DATA BRIEF | JANUARY 2024

Minnesota 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

A survey of more than 1,400 Minnesota adults, conducted from October 31 to November 8, 2023, found that:

- Nearly 2 in 3 (**64%**) experienced at least one health care affordability burden in the past year;
- Over 4 in 5 (**83%**) worry about affording health care in the future;
- Over half (**56%**) of all respondents delayed or went without health care due to cost in the last twelve months;
- Respondents with disabilities had higher rates of going without care due to cost and incurring medical debt, depleting savings, and/or sacrificing basic needs due to medical bills; and
- Across party lines, respondents express strong support for government-led solutions.

A RANGE OF HEALTH CARE AFFORDABILITY BURDENS

Like many Americans, Minnesota adults experience hardship due to high health care costs. Overall, well over half (**64**) 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 half (**49%**) of uninsured respondents cited "too expensive" as the main reason for not having health insurance, far exceeding other reasons like "don't need it" and "don't know how to get it." In addition, **53%** of respondents without dental insurance cited cost as the main reason for not having coverage, and **40%** those without vision insurance cited cost as the main reason for not having coverage.

2) DELAYING OR GOING WITHOUT HEALTH CARE DUE TO COST

Over half (**56%**) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- **34%**—Skipped needed dental care
- **34%**—Delayed going to the doctor or having a procedure done
- **29%**—Avoided going to the doctor or having a procedure done altogether
- **27%**—Cut pills in half, skipped doses of medicine or did not fill a prescription[1]
- **27%**—Skipped a recommended medical test or treatment
- **22%**—Skipped needed vision services
- **20%**—Had problems getting mental health care or addiction treatment
- **13%**—Skipped needed hearing services
- **13%**—Skipped or delayed getting a medical assistive device

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

3) Struggling to Pay Medical Bills

Other times, respondents got the care they needed but struggled to pay the resulting bill. More than two in five (**41%**) of respondents reported experiencing one or more of these struggles to pay their medical bills:

- **20%**— Used up all or most of their savings
- **16%**— Were contacted by a collection agency
- **16%**— Were unable to pay for basic necessities like food, heat or housing
- **14%**— Incurred large amounts of credit card debt
- **11%**— Borrowed money, got a loan or another mortgage on their home
- **10%**— 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, prescription drugs, and dental bills. The high prevalence of affordability burdens for these services likely reflects the frequency with which Minnesota respondents seek these services. Trouble paying for dental bills likely reflects lower rates of coverage for these services (**25%** said they were partially or completely without dental coverage in the past year).

High Levels of Worry About Affording Health Care in the Future

Minnesota 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:

- **67%**—Cost of nursing home or home care services
- **65%**—Medical costs when elderly
- **65%**—Health insurance will become unaffordable
- **63%**—Medical costs in the event of a serious illness or accident
- **53%**—Prescription drugs will become unaffordable
- **54%**—Cost of dental care
- **43%**—Cost of needed vision services
- **43%**—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 35-54. This finding suggests that Minnesota respondents may be worried about affording the cost of care for both aging relatives and themselves.

Worry about affording health care was high among all respondents, regardless of income level. However, worry was highest among those living in households with a person with a disability and those living in Northern Minnesota (see Table 1). Overall, **88%** of respondents with household incomes between $75,000 and $100,000 reported worrying about affording some aspect of coverage or care in the past year, as did **84%** of those earning more than $100,000 a year.[2] Still, most Minnesota respondents of all incomes, races, ethnicities, geographic setting, and levels of ability were somewhat or very concerned.

Table 1

Percent Worried or Very Worried about Affording Health Care, by Income Group, Geographic Setting, Race/Ethnicity, and Disability

