

The deadly cost of going without health insurance in America

Roughly 27 million Americans lack health insurance, and an estimated 18,000 to 45,000 of them die each year because of it. Being uninsured or underinsured in the United States shortens lives, worsens chronic disease, drives financial ruin, and compounds mental health crises — with the heaviest burden falling on communities of color, low-income families, and immigrants. The consequences are not abstract: uninsured adults face a **40% higher risk of death** than their insured peers, (AJPH) are diagnosed with cancer at later stages, and accumulate debt that destabilizes entire households. The United States remains the only wealthy nation without universal coverage, (Wikipedia) (Commonwealth Fund) and recent policy changes — including Medicaid unwinding and potential subsidy expirations — threaten to push millions more into the ranks of the uninsured.

Uninsured Americans die younger and sicker

The most robust evidence on mortality comes from a convergence of observational and quasi-experimental studies. Wilper et al. (2009), analyzing NHANES III data with mortality follow-up, found that uninsured adults aged 17-64 had a **hazard ratio of 1.40** (95% CI: 1.06-1.84) for death compared to privately insured adults after adjusting for age, sex, race, income, education, health status, BMI, smoking, and alcohol use. (AJPH) Applied to Census data, this translated to approximately **44,789 excess deaths per year**. (PubMed Central) The Institute of Medicine's earlier estimate was more conservative at **18,314 excess deaths annually**, using a hazard ratio of 1.25. (PubMed Central) A 2017 comprehensive review by Woolhandler and Himmelstein in the *Annals of Internal Medicine* concluded that the cumulative evidence "strengthens confidence" that insurance saves lives, with odds of dying among the uninsured ranging **1.03 to 1.41 times higher** across reviewed studies.

(Annals of Internal Medicine)

Quasi-experimental evidence from Medicaid expansion provides the strongest causal support. Sommers et al. (2012, *NEJM*) found that states expanding Medicaid experienced a **6.1% relative reduction in mortality** — 19.6 fewer deaths per 100,000.

(Annals of Internal Medicine)

A University of Chicago working paper estimated that Medicaid expansion saved roughly **3,220 lives per year** in expansion states and projected that **12,800 additional lives** could have been saved had non-expansion states also expanded.

(Harris School of Public Policy)

A 2025 *American Journal of Public Health* study found that expansion states experienced **31.8 fewer deaths per 100,000 person-years** during 2018-2022, with the largest reductions in heart disease and liver disease deaths. (AJPH)

Life expectancy differences are difficult to isolate to insurance alone, but suggestive evidence abounds. U.S. life expectancy trails comparable high-income nations by **3.7 years**

(KFF) (KFF) — and the U.S. is the only wealthy country without universal coverage. A striking natural experiment in cystic fibrosis found patients live **10 years longer in Canada** than in the U.S.; among privately insured Americans, survival matched Canadian levels, implicating insurance gaps as the primary driver of the difference. (Annals of Internal Medicine)

Chronic diseases spiral out of control without coverage

Insurance status does not merely determine whether people see doctors — it determines whether treatable conditions remain treatable. An estimated **11.4 million working-age Americans** with chronic conditions were uninsured as of the mid-2000s, (PubMed Central) including 1.3 million heart attack or stroke survivors. (InsuranceNewsNet) The consequences of managing these conditions without coverage have grown worse over time.

The hypertension data is particularly striking. Analysis of NHANES data from 1988 to 2010 revealed a **widening gap** in blood pressure control: in the late 1980s, control rates were statistically similar between insured (28.5%) and uninsured (25.6%) adults. (PubMed Central) By 2005–2010, control had climbed to **52.5% among the insured but only 29.8% among the uninsured** (Medscape) — a 23-percentage-point chasm. The same pattern held for cholesterol: LDL control stood at **35.1% for insured adults versus 11.3% for uninsured** by 2009–2012, with the gap having doubled over a decade. Uninsured adults with chronic conditions were nearly **four times more likely** to have gone without a health professional visit in the past year and **six times more likely** to rely on emergency departments as their usual source of care. (PubMed)

Cancer outcomes provide the starkest illustration of what delayed diagnosis means. A landmark 2022 study in *CA: A Cancer Journal for Clinicians*, analyzing over 70% of newly diagnosed cancers in the U.S., found that (American Cancer Society) (PubMed) uninsured patients were **2.39 times more likely** to be diagnosed at an advanced stage (III/IV) across 17 cancer types. (American Society of Clinic...) The survival penalty was so severe that **uninsured patients with Stage I cancer had worse survival than privately insured patients with Stage II disease** — a finding that held for six specific cancer sites including colorectal, prostate, and liver cancers. (Cancer Health) (PubMed) For colon cancer specifically, privately insured patients were **twice as likely** to receive guideline-recommended treatment compared to uninsured patients. (Wiley) Insurance disparities accounted for roughly **half of the Black-White survival gap** in colorectal cancer among working-age adults. (Wiley)

Preventive care — the first line of defense against these outcomes — is dramatically underutilized by the uninsured. Mammography rates among women aged 50–74 stood at **74% for insured versus 37% for uninsured**. (KFF) Colonoscopy screening showed similar gaps. Nearly **half of uninsured adults** (46.6%) had not seen a doctor in the past 12 months,

compared to 15.6% of the privately insured. (KFF) (KFF) The uninsured were **five times more likely** to lack a usual source of care. (KFF) (Peterson-KFF Health System...)

