2025 report

State of Patient Access

PAN
Foundation

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Executive summary

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Healthcare costs and other barriers have long burdened patients in the United States, often delaying or preventing access to needed care and jeopardizing patients' health and well-being. Patients face logistical challenges accessing their care, confusion about how to navigate the healthcare system, and financial difficulties affording healthcare services, medications, and insurance. These barriers turn the promise of U.S. healthcare as "the greatest in the world" into a stark contrast between the "haves" and "have-nots." Increasingly, many patients are falling into the latter category.

To quantify the challenges patients with chronic health conditions face in accessing and affording their healthcare, the PAN Foundation's Center for Patient Research launched the *State of Patient Access* initiative in 2024, establishing a baseline picture of healthcare access in the U.S.

Building on that foundation, PAN's *2025 State of Patient Access Report* reflects the current state of access and affordability and expands insights into patients' ongoing experiences. This year's survey once again captures the wide range of challenges that patients face and the ways those challenges affect different patient groups disproportionately.

Unfortunately, this year's survey indicates that not much has changed from last year. In fact, most composite measures did not move materially between 2024 and 2025, reflecting significant and persistent problems with healthcare access and affordability. Disparities between patient groups that were evident in last year's results emerged again this year and were more pronounced, in some cases. These results clearly indicate the need for concerted actions to improve patient access to care and to reduce patient financial vulnerability and harm.

C
75.2

The state of healthcare access among patients with a chronic health condition

	2024	2025
Overall Access to Care	C+ 78.8	C+ 78.9
Relationship with Healthcare Professionals	B 84.2	B 84.3
Affordability of Presciption Medications	B- 82.3	B- 80.8
Access to Treatment through Healthcare Plans	D- 62.8	D- 63.1
Financial Toxicity	C- 70.7	D+ 68.8

Letter grade legend:

A+	97-100
A	93-96
A-	90-92
B+	87-89
B	83-86
B-	80-82
C+	77-79
C	73-76
C-	70-72
D+	67-69
D	65-66
D-	60-64
F	0-59

About the *State of Patient Access* initiative

The PAN Foundation's mission is to accelerate access to affordable, equitable healthcare through financial assistance, advocacy, and education. Integral to that mission is identifying and promoting policy solutions that can effectively and meaningfully improve healthcare for all patients, especially those with life-threatening, chronic, and rare diseases.

The PAN Foundation *State of Patience Access* initiative quantifies patient experiences with the U.S. healthcare system across five key categories, including:

Overall Access to Care

Relationship with Healthcare Professionals

Affordability of Prescription Medications

Access to Treatment through Healthcare Plans

Financial Toxicity

This year's research also explores three additional key areas:

- Negative Impacts of Medical Debt
- Patient Knowledge about Healthcare Plans
- Use of Technology in Healthcare

Key findings

The *2025 State of Patient Access Scorecard* synthesizes patient experiences with healthcare access and affordability. We calculated a composite score for each category and analyzed differences in scores across several key demographic groups.

Overall, the findings suggest that healthcare access in the U.S. is a persistent and growing challenge for many that is unlikely to abate any time soon. Across the board, our five key indicators of access to essential healthcare and prescription drugs either remained essentially stagnant or declined. The overall index score dropped slightly but held an overall grade of a “C” (75.2).

2025 State of Patient Access Scorecard

Grade	Score	Category
C	**75.2**	**The state of healthcare access among patients with a chronic health condition**
C+	78.9	Overall Access to Care
B	84.3	Relationship with Healthcare Professionals
B-	80.8	Affordability of Presciption Medications
D-	63.1	Access to Treatment through Healthcare Plans
D+	68.8	Financial Toxicity

High-level findings include:

- **Healthcare access and affordability is not getting better and, in some cases, is getting worse.** In a year-over-year comparison, *Overall Access to Care, Relationship with Healthcare Professionals,* and *Access to Treatment through Healthcare Plans* increased slightly or remained flat, but *Affordability of Prescription Medications* and *Financial Toxicity* declined. Those decreases were enough to bring the overall scorecard rating down, highlighting the dominant nature of healthcare financial burdens in patients' experiences.
- **Having health insurance does not guarantee access to timely and affordable healthcare.** For the second year in a row, *Access to Treatment through Healthcare Plans* was the lowest-rated measure, earning a "D-" overall. A growing number of patients who have healthcare plan deductibles reported that their deductibles were not affordable (35% vs. 31% last year).

  Additionally, among those with a healthcare plan who take prescription medication, nearly half (48%) said they had experienced challenges accessing prescription medications through their health plan, including because their prescription was not covered by their plan (18%) or because of high out-of-pocket costs (18%), prior authorization requirements (16%), and high deductibles (13%). Nearly four out of five (72%) patients said they wanted more information about how to navigate their insurance, further evidence of the challenges people face with their health insurance benefits.

- **Affordability of prescription medications continues to drop, with negative outcomes for patients.** The *Affordability of Prescription Medications* measure earned a “B-” again this year, but the score dropped significantly from 82.3 in 2024 to 80.8 in 2025. Lack of affordability hits people of color, people in the LGBTQIA+ community, people living in the South and in urban areas, uninsured people, people with rare diseases, and younger people the hardest. Overall, more than one in five patients who take at least one prescription medication said it was difficult to pay for prescriptions in the past year (22%), and 23% of patients who had medication costs said that prescriptions were not affordable. One in five (21%) patients said they could not get the prescription they needed because of cost, putting their health at risk.

- **Underscoring downward trends in healthcare affordability, *Financial Toxicity* continues to represent a serious issue for many patients, especially Hispanic, Black, and LGBTQIA+ patients.** Patients rated the impacts of healthcare costs on their lives—*Financial Toxicity*—as a “D+,” dropping from a “C-” in 2024. Medical debt, in particular, is an area of deep concern, with two in five (40%) patients reporting having medical debt averaging $729. This debt has a wide array of negative impacts on their lives, including increasing stress and anxiety, creating challenges paying for living expenses, causing treatment delays, harming credit scores, and affecting personal relationships.

- **Across all measures, people experienced negative impacts based on personal identity characteristics, such as race/ethnicity, gender identity, sexual orientation, age, income level, and insurance status.** Nearly two in five (38%) patients reported feeling that some aspect of their identity negatively impacts their ability to get the best possible care. Income, insurance status, and age are the most frequently cited factors, but people also noted the negative impact of factors such as location, employment status, race, disability status, education level, gender identity, sexual orientation, and religion. Throughout our research, we found disparities in nearly every category we investigated.

Introduction and overview

Introduction and overview

Accessing healthcare in the United States continues to be a pain point for millions of people. Rising medical and prescription costs combined with insurance policies place significant financial burdens on patients, even if they have insurance coverage. Alongside financial burdens, healthcare provider shortages and limited healthcare provider networks make it increasingly difficult to access routine and specialty care, according to research recently published by the Association of American Medical Colleges[1] and National Library of Medicine.[2] These challenges affect a wide swath of people in the U.S. but are worse for those in certain demographic groups, including women, people of color, people in the LGBTQIA+ community, and people with lower incomes.

As an independent, national 501(c)(3) organization, the PAN Foundation's mission is to accelerate access to affordable, equitable healthcare through financial assistance, advocacy, and education. In 2024, the PAN Foundation's Center for Patient Research undertook a new initiative to quantify the nature of access and affordability challenges and their impact on patients, particularly those in vulnerable demographic groups. The 2025 State of Patient Access Report builds on the inaugural 2024 survey to continue illuminating the impacts on patients of healthcare costs and policies and to track changes in the perceptions of healthcare access and affordability. This year's research, like last year's, includes individual responses to five key survey areas, including:

- **Overall Access to Care**
- **Relationship with Healthcare Professionals**
- **Affordability of Prescription Medications**
- **Access to Treatment through Healthcare Plans**
- **Financial Toxicity**

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[1] *New AAMC Report Shows Continuing Projected Physician Shortage | AAMC*

[2] *The impact of narrow and tiered networks on costs, access, quality, and patient steering: A systematic review | National Library of Medicine*

This 2025 survey includes additional focus on three dimensions that are related but not explicitly part of the *2025 State of Patient Access Scorecard*, including:

- Negative Impacts of Medical Debt
- Patient Knowledge about Healthcare Plans
- Use of Technology in Healthcare

The results show a clear picture of the barriers patients face in accessing and affording their healthcare and the impact those barriers have on patients' overall health and well-being. The findings are intended to help raise public awareness of current challenges and to highlight potential solutions to ease these burdens.

Research objectives

The goals of this research, led by the PAN Foundation's Center for Patient Research and conducted by The Harris Poll, include:

- Discovering and identifying unique barriers that patients with serious and/or chronic diseases face when they seek medications and other treatments for their conditions
- Tracking year-over-year trends to identify progress or lack thereof
- Identifying new insights and emerging topics, including negative impacts of medical debt, patient knowledge about health insurance, and the use of technology in healthcare

This year's findings add to the base of knowledge established in the inaugural *2024 State of Patient Access Report*.

Research methodology

The research was conducted online in the United States by The Harris Poll on behalf of the PAN Foundation among 2,723 adults age 18+ who reside in the U.S. and have been diagnosed by a healthcare professional with a chronic health condition (including 2,578 people from the general population and race/ethnicity oversamples and 145 people from the LGBTQIA+ oversample).

The survey was conducted in English and Spanish between August 1 and September 2, 2024. The full methodology statement, including details on sampling precision and weighting, is included in the Appendix.

Demographics

Patient sociodemographic characteristics

This year's survey respondents skewed female and from older generations, representing a mix of racial and ethnic identities, geographic regions, and income and education levels. Highlights on patient demographics are below, with further details included in the Appendix.

Patient demographics

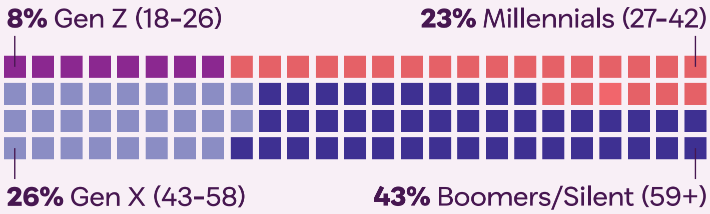
Gender*

♂ **46%** male

♀ **53%** female

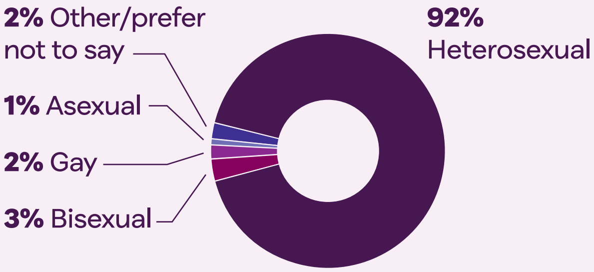
0% prefer not to answer

Age

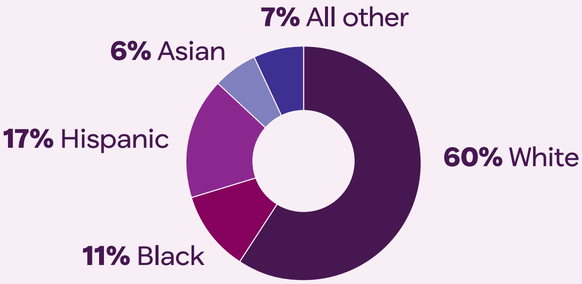


54 mean age

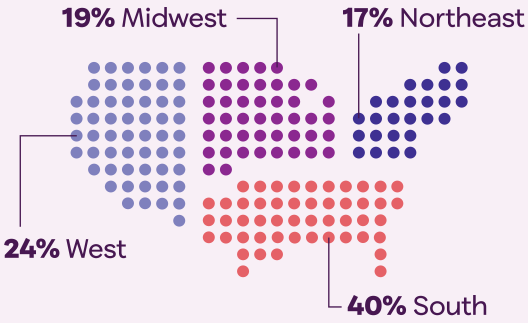
LGBTQIA+ status



Race/ethnicity



US region



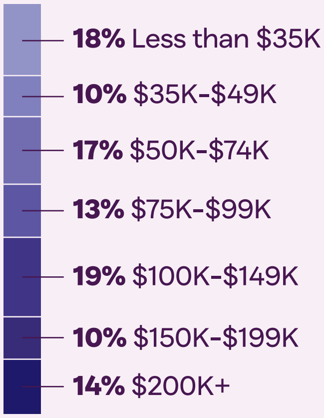
Urbanicity

29% inner city/urban

47% suburban

23% small town/rural

Household income

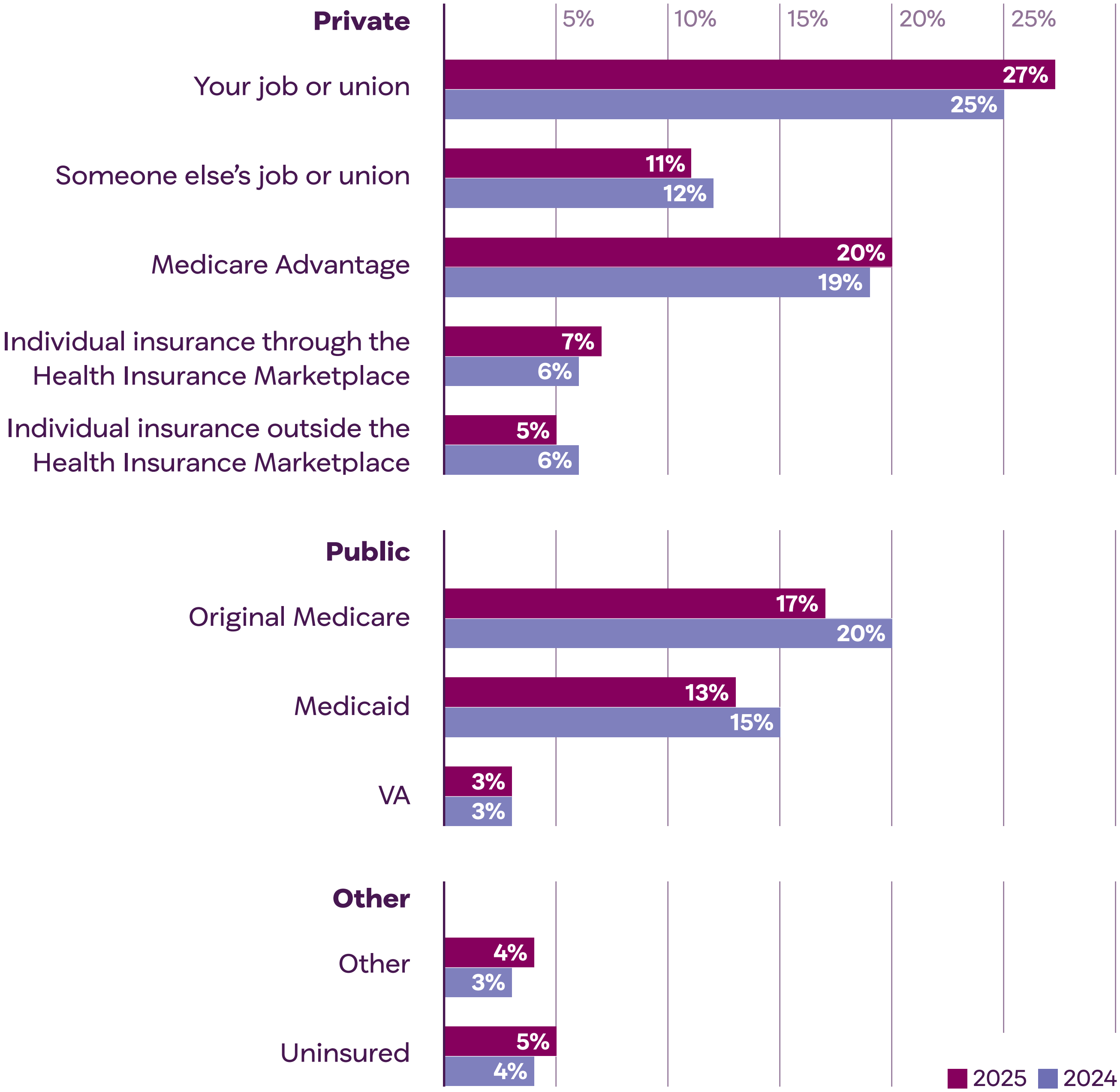


Percentages may not add up to 100% due to weighting and/or computer rounding.

