



DATA BRIEF NO. 147 | JANUARY 2023

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

According to a survey of 1,249 Indiana adults, conducted from October 6 to October 11, 2022, respondents are concerned about prescription drug costs and express a strong desire for policymakers to enact solutions. In fact, 72% of Indiana respondents agreed or strongly agreed that the health system needs to change.¹

More than half (55%) 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 \$75,000 per year² experiencing the most worry (see Figure 1). However, it is important to note that a large percentage of households making above \$75,000 per year also reported worrying about affording prescription drugs.

Figure 1

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

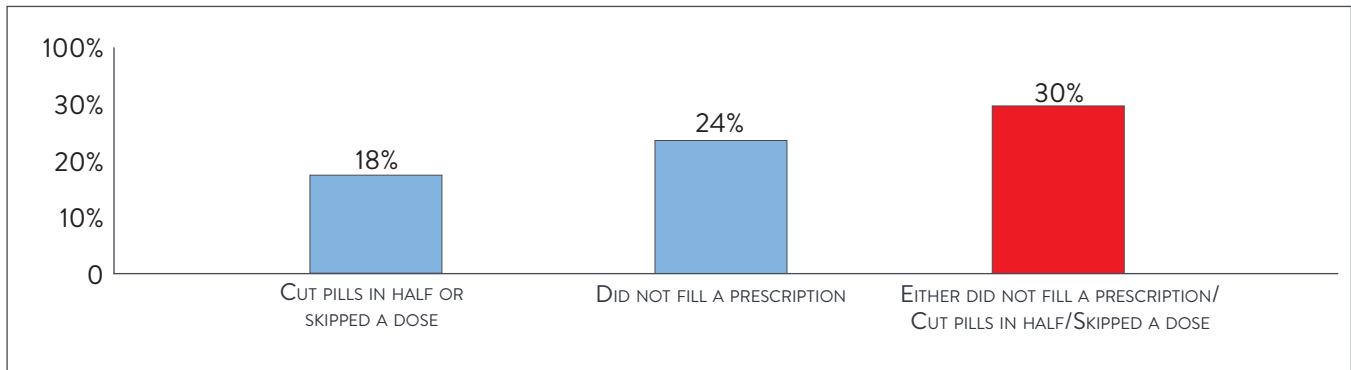


Source: 2022 Poll of Indiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Many Indiana residents report being worried about prescription drug affordability both now and in the future. Indeed, nearly 1 in 3 Indiana respondents (30%) 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



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

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.

Table 1

Indiana Respondents with Drug Affordability Issues, By Income Group, Geographic Setting, Insurance Type and Disability Status

	CUT PILLS IN HALF OR SKIPPED DOSE	DID NOT FILL A PRESCRIPTION	EITHER DID NOT FILL A PRESCRIPTION, CUT PILLS IN HALF, OR SKIPPED DOSE
INCOME GROUP			
LESS THAN \$50,000	23%	27%	36%
\$50,000 - \$75,000	16%	28%	34%
\$75,000 - \$100,000	13%	18%	21%
MORE THAN \$100,000	15%	17%	22%
GEOGRAPHIC SETTING			
NON-RURAL	19%	25%	32%
RURAL	17%	23%	29%
INSURANCE TYPE			
PRIVATE INSURANCE THROUGH EMPLOYER OR A FAMILY MEMBER'S EMPLOYER OR PURCHASED THROUGH THE MARKETPLACE	16%	24%	28%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	13%	17%	22%
INDIANA MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	30%	33%	44%
DISABILITY STATUS			
HOUSEHOLD DOES NOT INCLUDE A MEMBER WITH AT LEAST ONE DISABILITY	14%	21%	25%
HOUSEHOLD INCLUDES A MEMBER WITH AT LEAST ONE DISABILITY	27%	30%	40%

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

These hardships are also alarmingly prevalent among respondents living in households with a person with a disability. These respondents reported notably higher rates of rationing medication due to cost in the past 12 months compared to respondents without a disabled household member.

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

- Just **28%** out of 1,218 respondents agreed or strongly agreed that “*we have a great healthcare system in the U.S.*,”
- While **72%** out of 1,213 respondents 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:

- **75%**—Drug companies charging too much money
- **72%**—Hospitals charging too much money
- **69%**—Insurance companies charging too much money

When it comes to tackling high drug costs, Indiana respondents endorsed several prescription drug-related strategies:

- **92%**—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
- **91%**—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- **89%**—Set standard prices for drugs to make them affordable
- **89%**—Prohibit drug companies from charging more in the U.S. than abroad
- **87%**—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 respondent’s political affiliation (see Table 2).

