



DATA BRIEF | AUGUST 2024

Oregon 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 Oregon adults, conducted from June 6 to June 17, 2024, found that:

- Over 3 in 4 (**76%**) 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;
- Nearly 3 in 4 (**74%**) 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, Oregon adults experience hardship due to high health care costs. In the past twelve months, seven out of ten (**76%**) respondents experienced at least one of the following health care affordability burdens:

1) BEING UNINSURED DUE TO HIGH COSTS

Nearly two in five (**39%**) 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, **42%** of respondents without dental insurance and **34%** 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

Nearly three quarters (**74%**) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- **27%**—Skipped needed dental care
- **27%**—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- **25%**—Delayed going to the doctor or having a procedure done
- **22%**—Skipped a recommended medical test or treatment
- **24%**—Had problems getting mental health care or addiction treatment²
- **18%**—Skipped needed vision services
- **17%**—Avoided going to the doctor or having a procedure done altogether
- **7%**—Skipped needed hearing services
- **7%**—Skipped or delayed getting a medical assistive device

Moreover, respondents most frequently cited cost and an inability to get an appointment as the reasons for them or their family members not getting care in the last year, exceeding 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 two-fifths (43%) of respondents reported experiencing one or more of these struggles to pay their medical bills:

- 14%—Used up all or most of their savings
- 14%—Were unable to pay for basic necessities like food, heat or housing
- 12%—Were contacted by a collection agency
- 12%—Borrowed money, got a loan or another mortgage on their home
- 10%—Racked up large amounts of credit card debt
- 8%—Were placed on a long-term payment plan
- 8% - Asked for donations (GoFundMe campaigns)

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTH CARE IN THE FUTURE

Oregon 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:

- 67%—Cost of nursing home or home care services
- 64%—Medical costs when elderly
- 61%—Medical costs in the event of a serious illness or accident
- 60%—Health insurance will become unaffordable
- 51%—Prescription drugs will become unaffordable
- 57%—Cost of dental care
- 52%—Cost of needed vision services
- 50%—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 18-34 and 55-64 were most concerned about affording nursing home or home care costs. This suggests that Oregon respondents may be worried about affording the cost of care for both aging relatives and themselves.

Likewise, worry about affording health care was highest among respondents living in both low-income and middle-income households, those with a disabled household member, those in the Portland Metro area, and respondents of color (see Table 1). Overall, 86% of respondents with an annual household income between \$75,00 and under \$100,000 reported worrying about affording some aspect of coverage or care in the past year. However, 82% of those earning over \$100,000 per year also reported concerns.³ In fact, concerns existed across all respondent income levels, education levels, races, ethnicities, geographic settings, and abilities.

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	84%
\$50,000 - \$75,000	81%
\$75,000 - \$100,000	86%
More than \$100,000	82%
Geographic Setting	
Portland Metro	86%
Willamette Valley and North Coast	83%
Southwestern Oregon	80%
Central Oregon	80%
Eastern Oregon*	78%
Race/Ethnicity	
Respondents of Color**	91%
Hispanic/Latino, Any Race	95%
White Alone, Non-Hispanic/Latino	80%
Insurance Type	
Health insurance through my or a family members employer	88%
Health insurance that I buy on my own	83%
Medicare, coverage for seniors and those with disabilities	77%
Oregon Medicaid, coverage of low-income people	86%
Disability***	
Household does not include a person with at least one disability	79%
Household includes a person with at least one disability	90%

