

DATA BRIEF | OCTOBER 2024

# New Hampshire 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 1,300 New Hampshire adults, conducted from March 26 to May 14, 2024, found that:

- Over 3 in 5 (71%) 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;
- Over 3 in 5 (69%) 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 Hampshire adults experience hardship due to high health care costs. Overall, seven out of ten (71%) respondents experienced one or more of the following health care affordability burdens in the prior 12 months:

### 1) BEING UNINSURED DUE TO HIGH COSTS

Almost half (47%) of uninsured respondents cited “too expensive” as the main reason for not having health insurance, far exceeding other reasons like “don’t need it” and “don’t know how to get it.” In addition, 49% of respondents without dental insurance and 41% those without vision insurance cited cost as the main reason for not having coverage.

### 2) DELAYING OR GOING WITHOUT HEALTH CARE DUE TO COST

Over two-thirds (69%) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- 32%—Skipped needed dental care
- 29%—Delayed going to the doctor or having a procedure done
- 29%—Skipped a recommended medical test or treatment
- 25%—Cut pills in half, skipped doses of medicine or did not fill a prescription<sup>1</sup>
- 20%—Avoided going to the doctor or having a procedure done altogether
- 18%—Skipped needed vision services
- 17%—Had problems getting mental health care or addiction treatment<sup>2</sup>
- 8%—Skipped needed hearing services
- 6%—Skipped or delayed getting a medical assistive device

Moreover, respondents most frequently cited cost as the reason for them or their family members not getting care in the last year (25%), followed by not being able to get an appointment (23%), exceeding a host of other barriers such as getting time off work, transportation, or 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 in five (41% of) respondents reported experiencing one or more of these struggles to pay their medical bills:

- 17%—Were contacted by a collection agency
- 14%—Used up all or most of their savings
- 13%—Were unable to pay for basic necessities like food, heat, or housing
- 13%—Racked up large amounts of credit card debt
- 10%—Borrowed money, got a loan, or another mortgage on their home
- 10%—Were placed on a long-term payment plan
- 2%—Asked for donations/crowdfunding (e.g., GoFundMe campaigns)

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

New Hampshire 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:

- 70%—Cost of nursing home or home care services
- 65%—Medical costs when elderly
- 63%—Health insurance will become unaffordable
- 62%—Medical costs in the event of a serious illness or accident
- 55%—Cost of dental care
- 53%—Prescription drugs will become unaffordable
- 46%—Cost of needed vision services
- 45%—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 ages 18-54 reporting higher worries of paying for medical costs when elderly and respondents ages 35-64 report higher worries of affording the cost of a nursing home or home care services. This finding suggests that New Hampshire respondents may be worried about affording the cost of care for both aging relatives in addition to themselves.

Worry about affording health care was highest among respondents living in lower-income households, among those living in households with a person with a disability, and those living in rural areas (see Table 1). Overall, 87% of respondents with household incomes less than \$100,000 a year reported worrying about affording some aspect of coverage or care in the past year, however 79% of those earning over \$100,000 per year were also worried.<sup>3</sup> Most New Hampshire respondents of all incomes, geographic settings, races, ethnicities, insurance types, and levels of ability were somewhat or very concerned.

**Table 1**  
**Percent Worried or Very Worried, by Income Group, Geographic Setting, Race/Ethnicity, Insurance Type, and Disability Status**

	Any Health Care Affordability Worry
<b>Income Group</b>	
Less than \$50,000	87%
\$50,000 - \$75,000	86%
\$75,000 - \$100,000	88%
More than \$100,000	79%
<b>Geographic Setting*</b>	
Rural	87%
Non-Rural	82%
<b>Race/Ethnicity</b>	
Respondents of Color**	87%
White alone, non-Hispanic/Latino	83%
<b>Insurance Type</b>	
Health insurance through my, or a family member's, employer	86%
Health insurance that I buy on my own (not through an employer)	85%
Medicare, coverage for seniors and those with serious disabilities	77%
New Hampshire Medicaid, coverage for low-income people	87%
<b>Disability Status***</b>	
Household does not include a person with at least one disability	80%
Household includes a person with at least one disability	91%