Insurance status and type

Virtually all (95%) respondents had some form of health insurance. The majority (70%) had some kind of private insurance, while one-third of respondents were covered by some form of public insurance. Among those with a healthcare plan, two in five (21%) reported their healthcare plan had changed in the past year.

Sources of health insurance



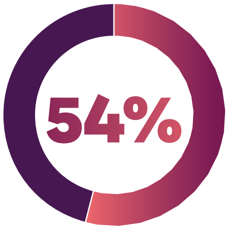
Note: Total exceeds 100% because participants were able to select multiple responses in some instances, such as to indicate a mix of public and private insurance types.

Health conditions, severity, and health status

To be included in the survey, respondents had to have received a chronic health condition diagnosis from a healthcare professional. Just over half (54%) of respondents reported having more than one chronic condition. Though the average was two, nearly one in 10 (9%) reported having five or more conditions.

Most respondents (85%) characterized their condition(s) as chronic; 8% said they have cancer, and 8% reported having a rare disease. A majority rated their condition as moderate (55%) or severe (8%), while 37% said their condition is mild.

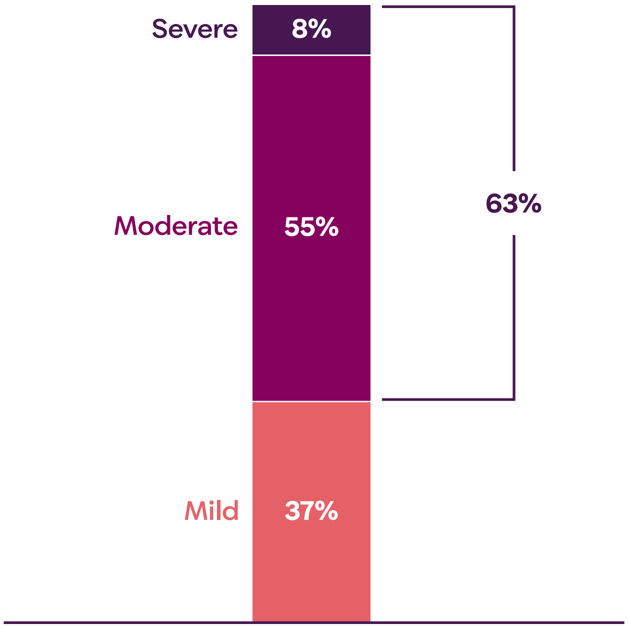
The top conditions reported by patients included cardiovascular (33%), mental health (31%), gastrointestinal (21%), chronic pain syndrome (17%), and musculoskeletal (17%). Nearly one in five (18%) patients with more than one chronic condition said that their mental health condition had the greatest negative impact on them. More detail on patient-reported conditions is included in the Appendix.



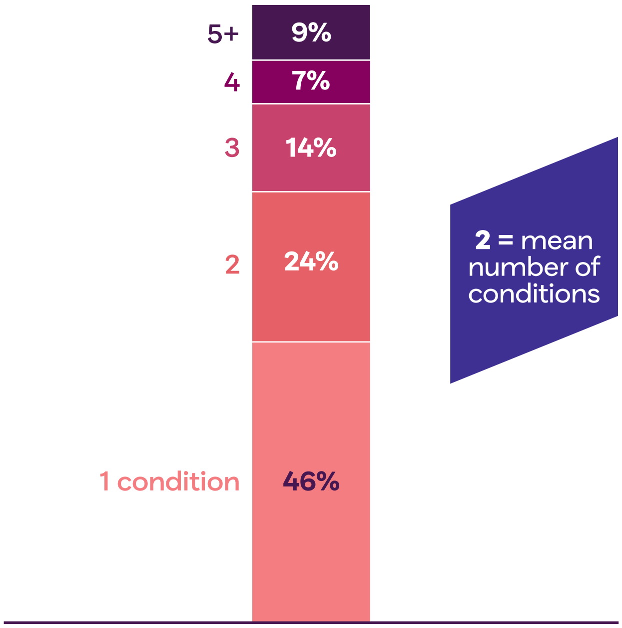
54% of patients reported having more than one diagnosis.

Nearly one in 10 patients reported having five or more conditions.

Severity of chronic health condition(s)



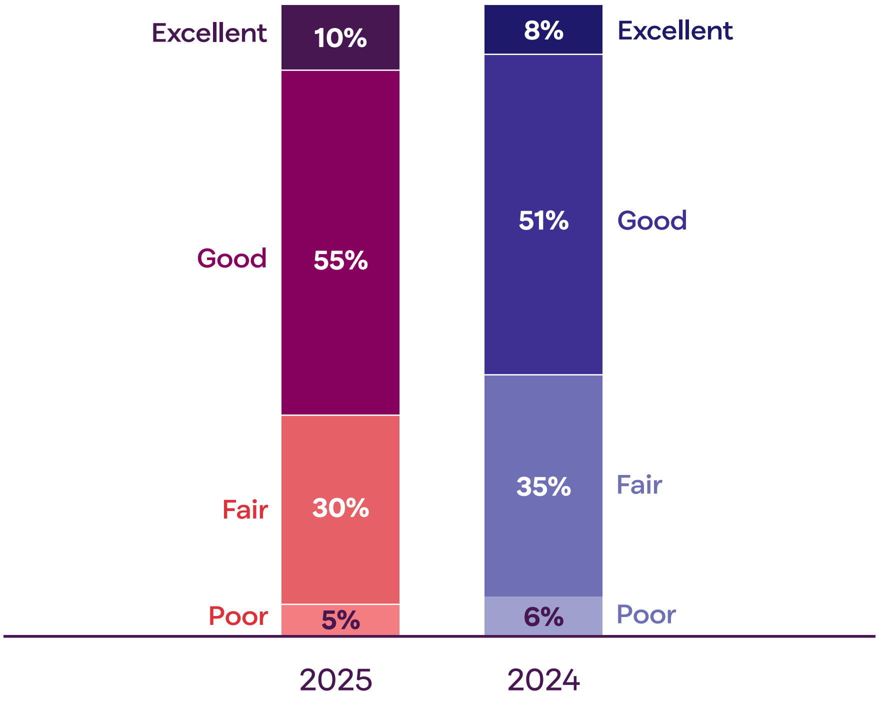
Count of diagnosed condition(s)



Nearly two-thirds of respondents (65%) reported that they are in good or excellent health, physically and mentally, a statistically significant increase over 2024 (59%). More than one-third (35%) rated their physical and mental health status to be fair or poor, a statistically significant drop from last year (41%).

A bright spot: Despite having at least one chronic condition, more people said they are in good or excellent health—65% compared with 59% last year.

Overall health (physical and mental) in past 12 months



2025 State of Patient Access Scorecard

The *2025 State of Patient Access Scorecard* summarizes the survey results into a set of five composite measures, including:

- **Overall Access to Care**
- **Relationship with Healthcare Professionals**
- **Affordability of Prescription Medications**
- **Access to Treatment through Healthcare Plans**
- **Financial Toxicity**

State of Patient Access Scorecard categories and variables

Overall Access to Care

- Grade of ability to access needed healthcare in past 12 months
- Quality of healthcare received in past 12 months
- Quality of healthcare coverage over the past 12 months
- Negative Impact to care in past 12 months
- Any logistical access challenges to needed care in past 12 months
- Desire for help with access related elements of healthcare

Relationship with Healthcare Professionals

- Any HCP interaction-related challenge to needed care in past 12 months
- Trust in PCPs/Nurses/NP/PAs
- Agree that HCP sees them as a partner in treatment plan
- Trust that HCP has their best interest in mind when making healthcare decisions

Affordability of Presciption Medications

- Prescription medication costs were not at all/not very affordable in past 12 months
- Worried about affordability of prescription medication costs in next 12 months
- Very/somewhat difficult to pay for prescription medication costs in past 12 months
- Took any financial action to afford prescription medication in past 12 months
- Could not get prescription medication in past 12 months due to high out of pocket costs
- Took any action as a result of not getting medication in the past 12 months
- Health implications as a result of inability to get prescription medication in the past 12 months
- Desire help with finding resources to afford prescription medication

Access to Treatment through Healthcare Plans

- Medication access challenges due to healthcare plan in past 12 months
- Healthcare plan deductibles were not at all/not very affordable in past 12 months
- Worried about affordability of healthcare plan deductibles in next 12 months
- Agree that healthcare plan details are nearly impossible to understand
- Agree they are worried about health access getting more difficult in the coming years

Financial Toxicity

- A great deal/a lot of financial toxicity experienced due to cost of treatment

Scorecard dimensions result from aggregating a subset of the survey questions or response options, each of which is assigned a weight. Combined, the weights add to 100. Individuals who complete the surveys are assigned a score between zero and 100 based on how they respond to the survey questions. The average of all respondents' scores yields a composite index score, which summarizes each dimension into a single metric. The specific questions and weights used to create the index scores are included in the Appendix.

2025 State of Patient Access findings

2025 State of Patient Access findings

2025 State of Patient Access Scorecard

The state of healthcare access among patients with a chronic health condition	**C**	75.2
Overall Access to Care	**C+**	78.9
Relationship with Healthcare Professionals	**B**	84.3
Affordability of Presciption Medications	**B-**	80.8
Access to Treatment through Healthcare Plans	**D-**	63.1
Financial Toxicity	**D+**	68.8

The overall rating in the *2025 State of Patient Access Scorecard* is 75.2 (“C”), a slight decrease from 75.8 (“C”) in the 2024 scorecard. The highest performing dimension is *Relationship with Healthcare Professionals*, which earned a “B” with an overall score of 84.3. *Access to Treatment through Healthcare Plans* again earned the lowest score of a “D-,” with an overall score of 63.1.

Most dimensions barely budged year over year, though *Affordability of Prescription Medications* and *Financial Toxicity* worsened by 1.5 and 1.9 points, respectively. The dip in the *Financial Toxicity* rating was enough to drop it from the “C” to the “D” range.

	2024	2025
Overall Access to Care	C+ 78.8	C+ 78.9
Relationship with Healthcare Professionals	B 84.2	B 84.3
Affordability of Presciption Medications	B- 82.3	B- 80.8
Access to Treatment through Healthcare Plans	D- 62.8	D- 63.1
Financial Toxicity	C- 70.7	D+ 68.8

Scores varied by patient population across dimensions. For example, where the overall composite score was a “C” for the population as a whole, LGBTQIA+ patients’ composite score was a “D.” Overall, Black, Hispanic, American Indian/Native Alaskan, and Pacific Islander/Native Hawaiian patients all gave access and affordability a composite score lower than the overall average. Uninsured patients and patients with rare conditions generally rated various access and affordability dimensions worse than their counterparts. Though their overall scores are close to the average, people in the South and those who live in cities gave lower scores on dimensions such as *Relationships with Healthcare Professionals, Affordability of Prescription Medications,* and *Financial Toxicity*.

2025 State of Patient Access Scorecard, overall and by race/ethnicity, gender/gender identity, generation, and income

	Overall Grade		Overall Access to Care		Relationship with Healthcare Professionals		Affordability of Prescription Medications		Access to Treatment through Healthcare Plans		Financial Toxicity	
Total	**C**	=	**C+**	=	**B**	=	**B-**	↓	**D-**	=	**D+**	↓
Black/African American	**C-**	↓	C+	=	B-	=	C	↓	D-	=	D-	↓
Hispanic	**D+**	↓	C	=	C+	↓	C	=	F	=	F	=
Asian	**C**	=	C+	↑	B	↑	B-	=	D-	=	C-	=
American Indian/ Alaska Native	**D+**		C		B-		C		F		F	
Pacific Islander/ Native Hawaiian	**C-**		C		B		C		D-		F	
White	**C+**	=	B-	↑	B	=	B	=	D	↑	C	=
LGBTQIA+	**D**	=	C-	=	C+	↑	C	=	F	=	F	=
Female	**C-**	↓	C+	=	B	=	C+	↓	F	↓	D	↓
Male	**C+**	=	B-	↑	B	=	B-	=	D+	↑	C	=
Gen Z (ages 18-27)	**D**	↓	C-	=	C	=	C	=	F	=	F	↓
Millennial (ages 28-43)	**D+**	=	C	=	C+	=	C	=	F	=	F	=
Gen X (ages 44-59)	**C-**	↓	C	↓	B-	↓	C+	↑	F	=	D-	↓
Boomer (ages 60+)	**B-**	=	B	=	B+	=	B+	=	C-	↑	B-	=
Lower income (<$50K)	**C-**	=	C	=	B-	=	C+	↓	D-	↑	D-	=
Higher income ($50K+)	**C-**	↓	C+	=	B	=	B-	↓	D-	=	C-	↓

A+	97-100	**C+**	77-79
A	93-96	**C**	73-76
A-	90-92	**C-**	70-72
B+	87-89	**D+**	67-69
B	83-86	**D**	65-66
B-	80-82	**D-**	60-64
		F	0-59

↑ Better than 2024 ↓ Worse than 2024 = Same as 2024

☐ Race/ethnicity ☐ Gender/gender Identity ☐ Generation ☐ Income

2025 State of Patient Access Scorecard, overall and by healthcare plan, health condition, region, and urbanicity

	Overall Grade	Overall Access to Care	Relationship with Healthcare Professionals	Affordability of Prescription Medications	Access to Treatment through Healthcare Plans	Financial Toxicity
Total	**C** =	**C+** =	**B** =	**B-** ↓	**D-** =	**D+** ↓
Medicare/Medicare Advantage	**B-**	B-	B+	B	C-	C
Public	**C**	C+	B	B-	D-	D+
Private	**C**	C+	B	B-	D	C-
Uninsured	**F**	D-	D-	D+	F	F
Chronic condition	**C**	C+	B	B-	D-	D+
Rare condition	**D+**	C	C	C	F	F
Cancer	**C**	B-	B	B-	F	D
Northeast	**C**	C+	B	B-	D-	D+
Midwest	**C+**	B-	B	B	D-	C
South	**C**	C+	B-	C+	D-	D+
West	**C**	C+	B	B-	D-	D+
Urban/inner city	**C-**	C+	B-	C+	D-	D-
Suburban	**C+**	B-	B	B	D-	C-
Rural/small town	**C**	C+	B	B-	D-	C-

A+	97-100	**C+**	77-79
A	93-96	**C**	73-76
A-	90-92	**C-**	70-72
B+	87-89	**D+**	67-69
B	83-86	**D**	65-66
B-	80-82	**D-**	60-64
		F	0-59

↑ Better than 2024 ↓ Worse than 2024 = Same as 2024

☐ Race/ethnicity ☐ Gender/gender Identity ☐ Generation ☐ Income

C+
78.9

Detailed survey results

Overall Access to Care

The *Overall Access to Care* dimension is composed of questions about respondents' overall ability to access needed healthcare, as well as the quality of the care and health insurance coverage they received in the past 12 months. It also includes questions about any negative impact patients experienced that they attributed to their own characteristics or identity (e.g., race/ethnicity, age, gender), logistical challenges they experienced accessing care, and the desire for help accessing care.

