]

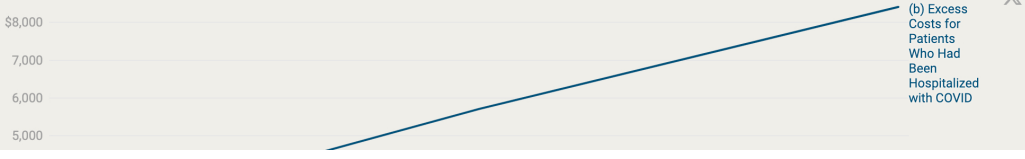
To understand the financial impact of long COVID, CDC researchers analyzed adjudicated medical claims for privately insured adults aged 18-64 in the years 2020 and 2021. They compared medical costs between patients with a past diagnosis of COVID-19 who demonstrated long COVID symptoms versus medical costs for patients who had no history of COVID-19.[77]

The researchers found that medical costs incurred by patients who developed long COVID symptoms between one and six months following an initial COVID-19 illness were between 1.5 and 1.7 times higher ($393 to $1,562 more) than the medical costs incurred by those who were never diagnosed with COVID-19.[78] The disparity was especially dramatic among long COVID patients who had been hospitalized with COVID-19, whose medical costs were 3.2 to 5.2 times higher ($2,676 to $8,412 more) than those who had COVID-19 but were never hospitalized.[79]

The CDC's estimates represent total medical costs paid to providers, including out-of-pocket payments and payments made by health insurance companies.[80]

Excess Medical Costs Incurred, 2020-2021

Excess medical costs incurred by (a) patients suffering from long COVID symptoms over those who had never been diagnosed with COVID; and (b) individuals hospitalized with COVID compared to those with COVID who were never hospitalized.



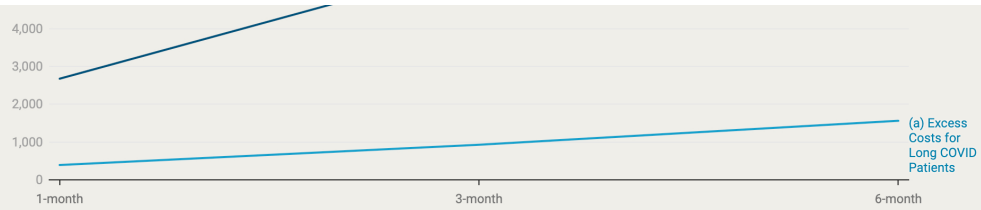


Chart: A-Mark Foundation • Source: Pike, 2023 • Get the data • Created with Datawrapper

Long COVID generates high healthcare costs and puts patients at risk of medical debt in several ways. For example, given the current approach to diagnosing and treating long COVID, which involves screening for other conditions and managing symptoms, many of those who seek medical care see multiple specialists.[81] Although insurance companies often cover specialist visits, patients can still face high co-pays and deductibles.[82] For example, the Los Angeles Times reported on one couple who spent over $3,000 in co-pays alone, not including the costs of medical equipment like compression garments and stair lifts.[83] In total, the couple has reportedly spent $62,000 on medical expenses related to long COVID.[84]

Those without insurance bear all medical costs out-of-pocket, as do patients whose insurance companies reject their claims. Generally, health insurance companies want proof that a treatment, procedure, or intervention is effective and "medically necessary" based on substantial research or scientific evidence.[85] Given how recently long COVID emerged, the condition is still not fully defined, and research is ongoing. Consequently, some treatments and testing may not meet the threshold for medical necessity, leaving insured patients responsible for full costs.[86]

Many long COVID symptoms have well-established treatments. For example, asthma-related symptoms like coughing and tightness in the chest are common among long COVID patients.[87] Albuterol inhalers have been shown to be effective at treating mild to moderate asthma symptoms in most patients since the 1960s, and today, most insurance companies – including Medicaid plans in all 50 U.S. states – cover at least one type of albuterol inhaler for managing asthma.[88] [89]

However, other treatments for long COVID symptoms remain in experimental phases and clinical trials. Hyperbaric oxygen therapy, for example, is frequently used to treat emergency medical conditions such as carbon monoxide poisoning, cyanide poisoning, radiation injuries, and a range of other conditions.[90] Recently, medical researchers have found that hyperbaric oxygen therapy may also be effective at alleviating chronic fatigue in people with long COVID, and some patients have described the treatment as a "total game changer."[91]