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

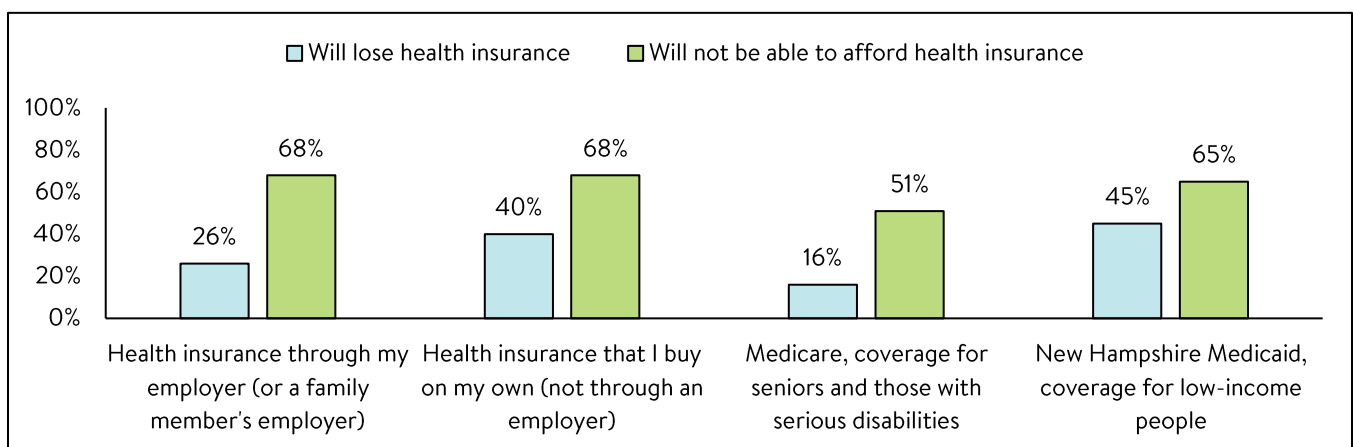
\*See Appendix A for a county-level breakdown of Rural and Non-Rural regions in New Hampshire.

\*\*The Respondents of Color category includes respondents who are: Black or African American, American Indian or Native Alaskan, Asian, Native Hawaiian or Other Pacific Islander, or Hispanic/Latino. 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 Hampshire.

\*\*\*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.

Concern that health *insurance* will become unaffordable is also prevalent among many New Hampshire respondents. By insurance type, respondents with Medicaid coverage, coverage that they have through an employer, and coverage that they purchased on their own most frequently reported worrying about affording coverage (see Figure 1). Still, over half (51%) of those with Medicare coverage reported worrying about affording coverage.

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



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

Respondents with household incomes below \$50,000 per year reported the highest rates of worry about losing coverage and not being able to afford coverage in the future (see Table 2). Respondents living in households with a person with a disability reported higher rates of being concerned about losing health insurance than those living in a household without a person with a disability. Respondents living in rural areas reported a higher rate of worry about affording insurance in the future compared to residents in non-rural areas.

Concerns about *affording* coverage exceeded worries about *losing* coverage across all income groups, disability statuses, geographic settings, races/ethnicities, and coverage types.

**Table 2****Percent Worried about Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income Group, Geographic Setting, Race/Ethnicity, Disability Status, and Insurance Type**

	Worry about Losing Health Insurance	Worry about Health Insurance Becoming Unaffordable
<b>Income Group</b>		
Less than \$50,000	38%	68%
\$50,000 - \$75,000	27%	61%
\$75,000 - \$100,000	32%	65%
More than \$100,000	20%	59%
<b>Geographic Setting</b>		
Rural	28%	65%
Non-Rural	27%	62%
<b>Race/Ethnicity</b>		
Respondents of Color	46%	70%
White Alone, non-Hispanic/Latino	25%	62%
<b>Disability Status</b>		
Household does not include a person with a disability	23%	60%
Household includes a person with a disability	39%	70%
<b>Insurance Type</b>		
Health insurance through my employer or a family member's employer	26%	68%
Health insurance that I buy on my own (not through an employer)	40%	68%
Medicare, coverage for seniors and those with serious disabilities	16%	51%
New Hampshire Medicaid, coverage for low-income people	45%	65%

