



DATA BRIEF | OCTOBER 2023

Pennsylvania Survey Respondents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action Across Party Lines

KEY FINDINGS

An online survey of more than 1,400 Pennsylvania respondents, weighted to be demographically balanced to the state was conducted from July 11 to July 24, 2023, and found that:

- Nearly 3 in 5 (57%) experienced at least one health care affordability burden in the last year;
- Over 4 in 5 (83%) worry about affording health care in the future;
- Over half (51%) of all respondents delayed or went without health care in the last year;
- Respondents living in rural counties reported higher rates of going without care due to cost and rationing medication compared to respondents living in urban counties. Still, nearly half of those living in urban areas went without care due to cost;
- Nearly 1 in 4 (24% of) respondents said that they or a family member had medical bills overdue, and one-third (33%) incurred medical debt, depleted savings, and/or sacrificed basic needs due to medical bills, with low- and middle-income respondents and those with disabilities most frequently reporting these issues;
- Across party lines, respondents express strong support for government action, and multiple government policies had support from at least 90% of respondents.

A RANGE OF HEALTH CARE AFFORDABILITY BURDENS

Like many Americans, Pennsylvania adults experience hardship due to high health care costs. Overall, over half (57%) of respondents experienced one or more of the following health care affordability burdens in the prior 12 months:

1) BEING UNINSURED DUE TO HIGH COSTS

Nearly 4 in 10 (39% of) uninsured respondents cited coverage being “too expensive” as the major reason for not having coverage, far exceeding other reasons like “don’t need it” and “don’t know how to get it.”

2) DELAYING OR GOING WITHOUT HEALTH CARE DUE TO COST

Over half (51%) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- 31%—Skipped needed dental care
- 29%—Delayed going to the doctor or having a procedure done
- 26%—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- 25%—Avoided going to the doctor or having a procedure done altogether
- 24%—Skipped a recommended medical test or treatment

- **22%**—Skipped needed vision services
- **17%**—Had problems getting mental health care or addiction treatment
- **11%**—Skipped needed hearing services
- **10%**—Skipped or delayed getting a medical assistive device

Moreover, out of those who experienced a barrier to accessing care, respondents most frequently cited cost as the reason for them or their family members not getting care in the last year (**39%**) followed by not being able to get an appointment (**37%**), exceeding a host of other barriers like getting time off work (**21%**), transportation barriers (**19%**), and lack of childcare (**8%**).

3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but struggled to pay the resulting bill. Overall, nearly 1 in 4 (**24%** of) respondents said that they or a family member have medical bills overdue, and one-third (**33%**) of respondents reported experiencing one or more of these struggles to pay their medical bills:

- **15%**—Were contacted by a collection agency
- **11%**—Used up all or most of their savings
- **11%**—Were unable to pay for basic necessities like food, heat or housing
- **9%**—Racked up large amounts of credit card debt
- **8%**—Borrowed money, got a loan or another mortgage on their home
- **7%**—Were placed on a long-term payment plan

Of the various types of medical bills, the ones most frequently associated with an affordability barrier were doctor bills, dental bills, and prescription drugs. The high prevalence of affordability burdens for these services likely reflects the frequency with which Pennsylvania respondents seek these services. In addition, trouble paying for dental bills likely reflects lower rates of coverage for these services (**27%** said they were partially or completely without dental coverage in the past year).

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTH CARE IN THE FUTURE

Pennsylvania respondents also exhibit high levels of worry about affording health care in the future. Over four in five (**83%**) reported being “worried” or “very worried” about affording some aspect of health care in the future, including:

- **68%**—Cost of nursing home or home care services
- **64%**—Medical costs when elderly
- **62%**—Health insurance will become unaffordable
- **61%**—Medical costs in the event of a serious illness or accident
- **55%**—Prescription drugs will become unaffordable
- **53%**—Cost of dental care
- **48%**—Cost of needed vision services
- **47%**—Cost of needed hearing services

While two of the most common worries—affording the cost of nursing home or home care services and medical costs when elderly—are applicable predominantly to an older population, they were most frequently reported by respondents ages 25-54. This finding suggests that Pennsylvania respondents may be worried about affording the cost of care for both aging relatives and themselves.