Medicare, Medicaid, and most private insurance companies will cover some or all hyperbaric oxygen therapy expenses for conditions such as carbon monoxide poisoning and severe, complicated skin burns, but it has not been approved by the Food and Drug Administration to treat long COVID symptoms, and is not covered by insurance for long COVID patients.[92] [93] One clinic in Florida charges up to $51,000 for the number of treatments needed by long COVID patients.[94]

Compounding the financial pressure of medical bills, many people with long COVID are unable to work. Approximately 25% of working age adults who were diagnosed with long COVID and had worked prior to infection were no longer working, and an additional 31% had reduced their working hours (compared to 7% and 21% of all working age adults, respectively, in 2019).[95] In other words, as long COVID patients' medical costs increase, many are also seeing their income decrease, making it more difficult to afford basic expenses and medical bills alike.

Effects of Long COVID on the Workforce

Surveys show that many adults who were diagnosed with long COVID and had worked prior to infection reduce their hours or are not working at all.

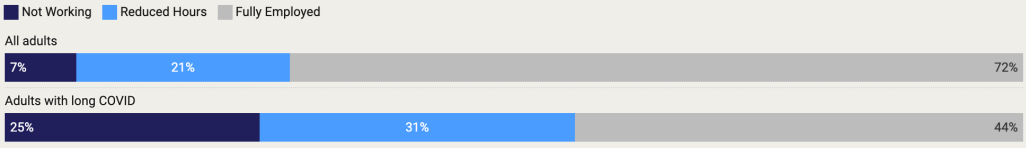


Chart: A-Mark Foundation • Source: KFF • Get the data • Created with Datawrapper

Considering that most Americans cannot afford an unexpected medical bill of $500 without taking on debt, one could reasonably conclude that the excess costs associated with long COVID - whether the treatment is approved but subject to a deductible or if the patient is responsible for all costs - are pushing long COVID patients into medical debt.[96]

Moreover, individuals with a history of chronic illnesses are at the highest risk of developing severe long COVID symptoms, and this group is already the most vulnerable to medical debt.[97] [98] As such, although estimates on the impact of long COVID on medical debt are not currently available, it is possible that many of the approximately 43 million Americans who have experienced long COVID symptoms have been pushed into medical debt.[99] Nearly half of long COVID patients surveyed by the Patient Advocate Foundation, a nonprofit group, reported increased medical expenses.[100]

Solutions

COVID-19 and long COVID have exacerbated the medical debt crisis in the United States, although the magnitude of medical debt caused by long COVID-related healthcare expenses is difficult to quantify. Given the multitude of causes of medical debt, the dearth of options currently available to treat long COVID, and the variability in treatment costs, there is no single solution.

The best protection against long COVID may be a COVID-19 vaccination, which can prevent individuals from becoming sick with

COVID-19, reduce the severity of symptoms, and reduce the likelihood of developing long COVID.[101] A recent study conducted by medical researchers at the University of Michigan, in partnership with the CDC and the Michigan Department of Health and Human Services, found that long COVID was 40%-60% less prevalent among adults who received a COVID-19 vaccination prior to the onset of a COVID-19 illness compared to those who did not receive a vaccination.[102]

Federal Policy Approaches: Funding Long COVID Research

U.S. policymakers have introduced a range of policy initiatives to help alleviate these burdens. In 2021, for example, Congress allocated $1.15 billion in government funding to establish the Researching COVID to Enhance Recovery (RECOVER) Initiative, which is dedicated to researching long COVID and identifying potential treatments. In 2024, the National Institutes of Health announced an additional $515 million investment in the research.[103]

However, the initiative's progress has faced widespread criticism. Patient advocates and medical researchers alike have characterized the federal approach as "wholly unsatisfactory," lamenting the slow pace of research as well as the small size and simplicity of federally funded clinical trials, which test one drug at a time in isolation. For example, David Putrino, the director of Rehabilitation Innovation at Mount Sinai Health System, told USA Today that the current approach is akin to "taking one nail out of someone's foot while leaving four more deeply embedded."[104]

The federal government has attempted to improve data collection on long COVID, centralize resources, share information, and expand access to care through two Congressional bills introduced in 2022, the "*Covid-19 Long Haulers Act*," and the "*The Care For Long Covid Act*."[105] However, neither bill has progressed out of committee.[106]

Long COVID as a Disability

Beyond treatments, the U.S. government officially recognized long COVID as a disability under the *Americans with Disabilities Act* (ADA) in 2021, making some long COVID patients eligible for accommodations and protections, such as rest breaks, flexible and/or remote working arrangements, and leave to attend appointments or treatments.[107]