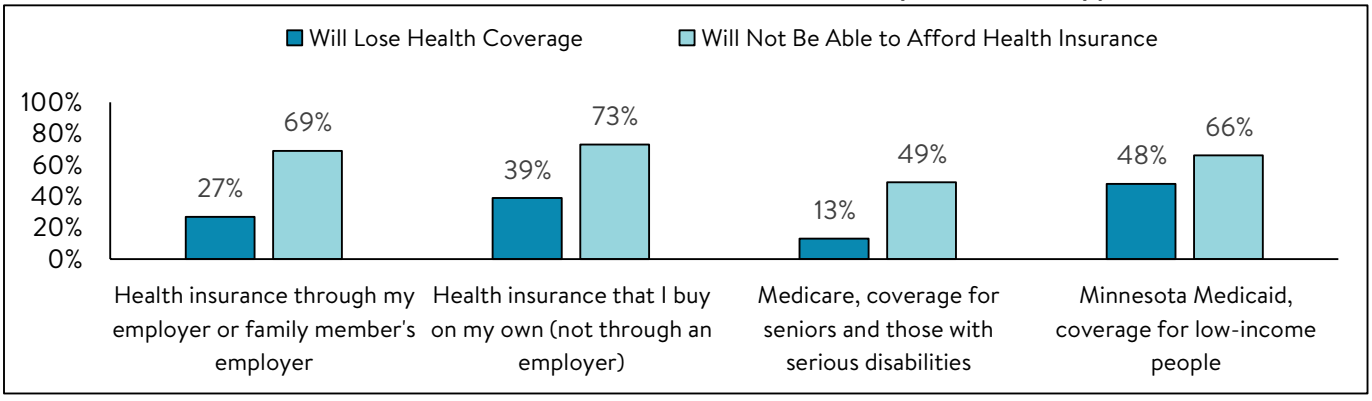
	Any Health Care Affordability Worry
Income	
Less than $50,000	79%
$50,000 - $75,000	82%
$75,000 - $100,000	88%
More than $100,000	84%
Geographic Setting	
Twin Cities Metro	81%
Southern	84%
Northern	88%
Race/Ethnicity	
Black, Indigenous, and People of Color (BIPOC)*	75%
White Alone, Non-Hispanic/Latino	85%
Insurance Type	
Health insurance through my employer or family member's employer	87%
Health insurance that I buy on my own (not through an employer)	87%
Medicare, coverage for seniors and those with serious disabilities	71%
Medicaid, coverage for low-income people	83%
Disability**	
Household does not include a person with at least one disability	81%
Household includes a person with at least one disability	89%

Source: 2023 Poll of Minnesota Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
**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 Minnesota.*
***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 Minnesota respondents. By insurance type, respondents with coverage that they have purchased on their own, not through an employer, most frequently reported worrying about affording coverage, followed by respondents with coverage through their employer and those with Medicaid coverage (see Figure 1).

Figure 1

Percent Worried about Losing and Affording Health Insurance, by Coverage Type



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

Respondents with household incomes below $50,000 per year reported the highest rates of worry about losing coverage, while those earning $75,000 to $100,000 reported the highest rates of worrying 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 Northern Minnesota reported the highest rate of worry about affording insurance in the future compared to residents in the Twin City Metro and Southern Minnesota. Concerns about affording coverage exceeded fears about losing coverage across all income groups, disability statuses, geographic settings, races/ethnicities, and coverage types.

Table 2

Percent Worried about Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income, Geographic Setting, Race/Ethnicity, Insurance Type, and Disability

	Worry about Losing Health Insurance	Worry about Health Insurance Becoming Unaffordable
Income		
Less than $50,000	33%	62%
$50,000 - $75,000	22%	66%
$75,001 - $100,000	29%	69%
More than $100,000	28%	64%
Geographic Setting		
Twin Cities Metro	29%	62%
Southern	24%	68%
Northern	35%	69%
Race/Ethnicity		
Black, Indigenous, and People of Color (BIPOC)*	35%	61%
White Alone, Non-Hispanic/Latino	25%	65%
Disability**		
Household does not include a person with a disability	23%	62%
Household includes a person with a disability	47%	73%
Insurance Type		
Health insurance through my employer or family member's employer	27%	69%
Health insurance that I buy on my own (not through an employer)	39%	73%
Medicare, coverage for seniors and those with serious disabilities	13%	49%
Medicaid, coverage for low-income people	48%	66%

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

DIFFERENCES IN HEALTH CARE AFFORDABILITY BURDENS

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

INCOME AND AGE

Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more health care affordability burdens, with nearly three-fourths (**72%**) of those earning less than $50,000 per year reporting struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). 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 3).

