

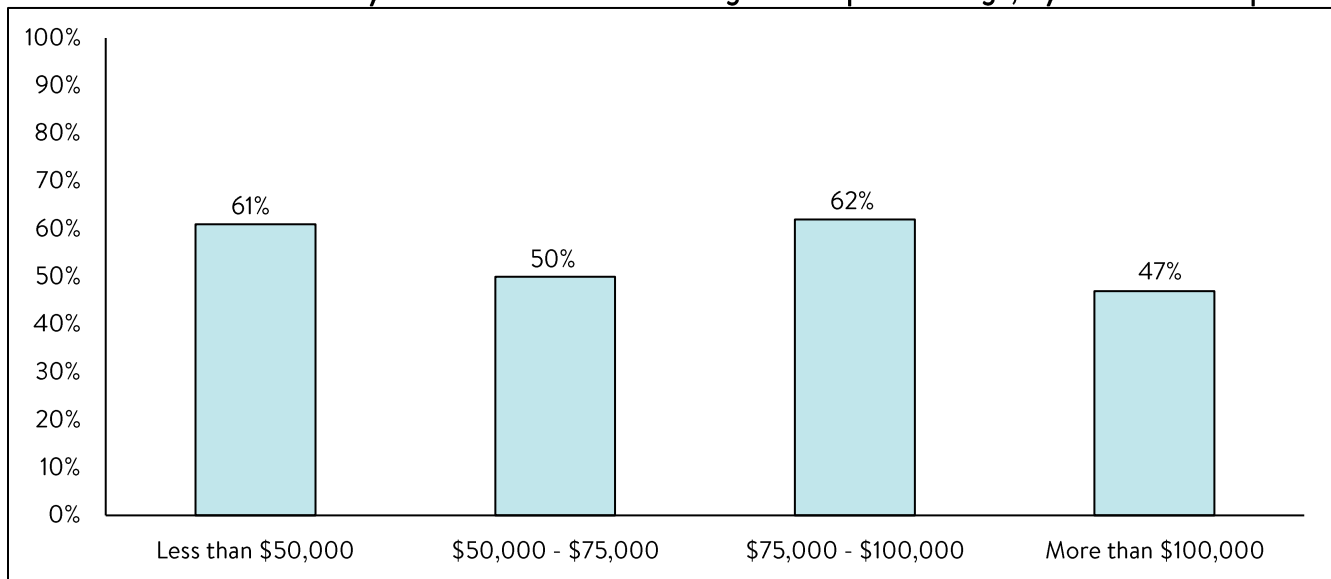
DATA BRIEF | OCTOBER 2024

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

According to a survey of more than 1,400 New Hampshire adults, conducted from March 26 to May 14, 2024, respondents across the state are concerned about prescription drug costs and express a strong desire for policymakers to enact solutions.

More than half (53%) of survey respondents reported being somewhat or very worried about affording the cost of prescription drugs. Worry varied by income group, with respondents in households making between \$75,000 - \$100,000 and less than \$50,000 per year experiencing the most worry (see Figure 1).¹ However, it is important to note that almost half (47%) of those making more than \$100,000 per year also reported worrying about the cost of prescription drugs.

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



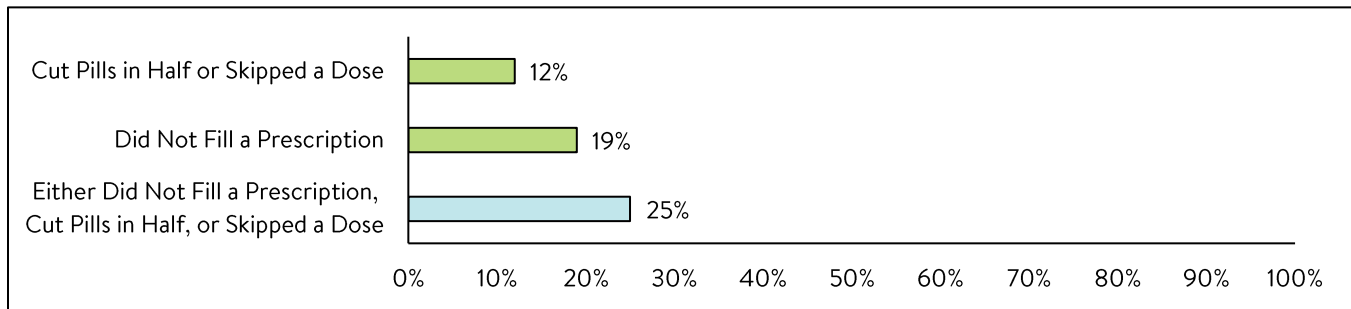
2024 Poll of New Hampshire Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

In addition to the concerns about affording prescription drugs in the future, the survey reveals that a quarter of respondents (25%) have had to ration medication due to cost concerns in the last year, which for the purpose of this brief is defined as not filling a prescription, cutting pills in half or skipping a dose (see Figure 2).

Respondents of Color and those who are a member of the LGBTQIA2S+ community reported the highest rates of rationing medications due to cost, followed by those with lower-incomes and those living in households with a person with a disability. However, these hardships are also prevalent in households of all demographics (see Table 1).