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

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

**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 Oregon.

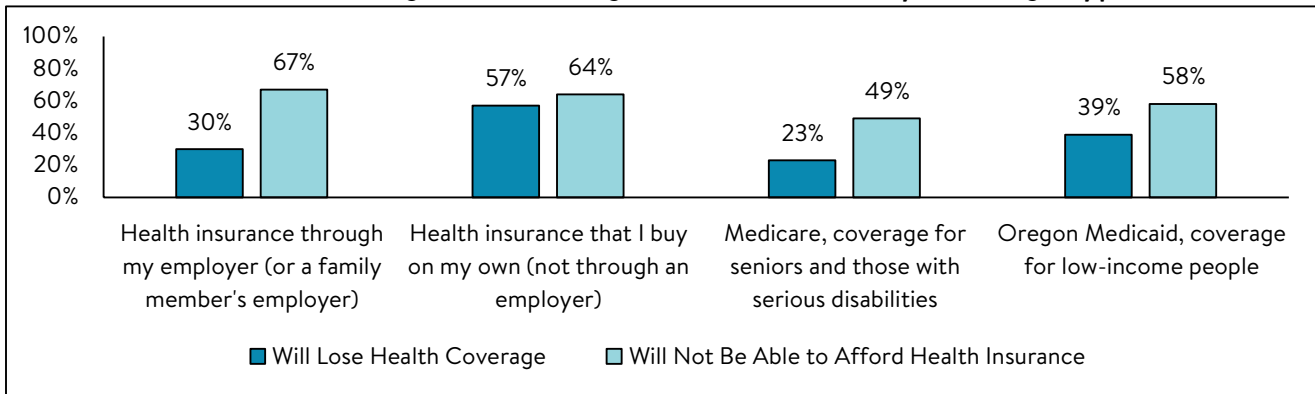
***Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

Respondents reported worry about insurance becoming unaffordable more frequently than worry about losing coverage across all income levels, regions, races/ethnicities, and coverage types.

Concern that health insurance *will become unaffordable* was most prevalent among those with insurance purchased through their employer (see Figure 1), those earning \$75,000 - \$100,000, and those in the Willamette Valley, North Coast, and Portland Metro Area. Likewise, respondents of color and those 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 Table 2).

Although concerns about affording coverage surpassed fears about losing coverage, certain respondents were more concerned about *losing health insurance coverage* than others. Concerns about losing health insurance coverage were most prevalent among those with insurance purchased independently (see Figure 1), those earning \$75,000 - \$100,000, those in Eastern Oregon*, Hispanic/Latino respondents, and those with a disabled household member compared to their respective counterparts (see Table 2).

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



Source: 2024 Poll of Oregon 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	31%	60%
\$50,000 - \$75,000	39%	61%
\$75,000 - \$100,000	51%	68%
More than \$100,000	36%	57%
Geographic Setting		
Portland Metro	38%	62%
Willamette Valley and North Coast	38%	63%
Southwestern Oregon	32%	55%
Central Oregon	32%	55%
Eastern Oregon*	48%	60%
Race/Ethnicity		
Respondents of Color**	51%	68%
Hispanic/Latino, Any Race	64%	69%
White Alone, Non-Hispanic/Latino	32%	58%
Disability***		
Household does not include a person with a disability	31%	58%
Household includes a person with a disability	48%	65%
Insurance Type		
Health insurance through my or a family members employer	30%	67%
Health insurance that I buy on my own	57%	64%
Medicare, coverage for seniors and those with disabilities	23%	49%
Oregon Medicaid, coverage for low-income people	39%	58%

Source: 2024 Poll of Oregon 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 HEALTH CARE AFFORDABILITY BURDENS

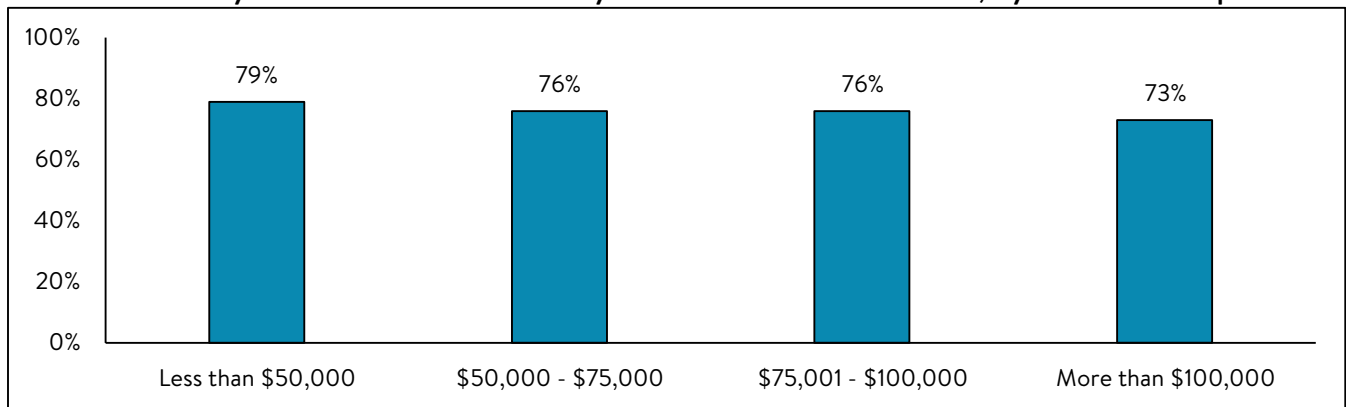
The survey also revealed differences in how Oregon respondents experience health care affordability burdens by income, age, geographic setting, disability, race, and ethnicity.

