



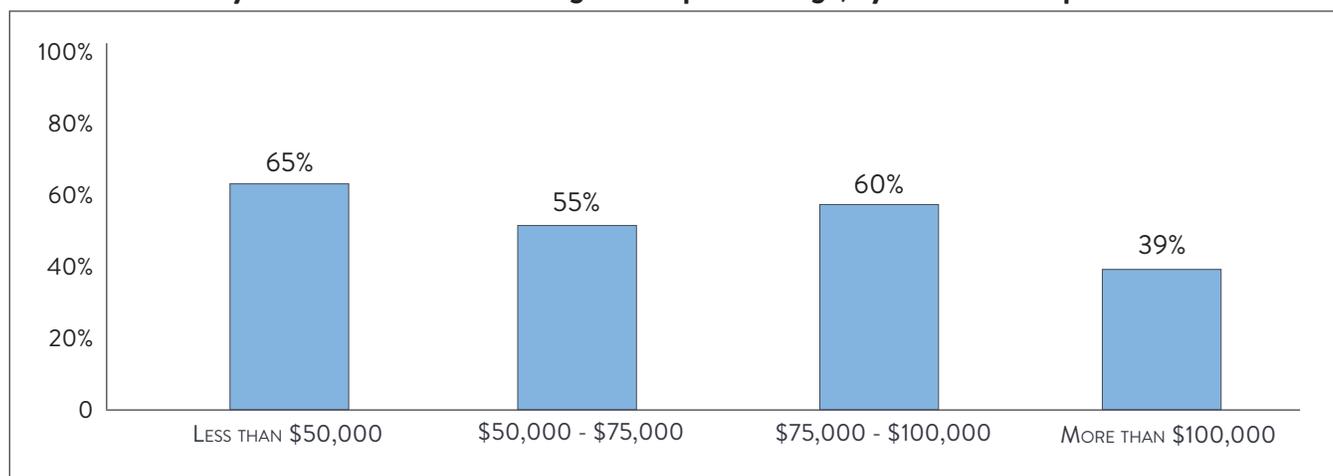
DATA BRIEF NO. 128 | SEPTEMBER 2022

Nevada Residents Worried about High Drug Costs; Support a Range of Government Solutions

According to a survey of more than 1,130 Nevada adults, conducted from June 21, 2022, to July 8, 2022, respondents are concerned about prescription drug costs and express a strong desire for policymakers to enact solutions.

Over half (55%) of survey respondents report being somewhat or very worried about affording the cost of prescription drugs. Worry varied substantially by income group, with respondents in households earning less than \$50,000 per year¹ reporting the most worry (see Figure 1). However, it is important to note that a large percentage of households earning above \$50,000 per year also worry about affording prescription drugs.

Figure 1
Somewhat or Very Worried About Affording Prescription Drugs, by Income Group



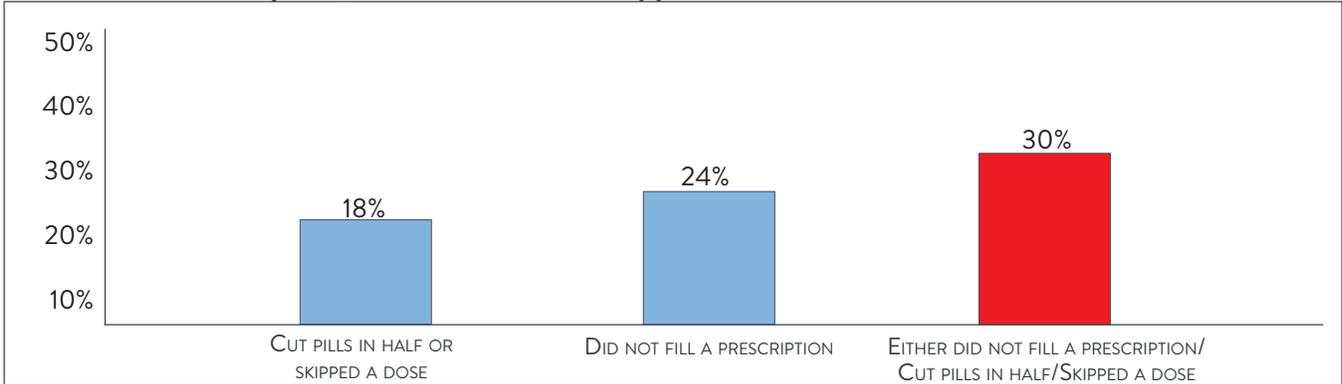
Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

In addition to being worried about prescription drug affordability in the future, many Nevada respondents reported experiencing hardship in the prior 12 months due to the cost of prescription drugs. Nearly 1 in 3 Nevada respondents (30%) did not fill a prescription, cut pills in half or skipped a dose of medicine in the last year due to cost (see Figure 2).