The *Overall Access to Care* category held steady with a "C+" grade. While most people rated the quality of care they received as good or excellent, there was a statistically significant increase over last year in the proportion of people with insurance who said the quality of their health coverage has gotten worse (16% in 2025 vs. 13% in 2024).

Approximately half of patients reported experiencing at least one logistical challenge to receiving the care they need (49%). The most common was trouble getting an appointment (18%). More than half said they want help accessing care (54%), with 17% looking for more information about their condition or help scheduling appointments.

> ***Overall Access to Care*** **remains at "C+," with wide variation in ratings across patient populations.**

Consistent year-over-year was the proportion of respondents who reported a negative impact on their care due to some aspect of their identity (38%), including, most commonly, their income (15%), health plan type or status (13%), or age (12%).

Though all demographic groups remained relatively consistent between 2024 and 2025, some differences between groups persisted. White and Asian patients increased their scores for *Overall Access to Care*, from "C+" to "B-" and "C" to "C+," respectively.

Though all other groups changed only marginally on this measure, when taking into account identity intersectionality, more differences emerged. For example, though white patients overall had the highest score, white LGBTQIA+ respondents* had the lowest rating of *Overall Access to Care* compared with other white demographic groups, with a "D+" (69.4).

**Small base size (<100). Interpret as directional only.*

C+
78.9

Black Millennials (73.2) and Black respondents with incomes less than $50,000 (75.6) also had lower scores for this composite measure than others. Though sample sizes are small, the data suggest that Hispanic respondents who are Gen Z (65.4), LGBTQIA+ (67.2), and living in rural areas or small towns (69.5) had substantially lower scores, while Hispanic Baby Boomers scored highest among all age groups (82.5).

Where patients live also matters. For example, respondents from the Midwest (80.4) and suburban areas (80) each rated *Overall Access to Care* as a "B-." Meanwhile, individuals in the South (77.8) and those in urban areas (77.4) rated this measure as a "C+."

Other notable differences include uninsured patients, who rated *Overall Access to Care* much worse (61.7). On the other hand, people on Original Medicare or Medicare Advantage rated this measure much higher (82.9).

Health disparities in action

There was relatively little change in *Overall Access to Care* ratings, though differences by patient group remained. While white patients improved their rating from a "C+" to a "B-," LGBTQIA+ patients rated *Overall Access to Care* a "C-" (consistent with 2024), as did Hispanic patients in both 2024 and 2025.

Quality of care and coverage

This year's results indicate a directional improvement in patients' ratings of the quality of care they received in the past year, with 85% of those who had received care in the past 12 months saying it was good or excellent (compared with 83% in 2024) and 15% saying it was fair or poor, down from 17% last year. Asian patients reported a notable improvement, with only 18% saying the quality of care they had received in the past year was fair or poor, compared with 31% who said the same in 2024.

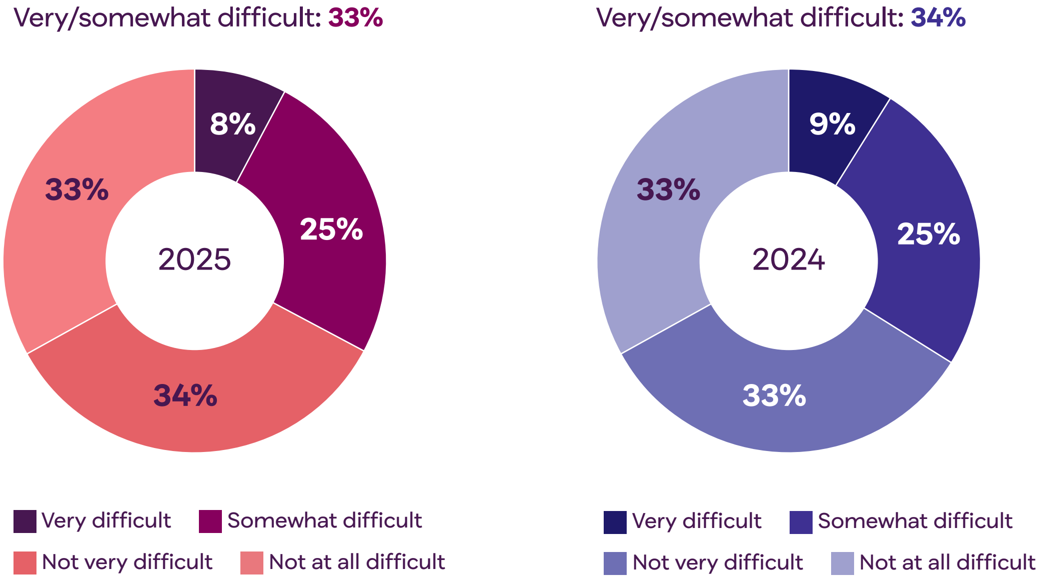
Insured patients' assessment of the quality of their insurance coverage shifted this year compared with last year, with 66% saying the quality of their coverage had stayed the same, compared with 73% last year, a statistically significant decrease. Both ends of the spectrum increased, with 18% saying their coverage had gotten somewhat or much better this year (compared with 14% last year), and 16% reporting their coverage had gotten somewhat or much worse (compared with 13% last year). This change could be because more insured patients (21%) reported a change in their insurance compared with last year (17%).

Challenges getting accurate diagnoses

Though not incorporated into the *Overall Access to Care* measure, a related finding concerns the difficulty people face in getting an accurate diagnosis. These challenges have not changed since last year. Three out of 10 patients reported it was very or somewhat difficult to get an accurate diagnosis for their condition, and 38% said it had taken a year or more to get a diagnosis. The average time to get an accurate diagnosis was three years.

Time between initial onset of symptoms and diagnosis

Difficulty receiving accurate diagnosis

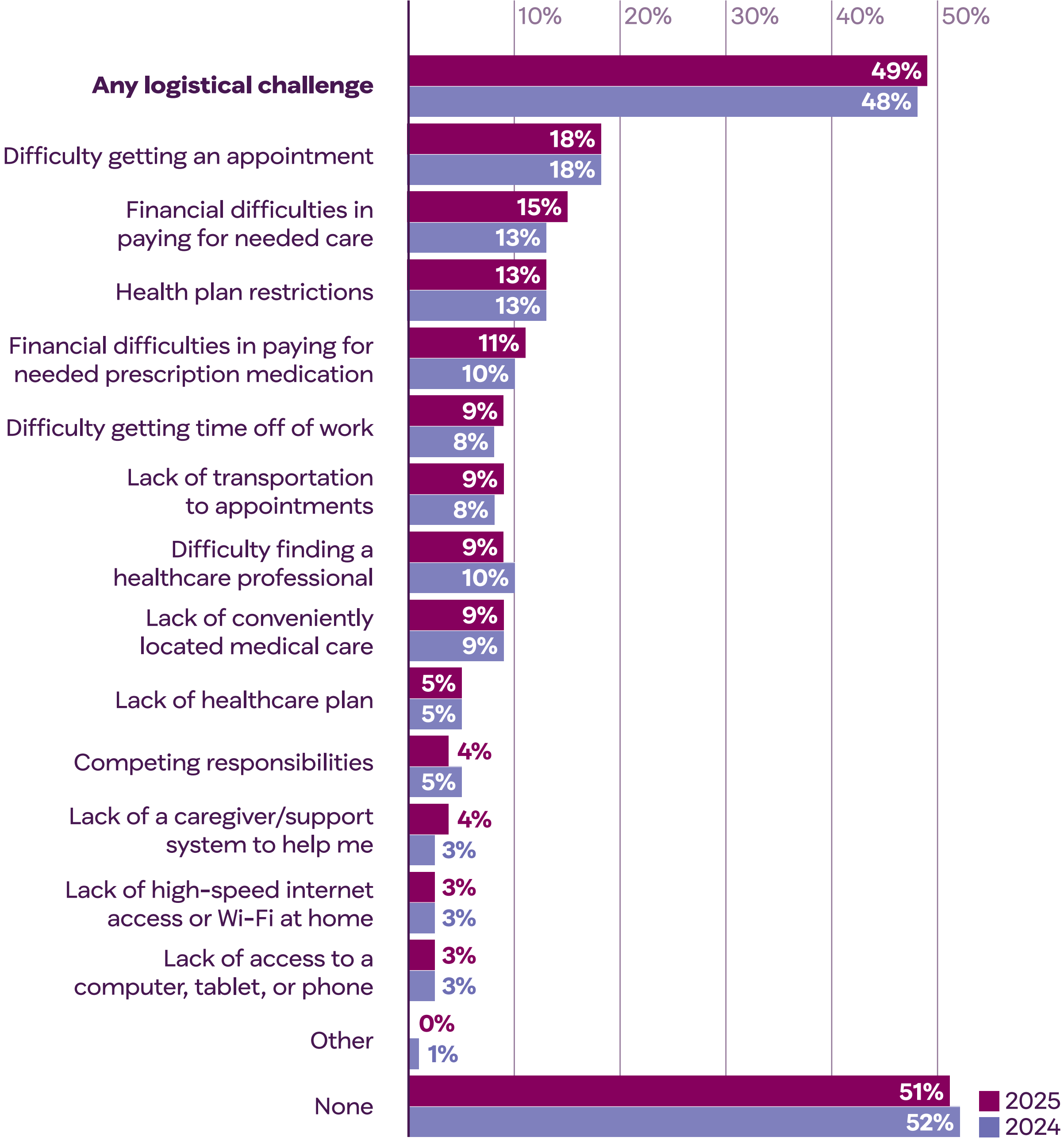


C+
78.9

Logistical barriers

Nearly half (49%) of patients reported experiencing a logistical barrier to care. The most common logistical challenges were trouble getting an appointment (18%), financial difficulties in paying for needed care (15%), health plan restrictions (13%), and financial difficulties paying for the prescription medications needed (11%). Other challenges included not having insurance at all, trouble getting to appointments, and difficulties juggling other responsibilities, such as work or childcare.

Logistical challenges in accessing healthcare in past 12 months

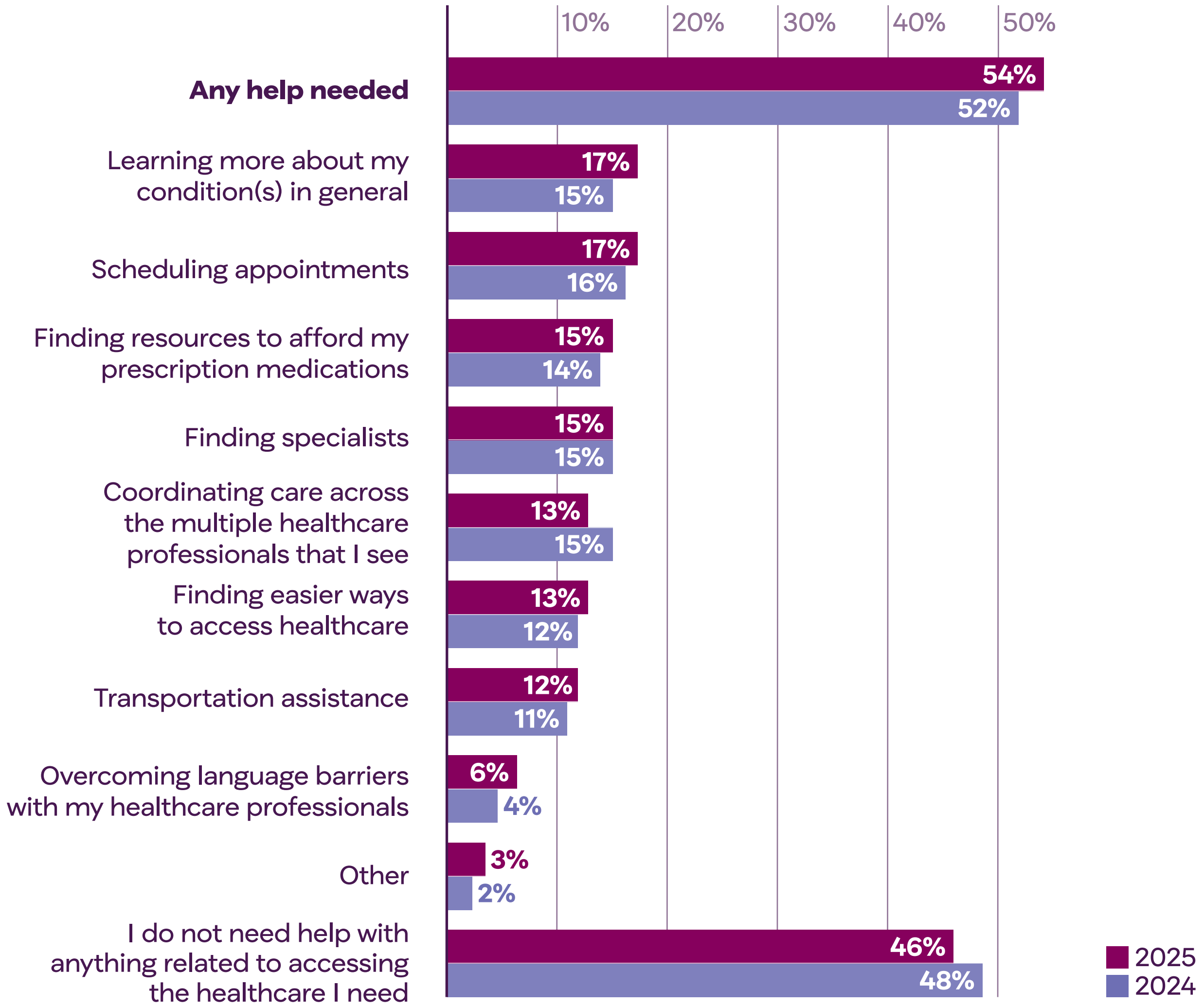


Patients of color were more likely to experience logistical challenges than white patients—including 63% of American Indian/Alaska Native patients, 61% of Hispanic patients, and 55% of Black patients, compared with 45% of white patients. LGBTQIA+ patients were also more likely to report logistical barriers (72%) compared with 48% of non-LGBTQIA+ patients.

Patients want help overcoming barriers

Just over half (54%) of patients said they would appreciate help accessing the healthcare they need. Nearly one in five (17%) said they would like help learning about their condition and scheduling appointments (17%), and almost as many (15%) wanted help finding resources to cover the cost of prescriptions and help finding specialists (15%).

