



DATA BRIEF | AUGUST 2024

## New Mexico 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 New Mexico adults, conducted from June 6 to July 8, 2024, found that:

- 3 in 4 (75%) experienced at least one health care affordability burden in the past year;
- Over 4 in 5 (82%) worry about affording health care in the future;
- Nearly 3 in 4 (73%) 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, New Mexico adults experience hardship due to high health care costs. In the past twelve months, over seven out of ten (75%) respondents experienced at least one of the following health care affordability burdens:

#### 1) BEING UNINSURED DUE TO HIGH COSTS

Greater than one-third of (37%) 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, 39% of respondents without dental insurance and 37% 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-fourths (73%) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- 32%—Cut pills in half, skipped doses of medicine or did not fill a prescription<sup>1</sup>
- 30%—Skipped needed dental care
- 26%—Delayed going to the doctor or having a procedure done
- 26%—Skipped a recommended medical test or treatment
- 21%—Avoided going to the doctor or having a procedure done altogether
- 20%—Skipped needed vision services
- 19%—Had problems getting mental health care or addiction treatment<sup>2</sup>
- 8%—Skipped or delayed getting a medical assistive device
- 7%—Skipped needed hearing services

Respondents most frequently cited not being able to get an appointment (27%) as the reason for them or their family members not getting care in the last year followed by cost (22%), 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 two out of five respondents (44%) reported experiencing one or more of these struggles to pay their medical bills:

- 19%—Used up all or most of their savings
- 17%—Were unable to pay for basic necessities like food, heat or housing
- 16%—Were contacted by a collection agency
- 14%—Borrowed money, got a loan or another mortgage on their home
- 12%—Racked up large amounts of credit card debt
- 7%—Were placed on a long-term payment plan
- 7%—Asked for donations (e.g., GoFundMe campaigns)

## HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTH CARE IN THE FUTURE

New Mexico respondents also exhibit high levels of worry about affording health care in the future. Over four in five (82%) 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
- 66%—Medical costs when elderly
- 62%—Health insurance will become unaffordable
- 61%—Medical costs in the event of a serious illness or accident
- 59%—Cost of dental care
- 57%—Prescription drugs will become unaffordable
- 53%—Cost of needed vision services
- 49%—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 young adult respondents. Respondents aged 35-44 reported the highest worry about medical costs in old age, and those aged 35-54 were most concerned about affording nursing home or home care costs. This suggests that New Mexico respondents may be worried about affording the cost of care for both aging relatives and themselves.

Some respondents also reported worrying about affording health care more than others. Respondents with a disability or who live with a disabled household member, respondents enrolled in health insurance coverage under Medicaid, and those living in Northwest New Mexico reported worrying about affording some aspect of health care more frequently than others (see Table 1). Nearly nine in ten (87% 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, 71% of those earning over \$100,000 per year also reported concerns.<sup>3</sup> In fact, concerns were consistent 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
<b>Income</b>	
Less than \$50,000	85%
\$50,000 - \$75,000	87%
\$75,000 - \$100,000	86%
More than \$100,000	71%
<b>Geographic Setting (See Appendix)</b>	
Northwest New Mexico	88%
Northeast New Mexico	81%
Central/Metro New Mexico	84%
Southwest New Mexico	78%
Southeast New Mexico	76%
<b>Race/Ethnicity</b>	
Respondents of Color*	83%
American Indian/Native Alaskan	74%
Hispanic/Latino, Any Race	83%
White Alone, Non-Hispanic/Latino	80%
<b>Insurance Type</b>	
Health insurance through my or a family members employer	88%
Health insurance that I buy on my own	77%
Medicare, coverage for seniors and those with disabilities	78%
Centennial Care, New Mexico Medicaid	87%
<b>Disability**</b>	
Household does not include a person with at least one disability	78%
Household includes a person with at least one disability	88%

Source: 2024 Poll of New Mexico 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 New Mexico.

