



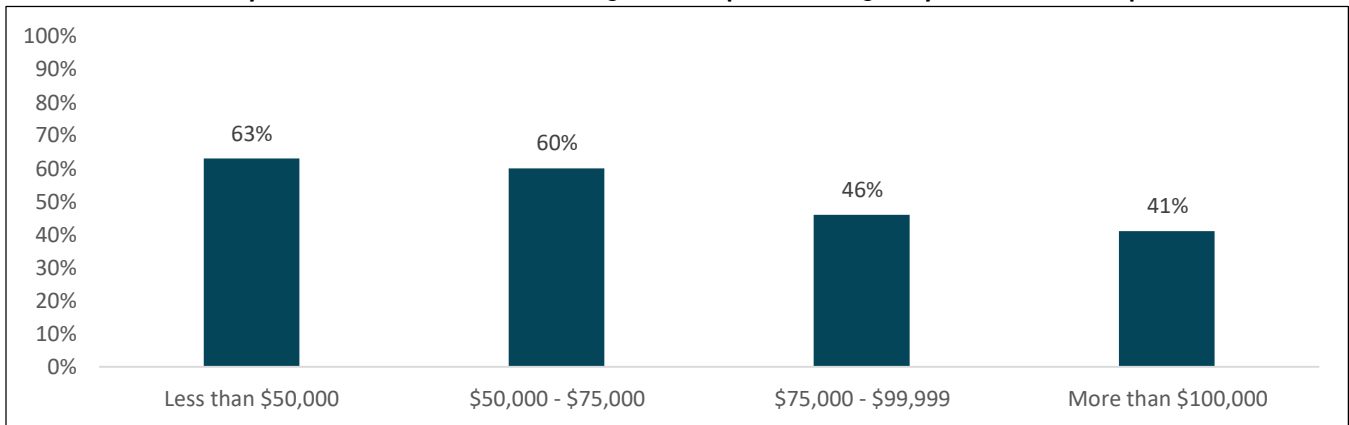
DATA BRIEF | AUGUST 2024

Colorado Survey Respondents Worry about High Drug Costs; Support a Range of Government Solutions

Results from a survey of more than 1,400 Colorado adults conducted from March 26 to April 12, 2024 found that respondents across the state are concerned about prescription drug costs. These respondents also express a strong desire for policymakers to enact solutions to address prescription drug affordability.

More than half (51%) 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 year experiencing the most worry (see Figure 1).¹ However, it is important to note that a large percentage of households making above \$75,000 per year also reported worrying about the cost of prescription drugs.

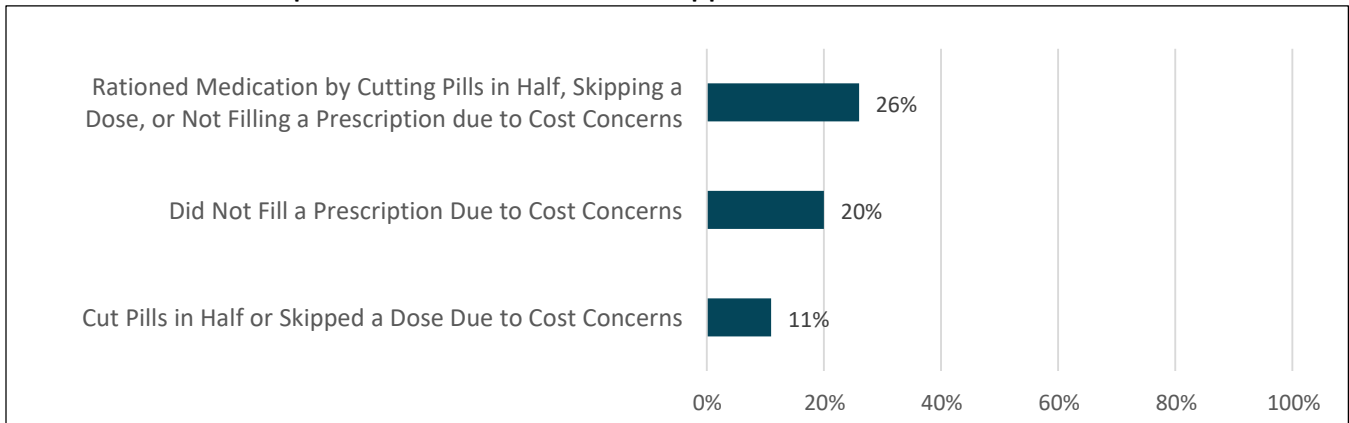
Figure 1
Somewhat or Very Worried About Affording Prescription Drugs, by Income Group



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

In addition to the concerns about affording prescription drugs in the future, the survey reveals that more than a quarter of respondents (26%) have had to ration medication due to cost concerns in the last year, which for the purpose of this brief is defined as not filling a prescription, cutting pills in half or skipping a dose (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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¹ Median household income in Colorado was \$87,598 (2018-2022). U.S. Census, Quick Facts. Retrieved from: U.S. Census Bureau QuickFacts: Colorado

These hardships are prevalent in lower- and middle-income households and among respondents living in households with a person with a disability. Respondents with a disability or living with a person with a disability reported higher rates of rationing medication due to cost compared to those without a disability or a disabled household member (see Table 1).

