



DATA BRIEF | AUGUST 2024

Colorado 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 Colorado adults, conducted from March 26 to April 12, 2024, found that:

- Nearly 3 in 4 (70%) 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 2 in 3 (68%) of all respondents delayed or went without health care due to cost in the last twelve months;
- Low-income respondents and those 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, Colorado adults experience hardship due to high health care costs. In the past twelve months, seven out of ten (70%) respondents experienced at least one of the following health care affordability burdens:

1. BEING UNINSURED DUE TO HIGH COSTS

Greater than two in five (44%) uninsured respondents cited cost (“too expensive”) as the primary reason for being uninsured, surpassing other potential responses such as “don’t need it” and “don’t know how to get it.” Likewise, 44% of respondents without dental insurance and 33% of those without vision insurance cited cost as the main reason for not having coverage.

2. DELAYING OR GOING WITHOUT HEALTH CARE DUE TO COST

Well over half (68%) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- 30%—Delayed going to the doctor or having a procedure done
- 29%—Skipped needed dental care
- 26%—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- 25%—Skipped a recommended medical test or treatment
- 21%—Had problems getting mental health care or addiction treatment²
- 20%—Avoided going to the doctor or having a procedure done altogether
- 17%—Skipped needed vision services
- 8%—Skipped needed hearing services
- 6%—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 (24%) followed by not being able to get an appointment (19%), 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 experienced a cost burden due to the resulting medical bill(s). Over one-third (37%) of respondents reported experiencing one or more of these struggles to pay their medical bills:

- 18%—Used up all or most of their savings
- 13%—Were contacted by a collection agency
- 12%—Were unable to pay for basic necessities like food, heat or housing
- 12%—Racked up large amounts of credit card debt
- 9%—Borrowed money, got a loan or another mortgage on their home
- 9%—Were placed on a long-term payment plan
- 4% - Asked for donations (GoFundMe campaigns)

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTH CARE IN THE FUTURE

Colorado 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:

- 66%—Cost of nursing home or home care services
- 66%—Health insurance will become unaffordable
- 65%—Medical costs when elderly
- 63%—Medical costs in the event of a serious illness or accident
- 51%—Prescription drugs will become unaffordable
- 51%—Cost of dental care
- 46%—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 younger respondents. Respondents aged 25-34 reported the highest worry about medical costs in old age, and those aged 25-54 were most concerned about affording nursing home or home care costs. This suggests that Colorado respondents may be worried about affording the cost of care for both aging relatives and themselves.

Additionally, worry about affording health care was highest among respondents living in low-income households, those with a disabled household member, and those in the Denver Metro area (see Table 1). Overall, 90% of respondents with an annual household income between \$50,000 and \$75,000 reported worrying about affording some aspect of coverage or care in the past year. However, 80% of those earning over \$100,000 per year also reported concerns.³ In fact, concerns were consistent across all respondent income levels, education levels, races, ethnicities, geographic settings, and abilities.

Similarly, respondents with Medicaid most frequently reported being worried about affording health care, followed closely by respondents with health insurance they purchased on their own, such as coverage through the health insurance Marketplace (see Table 1). Although Health First Colorado, the state Medicaid program, offers coverage for a variety of physical, dental and behavioral health services, this data point may indicate that Medicaid enrollees have faced financial barriers to receiving services not covered by the plan.

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	87%
\$50,000 - \$75,000	90%
\$75,000 - \$100,000	79%
More than \$100,000	80%
Geographic Setting	
Western Colorado	82%
Denver Metro Area	84%
Eastern Colorado	82%
Race/Ethnicity	
Respondents of Color*	88%
Hispanic/Latino, Any Race	89%
White Alone, Non-Hispanic/Latino	81%
Insurance Type	
Health insurance through my or a family members employer	84%
Health insurance that I buy on my own	88%
Medicare, coverage for seniors and those with disabilities	73%
Health First Colorado, Colorado Medicaid	90%
Disability**	
Household does not include a person with a disability	81%
Household includes a person with a disability	89%