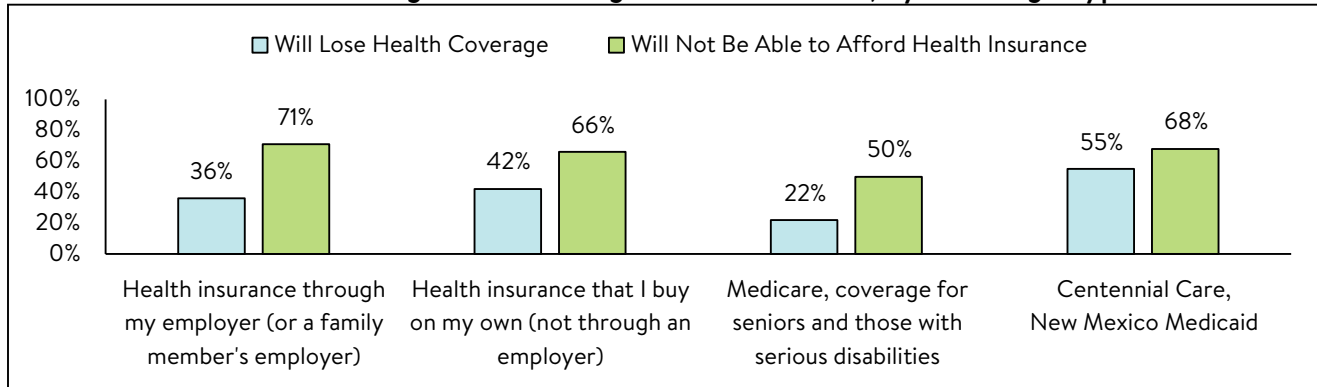
\*\*Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

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 Northwest region of New Mexico. Likewise, Hispanic/Latino respondents 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 health insurance coverage through Medicaid (see Figure 1), those earning less than \$50,000, respondents living in the Northeast region of New Mexico, Hispanic/Latino respondents, and respondents living in a household that includes a person with a disability (see Table 2).

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



Source: 2024 Poll of New Mexico 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
<b>Income</b>		
Less than \$50,000	43%	64%
\$50,000 - \$75,000	38%	64%
\$75,000 - \$100,000	39%	73%
More than \$100,000	28%	52%
<b>Geographic Setting</b>		
Northwest New Mexico	35%	75%
Northeast New Mexico	45%	57%
Central/Metro New Mexico	38%	61%
Southwest New Mexico	34%	63%
Southeast New Mexico	36%	57%
<b>Race/Ethnicity</b>		
Respondents of Color*	40%	63%
American Indian/Native Alaskan	35%	57%
Hispanic/Latino, Any Race	41%	64%
White Alone, Non-Hispanic/Latino	35%	60%
<b>Disability**</b>		
Household does not include a person with a disability	33%	61%
Household includes a person with a disability	46%	63%
<b>Insurance Type</b>		
Health insurance through my or a family members employer	36%	71%
Health insurance that I buy on my own	42%	66%
Medicare, coverage for seniors and those with disabilities	22%	50%
Centennial Care, New Mexico Medicaid	55%	68%