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

**DIFFERENCES IN HEALTH CARE AFFORDABILITY BURDENS**

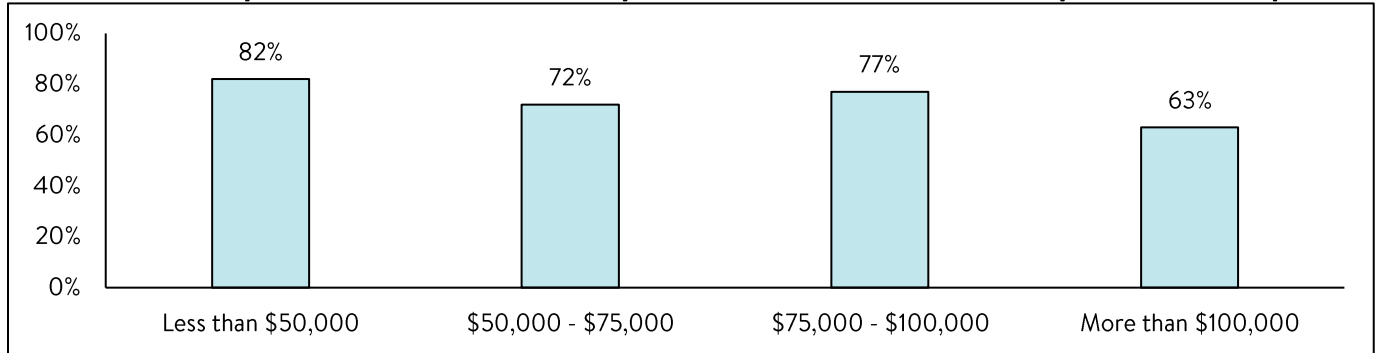
The survey also revealed differences in how New Hampshire respondents experience health care affordability burdens by income level, age, geographic setting, race/ethnicity, and disability status.

**INCOME AND AGE**

Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more health care affordability burdens, with over four out of five (82%) of those earning less than \$50,000 per year reporting struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may be due, in part, to respondents in this income group reporting higher rates of going without care and rationing their medication due to cost (see Figure 3).

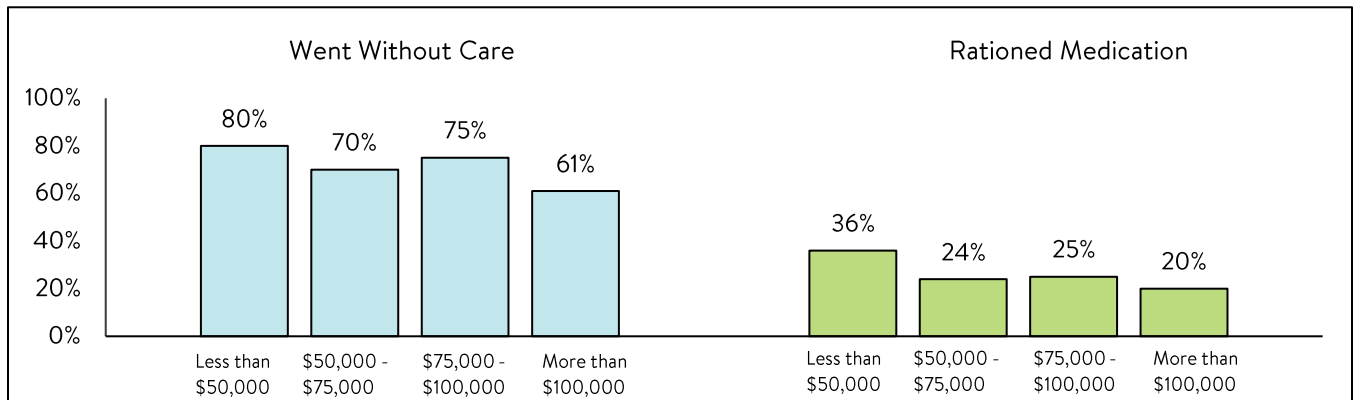
Further analysis found that New Hampshire respondents ages 18-44 reported higher rates of going without care due to cost than respondents ages 45 and older (see Figure 4). Respondents ages 18-44 also most frequently reported rationing medication due to cost compared to other age groups.