These hardships disproportionately impact people in lower-income households. As Table 1 shows, respondents living in households earning less than \$50,000 and those earning between \$50,000 and \$75,000 per year reported higher rates of rationing their prescription medicines (by not filling a prescription, cutting pills in half or skipping a dose of medicine) than respondents living in higher-income households. These hardships are alarmingly prevalent in middle-income households, as well.

Figure 2

Did not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Concerns About Cost



Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Respondents purchasing health insurance on their own reported the highest rates of rationing medication compared to other insurance types, followed by those with Nevada Medicaid. Finally, respondents living in households with a person with a disability reported notably higher rates of rationing medication due to cost in the past 12 months compared to respondents without a disabled household member.

Table 1

Nevada Respondents with Drug Affordability Issues, by Income Group, Insurance Type and Disability Status

	CUT PILLS IN HALF OR SKIPPED A DOSE	DID NOT FILL A PRESCRIPTION	EITHER DID NOT FILL A PRESCRIPTION/ CUT PILLS IN HALF/OR SKIPPED A DOSE
INCOME			
LESS THAN \$50K	22%	26%	32%
\$50K - \$75k	16%	26%	32%
\$75k - \$100k	17%	24%	31%
MORE THAN \$100k	16%	21%	24%
INSURANCE TYPE			
HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER	18%	26%	29%
HEALTH INSURANCE I PURCHASE ON MY OWN	31%	32%	45%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	10%	13%	15%
NEVADA MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	23%	30%	38%
DISABILITY STATUS			
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	13%	18%	22%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	30%	39%	47%

Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

In light of these prescription drug cost concerns—as well as concerns about high healthcare costs generally²—it is not surprising that Nevada respondents were generally dissatisfied with the health system:

- Just **25%** agreed or strongly agreed that “*we have a great healthcare system in the U.S.,*”
- While **70%** agreed or strongly agreed that “*the system needs to change.*”

When given more than 20 options, the options cited most frequently as being a “major reason” for high healthcare costs were:

- **74%**—Hospitals charging too much money
- **73%**—Drug companies charging too much money
- **68%**—Insurance companies charging too much money

When it comes to tackling high drug costs, Nevada respondents endorsed a number of prescription drug-related strategies:

- **91%**—Require drug companies to provide advanced notice of price increases and information to justify those increases
- **91%**—Cap out-of-pocket costs for life-saving medications, such as insulin
- **89%**—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- **89%**—Prohibit drug companies from charging more in the U.S. than abroad
- **86%**—Create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs

Moreover, there is substantial support for government action on drug costs regardless of the respondents’ political affiliation (see Table 2).

While Nevada respondents are united in calling for the government to address high drug costs, they also see a role for themselves:

- **78%** would switch from a brand name to an equivalent generic drug if given a chance
- **55%** have tried to find out the cost of a drug beforehand

Table 2
Percent Who Agree/Strongly Agree, by Political Affiliation

SELECTED SURVEY QUESTIONS/STATEMENTS	TOTAL	GENERALLY SPEAKING, DO YOU THINK OF YOURSELF AS...		
		REPUBLICAN	DEMOCRAT	NEITHER
MAJOR REASON FOR RISING HEALTHCARE COSTS: DRUG COMPANIES CHARGING TOO MUCH MONEY	73%	72%	72%	76%
THE GOVERNMENT SHOULD REQUIRE DRUG COMPANIES TO PROVIDE ADVANCED NOTICE OF PRICE INCREASES AND INFORMATION TO JUSTIFY THOSE INCREASES	91%	90%	93%	91%
THE GOVERNMENT SHOULD CAP OUT-OF-POCKET COSTS FOR LIFE-SAVING MEDICATIONS, SUCH AS INSULIN	90%	86%	92%	91%
THE GOVERNMENT SHOULD AUTHORIZE THE ATTORNEY GENERAL TO TAKE LEGAL ACTION TO PREVENT PRICE GOUGING OR UNFAIR PRESCRIPTION DRUG PRICE HIKES	89%	86%	93%	88%
THE GOVERNMENT SHOULD SET STANDARD PRICES FOR DRUGS TO MAKE THEM AFFORDABLE	89%	85%	92%	90%
THE GOVERNMENT SHOULD PROHIBIT DRUG COMPANIES FROM CHARGING MORE IN U.S. THAN ABROAD	88%	86%	91%	88%
THE GOVERNMENT SHOULD CREATE A PRESCRIPTION DRUG AFFORDABILITY BOARD TO EXAMINE THE EVIDENCE AND ESTABLISH ACCEPTABLE COSTS FOR DRUGS	86%	79%	92%	85%

Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Conclusion

The high burden of healthcare and prescription drug affordability, along with high levels of support for change, suggest that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. Moreover, the COVID crisis has led state residents to take a hard look at how well health and public health systems are working for them, with strong support for a wide variety of actions. Annual surveys can help assess whether or not progress is being made.

Notes

1. Median household income in Nevada was \$62,043 (2016-2020). U.S. Census, *Quick Facts*. Retrieved from: <https://www.census.gov/quickfacts/NV>
2. For more detailed information about healthcare affordability burdens facing Nevada respondents, please see: Healthcare Value Hub, Nevada Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support Government Action Across Party Lines, Data Brief No. 127.



ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and healthcare.

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Methodology

Altarum’s Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents’ unbiased views on a wide range of health system issues, including confidence using the health system, financial burden and views on fixes that might be needed.

The survey used a web panel from Dynata with a demographically balanced sample of approximately 1,371 respondents who live in Nevada. The survey was conducted in English or Spanish and restricted to adults ages 18 and older. Respondents who finished the survey in less than half the median time were excluded from the final sample, leaving 1,139 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Composition of Survey Respondents

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
HOUSEHOLD INCOME		
Under \$20K	166	15%
\$20K - \$30K	142	12%
\$30K - \$40K	113	10%
\$40K - \$50K	116	10%
\$50K - \$60K	106	9%
\$60K - \$75K	110	10%
\$75K - \$100K	148	13%
\$100K - \$150K	159	14%
\$150K+	79	7%
AGE		
18-24	178	16%
25-34	231	20%
35-44	180	16%
45-54	139	12%
55-64	205	18%
65+	196	17%
HEALTH STATUS		
EXCELLENT	154	14%
VERY GOOD	387	34%
GOOD	389	34%
FAIR	179	16%
POOR	30	3%
DISABILITY		
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	185	16%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	110	10%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR’S OFFICE	81	7%
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	95	8%
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	62	5%
SELF-CARE: DIFFICULTY DRESSING OR BATHING	54	5%
NO DISABILITY OR LONG-TERM HEALTH CONDITION	784	69%

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
GENDER		
WOMAN	728	64%
MAN	386	34%
TRANSWOMAN	2	<1%
TRANSMAN	3	<1%
GENDERQUEER/NONBINARY	8	1%
INSURANCE STATUS		
HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER’S EMPLOYER	383	34%
HEALTH INSURANCE I BUY ON MY OWN	87	8%
MEDICARE	296	26%
NEVADA MEDICAID	226	20%
TRICARE/MILITARY HEALTH SYSTEM	29	3%
DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE	21	2%
NO COVERAGE OF ANY TYPE	79	7%
I DON’T KNOW	18	2%
RACE/ETHNICITY		
AMERICAN INDIAN OR NATIVE ALASKAN	41	4%
ASIAN	75	7%
BLACK OR AFRICAN AMERICAN	116	10%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	22	2%
WHITE	895	79%
PREFER NOT TO ANSWER	23	2%
TWO OR MORE RACES	53	5%
PARTY AFFILIATION		
REPUBLICAN	329	29%
DEMOCRAT	402	35%
NEITHER	408	36%

Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

Notes: Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted, except for race/ethnicity. We do not conduct statistical calculations to determine the significance of differences in findings. Comparisons are for conversational purposes only and are determined by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates based on fewer than 100 respondents (N=100) and a co-efficient of variance more than .30.

Geographic Regions: Rural and Non-Rural counties were defined by the Patient Protection Commission of the Nevada Department of Health and Human Services. Non-Rural Counties: Carson City, Clark, Washoe. Rural Counties: Churchill, Douglas, Elko, Esmerelda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine.