



1700 G Street NW, Washington, D.C. 20552

Summary of Updates – “Medical Debt Burden in the United States”

April 19, 2022

In March 2022, the CFPB published “Medical Debt Burden in the United States,” a report summarizing the medical debt collections and reporting landscape in the U.S. Today’s update revises Appendix A of that report, which uses internal CFPB data to report the percent of records with medical collections by state, with more accurate and comprehensive statistics drawn from the same CFPB data source. The updated Appendix A contains revised state-level percentage information and adds new information on the mean and median balance amounts for consumers in each state, as well as the total balance of medical collections in each state. The update also revises Figure 3, “State-Level Distribution of Medical Debt, December 2020,” which is a visualization of the data listed in Appendix A. No other content has been changed.

The update is the result of a post-publication internal review which triggered a re-analysis of some of the internal CFPB data. The state distribution in Appendix A and Figure 3 was originally constructed by assigning records with medical collections to states based on the reported state at the time the medical collection was opened. A notable fraction of records were missing information on the state at the time the medical collection was opened. Records without this information were excluded from the analysis, so the original table underestimated the percent of records with medical collections in each state. To provide more reliable state-level estimates of the shares of records with a medical collection, the CFPB re-analyzed the data using the state associated with the credit record of December 2020 which was missing for a much smaller fraction of records (less than 0.5 percent). As a result of this re-analysis, estimated percentages of credit records with medical debt on in each state increased by an average of approximately 1.4 percentage points. National level estimates were not affected by this re-analysis, because the national level estimates were constructed without reference to the impacted variable (state). The revised figures affirm the finding that medical debt is more prevalent in Southern states and states that have not expanded Medicaid.

All other elements of the report remain unchanged.