



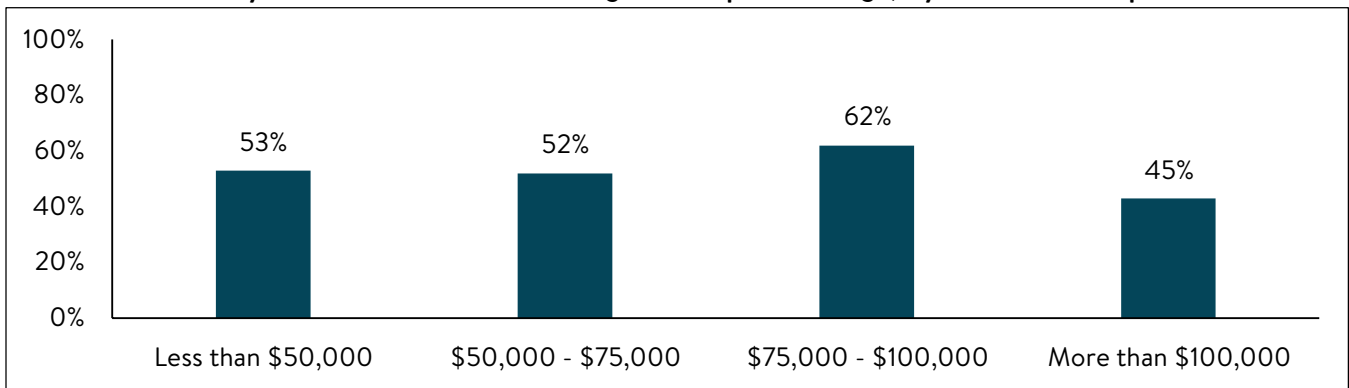
DATA BRIEF | AUGUST 2024

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

According to a survey of more than 1,400 Oregon adults, conducted from June 6 to June 17, 2024, respondents across the state are concerned about prescription drug costs and express a strong desire for policymakers to enact solutions.

Roughly 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 \$75,000 to less than \$100,000 per year experiencing the most worry (see Figure 1).<sup>1</sup> However, it is important to note that a percentage of households making less than \$75,000 and more than \$100,000 per year also reported worrying about the cost of prescription drugs.

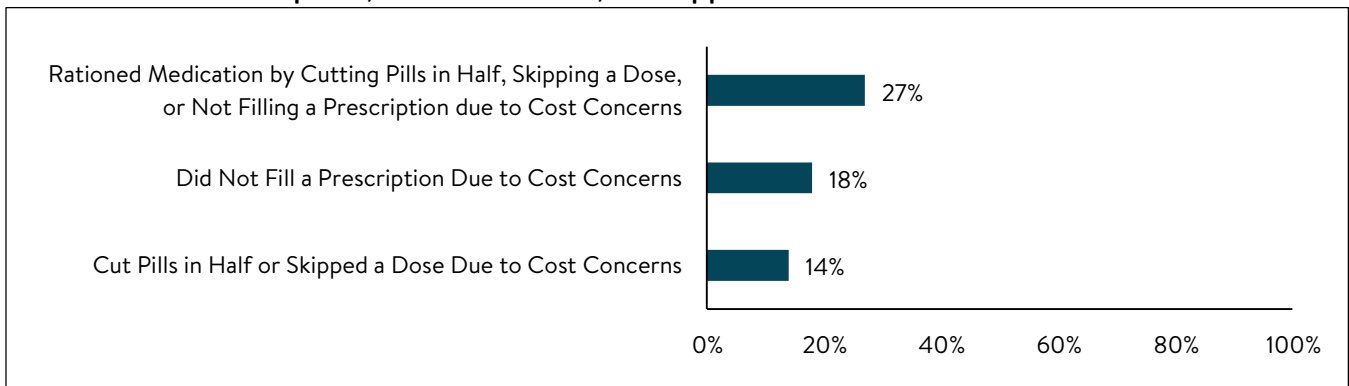
**Figure 1**  
Somewhat or Very Worried About Affording Prescription Drugs, by Income Group



2024 Poll of Oregon 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 (27%) 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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Lower-income respondents and respondents enrolled in Oregon Health Plan, the state Medicaid program, reported the highest rates of rationing medications due to cost. However, these hardships are also alarmingly prevalent in middle-income households. Also of note, respondents living in households with a person with a disability reported markedly higher rates of rationing medication due to cost when compared to respondents without a disabled household member (see Table 1).

