



DATA BRIEF | NOVEMBER 2023

Pennsylvania Survey Respondents Worry about High Drug Costs & Support a Range of Government Solutions

KEY FINDINGS

A demographically balanced survey of more than 1,400 Pennsylvania adults, conducted from July 11 to July 24, 2023, found that:

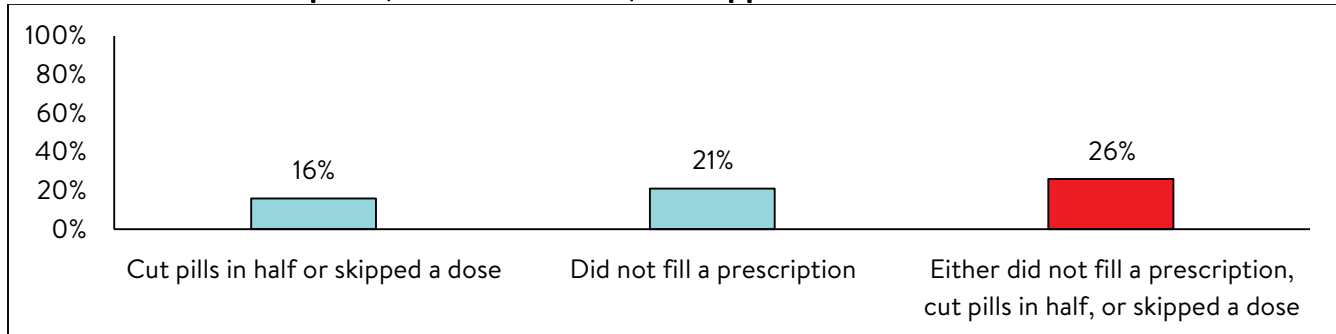
- Over 1 in 4 respondents (**26%**) reported rationing medication due to cost;
- More than half (**55%**) of survey respondents reported being somewhat or very worried about affording the cost of prescription drugs;
- Nearly 3 in 4 respondents (**74%**) thought drug companies charging too much money was a "major reason" for high health care costs; and
- Across party lines, respondents express strong support for government action, and multiple government policies had support from at least **85%** of respondents.

According to a statewide survey with a demographically-balanced sample¹ of more than 1,400 Pennsylvania adults, conducted from July 11 to July 24, 2023, respondents are concerned about prescription drug costs and express a strong desire for policymakers to enact solutions.

Many Pennsylvania respondents have skipped, delayed, or avoided care altogether in the prior 12 months due to the cost, including prescription medications. Over 1 in 4 respondents (**26%**) reported rationing medication by not filling a prescription, cutting pills in half, or skipping a dose of medicine in the last year due to cost (see Figure 1).

Figure 1

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



2023 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Table 1**Pennsylvania Respondents with Prescription Drug Affordability Issues, By Income Group, Geographic Setting, Rural vs. Urban, Race/Ethnicity, and Disability**

	Cut Pills in Half or Skipped Dose	Did Not Fill a Prescription	Did Not Fill a Prescription, Cut Pills in Half, or Skipped Dose
Income Group			
Less than \$50,000	22%	26%	34%
\$50,000 - \$75,000	20%	24%	32%
\$75,001 - \$100,000	16%	22%	24%
More than \$100,000	8%	12%	15%
Geographic Setting*			
Northeast PA and North Central PA	20%	25%	32%
Northwest PA	22%	22%	30%
South Central PA and the Lehigh Valley	15%	21%	25%
Southeast PA	12%	17%	21%
Southwest PA	19%	23%	29%
Rural or Urban*			
Rural	20%	25%	31%
Urban	14%	19%	24%
Race/Ethnicity			
Black/African American	14%	25%	30%
Hispanic/Latino, any race	31%	36%	46%
White Alone, non-Hispanic/Latino	15%	18%	24%
Disability***			
Household does not include a person with at least one disability	11%	16%	20%
Household includes a person with at least one disability	28%	31%	41%

Source: 2023 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*See Appendix of Counties at the end of this document for list of counties by geographic region and by rural-urban designation.

**The quantity of responses for all groups other than Black or African American, Hispanic/Latino, and white respondents were not large enough to report reliable estimates. We regret that we were not able to provide reliable estimates for each individual group to better represent the diverse communities of Pennsylvania.

***Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

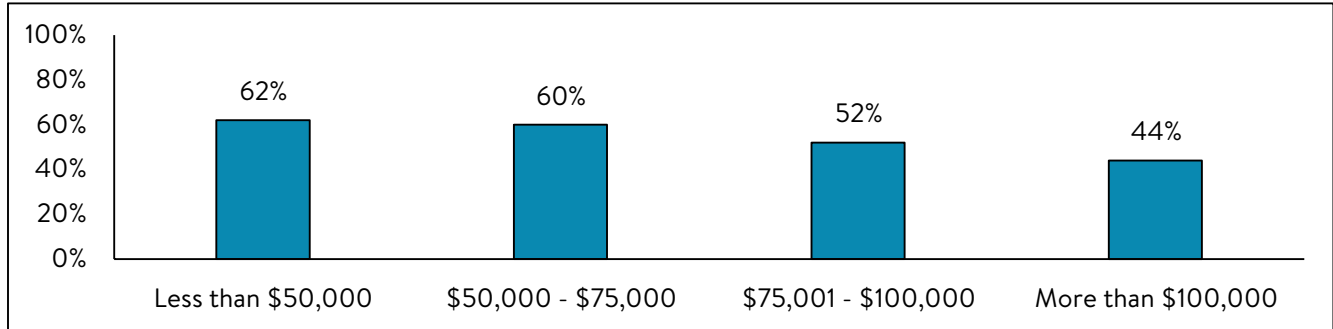
These hardships disproportionately impact people in lower-income households. Respondents living in households earning less than \$50,000 per year reported the highest rates of rationing their prescription medicines, followed closely by those earning \$50,000 to \$75,000, compared to respondents living in higher-income households (see Table 1). The median household income in Pennsylvania was \$67,587 as of 2021.² However, these hardships are prevalent in middle-income households as well. In addition, 31% of respondents living in rural areas rationed medication due to cost compared to 24% of respondents living in urban areas.

In addition to rationing medication in the last year, more than half (55%) of survey respondents reported being somewhat or very worried about affording the cost of prescription drugs in the future. Worry varied substantially by income group, with respondents in households making less than \$50,000 per year

experiencing the most worry (see Figure 2). However, it is important to note that a large share of households making above \$75,000 per year also reported worrying about prescription drugs.

Figure 2

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



2023 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Considering these prescription drug cost concerns—as well as concerns about high health care costs generally³—it is not surprising that Pennsylvania respondents were generally dissatisfied with the health system:

- Just **29%** agreed or strongly agreed that “we have a great health care system in the U.S.,”
- While **72%** 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 health care costs were:

- **74%**—Drug companies charging too much money
- **73%**—Hospitals charging too much money
- **70%**—Insurance companies charging too much money

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

- **92%**—Cap out-of-pocket costs for life-saving medications, such as insulin
- **92%**—Require drug companies to provide advanced notice of price increases and information to justify those increases
- **90%**—Set standard prices for drugs to make them affordable
- **89%**—Prohibit drug companies from charging more in the U.S. than abroad
- **89%**—Create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs

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

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

Selected Survey Statements/Questions	Total Percent of Respondents	Do you think of yourself as...		
		Republican	Democrat	Neither
<i>Major reason for rising health care costs: Drug companies charging too much money</i>	74%	70%	80%	72%
The government should cap out-of-pocket costs for life-saving medications, such as insulin	92%	89%	94%	92%
The government should require drug companies to provide advanced notice of price increases and information to justify those increases	92%	90%	95%	90%
The government should set standard prices for drugs to make them affordable	90%	89%	94%	88%
The government should prohibit drug companies from charging more in U.S. than abroad	89%	86%	93%	88%
The government should create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs	89%	84%	94%	88%

Source: 2023 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

CONCLUSION

The high burden of health care and prescription drug affordability, along with high levels of support for change, suggests that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. In addition, state surveys completed in 2018 and 2020 found that 19% did not fill a prescription due to cost and 22% rationed medication due to cost in the last year, respectively, demonstrating that prescription affordability continues to be a challenge for consumers. The last several years have 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 progress is being made.

