



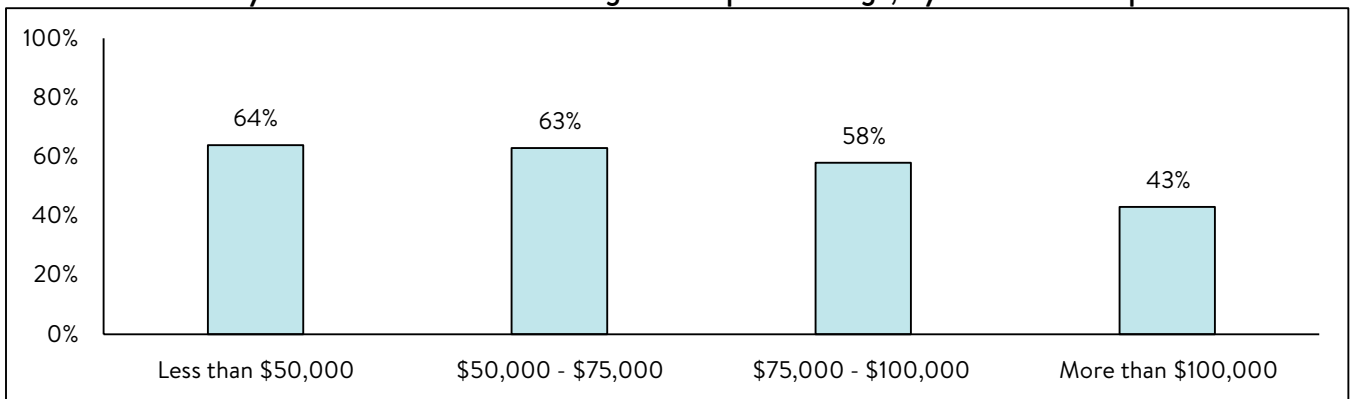
DATA BRIEF | AUGUST 2024

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

According to a survey of more than 1,400 New Mexico adults, conducted from June 6 to July 8, 2024, respondents across the state are concerned about prescription drug costs and express a strong desire for policymakers to enact solutions.

More than half (57%) of survey respondents reported being somewhat or very worried about affording the cost of prescription drugs. Worry varied substantially by income group, with respondents in households making less than \$75,000 per year experiencing the most worry (see Figure 1).<sup>1</sup> However, it is important to note that a large percentage of households making above \$75,000 per year also reported worrying about the cost of prescription drugs.

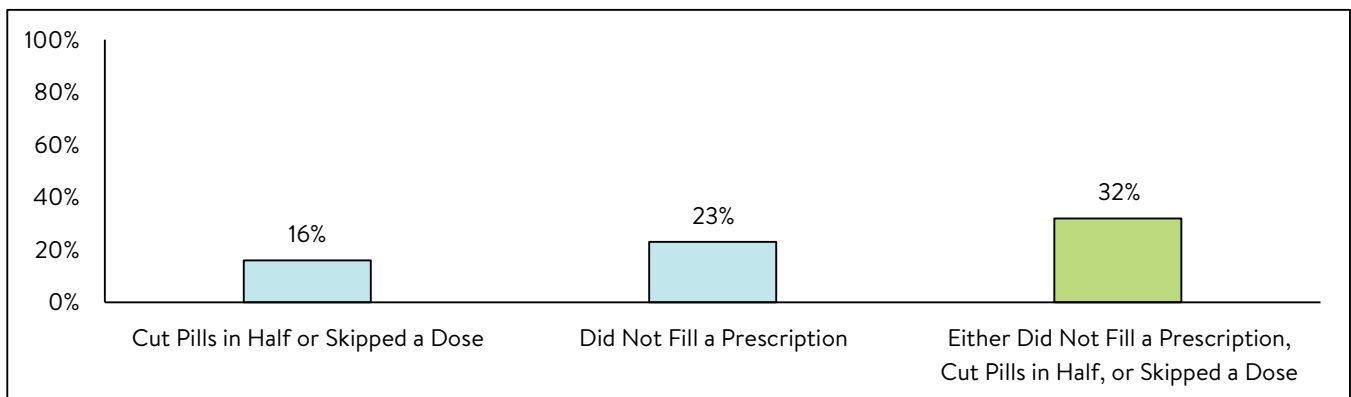
**Figure 1**  
Somewhat or Very Worried About Affording Prescription Drugs, by Income Group



2024 Poll of New Mexico 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 almost one-third of respondents (32%) rationed 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 with Medicaid coverage reported the highest rates of rationing medications due to cost. However, these hardships are also alarmingly prevalent in middle-income households. Also of note, respondents living in households with a person with a disability reported markedly higher rates of rationing medication due to cost when compared to respondents without a disabled household member (see Table 1).