INCOME AND AGE

Respondents at the lowest end of the income spectrum most frequently reported experiencing one or more health care affordability burdens, however rates of going without care and rationing medication were similarly high among middle-income and even high-income respondents. Nearly four out of five (79%) respondents earning less than \$50,000 per year reported struggling to afford some aspect of coverage or care in the past 12 months, as did 76% of those earning \$50,000 - \$100,000 (see Figure 2). This may be related, in part, to respondents in lower- and middle-income groups reporting higher rates of going without care and rationing their medication due to cost (see Figure 3). Still, 73% of those earning over \$100,000 also reported experiencing healthcare affordability burdens.

Figure 2

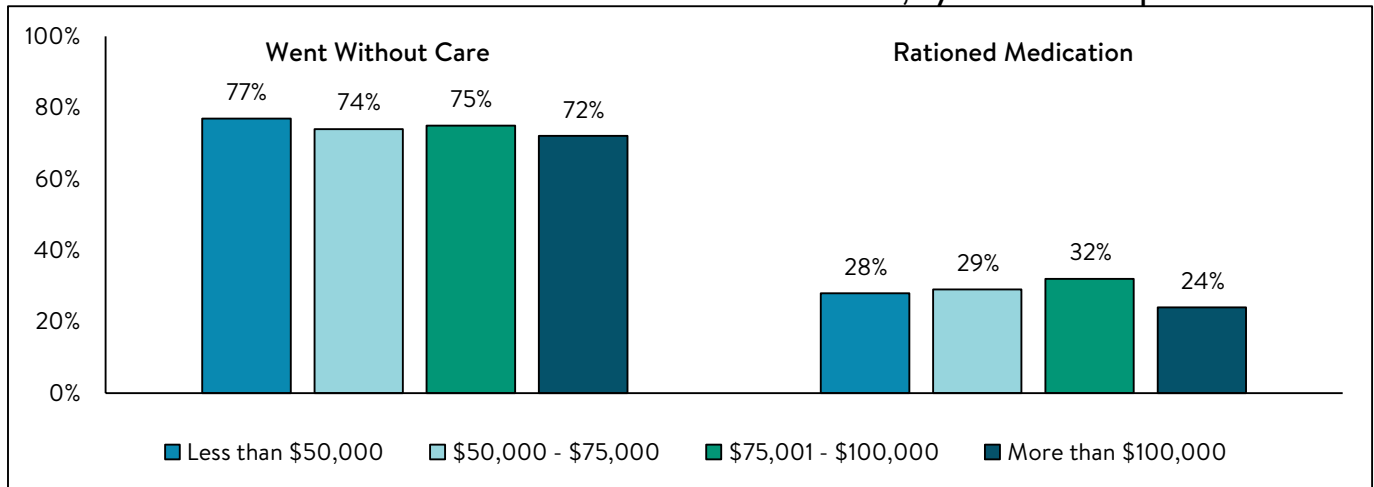
Percent with Any Health Care Affordability Burden in Prior 12 Months, by Income Group