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

## DIFFERENCES IN HEALTH CARE AFFORDABILITY BURDENS

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

### INCOME AND AGE

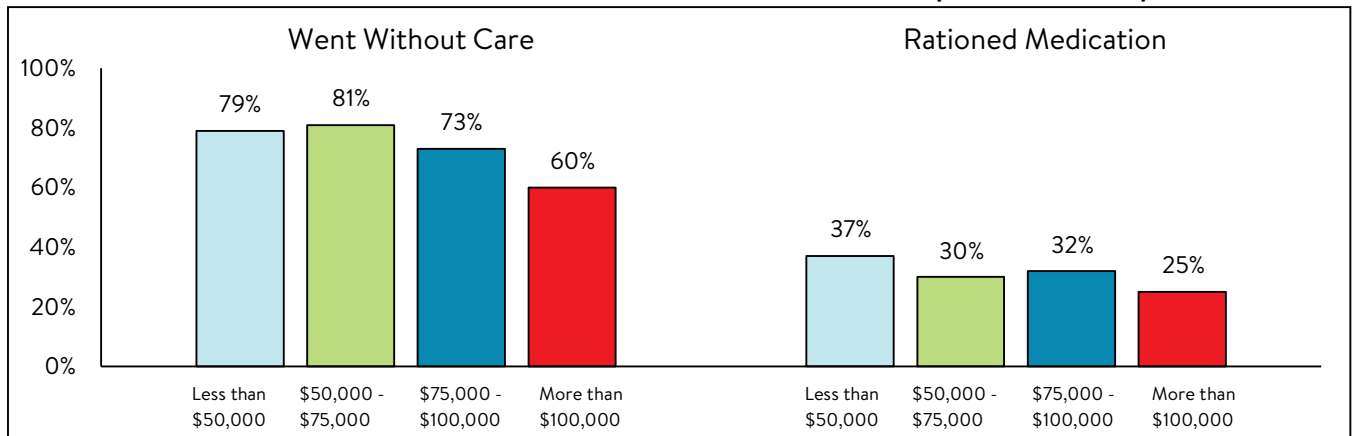
Respondents at the lowest end of the income spectrum most frequently reported experiencing one or more health care affordability burdens. Greater than four out of five (82%) respondents earning less than \$50,000 per year and respondents earning between \$50,000 and \$75,000 per year reported struggling 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 these income groups 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 New Mexico 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

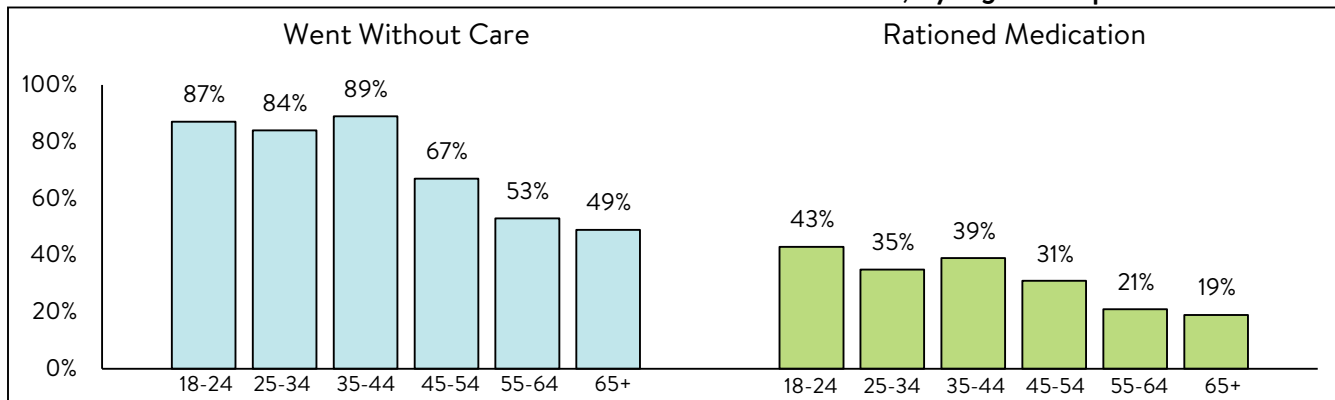


Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Further analysis found that New Mexico respondents aged 34-44 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 New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

**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 New Mexico, 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, such as Marketplace plans (see Table 4). Still, nearly half (54%) of respondents with Medicare coverage also went without care due to cost in the twelve months prior to taking the 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, 85% reported going without some form of care and 45% 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 (66%) and rationing medication (24%) due to cost (see Table 4).

Additionally, respondents living in households with a person with a disability more frequently reported skipping necessary 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— 13% 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	16%	30%
Problems getting mental health care	10%	22%
Problems getting addiction treatment	5%	13%
Skipped needed dental care	26%	36%
Skipped or delayed getting a medical assistive device	4%	13%
Skipped needed vision services	18%	25%

Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State 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 slightly higher rates than white respondents. There are a variety of potential consequences related to postponing health care and rationing medication, emphasizing the importance of addressing cost-related barriers to achieving health equity.

