



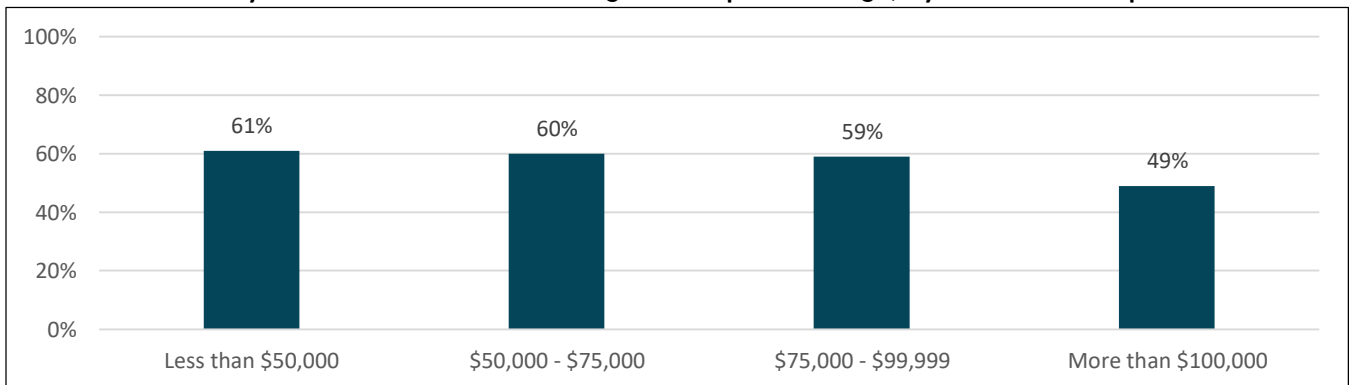
DATA BRIEF | NOVEMBER 2024

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

According to a survey of more than 1,300 Idaho adults, conducted from September 6 to September 30, 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 by income group, with respondents in households making less than \$50,000 per year experiencing the most worry (see Figure 1).¹ 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.

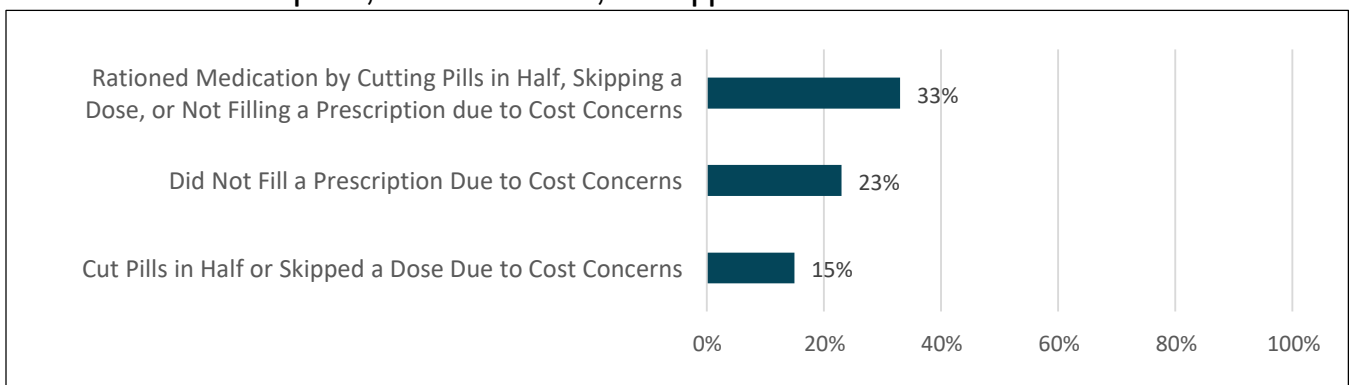
Figure 1
Somewhat or Very Worried About Affording Prescription Drugs, by Income Group



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

In addition to the concerns about affording prescription drugs in the future, the survey reveals that more than a quarter of respondents (33%) have 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



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

Low-income respondents and respondents enrolled in Idaho’s Medicaid program, reported high rates of rationing medications due to cost. However, these hardships are also prevalent in middle-income households. Also of note, respondents living in households with a person with a disability reported higher rates of rationing medication due to cost when compared to respondents without a disabled household member (see Table 1).