Patients' report on what they need help with to better access healthcare

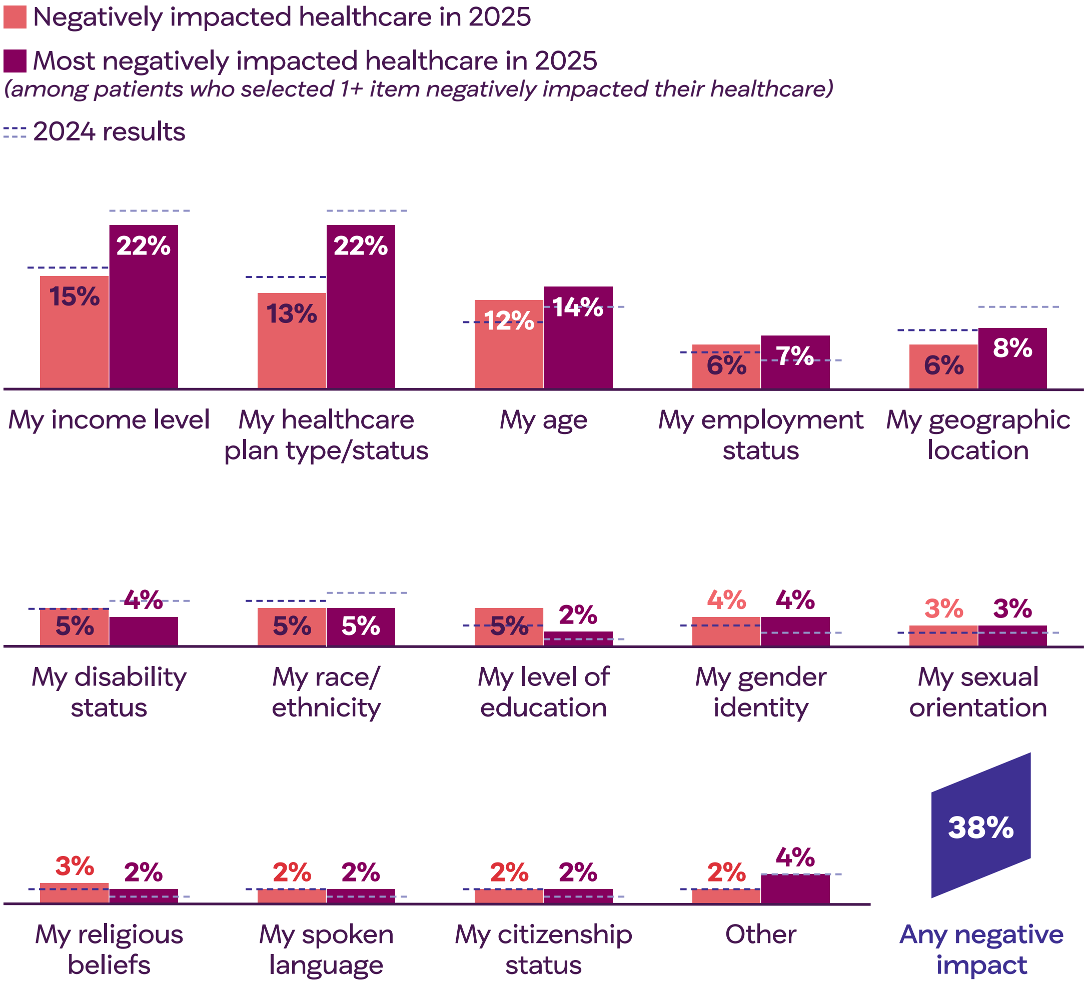


Access challenges due to patient characteristics

Consistent with 2024’s findings, 38% of respondents said they felt that some aspect of their personal identity had negatively affected their ability to access the best possible care. Specifically, 15% said they felt their income negatively impacted their ability to get the best care, and 13% said they felt that way about their health insurance coverage.

More people this year than last year reported their age (12% compared to 9% in 2024) or employment status (6%, up from 5% in 2024) negatively impacted their care. Of those who have experienced a negative impact on their access due to their identity, 7% percent said their employment status was the most negative factor in their care, a statistically significant difference over last year when it was 4%.

Aspects patients believe have negatively impacted their healthcare



Of any personal characteristic, patients perceive income level and healthcare plan type or status to most negatively impact their access to care.

Patients in certain demographic groups were more likely to attribute healthcare barriers to their identity. Specifically, 21% of people with lower incomes (under $50,000 per year) said they felt their income was a source of their healthcare challenges, compared with 13% of respondents earning more than $50,000 per year. Though 5% of respondents overall said their race had negatively impacted their care, 21% of Black respondents cited race, as did 9% of Hispanic respondents, 8% of American Indian/Alaskan Native respondents, and 7% of Native Hawaiian/Other Pacific Island respondents. On the positive side, only 5% of Asian respondents said race was a barrier, compared with 12% in 2024. Only 1% of white respondents reported their race as a barrier, down from 2% in last year's survey.

Young respondents were more likely to attribute healthcare barriers to their age, with 17% of Gen Z respondents doing so, compared with 11% or higher of Millennial and older respondents. However, this represented a statistically significant change from 2024, when 27% of Gen Z respondents said age had negatively impacted their ability to get the best care.

Among LGBTQIA+ respondents, 13% cited their gender identity and 12% cited their sexual orientation as factors that had negatively impact their ability to access quality care, a percentage that is significantly more than the 3% and 2% of non-LGBTQIA+ respondents, respectively.

Relationship with Healthcare Professionals

B
84.3

Similar to 2024, the best-performing measure in 2025 was the *Relationship with Healthcare Professionals* dimension, which remained unchanged with an overall score of “B” (84.3 in 2025; 84.2 in 2024). The questions that contribute to this metric include challenges with healthcare professionals (HCPs) in the past 12 months, trust in primary care providers and nurses, a sense that their provider(s) see them as partners in care, and trust that their providers have their best interests in mind when making healthcare decisions.

Health disparities in action

LGBTQIA+ respondents rated their *Relationship with Healthcare Professionals* a “C+” (77.7). Non-LGBTQIA+ respondents rated this measure a “B” (84.8).

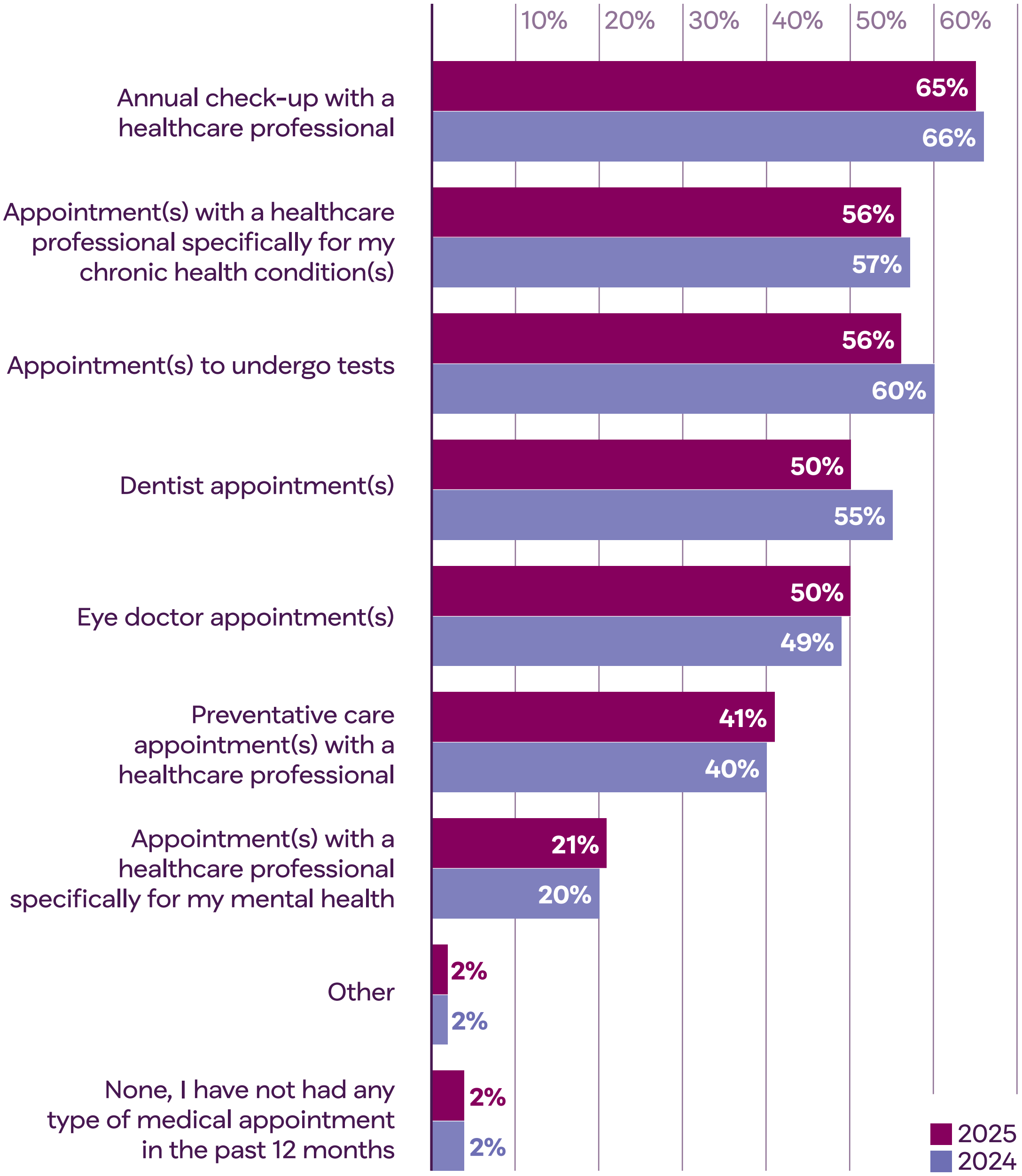
Accessing care

A majority (77%) of respondents said they had seen a primary care provider in the past 12 months, a statistically significant decrease from 2024 (81%). Among these patients, only 61% had seen a primary care provider specifically related to their chronic condition(s). While half of patients reported visiting a specialist in the past year, only 38% of patients said they had visits specific to their chronic health condition(s). Nearly half (45%) reported seeing a physician assistant/nurse practitioner (PA/NP), and 20% reported seeing a mental health professional. Similarly, of those who had seen an HCP, 25% saw a PA/NP and 16% saw a mental health professional specifically related to chronic condition(s). Four percent had not seen any provider in the past year, and 7% said they had not seen anyone for their chronic condition(s).

Nearly one in 10 (7%) patients had no HCP visit in the last year for their chronic condition(s).

Nearly seven out of 10 (66%) respondents had sought care for a routine check-up, and 56% had sought care specifically for a chronic condition. More than half (56%) had an appointment to undergo tests, a statistically significant decrease from last year's survey (60%). Another statistically significant decrease appeared in dental care; only half of respondents had gone to a dentist in the past year, compared with 55% in the 2024 survey. Two in five (41%) respondents had sought care for preventive services, and 21% had sought mental health care.

Patient types of medical appointments in past 12 months

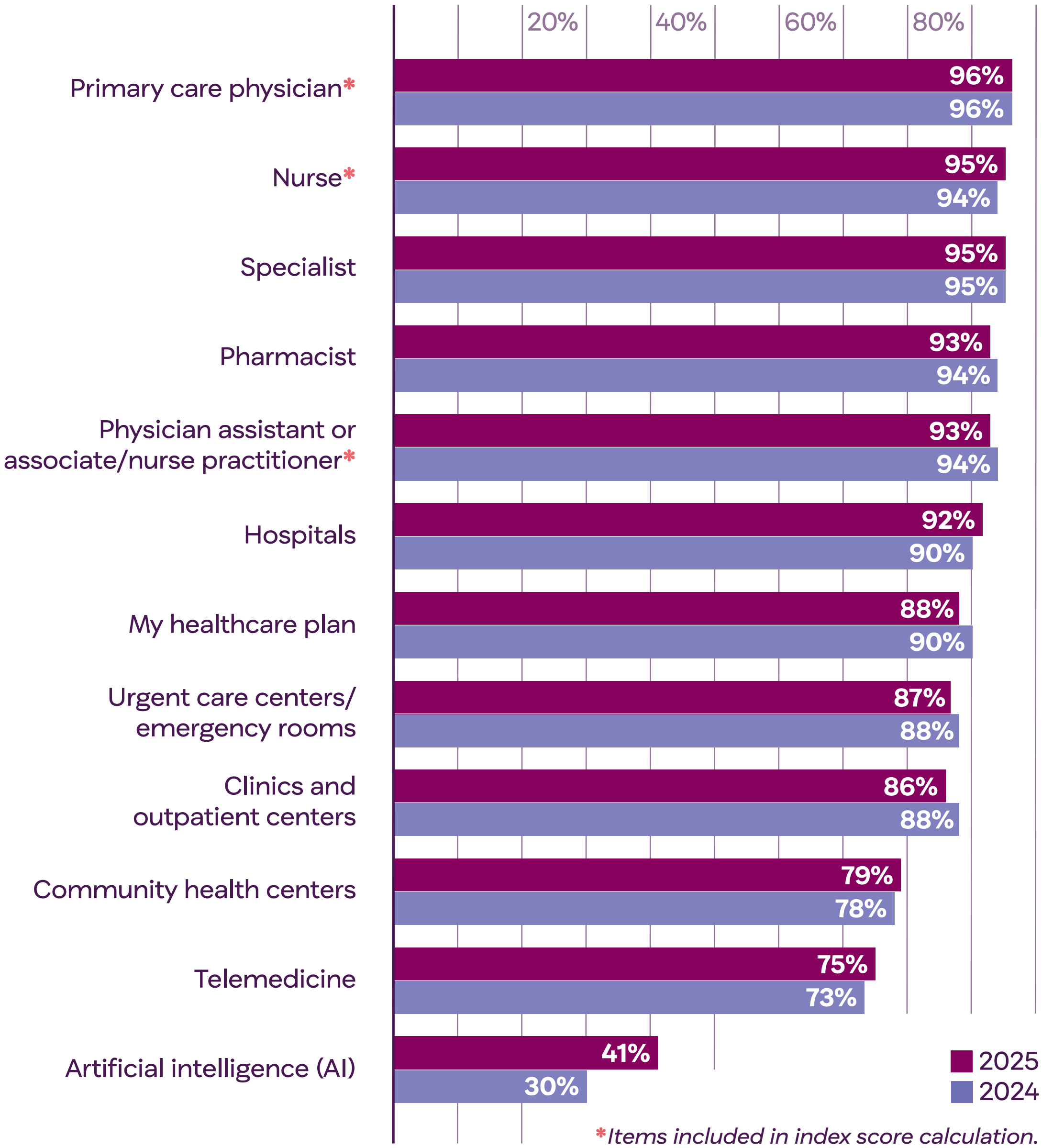


B
84.3

Trust in HCPs and healthcare technology

Patients continue to report high levels of trust in their healthcare professionals, with 96% of respondents saying their primary care provider is very or somewhat trustworthy. Similarly, 95% of respondents said their nurse is very or somewhat trustworthy, and 93% said the same of their physician assistant or nurse practitioner. Specialists, pharmacists, and hospitals all earned high levels of trust from more than 90% of respondents. Health plans, urgent care centers/ emergency rooms, and clinics each dipped slightly in the proportion of respondents who expressed high levels of trust.

Patient trust in sources of medical care/services



**Items included in index score calculation.*

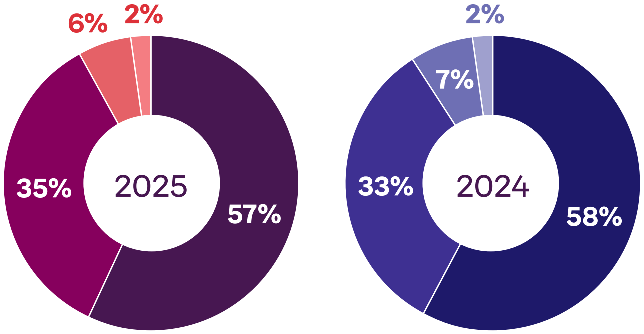
96% of patients trust HCPs, yet 29% of patients who have seen an HCP in the last year reported experiencing some interaction challenge that prevented them from getting the care they need.

The vast majority (92%) of respondents said they trust that their healthcare provider has their best interests in mind when they recommend healthcare treatments. Nearly nine in 10 (87%) said they feel their provider sees them as a partner in their treatment plan.