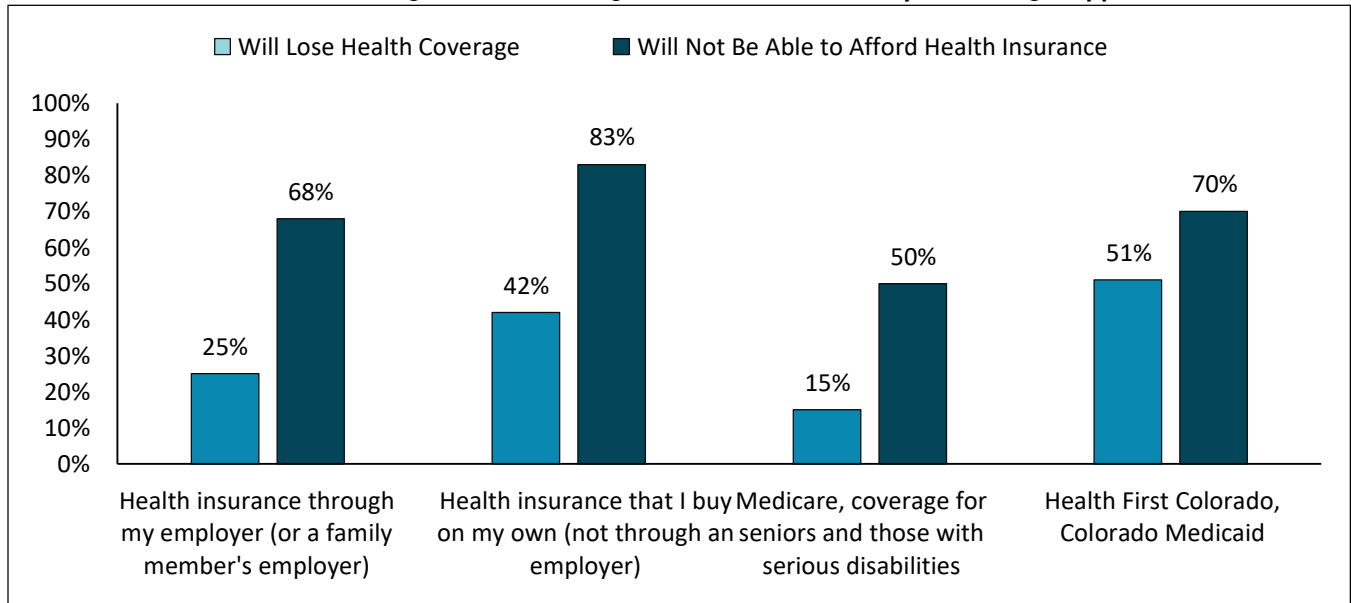
Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 *The Respondents of Color category includes respondents who are Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. 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 Colorado.
 **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.

Respondents reported being worried about insurance becoming unaffordable more frequently than being worried about losing coverage across all income levels, regions, races/ethnicities, and coverage types. Concerns that health insurance would become unaffordable was most prevalent among those with insurance they purchased on their own, such as through the Health Insurance Marketplace (see Figure 1).

Similarly, respondents with an annual household income between \$50,000 and \$75,000 reported the highest rates of concern that health insurance will become too expensive to maintain coverage, followed by respondents with an annual household income below \$50,000. Likewise, respondents living in the Denver metro area and respondents living in a household that includes a person with a disability also reported the highest rates of concern that health insurance will become unaffordable (see Figure 1).

Although concerns about *affording coverage* surpassed fears about *losing coverage*, the data indicates that certain respondents are more concerned about *losing coverage* than others. Concerns about losing health insurance coverage were most prevalent among those with an annual household income below \$50,000 as well as among households with a person with a disability, and respondents living in the Denver metro area (see Table 2).

Figure 1
Percent Worried about Losing and Affording Health Insurance, by Coverage Type



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

Table 2
Percent Worried about Losing Health Insurance and Worried about Health Insurance Becoming Unaffordable, by Income, Geographic Setting, Race/Ethnicity, Disability and Insurance Type

	Losing Health Insurance	Health Insurance Becomes Unaffordable
Income		
Less than \$50,000	37%	68%
\$50,000 - \$75,000	36%	70%
\$75,000 - \$100,000	33%	64%
More than \$100,000	24%	63%
Geographic Setting		
Western Colorado	23%	64%
Denver Metro Area	34%	68%
Eastern Colorado	31%	62%
Race/Ethnicity		
Respondents of Color*	39%	72%
Hispanic/Latino, Any Race	39%	74%
White Alone, Non-Hispanic/Latino	27%	63%
Disability**		
Household does not include a person with a disability	26%	64%
Household includes a person with a disability	44%	69%
Insurance Type		
Health insurance through my or a family members employer	25%	68%
Health insurance that I buy on my own	42%	83%
Medicare, coverage for seniors and those with disabilities	15%	50%
Health First Colorado, Colorado Medicaid	51%	70%

Source: 2024 Poll of Colorado 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.