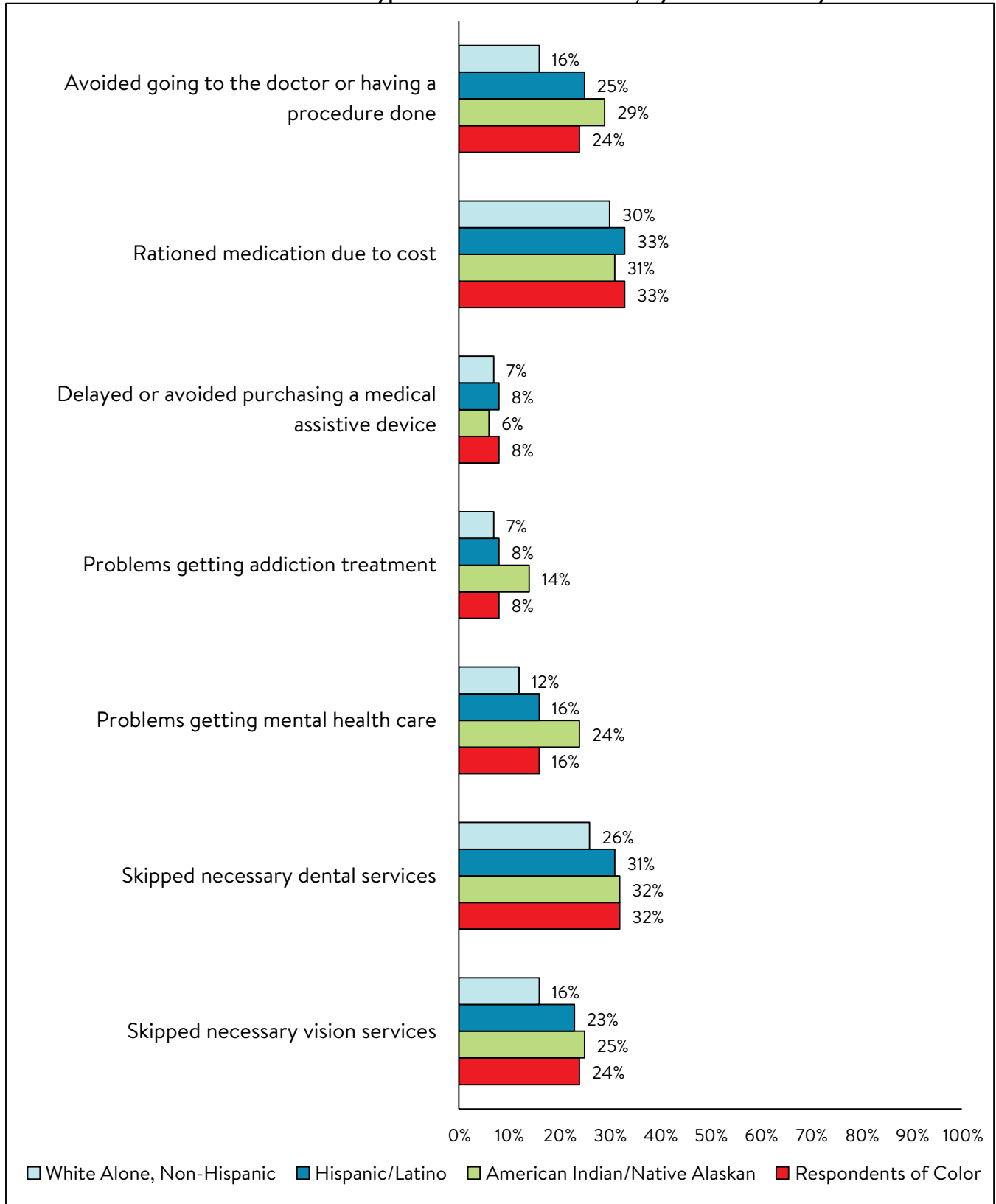
In New Mexico, eighty-six percent (86%) of American Indian/Native Alaskan respondents reported going without care due to cost in the past twelve months compared to 71% of white alone, non-Hispanic/Latino respondent (see Table 4). Further analysis showed that respondents of color also reported higher rates of skipping dental services, vision services, and recommended medical tests or treatments (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
<b>Geographic Setting</b>		
Northwest New Mexico	73%	40%
Northeast New Mexico	76%	33%
Central/Metro New Mexico	75%	31%
Southwest New Mexico	71%	28%
Southeast New Mexico	70%	34%
<b>Race/Ethnicity</b>		
Respondents of Color	75%	33%
American Indian/Native Alaskan	86%	31%
Hispanic/Latino, Any Race	73%	33%
White Alone, Non-Hispanic/Latino	71%	30%
<b>Insurance Type</b>		
Health insurance through my or a family members employer	77%	33%
Health insurance that I buy on my own	82%	36%
Medicare, coverage for seniors and those with disabilities	54%	23%
Centennial Care, New Mexico Medicaid	91%	40%
<b>Disability</b>		
Household does not include a person with a disability	66%	24%
Household includes a person with a disability	85%	45%