Table 1
Percent of Colorado Respondents Rationing Medication, By Income, Geographic Setting, Race, Ethnicity, Insurance Type and Disability Status

	Cut Pills in Half or Skipped Dose due to Cost Concerns	Did Not Fill a Prescription due to Cost Concerns	Cut Pills in Half, Skipped Dose, or Did Not Fill Prescription due to Cost Concerns
Income Group			
Less than \$50,000	17%	30%	37%
\$50,000 - \$75,000	16%	22%	32%
\$75,000 - \$99,999	10%	14%	21%
More than \$100,000	6%	14%	18%
Geographic Setting			
Western Colorado	11%	22%	26%
Denver Metro Area	12%	19%	26%
Eastern Colorado	11%	20%	23%
Race/Ethnicity			
Respondents of Color*	18%	26%	33%
Hispanic/Latino, any race	20%	27%	35%
White Alone, Non-Hispanic/Latino	9%	17%	22%
Insurance Type			
Health insurance through employer	10%	16%	22%
Health insurance I buy on my own	12%	25%	31%
Medicare	7%	12%	16%
Health First Colorado, CO Medicaid	16%	35%	39%
Sexual Orientation **			
LGBTQ+	10%	19%	36%
Non-LGBTQ+	18%	28%	24%
Disability Status ***			
Household does not include a person with a disability	8%	17%	21%
Household includes a person with a disability	20%	28%	37%

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 group not shown above were insufficient to report. 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 are a member of the LGBTQIA2S+ community, including: lesbian, gay, bisexual, transgender, nonbinary, gender expansive, queer and/or questioning, intersex, asexual or Two-Spirit, and any people who identify as part of a sexuality, gender or sex diverse community but who do not identify with one of those specific identities.

*** 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.

Despite Health First Colorado, the state Medicaid program, eliminating copays for covered prescription drugs, respondents enrolled in the program still reported the highest rates of rationing medication due to cost. When asked to elaborate on the conditions which led them to ration or forgo care, respondents provided a variety of examples including the medication not being covered and challenges meeting prior authorization requirements (see Table 2).

Table 2
Select Responses Describing Experiences Rationing Medication in the Last Twelve Months among Health First Colorado Enrollees

- “A medication I take was not on the approved medicine list.”
- “I was unable to renew my prescription for mental health medications because my insurance wouldn’t cover it because my psychiatrist did not file the required documents in the way they wanted. 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 could not get my prescription due to cost not covered by my insurance.”
- “Did not get a medicine because I would have had to pay for it myself because my insurance would not cover it.”
- “I did not get medication because insurance wouldn’t cover it, and it was over \$400 a month to pay for it.”
- “The medication was out of refills because I couldn’t afford to see a doctor.”
- “I could not afford to get my daughter birth control because Medicaid stopped covering it and it cost too much.”
- “I didn’t get a medication because there was no generic form and was too expensive.”
- “I had to get stomach medication but couldn’t because it was not covered by my insurance, and I didn’t have the money at the time to pay out of pocket.”
- “I had to switch to a cheaper alternative for my medication as the one I was taking was too expensive.”
- “Impossible to find a prescribing mental health provider.”
- “I needed pain medication and insurance was giving me problems and I couldn’t get it.”
- “I wanted to be on a weight loss assistant, but insurance does not cover weight loss help.”
- “I wasn’t able to get a prescription because of the cost and no alternative.”
- “I’ve skipped several procedures needed for heart failure due to the cost and have not gotten the necessary medication as a result.”

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Considering these challenges, as well as concerns about high health care costs generally, it is not surprising that Colorado respondents are generally dissatisfied with the health care system.² In fact, just 27% of respondents agreed or strongly agreed that the United States health care system is “great,” while 76% agreed or strongly agreed that the United States health care system needs to change.