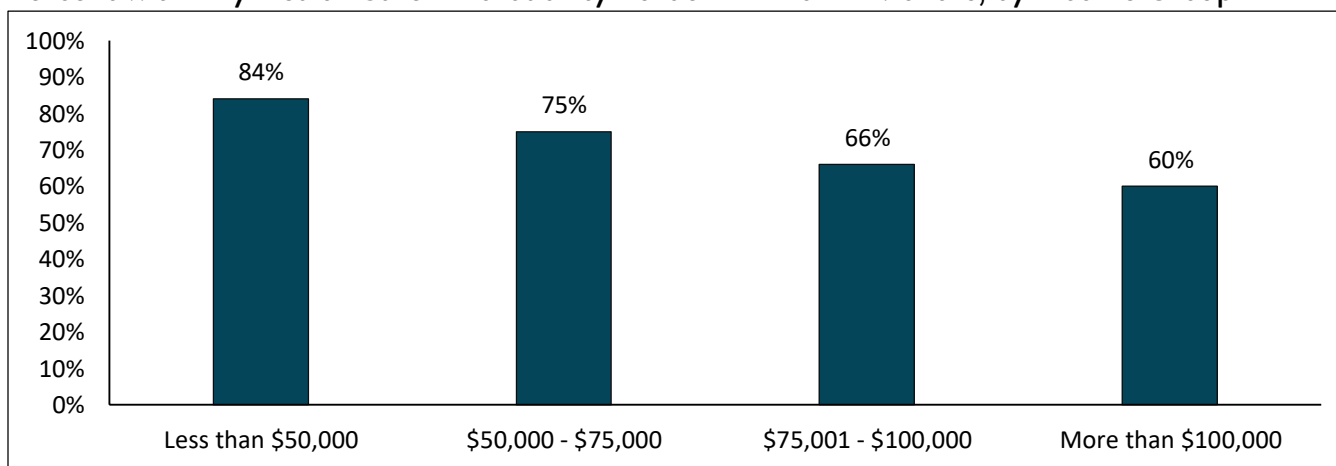
DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS

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

INCOME AND AGE

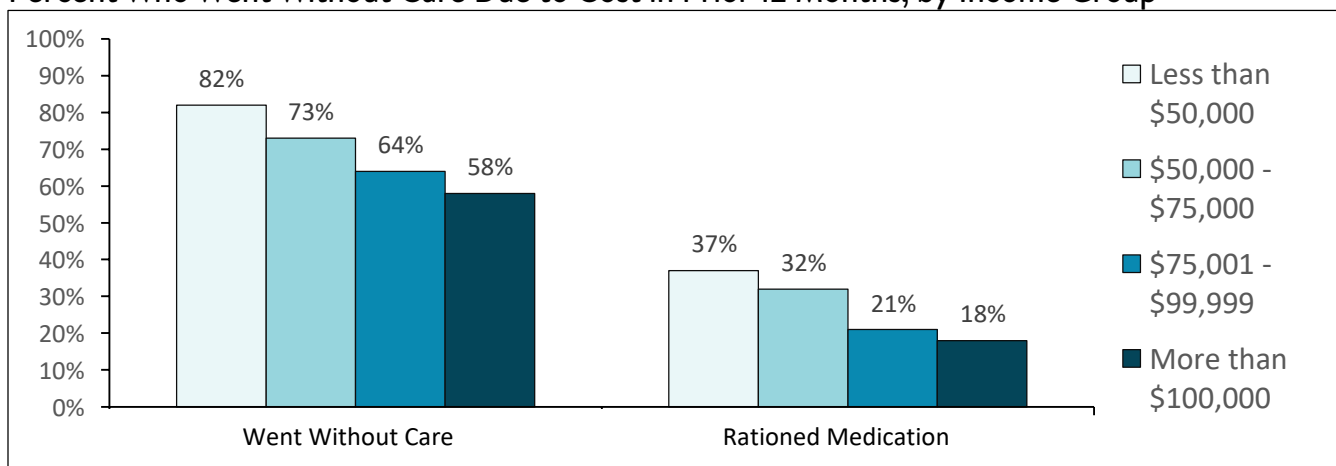
Respondents at the lowest end of the income spectrum most frequently reported experiencing one or more health care affordability burdens. Greater than four out of five (84%) respondents earning less than \$50,000 per year reported struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may be related, 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: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

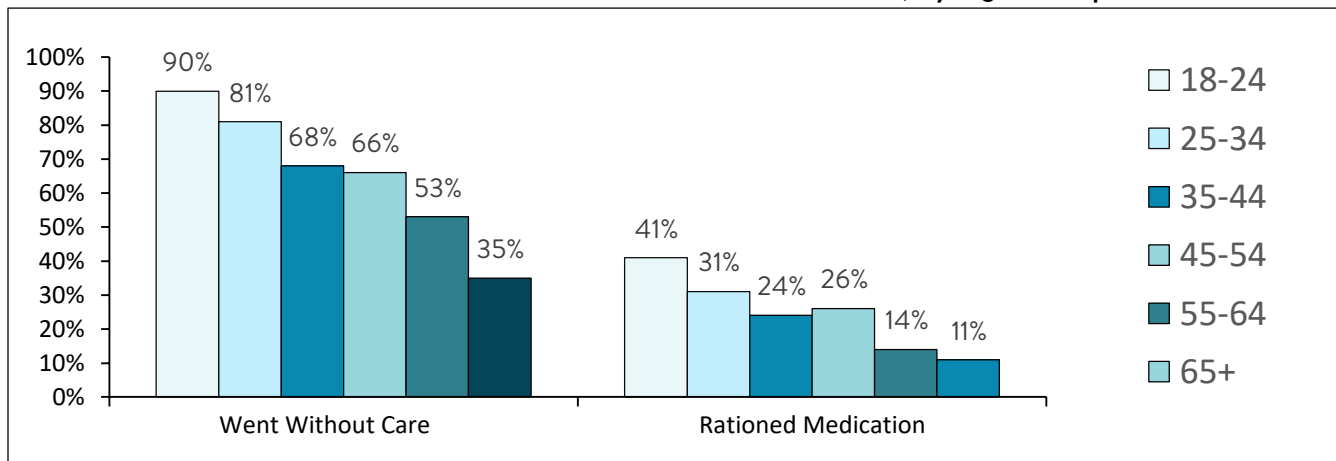
Figure 3
Percent Who Went Without Care Due to Cost in Prior 12 Months, by Income Group



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

Further analysis found that Colorado respondents aged 18-24 reported the highest rates of forgoing care due to cost. However, at least half of respondents aged 18-64 reported going without care due to financial barriers, signaling that the issue extends across age groups. Likewise, respondents aged 18-44 most frequently reported rationing medication due to cost compared to other age groups (see Figure 4).

Figure 4
Percent Who Went Without Care Due to Cost in Prior 12 Months, by Age Group



Source: 2024 Poll of Colorado 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 forgoing care and rationing medication due to cost. Of those included in this group, **83%** reported going without some form of care and **37%** reported rationing medication due to cost in the past year. In contrast, fewer respondents living in a household *without* a person with a disability reported forgoing care (**62%**) and rationing medication (**21%**) due to cost (see Table 4).

Additionally, respondents living in households with a person with a disability more frequently reported skipping necessary mental health, addiction treatment, vision and dental care services due to cost compared to respondents living in households without a person with a disability (see Table 3).

Those with disabilities also face health care affordability burdens unique to their disabilities— **12%** 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. Only **4%** of respondents in households without a disabled person 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 a Disability	Household Includes a Person with a Disability
Avoided going to the doctor or having a procedure done altogether	18%	25%
Problems getting mental health care	15%	28%
Problems getting addiction treatment	4%	12%
Skipped needed dental care	25%	38%
Skipped or delayed getting a medical assistive device	4%	12%
Skipped needed vision services	14%	26%

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

*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.

INSURANCE TYPE

People with different types of insurance navigate the health care system in varying ways. Those with private insurance may face higher premiums and out-of-pocket costs, while individuals enrolled in Medicaid or Medicare generally have lower costs but may encounter limited provider options, greater restrictions around covered services, and longer wait times for services.

In Colorado, respondents enrolled in Medicaid reported the highest rates of going without care due to cost and rationing medication, followed by respondents with private insurance purchased independently (see Table 4). Still, nearly half (49%) of respondents with Medicare coverage also went without care due to cost in the twelve months prior to taking the survey.

RACE AND ETHNICITY

Respondents of color reported going without care due to cost more frequently than white respondents. Similarly, these respondents also reported rationing medication due to financial concerns at higher rates than white respondents. There are a variety of potential consequences related to postponing health care and medication rationing, highlighting the importance of addressing cost-related barriers to address health disparities.

In Colorado, eighty percent (80%) of Hispanic/Latino respondents reported going without care due to cost in the past twelve months compared to 63% of white alone, non-Hispanic/Latino respondent (see Table 4). Further analysis showed that respondents of color also reported higher rates of skipping dental services, vision services, and recommended medical tests or treatments (see Figure 5).