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

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



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



To explore the impact of high health costs, 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"> <li>• “A few months ago, I went to see an eye doctor and returned because the fees were too costly.”</li> <li>• “Avoided seeing my doctor because I did not have money for the copay.”</li> <li>• “Couldn’t afford a necessary specialist visit due to high out-of-pocket costs and insurance limitations.”</li> <li>• “Delayed getting dental work done that is needed because my kids care comes first.”</li> <li>• “I did not get the needed cataract surgery on my right eye after I had my left eye done because the cost was too expensive.”</li> </ul>
Insurance Purchased by the Respondent
<ul style="list-style-type: none"> <li>• “A medication I was prescribed was not covered.”</li> <li>• “Avoided follow-up visit after surgery due to cost.”</li> <li>• “Because my dental insurance is limited, I have had to delay work.”</li> <li>• “I cancelled/took myself off of antidepressants because I could not afford the copay for a visit with the provider or continue to pay for the medication.”</li> <li>• “I didn’t get a wheelchair because of the cost.”</li> <li>• “I skipped a dental check-up due to the high cost of the appointment.”</li> </ul>
Medicare, Coverage for Seniors and Individuals with Disabilities
<ul style="list-style-type: none"> <li>• “A medical test, I could not afford the deductible.”</li> <li>• “Can’t afford physical therapy that’s needed.”</li> <li>• “Delayed hearing aids.”</li> <li>• “Dental procedure with massive copay.”</li> <li>• “I am unable to pay for the new cost of dentures, so I reline them over the counter temporary solutions.”</li> <li>• “Ignored eye exam because of expense.”</li> </ul>
Centennial Care, New Mexico Medicaid
<ul style="list-style-type: none"> <li>• “Can’t afford the dental work that I need.”</li> <li>• “Couldn’t fill sons allergy medication or my own pain medication because it wasn’t covered by Medicaid.”</li> <li>• “I could not get an appointment soon enough, so I had to go to the ER...”</li> <li>• “I couldn’t afford a medication due to the fact it was not covered by my insurance.”</li> <li>• “I have not been able to get new glasses because of the cost for the appointment nor can I afford my glasses.”</li> <li>• “My doctor gave me a referral to a gastroenterologist, but they don’t accept Medicaid. I can’t afford to pay for the visit, which probably includes a colonoscopy.”</li> </ul>
No Insurance Coverage/Uninsured
<ul style="list-style-type: none"> <li>• “Because of cost, I constantly ignore chronic pain and don’t go to the doctor.”</li> <li>• “I have skipped getting my inhaler because I can’t afford it without insurance.”</li> <li>• “I haven’t taken psych meds in 6 months due to affordability.”</li> <li>• “There have been times I don’t feel well but I just try home remedies or try to wait it out to see if it gets better.”</li> </ul>