NOTES

1. The survey was conducted statewide using a web-based panel, and data was cleaned and weighted to the appropriate demographic balance of the state of Pennsylvania. While this survey is not generalizable to the entire state, it does allow for important insights into a balanced sample of adults in Pennsylvania.
2. Median household income in Pennsylvania was \$67,587 (2017-2021). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts](#)
3. For more detailed information about health care affordability burdens facing Pennsylvania respondents, please see Healthcare Value Hub, [Pennsylvania Survey Respondents Struggle to Afford High Health Care Costs; Worry About Affording Health Care in the Future: Support Government Action Across Party Lines](#), Data Brief (November 2023).

Appendix of Counties

Geographic Setting

Northeast and North Central PA: Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming

Northwest PA: Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango, Warren

South Central PA and the Lehigh Valley: Adams, Berks, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, York

Southeast PA: Bucks, Chester, Delaware, Montgomery, Philadelphia

Southwest PA: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, Westmoreland

Rural-Urban Designation

Rural: Adams, Armstrong, Bedford, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Elk, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lawrence, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Wyoming

Urban: Allegheny, Beaver, Berks, Bucks, Chester, Cumberland, Dauphin, Delaware, Erie, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Montgomery, Northampton, Philadelphia, Westmoreland, York

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from the Arnold Foundation, the Healthcare Value Hub provides free, timely information about the policies and practices that address high health care 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 health care.

Contact the Hub: 3520 Green Court, Suite 300, Ann Arbor, MI 48105
(734) 302-4600 | www.HealthcareValueHub.org | @HealthValueHub
© 2023 Altarum | www.altarum.org



HEALTHCARE VALUE HUB

Methodology

Altarum’s Consumer Healthcare Experience State Survey (CHES) is designed to elicit respondents’ unbiased views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions.

This survey, conducted from July 11 to July 24, 2023, used a web panel from online survey company Dynata with a sample of approximately 1,500 respondents who live in Pennsylvania. Data was cleaned and weighted to the appropriate demographic balance of the state. While this survey is not generalizable to the entire state, it does allow for important insights into a balanced sample of adults in Pennsylvania. Information about Dynata’s recruitment and compensation methods can be found [here](#). 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 1,444 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percentage
Gender		
Woman	827	57%
Man	593	41%
Transwoman	2	<1%
Transman	4	<1%
Genderqueer/Nonbinary	8	1%
Insurance Type		
Health insurance through employer or family member’s employer	482	33%
Health insurance I buy on my own	128	9%
Medicare, coverage for seniors and those with serious disabilities	461	32%
Medicaid, coverage for low-income earners	271	19%
TRICARE/Military Health System coverage	10	1%
Department of Veterans Affairs (VA) Health Care	6	<1%
No coverage of any type	52	4%
I don’t know	34	2%
Race		
American Indian or Native Alaskan	20	1%
Asian	37	3%
Black or African American	153	11%
Native Hawaiian or Other Pacific Islander	3	<1%
White	1237	86%
Prefer Not to Answer	19	1%
Two or More Races	35	2%
Ethnicity		
Hispanic or Latino	123	9%
Non-Hispanic or Latino	1,321	91%
Age		
18-24	206	14%
25-34	218	15%
35-44	217	15%
45-54	244	17%
55-64	296	21%
65+	254	18%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	232	16%
\$20K-\$29K	150	10%
\$30K-\$39K	181	13%
\$40K-\$49K	145	10%
\$50K-\$59K	151	10%
\$60K-\$74K	141	10%
\$75K-\$99K	175	12%
\$100K-\$149K	176	12%
\$150K+	93	6%
Self-Reported Health Status		
Excellent	149	10%
Very Good	415	29%
Good	555	38%
Fair	263	18%
Poor	62	4%
Disability		
Mobility: Serious difficulty walking or climbing stairs	258	18%
Cognition: Serious difficulty concentrating, remembering or making decisions	159	11%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	115	8%
Hearing: Deafness or serious difficulty hearing	91	6%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	78	5%
Self-Care: Difficulty dressing or bathing	58	4%
No disability or long-term health condition	961	67%
Party Affiliation		
Republican	490	34%
Democrat	564	39%
Neither	390	27%

Source: 2023 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available [here](#). Altarum does not conduct statistical calculations on the significance of differences between groups in findings. Therefore, determinations that one group experienced a significantly different affordability burden than another should not be inferred. Rather, comparisons are for conversational purposes. The groups selected for this brief were selected by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates under N=100 and a co-efficient of variance more than 0.30.