Table 1
Percent of Idaho Respondents Rationing Medication, By Income, Geographic Setting, Race, Ethnicity, Insurance Type and Disability Status

	Cut Pills in Half or Skipped a Dose due to Cost Concerns	Did Not Fill a Prescription due to Cost Concerns	Cut Pills in Half, Skipped, or Did Not Fill a Prescription
Income Group			
Less than \$50,000	10%	30%	35%
\$50,000 - \$75,000	17%	27%	37%
\$75,000 - \$99,999	23%	20%	33%
More than \$100,000	15%	16%	28%
Geographic Setting			
Rural	14%	23%	33%
Non-Rural	16%	24%	33%
Race/Ethnicity			
Respondents of Color*	10%	34%	37%
White Alone, Non-Hispanic/Latino	16%	21%	32%
Insurance Type			
Health insurance through an employer	13%	19%	27%
Health insurance that I buy on my own	20%	26%	41%
Medicare, coverage for seniors and those with serious disabilities	14%	23%	32%
Idaho Medicaid, coverage for people with low-income	18%	30%	40%
Sexual Orientation **			
LGBTQ+	14%	34%	40%
Non-LGBTQ+	15%	22%	31%
Disability Status ***			
Household does not include a person with a disability	12%	20%	28%
Household includes a person with a disability	20%	29%	41%

Source: 2024 Poll of Idaho 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.

Despite Idaho’s Medicaid program, eliminating copays for covered prescription drugs, respondents enrolled in the program still reported high rates of rationing medication due to cost. When asked to elaborate on the conditions which led them to ration or forgo care, respondents provided a variety of examples including the medication not being covered and challenges meeting prior authorization requirements (see Table 2).

Table 2**Select Responses to: “Describing Experiences Rationing Medication in the Last Twelve Months among Medicaid Enrollees”**

- “I didn’t buy medicine because of cost.”
- “I didn’t get the medicine I wanted once because it was sold out and not restocked.”
- “I didn’t refill my prescription for medication because the price had nearly doubled, impacting my daily management.”
- “I had to not get 2 prescriptions filled because my insurance wouldn’t cover them.”
- “I needed a prescription for a chronic condition but choose not to fill it because of high costing.”
- “Poor financial conditions make it impossible to buy medicines in time to control one’s problems.”
- “Since the price of a necessary medication I was purchasing was out of my budget at the time, I chose to forgo purchasing ‘unnecessary’ medications.”
- “The cost of a prescribed medication led me to explore alternative, cheaper options or delay filling the prescription, impacting my treatment plan and potentially prolonging recovery.”
- We got scabies and the prescription cream was way too much so we didn’t purchase it.”
- “I cannot afford my copays on prescriptions. Medicare has descent prices on copay but I am having difficulty getting on disability and I cannot work yet due to my injury.”
- “I didn’t pursue treatment for my allergies, as the medication were financially out of reach.”

2024 Poll of Idaho 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 health care costs generally,² it is not surprising that Idaho respondents are generally dissatisfied with the health care system. In fact, just **38%** of respondents agreed or strongly agreed that the United States health care system is “great,” while **68%** agreed or strongly agreed that the United States health care system needs to change.

Idaho 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:

- **64%** – Drug companies charging too much money
- **63%** – Insurance companies charging too much money
- **62%** – Hospitals charging too much money

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

- **91%** – 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;
- **90%** – Set standard prices for drugs to make them affordable;
- **89%** – Prohibit drug companies from charging more in the U.S. than abroad; and
- **88%** – Establish a Prescription Drug Affordability Board to examine evidence and establish acceptable costs for prescription drugs.

Moreover, there is bipartisan support for a variety of policies designed to address unaffordable prescription drug costs. For example, (**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 **93%** of respondents identifying as a Republican, **94%** of respondents identifying as a Democrat and **90%** 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	64%	62%	60%	70%
Require drug companies to provide advanced notice of price increases	92%	93%	94%	90%
Cap out-of-pocket costs for life-saving medications, such as insulin	91%	91%	93%	89%
Authorize the Attorney General to take legal action to prevent price gouging or unfair drug price hikes	90%	89%	92%	89%
Establish standard prices for drugs to make them affordable	90%	90%	93%	86%
Prohibit drug companies from charging more in U.S. than abroad	89%	87%	90%	90%
Create a Prescription Drug Affordability Board to examine and establish acceptable costs for drugs	88%	86%	92%	87%

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

While Idaho respondents overwhelmingly support government action to address high drug costs, they also see a role for themselves. Sixty-seven percent (67%) would switch from a brand-name to an equivalent generic drug if given the chance, and 62% 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 Idaho was \$70,214 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: Idaho](#)
2. For more detailed information about healthcare affordability burdens facing Idaho respondents, please see Healthcare Value Hub, *Idaho Residents Struggle to Afford High Health Care Costs; Worry About Affording Health Care in the Future; Support Government Action across Party Lines*, Data Brief (November 2024).