Source: 2024 Poll of New Mexico 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 a disability 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
<b>Income</b>	
Less than \$50,000	46%
\$50,000 - \$75,000	53%
\$75,000 - \$100,000	39%
More than \$100,000	36%
<b>Geographic Setting</b>	
Northwest New Mexico	31%
Northeast New Mexico	42%
Central/Metro New Mexico	47%
Southwest New Mexico	41%
Southeast New Mexico	48%
<b>Race/Ethnicity</b>	
Respondents of Color	45%
American Indian/Native Alaskan	43%
Hispanic/Latino, Any Race	45%
White Alone, Non-Hispanic/Latino	41%
<b>Insurance Type</b>	
Health insurance through my or a family members employer	47%
Health insurance that I buy on my own	52%
Medicare, coverage for seniors and those with disabilities	31%
Centennial Care, New Mexico Medicaid	55%
<b>Disability Status</b>	
Household does not include a member with at least one disability	35%
Household includes a member with at least one disability	58%

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

### IMPACT OF AND WORRY RELATED TO HOSPITAL CONSOLIDATION\*

In addition to the above healthcare affordability burdens, a small share of New Mexico respondents reported being negatively impacted by health system consolidation. Between 2021 to 2024, there have been 3 changes in ownership involving hospitals through mergers, acquisitions, or CHOW in New Mexico.<sup>4,5</sup> New Mexico does not require the State Attorney General be notified of hospital transactions.<sup>6</sup>

In the past year, **22%** of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, **38%** 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:

- **45%** skipped recommended follow-up visits due to a merger,
- **42%** 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,
- **36%** changed their preferred doctor or hospital to one that is in-network,
- **33%** skipped filling a prescription medication, and
- **27%** changed health plan coverage to include their preferred doctor.

Out of those who reported that the merger caused an additional burden for them or their families, the three most frequently reported issues were:

- **33%**—The merger created an added wait time when searching for a new provider
- **21%**—The merger created an added financial burden
- **14%**—The merger created a gap in the continuity of my care
- **14%**—The merger created an added transportation burden.

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a merger, more respondents (**64%**) 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:

- **30%**—I'm concerned I will have fewer choices of where to receive care
- **23%**—I'm concerned my doctor may no longer be covered by my insurance
- **18%**—I'm concerned I will have to pay more to see my doctor
- **18%**—I'm concerned I will have a lower quality of care
- **11%**—I'm concerned I will have to travel farther to see my doctor

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

### DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of New Mexico respondents' health care affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system. Of the respondents surveyed:

- Just **26%** agreed or strongly agreed that “we have a great healthcare system in the U.S.,”
- While **79%** agreed or strongly agreed that “the health care 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

New Mexico 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
- **77%** 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:

- **65%**—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 health care prices and lack of affordable coverage options
- **25%** – There is nothing I can do personally to make our health system better

#### GOVERNMENT ACTIONS

New Mexico 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:

- **52%**—Health care
- **47%**—Economy/Joblessness
- **44%**—Affordable Housing

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

- **45%**—Address high health care costs, including prescription drugs
- **35%**—Get health insurance to those who cannot afford coverage
- **30%**—Improve Medicaid, coverage for low-income people
- **30%**—Improve Medicare, coverage for seniors and those with serious disabilities

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

- **78%**—Drug companies charging too much money
- **73%**—Hospitals charging too much money
- **70%**—Insurance companies charging too much money

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

- 95% – Show what a fair price would be for specific procedures
- 94% – Require hospitals and doctors to provide up-front cost estimates to consumers
- 94% – Require drug companies to provide advanced notice of price increases and information to justify those increases
- 93% – Require insurers to provide up-front cost estimates to consumers
- 93% – Cap out-of-pocket costs for life-saving medications, such as insulin
- 93% – Set standard prices for drugs to make them affordable
- 93% – Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- 92% – Make it easy to switch insurers if a health plan drops your doctor
- 92% – Create a Prescription Drug Affordability Board to examine and establish fair drug prices
- 92% – 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% – Impose price controls on contracts between insurers and healthcare providers
- 91% – Create an affordable state-based health insurance plan that any resident can purchase, regardless of their income or employer coverage status
- 91% – Expand health insurance options so that everyone can afford quality coverage
- 91% – Set standard payments to hospitals for specific procedures
- 91% – Increase reimbursement rates to incentivize health care providers to participate in Medicare
- 91% – Prohibit drug companies from charging more in US than abroad

## 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.

### ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from 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 healthcare.

