



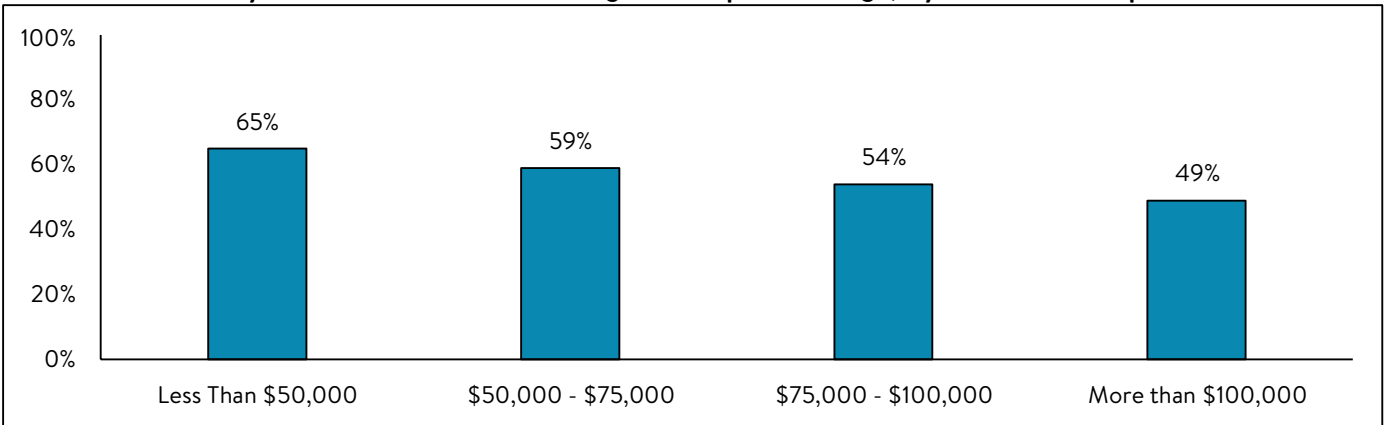
DATA BRIEF | DECEMBER 2023

## North Carolina Survey Respondents Worried about High Drug Costs; Support a Range of Government Solutions

According to a survey of more than 1,400 North Carolina adults, conducted from October 18 to October 23, 2023, respondents are concerned about prescription drug costs and express a strong desire for policymakers to enact solutions.

More than half (**58%**) of survey respondents reported being somewhat or very worried about affording the cost of prescription drugs. Worry varied substantially by income group, with respondents in households making less than \$50,000 per year<sup>1</sup> experiencing the most worry (see Figure 1). However, it is important to note that households at all income levels reported high levels of worry.

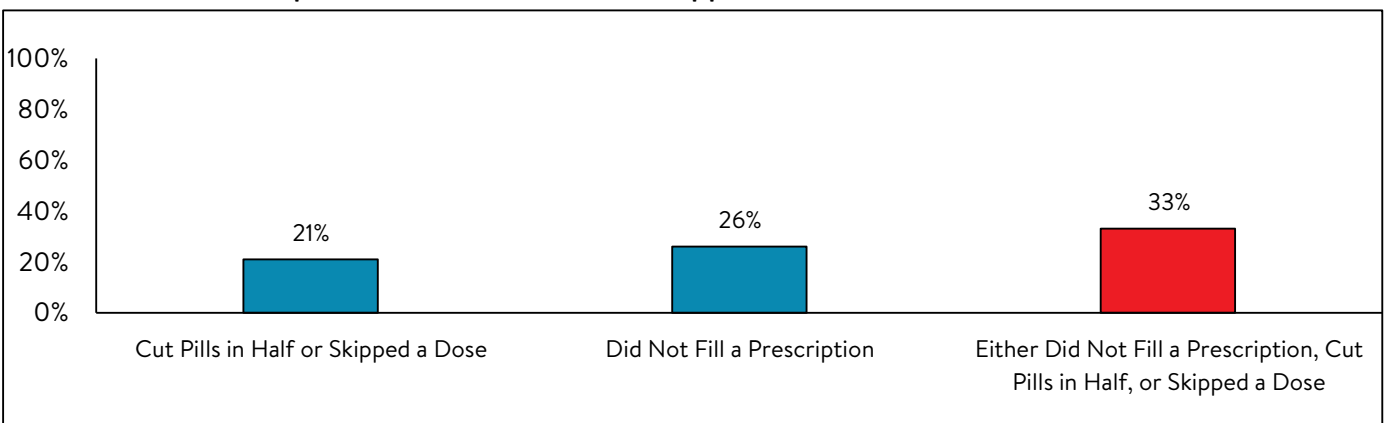
**Figure 1**  
Somewhat or Very Worried About Affording Prescription Drugs, by Income Group



2023 Poll of North Carolina 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 North Carolina respondents have skipped, delayed, or avoided care altogether in the prior 12 months due to the cost. 1 in 3 respondents (**33%**) reported rationing medication by either not filling a prescription, cutting pills in half, or skipping a dose of medicine in the last year due to cost (see Figure 2).