Patients attitudes towards healthcare professionals

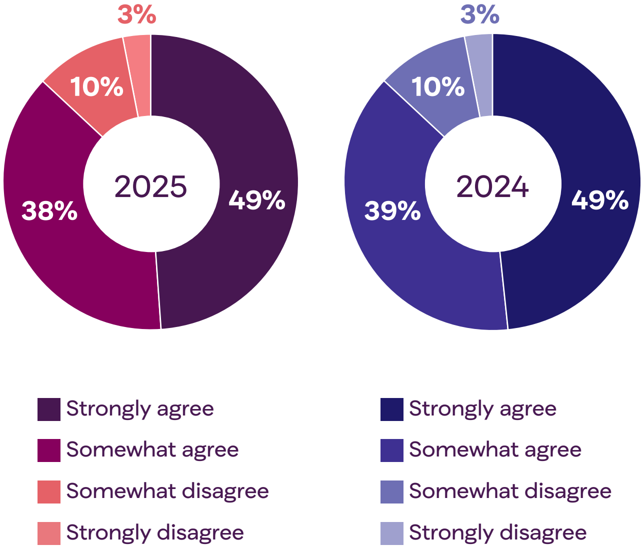
I trust that my healthcare professional has my best interest in mind when making healthcare decisions.

Strongly/somewhat agree: **92%** (2025) and **91%** (2024)



My healthcare professional sees me as a partner in my treatment plan.

Strongly/somewhat agree: **87%** (2025) and **88%** (2024)



B
84.3

Health technology may be gaining patient trust. Three out of four (92%) individuals said telehealth is very or somewhat trustworthy, compared to 91% in 2024. Perhaps the strongest shift in this measure was for healthcare artificial intelligence (AI), which jumped 11 percentage points from 30% of respondents saying AI was very or somewhat trustworthy in 2024 to 41% in 2025.

HCP interaction challenges

Even with incredibly high trust levels in HCPs, nearly three out of 10 (29%) respondents who had seen an HCP that year said they had experienced challenges interacting with their provider that prevented them from getting the care they needed. For example, more than one in 10 (12%) said they felt their HCP does not take their concerns seriously, and 7% reported feeling their HCP is critical of their habits, does not understand them as an individual, or they feel uncomfortable talking openly with their HCP.

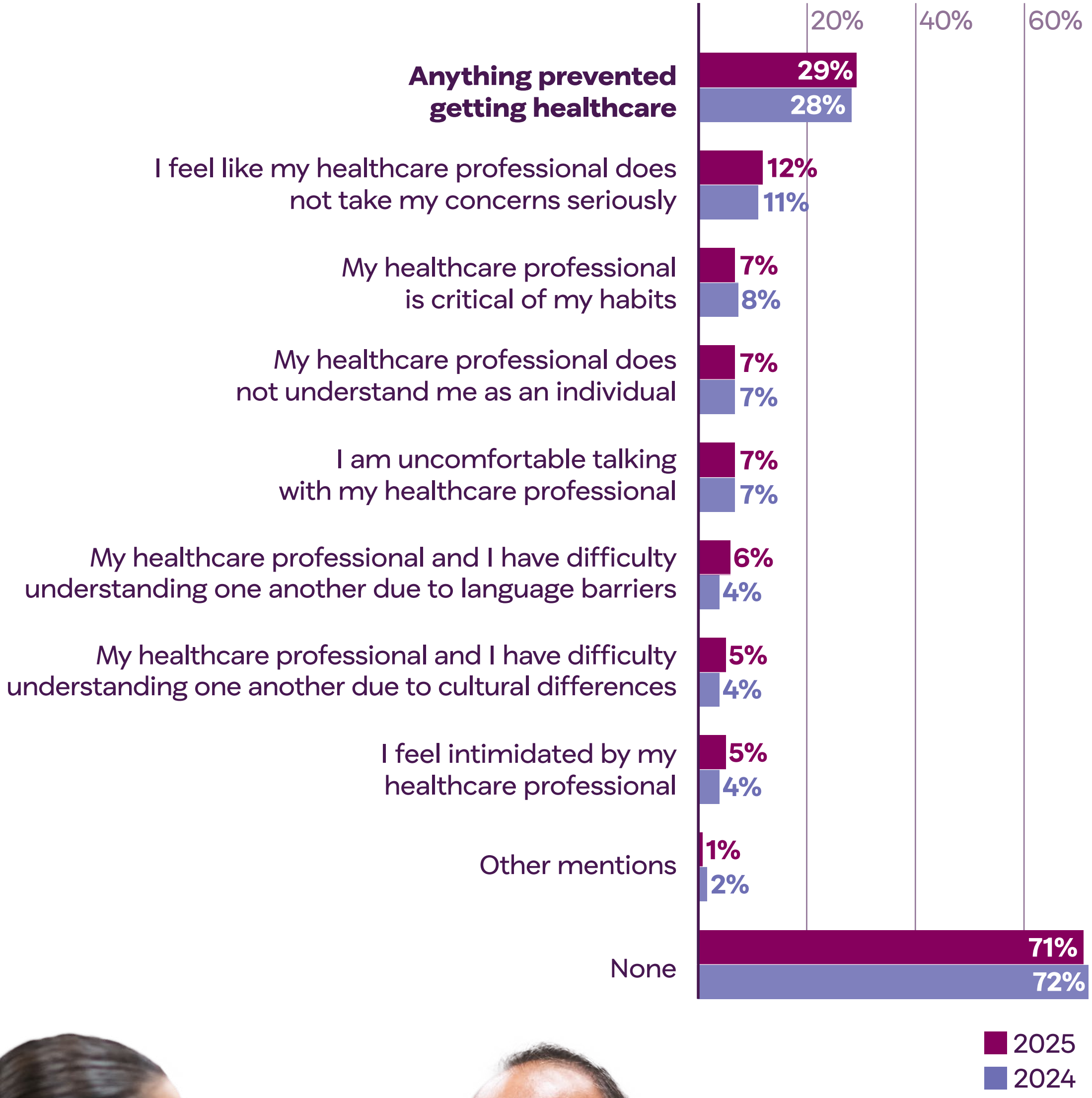
Of those who had seen an HCP in the past year, more people of color reported challenges with HCP interactions, including nearly half (46%) of American Indian/Alaska Native respondents,* 40% of Black respondents, 39% of Pacific Islander/Native Hawaiian respondents, and 36% of Hispanic respondents. In contrast, only 24% of white respondents reported experiencing this kind of challenge. Nearly half (49%) of LGBTQIA+ patients who had seen an HCP in the past year reported having an interaction-related challenge with an HCP, significantly higher than the 27% of non-LGBTQIA+ patients.

> **American Indian/Alaska Native respondents who have seen an HCP in the past 12 months reported interaction challenges with an HCP at nearly twice the rate of white respondents—46% vs. 24%.**

**Small base size (<100).*
Interpret as directional only.

HCP interaction-related challenge in past 12 months

(among patients who have seen an HCP in past 12 months)



Affordability of Prescription Medications

B-
80.8

Nine in 10 (90%) survey participants (all of whom have diagnosed chronic condition/s) reported taking at least one prescription medication. Though the average number of prescriptions taken by respondents was three, 27% of patients take five or more prescriptions.

27% of patients with chronic conditions take five or more prescription drugs.

Rating of the *Affordability of Prescription Medications* dimension was lower in 2025 than in 2024 (80.8 vs. 82.3). This was the only category to decline significantly from last year. People without insurance rated prescription drug affordability a “D+” (67.2) compared with each type of insured respondents, who fell into the “B” range. Other groups giving this measure lower ratings in 2024 include younger patients, female patients, and LGBTQIA+ patients across all racial groups.

This measure combines data on lack of prescription affordability, patient concerns about their ability to pay for prescriptions or past-year difficulties paying for prescriptions, patient actions to afford medications or as a result of not getting medications, barriers to filling prescriptions due to costs, health implications of not being able to get needed prescriptions, and patient desire for help finding resources for prescription payment assistance.

Health disparities in action

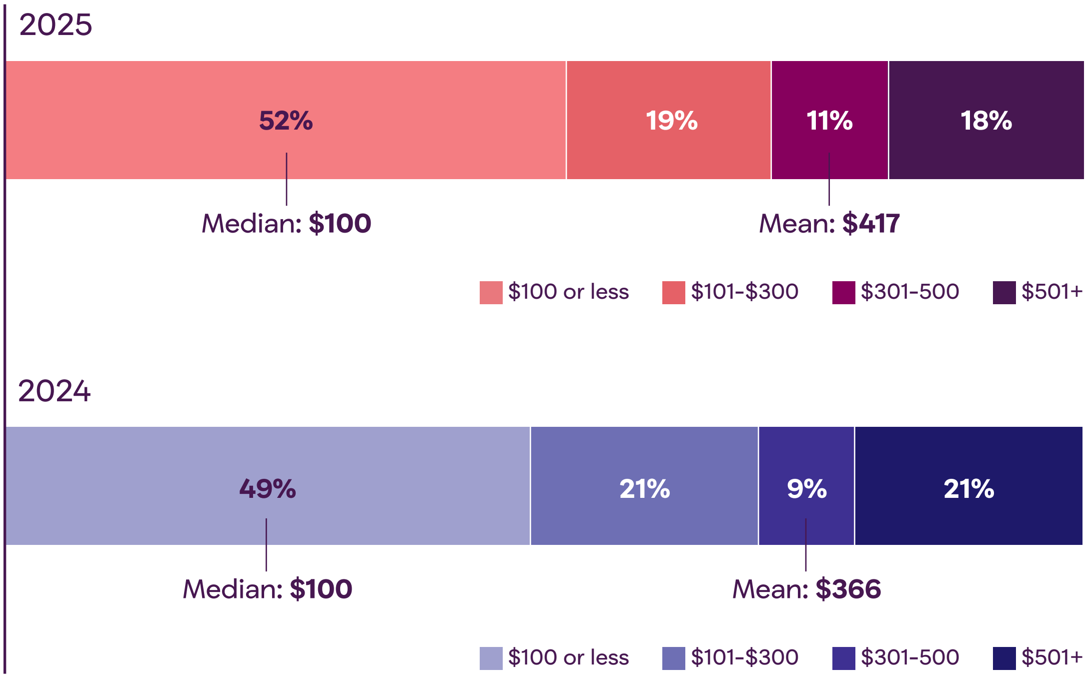
While ratings for this category largely held steady among white, Hispanic, and Asian respondents, a large drop among Black patients—from 81.8 (“B-”) in 2024 to 75.8 (“C”) in 2025—helps explain the decrease in the overall rating.

Cost obstacles

On average, patients who take at least one prescription medication reported $417 in annual out-of-pocket costs for prescription medications in the past 12 months, up from $366 in 2024. Despite the jump in average spending, the median remained constant ($100) year over year. The proportion of respondents who take at least one prescription medication and said they had $301-$500 in annual out-of-pocket drug costs rose a statistically significant amount, from 9% in 2024 to 11% in 2025. The reverse is true of people reporting more than $500, which dropped from 21% in 2024 to 18% this year.

Patients overall out-of-pocket costs for prescription medications in past 12 months

(among those taking at least one prescription)

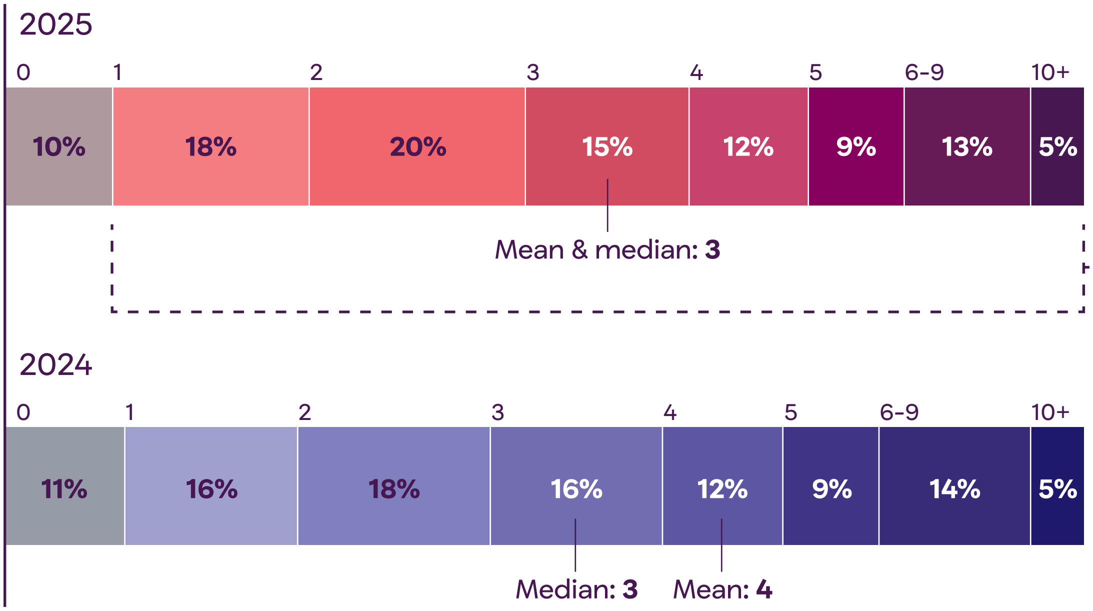


The cost of prescription drugs is a significant barrier to patients who need them. Amid a significant increase in mean out-of-pocket drug spending, nearly one out of four (22%) respondents taking at least one prescription medication reported difficulty paying for those prescriptions. About the same proportion of those who take prescription medication (23%) said their prescriptions were not at all or not very affordable in the past year, and 37% of patients overall said they are somewhat or very worried about affording drug costs in the future.

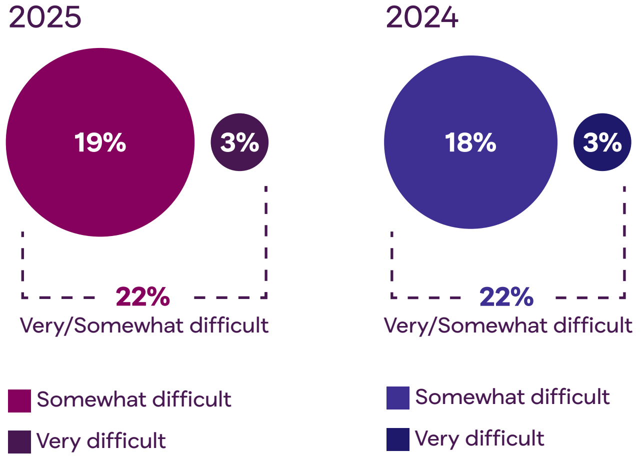
These cost barriers can have dire consequences. One in five (21%) respondents reported not being able to get a prescription medication due to cost, up significantly from 17% in 2024.

Number of prescriptions and affordability challenges

Number of prescription medications patients currently take



Patients' difficulty paying for prescription medications in past 12 months
(among patients taking at least one prescription)



15% wish for help finding resources to afford their prescription medication

People without health insurance particularly struggled to access prescription medications due to out-of-pocket costs. Uninsured patients were twice as likely as insured ones to report difficulty affording medications (47% of uninsured patients compared with 20-22% of insured patients, depending on the type of coverage). Forty-three percent of uninsured patients said they had not been able to get a medication because of cost (compared with 20-21% of insured), and 63% report worrying about being able to afford medications in the next year (compared with 32-37% of insured).

Affordability also was reported as more of a barrier for Black patients, 33% of whom said they could not get a prescription due to costs, compared with 21% overall respondents and up significantly from 21% of Black respondents in 2024. Similarly, 29% of LGBTQIA+ patients said they could not get a prescription due to cost, a statistically significant difference compared with 21% of non-LGBTQIA+ patients.

