



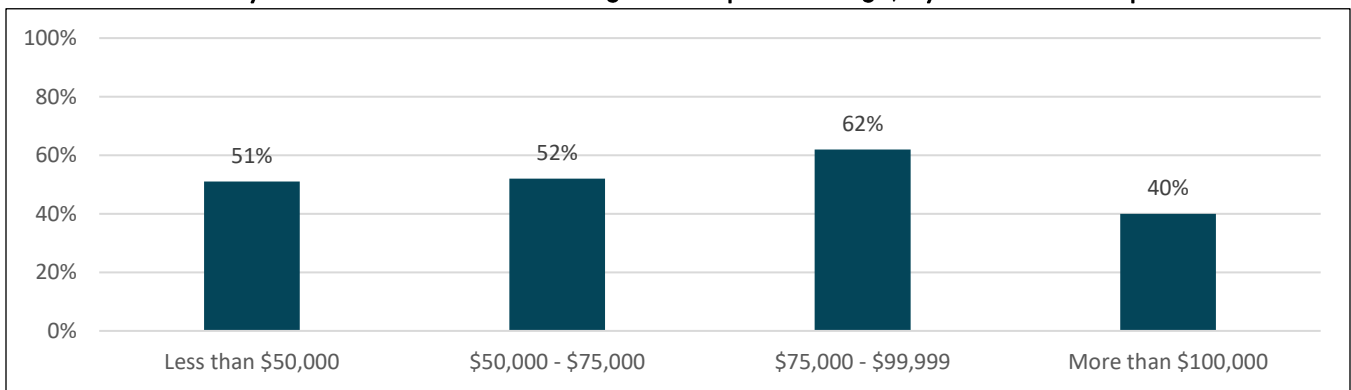
DATA BRIEF | AUGUST 2024

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

According to a survey of more than 1,000 District of Columbia adults, conducted from March 14 to May 15, 2024, respondents across the state are concerned about prescription drug costs and express a strong desire for policymakers to enact solutions.

Nearly half (47%) 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 between \$75,000 and \$100,000 per year experiencing the most worry (see Figure 1).¹ However, it is important to note that a percentage of households making above \$100,000 per year also reported worrying about the cost of prescription drugs.

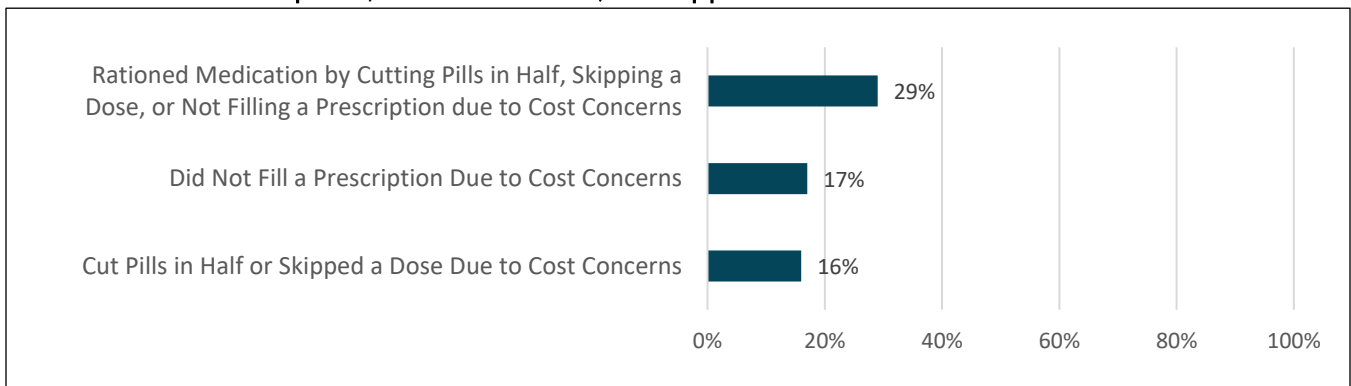
Figure 1
Somewhat or Very Worried About Affording Prescription Drugs, by Income Group



2024 Poll of District of Columbia 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 (29%) 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 DC Healthy Families, the state Medicaid program, reported the highest rates of rationing medications due to cost. However, these hardships are also prevalent in middle-income households. Also of note, respondents living in households with a person with a disability reported higher rates of rationing medication due to cost when compared to respondents without a disabled household member (see Table 1).

Table 1
Percent of District of Columbia 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
Income Group			
Less than \$50,000	17%	24%	35%
\$50,000 - \$75,000	17%	23%	36%
\$75,000 - \$99,999	19%	21%	33%
More than \$100,000	16%	11%	24%
Geographic Setting			
Ward 1	11%	20%	29%
Ward 2	23%	16%	36%
Ward 3	14%	12%	21%
Ward 4	17%	21%	33%
Ward 5	19%	13%	29%
Ward 6*	13%	16%	25%
Ward 7*	17%	16%	26%
Ward 8	16%	21%	31%
Race/Ethnicity			
Respondents of Color**	16%	20%	31%
White Alone, Non-Hispanic/Latino	17%	11%	25%
Insurance Type			
Health insurance through an employer	15%	16%	26%
Health insurance that I buy on my own	24%	14%	34%
Medicare, coverage for seniors and those with serious disabilities	13%	13%	23%
DC Healthy Families, District of Columbia Medicaid	13%	23%	30%
Sexual Orientation ***			
LGBTQ+	19%	18%	31%
Non-LGBTQ+	16%	16%	29%
Disability Status ****			
Household does not include a person with a disability	14%	14%	24%
Household includes a person a disability	24%	24%	42%

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

*The sample size of respondents for the geographic settings shown above were insufficient to report reliable estimates.