Worry about affording health care was highest among respondents living in low- and middle-income households, among those living in households with a person with a disability, and those living in Northwest Pennsylvania (see Table 1). Overall, **86%** of respondents with household incomes less than \$50,000 a year reported worrying about affording some aspect of coverage or care in the past year, as did **90%** of those earning \$50,000 to \$75,000 per year.² Still, most Pennsylvania respondents of all incomes, races, ethnicities, geographic setting, and levels of ability were somewhat or very concerned.

Table 1
Percent Worried or Very Worried, by Income Group, Geographic Setting, Rural vs. Urban, Race/Ethnicity, and Disability

	Any Health Care Affordability Worry
Income	
Less than \$50,000	86%
\$50,000 - \$75,000	90%
\$75,000 - \$100,000	80%
More than \$100,000	76%
Geographic Setting*	
Northeast and North Central PA	80%
Northwest PA	88%
South Central PA and the Lehigh Valley	84%
Southeast PA	81%
Southwest PA	82%
Rural or Urban	
Rural	84%
Urban	82%
Race/Ethnicity**	
Black/African American	82%
Hispanic/Latino, any race	82%
White Alone, Non-Hispanic/Latino	82%
Disability***	
Household does not include a person with at least one disability	81%
Household includes a person with at least one disability	87%

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.

Concern that health *insurance* will become unaffordable is also more prevalent among certain groups of Pennsylvania respondents. Respondents with household incomes below \$50,000 per year reported the highest rates of worry about losing coverage, while those earning \$50,000 to \$75,000 reported the highest rates of worry about not being able to afford coverage in the future (see Table 2). Respondents living in households with a person with a disability reported higher rates of being concerned about losing health insurance than those living in a household without a person with a disability. Respondents living in

Northwest PA and South Central PA and the Lehigh Valley reported the highest rate of worry about affording insurance in the future compared to residents in other geographic areas.

Concerns about affording coverage exceeded fears about losing coverage across all income groups, disability statuses, geographic settings, and race/ethnicity groups.

Table 2

Worry about Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income, Geographic Setting, Rural vs. Urban, Race/Ethnicity, and Disability

	Worry about Losing Health Insurance	Worry about Health Insurance Becoming Unaffordable
Income		
Less than \$50,000	39%	65%
\$50,000 - \$75,000	33%	71%
\$75,001 - \$100,000	28%	64%
More than \$100,000	22%	53%
Geographic Setting		
Northeast and North Central PA	31%	61%
Northwest PA	34%	66%
South Central PA and the Lehigh Valley	32%	66%
Southeast PA	30%	60%
Southwest PA	32%	59%
Rural or Urban		
Rural	32%	63%
Urban	31%	62%
Race/Ethnicity		
Black/African American	42%	62%
Hispanic/Latino, any race	46%	61%
White Alone, Non-Hispanic/Latino	28%	61%
Disability		
Household does not include a person with a disability	25%	59%
Household includes a person with a disability	46%	68%

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

DIFFERENCES IN HEALTH CARE AFFORDABILITY BURDENS

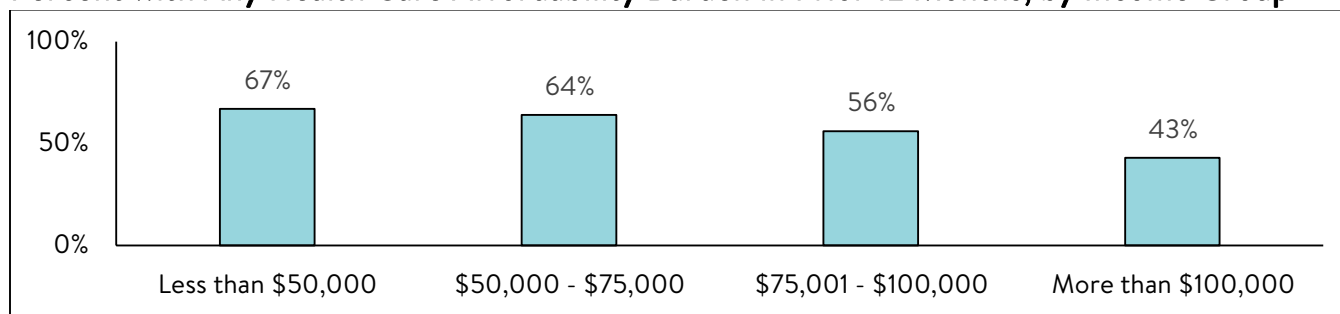
The survey also revealed differences in how Pennsylvania respondents experience health care affordability burdens by income, geographic setting, race/ethnicity, and disability.