Delayed care is the norm, not the exception

The scale of foregone medical care in the United States is staggering. As of 2024, **31% of uninsured adults** reported delaying or forgoing medical care due to cost, compared to 8% of insured adults. (healthsystemtracker) (Peterson-KFF Health System...) Among uninsured adults under 65, the figure reached **75%** — three in four — according to a May 2025 KFF tracking poll. (KFF) A Gallup survey found that **72.2 million Americans** (roughly one in three adults) skipped needed healthcare in a single three-month period in 2024 due to cost. (Gallup)

The consequences of that delay are not hypothetical. Among uninsured adults who postponed care, **42% reported their health worsened** as a direct result, compared to 20% of insured adults. (KFF) The types of care most commonly skipped include dental care (35% of all adults), vision services (25%), doctor visits (24%), and mental health care (18%).

(Healthsystemsfacts) Prescription non-adherence is pervasive: three in ten adults with chronic conditions skip doses or leave prescriptions unfilled due to cost, (Commonwealth Fund) contributing to an estimated **\$5 billion annually** in avoidable hospitalizations.

(Massachusetts Municipal ...)

The underinsured face nearly identical barriers to the completely uninsured. The Commonwealth Fund's 2024 Biennial Survey found that (Commonwealth Fund) **23% of insured working-age adults** (Commonwealth Fund) — about 28 million people — were underinsured, (Beckers Hospital Review) meaning their deductibles or out-of-pocket costs exceeded 5-10% of household income. (Commonwealth Fund) Among the underinsured, **57% reported forgoing care** because of cost, (Commonwealth Fund) and **44% carried medical debt**. (Healthcare Innovation) (Beckers Hospital Review) Two-thirds of underinsured adults had employer-based coverage, (Healthcare Innovation) undermining the assumption that having a job with benefits provides adequate protection. Adults with multiple chronic conditions in high-deductible plans were **5.75 times more likely** to delay care than adequately insured adults. (PubMed Central)

The number of uninsured Americans reached **27.1 million in 2024** (KFF) (8.2% of the population), (Calulatorian) with the children's uninsured rate rising significantly to 5.1% from 3.9% the prior year, (Shadac) driven largely by Medicaid unwinding. Some **25.2 million people** were disenrolled from Medicaid during the unwinding process (MoneyGeek) from April 2023 through December 2024. Among those disenrolled, **70% were left at least temporarily uninsured**, (KFF) and 56% skipped or delayed care during the transition.

(KFF Health News)

Medical debt has become a defining feature of American financial life

The financial wreckage of America's insurance gaps extends far beyond hospital bills. Americans collectively owe at least **\$220 billion in medical debt**, according to Peterson-KFF analysis of Census data. (Peterson-KFF Health System...) Approximately **100 million adults** carry some form of healthcare-related debt (KFF Health News) — encompassing bills on credit cards, amounts owed to collections, and money borrowed from family. Medical debt was the **single largest category of collections debt** on credit reports, constituting 58% of all collection tradelines as recently as 2021. (Congress.gov) (Consumer Financial Protec...)

The bankruptcy connection, while methodologically debated, is undeniable in its human toll. Himmelstein et al. (2019, *AJPH*) found that **66.5% of all U.S. bankruptcies** involved medical contributors — either direct expenses or illness-related work loss — equating to roughly **530,000 medical bankruptcies annually**. (PubMed Central) Critically, three-quarters of those filing had insurance, underscoring that coverage alone does not prevent financial catastrophe. (EurekAlert!) A contrasting econometric analysis by Dobkin et al. (2018, *American Economic Review*) estimated that hospital admissions directly trigger fewer than 5% of bankruptcies (PubMed Central) but documented severe economic consequences nonetheless: insured adults aged 50–59 experienced an **11-percentage-point decline in employment** and a **20% decline in earnings** (\$9,000/year) within three years of hospitalization. (PubMed Central)

The uninsured face a uniquely punitive pricing structure. Hospital chargemaster rates — the sticker prices hospitals set — average **164% higher** than negotiated insurer rates. (PubMed Central) Because uninsured patients lack a payer to negotiate on their behalf, they are the most likely to be billed at these inflated prices. (NASHP) In extreme cases, chargemaster markups reach **10 to 20 times** allowable Medicare costs. (PubMed Central)

Medical debt cascades into housing instability, diminished credit access, and compromised basic needs. A 2026 *JAMA Network Open* study found that **23.5% of adults with medical debt** experienced housing instability the following year, compared to just 5.8% of those without such debt. (AJMC) Among those struggling with medical bills, **34–39% reported being unable to pay for food, heat, or housing**. (KFF) Half of all adults said they would be unable to pay a **\$500 unexpected medical bill** without borrowing. (KFF) Medical bankruptcy is nearly unique to the United States: the U.S. rate dwarfs Canada (19%), Australia (10%), and the UK (8.2%). (World Population Review)