** 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.

*** 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.

Respondents enrolled in DC Healthy Families, the state Medicaid program, reported some of 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 to: “Describing Experiences Rationing Medication in the Last Twelve Months among DC Healthy Families Enrollees”

- “Getting medication for Anxiety and Depression. What was originally prescribed couldn’t be covered by my insurance.
- “I may have missed a prescription or two.”
- “Insurance would not approve of medication because of cost.”
- “My mom wasn’t able to get her medicine because her insurance didn’t cover the cost.”

Considering the challenges respondents reported concerning prescription drug affordability, as well as concerns about high health care costs generally,² it is not surprising that District of Columbia respondents are generally dissatisfied with the health care system. In fact, just **40%** of respondents agreed or strongly agreed that the United States health care system is “great,” while **73%** agreed or strongly agreed that the United States health care system needs to change.

District of Columbia 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:

- **63%** – Drug companies charging too much money
- **61%** – Hospitals charging too much money
- **61%** – Insurance companies charging too much money

When it comes to tackling high drug costs, District of Columbia respondents endorsed a number of prescription drug-related strategies, including:

- **90%** – Cap out-of-pocket costs for life-saving medications, such as insulin;
- **88%** – Authorize the Attorney General to take legal action to prevent price gouging;
- **88%** – Set standard prices for drugs to make them affordable;
- **85%** – Prohibit drug companies from charging more in the U.S. than abroad; and
- **85%** – 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, nearly all (**88%** 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 **82%** of respondents identifying as a Republican, **93%** of respondents identifying as a Democrat and **82%** 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	63%	53%	69%	57%
Require drug companies to provide advanced notice of price increases	88%	82%	93%	82%
Cap out-of-pocket costs for life-saving medications, such as insulin	90%	82%	93%	86%
Authorize the Attorney General to take legal action to prevent price gouging or unfair drug price hikes	88%	80%	94%	81%
Establish standard prices for drugs to make them affordable	88%	82%	92%	81%
Prohibit drug companies from charging more in U.S. than abroad	85%	75%	91%	79%
Create a Prescription Drug Affordability Board to examine and establish acceptable costs for drugs	85%	81%	91%	75%

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

While District of Columbia respondents support government action to address high drug costs, they also see a role for themselves. Fifty-three percent (53%) would switch from a brand-name to an equivalent generic drug if given the chance, and 60% 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.

NOTES

1. Median household income in District of Columbia was \$101,722 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: District of Columbia](#)
2. For more detailed information about health care affordability burdens facing District of Columbia respondents, please see Healthcare Value Hub, *District of Columbia Residents Struggle to Afford High Healthcare Costs; Worry About Affording Health Care 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 health care costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and health care.

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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 14 to May 15, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,180 respondents who live in District of Columbia. 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 1,079 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	619	57%
Man	435	40%
Transwoman	7	1%
Transman	1	<1%
Genderqueer/Nonbinary	11	1%
LGBTQ+ Community	254	24%
Insurance Type		
Health insurance through my or a family member’s employer	470	44%
Health insurance I buy on my own	225	21%
Medicare, coverage for seniors and those with serious disabilities	128	12%
DC Healthy Families, District of Columbia Medicaid	171	16%
TRICARE/Military Health System	17	2%
Department of Veterans Affairs	12	1%
No coverage of any type	23	2%
I don’t know	33	3%
Race		
American Indian/Native Alaskan	29	3%
Asian	70	6%
Black or African American	413	38%
Native Hawaiian/Other Pacific Islander	19	2%
White	540	50%
Prefer Not to Answer	17	2%
Two or More Races	74	7%
Ethnicity		
Hispanic or Latino	72	7%
Non-Hispanic or Latino	1007	93%
Age		
18-24	272	25%
25-34	307	29%
35-44	181	17%
45-54	133	13%
55-64	92	9%
65+	79	7%
Party Affiliation		
Republican	170	16%
Democrat	617	57%
Neither	292	27%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	151	14%
\$20K - \$29K	87	8%
\$30K - \$39K	60	6%
\$40K - \$49K	55	5%
\$50K - \$59K	85	8%
\$60K - \$74K	66	6%
\$75K - \$99K	132	12%
\$100K - \$149K	183	17%
\$150K+	260	24%
Education Level		
Some high school	28	3%
High school diploma/GED	174	16%
Some college or training/certificate program	170	16%
Associate degree	62	6%
Bachelor’s degree	233	22%
Some graduate school	50	5%
Graduate degree	362	34%
Self-Reported Health Status		
Excellent	311	29%
Very Good	394	37%
Good	277	26%
Fair	86	8%
Poor	11	1%
Disability		
Mobility	122	11%
Cognition	109	10%
Independent Living	99	9%
Hearing	45	4%
Vision	49	5%
Self-Care: Difficulty dressing or bathing	55	5%
No disability or long-term health condition	753	70%

Source: 2024 Poll of District of Columbia 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.