INCOME

Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more health care affordability burdens, with roughly two-thirds (**67%**) of those earning less than \$50,000 per year reporting struggling to afford some aspect of coverage or care in the past 12 months, as did **64%** of those earning \$50,000 - \$75,000 (see Figure 1). This may be due, in part, to respondents in this income group reporting higher rates of going without care and rationing their medication due to cost (see Figure 2).

Figure 1

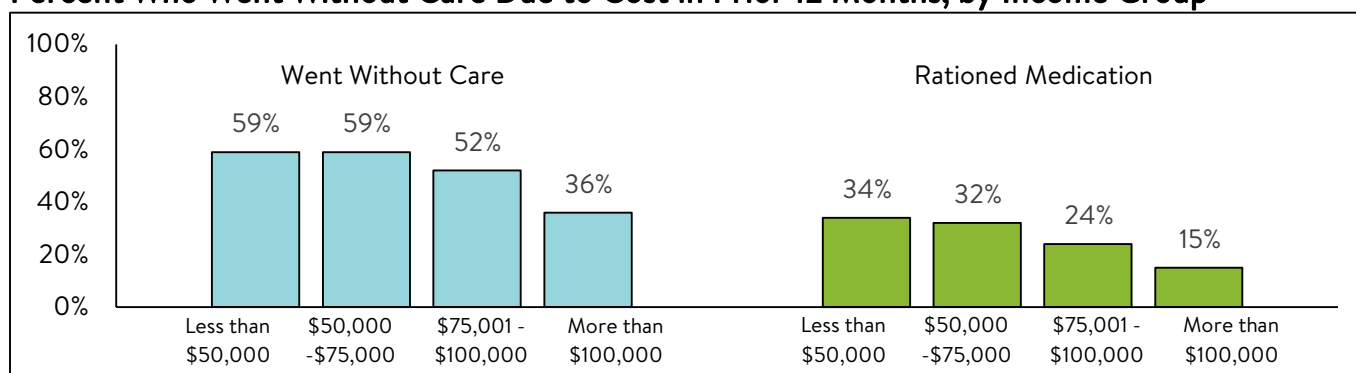
Percent with Any Health Care Affordability Burden in Prior 12 Months, by Income Group



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

Figure 2

Percent Who Went Without Care Due to Cost in Prior 12 Months, by Income Group



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

DISABILITY

Respondents living in households with a person with a disability reported the highest rates of going without care and rationing medication due to cost in the past 12 months. Seven in ten (70% of) respondents in this group reported going without some form of care and 41% reported rationing medication, compared to 43% and 20% of respondents living in households without a person with a disability, respectively (see Table 4). Respondents living in households with a person with a disability also more frequently reported delaying or skipping getting mental health care, addiction treatment, and dental care, than those in households without a person with a disability due to cost concerns (see Table 3).

Those with disabilities also face health care affordability burdens unique to their disabilities—22% of respondents with a disabled household member reported delaying getting a medical assistive device such as a wheelchair, cane/walker, hearing aid, or prosthetic limb due to cost. Just 5% of respondents without a person with a disability in their household (who may have needed such tools temporarily or may not identify as having a disability) reported this experience.

GEOGRAPHIC AREA AND RURAL VS. URBAN

Respondents living in rural counties reported higher rates of going without care due to cost and rationing medication compared to respondents living in urban counties. Overall, 57% of those in rural areas went without care due to cost compared to 48% of those living in urban areas (see Table 4). Further analysis found that rationing medication due to cost was most frequently reported among respondents in Northwest and North Central PA, Northwest PA, and Southwest PA.

