



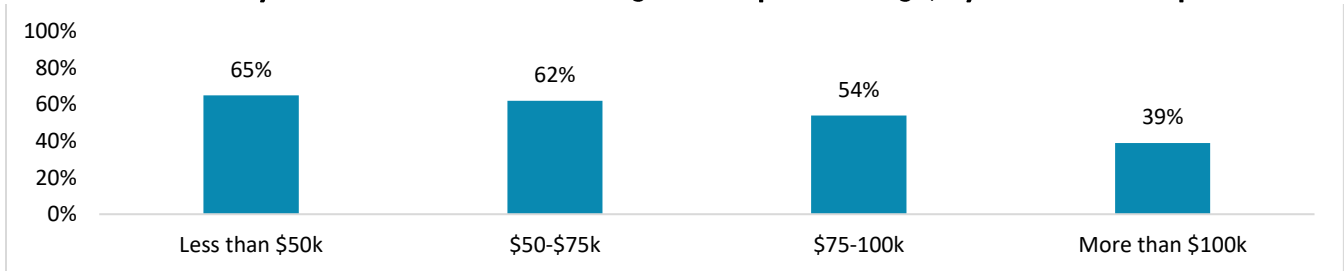
Rhode Island Survey Respondents Worried about High Drug Costs; Support a Range of Government Solutions

According to a survey of more than 1,000 Rhode Island adults, conducted from February 10 to March 27, 2024, respondents are concerned about prescription drug costs and express a strong desire for policymakers to enact solutions.

More than half (53%) 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 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

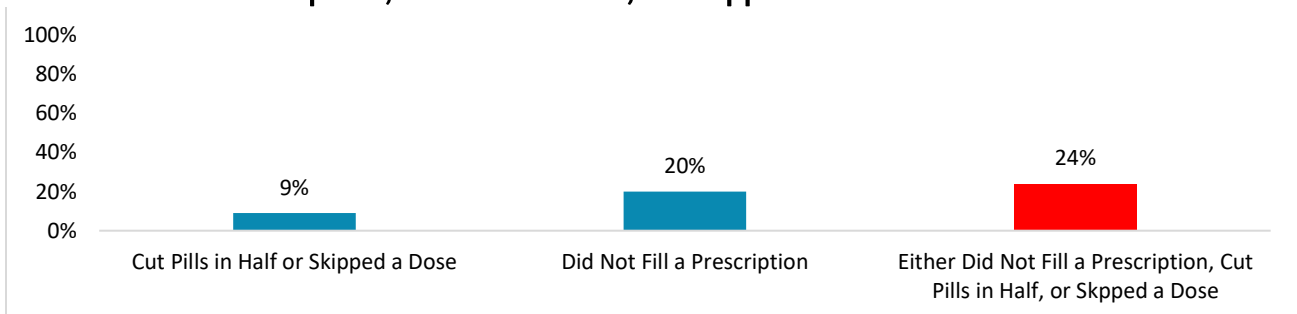


2024 Poll of Rhode Island Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

In addition to being worried about prescription drug affordability in the future, many Rhode Island respondents have skipped, delayed, or avoided care altogether in the prior 12 months due to the cost. Indeed, over 1 in 4 respondents (24%) 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

Rhode Island Respondents with Prescription Drug Affordability Issues, By Income Group, 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	12%	23%	29%
\$50,000 - \$75,000	9%	20%	24%
\$75,000 - \$100,000	7%	20%	24%
More than \$100,000	7%	16%	20%
Race/Ethnicity			
Respondents of Color*	11%	27%	32%
White Alone, Non-Hispanic/Latino	8%	17%	21%
Insurance Type			
Health insurance through my employer or a family member's employer	7%	20%	23%
Health insurance that I buy on my own (not through an employer)	13%	17%	25%
Medicare, coverage for seniors and those with serious disabilities	9%	15%	20%
Rhode Island Medicaid, coverage for low-income people	11%	29%	31%
Disability Status**			
Household does not include a person with at least one disability	6%	19%	21%
Household includes a person with at least one disability	17%	22%	31%

Source: 2024 Poll of Rhode Island Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*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 Rhode Island.

**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 impact people in lower-income households. As Table 1 shows, respondents living in households earning less than \$100,000 per year reported higher rates of rationing their prescription medicines than respondents living in higher-income households. However, these hardships are alarmingly prevalent in households earning more than \$100,000 per year as well.