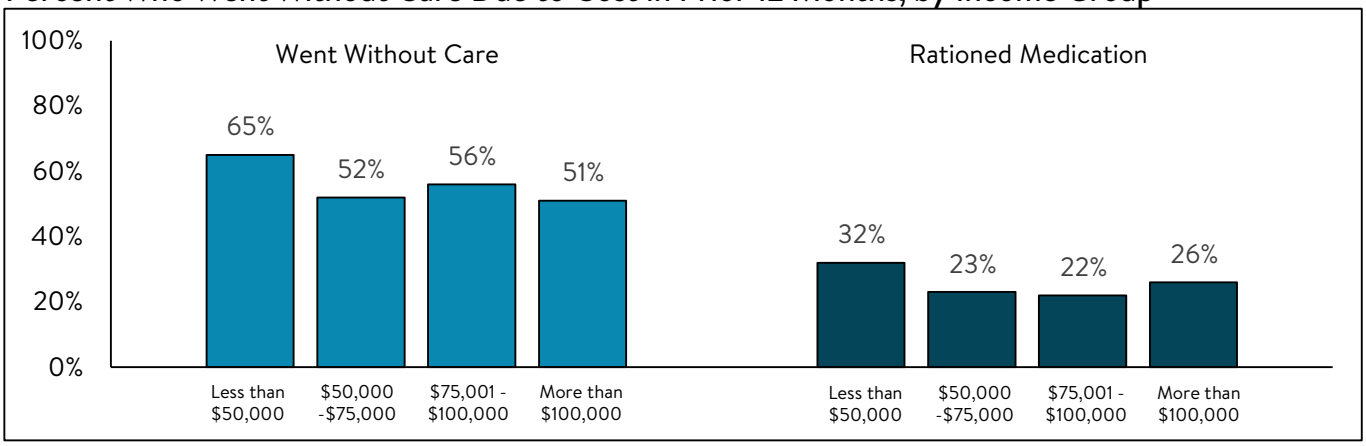
Figure 2

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

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

Figure 3

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

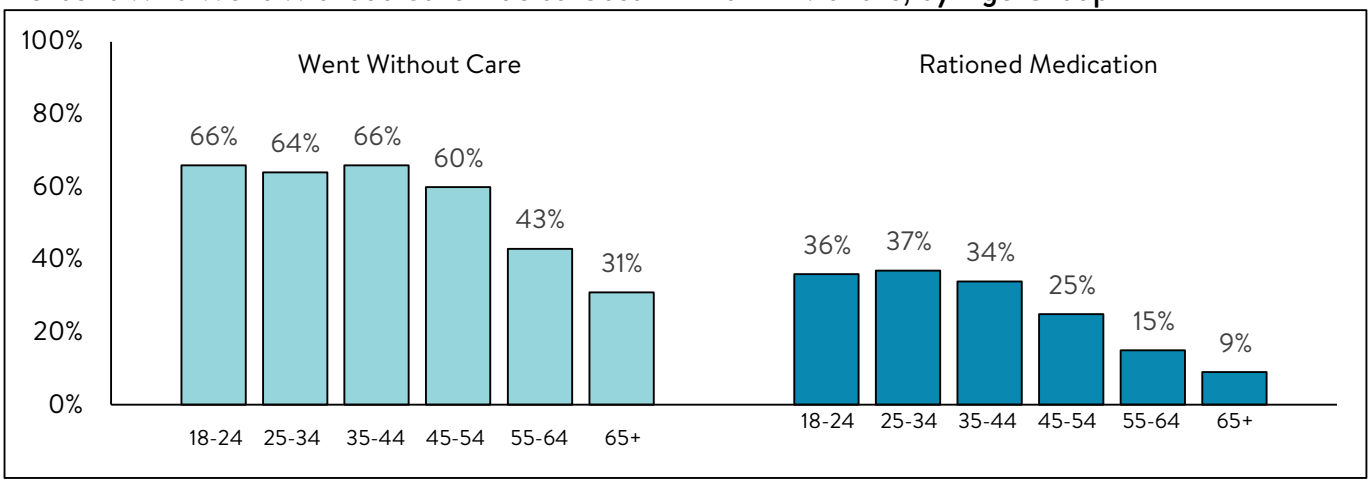


Source: 2023 Poll of Minnesota Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Further analysis found that Minnesota respondents ages 18-44 reported higher rates of going without care due to cost than respondents ages 45 and older (see Figure 4). Respondents ages 18-44 also most frequently reported rationing medication due to cost compared to other age groups.