**Figure 2**  
Did Not Fill a Prescription, Cut Pills in Half, or Skipped a Dose Due to Concerns About Cost



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**Table 1**

North Carolina Respondents with Prescription Drug Affordability Issues, By Income Group, Geographic Setting, Race, Ethnicity, Insurance Type, and Disability Status

	Cut Pills in Half or Skipped Dose	Did Not Fill a Prescription	Did Not Fill a Prescription, Cut Pills in Half, or Skipped Dose
<b>Income Group</b>			
Less than \$50,000	28%	33%	41%
\$50,000 - \$75,000	24%	28%	35%
\$75,000 - \$100,000	18%	22%	31%
More than \$100,000	11%	15%	20%
<b>Geographic Setting*</b>			
Black Belt	20%	20%	30%
Rural	25%	27%	34%
Non-Rural	21%	27%	33%
<b>Race/Ethnicity</b>			
BIPOC**	24%	28%	37%
Black/African American	23%	28%	36%
Hispanic/Latino, any race	27%	28%	39%
White Alone, Non-Hispanic/Latino	20%	24%	30%
<b>Insurance Type</b>			
Health insurance through my employer or a family member's employer	16%	24%	29%
Health insurance that I buy on my own (not through an employer)	27%	27%	35%
Medicare, coverage for seniors and those with serious disabilities	15%	15%	21%
North Carolina Medicaid, coverage for low-income people	40%	44%	55%
<b>Disability Status***</b>			
Household does not include a person with at least one disability	16%	21%	27%
Household includes a person with at least one disability	36%	36%	48%

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

\*See Appendix.

\*\*The BIPOC category includes respondents who are: Black or African American, American Indian or Native Alaskan, Asian, Native Hawaiian or Other Pacific Islander, or Hispanic/Latino. The quantity of responses for individual groups not shown above were insufficient 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 North Carolina.

\*\*\*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. 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 than respondents living in higher-income households. However, these hardships are alarmingly prevalent in middle-income households as well.

Respondents with North Carolina Medicaid coverage reported the highest rates of rationing medication compared to other insurance types, followed by those with private insurance. 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 (see Table 1).

Considering these prescription drug cost concerns—as well as concerns about high healthcare costs generally<sup>2</sup>—it is not surprising that North Carolina respondents were generally dissatisfied with the health system:

- Just **30%** agreed or strongly agreed that “*we have a great healthcare system in the U.S.*,”
- While **75%** agreed or strongly agreed that “*the system needs to change.*”

North Carolina respondents see a role for themselves in addressing prescription drug affordability. When asked about specific actions they could take:

- **59%** of respondents reported researching the cost of a drug beforehand, and
- **80%** said they would be willing to switch from a brand name to an equivalent generic drug if given the chance.

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

- **77%**—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, North Carolina 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
- **91%**—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- **90%**—Set standard prices for drugs to make them affordable
- **90%**—Create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs
- **89%**—Prohibit drug companies from charging more in the U.S. than abroad

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

## CONCLUSION

The high burden of healthcare 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. 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 progress is being made.

## Notes

1. Median household income in North Carolina was \$60,516 (2017-2021). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts](#)
2. For more detailed information about healthcare affordability burdens facing North Carolina respondents, please see Healthcare Value Hub, *North Carolina Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support Government Action across Party Lines*, Data Brief (December 2023).

**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 healthcare costs: Drug companies charging too much money</i>	77%	72%	81%	79%
The government should cap out-of-pocket costs for life-saving medications, such as insulin	92%	93%	92%	92%
The government should require drug companies to provide advanced notice of price increases and information to justify those increases	92%	92%	94%	90%
The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes	91%	92%	93%	90%
The government should set standard prices for drugs to make them affordable	90%	87%	93%	88%
The government should create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs	90%	88%	93%	88%

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

### ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from the 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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**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.