In an effort to explore the impact high health costs have on individuals, respondents were also asked to describe a time that they were unable to get health care due to cost (see Table 5). These anecdotes highlight affordability challenges, underscore the impact of health care costs on individuals, and emphasize the need for solutions to reduce financial barriers to care.

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	Rationed Medication Due to Cost*
Geographic Setting		
Western Colorado	61%	26%
Denver Metro Area	72%	26%
Eastern Colorado	66%	23%
Race/Ethnicity		
Respondents of Color*	78%	33%
Hispanic/Latino, Any Race	80%	35%
White Alone, Non-Hispanic/Latino	63%	22%
Insurance Type		
Health insurance through my or a family members employer	65%	22%
Health insurance that I buy on my own	78%	31%
Medicare, coverage for seniors and those with disabilities	49%	16%
Health First Colorado, Colorado Medicaid	84%	39%
Disability**		
Household does not include a person with a disability	62%	21%
Household includes a person with a disability	83%	37%

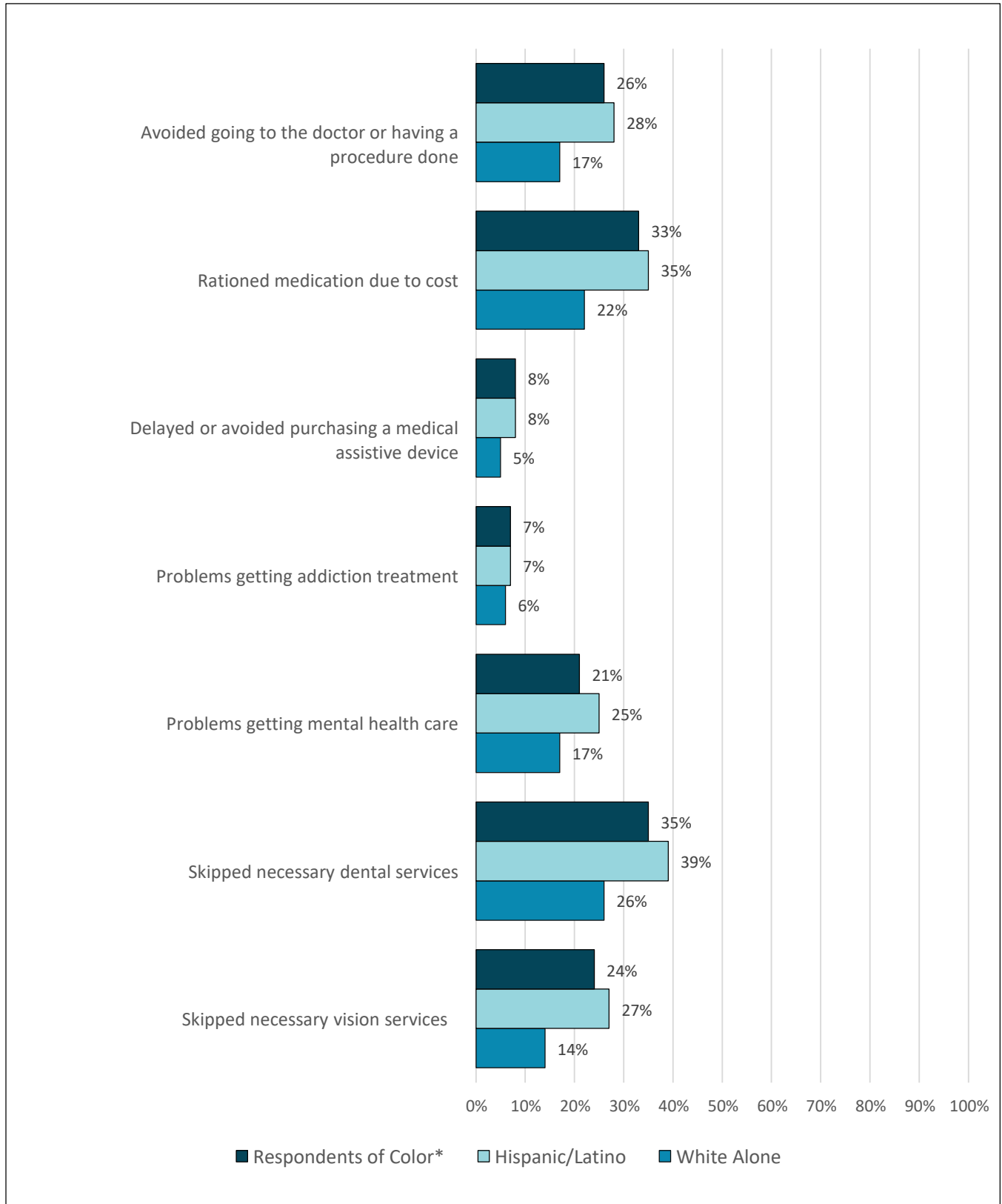
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**Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