Figure 4

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



Source: 2023 Poll of Minnesota 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. Nearly three in four (**74%** of) respondents in this group reported going without some form of care and **45%** reported rationing medication, compared to **50%** and **21%** 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, dental care, and vision services among other health care services, 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—**31%** 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 **7%** 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.

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 to the doctor or having a procedure done	23%	45%
Problems getting mental health care	13%	27%
Skipped needed dental care	29%	47%
Skipped needed vision services	17%	38%
Skipped or delayed getting a medical assistive device	7%	31%

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

INSURANCE TYPE

Respondents with Minnesota Medicaid coverage reported the highest rates of going without care due to cost and rationing medication, followed by respondents with private insurance from an employer or purchased independently (see Table 4). Still, nearly two-fifths (**39%**) of respondents with Medicare coverage also went without care due to cost in the twelve months prior to taking the survey.

Table 4

Percent Who Went Without Care Due to Cost in Prior 12 Months, by Geographic Setting, Race/Ethnicity, Insurance Type, 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
Geographic Setting		
Twin Cities Metro	56%	28%
Southern	57%	24%
Northern	57%	27%
Race/Ethnicity		
Black, Indigenous, and People of Color (BIPOC)*	58%	38%
White Alone, Non-Hispanic/Latino	56%	24%
Insurance Type		
Health insurance through my employer or family member's employer	59%	26%
Health insurance that I buy on my own (Not through an employer)	58%	26%
Medicare, coverage for seniors and those with serious disabilities	39%	15%
Minnesota Medicaid, coverage for low-income people	71%	46%
Disability**		
Household does not include a person with at least one disability	50%	21%
Household includes a person with at least one disability	74%	45%

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

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 "Over the last 12 months, please describe a time that you did not get a healthcare service due to cost."

Respondents with Medicaid	Respondents with Private Insurance
I am avoiding going to the dentist and eye doctor because of out-of-pocket costs. Dental coverage has been cut so I am unable to get regular cleanings like I have in the past. I have skipped prescriptions drugs because two of them for my Lyme and ice borne relapsing fever must be compounded so I must pay out of pocket and my senior/retired parents have to cover the costs, and they already cover all of my doctor visits and other treatments because regular coverage won't cover any of my Lyme treatment doctors. Dental. Nobody in the area accepts Medicaid. I currently need dental treatment that insurance doesn't cover so I am unable to get it done. Prescription costs have gone up and my partner goes days without certain meds until she can afford to get them. I live in a very fixed income of $8 a month and I just could not come up with the $20 to pay for my prescriptions this month. I need all my teeth extracted but my insurance doesn't cover the cost of the dental anesthesia needed for the procedure. I can't have surgery because of high cost of anesthetic.	My brother-in-law can't afford COPD inhaler. Cost of prescription drugs is astronomical and the prior authorization process is painful. I could not get approved for Free Style sensors for my glucose measurement that my doctor wanted me on. I have a brain injury and I get overwhelmed with the finger prick method. Insurance won't pay because I am not on insulin. I am on Ozempic. They are cost prohibitive if I must pay out of pocket. So, I do not measure any glucose levels. I have delayed gum surgery due to cost so we could spread out with other medical costs. Dental insurance doesn't cover enough and is too expensive. I have no vision insurance, contacts and glasses are expensive. I have not gone to get my skin cancer rechecked because the deductible is too high, and I do not have enough to cover in my FSA account. I avoid going to the doctor unless I absolutely must because my insurance coverage is so bad. Right now, I'm terrified I won't be able to continue my neurological medication because my insurance company refused my neurologist's prior auth (something they do to me all the time).
Respondents with Medicare	**Uninsured Respondents**
I need a tooth pulled but the oral surgeon will not accept my insurance. He insists on cash up front (which I do not have). There is not another oral surgeon in my area. Therefore he is the only option, I am up a creek. Co-pays for major depressive disorder. I have been without these services for years now. I cannot afford the cost of prescription eye drops because I am on Medicare. If I still had employer provided insurance, I could receive them for $25/3 month supply, but they cost over $600 for same amount now because I am on Medicare. Dental cleaning was not covered by insurance because yearly allotment was used up. I need dentures and cannot afford to buy them. I also have cataracts and cannot afford the necessary procedure. I did not go to see a dentist when I needed a appointment for teeth cleaning and I have had to wait a few times to fill a prescription because the copay was too expensive and I couldn't afford it at the time.	I can't sleep because my teeth hurt. They got infected and I had to go to ER, then to the doctor to pull that tooth, it was over 3K for everything. The 1K was for ER and all they did is slice it open, drain it, and put a stitch in my gums. I still haven't gone back to clean my teeth... They tried to put me on a payment plan, but it was a loan with interest, the website lied. I have endometriosis. I need surgery but skipped it. I have a separated shoulder and I was supposed to see an orthopedic surgeon but couldn't afford to. I did not get my yearly physical done because I did not want to pay the medical bill. I have not gotten vision or dental done in years because of cost. I skipped seeing my PCP because I couldn't afford the prepay, and I repeatedly avoided going to the ER until it was necessary. I developed sepsis and ended up in the hospital for a week.