**Figure 2**  
**Percent with Any Health Care Affordability Burden in Prior 12 Months, by Income Group**

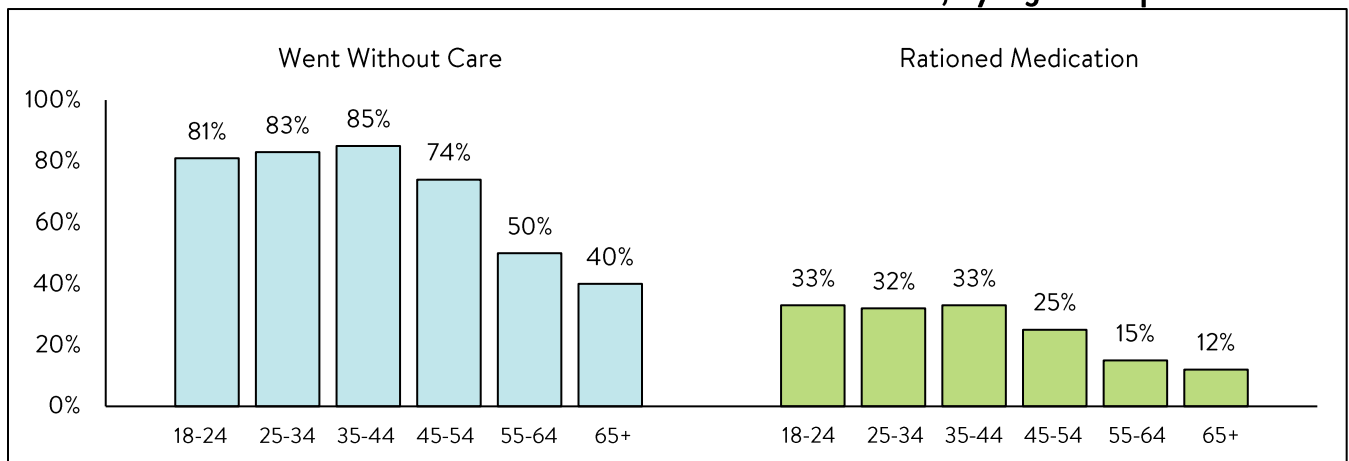


Source: 2024 Poll of New Hampshire Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

**Figure 3**  
**Percent Who Went Without Care Due to Cost in Prior 12 Months, by Income Group**



**Figure 4**  
**Percent Who Went Without Care Due to Cost in Prior 12 Months, by Age Group**



Source: 2024 Poll of New Hampshire 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 of going without care and rationing medication due to cost in the past 12 months. Over eight in ten (83% of) respondents in this group reported going without some form of care and 34% reported rationing medication, compared to 64% and 21% of respondents living in households without a person with a disability, respectively (see Table 4). Respondents living in households with a person with a disability also more frequently reported delaying or skipping getting mental health care, addiction treatment, and dental care, among other health care services, than those in households without a person with a disability due to cost concerns (see Table 3).

Those with disabilities also face health care affordability burdens unique to their disabilities—14% 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. Just 3% of respondents without a person with a disability in their household (who may have needed such tools temporarily or may not identify as having a disability) 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 at Least One Disability	Household Includes a Person with at Least One Disability
Avoided going altogether to the doctor or having a procedure done	18%	24%
Problems getting mental health care	12%	20%
Problems getting addiction treatment	3%	9%
Skipped needed dental care	28%	41%
Skipped or delayed getting a medical assistive device	3%	14%
Skipped needed vision services	16%	22%

Source: 2024 Poll of New Hampshire 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.

Respondents with New Hampshire Medicaid coverage reported the highest rates of going without care due to cost and rationing medication, followed by respondents with private insurance purchased independently (see Table 4). Still, over half (53%) of respondents with Medicare coverage also went without care due to cost in the twelve months prior to taking the survey.

**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	Either Did Not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Cost Concerns
<b>Geographic Setting</b>		
Rural	68%	24%
Non-Rural	70%	25%
<b>Race/Ethnicity</b>		
Respondents of Color	81%	41%
White alone, non-Hispanic/Latino	68%	23%
<b>Insurance Type</b>		
Health insurance through my employer or a family member's employer	70%	23%
Health insurance that I buy on my own (not through an employer)	81%	30%
Medicare, coverage for seniors and those with serious disabilities	53%	21%
New Hampshire Medicaid, coverage for low-income people	87%	44%
<b>Disability</b>		
Household does not include a person with at least one disability	64%	21%
Household includes a person with at least one disability	83%	34%

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

**RACE AND ETHNICITY**

New Hampshire respondents of color reported higher rates of rationing medication and forgoing care than white alone, non-Hispanic/Latino 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.

Eighty-one percent of respondents of color reported going without care due to cost in the past twelve months compared to 68% of white alone, non-Hispanic/Latino respondents (see Table 4). Further analysis showed that respondents of color also reported higher rates of challenges receiving mental health care and skipping needed dental care (see Figure 5).

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 the nature of affordability challenges, underscore the impact of health care costs on individuals, and emphasize the need for solutions to reduce financial barriers to health care.