More than one in three (34%) patients with rare diseases said they had difficulty paying for prescriptions, compared with 22% of patients with a chronic condition and 17% of patients with cancer. Similar proportions of patients reported that they could not get a prescription due to high out-of-pocket costs (36% of patients with a rare disease vs. 20% of patients with a chronic condition and 23% of patients with cancer).

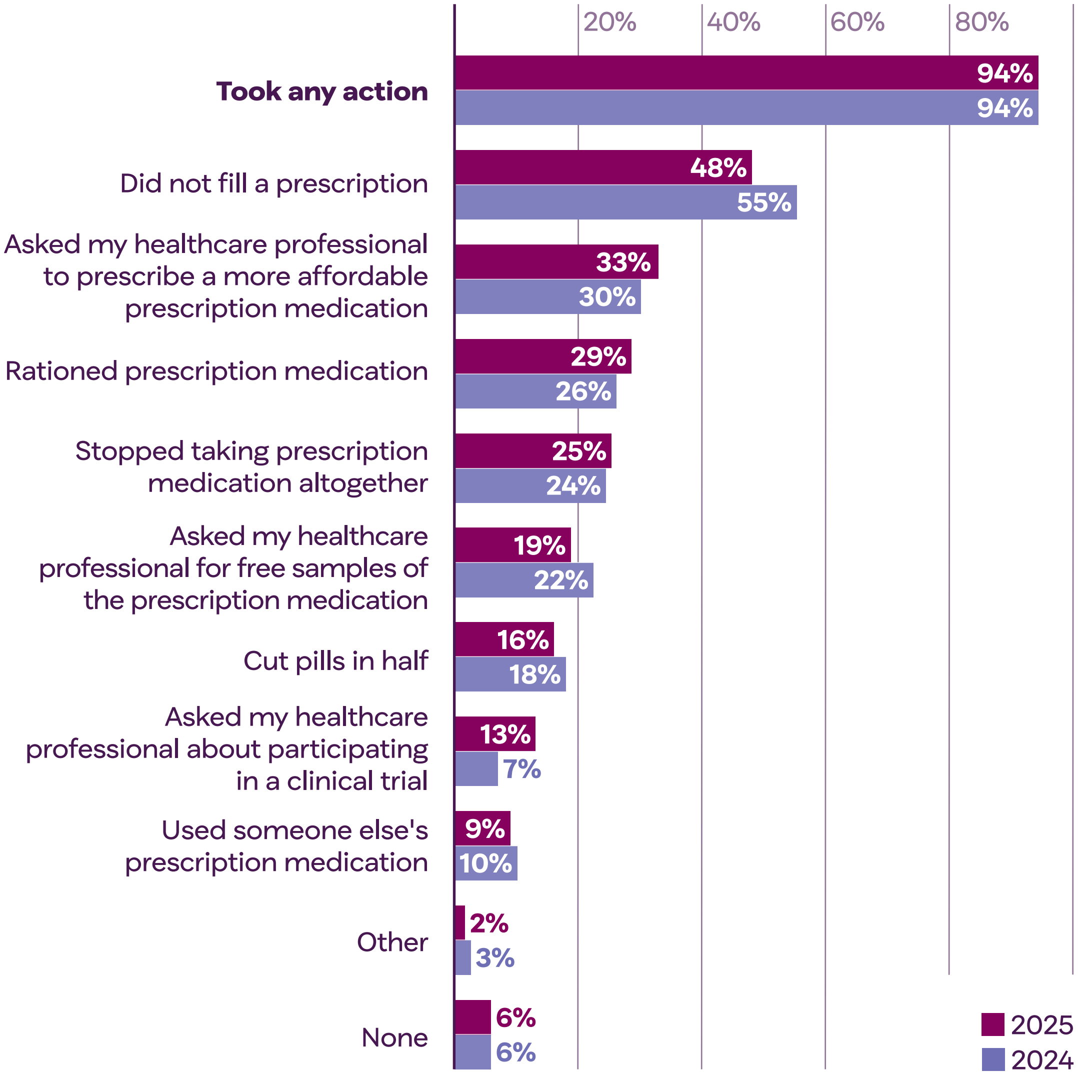
More than 1 out of 3 patients worry about affording their medications in the future

Patient responses to unaffordable prescription costs

Among respondents who had not gotten a needed prescription because of out-of-pocket costs, nearly all (94%) had taken some action as a result. About half (48%) simply did not fill the prescription, a decrease from 2024 (55%). One out of three reported asking an HCP to prescribe a more affordable drug, 29% rationed their prescription, and 25% stopped taking their medication altogether. Another 19% asked their HCP for free samples of their drug, 16% cut pills in half (a form of rationing), 13% asked their HCP about participating in a clinical trial, and 9% used someone else's prescription.

Patients' actions taken because they could not get medication

(among patients who did not get medication because of cost)



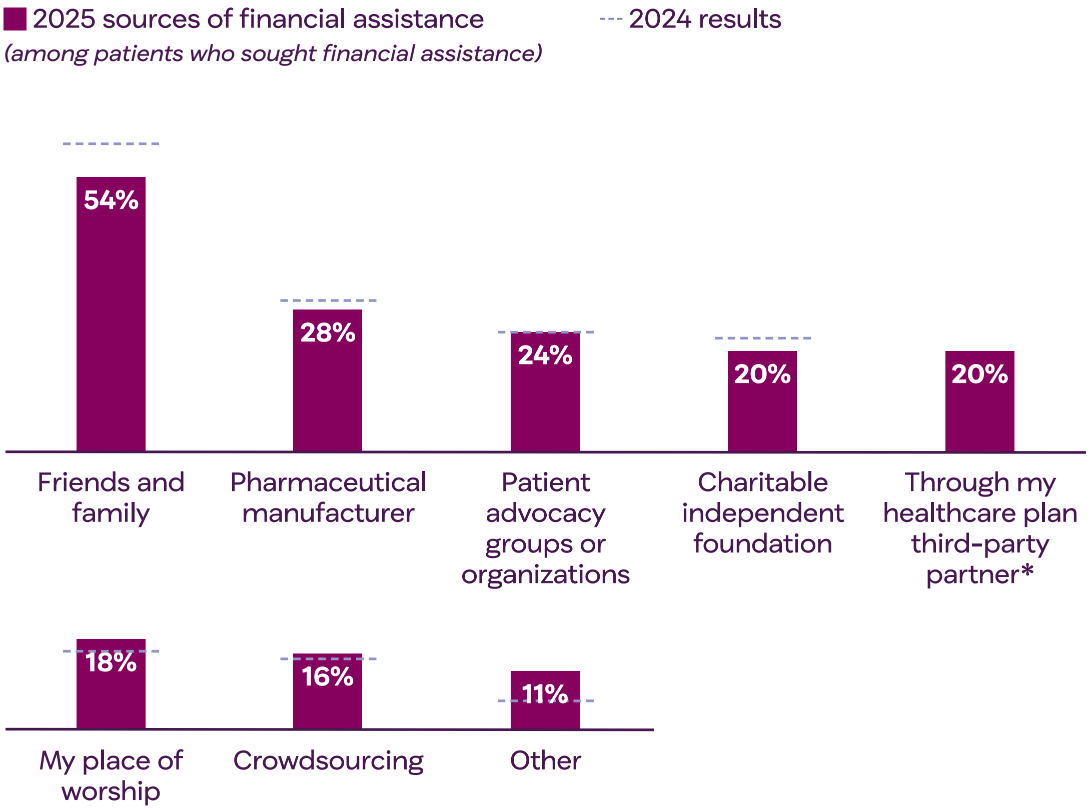
Financial actions taken due to unaffordable prescription costs

Of those who faced challenges accessing medications, 40% of patients taking prescription medication took financial actions to ease the burdens of paying for those medications. Nearly one in five (17%) reported reducing their spending in other areas, 15% explored prescription drug savings apps (a statistically significant increase from 12% in 2024), 12% delayed paying other bills, 11% took on credit card debt, and 10% dipped into non-retirement savings.

Among the 6% of patients who sought financial assistance, 54% asked friends and family for help paying for their medications, down from 61% in 2024. Fewer, but still substantial proportions, reported turning to drug makers for assistance (28%), patient advocacy organizations (24%), charitable foundations (20%), a health plan partner (20%), their place of worship (18%), or crowdsourcing, such as GoFundMe (16%).

Sources of financial assistance

(among patients who sought financial assistance)



*Response option added in 2025

More than six in 10 (66%) patients with a rare disease and who take prescription medication(s) reported having to take some financial action to pay for medications in the past year. More than half (53%) of Black patients who take medication said they had taken financial actions to afford their medications, compared with 40% overall and up from 44% among Black patients in 2024. Similarly, 52% of LGBTQIA+ patients who take medication took financial steps to afford prescriptions. Other patient groups with higher rates of taking action to be able to afford medications include Asian Millennials (62%), white LGBTQIA+ patients (58%), and Hispanic Millennials (54%).*

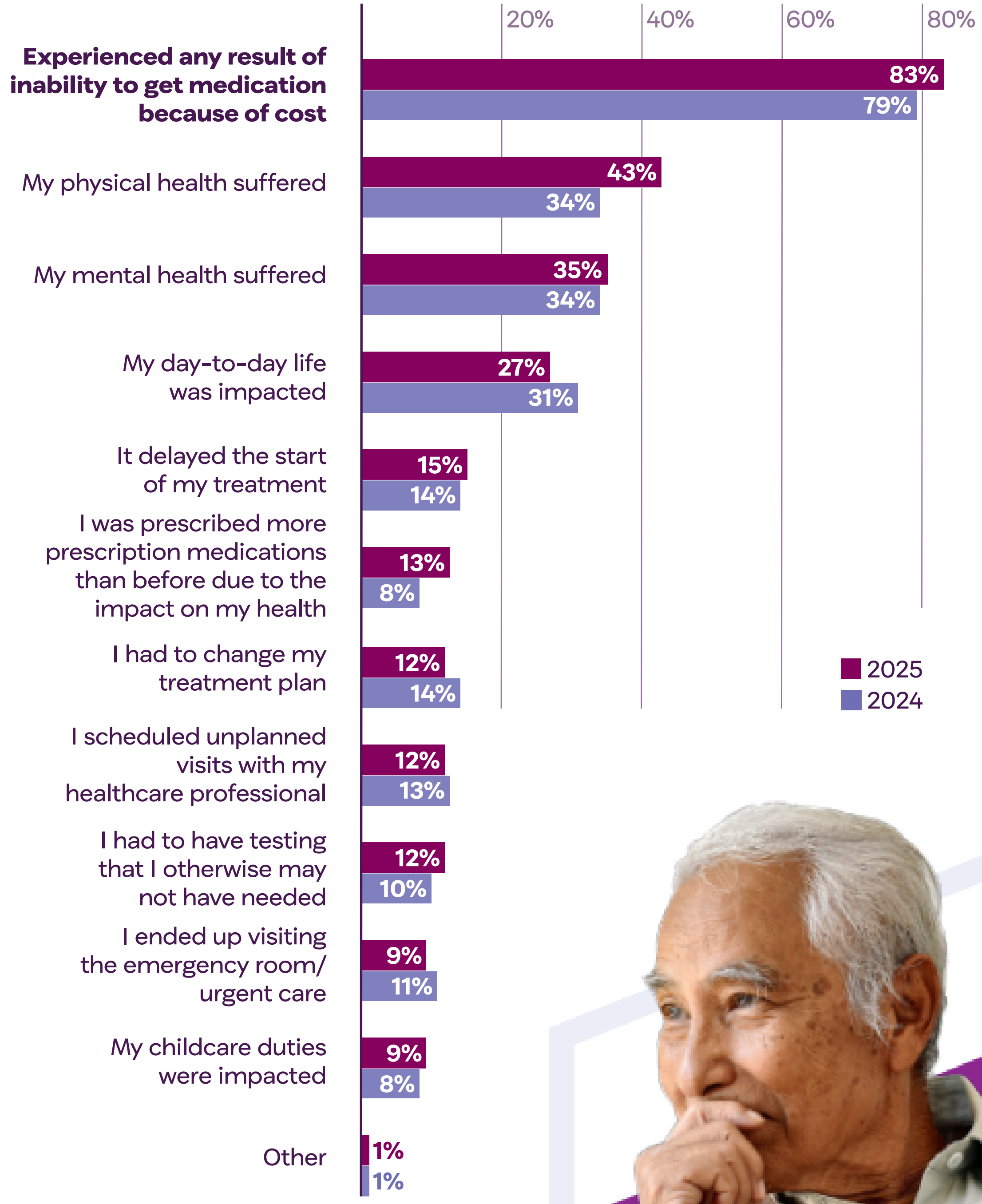
Negative impacts of prescription affordability challenges

Cost barriers to prescription drugs affect patients' health and well-being; 83% of those who had not been able to get a needed medication due to cost had experienced some negative impact as a result. Of these patients, 43% said their physical health had suffered, a statistically significant increase over 2024 (34%). More than one out of three (35%) said their mental health suffered, and 27% reported impact on their day-to-day life. Of concern, 15% had delayed the start of treatment as a result, 13% had to take more medications due to the impact of delaying care, and 12% (each) said they had to change their treatment plan, schedule unplanned visits with an HCP, or have additional testing as a result. Nearly one in 10 (9%) visited an emergency room as a result and reported impact on their childcare duties (9%).

*Small base size (<100).
Interpret as directional only.

Results from inability to get medication

(among patients who did not get medication because of cost)



Access to Treatment through Healthcare Plans

D-
63.1

For the second year in a row, *Access to Treatment through Healthcare Plans* was the lowest rated measure, scoring just a "D-" (63.1 in 2025; 62.8 in 2024). This measure is based on questions about challenges accessing medications due to health plan policies, financial obstacles due to health plan deductibles, worry about the affordability of deductibles, confusion over health plan details, and worry about access to care getting worse in the future.

Health disparities in action

Access to Treatment through Healthcare Plans is the lowest rated category across subgroups, with the scores ranging from "D-" (Black, Asian, Pacific Islander/Native Hawaiian patients) to "F" (American Indian/Alaska Native, Hispanic, and LGBTQIA+ patients). For white patients, the score increased from a "D-" last year to a "D" this year. Challenges accessing care through health insurance are as universal as any obstacle identified in our data.

Despite most respondents having health insurance, nearly half (48%) of those who take prescription medication reported some type of challenge related to their health plan. For example, nearly one in five (18%) said their health insurance did not cover their prescription. The same proportion said that high out-of-pocket costs were a barrier to accessing their medications, and 13% cited high deductibles as obstacles. These results reiterate that health insurance does not always provide the financial protection people need, nor does it always deliver on the promise of providing access to needed healthcare.

Affordability

Again this year, more than three in 10 (35%) respondents who have a deductible as part of their healthcare plan said that deductible had been unaffordable in the past year. There was a statistically significant increase among those who reported feeling worried about their ability to afford the deductible in the next 12 months (41% in 2025, compared to 36% in 2024).