* Rationing medication refers to not filling a prescription, cutting pills in half or skipping a dose in an effort to conserve prescriptions

Figure 5
Percent Who Went Without Select Types of Care Due to Cost, by Race/Ethnicity



Source: 2024 Poll of Colorado 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, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. 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 Colorado.

Table 5

Select Responses to: “Please describe a time that you did not get a health care service due to cost in the last twelve months,” by Insurance Status

Health Insurance through an Employer
<ul style="list-style-type: none"> • “Can't remember the last time I had a dental appointment, dental insurance is too expensive, none of the dentists near me are covered by the plans my employer offers.” • “I cancelled a colonoscopy because it was too expensive.” • “Chose not to have a needed sleep study conducted due to cost.” • “I could not afford medication for HIV prevention after an assault.” • “Declined a CT scan for cancer follow up due to out-of-pocket cost.” • “Delayed a surgery because the initial test was too expensive.”
Insurance Purchased by the Respondent
<ul style="list-style-type: none"> • “My son needed an eye exam, but the doctor was unable to see him because insurance did not cover it.” • “I skipped filling a prescription that was too expensive because insurance would not cover it. I could not afford it in my monthly budget.” • “My dental coverage fell very short of anticipated costs.” • “I am currently putting off some medical tests I should get because I don't want to get a surprise bill or for the test to come back positive because I can't do it financially right now.” • “I am in dire need of dental care and cannot afford it.”
Medicare, Coverage for Seniors and Individuals with Disabilities
<ul style="list-style-type: none"> • “Could not fill prescription due to cost. Not covered by my insurance.” • “Crowns to replace mercury fillings because insurance only covers a portion for one.” • “I did not get a CT lung scan due to my cost after insurance.” • “I needed follow up care for cancer that I could not afford. I also skipped dental and vision care because of cost.” • “I am unable to get physical therapy after a major back surgery because I cannot afford the copays.” • “I chose to use an identical medication my husband was taking but cut it in half to equal the dose prescribed for me to save money.”
Health First Colorado, Colorado Medicaid
<ul style="list-style-type: none"> • “At one point in the past 12 months, I was unable to renew my prescription for mental health medications due to insurance not covering it. I can't afford the medication on my own so I was skipping doses and rationing pills to try and make it until the medication would be covered by Medicaid.” • “I am basically avoiding medical care in general because there is always an unexpected cost.” • “Dental. I need extensive cleaning done that I've needed since 2020 and Medicaid keeps denying the procedure saying I don't need it.” • “I did not schedule a follow-up with specialists, continue PT or get recommended diagnostic tests.” • “I have stomach issues and haven't been able to see a doctor for the last 8 months due to not having any money to fix the issue since it requires surgery.”
No Insurance Coverage/Uninsured
<ul style="list-style-type: none"> • “A few months ago (after I reinjured myself because you can't stop working just because you're injured), I had to wait til the end of the month to be able to afford to make an appointment.” • “I have rarely had enough money to pay for all 7 of my monthly psychiatric and medically necessary medications. More than half of the time, each month I will have to weigh out which medications I need more than the other and often consider which medication I could do without.” • “I chipped a tooth, noticed vision declining and cannot afford to obtain healthcare. When I did get care, I was charged for unperformed procedures. UC Health refused to correct and sent to court.” • “I cut my arm on broken glass and could not afford to see medical staff, so I cleaned, stitched, and treated it myself.” • “I had a miscarriage and didn't see a doctor because I didn't have the money. My husband had blood in his stool, and we haven't seen a doctor about that either.”

ENCOUNTERING MEDICAL DEBT

In the absence of affordable care options, individuals may find themselves burdened by medical costs. To explore the impact of unaffordable medical care, survey participants were asked whether they have had to do any of the following due to the cost of medical bills in the past twelve months: use up all or most of their savings; sacrifice basic necessities, such as food, heat, or housing; borrow money, get a loan or take out another mortgage; use a crowdfunding platform to solicit donations; interact with a collections agency; go into credit card debt; be placed on a long-term payment plan; or declare bankruptcy.