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

	Cut Pills in Half or Skipped a Dose due to Cost Concerns	Did Not Fill a Prescription due to Cost Concerns	Cut Pills in Half, Skipped, or Did Not Fill a Prescription
<b>Income Group</b>			
Less than \$50,000	10%	23%	28%
\$50,000 - \$75,000	15%	20%	29%
\$75,000 - \$99,999	24%	12%	32%
More than \$100,000	14%	15%	24%
<b>Geographic Setting</b>			
Portland Metro	13%	17%	25%
Willamette Valley and North Coast	16%	17%	28%
Southwestern Oregon	12%	18%	26%
Central Oregon	16%	20%	31%
Eastern Oregon*	17%	19%	31%
<b>Race/Ethnicity</b>			
Respondents of Color**	25%	23%	39%
Hispanic/Latino, any race	29%	22%	42%
White Alone, Non-Hispanic/Latino	11%	16%	23%
<b>Insurance Type</b>			
Health insurance through an employer	13%	20%	27%
Health insurance that I buy on my own	19%	15%	30%
Medicare	11%	9%	17%
Oregon Medicaid, coverage for low-income people	16%	28%	36%
<b>LGBTQ+ Identity***</b>			
LGBTQ+	19%	24%	32%
Non-LGBTQ+	14%	17%	27%
<b>Disability Status ****</b>			
Household does not include a person with a disability	11%	16%	23%
Household includes a person a disability	20%	21%	35%

Source: 2024 Poll of Oregon 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.

\*\* Sample size for Eastern Oregon is insufficient, use caution when interpreting results.

\*\*\* 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, and Two-Spirit respondents, 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 Oregon Health Plan, the state Medicaid program, paying for covered prescription drugs at no cost to the enrollee, 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 medication, 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 to: “Describing Experiences Rationing Medication in the Last Twelve Months among Oregon Health Plan Enrollees”**

<ul style="list-style-type: none"> <li>• “Had to try and portion out my epilepsy meds due to not being able to get a doctor’s appointment with a doctor accepting Medicaid.”</li> <li>• “A lot of providers don’t take my insurance.”</li> <li>• “Did not fill prescriptions that insurance did not cover.”</li> <li>• “Did not refill a prescribed medication due to its high cost.”</li> <li>• “Had to try and portion out my epilepsy meds due to not being able to get a doctor’s appointment with a doctor accepting Medicaid.”</li> <li>• “I couldn’t afford my injectable diabetic medication, it was \$150 for one pen.”</li> <li>• “I have needed to go to the doctor to address my mental health for a long time but it’s simply too expensive. I cannot afford the medication or treatment even with my insurance.”</li> <li>• “I was unable to fill a prescription for a medication to manage a chronic condition because the copay was too expensive.”</li> <li>• “I’ve delayed dental treatment due to not being able to pay my last x ray fee that my insurance didn’t cover as well as mental health prescriptions and treatment.”</li> <li>• “Many times doctors will change the medicine they prescribe due to my insurance even though most the time the medication ends up costing out of pocket anyways. I have been denied opiate recovery treatment because my insurance did not pay for telemed visits...”</li> <li>• “My long term pain meds are very expensive and I don’t have any money to pay for them.</li> <li>• “The drugs I wanted to try weren’t covered.”</li> <li>• “There was one month I needed medication and I needed to wait a few weeks until I could afford it.”</li> <li>• “When my insurance has not covered medications I have not been able to get them filled due to cost.”</li> </ul>
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*2024 Poll of Oregon Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey*

Considering the challenges respondents reported concerning prescription drug affordability, as well as concerns about high healthcare costs generally,<sup>2</sup> it is not surprising that Oregon respondents are generally dissatisfied with the health care system. In fact, just **34%** of respondents agreed or strongly agreed that the United States health care system is “great,” while **75%** agreed or strongly agreed that the United States health care system needs to change.