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

- **80%**—would switch from a brand name to an equivalent generic drug if given a chance
- **54%**—have tried to find out the cost of a drug beforehand

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 progress is being made.

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
THE GOVERNMENT SHOULD REQUIRE DRUG COMPANIES TO PROVIDE ADVANCED NOTICE OF PRICE INCREASES AND INFORMATION TO JUSTIFY THOSE INCREASES.	92%	90%	95%	91%
THE GOVERNMENT SHOULD CAP OUT-OF-POCKET COSTS FOR LIFE-SAVING MEDICATIONS, SUCH AS INSULIN	91%	89%	93%	91%
THE GOVERNMENT SHOULD AUTHORIZE THE ATTORNEY GENERAL TO TAKE LEGAL ACTION TO PREVENT PRICE GOUGING OR UNFAIR PRESCRIPTION DRUG PRICE HIKES	91%	88%	95%	91%
THE GOVERNMENT SHOULD SET STANDARD PRICES FOR DRUGS TO MAKE THEM AFFORDABLE	89%	88%	94%	88%
THE GOVERNMENT SHOULD PROHIBIT DRUG COMPANIES FROM CHARGING MORE IN U.S. THAN ABROAD	89%	88%	91%	89%
THE GOVERNMENT SHOULD CREATE A PRESCRIPTION DRUG AFFORDABILITY BOARD TO EXAMINE THE EVIDENCE AND ESTABLISH ACCEPTABLE COSTS FOR DRUGS	87%	82%	94%	88%

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

Notes

1. Percentages included in this brief are out of total number of respondents (N = 1,249) unless stated otherwise.
2. Median household income in Indiana was \$58,235 (2016-2020). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: Indiana](#)
3. For more detailed information about healthcare affordability burdens facing Nevada respondents, please see Healthcare Value Hub, *Indiana Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support Government Action across Party Lines*, Data Brief No. 146 (January 2023).



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 possible policy solutions.

This survey, conducted from October 6 to October 11, 2022, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,335 respondents who live in Indiana. 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 1,249 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
GENDER		
WOMAN	725	58%
MAN	492	39%
TRANSWOMAN	3	<1%
TRANSMAN	10	1%
GENDERQUEER/NONBINARY	15	1%
INSURANCE STATUS		
HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER'S EMPLOYER	434	35%
HEALTH INSURANCE I BUY ON MY OWN	90	7%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	303	24%
MEDICAID, COVERAGE FOR LOW INCOME EARNERS	299	24%
TRICARE/MILITARY HEALTH SYSTEM*	14	1%
DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE*	19	2%
NO COVERAGE OF ANY TYPE*	60	5%
I DON'T KNOW	30	2%
RACE/ETHNICITY		
AMERICAN INDIAN OR NATIVE ALASKAN	40	3%
ASIAN	23	2%
BLACK OR AFRICAN AMERICAN	128	10%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	4	<1%
WHITE	1,057	85%
PREFER NOT TO ANSWER	16	1%
TWO OR MORE RACES	35	3%
HISPANIC OR LATINX - YES	95	8%
HISPANIC OR LATINX - NO	1,154	92%
AGE		
18-24	237	19%
25-34	242	20%
35-44	209	17%
45-54	186	15%
55-64	209	17%
65+	152	12%

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
HOUSEHOLD INCOME		
Under \$20K	218	17%
\$20K - \$30K	167	13%
\$30K - \$40K	157	13%
\$40K - \$50K	134	11%
\$50K - \$60K	123	10%
\$60K - \$75K	115	9%
\$75K - \$100K	147	12%
\$100K - \$150K	127	10%
\$150K+	61	5%
SELF-REPORTED HEALTH STATUS		
EXCELLENT	149	12%
VERY GOOD	336	27%
GOOD	473	38%
FAIR	219	18%
POOR	72	6%
DISABILITY		
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	249	20%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	129	10%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR'S OFFICE	106	8%
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	93	7%
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	65	5%
SELF-CARE: DIFFICULTY DRESSING OR BATHING	80	6%
NO DISABILITY OR LONG-TERM HEALTH CONDITION	811	65%
PARTY AFFILIATION		
REPUBLICAN	432	35%
DEMOCRAT	330	26%
NEITHER	487	39%

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

* The sample size for uninsured respondents and those who received coverage through TRICARE and/or the VA was not large enough to report reliable estimates. We regret that we were not able to provide reliable estimates for each group to better represent the diverse communities of Indiana.

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.