The survey results revealed that respondents of color reported at least one of the previous experiences more frequently than white respondents. Likewise, respondents who have or live with a person with a disability also reported navigating medical cost burdens more frequently than respondents without a disabled household member, and respondents with Medicaid coverage reported the highest rates of the above burdens due to medical bills (55%) compared to respondents with all other insurance types (see Table 6).

Table 6
Percent who Experienced a Medical Cost Burden in the Previous 12 Months, by Income, Geographic Setting, Race/Ethnicity, Insurance Type, and Disability Status

	Experienced a Medical Cost Burden
Income	
Less than \$50,000	50%
\$50,000 - \$75,000	42%
\$75,000 - \$100,000	37%
More than \$100,000	27%
Geographic Setting	
Western Colorado	31%
Denver Metro Area	40%
Eastern Colorado	37%
Race/Ethnicity	
Respondents of Color*	52%
Hispanic/Latino, Any Race	54%
White Alone, Non-Hispanic/Latino	31%
Insurance Type	
Health insurance through my or a family members employer	35%
Health insurance that I buy on my own	52%
Medicare, coverage for seniors and those with disabilities	19%
Health First Colorado, Colorado Medicaid	55%
Disability Status**	
Household does not include a person with a disability	30%
Household includes a person with a disability	56%

Source: 2024 Poll of Colorado 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.

IMPACT OF AND WORRY RELATED TO HOSPITAL CONSOLIDATION*

In addition to the above healthcare affordability burdens, a small share of Colorado respondents reported being negatively impacted by health system consolidation. Between 2018 to 2023, there have been 4 changes in ownership involving hospitals through mergers, acquisitions, or CHOW in Colorado.^{4,5}

Colorado requires that the State Attorney General be notified of all hospital transactions but does not grant the authority to approve or deny transactions.⁶ However, the state does require that nonprofit hospitals must provide annual reports indicating that the change in ownership has not negatively impacted access to health services in the affected communities for five years following the transaction.

In the past year, **32%** of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, **19%** 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:

- **43%** – 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,
- **37%** – skipped recommended follow-up visits due to a merger,
- **36%** – changed their preferred doctor or hospital to one that is in-network, and
- **19%** – had to change their preferred provider due to a merger resulting in a service closure.

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:

- **30%** – The merger created an added financial burden
- **27%** – The merger created a gap in the continuity of my care
- **26%** – The merger created an added wait time when searching for a new provider

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a merger, far more respondents (**57%**) reported being 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:

- **29%** – I'm concerned I will have fewer choices of where to receive care
- **26%** – I'm concerned I will have to pay more to see my doctor
- **25%** – I'm concerned my doctor may no longer be covered by my insurance
- **10%** – I'm concerned I will have a lower quality of care
- **9%** – I'm concerned I will have to travel farther to see my doctor

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of Colorado respondents' health care affordability burdens and concerns, it is unsurprising that many reported being dissatisfied with the health care system. In fact, three in four (**76%** of) respondents agreed or strongly agreed that they believe the health care system needs to change. Moreover, only **27%** of respondents agreed or strongly agreed that they believe we have a great healthcare system in the United States. To investigate further, the survey asked respondents to share their perspectives on both personal and governmental actions to address the high health costs.

PERSONAL ACTIONS

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

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

- 55% 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 respondents believe would be the most effective to improve health care affordability (out of ten possible options), the most common responses were:

- 68% – Take better care of my personal health
- 40% – Research treatments myself before going to the doctor
- 35% – Do more to compare provider cost and quality before getting services
- 23% – Contact my state representatives asking them to address high healthcare prices and lack of affordable coverage options
- 28% – There is nothing I can do personally to make our health system better

GOVERNMENT ACTIONS

Colorado 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. Respondents most frequently chose:

- 45% – Affordable Housing
- 43% – Economy/Joblessness
- 41% – Health care

When asked about the top three health care priorities the government should address, respondents most frequently chose:

- 56% – Address high health care costs, including prescription drugs
- 33% – Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- 27% – Get health insurance to those who cannot afford coverage
- 27% – Improve Medicare, coverage for seniors and those with serious disabilities

Out of fifteen possible options, Colorado respondents most frequently reported believing that the reason for high health care costs is unfair prices charged by powerful industry stakeholders, such as:

- 79% – Drug companies charging too much money
- 71% – Hospitals charging too much money
- 71% – Insurance companies charging too much money