**Table 5**

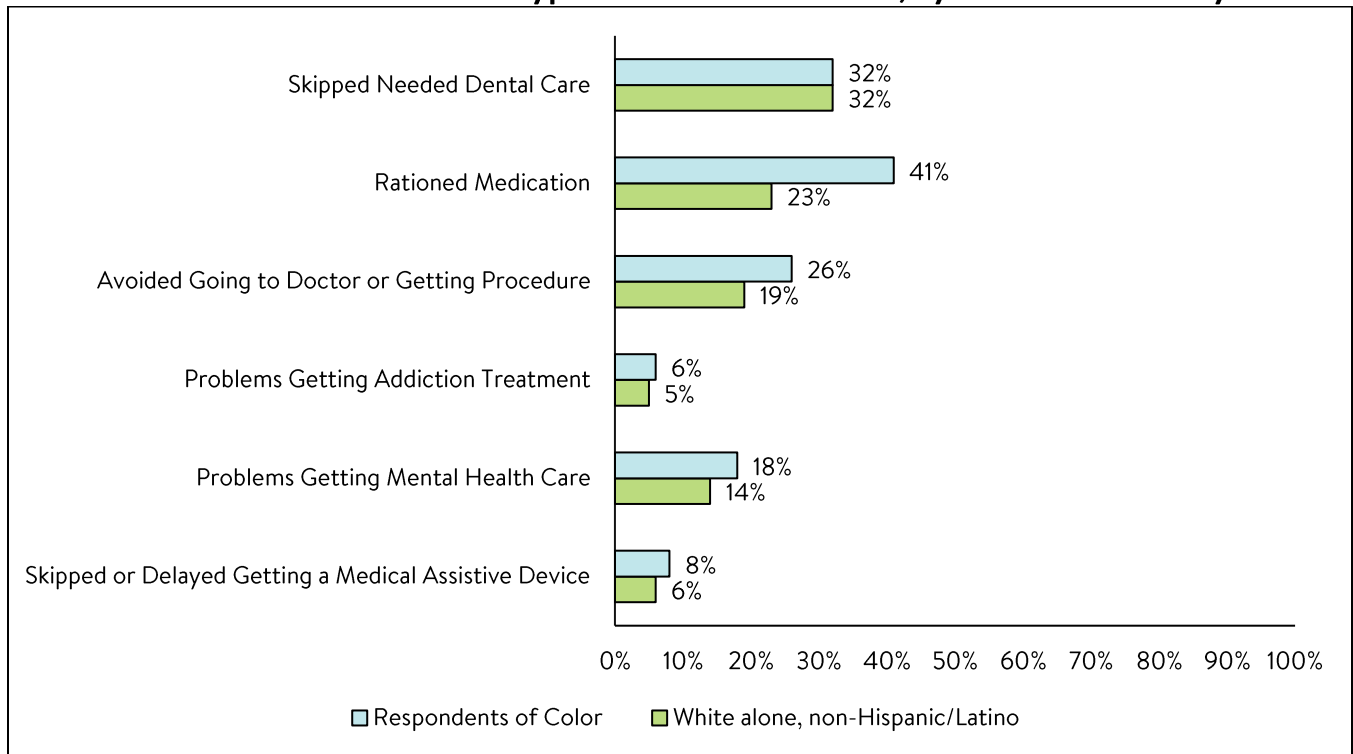
**Select Responses to the Open-Text Question, “Over the last 12 months, please describe a time that you did not get a healthcare service due to cost.”**

RESPONDENTS WITH MEDICAID	RESPONDENTS WITH EMPLOYER-SPONSORED INSURANCE	
<p>“All the time. I never go to the dr for that reason.”</p> <p>“Could not afford to go to the dentist or drive over 75 miles to get to ta dentist that would take medicaid.”</p> <p>“A couple months ago I couldn't pick up my prescription due to the cost.”</p> <p>“I have been putting off two major surgeries for more than five years, and my wife has been putting off multiple diagnostic tests for almost a decade. We have both been unable to get mental health treatment and diagnoses.”</p> <p>“Dental procedure because I couldn't afford it and insurance wouldn't cover it.”</p> <p>“I need a root canal on a two sets in a lot of pain and even after my insurance covers a portion there's still hundreds of dollars due in order to not lose my tooth I've already lost several teeth and could not replace them.”</p>	<p>“Did not schedule surgery needed knowing the out of pocket cost is high.”</p> <p>“Had a non covered prescription that would have cost me over \$500 out of pocket. I just didn't go get it.”</p> <p>“I need work done on my teeth. But i cant even pay the bills i have right now. I am way over due for glasses too. But i had to wait until my glasses where falling apart before i could go get new ones.”</p> <p>“I was being sent to various specialists trying to find the cause of my health issues, and after seeing a few, I decided to stop the process because we just couldn't afford it anymore. Now I just live with my chronic pain and fatigue.”</p> <p>“2 old root canals that need to be cleaned out and get new caps but after insurance it's \$2000 up front. Skipped therapy bc I couldn't afford it.”</p>	
Respondents with Insurance Purchased Independently	Respondents with Medicare	
<p>“Problem with hearing, existing costs and debt are preventing looking into this issue.”</p> <p>“Skipped getting a skin check at the dermatologist. Waiting to do dental work required, a crown.”</p> <p>“Cannot fill a prescription due to high costs.”</p> <p>“Cost of allergy test extremely expensive and will have to pay on my own from deductible [sic].”</p> <p>“Treatment for an infected root in my back molar. It will cost over \$1000 at the end of treatment and I literally don't have that money and I can't save for it.”</p>	<p>“delayed dental service due to cost”</p> <p>“Didn't get vision care because of low coverage by ins [sic]”</p> <p>“Have stopped several of my prescription meds as they are just too expensive.”</p> <th data-bbox="820 1465 1498 1522">NO COVERAGE OF ANY KIND</th> <p>“Broken tooth, cataract and colonoscopy not performed because I can't afford insurance or the cost of the procedures.”</p> <p>“I have current oral health issues with no dental coverage and cannot self=pay [sic].”</p> <p>“Several timws i wasnt [sic] able to fill prescriptions because they were 500.00 or more a piece.”</p> <p>“No insurance so no insulin:( [sic]”</p>	NO COVERAGE OF ANY KIND