Oregon respondents also frequently reported that they believe that drug companies charging too much 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:

- **70%** – Drug companies charging too much money
- **65%** – Insurance companies charging too much money
- **64%** – Hospitals charging too much money

When it comes to tackling high drug costs, Oregon 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
- 89% – Establish a Prescription Drug Affordability Board to examine evidence and establish acceptable costs for prescription drugs.

Moreover, there is strong bipartisan support for a variety of policies designed to address unaffordable prescription drug costs. For example, 91% 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 91% of respondents identifying as a Republican, 90% of respondents identifying as a Democrat and 93% 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	70%	61%	70%	79%
Cap out-of-pocket costs for life-saving medications, such as insulin	92%	88%	93%	93%
Require drug companies to provide advanced notice of price increases	91%	91%	90%	93%
Authorize the Attorney General to take legal action to prevent price gouging or unfair drug price hikes	91%	89%	92%	94%
Establish standard prices for drugs to make them affordable	91%	90%	92%	92%
Prohibit drug companies from charging more in U.S. than abroad	89%	89%	91%	88%
Create a Prescription Drug Affordability Board to examine and establish acceptable costs for drugs	89%	85%	93%	89%

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

While Oregon respondents support government action to address high drug costs, they also see a role for themselves. Seventy-two percent (72%) would switch from a brand-name to an equivalent generic drug if given the chance, and 54% have sought or attempted to find the cost of a prescription drug beforehand.

## 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 should 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.

## NOTES

1. Median household income in Oregon is \$75,657 (2022 American Community Survey 1-Year Estimates). U.S. Census, *Quick Facts*. [Oregon - Census Bureau Profile](#)
2. For more detailed information about healthcare affordability burdens facing Oregon respondents, please see Healthcare Value Hub, *Oregon Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support Government Action across Party Lines*, Data Brief (August 2024).

### 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 June 6 to June 17, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,551 respondents who live in Oregon. 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 1,499 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
<b>Gender/Orientation</b>		
Woman	808	54%
Man	670	45%
Transwoman	3	<1%
Transman	8	1%
Genderqueer/Nonbinary	12	1%
LGBTQ+ Community	178	12%
<b>Insurance Type</b>		
Health insurance through my or a family member’s employer	383	26%
Health insurance I buy on my own	313	21%
Medicare, coverage for seniors and those with serious disabilities	417	28%
Oregon Health Plan, Oregon Medicaid	279	19%
TRICARE/Military Health System	16	1%
Department of Veterans Affairs	23	2%
No coverage of any type	42	3%
I don’t know	26	2%
<b>Race</b>		
American Indian/Native Alaskan	51	3%
Asian	53	4%
Black or African American	196	13%
Native Hawaiian/Other Pacific Islander	14	1%
White	1,114	74%
Prefer Not to Answer	22	1%
Two or More Races	93	6%
<b>Ethnicity</b>		
Hispanic or Latino	156	10%
Non-Hispanic or Latino	1,343	90%
<b>Age</b>		
18-24	156	10%
25-34	327	22%
35-44	280	19%
45-54	211	14%
55-64	223	15%
65+	299	20%
<b>Party Affiliation</b>		
Republican	489	33%
Democrat	568	38%
Neither	442	29%

Demographic Characteristic	Frequency	Percentage
<b>Household Income</b>		
Under \$20K	190	13%
\$20K - \$29K	128	9%
\$30K - \$39K	110	7%
\$40K - \$49K	106	7%
\$50K - \$59K	113	8%
\$60K - \$74K	171	11%
\$75K - \$99K	298	20%
\$100K - \$149K	229	15%
\$150K+	154	10%
<b>Education Level</b>		
Some high school	41	3%
High school diploma/GED	205	14%
Some college or training/certificate program	313	21%
Associate degree	142	9%
Bachelor’s degree	415	28%
Some graduate school	131	9%
Graduate degree	252	17%
<b>Self-Reported Health Status</b>		
Excellent	238	16%
Very Good	493	33%
Good	516	34%
Fair	205	14%
Poor	47	3%
<b>Disability</b>		
Mobility	264	18%
Cognition	173	12%
Independent Living	197	13%
Hearing	151	10%
Vision	117	8%
Self-Care: Difficulty dressing or bathing	76	5%
No disability or long-term health condition	893	60%

Source: 2024 Poll of Oregon 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.