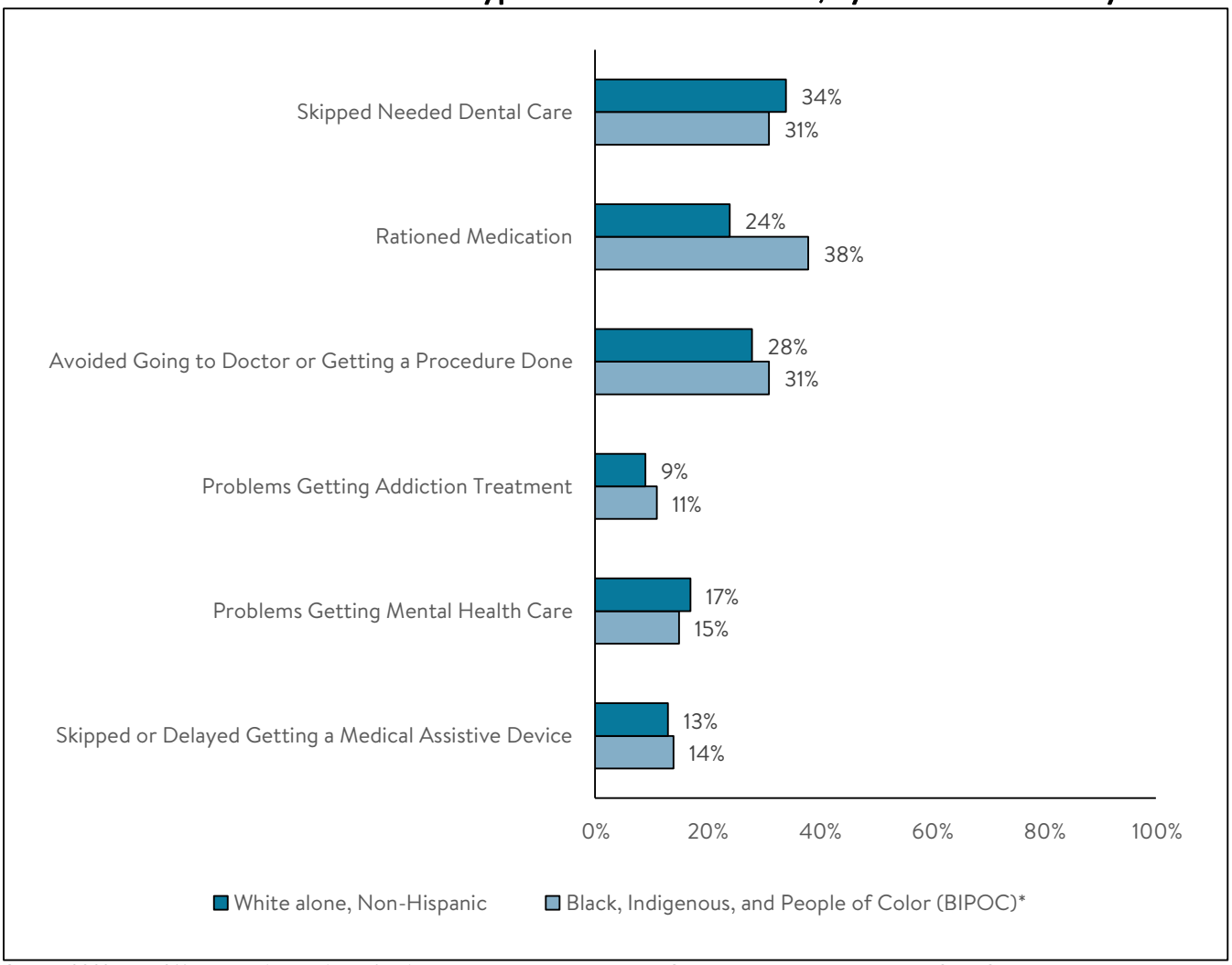
Source: 2023 Poll of Minnesota Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