Source: 2024 Poll of New Hampshire 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 and Ethnicity**



Source: 2024 Poll of New Hampshire 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 **54%** of respondents of color reported going into debt, depleting savings, or going without other needs due to medical bills, compared to **40%** of white alone, non-Hispanic/Latino respondents (see Table 6). The rate of financial burden is even higher for respondents who have or live with a person with a disability, with three-fifths (**60%**) reporting going into debt or going without other needs due to medical bills, compared to **33%** of respondents without a disabled household member. In addition, respondents with health insurance bought independently reported the highest rate of the above financial burdens due to medical bills (**59%**) compared to respondents with all other insurance types.

**Table 6**

**Percent who Incurred Debt, Depleted Savings or Sacrificed Basic Necessities Due to Medical Bills in Prior 12 Months, by Income, Geographic Setting, Race/Ethnicity, Insurance Type, and Disability Status**

	Incurred Medical Debt, Depleted Savings, and/or Sacrificed Basic Needs Due to Medical Bills
<b>Income</b>	
Less than \$50,000	50%
\$50,000 - \$75,000	42%
\$75,000 - \$100,000	52%
More than \$100,000	33%
<b>Geographic Setting</b>	
Rural	40%
Non-Rural	42%
<b>Race/Ethnicity</b>	
Respondents of Color	54%
White alone, non-Hispanic/Latino	40%
<b>Insurance Type</b>	
Health insurance through my employer or a family member's employer	40%
Health insurance that I buy on my own (not through an employer)	59%
Medicare, coverage for seniors and those with serious disabilities	28%
New Hampshire Medicaid, coverage for low-income people	49%
<b>Disability Status</b>	
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 New Hampshire Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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

In addition to the above health care affordability burdens, a small share of New Hampshire respondents were negatively impacted by health system consolidation. From 2020 to 2022, there were 6 changes in ownership involving hospitals through mergers, acquisitions, or changes of ownership (CHOW) in New Hampshire.<sup>4,5</sup> New Hampshire requires that the State Attorney General be notified and is accompanied with a waiting period for health care-specific nonprofit transactions.<sup>6</sup>

In the past year, **36%** of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, **17%** 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 health care provider due to a merger:

- **62%** 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
- **35%** skipped recommended follow-up visits due to a merger
- **22%** skipped filling a prescription medication due to a merger
- **19%** changed their preferred doctor or hospital to one that is in-network

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:

- **42%**—The merger created an added wait time when searching for a new provider
- **24%**—The merger created an added financial burden
- **16%**—The merger created a gap in the continuity of my care

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a merger, **54%** of respondents who reported not being impacted by a health care merger reported that, if there were mergers happening in their community, they would be 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:

- **31%**—I'm concerned I will have fewer choices of where to receive care
- **27%**—I'm concerned my doctor may no longer be covered by my insurance
- **20%**—I'm concerned I will have to pay more to see my doctor
- **12%**—I'm concerned I will have a lower quality of care
- **9%**—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 Hampshire respondents' health care affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system:

- Just 25% agreed or strongly agreed that “*we have a great healthcare system in the U.S.,*”
- While 78% agreed or strongly agreed that “*the system needs to change.*”

To investigate further, the survey asked about both personal and governmental actions to address health system problems.