Disability accommodations are undoubtedly necessary to help people recover from long COVID and return to work. But, many patients find themselves unable to work at all and seek financial assistance through the Social Security Administration's (SSA) monthly disability support payments, which generally range from $800 to $1,300 depending on household size.[108] However, long COVID is not on the SSA's list of qualifying disabilities to receive Social Security Disability Insurance (SSDI).[109]

Some long COVID patients may qualify for SSDI payments with comprehensive notes from doctors identifying the patient's symptoms, diagnostic information, and details on how the symptoms impact their daily functioning, all of which is also required for accessing ADA accommodations. Given the ambiguity of long COVID symptoms and the lack of information about the condition, some doctors express discomfort in approving patient requests to confirm that their symptoms are related to long COVID.[110] Moreover, long COVID patients applying for SSDI face long wait times as the SSA faces its lowest staffing levels in 25 years, resulting in a backlog of unreviewed applications that can take months or even years to process.[111]

State and Federal Initiatives to Solve the Medical Debt Crisis

State governments have also introduced legislation to mitigate some of the worst consequences of medical debt. New York and Colorado, for example, have each enacted statewide legislation that bans the reporting of any medical debt and removes medical debt from credit reports.[112] California is currently considering similar legislation, and the Consumer Financial Protection Bureau is developing rules to ban medical debt reporting at the federal level.[113] [114] Although these rules will not eliminate medical debt, removing medical debt from credit reports may make it easier for debt holders to rent homes and purchase vehicles.[115] However, these rules will not apply to medical bills that are paid using a conventional credit card, personal loan, or money borrowed from family or friends.[116]

Several states also administer federally funded "customer assistance programs" to help consumers dispute their medical bills and communicate with their insurance providers.[117] Inaccuracies and errors are common in medical bills, and 44% of medical debt holders reported that they did not pay a bill because they thought it was inaccurate.[118] A service to help individuals dispute their bills could be a valuable resource to correct errors and prevent a medical bill from going to a collections agency, but state customer assistance programs have not received any federal funding since 2010.[119]

Debt Forgiveness: Local Government and Nonprofit Partnerships

In addition to state action, local governments around the country have partnered with RIP Medical Debt, a New York-based nonprofit that purchases debt in bundles from hospitals and other entities and forgives the debt for households earning up to four times the federal poverty level.[120]

City and county governments that have partnered with RIP Medical Debt and forgiven debt include Washington, D.C., New York City, Cook County, Illinois, where Chicago is located, and Wayne County, Michigan, where Detroit is located.[121]

Conclusion

The United States is embroiled in a medical debt crisis totaling at least $220 billion, with 15% to 41% of adults carrying some form of medical debt. Given the opacity of pricing in healthcare, high medical costs, and the prevalence of high deductible health insurance plans, almost anyone can find themselves facing medical bills they cannot afford, but individuals with chronic illnesses are at the highest risk.

COVID-19 and long COVID have exacerbated the medical debt crisis, especially as those who already face the highest risk of medical

COVID-19 and long COVID have exacerbated the medical debt crisis, especially as those who already face the highest risk of medical debt are at the greatest risk of developing severe long COVID symptoms. Further, because long COVID remains poorly understood, research into effective treatments is ongoing, and patients face a slew of doctor visits, tests, and treatments, some of which insurance companies refuse to cover.

Rigorous data on the excess out-of-pocket costs associated with long COVID is unavailable, but long COVID is responsible for an estimated $528 billion in increased medical spending. When adding in the loss in quality of life and reduced earnings, the total impact on the U.S. economy reaches $3.7 trillion.[122]

On an individual level, CDC researchers estimate that long COVID may be associated with medical costs that are between 1.5 and 1.7 times higher ($393 to $1,562 more) than for people who never had COVID-19. Half of Americans cannot afford an unexpected medical bill of $500 without taking on debt, suggesting that much of the extra expenses have resulted in greater medical debt among some of the 43 million U.S. adults who have had long COVID.

The U.S. government, along with state and local governments, has attempted to address medical debt, primarily through removing medical debt from credit reports, and the U.S. has dedicated more than a billion dollars into funding long COVID research. While these efforts are undoubtedly necessary to alleviate the burdens of long COVID and medical debt among Americans, the medical debt crisis is the consequence of the high costs of healthcare and the prevalence of high deductible health insurance plans in the United States.

Without reforming how Americans pay for healthcare, high out-of-pocket medical costs will continue to devastate many American households, and long COVID will only make matters worse.

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