**Table 1**

**Percent of New Mexico Respondents Rationing Medication, By Income Group, Geographic Setting, Race, Ethnicity, Insurance Type, Gender/Sexual Orientation, and Disability Status**

	Cut Pills in Half or Skipped a Dose due to Cost Concerns	Did Not Fill a Prescription due to Cost Concerns	Cut Pills in Half, Skipped, or Did Not Fill a Prescription
<b>Income Group</b>			
Less than \$50,000	16%	29%	37%
\$50,000 - \$75,000	14%	24%	30%
\$75,000 - \$100,000	19%	16%	32%
More than \$100,000	16%	15%	25%
<b>Geographic Setting</b>			
Northwest New Mexico	18%	34%	40%
Northeast New Mexico	17%	23%	33%
Central/Metro New Mexico	16%	21%	31%
Southwest New Mexico	16%	18%	28%
Southeast New Mexico	14%	28%	34%
<b>Race/Ethnicity</b>			
Respondents of Color*	15%	26%	33%
American Indian/Native Alaskan	11%	27%	31%
Hispanic/Latino, any race	16%	26%	33%
White alone, non-Hispanic/Latino	17%	18%	30%
<b>Insurance Type</b>			
Health insurance through an employer	20%	22%	33%
Health insurance that I buy on my own	20%	20%	36%
Medicare, coverage for seniors and those with serious disabilities	11%	16%	23%
Centennial Care, New Mexico Medicaid	19%	33%	40%
<b>Sexual Orientation **</b>			
LGBTQIA2S+	16%	23%	30%
Non-LGBTQIA2S+	16%	23%	32%
<b>Disability Status ***</b>			
Household does not include a person with a disability	12%	17%	24%
Household includes a person with a disability	23%	32%	45%

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.

\*\* 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 with Medicaid coverage reported the highest rates of rationing medication due to cost, despite not having any cost-sharing requirements for covered prescription drugs. 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**

- “Almost every time I try to get a prescription for Albuterol inhaler. Every time. I haven’t had an inhaler in years because my Medicaid doesn’t cover it.”
- “Couldn’t afford co-pay for medication.”
- “Couldn’t fill my sons allergy medicine or my own pain medication because it wasn’t covered by Medicaid.”
- “I could not fill a prescription for acid reflux medication because I did not have the copay at the time.”
- “I was not able to get pancreatitis medication due to it being extremely costly.”
- “I was prescribed a certain skin cream for a condition, but Medicaid didn’t have it in their pay list.”
- “Mental health prescriptions costs \$1,000.”
- “Needed medications for anxiety.”

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

Considering the challenges respondents reported concerning prescription drug affordability, as well as concerns about high healthcare costs generally,<sup>2</sup> it is not surprising that New Mexico respondents are generally dissatisfied with the health care system. In fact, just **26%** of respondents agreed or strongly agreed that the United States health care system is “great,” while **79%** agreed or strongly agreed that the United States health care system needs to change.

New Mexico 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:

- **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 high drug costs, New Mexico respondents endorsed a number of prescription drug-related strategies, including:

- **93%**—Cap out-of-pocket costs for life-saving medications, such as insulin;
- **93%**—Authorize the Attorney General to take legal action to prevent price gouging;
- **93%**—Set standard prices for drugs to make them affordable;
- **92%**—Establish a Prescription Drug Affordability Board to examine evidence and establish acceptable costs for prescription drugs; and
- **91%**—Prohibit drug companies from charging more in the U.S. than abroad.

Moreover, there is bipartisan support for a variety of policies designed to address unaffordable prescription drug costs. For example, nearly all (**94%** of) respondents agreed that drug companies should be required to provide advance notice of price increases and to provide information to justify those increases, including **97%** of respondents identifying as a Republican, **94%** of respondents identifying as a Democrat, and **94%** 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	78%	78%	76%	78%
Require drug companies to provide advanced notice of price increases	94%	97%	94%	94%
Cap out-of-pocket costs for life-saving medications, such as insulin	93%	93%	96%	91%
Authorize the Attorney General to take legal action to prevent price gouging or unfair drug price hikes	93%	92%	94%	94%
Establish standard prices for drugs to make them affordable	93%	91%	95%	93%
Prohibit drug companies from charging more in U.S. than abroad	91%	93%	91%	89%
Create a Prescription Drug Affordability Board to examine and establish acceptable costs for drugs	92%	91%	95%	90%

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

While New Mexico respondents overwhelmingly support government action to address high drug costs, they also see a role for themselves. Over three-quarters (77%) would switch from a brand-name to an equivalent generic drug if given the chance, and 54% have sought or attempted to find the cost of a prescription drug beforehand.

## CONCLUSION

The high burden of healthcare and prescription drug affordability, along with high levels of support for change, suggests that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. Recent legislative action at both the federal and state levels may positively impact consumer affordability, specifically for prescription drugs used to treat chronic conditions such as insulin, epinephrine autoinjectors and asthma inhalers. Annual surveys can help assess whether progress is being made.

### ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and healthcare.

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**HEALTHCARE VALUE HUB**

### NOTES

1. Median household income in New Mexico was \$58,722 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: New Mexico](#)
2. For more detailed information about healthcare affordability burdens facing New Mexico respondents, please see Healthcare Value Hub, *New Mexico Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support Government Action across Party Lines*, Data Brief (August 2024).

**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>		
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.