RACE AND ETHNICITY

Black, Indigenous, and other respondents of color reported higher rates of rationing medication and forgoing care than white alone, non-Hispanic/Latino respondents. Although the sample sizes for African American and Hispanic respondents did not meet our threshold for reporting, **58%** of BIPOC respondents and **56%** of white alone, non-Hispanic/Latino respondents reported going without care due to cost in the past twelve months compared to (see Table 4). Further analysis showed that BIPOC respondents reported higher rates of rationing medication and avoiding going to the doctor or getting a procedure done due to cost (see Figure 5).

Figure 5

Percent Who Went Without Select Types of Care Due to Cost, by Race and Ethnicity



Source: 2023 Poll of Minnesota 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. Fifty-two percent of Black, Indigenous, and other respondents of color reported going into debt, depleting savings, or going without other needs due to medical bills, compared to **38%** of white alone, non-Hispanic/Latino respondents (see Table 6).

Table 6

Percent who Incurred Debt, Depleted Savings or Sacrificed Basic Necessities Due to Medical Bills in Prior 12 Months, by Income, Geographic Setting, Race/Ethnicity, Insurance Type, and Disability Status

	Incurred Medical Debt, Depleted Savings, and/or Sacrificed Basic Needs Due to Medical Bills
Income	
Less than $50,000	43%
$50,000 - $75,000	34%
$75,001 - $100,000	38%
More than $100,000	43%
Geographic Setting	
Twin Cities Metro	40%
Southern	42%
Northern	42%
Race/Ethnicity	
Black, Indigenous, and People of Color (BIPOC)*	52%
White Alone, Non-Hispanic/Latino	38%
Insurance Type	
Health insurance through my employer or family member's employer	47%
Health insurance that I buy on my own (not through an employer)	47%
Medicare, coverage for seniors and those with serious disabilities	18%
Minnesota Medicaid, coverage for low-income people	51%
Disability Status**	
Household does not include a member with at least one disability	35%
Household includes a member with at least one disability	60%

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

The rate of financial burden is even higher for respondents who have or live with a person with a disability, with three-fifths (**60%**) reporting going into debt or going without other needs due to medical bills, compared to **35%** of respondents without a disabled household member. Geographically, residents in Southern and Northern Minnesota reported higher rates of going into debt or going without other needs due to medical bills than respondents in the Twin Cities Metro, although all geographic groups reported somewhat similar levels. In addition, respondents with Medicaid coverage reported the highest rate of the above financial burdens due to medical bills (**51%**) compared to respondents with all other insurance types.

