



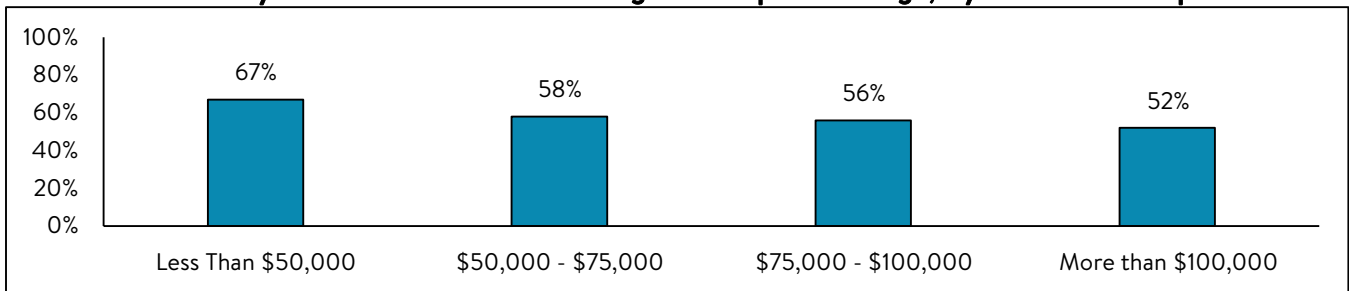
Texas Survey Respondents Worried about High Drug Costs; Support a Range of Government Solutions

According to a survey of more than 1,400 Texas adults, conducted from November 7 to November 13, 2023, respondents are concerned about prescription drug costs and express a strong desire for policymakers to enact solutions.

More than half (59%) 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 year¹ 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 prescription drugs.

Figure 1

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

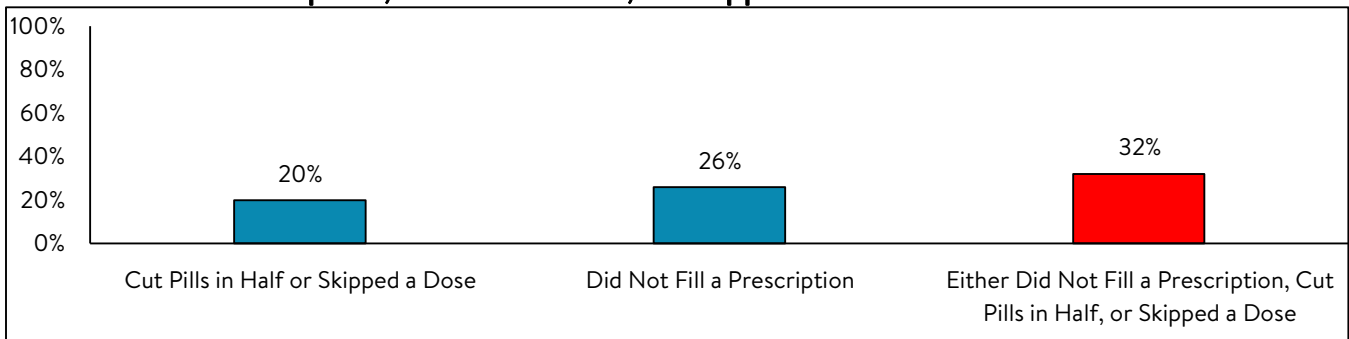


2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

In addition to being worried about prescription drug affordability in the future, many Texas respondents have skipped, delayed, or avoided care altogether in the prior 12 months due to the cost. Indeed, nearly one-third of respondents (32%) 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**Texas Respondents with Prescription Drug Affordability Issues, By Income Group, Geographic Region, 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
Income Group			
Less than \$50,000	24%	30%	37%
\$50,000 - \$75,000	19%	32%	37%
\$75,000 - \$100,000	20%	28%	30%
More than \$100,000	15%	18%	24%
Geographic Region			
Public Health Service Region 1*	30%	38%	46%
Public Health Service Region 2/3	18%	23%	29%
Public Health Service Region 4/5N	25%	34%	42%
Public Health Service Region 6/5S	21%	24%	30%
Public Health Service Region 7	16%	21%	25%
Public Health Service Region 8	12%	22%	28%
Public Health Service Region 9/10	21%	28%	34%
Public Health Service Region 11	23%	32%	38%
Race/Ethnicity			
Respondents of Color**	20%	28%	35%
Black/African American	15%	25%	29%
Hispanic/Latino, any race	23%	30%	37%
White Alone, Non-Hispanic/Latino	20%	23%	29%
Insurance Type			
Health insurance through my employer or a family member's employer	17%	24%	30%
Health insurance that I buy on my own (not through an employer)	24%	27%	34%
Medicare, coverage for seniors and those with serious disabilities	17%	20%	25%
Texas Medicaid, coverage for low-income people	24%	35%	44%
Disability Status***			
Household does not include a person with at least one disability	16%	21%	27%
Household includes a person with at least one disability	30%	36%	45%