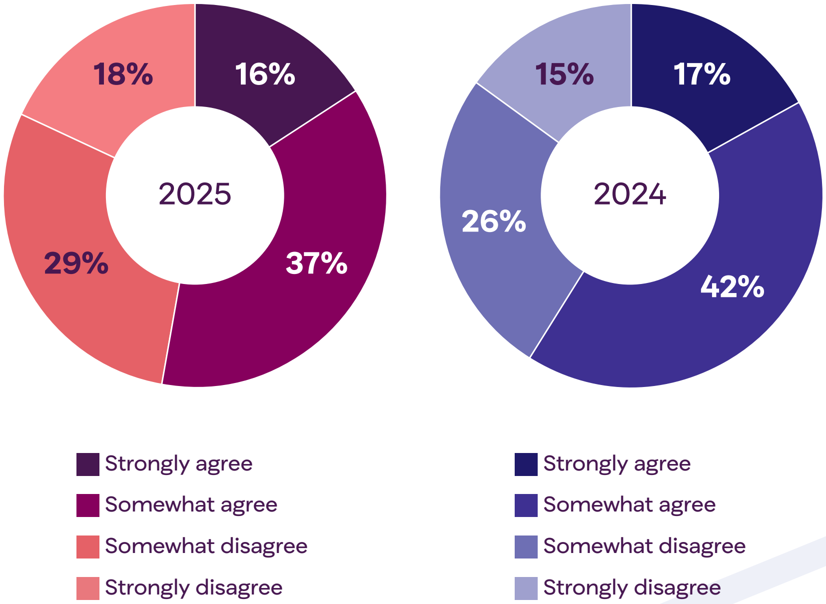
Fear of future access challenges

Despite challenges due to health plans, respondents this year were less likely to report worrying that their health plan will make accessing medications more difficult in the coming years. Fifty-three percent said they somewhat or strongly agree with the statement, "I am worried that my healthcare plan will make access to my needed prescription medication more difficult in the next five years." This result represents a statistically significant reduction from 58% in 2024.

Worry about healthcare plan making access to needed prescription medication more difficult in next 5 years

I am worried that my healthcare plan will make access to my needed prescription medication more difficult in the next five years.

Strongly/somewhat agree: **53%** (2025) **58%** (2024)



Administrative hurdles

The stated objectives of many health plan rules are typically to ensure that people get appropriate, affordable care and to prevent unnecessary care and costs. However, these rules often serve to block access to needed treatments. In our survey, respondents with insurance who take prescription medication cited prior authorization rules (16%), step therapy requirements (10%), or a determination that their drug was not essential (9%) or unnecessary (8%) as barriers to getting the medications they need.

Financial Toxicity

D+
68.8

Financial toxicity is the effect of healthcare costs on patients' lives or well-being. We define financial toxicity specifically as "the emotional, mental, and physically debilitating—and often life-threatening—financial side effects and burdens associated with treatment for your chronic condition(s)." To capture the extent of this phenomenon, our *Financial Toxicity* measure gives full weight to the survey question, "To what extent does 'financial toxicity' impact you?"

Fully one in four (25%) patients said financial toxicity affects them a lot or a great deal. This represents an increase compared with 2024 results (23%), while those reporting that financial toxicity does not affect them at all declined, from 42% in 2024 to 40% in 2025. As a result of these changes, the overall grade for this measure dropped from a "C-" to a "D+."

Health disparities in action

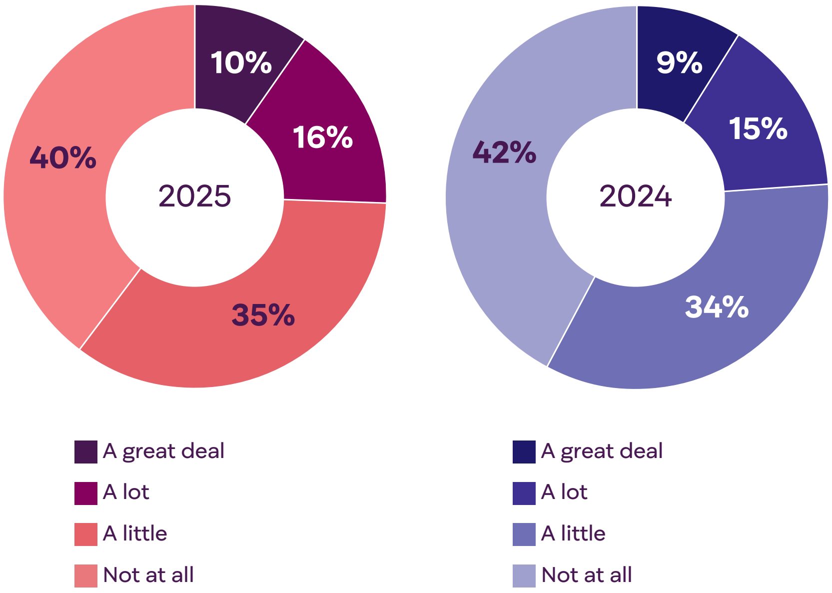
Financial toxicity impacts are not distributed evenly, disproportionately affecting women, LGBTQIA+ patients, and younger patients across racial groups. More than half (56%) of LGBTQIA+ respondents reported that they have experienced a lot or a great deal of financial toxicity due to the cost of healthcare, nearly double the proportion of non-LGBTQIA+ respondents (24%).

Several patient groups rated *Financial Toxicity* an "F," including uninsured patients (41.8), Hispanic patients (58), and patients with a rare condition (59). Black respondents' rating of *Financial Toxicity* dropped from a "D" to a "D-," with 33% reporting their degree of *Financial Toxicity* as a great deal or a lot. Respondents from urban areas rated *Financial Toxicity* 61.9, much worse than people in suburbs (72.4) or rural areas (70.2). People on public insurance plans ("D+") fared worse than privately insured counterparts ("C-").

D+
68.8

Impact of Financial Toxicity

Strongly/somewhat agree: **25%** (2025) **23%** (2024)



Healthcare affordability

Half (51%) of respondents with unexpected medical bills reported that unexpected medical bills had been not very or not at all affordable in the past 12 months. Almost as many (49%) said they worry that unexpected medical bills will be unaffordable in the next 12 months, up from 46% in 2024. Unexpected medical bills were the expense category most likely to be rated as unaffordable and most likely to cause worry about future affordability.

Forty-two percent of patients who needed surgery or other procedures said these forms of care had been hard to afford in the past year, and 37% said they worry about affording them in the future. One out of three respondents for whom this was applicable reported difficulties affording diagnostic imaging or testing for either diagnosis or managing their disease, and 38% said they worry about being able to afford these tests in the next 12 months.

New areas of focus in 2025

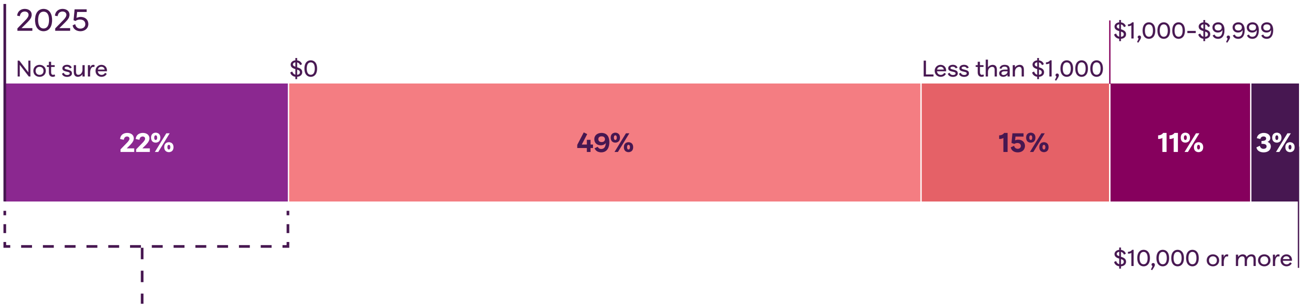
Negative impacts of medical debt

The *2025 State of Patient Access Report* includes a set of additional questions about the impact of medical debt on patients. Two in five (40%) respondents reported having some amount of medical debt, averaging $729. Half (49%) of respondents said they have no medical debt, while 14% said they have $1,000 or more.

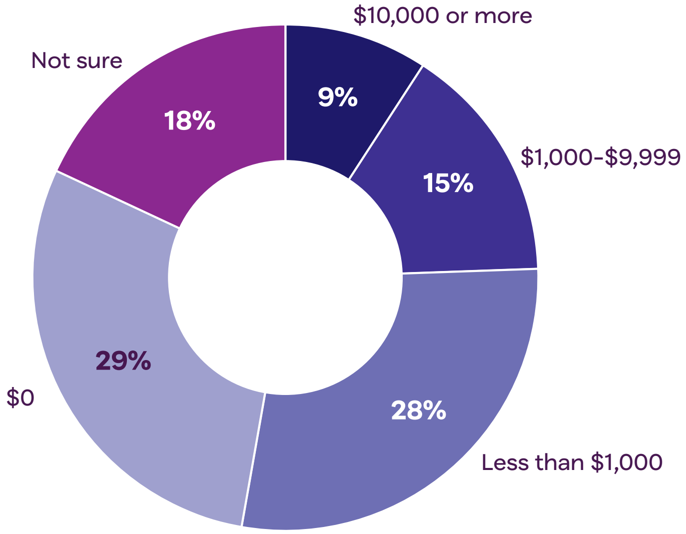
More than one in five (22%) were not sure how much medical debt they have. Among patients who were not sure, only 29% estimated that they had none, while 24% estimated that they owe $1,000 or more, and 18% reported still being unsure. Medical debt is unevenly distributed: patients of color had an average $983 in current medical debt, compared with $584 among white respondents.

Levels of medical debt

Total current medical debt*



Estimate on total current medical debt*
(among patients not sure about their total medical debt)



**New questions asked in 2025*

The negative impacts of these debts are substantial. Among patients with medical debt, most reported that the debt had at least a little negative impact on their stress or anxiety (86%), their ability to pay for living expenses (73%), the timing of their treatment (67%), their credit score (65%), and their personal relationships (56%).

Disparities permeated the negative impacts of medical debt. Among those who have medical debt, patients of color (77%) were more likely than white patients (66%) to cite the negative impact of medical debt on their ability to afford living expenses. Similarly, patients of color holding medical debt, those living in urban areas, and respondents in the LGBTQIA+ community were more likely than their white, suburban/rural, and non-LGBTQIA+ counterparts to say that medical debt negatively impacted the timing of their healthcare treatment. Additionally, patients of color and LGBTQIA+ respondents were more likely than white and non-LGBTQIA+ respondents, respectively, to experience negative impacts on their credit scores. Additionally, Gen Z and Millennial respondents with medical debt were more likely than older respondents to report that medical debt negatively impacted their personal relationships.

Negative impact of medical debt

(among patients who have medical debt)

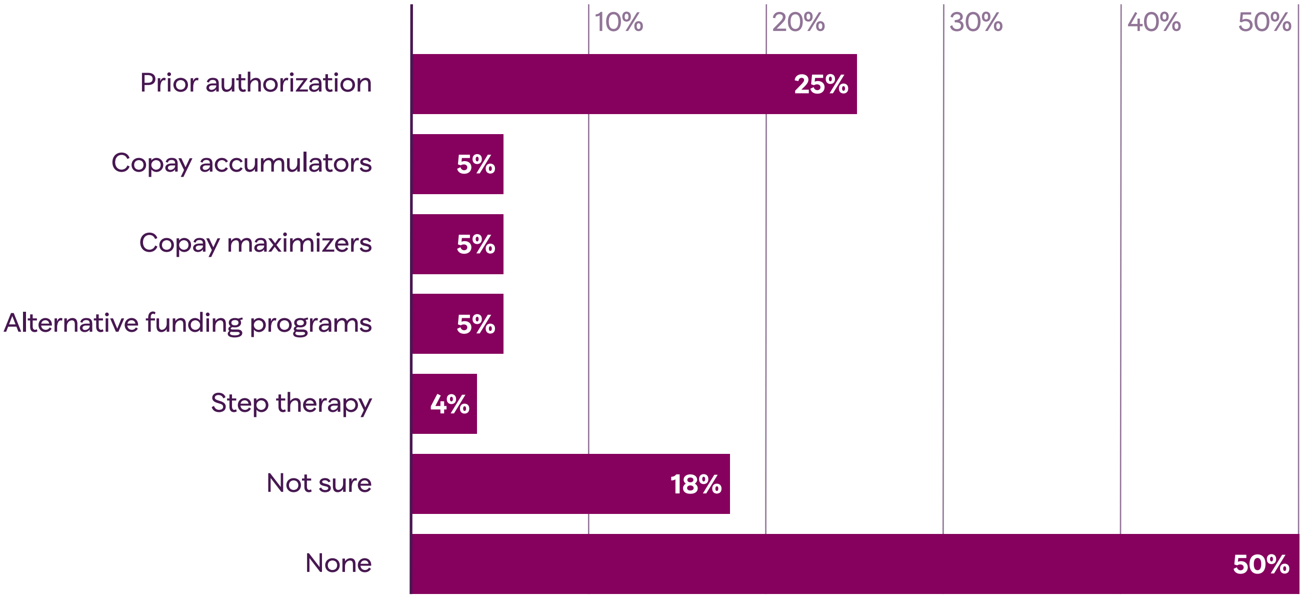
Patient knowledge about healthcare plans

Health insurance jargon can often feel like a foreign language, and this year's survey results bear that out. Half (50%) of patients said they feel it is nearly impossible to understand the details about their health insurance plan, down slightly from 2024 (53%). Patients of color were more likely to agree with this sentiment than white respondents (56% vs. 47%).

Despite substantial levels of confusion, understanding of certain health insurance concepts increased by significant margins in this year's survey. For example, 41% of respondents had at least heard of copay accumulators, and 30% were at least somewhat familiar with the concept (a significant increase over 22% in 2024). Similar proportions of respondents were familiar with copay maximizers (29%) and alternative funding programs (30%), compared with 22% for each in 2024.

Though not included in last year's survey, it is notable that 35% of patients had at least heard of step therapy. Additionally, 88% of respondents had heard of prior authorizations, and 78% reported at least some familiarity with the concept. That familiarity is likely driven at least in part by personal experience, as one in four (25%) respondents said they had personally been affected by prior authorizations. In comparison, only 5% (each) said the same of copay accumulators, copay maximizers, and alternative funding programs.

Personally affected by various programs within healthcare plan*



**New question added in 2025*

Percentages may not add up to 100% due to weighting and/or computer rounding.

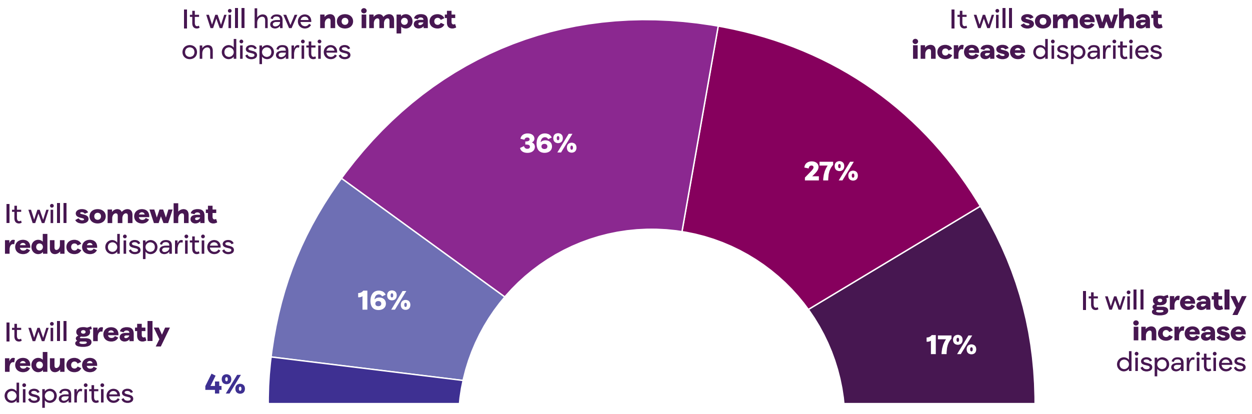
Even with growing health insurance literacy, most patients (72%) surveyed said they wished they had more education about how to navigate their insurance. Nearly seven out of 10 (66%) said they wished their health plan offered clearer information about how to access and afford services. Still, 55% said they believe their health plan understands what people like them experience when accessing care. Patients of color were more likely than white respondents to endorse the need for more educational resources (77% compared to 68%), the need for clearer information from health plans (73% compared to 62%), and the sense that health plans understand people like them (60% compared to 52%).