Table 3**Percent Who Went Without Select Types of Care Due to Cost, by Disability**

	Household Does Not Include a Person with at Least One Disability	Household Includes a Person with at Least One Disability
Avoided going altogether to the doctor or having a procedure done	20%	37%
Problems getting mental health care	10%	24%
Problems getting addiction treatment	3%	12%
Skipped needed dental care	26%	43%
Skipped or delayed getting a medical assistive device	5%	22%
Skipped needed vision services	17%	34%

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

RACE AND ETHNICITY

Overall, fifty-three percent of Black or African American respondents and **76%** of Hispanic/Latino respondents reported going without care due to cost in the past twelve months compared to **49%** of white alone, non-Hispanic/Latino respondents (see Table 4). Further analysis showed that Black or African American and Hispanic/Latino respondents reported higher rates of challenges receiving mental health care and skipping needed dental care compared to White alone, non-Hispanic/Latino respondents, and Hispanic/Latino respondents had the highest rates of going without care across multiple care types compared to other groups.

Table 4**Percent Who Went Without Care Due to Cost in Prior 12 Months, by Geographic Setting, Rural vs. Urban, Race/Ethnicity, and Disability**

	Went Without Care Due to Cost	Either Did Not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Cost Concerns
Geographic Setting		
Northeast and North Central PA	53%	32%
Northwest PA	54%	30%
South Central PA and the Lehigh Valley	55%	25%
Southeast PA	42%	21%
Southwest PA	56%	29%
Rural or Urban		
Rural	57%	31%
Urban	48%	24%
Race/Ethnicity		
Black/African American	53%	30%
Hispanic/Latino, any race	76%	46%
White Alone, Non-Hispanic/Latino	49%	24%
Disability		
Household does not include a person with at least one disability	43%	20%
Household includes a person with at least one disability	70%	41%

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

INSURANCE TYPE

Survey respondents also had the opportunity to share their own stories about going without care due to cost in the past year. Notably, respondents with both private insurance and Medicaid coverage reported challenges affording care (see Table 5).

Table 5

Select Responses to the Open-Text Question, “Over the last 12 months, please describe a time that you did not get a health care service due to cost.”

RESPONDENTS WITH MEDICAID	RESPONDENTS WITH EMPLOYER-SPONSORED INSURANCE
<p>“I have no teeth...my husband also does not have dentures and has no teeth and we both eat like this—we cannot afford dentures our insurance doesn’t cover dental. I need glasses, my insurance doesn’t cover vision therefore I have trouble reading and seeing when I drive. My teenage son needs to see a therapist for his depression, our insurance does not cover it, I can’t afford to pay for a psychologist out of pocket. My husband needs a voice prosthesis, his [doctor] won’t do it, we were seeking a second opinion but cannot afford the visit for a second opinion.”</p> <p>“Haven’t been to the rheumatologist because neither of the two in the county take my insurance. Therefore, all specialist bills come out of my nonworking pocket.”</p> <p>“I had four surgeries on my ankle removing the bone, Achilles tendon and rotten flesh. I am in need of more surgeries to fuse the ankle because at this point I have bone directly grinding away bone. It’s not even possible for me to afford a check-up [let alone] the surgeries, plastic surgery and physical therapy it would take just to return a fraction of my mobility and independence.”</p> <p>“Have not been able to see a mental health provider due to lack of insurance acceptance and high out of pocket cost.”</p> <p>“I could not get [a] new prescription for eyeglasses because insurance only covers a small amount and I couldn’t afford the rest of the bill.”</p> <p>“I needed to get a crown placed on a broken tooth but insurance wouldn’t cover it.”</p> <p>“I have poor teeth with several broken or missing and visible decay. [I cannot] find affordable care for the level of damage that exists from the lack of dental insurance and care for several years.”</p>	<p>“I am a type one diabetic...my kidneys are failing due to being uncontrolled. I take less of my medicine to make it last longer. I have nothing so what is the point now at this age.”</p> <p>“My leg was red and swollen and my daughter wanted me to go to the ER but I refused because I was afraid they would admit me and I can’t afford the deductible.”</p> <p>“I went my whole life not getting hearing aids because I could not afford them.”</p> <p>“I stopped going to my physical therapy and chiropractic services postpartum for pelvic issues because it was too expensive.”</p> <p>“[My brother has schizophrenia and] he cannot get his medical treatment cost.”</p> <p>“My husband has refused to go for his colonoscopy seeing how much mine cost us out of pocket.”</p> <p>“I have cataracts and my insurance will not cover to get it fixed.”</p> <p>“I haven’t got my new prescription glasses in 3 years due to not affording them. I have declined receiving a CPAP machine for my sleep apnea because I could not afford the payments.”</p> <p>“I have avoided getting new glasses since my vision plan is awful so I can’t drive at night because I can’t see.”</p> <p>“I have not gone to the dentist for my 4 broken teeth. I also haven’t seen an eye doctor yet and I know I need glasses...doctor bills from my cancer have really strained me and my money.”</p> <p>“Had tooth pulled instead of fixed because it was less expensive.”</p> <p>“I’ve put off a tooth extraction and root canal due to cost even with insurance.”</p>