Figure 2

Percent Who Did Not Fill a Prescription, Cut Pills in Half, or Skipped a Dose Due to Concerns About Cost



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

Table 1

Percent of New Hampshire Respondents Rationing Medication, By Income Group, Geographic Setting, Race, Ethnicity, Insurance Type, LGBTQIA2S+ Identity, and Disability Status

	Cut Pills in Half or Skipped a Dose due to Cost Concerns	Did Not Fill a Prescription due to Cost Concerns	Cut Pills in Half, Skipped, or Did Not Fill a Prescription
Income Group			
Less than \$50,000	16%	29%	36%
\$50,000 - \$75,000	13%	18%	24%
\$75,000 - \$100,000	10%	20%	25%
More than \$100,000	10%	13%	20%
Geographic Setting			
Rural	13%	17%	24%
Non-Rural	12%	19%	25%
Race/Ethnicity			
Respondents of Color*	14%	35%	41%
White alone, non-Hispanic/Latino	12%	17%	23%
Insurance Type			
Health insurance through an employer	11%	17%	23%
Health insurance that I buy on my own	15%	19%	30%
Medicare	10%	16%	21%
New Hampshire Medicaid, coverage for low-income people	21%	35%	44%
LGBTQIA2S+ Identity**			
LGBTQIA2S+	19%	28%	39%
Non-LGBTQIA2S+	11%	18%	23%
Disability Status***			
Household does not include a person with a disability	10%	16%	21%
Household includes a person a disability	18%	26%	34%

Source: 2024 Poll of New Hampshire 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.

Considering the challenges respondents reported concerning prescription drug affordability, as well as concerns about high health care costs generally,² it is not surprising that New Hampshire respondents are generally dissatisfied with the health care system. In fact, just **25%** of respondents agreed or strongly agreed that the United States health care system is “great,” while **78%** agreed or strongly agreed that the United States health care system needs to change.

New Hampshire 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:

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

- **92%**—Cap out-of-pocket costs for life-saving medications, such as insulin;
- **90%**—Authorize the Attorney General to take legal action to prevent price gouging;
- **89%**—Establish a Prescription Drug Affordability Board to examine evidence and establish acceptable costs for prescription drugs;
- **88%**—Set standard prices for drugs to make them affordable; and
- **88%**—Prohibit drug companies from charging more in the U.S. than abroad.

Moreover, there is strong bipartisan support for a variety of policies designed to address unaffordable prescription drug costs. For example, nearly all (**92%** 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 **90%** of respondents identifying as a Republican, **96%** of respondents identifying as a Democrat and **92%** of unaffiliated respondents (see Table 2).

Table 2
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
<i>Major reason for rising health care costs: Drug companies charging too much money</i>	80%	74%	82%	82%
Require drug companies to provide advanced notice of price increases	92%	90%	96%	92%
Cap out-of-pocket costs for life-saving medications, such as insulin	92%	89%	97%	89%
Authorize the Attorney General to take legal action to prevent price gouging or unfair drug price hikes	90%	87%	93%	89%
Create a Prescription Drug Affordability Board to examine and establish acceptable costs for drugs	89%	85%	96%	86%
Establish standard prices for drugs to make them affordable	88%	85%	93%	87%
Prohibit drug companies from charging more in U.S. than abroad	88%	87%	93%	86%

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

While New Hampshire respondents overwhelmingly support government action to address high drug costs, they also see a role for themselves. Eighty-one percent (81%) 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 health care and prescription drug affordability, along with high levels of support for change, suggests that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. Recent legislative action at both the federal and state levels may positively impact consumer affordability, specifically for prescription drugs used to treat chronic conditions such as insulin, epinephrine autoinjectors and asthma inhalers. Annual surveys can help assess whether progress is being made.

NOTES

1. Median household income in New Hampshire was \$90,845 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: New Hampshire](#)
2. For more detailed information about health care affordability burdens facing New Hampshire respondents, please see Healthcare Value Hub, *New Hampshire Residents Struggle to Afford High Health Care Costs; Worry About Affording Health Care in the Future; Support Government Action across Party Lines*, Data Brief (July 2024).

ABOUT THE ALTARUM VALUE HUB

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

Contact the Hub:

www.HealthcareValueHub.org | [@HealthValueHub](https://twitter.com/HealthValueHub)

© 2024 Altarum | www.altarum.org



HEALTHCARE VALUE HUB

Methodology

Altarum’s Consumer Healthcare Experience State Survey (CHES) is designed to elicit respondents’ views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions. This survey, conducted from March 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
Gender & LGBTQIA2S+ Identity		
Woman	780	59%
Man	527	40%
Transwoman	3	<1%
Transman	5	<1%
Genderqueer/Nonbinary	10	<1%
LGBTQIA2S+ Identity	161	12%
Insurance Type		
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%
Race & Ethnicity		
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%
Age Group		
18-24	157	12%
25-34	256	19%
35-44	225	17%
45-54	242	18%
55-64	250	19%
65+	195	15%
Political Affiliation		
Republican	351	26%
Democrat	370	28%
Neither	607	46%

Demographic Characteristic	Frequency	Percentage
Household Income		
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%
Education Level		
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%
Self-Reported Health Status		
Excellent	167	13%
Very Good	436	33%
Good	483	36%
Fair	206	16%
Poor	36	3%
Disability		
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%

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

Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available [here](#). Altarum does not conduct statistical calculations on the significance of differences between groups in findings. Therefore, determinations that one group experienced a significantly different affordability burden than another should not be inferred. Rather, comparisons are for conversational purposes. The groups selected for this brief were selected by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates under N=100 and a co-efficient of variance more than 0.30.