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

Figure 3

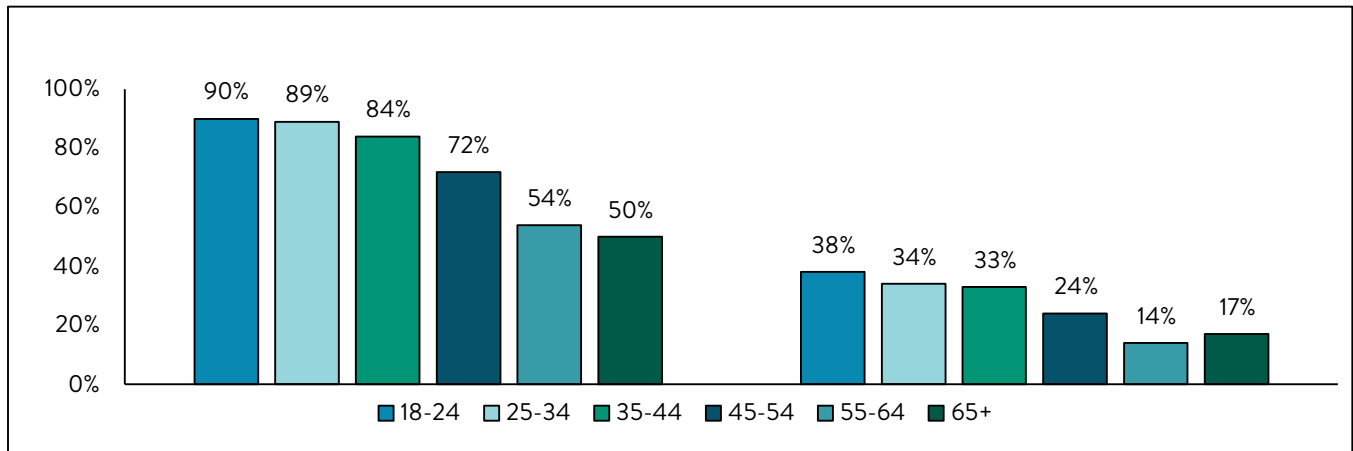
Percent Who Went Without Care Due to Cost in Prior 12 Months, by Income Group



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

Further analysis found that Oregon respondents aged 18-24 reported the highest rates of forgoing care due to cost. However, at least 7 in 10 respondents aged 18-54 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 Oregon 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, **84%** reported going without some form of care and **35%** 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 (**69%**) and rationing medication (**23%**) due to cost (see Table 3).

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— **9%** 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 **7%** 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	16%	18%
Problems getting mental health care	16%	21%
Problems getting addiction treatment	7%	14%
Skipped needed dental care	25%	31%
Skipped or delayed getting a medical assistive device	7%	9%
Skipped needed vision services	14%	25%

Source: 2024 Poll of Oregon 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 Oregon, respondents with private insurance purchased independently reported the highest rates of going without care due to cost and rationing medication, followed by respondents enrolled in Medicaid (see Table 4). Still, over half (56%) 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 and rationing medication due to cost more frequently than white, alone non-Hispanic 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 Oregon, eighty-eight percent (88%) of Hispanic/Latino respondents reported going without care due to cost in the past twelve months compared to 71% of white alone, non-Hispanic/Latino respondent (see Table 4). Further analysis showed that Respondents of Color also reported higher rates of rationing medication due to cost and problems receiving behavioral health care compared to white, alone non-Hispanic respondents (see Figure 5).

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	Did Not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Cost
Geographic Setting		
Portland Metro	66%	25%
Willamette Valley and North Coast	78%	28%
Southwestern Oregon	77%	26%
Central Oregon	83%	31%
Eastern Oregon*	87%	31%
Race/Ethnicity		
Respondents of Color**	84%	39%
Hispanic/Latino, Any Race	88%	42%
White Alone, Non-Hispanic/Latino	71%	23%
Insurance Type		
Health insurance through my or a family members employer	71%	27%
Health insurance that I buy on my own	91%	30%
Medicare, coverage for seniors and those with disabilities	56%	17%
Oregon Medicaid, coverage for low-income people	84%	36%

	Went Without Care Due to Cost	Did Not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Cost
Disability***		
Household does not include a person with a disability	69%	23%
Household includes a person with a disability	84%	35%