#### Contact the Hub:

(734) 302-4600 | [www.HealthcareValueHub.org](http://www.HealthcareValueHub.org) | [@HealthValueHub](https://twitter.com/HealthValueHub)

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HEALTHCARE VALUE HUB

**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 health care system in the United States</i>	26%	34%	33%	13%
<i>The health care system needs to change</i>	79%	69%	86%	77%
The government should show what a fair price would be for a specific procedure.	95%	96%	95%	94%
The government should require hospitals and doctors to provide up front patient cost estimates.	94%	94%	95%	91%
The government should require drug companies to provide advance notice of price increases and information to justify those increases.	94%	97%	94%	94%
The government should cap out-of-pocket costs for life-saving medications, such as insulin.	93%	93%	96%	91%
The government should require insurers to provide up-front cost estimates to consumers.	93%	93%	95%	91%
The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes.	93%	92%	94%	94%
The government should set standard prices for drugs to make them affordable	93%	91%	95%	93%
The government should make it easy to switch insurers if a health plan drops your doctor.	92%	92%	90%	95%
The government should create a Prescription Drug Affordability Board to examine/establish fair drug prices	92%	91%	95%	90%
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	92%	91%	96%	89%
The government should impose prices controls on contracts between insurers and healthcare providers	91%	89%	94%	90%
The government should create an affordable state-based health insurance plan that any resident can purchase, regardless of their income or employer coverage status	91%	87%	93%	92%
The government should expand health insurance options so that everyone can afford quality coverage	91%	87%	96%	89%
The government should set standard payments to hospitals for specific procedures	91%	92%	90%	91%
The government should increase reimbursement rates to incentivize doctors/healthcare professionals to participate in Medicare	91%	91%	93%	88%
The government should prohibit drug companies from charging more in US than abroad	91%	93%	91%	89%

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

### NOTES

1. Of the 73% of respondents who encountered one or more cost-related barriers to getting health care during the past twelve months, 23% did not fill a prescription, and 16% cut pills in half or skipped doses of medicine due to cost.
2. Fourteen percent (14%) had problems getting mental health care and 8% had problems getting addiction treatment.
3. Median household income in New Mexico is \$58,722 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau QuickFacts, <https://www.census.gov/quickfacts/fact/table/NM/BZA210222>.
4. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved August 7, 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 August 7, 2024 from <https://sourceonhealthcare.org/market-consolidation/merger-review/>