The mental health toll compounds every other harm

Lack of insurance creates a vicious cycle with mental health: uninsured individuals are more likely to develop mental health conditions, less likely to receive treatment, and the

resulting financial strain further worsens psychological well-being. Over **54% of adults with any mental illness** did not receive treatment (Mental Health America) in 2023, with **cost cited by 59.8%** as the reason. (Mental Health America) Among the uninsured specifically, **72% reported structural barriers** to mental health care — cost, lack of coverage, or not knowing where to seek help. (PubMed Central)

Medical debt amplifies the crisis. A 2024 *JAMA Psychiatry* study found that **27.3% of adults with current depression** and **26.2% with current anxiety** reported medical debt, compared to roughly 9.5% of those without these conditions. (Medical Economics) Medical debt was associated with a **more than two-fold increase** in delayed or foregone mental health treatment. Nearly **40% of depressed adults with medical debt** did not seek care at all. (Johns Hopkins Bloomberg ...)

Medical financial hardship was associated with **3.58 times higher odds** of serious psychological distress, according to a 2024 analysis of NHIS data.

(PubMed Central)

Insurance coverage literally saves lives from suicide. CDC data show suicide rates are **26% lower** in counties with the highest insurance coverage compared to those with the least. (CDC) State-level analysis found that Medicaid expansion was associated with **0.40 fewer suicides per 100,000** — translating to an estimated **1,818 fewer suicides** from 2015 to 2018. (Scite) (WashU Medicine) For substance use disorders, the treatment gap is even wider: **85.4% of the 48.5 million Americans** with a substance use disorder in 2023 received no treatment at all. (Mental Health America) (National Association of Co...)

Coverage gaps hit hardest along lines of race, income, and geography

The consequences of uninsurance are not distributed equally. They concentrate along America's deepest fault lines of inequality, compounding pre-existing disparities in health and wealth.

- **Race and ethnicity:** American Indian/Alaska Native adults face the highest uninsured rate at **18.7%**, followed by Hispanic/Latino adults at **17.9%** — nearly three times the White rate of **6.5%**. Black adults are uninsured at **9.7%**. (KFF) (KFF) These gaps translate directly into disparate outcomes: Black adults are **50% more likely** to carry medical debt, (KFF Health News) (Consumer Financial Protec...) and among adults who would gain coverage under full Medicaid expansion, **65% are people of color.**

(Center on Budget and Polic...)

- **Income:** Approximately one in four working-age adults living in poverty is uninsured. (kff) In the **10 states** that have not expanded Medicaid, (KFF) roughly **1.6 million adults** fall into the "coverage gap" — earning too much for Medicaid but too little for marketplace subsidies. (Center on Budget and Polic...) The median non-expansion state sets

Medicaid eligibility for parents at just **34% of the federal poverty level**, (KFF +2) about \$9,000 per year for a family of three. (Center on Budget and Polic...

- **Geography:** The uninsured rate in non-expansion states (PubMed Central) (**15.5%** for working-age adults) is nearly double that of expansion states (**8.9%**). (AJMC) Texas leads with a 16.7% uninsured rate; (MoneyGeek) Massachusetts sits at 2.8%. (Calulatorian) (USAFacts) Non-expansion states cluster in the South, where poverty rates, chronic disease burden, and racial health disparities are already highest. (PubMed Central) (Consumer Financial Protec...
- **Immigration status:** Half of likely undocumented immigrant adults — **50%** — are uninsured, compared to 8% of U.S.-born citizens. (KFF) Federal law bars undocumented immigrants from Medicaid, CHIP, and marketplace coverage. (National Immigration Law ...) Fear and confusion about eligibility suppress enrollment even among eligible members of mixed-status families. (KFF)
- **Age and gender:** Young adults aged 19–25 have the highest uninsured rate of any age group at **14%**, (CGAA) coinciding with the highest prevalence of mental illness (30.6%). Men are uninsured at higher rates than women (9% vs. 7%), partly because Medicaid covers more women through pregnancy and parental eligibility categories. (CGAA)

Conclusion

The evidence is unambiguous: lack of health insurance in America is not merely an inconvenience but a systemic driver of premature death, preventable suffering, and financial devastation. The **40% excess mortality risk** for uninsured adults, (PubMed Central) the **doubling of late-stage cancer diagnoses**, and the **\$220 billion in medical debt** represent failures with few parallels among peer nations. What makes these findings especially urgent is their trajectory. The Medicaid unwinding has already stripped coverage from millions, (KFF) the coverage gap persists in ten states, and projected policy changes could add **10 to 14 million more uninsured** by 2034. (KFF +2) The data consistently show that insurance expansion — particularly Medicaid — reduces mortality, improves chronic disease management, narrows racial disparities, and prevents financial catastrophe. (PubMed) The costs of inaction are measured not in dollars alone but in years of life lost, diseases left to progress, and families driven into poverty by the price of staying alive.