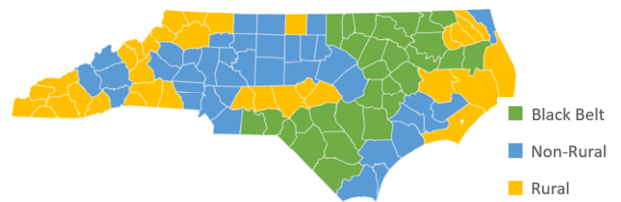
This survey, conducted from October 18 to October 23, 2023, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,500 respondents who live in North Carolina. Information about Dynata’s recruitment and compensation methods can be found [here](#). 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 1,455 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	Demographic Characteristic	Frequency	Percentage
<b>Gender</b>			<b>Household Income</b>		
Woman	889	61%	Under \$20K	274	19%
Man	530	36%	\$20K - \$29K	163	11%
Transwoman	2	<1%	\$30K - \$39K	189	13%
Transman	8	1%	\$40K - \$49K	144	10%
Genderqueer/Nonbinary	9	1%	\$50K - \$59K	175	12%
<b>Insurance Type</b>			\$60K - \$74K	125	9%
Health insurance through employer or family member’s employer	492	34%	\$75K - \$99K	172	12%
Health insurance I buy on my own	157	11%	\$100K - \$149K	139	10%
Medicare, coverage for seniors and those with serious disabilities	348	24%	\$150K+	74	5%
Medicaid, coverage for low-income earners	232	16%	<b>Self-Reported Health Status</b>		
TRICARE/Military Health System coverage	34	2%	Excellent	154	11%
Department of Veterans Affairs (VA) Healthcare	28	2%	Very Good	437	30%
No coverage of any type	126	9%	Good	547	38%
I don’t know	38	3%	Fair	251	17%
<b>Race</b>			Poor	66	5%
American Indian or Native Alaskan	54	4%	<b>Disability</b>		
Asian	23	2%	Mobility: Serious difficulty walking or climbing stairs	261	18%
Black or African American	303	21%	Cognition: Serious difficulty concentrating, remembering or making decisions	142	10%
Native Hawaiian or Other Pacific Islander	7	<1%	Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	112	8%
White	1,063	73%	Hearing: Deafness or serious difficulty hearing	96	7%
Prefer Not to Answer	30	2%	Vision: Blindness or serious difficulty seeing, even when wearing glasses	89	6%
Two or More Races	38	3%	Self-Care: Difficulty dressing or bathing	70	5%
<b>Ethnicity</b>			No disability or long-term health condition	992	68%
Hispanic or Latino	119	8%	<b>Party Affiliation</b>		
Non-Hispanic or Latino	1,336	92%	Republican	446	31%
<b>Age</b>			Democrat	443	30%
18-24	264	18%	Neither	566	39%
25-34	273	19%	Source: 2023 Poll of North Carolina Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey		
35-44	238	16%			
45-54	249	17%			
55-64	227	16%			
65+	194	13%			

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.

APPENDIX

North Carolina was divided into three regions—Black Belt, Non-Rural, and Rural—by the following counties:



Black Belt Region	Non-Rural Region	Rural Region
Anson County, North Carolina	Alamance County, North Carolina	Alleghany County, North Carolina
Bertie County, North Carolina	Alexander County, North Carolina	Ashe County, North Carolina
Bladen County, North Carolina	Brunswick County, North Carolina	Avery County, North Carolina
Columbus County, North Carolina	Buncombe County, North Carolina	Beaufort County, North Carolina
Cumberland County, North Carolina	Burke County, North Carolina	Camden County, North Carolina
Duplin County, North Carolina	Cabarrus County, North Carolina	Carteret County, North Carolina
Edgecombe County, North Carolina	Caldwell County, North Carolina	Caswell County, North Carolina
Franklin County, North Carolina	Catawba County, North Carolina	Cherokee County, North Carolina
Gates County, North Carolina	Chatham County, North Carolina	Chowan County, North Carolina
Granville County, North Carolina	Craven County, North Carolina	Clay County, North Carolina
Greene County, North Carolina	Currituck County, North Carolina	Cleveland County, North Carolina
Halifax County, North Carolina	Davidson County, North Carolina	Dare County, North Carolina
Hertford County, North Carolina	Davie County, North Carolina	Graham County, North Carolina

<b>Black Belt Region</b>	<b>Non-Rural Region</b>	<b>Rural Region</b>
Hoke County, North Carolina	Durham County, North Carolina	Harnett County, North Carolina
Lenoir County, North Carolina	Forsyth County, North Carolina	Hyde County, North Carolina
Martin County, North Carolina	Gaston County, North Carolina	Jackson County, North Carolina
Nash County, North Carolina	Guilford County, North Carolina	Lee County, North Carolina
Northampton County, North Carolina	Haywood County, North Carolina	McDowell County, North Carolina
Pitt County, North Carolina	Henderson County, North Carolina	Macon County, North Carolina
Richmond County, North Carolina	Iredell County, North Carolina	Mitchell County, North Carolina
Robeson County, North Carolina	Johnston County, North Carolina	Montgomery County, North Carolina
Sampson County, North Carolina	Jones County, North Carolina	Moore County, North Carolina
Scotland County, North Carolina	Lincoln County, North Carolina	Pasquotank County, North Carolina
Tyrrell County, North Carolina	Madison County, North Carolina	Perquimans County, North Carolina
Vance County, North Carolina	Mecklenburg County, North Carolina	Polk County, North Carolina
Warren County, North Carolina	New Hanover County, North Carolina	Rutherford County, North Carolina
Washington County, North Carolina	Onslow County, North Carolina	Stanly County, North Carolina
Wayne County, North Carolina	Orange County, North Carolina	Surry County, North Carolina
Wilson County, North Carolina	Pamlico County, North Carolina	Swain County, North Carolina

Black Belt Region	Non-Rural Region	Rural Region
	Pender County, North Carolina	Transylvania County, North Carolina
	Person County, North Carolina	Watauga County, North Carolina
	Randolph County, North Carolina	Wilkes County, North Carolina
	Rockingham County, North Carolina	Yancey County, North Carolina
	Rowan County, North Carolina	
	Stokes County, North Carolina	
	Union County, North Carolina	
	Wake County, North Carolina	
	Yadkin County, North Carolina	