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

- 94% – Require hospitals and doctors to provide up-front cost estimates to consumers
- 93% – Show what a fair price would be for specific procedures
- 93% – Require insurers to provide up-front cost estimates to consumers
- 93% – Make it easy to switch insurers if a health plan drops your doctor
- 92% – Cap out-of-pocket costs for life-saving medications, such as insulin
- 91% – Set standard prices for drugs to make them affordable
- 91% – Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes

SUPPORT FOR ACTION ACROSS PARTY LINES

There is 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 or Strongly Agreed that the Government Should Employ Select Strategies, by Political Affiliation

Selected Survey Statements/Questions	Total Percent	Do you consider yourself a...		
		Republican	Democrat	Neither
<i>We have a great healthcare system in the U.S.</i>	27%	35%	31%	18%
<i>The U.S. healthcare system needs to change.</i>	76%	72%	80%	76%
The government should require hospitals and doctors to provide up front patient cost estimates.	94%	94%	94%	93%
The government should require drug companies to provide advance notice of price increases and information to justify those increases.	94%	93%	95%	92%
The government should show what a fair price would be for a specific procedure.	93%	93%	94%	93%
The government should require insurers to provide up-front cost estimates to consumers.	93%	93%	93%	94%
The government should make it easy to switch insurers if a health plan drops your doctor.	93%	94%	94%	91%
The government should cap out-of-pocket costs for life-saving medications, such as insulin.	92%	90%	95%	90%
The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes.	91%	86%	95%	90%

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

NOTES

1. Of the 70% of respondents who encountered one or more cost-related barriers to getting health care during the past twelve months, 20% did not fill a prescription and 11% cut pills in half or skipped doses of medicine due to cost.
2. Eighteen percent (18%) had problems getting mental health care and 6% had problems getting addiction treatment.
3. Median household income in Colorado is \$87,598 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau QuickFacts, [U.S. Census Bureau QuickFacts: Colorado](#).
4. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved June 5, 2024, 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,provider%20consolidate%20to%20form%20a%20new%20business%20entity>.
6. The Source on Healthcare Price and Competition, Merger Review, Retrieved August 23, 2023 from <https://sourceonhealthcare.org/market-consolidation/merger-review/>

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 healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and healthcare.

Contact the Hub:

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HEALTHCARE VALUE HUB

METHODOLOGY

Altarum’s Consumer Healthcare Experience State Survey (CHES) 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 March 26 to April 12, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Colorado. 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 1,412 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	792	56%
Man	594	42%
Transwoman	3	<1%
Transman	2	<1%
Genderqueer/Nonbinary	12	1%
LGBTQ+ Community	181	13%
Insurance Type		
Health insurance through my or a family member’s employer	496	35%
Health insurance I buy on my own	135	10%
Medicare, coverage for seniors and those with serious disabilities	347	25%
Health First Colorado, Colorado Medicaid	279	20%
TRICARE/Military Health System	43	3%
Department of Veterans Affairs	19	1%
No coverage of any type	72	5%
I don’t know	21	1%
Race		
American Indian/Native Alaskan	47	3%
Asian	35	2%
Black or African American	144	10%
Native Hawaiian/Other Pacific Islander	11	1%
White	1,023	72%
Prefer Not to Answer	21	1%
Two or More Races	138	10%
Ethnicity		
Hispanic or Latino	274	19%
Non-Hispanic or Latino	1,138	81%
Age		
18-24	205	15%
25-34	253	18%
35-44	236	17%
45-54	215	15%
55-64	267	19%
65+	226	16%
Party Affiliation		
Republican	347	25%
Democrat	466	33%
Neither	599	42%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	201	14%
\$20K - \$29K	122	9%
\$30K - \$39K	115	8%
\$40K - \$49K	120	8%
\$50K - \$59K	134	9%
\$60K - \$74K	135	10%
\$75K - \$99K	204	14%
\$100K - \$149K	230	16%
\$150K+	151	11%
Education Level		
Some high school	37	3%
High school diploma/GED	228	16%
Some college or training/certificate program	364	26%
Associate degree	148	10%
Bachelor’s degree	343	24%
Some graduate school	36	3%
Graduate degree	256	18%
Self-Reported Health Status		
Excellent	194	14%
Very Good	472	33%
Good	508	36%
Fair	194	14%
Poor	44	3%
Disability		
Mobility	216	15%
Cognition	137	10%
Independent Living	86	6%
Hearing	100	7%
Vision	78	6%
Self-Care: Difficulty dressing or bathing	63	4%
No disability or long-term health condition	988	70%

Source: 2024 Poll of Colorado 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.