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

*Sample size for respondents in the Public Health Service Region 1 were not sufficient. Interpret estimates with caution.

**The respondents of color 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 Texas.

***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 Texas 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 generally²—it is not surprising that Texas 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 **72%** agreed or strongly agreed that “*the system needs to change.*”

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

- **74%**—Hospitals charging too much money
- **73%**—Drug companies charging too much money
- **69%**—Insurance companies charging too much money

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

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

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

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

- **77%** would switch from a brand name to an equivalent generic drug if given a chance
- **61%** find, or have tried to find, out the cost of a drug beforehand

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>	73%	72%	73%	73%
The government should require drug companies to provide advanced notice of price increases and information to justify those increases	92%	92%	94%	91%
The government should set standard prices for drugs to make them affordable	92%	91%	93%	91%
The government should cap out-of-pocket costs for life-saving medications, such as insulin	91%	92%	93%	89%
The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes	91%	91%	93%	90%
The government should prohibit drug companies from charging more in U.S. than abroad	90%	92%	90%	89%
The government should create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs	89%	88%	92%	88%

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

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 Texas was \$73,035 (2017-2021). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: Texas](https://www.census.gov/quickfacts/texas)
2. For more detailed information about healthcare affordability burdens facing Texas respondents, please see Healthcare Value Hub, [Texas Residents Struggle to Afford High Healthcare Costs: Worry About Affording Healthcare in the Future: Support Government Action across Party Lines](#), Data Brief (March 2024).

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 (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 November 7 to November 13, 2023, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Texas. 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 1,405 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	759	54%
Man	624	44%
Transwoman	3	<1%
Transman	8	1%
Genderqueer/Nonbinary	8	<1%
Insurance Type		
Health insurance through employer or family member’s employer	463	33%
Health insurance I buy on my own	180	13%
Medicare, coverage for seniors and those with serious disabilities	354	25%
Medicaid, coverage for low-income earners	121	9%
TRICARE/Military Health System coverage	38	3%
Department of Veterans Affairs (VA) Healthcare	19	1%
No coverage of any type	189	13%
I don’t know	41	3%
Race		
American Indian or Native Alaskan	40	3%
Asian	46	3%
Black or African American	188	13%
Native Hawaiian or Other Pacific Islander	5	<1%
White	1075	77%
Prefer Not to Answer	24	2%
Two or More Races	34	3%
Ethnicity		
Hispanic or Latino	335	24%
Non-Hispanic or Latino	1,070	76%
Age		
18-24	231	17%
25-34	310	22%
35-44	223	16%
45-54	200	14%
55-64	234	17%
65+	196	14%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	234	17%
\$20K - \$29K	169	12%
\$30K - \$39K	155	11%
\$40K - \$49K	123	9%
\$50K - \$59K	160	11%
\$60K - \$74K	131	9%
\$75K - \$99K	168	12%
\$100K - \$149K	171	12%
\$150K+	94	7%
Self-Reported Health Status		
Excellent	195	14%
Very Good	413	29%
Good	495	35%
Fair	253	18%
Poor	49	3%
Disability		
Mobility: Serious difficulty walking or climbing stairs	215	15%
Cognition: Serious difficulty concentrating, remembering or making decisions	143	10%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	109	8%
Hearing: Deafness or serious difficulty hearing	95	7%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	81	6%
Self-Care: Difficulty dressing or bathing	64	5%
No disability or long-term health condition	980	70%
Party Affiliation		
Republican	505	36%
Democrat	412	29%
Neither	488	35%

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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.