Colorado respondents also frequently reported that they believe that pricing decisions made by drug companies are a major reason for high health care costs. In fact, out of fifteen options, the most frequently cited reasons for high health care costs were:

- 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 high drug costs, Colorado respondents endorsed a number of prescription drug-related strategies, including:

- 92% – 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;
- 91% – Set standard prices for drugs to make them affordable;
- 89% – Prohibit drug companies from charging more in the U.S. than abroad; and
- 86% – Establish a Prescription Drug Affordability Board to examine evidence and establish acceptable costs for prescription drugs.

² For more detailed information about healthcare affordability burdens facing Colorado respondents, please see Healthcare Value Hub, Colorado Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support Government Action across Party Lines, Data Brief (August 2024).

Moreover, there is strong bipartisan support for a variety of policies designed to address unaffordable prescription drug costs. For example, nearly all (94% of) respondents agreed that drug companies should be required to provide advance notice of price increases and to provide information to justify those increases, including 93% of respondents identifying as a Republican, 95% of respondents identifying as a Democrat and 92% of unaffiliated respondents (see Table 3).

Table 3
Percent Who Agreed or Strongly Agreed that the Government Should Employ Select Strategies, by Political Affiliation

Selected Survey Statements/Questions	Total Percent	Do you think of yourself as...		
		Republican	Democrat	Neither
Major reason for rising health care costs: Drug companies charging too much money	79%	73%	81%	81%
Require drug companies to provide advanced notice of price increases	94%	93%	95%	92%
Cap out-of-pocket costs for life-saving medications, such as insulin	92%	90%	95%	90%
Authorize the Attorney General to take legal action to prevent price gouging or unfair drug price hikes	91%	86%	95%	90%
Establish standard prices for drugs to make them affordable	91%	88%	96%	88%
Prohibit drug companies from charging more in U.S. than abroad	89%	84%	93%	90%
Create a Prescription Drug Affordability Board to examine and establish acceptable costs for drugs	86%	79%	93%	85%

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

While Colorado respondents overwhelmingly support government action to address high drug costs, they also see a role for themselves. Eighty-one percent (81%) would switch from a brand-name to an equivalent generic drug if given the chance, and 55% have sought or attempted to find the cost of a prescription drug beforehand.

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. Recent legislative action at both the federal and state levels may positively impact consumer affordability, specifically for prescription drugs used to treat chronic conditions such as insulin, epinephrine autoinjectors and asthma inhalers. Annual surveys can help assess whether progress is being made.

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:

www.HealthcareValueHub.org | [@HealthValueHub](https://twitter.com/HealthValueHub)

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HEALTHCARE VALUE HUB

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 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	Demographic Characteristic	Frequency	Percentage
Gender/Orientation			Household Income		
Woman	792	56%	Under \$20K	201	14%
Man	594	42%	\$20K - \$29K	122	9%
Transwoman	3	<1%	\$30K - \$39K	115	8%
Transman	2	<1%	\$40K - \$49K	120	8%
Genderqueer/Nonbinary	12	1%	\$50K - \$59K	134	9%
LGBTQ+ Community	181	13%	\$60K - \$74K	135	10%
Insurance Type			\$75K - \$99K	204	14%
Health insurance through my or a family member’s employer	496	35%	\$100K - \$149K	230	16%
Health insurance I buy on my own	135	10%	\$150K+	151	11%
Medicare, coverage for seniors and those with serious disabilities	347	25%	Education Level		
Health First Colorado, Colorado Medicaid	279	20%	Some high school	37	3%
TRICARE/Military Health System	43	3%	High school diploma/GED	228	16%
Department of Veterans Affairs	19	1%	Some college or training/certificate program	364	26%
No coverage of any type	72	5%	Associate degree	148	10%
I don’t know	21	1%	Bachelor’s degree	343	24%
Race			Some graduate school	36	3%
American Indian/Native Alaskan	47	3%	Graduate degree	256	18%
Asian	35	2%	Self-Reported Health Status		
Black or African American	144	10%	Excellent	194	14%
Native Hawaiian/Other Pacific Islander	11	1%	Very Good	472	33%
White	1,023	72%	Good	508	36%
Prefer Not to Answer	21	1%	Fair	194	14%
Two or More Races	138	10%	Poor	44	3%
Ethnicity			Disability		
Hispanic or Latino	274	19%	Mobility	216	15%
Non-Hispanic or Latino	1,138	81%	Cognition	137	10%
Age			Independent Living	86	6%
18-24	205	15%	Hearing	100	7%
25-34	253	18%	Vision	78	6%
35-44	236	17%	Self-Care: Difficulty dressing or bathing	63	4%
45-54	215	15%	No disability or long-term health condition	988	70%
55-64	267	19%	<i>Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey</i>		
65+	226	16%			
Party Affiliation					
Republican	347	25%			
Democrat	466	33%			
Neither	599	42%			

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.