Impact and Worry Related to Hospital Consolidation

In addition to the above healthcare affordability burdens, the survey revealed that a small share of Minnesota respondents were negatively impacted by health system consolidation.[3] From 2016 to 2023, there were 22 changes in ownership involving hospitals through mergers, acquisitions, or changes of ownership (CHOW) in Minnesota.[4,5] Minnesota requires that the state Attorney General be notified of nonprofit healthcare mergers and acquisitions, but the attorney general does not have the authority to review, approve, or deny transactions based on broad criteria including public interest and antitrust review.[6]

In the past year, **29%** of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, **24%** 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 healthcare provider due to a merger, respondents reported a variety of new issues occurring due to mergers, including:

- **59%**— I skipped recommended follow-up visits due to a merger
- **47%**— I delayed going to the doctor or having a procedure done because they could no longer access my preferred health care organization due to a merger
- **36%**— I changed my health plan coverage to include the preferred doctor or hospital

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:

- **48%**— The merger created an added wait time burden when searching for a new provider
- **22%**— The merger created an added financial burden
- **12%**— The merger created an added transportation burden

While a small portion of respondents reported being unable to access their preferred health care organization because of a merger, far more respondents (**57%**) reported that they would be somewhat, moderately or very worried about the impacts of mergers in their health care organizations if they were to occur. When asked about their largest concern respondents most frequently reported:

- **26%**— I'm concerned I will have to pay more to see my doctor
- **24%**— I'm concerned my doctor may no longer be covered by my insurance
- **23%**— I'm concerned I will have fewer choices of where to receive care
- **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

Dissatisfaction with the Health System and Support for Change

Considering Minnesota respondents' health care affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system:

- Just **35%** agreed or strongly agreed that "*we have a great healthcare system in the U.S.*,"
- While **74%** 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

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

- **50%** of respondents reported researching the cost of a drug beforehand, and
- **81%** said they would be willing to switch from a brand name to an equivalent generic drug if given the chance.

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
- **38%**— Research treatments myself before going to the doctor
- **31%**— Do more to compare doctors on cost and quality before getting services

GOVERNMENT ACTIONS

But far and away, Minnesota 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 what issues the government should address in the upcoming year. The top vote getters were:

- **49%**— Health care
- **38%**— Economy/Joblessness
- **37%**— Taxes

When asked about the top three *health care* priorities the government should work on, the top responses include:

- **55%**— Address high health care costs, including prescription drugs
- **37%**— Preserve consumer protections such as preventing people from being denied coverage or charged more for having a pre-existing medical condition
- **35%**— Offering health insurance coverage options to residents who cannot afford other coverage
- **28%**— Medicare

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

- **78%**— Drug companies charging too much money
- **71%**— Hospitals charging too much money
- **68%**— Insurance companies charging too much money

When it comes to tackling costs, respondents endorsed a number of strategies, including:

- **94%**— Require drug companies to provide advanced notice of price increases and information to justify those increases
- **94%**— Show what a fair price would be for specific procedures
- **93%**— Require insurers to provide up-front cost estimates to consumers
- **92%**— Cap out-of-pocket costs for life-saving medications, such as insulin
- **92%**— Expand health insurance options so that everyone can afford quality coverage
- **92%**— Set standard prices for drugs to make them affordable

SUPPORT FOR 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. 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	Do you think of yourself as a...		
		Republican	Democrat	Neither
We have a great healthcare system in the U.S.	35%	39%	39%	25%
The U.S. healthcare system needs to change.	74%	67%	78%	73%
The government should require drug companies to provide advanced notice of price increases and information to justify those increases	94%	92%	96%	93%
The government should show what a fair price would be for specific procedures	94%	91%	95%	94%
The government should require insurer to provide up-front cost estimates to consumers	93%	91%	95%	91%
The government should cap out-of-pocket costs for life-saving medications, such as insulin	92%	88%	96%	92%
The government should expand health insurance options so that everyone can afford quality coverage	92%	87%	95%	91%
The government should set standard prices for drugs to make them affordable	92%	86%	96%	93%
The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price increases	92%	88%	95%	91%
The government should make it easy to switch insurers if your health plan drops or discontinues coverage for your preferred doctor	91%	89%	92%	91%
The government should prohibit drug companies from charging more in the US than abroad	90%	86%	94%	90%
The government should fund home and community-based programs for people with disabilities to ensure everyone can access affordable long-term services and supports, regardless of income	90%	85%	95%	89%
The government should set standard payments to hospitals for specific procedures	90%	84%	94%	88%
The government should create a Prescription Drug Affordability Board to examine and establish acceptable costs for prescription drugs	90%	84%	94%	88%
The government should incentivize providers to accept Medicare	88%	84%	91%	87%
The government should impose price controls on contracts between insurers and health care providers	88%	85%	91%	86%

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

Notes

1. Twenty-one percent (21%) did not fill a prescription and 17% cut pills in half or skipped doses of medicine due to cost.