#### PERSONAL ACTIONS

New Hampshire 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
- 81% 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:

- 62%—Take better care of my personal health
- 37%—Research treatments myself before going to the doctor
- 29%—Do more to compare doctors on cost and quality before getting services
- 26%—Write to or call my state representative asking them to take action on high health care prices and lack of affordable coverage options
- 28%—There is not anything I can do personally to make our health system better

#### GOVERNMENT ACTIONS

But far and away, New Hampshire 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. The top vote getters were:

- 44%—Health care
- 43%—Economy/Joblessness
- 40%—Affordable Housing

When asked about the top three *health care* priorities the government should work on, the top vote getters were:

- 54%—Address high health care costs, including prescription drugs
- 36%—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- 34%—Improve Medicare, coverage for seniors and those with serious disabilities
- 29%—Get health insurance to those who cannot afford coverage

Of 15 options, New Hampshire respondents believe the reason for high health care costs is unfair prices charged by powerful industry stakeholders:

- 80%—Drug companies charging too much money
- 76%—Insurance companies charging too much money
- 69%—Hospitals charging too much money

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

- 93%—Require insurers to provide up-front cost estimates to consumers
- 92%—Show what a fair price would be for specific procedures
- 92%—Cap out-of-pocket costs for life-saving medications, such as insulin
- 92%—Require drug companies to provide advanced notice of price increases and information to justify those increases
- 92%—Require hospitals and doctors to provide up-front cost estimates to consumers
- 91%—Make it easy to switch insurers if a health plan drops your doctor
- 91%—Expand health insurance options so that everyone can afford quality coverage
- 90%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes

### SUPPORT FOR ACTION ACROSS PARTY LINES

There is also 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. Moreover, the COVID crisis has led state residents to take a hard look at how well health systems are working for them, with strong support for a wide variety of actions. Annual surveys can help assess whether progress is being made.

#### ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from RWJF 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:** [www.HealthcareValueHub.org](http://www.HealthcareValueHub.org) | [@HealthValueHub](https://twitter.com/HealthValueHub)

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HEALTHCARE VALUE HUB

**Table 7****Percent Who Agreed/Strongly Agreed, by Political Affiliation**

Selected Survey Statements/Questions	Total Percent of Respondents	Generally speaking, do you think of yourself as...		
		Republican	Democrat	Neither
<i>We have a great healthcare system in the U.S.</i>	25%	32%	29%	19%
<i>The U.S. healthcare system needs to change.</i>	78%	72%	87%	76%
The government should prohibit drug companies from charging more in the U.S. than abroad.	88%	87%	93%	86%
The government should require hospitals and doctors to provide up front patient cost estimates	92%	93%	95%	90%
The government should require insurers to provide up-front cost estimates to consumers.	93%	94%	96%	90%
The government should show what a fair price would be for a specific procedure.	92%	92%	95%	90%
The government should make it easy to switch insurers if a health plan drops your doctor.	91%	91%	94%	90%
The government should increase reimbursement rates to incentivize providers to accept Medicaid.	87%	85%	93%	84%
The government should increase reimbursement rates to incentivize providers to accept Medicare.	87%	86%	92%	85%
The government should set standard payments to hospitals for specific procedures.	87%	84%	94%	84%
The government should require drug companies to provide advance notice of price increases and information to justify those increases.	92%	90%	96%	92%
The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes.	90%	87%	93%	89%
The government should set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner.	85%	81%	89%	84%
The government should create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs.	89%	85%	96%	86%
The government should expand health insurance options so that everyone can afford quality coverage.	91%	87%	97%	90%
The government should set a minimum amount that nonprofit hospitals must spend on Community Benefit and require them to devote a portion of the funds to programs intended to reduce health disparities.	77%	72%	85%	74%
The government should lower the amount patients are charged for the treatment and maintenance of conditions that disproportionately affect disadvantaged groups of people, such as diabetes.	85%	78%	95%	82%

Selected Survey Statements/Questions	Total Percent of Respondents	Generally speaking, do you think of yourself as...		
		Republican	Democrat	Neither
The government should cap out-of-pocket costs for life-saving medications, such as insulin.	92%	89%	97%	89%
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.	89%	85%	96%	86%
The government should create an affordable state-based health insurance plan that any resident can purchase, regardless of their income or employer coverage status.	86%	79%	93%	85%
The government should impose price controls on contracts between insurers and health care providers.	86%	80%	95%	83%
The government should set limits on health care spending growth and penalize payers or providers that fail to curb excessive spending growth.	80%	76%	88%	78%
The government should require a minimum amount of spending that insurers and providers in the state must devote to services that keep people healthy, such as primary care.	81%	76%	88%	79%
The government should strengthen policies to drive more competition in health care markets to improve choice and access.	86%	88%	85%	85%