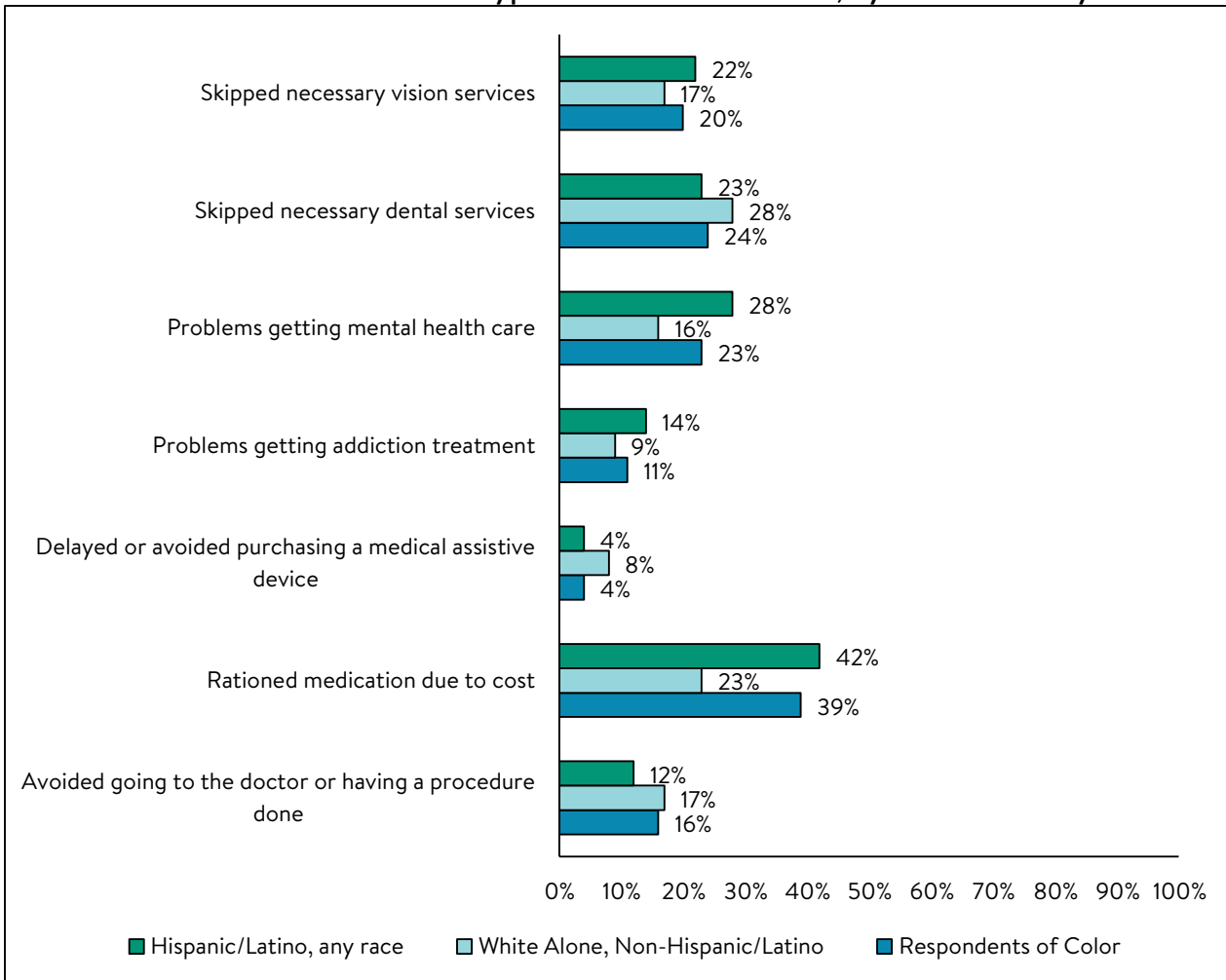
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***Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

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



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

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 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"> • “About 6 months ago I needed some dental work done but did not have the money to have it done.” • “Between copays and prescriptions vs utilities – utilities won. My partner has been off his meds for 9 months due to overall costs even with insurance.” • “Can’t afford even the basic office visit with rent and food being so expensive.” • “I had to skip out on both dental and vision appointments so I could pay for dental, vision and glasses for my children.” • “I have not had more mammograms done because they did several in 1 year and my insurance did not cover more than one now I’m in debt and they want me to do an MRI which my insurance doesn’t cover because its diagnostic not routine.”
Insurance Purchased Independently by the Respondent
<ul style="list-style-type: none"> • “At the beginning of my pregnancy I skipped quite a few appointments because I couldn’t afford health insurance.” • “Avoided going to the dentist due to the cost of the visit.” • “High expenditures have delayed getting new glasses and a vision exam.” • “I couldn’t pay for my blood glucose monitor sensor because the price doubled.” • “I postponed physical therapy sessions recommended by my doctor because the co-payments would not fit in my budget.”
Medicare, Coverage for Seniors and Individuals with Disabilities
<ul style="list-style-type: none"> • “Cannot afford cataract surgery. Cutting medication dosages in half. Going to Canada to get meds and forgoing one of my medications altogether as it is too expensive.” • “Did not get hearing aids due to cost.” • “Did not get the dental surgery I needed. I also waited out a possible hospital visit due to ER costs.” • “I was not able to get a therapist because none of the local people would take Medicare.” • “I was supposed to have a recheck on my eye exam but because I was charged 90 dollars for the first exam I declined the recheck. I wasn’t expecting to have to pay that much.”
Oregon Medicaid, Coverage for Low-income People
<ul style="list-style-type: none"> • “Couldn’t afford the cost of a routine dental exam and cleaning.” • “Couldn’t afford the ride to get there.” • “Dental and vision insurance didn’t cover costs of what I needed. Glasses and implants.” • “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.” • “I had to completely stop all therapy appointments because she did not take my insurance and I had to pay \$100 out of pocket for every session.” • “I haven’t been able to get glasses because Medicaid pays for the exam but not the glasses.”