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 July 8, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in New Mexico. 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 1,433 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
<b>Gender/Orientation</b>			<b>Household Income</b>		
Woman	745	52%	Under \$20K	257	18%
Man	653	46%	\$20K - \$29K	169	12%
Transwoman	6	<1%	\$30K - \$39K	130	9%
Transman	1	<1%	\$40K - \$49K	106	7%
Genderqueer/Nonbinary	16	1%	\$50K - \$59K	121	8%
LGBTQ+ Community	200	14%	\$60K - \$74K	100	7%
<b>Insurance Type</b>			\$75K - \$99K	186	13%
Health insurance through my or a family member’s employer	403	28%	\$100K - \$149K	265	18%
Health insurance I buy on my own	140	10%	\$150K+	99	7%
Medicare, coverage for seniors and those with serious disabilities	396	28%	<b>Education Level</b>		
Centennial Care, New Mexico Medicaid	373	26%	Some high school	51	4%
TRICARE/Military Health System	24	2%	High school diploma/GED	270	19%
Department of Veterans Affairs	20	1%	Some college or training/certificate program	341	24%
No coverage of any type	54	4%	Associate’s degree	153	11%
I don’t know	23	2%	Bachelor’s degree	323	23%
<b>Race</b>			Some graduate school	73	5%
American Indian/Native Alaskan	109	8%	Graduate degree	222	15%
Asian	27	2%	<b>Self-Reported Health Status</b>		
Black or African American	93	6%	Excellent	227	16%
Native Hawaiian/Other Pacific Islander	13	1%	Very Good	453	32%
White	1,015	71%	Good	461	32%
Prefer Not to Answer	15	1%	Fair	239	17%
Two or More Races	160	11%	Poor	53	4%
<b>Ethnicity</b>			<b>Disability</b>		
Hispanic or Latino	322	22%	Mobility	236	16%
Non-Hispanic or Latino	1,111	78%	Cognition	180	13%
<b>Age</b>			Independent Living	189	13%
18-24	241	17%	Hearing	109	8%
25-34	408	29%	Vision	107	7%
35-44	242	17%	Self-Care: Difficulty dressing or bathing	84	6%
45-54	156	11%	No disability or long-term health condition	892	62%
55-64	200	14%	<i>Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey</i>		
65+	172	12%			
<b>Party Affiliation</b>					
Republican	393	27%			
Democrat	529	37%			
Neither	511	36%			

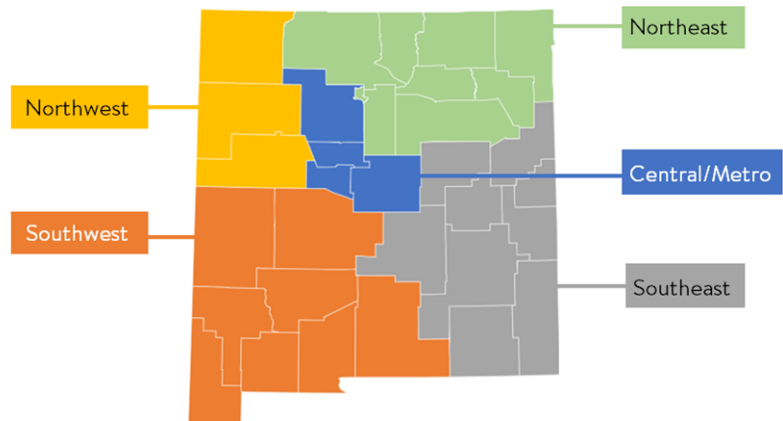
Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available [here](#). Altarum does not conduct statistical calculations on the significance of differences between 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.



**Appendix**

The geographic regions used in this survey brief are divided by the following counties:

Geographic Regions of New Mexico



County	Region	County	Region
Bernalillo County, New Mexico	Central/Metro	McKinley County, New Mexico	Northwest
Catron County, New Mexico	Southwest	Mora County, New Mexico	Northeast
Chaves County, New Mexico	Southeast	Otero County, New Mexico	Southwest
Cibola County, New Mexico	Northwest	Quay County, New Mexico	Southeast
Colfax County, New Mexico	Northeast	Rio Arriba County, New Mexico	Northeast
Curry County, New Mexico	Southeast	Roosevelt County, New Mexico	Southeast
De Baca County, New Mexico	Southeast	San Juan County, New Mexico	Northwest
Doña Ana County, New Mexico	Southwest	San Miguel County, New Mexico	Northeast
Eddy County, New Mexico	Southeast	Sandoval County, New Mexico	Central/Metro
Grant County, New Mexico	Southwest	Santa Fe County, New Mexico	Northeast
Guadalupe County, New Mexico	Southeast	Sierra County, New Mexico	Southwest
Harding County, New Mexico	Northeast	Socorro County, New Mexico	Southwest
Hidalgo County, New Mexico	Southwest	Taos County, New Mexico	Northeast
Lea County, New Mexico	Southeast	Torrance County, New Mexico	Central/Metro
Lincoln County, New Mexico	Southeast	Union County, New Mexico	Northeast
Los Alamos County, New Mexico	Northeast	Valencia County, New Mexico	Central/Metro
Luna County, New Mexico	Southwest		