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

## Notes

- Nineteen percent (19%) did not fill a prescription and 12% cut pills in half or skipped doses of medicine due to cost.
- Fifteen percent (15%) had problems getting mental health care and 5% had problems getting addiction treatment.
- Median household income in New Hampshire was \$90,845 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau QuickFacts, [U.S. Census Bureau QuickFacts: New Hampshire](https://www.census.gov/quickfacts/new-hampshire).
- Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved August 23, 2023, from <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership>.
- 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>.
- The Source on Healthcare Price and Competition, Merger Review, Retrieved June 27, 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 March 26 to May 14, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in New Hampshire. 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 1,328 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percentage
<b>Gender &amp; LGBTQIA2S+ Identity</b>		
Woman	780	59%
Man	527	40%
Transwoman	3	<1%
Transman	5	<1%
Genderqueer/Nonbinary	10	<1%
LGBTQIA2S+ Identity	161	12%
<b>Insurance Type</b>		
Health insurance through employer or family member’s employer	555	42%
Health insurance I buy on my own	145	11%
Medicare, coverage for seniors and those with serious disabilities	334	25%
New Hampshire Medicaid, coverage for low-income earners	163	12%
TRICARE/Military Health System coverage	19	1%
Department of Veterans Affairs (VA) Health Care	24	2%
No coverage of any type	69	5%
I don’t know	19	1%
<b>Race &amp; Ethnicity</b>		
American Indian or Native Alaskan	27	2%
Asian	31	2%
Black or African American	19	1%
Native Hawaiian or Other Pacific Islander	1	<1%
White	1,240	93%
Prefer Not to Answer	16	1%
Two or More Races	43	3%
Hispanic or Latino	34	3%
Non-Hispanic or Latino	1,294	97%
<b>Age Group</b>		
18-24	157	12%
25-34	256	19%
35-44	225	17%
45-54	242	18%
55-64	250	19%
65+	195	15%
<b>Political Affiliation</b>		
Republican	351	26%
Democrat	370	28%
Neither	607	46%

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

Demographic Characteristic	Frequency	Percentage
<b>Household Income</b>		
Under \$20K	125	9%
\$20K-\$29K	100	8%
\$30K - \$39K	104	8%
\$40K - \$49K	137	10%
\$50K - \$59K	133	10%
\$60K - \$74K	142	11%
\$75K - \$99K	205	15%
\$100K - \$149K	221	17%
\$150K+	161	12%
<b>Education Level</b>		
Some high school	42	3%
High school diploma/GED	256	19%
Some college or training/certificate program	317	24%
Associate’s degree	141	11%
Bachelor’s degree	293	22%
Some graduate school	43	3%
Graduate degree (e.g., MA, PhD, JD)	236	18%
<b>Self-Reported Health Status</b>		
Excellent	167	13%
Very Good	436	33%
Good	483	36%
Fair	206	16%
Poor	36	3%
<b>Disability</b>		
Mobility: Serious difficulty walking or climbing stairs	213	16%
Cognition: Serious difficulty concentrating, remembering or making decisions	140	11%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	87	7%
Hearing: Deafness or serious difficulty hearing	115	9%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	55	4%
Self-Care: Difficulty dressing or bathing	52	4%
No disability or long-term health condition	890	67%

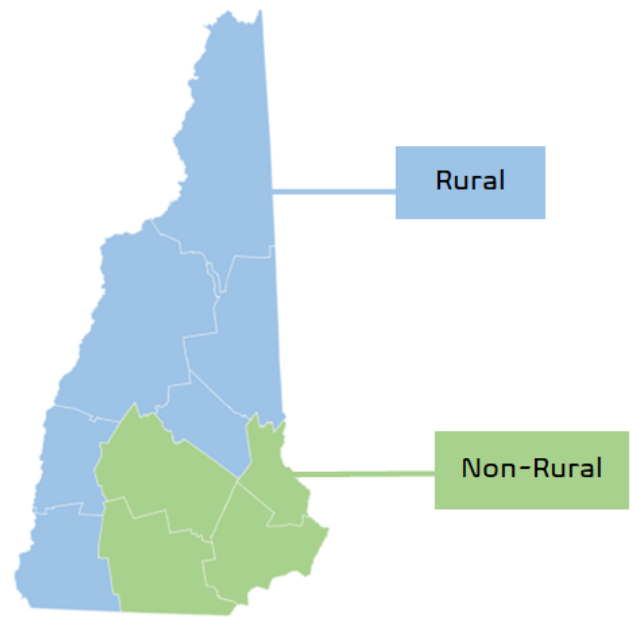
Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available [here](#). Altarum does not conduct statistical calculations on the significance of differences between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

Regional division of New Hampshire, by county.<sup>1</sup>

Rural Counties
Belknap
Carroll
Cheshire
Coos
Grafton
Sullivan
Non-Rural Counties
Hillsborough
Merrimack
Rockingham
Strafford

Regions of New Hampshire



1. New Hampshire Department of Health and Human Services. [Rural and Non-Rural New Hampshire Regional Public Health Networks, 2017/2018](#). Accessed July 10, 2024.