Respondents with Rhode Island 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 health care costs generally²—it is not surprising that Rhode Island respondents were generally dissatisfied with the health system:

- Just 26% agreed or strongly agreed that “*we have a great healthcare system in the U.S.,*”
- While 75% agreed or strongly agreed that “*the system needs to change.*”

When given 15 options, the options cited most frequently as being a “major reason” for high health care costs were:

- 79%—Drug companies charging too much money
- 72%—Hospitals charging too much money
- 74%—Insurance companies charging too much money

When it comes to tackling high drug costs, Rhode Island 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
- 90%—Cap out-of-pocket costs for life-saving medications, such as insulin
- 90%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- 90%—Set standard prices for drugs to make them affordable
- 90%—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 Rhode Island respondents are united in calling for the government to address high drug costs, they also see a role for themselves:

- 74% would switch from a brand name to an equivalent generic drug if given a chance
- 54% have found, 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 health care costs: Drug companies charging too much money</i>	79%	77%	81%	79%
The government should require drug companies to provide advanced notice of price increases and information to justify those increases	92%	89%	95%	90%
The government should cap out-of-pocket costs for life-saving medications, such as insulin	90%	85%	94%	89%
The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes	90%	87%	94%	89%
The government should set standard prices for drugs to make them affordable	90%	85%	94%	89%
The government should prohibit drug companies from charging more in U.S. than abroad	90%	89%	92%	88%
The government should create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs	89%	85%	94%	87%

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CONCLUSION

The high burden of health care 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 Rhode Island was \$81,370 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: Rhode Island](#)
2. For more detailed information about health care affordability burdens facing Rhode Island respondents, please see Healthcare Value Hub, *Rhode Island Residents Struggle to Afford High Health Care Costs; Worry About Affording Health Care in the Future; Support Government Action across Party Lines*, Data Brief (June 2024).

Methodology

Altarum’s Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents’ 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 February 19 to March 27, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,100 respondents who live in Rhode Island. 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 1,012 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/Orientation		
Woman	651	64%
Man	331	33%
Transwoman	3	<1%
Transman	7	1%
Genderqueer/Nonbinary	7	1%
LGBTQ+ Community	136	14%
Insurance Type		
Health insurance through employer or family member’s employer	409	40%
Health insurance I buy on my own	88	9%
Medicare, coverage for seniors and those with serious disabilities	271	27%
Medicaid, coverage for low-income earners	169	17%
TRICARE/Military Health System coverage	11	1%
Department of Veterans Affairs (VA) Healthcare	10	1%
No coverage of any type	27	3%
I don’t know	27	3%
Race		
American Indian or Native Alaskan	21	2%
Asian	30	3%
Black or African American	70	7%
Native Hawaiian or Other Pacific Islander	6	1%
White	839	83%
Prefer Not to Answer	13	1%
Two or More Races	52	5%
Ethnicity		
Hispanic or Latino	87	9%
Non-Hispanic or Latino	925	91%
Age		
18-24	131	13%
25-34	150	15%
35-44	191	19%
45-54	183	18%
55-64	196	19%
65+	157	16%
Party Affiliation		
Republican	159	16%
Democrat	352	35%
Neither	501	50%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	141	14%
\$20K-\$29K	88	9%
\$30K - \$39K	84	8%
\$40K - \$49K	95	9%
\$50K - \$59K	108	11%
\$60K - \$74K	116	11%
\$75K - \$99K	142	14%
\$100K - \$149K	147	15%
\$150K+	91	9%
Education Level		
Some high school	37	4%
High school diploma/GED	181	18%
Some college or training/certificate program	267	26%
Associate degree	112	11%
Bachelor’s degree	217	21%
Some graduate school	37	4%
Graduate degree (e.g. MA, PhD, MD, JD)	161	16%
Self-Reported Health Status		
Excellent	154	15%
Very Good	331	33%
Good	339	33%
Fair	156	15%
Poor	32	3%
Disability		
Mobility: Serious difficulty walking or climbing stairs	167	17%
Cognition: Serious difficulty concentrating, remembering or making decisions	95	9%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	66	7%
Hearing: Deafness or serious difficulty hearing	57	6%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	49	5%
Self-Care: Difficulty dressing or bathing	46	5%
No disability or long-term health condition	698	69%

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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.

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation and 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 health care.

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