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

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 experiencing at least one of the previous medical cost burdens 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 insurance they purchase on their own reported the highest rates of the above burdens due to medical bills (60%) 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	39%
\$50,000 - \$75,000	39%
\$75,000 - \$100,000	57%
More than \$100,000	42%
Geographic Setting	
Portland Metro	39%
Willamette Valley and North Coast	43%
Southwestern Oregon	38%
Central Oregon	46%
Eastern Oregon*	65%
Race/Ethnicity	
Respondents of Color**	57%
Hispanic/Latino, Any Race	69%
White Alone, Non-Hispanic/Latino	38%
Insurance Type	
Health insurance through my or a family members employer	39%
Health insurance that I buy on my own	60%
Medicare, coverage for seniors and those with disabilities	28%
Oregon Medicaid, coverage for low-income people	49%
Disability Status***	
Household does not include a member with at least one disability	33%
Household includes a member with at least one disability	60%

Source: 2024 Poll of Oregon 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 Oregon respondents reported being negatively impacted by health system consolidation. In 2018 there was 1 change in ownership involving hospitals through mergers, acquisitions, or CHOW in Oregon.^{4,5} Oregon requires that the State Attorney General and Oregon Health Authority be notified of all hospital transactions and grants the authority to approve or deny transactions.⁶

In the past year, 35% of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, 30% 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:

- 40% changed their preferred doctor or hospital to one that is in-network,
- 31% skipped recommended follow-up visits due to a merger,
- 30% skipped filling a prescription, and
- 26% 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.

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:

- 27% – The merger created an added wait time when searching for a new provider,
- 20% – The merger created a gap in the continuity of my care,
- 20% - The merger created an added transportation burden, and
- 18% – The merger created an added financial burden.

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a merger, far more respondents (66%) 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 to pay more to see my doctor,
- 25% – I'm concerned I will have fewer choices of where to receive care,
- 25% – I'm concerned my doctor may no longer be covered by my insurance,
- 13% – I'm concerned I will have a lower quality of care, and
- 8% – 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 Oregon respondents' health care affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system. Of the respondents surveyed:

- Just 34% 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.”

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

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

- 54% of respondents reported researching the cost of a drug beforehand, and

- 72% 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 they felt would be most effective in addressing health care affordability (out of ten options), the most common responses were:

- 58% – Take better care of my personal health
- 42% – Research treatments myself before going to the doctor
- 30% – Do more to compare provider cost and quality before getting services
- 27% – Contact my state representatives asking them to address high healthcare prices and lack of affordable coverage options
- 24% – There is nothing I can do personally to make our health system better

GOVERNMENT ACTIONS

Oregon 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:

- 51% – Health care
- 44% – Affordable Housing
- 41% – Economy/Joblessness

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

- 46% – Address high health care costs, including prescription drugs,
- 33% – Get health insurance to those who cannot afford coverage,
- 31% – Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition, and
- 31% – Improve Medicare, coverage for seniors and those with serious disabilities.

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

- 70% – Drug companies charging too much money,
- 65% – Insurance companies charging too much money, and
- 64% – Hospitals charging too much money.