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: 3520
Green Court, Suite 300,
Ann Arbor, MI 48105
(734) 302-4600 |

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

© 2024 Altarum | www.altarum.org



HEALTHCARE VALUE HUB

ABOUT IDAHO SUPPORTS MEDICAID

Idaho supports Medicaid a network of health care providers, community organizations, and individuals advocates committed to preserving Medicaid for eligible Idahoans. We aim to keep Medicaid strong so Idahoans can get the care they need for children to grow and develop, parents to participate in the workforce and provide for their families, and to promote healthy communities. A project of Idaho Voices for Children.

Contact Idaho Supports Medicaid:

Hillarie Hagen
P.O. Box 2842 Boise, ID 83702
Email: hhagen@idahovoices.org



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 September 6 to September 30, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,300 respondents who live in Idaho. 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 1,365 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percentage
Gender/Orientation		
Woman	534	39%
Man	812	59%
Transwoman	1	<1%
Transman	4	<1%
Genderqueer/Nonbinary	6	<1%
LGBTQ+ Community	148	11%
Insurance Type		
Health insurance through my or a family member’s employer	488	36%
Health insurance I buy on my own	282	21%
Medicare, coverage for seniors and those with serious disabilities	188	14%
Idaho Medicaid, coverage for people with low-income	303	22%
TRICARE/Military Health System	21	2%
Department of Veterans Affairs	24	2%
No coverage of any type	50	4%
I don’t know	9	<1%
Race		
American Indian/Native Alaskan	49	4%
Asian	21	2%
Black or African American	52	4%
Native Hawaiian/Other Pacific Islander	2	<1%
White	1,226	90%
Prefer Not to Answer	5	<1%
Two or More Races	39	3%
Ethnicity		
Hispanic or Latino	44	3%
Non-Hispanic or Latino	1,314	96%
Age		
18-24	222	16%
25-34	473	35%
35-44	285	21%
45-54	124	9%
55-64	109	8%
65+	147	11%
Party Affiliation		
Republican	561	41%
Democrat	451	33%
Neither	353	26%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	110	8%
\$20K - \$29K	73	5%
\$30K - \$39K	74	5%
\$40K - \$49K	78	6%
\$50K - \$59K	114	8%
\$60K - \$74K	143	10%
\$75K - \$99K	253	19%
\$100K - \$149K	378	28%
\$150K+	142	10%
Education Level		
Some high school	33	2%
High school diploma/GED	169	12%
Some college or training/certificate program	280	21%
Associate degree	90	7%
Bachelor’s degree	457	33%
Some graduate school	103	8%
Graduate degree	233	17%
Self-Reported Health Status		
Excellent	335	25%
Very Good	541	40%
Good	344	25%
Fair	116	8%
Poor	26	2%
Disability		
Mobility	173	13%
Cognition	161	12%
Independent Living	135	10%
Hearing	106	8%
Vision	86	6%
Self-Care: Difficulty dressing or bathing	53	4%
No disability or long-term health condition	881	65%

Source: 2024 Poll of Idaho 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.

Appendix A

Rural Counties	Non-Rural Counties
Adams County, Idaho	Ada County, Idaho
Bear Lake County, Idaho	Bannock County, Idaho
Benewah County, Idaho	Bonneville County, Idaho
Bingham County, Idaho	Canyon County, Idaho
Blaine County, Idaho	Kootenai County, Idaho
Boise County, Idaho	Latah County, Idaho
Bonner County, Idaho	Twin Falls County, Idaho
Boundary County, Idaho	Ada County, Idaho
Butte County, Idaho	Bannock County, Idaho
Camas County, Idaho	
Caribou County, Idaho	
Cassia County, Idaho	
Clark County, Idaho	
Clearwater County, Idaho	
Custer County, Idaho	
Elmore County, Idaho	
Franklin County, Idaho	
Fremont County, Idaho	
Gem County, Idaho	
Gooding County, Idaho	
Idaho County, Idaho	
Jefferson County, Idaho	
Jerome County, Idaho	
Lemhi County, Idaho	
Lewis County, Idaho	
Lincoln County, Idaho	
Minidoka County, Idaho	
Oneida County, Idaho	
Owyhee County, Idaho	
Payette County, Idaho	
Power County, Idaho	
Shoshone County, Idaho	
Teton County, Idaho	
Valley County, Idaho	
Washington County, Idaho	
Madison County, Idaho	
Nez Perce County, Idaho	