Health Care Sticker Shock Has Become the Norm, but Talking to Your Doctor About Costs Can Help You Rein It In

Ask about generic alternatives, financial assistance and expected out-of-pocket costs to find more affordable care options.

April 23, 2026 By The Conversation

As health care costs rise, patients aren't just shouldering higher bills. They're bearing more and more responsibility for getting information.

Americans are facing a health care affordability crunch on multiple fronts. In 2025, the Republican-controlled Congress approved a sweeping tax law that scaled back premium subsidies for Americans accessing care through the Affordable Care Act starting in 2026. As a result, millions on ACA plans now face much higher premiums, with many dropping out or expecting to drop out and risk going uninsured as premiums surge. By March 2026, about 1 in 10 people on ACA plans had dropped out, and that share is expected to rise.

Meanwhile, high-deductible insurance plans have become more common, requiring patients to pay thousands of dollars before coverage fully kicks in. The rise of those plans, along with surging drug prices and the growing share of Americans who are under- or uninsured, means that medical debt remains a leading source of financial strain.

Nearly half of U.S. adults now report difficulty affording health care. Together, these shifts are accelerating the "consumerization" of health care. Patients now have the ability to comparison shop, evaluate options and manage costs – but often without clear pricing. In this environment, knowing how to ask the right questions may be one of the most important tools patients have.

We are professors who study how perceptions of health care costs shape patients' decisions about their care. Our research examines how factors such as price-transparency regulations influence patient choices. Across our work, we consistently hear from patients about rising costs and how conversations about price with their providers too often never happen.

Why speaking up about cost matters

When one of us took our child to the doctor for pink eye, the pediatrician quickly sent a prescription for antibiotic drops to the pharmacy. At the pickup, the pharmacist dropped the news that the drops would cost more than US$300. A follow-up phone call to the doctor's office, however, yielded important information: A generic version of the same medication offered the same treatment and the same results, but at a fraction of the price.

That quick phone call saved her a lot of money. It also raised a broader question: Why don't more people have these conversations about cost? In fact, one study shows that cost conversations occur in only about 30% of medical visits.

These discussions aren't just for medications. They can be crucial when a recommended procedure has multiple alternatives; when out-of-pocket costs might affect whether you follow through on care; or when a sudden medical bill could create financial strain. Speaking up about price can help patients stay healthier and avoid the all-too-common trade-off between medical care and household expenses.

The study mentioned above also found that doctors and patients identified ways to reduce out-of-pocket costs – such as switching to a generic drug or adjusting the timing of care – in nearly half of those cases. Importantly, these conversations were typically brief and did not compromise the quality of care, the researchers found.

Patients actually prefer doctors who bring up costs, other research has found. Still, most patients remain hesitant. While a majority say they want to discuss cost, only a minority actually do, often waiting until a bill arrives – often when it's too late to consider alternatives. That's why it's important that consumers feel empowered to ask the right questions. Here are three that can help make care more affordable.

Is there a generic or lower-cost alternative?

One of the simplest ways to reduce drug costs is to ask whether a less expensive option is available. Brand-name medications can cost significantly more than generics, even when they are equally effective. One industry surveyestimated that 90% of all prescriptions filled in 2024 were generic or biosimilar, but these accounted for only 12% of drug spending.

In many cases, physicians can substitute a generic drug or recommend a similar treatment that achieves the same outcome at a lower price. And when no direct generic exists, there may be therapeutic alternatives worth considering. For example, if a brand-name eye drop or inhaler isn't available in generic form, doctors can often prescribe a different medication in the same class that works just as well but costs far less. Research on physician–patient cost conversations shows that switching to lower-cost, clinically similar alternatives within the same drug class is a common strategy for reducing out-of-pocket spending without compromising care.

Is there any financial assistance available?

Some hospitals and large health systems have specific programs aimed at making care more affordable for lower-income patients. In many states, government programs address this same goal. These programs often offer discounts on care, but they can be complex to navigate and require significant paperwork. Many health care offices have staff who are knowledgeable about these programs and can help patients determine eligibility and sometimes even assist with applications, although the Trump administration has cut funding.

Patients can often find these programs through hospital or health system websites, which typically include financial assistance or "charity care" pages outlining eligibility and how to apply. State Medicaid offices and insurance marketplaces are also key entry points for coverage and subsidy programs. Nonprofit organizations and patient advocacy groups may also offer or list assistance tailored to specific conditions or medications.

It's also important to remember that for prescription medications, what you're quoted isn't always the final price. Many medications come with options to reduce costs, including manufacturer coupons, copay assistance programs and patient assistance programs. Doctors' offices and pharmacists may also know practical ways to save money, such as using a different pharmacy, switching to mail order or adjusting how a prescription is written. Asking about these options can uncover savings that aren't immediately obvious.

What will this cost me, and are there other options?

Health care pricing is often opaque, and costs can vary widely depending on where and how care is delivered. Asking up front about your expected out-of-pocket cost can help you avoid surprises later.

This question also opens the door to alternatives. For example, patients may be able to choose a lower-cost imaging center, opt for outpatient rather than hospital-based care, or delay nonurgent services until insurance coverage improves.

Speaking up is part of taking care of your health

Health care decisions shouldn't feel like a choice between your well-being and your wallet. A brief, honest conversation about cost can lead to more affordable and more sustainable care.

Physicians can't address financial concerns they don't hear about, and most want to help their patients access care they can realistically follow through on. As costs continue to shift toward the patient's burden, asking these questions isn't just helpful – it's essential.

The next time you're handed a prescription or a referral, remember: One simple question about price could make all the difference.

This article is republished from The Conversation under a Creative Common license. Read the original article.