Use of technology in healthcare

As AI use and familiarity spreads, survey results indicate consumer trust in healthcare AI is rising with a significant increase in the proportion of respondents who feel that AI is at least somewhat trustworthy in providing needed care (41% vs. 30% last year).

Asked about specific applications of AI, 43% of patients surveyed said they would be comfortable with AI being used to automate health plan prescription approvals or denials, and 33% said the same about automating step therapy requirements. Patients of color were more likely to be comfortable with these applications of AI than their white counterparts. That said, 43% of respondents said they believe that AI will greatly or somewhat increase age, race, and socioeconomic disparities in accessing prescription medications and other treatments. Some respondents were optimistic, though, with 21% reporting they think AI will reduce disparities.

Impact of AI/machine learning on disparities in accessing prescribed treatments and medications*



21% greatly/somewhat reduce

43% greatly/somewhat increase

**New question added in 2025*

Telehealth

Along with newer technologies, use of telehealth continues. Thirty-seven percent of respondents who had a medical appointment in the last 12 months said they had at least one telehealth appointment during this time, up from 35% in 2024. People of color who had a medical appointment in the last year were more likely to report having had a telehealth appointment than white respondents (42% vs. 33%). Among those who had had a telehealth appointment, the most common reasons for the appointment were to discuss a medical problem (44%) or refill a prescription (40%). A sizable proportion (32%) of respondents expressed concern that they will lose access to telehealth in the next five years, including 40% of respondents of color vs. 26% of white respondents.

Implications

Implications

Access to affordable, high-quality, and timely care is essential to health and well-being. However, too many people in the United States lack such access. Barriers to care include crushing costs, logistical challenges, confusion about how to navigate care, and bias against individuals based on personal or socioeconomic characteristics.

Increasingly, healthcare professionals and policymakers recognize the impact of social and demographic factors on access to care and health outcomes. Such factors include race, ethnicity, gender, sexual identity and orientation, income, and geography. Though anyone can face barriers to care due to inadequate health system capacity and health insurance policies, people of color, people with lower incomes, people in the LGBTQIA+ community, and younger people face additional obstacles due to lack of resources as well as discrimination.

The PAN Foundation's *2025 State of Patient Access Report* highlights enduring challenges for patients in accessing and affording healthcare services and prescription drugs. Key takeaways include:

Many patients struggle to afford their healthcare services, out-of-pocket costs, and prescription drugs. Patients without insurance experience these financial hardships at greater rates than those who are insured.

Healthcare costs and medical debt create real harm, causing high levels of stress and anxiety, and serving as barriers to people accessing the care they need. Many patients are forced to cut back on other spending, seek help from family and friends, or delay treatment due to costs. Medical debt undermines patients' financial well-being, access to timely care, and overall health and wellness.

Logistical barriers continue to thwart patients' access to care. Patients' desire for help navigating care, especially help making appointments and finding resources to afford medications, is further evidence of these challenges.

Navigating health plan coverage continues to be a challenge for many patients. Many desire clear education and information about plan terminology and how to access benefits through their health plan.

High levels of trust in HCPs remain steady but so do challenges interacting with HCPs. Certain patients, particularly LGBTQIA+ patients, are less likely to describe their interactions with HCPs as a partnership.

Trust in AI has grown substantially year over year. While many patients trust AI to automate certain healthcare decisions, many are also wary of the possibility that AI will exacerbate health disparities.

Policy Implications

Findings of the *2025 State of Patient Access Report* point to the importance of advocating for policy solutions to improve access to care for everyone. These include, but are not limited to:

- Ensuring national policies are in place to address health inequities, making healthcare affordable and accessible to all without discrimination
- Ensuring a focus on the total out-of-pocket cost of care when developing policies
- Lowering out-of-pocket costs for prescription medications, regardless of insured status
- Lowering high upfront deductibles in commercial health insurance plans
- Banning programs that block or prevent access to prescribed medications and lead to greater cost-sharing for patients
- Streamlining utilization management practices, including prior authorization and step therapy
- Ensuring representation in clinical trials to accelerate access to treatments
- Advocating for permanent telehealth expansion
- Advocating for improved care coordination and navigation services
- Supporting initiatives that address social determinants of health to improve health outcomes for underserved populations

Educational opportunities

In addition, these findings help to identify opportunities to educate patients about complex health issues. These include, but are not limited to:

- How to find resources to help lower healthcare costs, including prescription costs
- Understanding healthcare plans and how to navigate them, especially prescription coverage through your healthcare plan
- How to find support for social drivers of health
- Increasing health literacy about the range of treatment options, including clinical trials
- Understanding utilization management, including prior authorization and step therapy
- Tips for communicating with and ensuring an effective partnership with your healthcare provider

Policymakers, government agencies, for-profit healthcare organizations, nonprofit patient advocacy organizations, and others within the healthcare ecosystem all have a role to play in addressing the challenges patients face highlighted by this report. Together, we can take steps to improve healthcare access, affordability, and equity for all and position the United States as a true leader when it comes to healthcare.

Appendix

Appendix

Method statement

The research was conducted online in the United States by The Harris Poll on behalf of the PAN Foundation among 2,723 adults age 18+ who reside in the U.S. and have by diagnosed by a healthcare professional with a chronic health condition (including 2,578 people from the general population and race/ethnicity oversamples and 145 people from the LGBTQIA+ oversample). The survey was conducted, in English and Spanish, between August 1 and September 2, 2024.

Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the sample data is accurate to within ± the below percentage points using a 95% confidence level:

- Total: ± 2.8 percentage points
- Hispanic: ± 6.8 percentage points
- Black/African American: ± 5.8 percentage points
- Asian: ± 7.0 percentage points
- Native Hawaiian/Other Pacific Islander: ± 13.6 percentage points
- American Indian/Alaskan Native: ± 13.3 percentage points
- LGBTQIA+: ± 7.1 percentage points

This credible interval will be wider among subsets of the surveyed population of interest. All sample surveys and polls, whether they use probability sampling, are subject to other multiple sources of error which are most often not possible to quantify or estimate, including, but not limited to coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments.

Respondent demographics

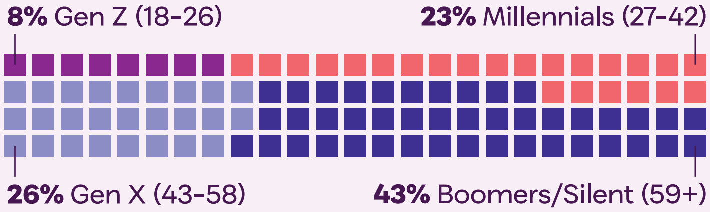
Gender*

46% male

53% female

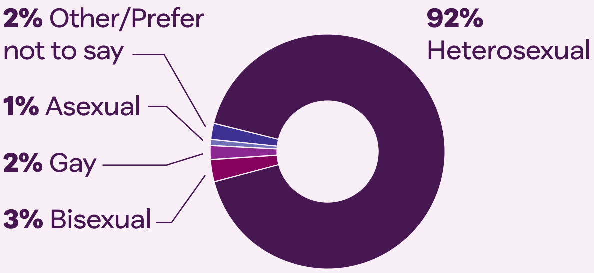
0% prefer not to answer

Age

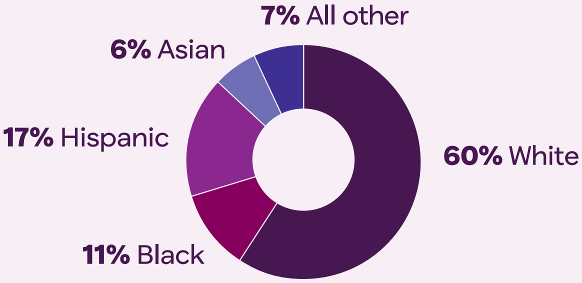


54 mean age

LGBTQIA+ status



Race/ethnicity



Providing unpaid care to a loved one

21% Yes **79%** No

Employment status

52% Employed *(FT, PT, or self)*

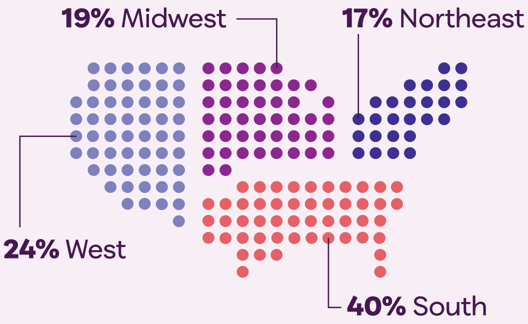
48% All other

Veteran status

13% Yes

87% No

US region



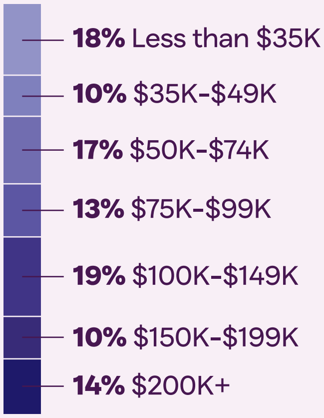
Urbanicity

29% inner city/urban

47% suburban

23% small town/rural

Household income



Marital status

57% Married/living with partner

23% Divorced/Separated/Widowed

21% Never married

continued...

**Percentages may not add up to 100% due to weighting and/or computer rounding.*

Disability status

4% Blindness or a serious vision loss or condition

6% Deafness or a serious hearing loss

25% A condition that substantially limits one or more basic physical activities

17% A physical, mental, or emotional condition that increases the difficulty of learning, remembering, or concentrating

61% None

Home language

(Among Hispanic respondents)

6% Only Spanish

13% Spanish more than English

25% Spanish and English equally

23% English more than Spanish

33% Only English

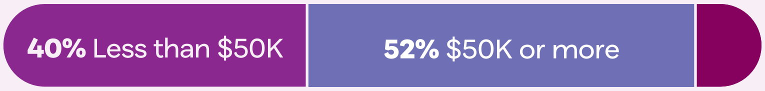
Education

10% Less than high school degree

53% High school degree to less than 4-year degree

37% 4-year college degree or more

Investable assets



8% prefer not to answer

How many friends/family do you...

See/hear from at least one a month	**5** mean
Feel at ease with to talk about private matters	**5** mean
Feel close to such that you could call on them for help	**5** mean

Children in household

69% 0

15% 1

11% 2

3% 3

2% 4

Number of adult children

43% 0

16% 1

22% 2

12% 3

5% 4

3% 5+

Adults in household

20% 1

53% 2

17% 3

11% 4+

Patients’ reporting of chronic conditions and ranking of conditions with the greatest negative impact

	Report of chronic conditions		**Condition that has greatest negative impact** *(among patients with more than one chronic condition)*	
	2024	2025	2024	2025
Cardiovascular condition	35%	33%	13%	12%
Mental health condition	33%	31%	18%	18%
Gastrointestinal condition	22%	21%	9%	8%
Chronic pain syndrome	19%	17%	12%	12%
Musculoskeletal condition	21%	17%	10%	9%
Chronic respiratory condition	17%	16%	9%	7%
Endocrine disorder	14%	15%	6%	8%
Thyroid disorder	13%	13%	2%	4%
Cancer	13%	12%	5%	4%
Other chronic health condition	9%	7%	4%	3%
Ophthalmologic condition	5%	6%	1%	2%
Autoimmune disease	5%	5%	1%	3%
Immunological condition	5%	5%	3%	3%
Renal (Kidney) condition	4%	5%	1%	2%
Neurological condition	3%	4%	3%	3%
Chronic liver disease	3%	2%	1%	0%
Endocrine diseases	1%	1%	0%	0%
Genetic disorder	1%	1%	1%	0%
Hematological condition	1%	1%	0%	0%
Infectious diseases	2%	1%	1%	0%
Metabolic disorders	0%	1%	-	*
Other rare disease	1%	1%	0%	0%

2025 State of Patient Access Scorecard methodology

The *2025 State of Patient Access Scorecard* uses composite indices that combine multiple survey questions into consolidated metrics. Composite indices combine a subset of survey questions or response options, assigning each a weight, which together add up to 100.

Individual respondents are then assigned a score between 0 and 100 based on their responses to each of the survey questions included. The average of respondents' scores yields a composite index score which summarizes the attributes or dimensions within a single metric.

Composite indices are created using a variety of survey questions or response options, which are each assigned a "weight." The weights assigned to each question or response option sum to 100.

Individual respondents are then assigned a score between 0-100 based on their responses to each of the included survey questions.

The average of respondents' scores yields a composite index score which summarizes each of these attributes or dimensions within a single metric.

Scorecard components

Overall Access to Care:

- **20 Points: Q700 –** Grade of overall ability to access needed healthcare in past 12 months
- **15 Points: Q705 –** Overall quality of healthcare received in past 12 months
- **15 Points: Q1300 –** Quality of healthcare coverage over the past 12 months
- **17 Points: Q1000 –** Negative impact to care in past 12 months (healthcare plan type, sexual orientation, citizenship status, geographic location, race/ethnicity, spoken language)
- **17 Points: Q1010 –** Any logistical access challenges to needed care in past 12 months
- **15 Points: Q1025 –** Desire for help with access related elements of healthcare

Relationship with Healthcare Providers

- **35 Points: Q1015 –** Any HCP interaction-related challenge to needed care in past 12 months
- **30 Points: Q940 –** Trust in PCPs/Nurses/NP/PAs
- **20 Points: Q1020 –** Agree that HCP sees them as a partner in treatment plan
- **15 Points: Q1020 –** Trust that HCP has their best interest in mind when making healthcare decisions

Affordability of Prescription Medication

- **16 Points: Q1100 –** Prescription medication costs were not at all/not very affordable in past 12 months
- **10 Points: Q1105 –** Worried about affordability of prescription medication costs in next 12 months
- **16 Points: Q1205 –** Very/somewhat difficult to pay for prescription medication costs in past 12 months
- **11 Points: Q1225 –** Took any financial action to afford prescription medication in past 12 months
- **18 Points: Q1215 –** Could not get prescription medication in past 12 months due to high out of pocket costs
- **14 Points: Q1240 –** Took any action as a result to not getting medication in the past 12 months
- **14 Points: Q1245 –** Health implications as a result of inability to get prescription medication in the past 12 months.
- **1 Points: Q1025/6 –** Desire help with finding resources to afford prescription medication

Access to Treatment through Healthcare Plan

- **40 Points: Q1220 –** Medication-access challenges due to healthcare plan in past 12 months
- **22 Points: Q1100 –** Healthcare plan deductibles were not at all/not very affordable in past 12 months
- **14 Points: Q1105 –** Worried about affordability of healthcare plan deductibles in next 12 months
- **12 Points: Q1335 –** Agree that healthcare plan details are nearly impossible to understand
- **12 Points: Q1335 –** Agree they are worried about health access getting more difficult in the coming years

Financial Toxicity

- **100 Points: Q1110 –** Financial toxicity experienced a lot/great deal due to cost of treatment

Supported by an independent educational grant from Daiichi Sankyo and Viatris.

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