2. Median household income in Minnesota was $84,313 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau QuickFacts, https://www.census.gov/quickfacts/fact/.

3. 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.

4. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved December 8, 2023, from https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership.

5. A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's identification number and provider agreement (including any Medicare outstanding debt of the old owner) to the new owner. An acquisition/merger occurs when a currently enrolled Medicare provider is purchasing or has been purchased by another enrolled provider. Only the purchaser's CMS Certification Number (CCN) and tax identification number remain. Acquisitions/mergers are different from CHOWs. In the case of an acquisition/merger, the seller/former owner's CCN dissolves. In a CHOW, the seller/former owner's CCN typically remains intact and is transferred to the new owner. A consolidation occurs when two or more enrolled Medicare providers consolidate to form a new business entity. Consolidations are different from acquisitions/mergers. In an acquisition/merger, two entities combine but the CCN and tax identification number (TIN) of the purchasing entity remains intact. In a consolidation, the TINs and CCN of the consolidating entities dissolve and a new TIN and CCN are assigned to the new, consolidated entity. Source: Missouri Department of Health and Senior Services, Change of Ownership Guidelines—Medicare/State Certified Hospice. Retrieved August 23, 2023, from https://health.mo.gov/safety/homecare/pdf/CHOW-Guidelines-StateLicensedHospice.pdf#:~:text=Acquisitions%2Fmergers%20are%20different%20from%20CHOWs.%20In%20the%20case,providers%20consolidate%20to%20form%20a%20new%20business%20entity.

6. The Source on Healthcare Price and Competition, Merger Review, Retrieved December 8, 2023 from https://sourceonhealthcare.org/market-consolidation/merger-review/

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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HEALTHCARE VALUE HUB

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 31 to November 8, 2023, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,400 respondents who live in Minnesota. 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 1,413 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	812	57%
Man	564	40%
Transwoman	2	< 1%
Transman	6	< 1%
Genderqueer/Nonbinary	17	1%
Insurance Type		
Health insurance through employer or family member's employer	602	43%
Health insurance I buy on my own	140	10%
Medicare, coverage for seniors and those with serious disabilities	308	22%
Medicaid, coverage for low-income earners	262	19%
TRICARE/Military Health System coverage	4	< 1%
Department of Veterans Affairs (VA) Healthcare	13	1%
No coverage of any type	55	4%
I don't know	29	2%
Race		
American Indian or Alaskan Native	29	2%
Asian	55	4%
Black or African American	91	6%
Native Hawaiian or other Pacific Islander	1	< 1%
White	1242	88%
Prefer Not to Answer	16	1%
Two or More Races	34	2%
Ethnicity		
Hispanic or Latino	73	5%
Non-Hispanic or Latino	1340	95%
Age		
18-24	207	15%
25-34	366	26%
35-44	227	16%
45-54	199	15%
55-64	227	16%
65+	180	13%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under $20K	177	13%
$20K-$29K	88	6%
$30K - $39K	142	10%
$40K - $49K	133	9%
$50K - $59K	113	8%
$60K - $74K	130	9%
$75K - $99K	212	15%
$100K - $149K	260	18%
$150K+	158	11%
Self-Reported Health Status		
Excellent	229	16%
Very Good	484	34%
Good	473	33%
Fair	185	13%
Poor	42	3%
Disability		
Mobility: Serious difficulty walking or climbing stairs	186	13%
Cognition: Serious difficulty concentrating, remembering or making decisions	140	10%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor's office	92	7%
Hearing: Deafness or serious difficulty hearing	85	6%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	72	5%
Self-Care: Difficulty dressing or bathing	73	5%
No disability or long-term health condition	1033	73%
Party Affiliation		
Republican	384	27%
Democrat	571	40%
Neither	458	32%

Source: 2023 Poll of Minnesota 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.