Respondents with Medicare	Respondents with Insurance Purchased Independently
<p>“I need hearing aids but the cost is \$5,000 and not covered by insurance.”</p> <p>“I have narcolepsy. One of the medications for this is only available at a specialty pharmacy and is wildly expensive. Now that I am on Medicare, I don't get the same patient assistance I once got, so I had to stop getting the medicine because it is too expensive.”</p> <p>“I have not gotten a pulmonary prescription filled due to costs & I may have to [do] this with a diabetic drug.”</p> <p>“I currently am not scheduling an MRI due to cost, also delaying mammogram due to cost.”</p> <p>“My doctor wants me to get several tests...mammogram, CT scan, and I can't afford them all. For me, the CT scan is the most important, and I believe it's a \$200 copay. I'll have to tell them to bill me, then not pay the bill.”</p> <p>“I have bad teeth and gum issues. But no dental insurance except for regular exams and cleaning. Last time I was in pain and had teeth pulled, it cost over \$700 out of pocket. Although I know I need more treatment, I can't afford it right now.”</p> <p>“I have fourth stage periodontal disease, which can be reversed, but don't have the \$4,500 to have the work done and even the clinic wants to be paid upfront.”</p> <p>“I did not get any eye exam because Medicare does not pay for it.”</p>	<p>“I did not go see my [primary care provider] because my deductible is 20K, I have to pay all costs until my deductible is met.”</p> <p>“Given a referral for physical therapy but cannot afford to pay 25%out of pocket so I did not go.”</p> <p>“I was scheduled for a nuclear test for my heart and had to cancel because of the cost.”</p> <p>“Did not get labs drawn at recommended intervals due to several hundred dollars for out-of-pocket costs.”</p> <p>“I fell and twisted my ankle and went to urgent care. They did x-rays, saw something that they felt I should get checked by orthopedic doctor. I did not go because they could not definitively tell me there was an issue and the cost would be too high due to my poor health insurance if I needed surgery or another procedure. I am still having issues months later and have not gone.”</p> <p>“I have not gotten glasses in over a year because I cannot afford an appointment out-of-pocket.”</p> <p>“I need dental surgery I cannot afford. I have no back bottom teeth due to a bone condition.”</p> <p>“My dental is very limited to basic things like cleanings and getting fillings. It doesn't cover any of the things I really need like root canals and implants.”</p>
No Coverage	
<p>“Put off needed colonoscopy/endoscopy for family member because of cost. Also need dental, vision and hearing aids but cannot afford them.”</p> <p>“Due for a mammogram but cannot afford it or the cancer gene test done.”</p> <p>“Dental and vision are considered ‘cosmetic,’ and only come with the best health insurance plans. I haven't been to the dentist or the eye doctor in over 14 years, it's awful.”</p> <p>“I have ongoing dental and vision problems I would like addressed but have to put off due to cost. I have never been to a doctor as an adult due to the cost.”</p>	

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

ENCOUNTERING MEDICAL DEBT

The survey also showed differences in the prevalence of financial burdens due to medical bills, including going into medical debt, depleting savings, and being unable to pay for basic necessities (like food, heat, and housing) by income, race, ethnicity, disability status, and geographic setting. Forty-five percent of Black or African American respondents and **56%** of Hispanic/Latino respondents reported going into debt, depleting savings, or going without other needs due to medical bills, compared to **29%** of white alone, non-Hispanic/Latino respondents (see Table 6).