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

- 93% – Show what a fair price would be for specific procedures
- 92% – Require hospitals and doctors to provide up-front cost estimates to consumers
- 92% – Require insurers to provide up-front cost estimates to consumers
- 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

- **91%** - Require drug companies to provide advanced notice of price increases and information to justify those increases,
- **91%** - Fund home and community-based programs for people with disabilities to ensure everyone can access affordable long-term services and supports, regardless of income
- **90%** - Expand health insurance options so that everyone can afford quality coverage.

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>	34%	44%	33%	23%
<i>The U.S. healthcare system needs to change.</i>	75%	74%	79%	72%
The government should show what a fair price would be for a specific procedure.	93%	91%	93%	94%
The government should require hospitals and doctors to provide up front patient cost estimates.	92%	90%	93%	92%
The government should require insurers to provide up-front cost estimates to consumers.	92%	91%	91%	94%
The government should cap out-of-pocket costs for life-saving medications, such as insulin.	92%	88%	93%	93%
The government should set standard prices for drugs to make them affordable.	91%	90%	92%	92%
The government should require drug companies to provide advance notice of price increases and information to justify those increases.	91%	91%	90%	93%
The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes.	91%	89%	92%	94%
The government should fund home and community-based programs for people with disabilities to ensure everyone can access affordable long-term services and supports, regardless of income.	91%	87%	92%	93%
The government should expand health insurance options so that everyone can afford quality coverage.	90%	89%	91%	90%

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

NOTES

1. During the past twelve months, 18% of respondents did not fill a prescription and 14% cut pills in half or skipped doses of medicine due to cost.
2. Eighteen percent (18%) had problems getting mental health care and 9% had problems getting addiction treatment.
3. Median household income in Oregon is \$75,657 (2022 American Community Survey 1-Year Estimates). U.S. Census, *Quick Facts*. [Oregon - Census Bureau Profile](#)
4. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved June 27, 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,providers%20consolidate%20to%20form%20a%20new%20business%20entity>.
6. The Source on Healthcare Price and Competition, Merger Review, Retrieved July 8, 2024 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 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.

Contact the Hub:

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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 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	Demographic Characteristic	Frequency	Percentage
Gender/Orientation			Household Income		
Woman	808	54%	Under \$20K	190	13%
Man	670	45%	\$20K - \$29K	128	9%
Transwoman	3	<1%	\$30K - \$39K	110	7%
Transman	8	1%	\$40K - \$49K	106	7%
Genderqueer/Nonbinary	12	1%	\$50K - \$59K	113	8%
LGBTQ+ Community	178	12%	\$60K - \$74K	171	11%
Insurance Type			\$75K - \$99K	298	20%
Health insurance through my or a family member’s employer	383	26%	\$100K - \$149K	229	15%
Health insurance I buy on my own	313	21%	\$150K+	154	10%
Medicare, coverage for seniors and those with serious disabilities	417	28%	Education Level		
Oregon Health Plan, Oregon Medicaid	279	19%	Some high school	41	3%
TRICARE/Military Health System	16	1%	High school diploma/GED	205	14%
Department of Veterans Affairs	23	2%	Some college or training/certificate program	313	21%
No coverage of any type	42	3%	Associate degree	142	9%
I don’t know	26	2%	Bachelor’s degree	415	28%
Race			Some graduate school	131	9%
American Indian/Native Alaskan	51	3%	Graduate degree	252	17%
Asian	53	4%	Self-Reported Health Status		
Black or African American	196	13%	Excellent	238	16%
Native Hawaiian/Other Pacific Islander	14	1%	Very Good	493	33%
White	1,114	74%	Good	516	34%
Prefer Not to Answer	22	1%	Fair	205	14%
Two or More Races	93	6%	Poor	47	3%
Ethnicity			Disability		
Hispanic or Latino	156	10%	Mobility	264	18%
Non-Hispanic or Latino	1,343	90%	Cognition	173	12%
Age			Independent Living	197	13%
18-24	156	10%	Hearing	151	10%
25-34	327	22%	Vision	117	8%
35-44	280	19%	Self-Care: Difficulty dressing or bathing	76	5%
45-54	211	14%	No disability or long-term health condition	893	60%
55-64	223	15%	<i>Source: 2024 Poll of Oregon Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey</i>		
65+	299	20%			
Party Affiliation					
Republican	489	33%			
Democrat	568	38%			
Neither	442	29%			

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.