The rate of financial burden is even higher for respondents who have or live with a person with a disability, with over one-half (53%) reporting going into debt or going without other needs due to medical bills, compared to 24% of respondents without a disabled household member. Geographically, residents in Northwest and Southwest Pennsylvania reported higher rates of going into debt or going without other needs due to medical bills, although all geographic groups reported somewhat similar levels. In addition, respondents earning less than \$50,000 per year reported the highest rate of the above financial burdens due to medical bills (**40%**) compared to respondents with higher incomes.

Table 6
Percent who Incurred Debt, Depleted Savings or Sacrificed Basic Necessities Due to Medical Bills in Prior 12 Months, by Income, Geographic Setting, Rural vs. Urban, Race/Ethnicity, and Disability Status

	Incurred Medical Debt, Depleted Savings, and/or Sacrificed Basic Needs Due to Medical Bills
Income	
Less than \$50,000	40%
\$50,000 - \$75,000	35%
\$75,001 - \$100,000	33%
More than \$100,000	24%
Geographic Setting	
Northeast and North Central PA	33%
Northwest PA	36%
South Central PA and Lehigh Valley	32%
Southeast PA	31%
Southwest PA	35%
Rural or Urban	
Rural	35%
Urban	32%
Race/Ethnicity	
Black/African American	45%
Hispanic/Latino, any race	56%
White Alone, Non-Hispanic/Latino	29%
Disability Status	
Household does not include a member with at least one disability	24%
Household includes a member with at least one disability	53%

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

IMPACT AND WORRY RELATED TO HOSPITAL CONSOLIDATION*

In addition to the above health care affordability burdens, a small share of Pennsylvania respondents were negatively impacted by health system consolidation. In the past year, **12%** of all respondents reported that they or a family member were unable to access their preferred health care organization because of a merger that made their preferred organization out-of-network. Out of those who reported being unable to access their preferred health care provider due to a merger:

- **52%** skipped recommended follow-up visits due to a merger,
- **45%** delayed or avoided going to the doctor or having a procedure done because they could no longer access their preferred health care organization due to a merger,
- **24%** skipped filling a prescription medication due to a merger.

Out of those who reported that the merger caused an additional burden for them or their families, the top three most frequently reported issues were:

- **34%**—The merger created an added wait time when searching for a new provider
- **23%**—The merger created an added financial burden
- **15%**—The merger created a hard time finding a new provider they trust or respect

While a small portion of respondents reported being unable to access their preferred health care organization because of a merger, far more respondents (**58%**) reported somewhat, moderately or very worried about the impacts of mergers in their health care organizations. When asked about their largest concern respondents most frequently reported:

- **27%**—I'm concerned I will have fewer choices of where to receive care
- **27%**—I'm concerned my doctor may no longer be covered by my insurance
- **20%**—I'm concerned I will have to pay more to see my doctor
- **15%**—I'm concerned I will have to travel farther to see my doctor
- **12%**—I'm concerned I will have a lower quality of care

*Note: The sample size of respondents who said they were affected by a merger was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of Pennsylvania respondents' health care affordability burdens and concerns, it is not surprising that they are 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."*

To investigate further, the survey asked about both personal and governmental actions to address health system problems.

PERSONAL ACTIONS

Pennsylvania respondents see a role for themselves in addressing health care affordability. When asked about specific actions they could take or have taken:

- **54%** of respondents reported researching the cost of a prescription drug beforehand;
- **79%** said they would be willing to switch from a brand name to an equivalent generic drug;
- **39%** of respondents researched the cost of a primary care doctor visit ahead of time; and
- **34%** researched the cost of a medical test beforehand.

When asked to select the **top three** personal actions they felt would be most effective in addressing health care affordability (out of ten options), the most common responses were:

- **69%**—Take better care of my personal health
- **42%**—Research treatments myself before going to the doctor
- **30%**—Do more to compare doctors on cost and quality before getting services
- **25%**—Write to or call my state representative asking them to take action on high healthcare prices and lack of affordable coverage options
- **24%**—There is not anything I can do personally to make our health system better

GOVERNMENT ACTIONS

But far and away, Pennsylvania respondents see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing health care problems is one of the top priorities that respondents want their elected officials to work on.

At the beginning of the survey, respondents were asked the top 3 issues the government should address in the upcoming year. The top vote getters were:

- **51%**—Economy/Joblessness
- **48%**—Health care
- **38%**—Taxes
- **29%**—Environment
- **26%**—Affordable housing
- **17%**—Cost of higher education

When asked about the top three *health care* priorities the government should work on, the top vote getters were:

- **52%**—Address high health care costs, including prescription drugs
- **37%**—Get health insurance to those who cannot afford coverage
- **36%**—Improve Medicare, coverage for seniors and those with serious disabilities
- **32%**—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition

Of more than 20 options, Pennsylvania respondents believe the reason for high health care costs is unfair prices charged by powerful industry stakeholders:

- **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 costs, respondents endorsed a number of strategies, including:

- **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 prescription drugs to make them affordable
- **90%**—Set standard payments to hospitals for specific procedures
- **89%**—Create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs

- **89%**—Stop hospitals from engaging in anti-competitive practices, such as giving favorable pricing to a single insurer and preventing others from negotiating a lower price
- **84%**—Empower the Attorney General to stop the sale or purchase of hospitals or doctor practices, or monitor those sales for harmful effects to patients such as reduced access or increased prices

SUPPORT FOR GOVERNMENT ACTION ACROSS PARTY LINES

There is also remarkable support for change regardless of respondents' political affiliation (see Table 7). The high burden of health care 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 last several years have led state residents to take a hard look at how well 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 7
Percent Who Agreed/Strongly Agreed, by Political Affiliation

Selected Survey Statements/Questions	Total Percent of Respondents	Generally speaking, do you think of yourself as...		
		Republican	Democrat	Neither
The government should require drug companies to provide advance notice of price increases and information to justify those increases	92%	90%	95%	90%
The government should cap out-of-pocket costs for life-saving medications, such as insulin	92%	89%	94%	92%
The government should set standard prices for drugs to make them affordable	90%	89%	94%	88%
The government should set standard payments to hospitals for specific procedure	90%	88%	93%	89%
The government should stop hospitals from engaging in anti-competitive practices, such as giving favorable pricing to a single insurer and preventing others from negotiating a lower price	89%	87%	93%	87%
The government should create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs	89%	84%	94%	88%
The government should impose price controls on contracts between insurers and health care providers	87%	85%	90%	86%
The government should empower the Attorney General to stop the sale or purchase of hospitals or doctor practices, or monitor those sales for harmful effects to patients such as reduced access or increased prices	84%	80%	89%	82%

Selected Survey Statements/Questions	Total Percent of Respondents	Generally speaking, do you think of yourself as...		
		Republican	Democrat	Neither
The government should review proposals to buy or sell hospitals or doctor practices to determine if there are negative impacts to patients or healthcare prices	82%	81%	87%	77%
The government should set limits on health care spending growth and penalize payers or providers that fail to curb excessive spending growth	82%	80%	85%	80%

Notes

1. Twenty-one percent (21%) did not fill a prescription and 16% cut pills in half or skipped doses of medicine due to cost.
2. Median household income in Pennsylvania was \$67,587 (2017-2021). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau QuickFacts, <https://www.census.gov/quickfacts/fact/>.

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 Arnold Ventures, 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 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 July 11 to July 24, 2023, used a web panel from online survey company Dynata with a 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) Healthcare	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.