



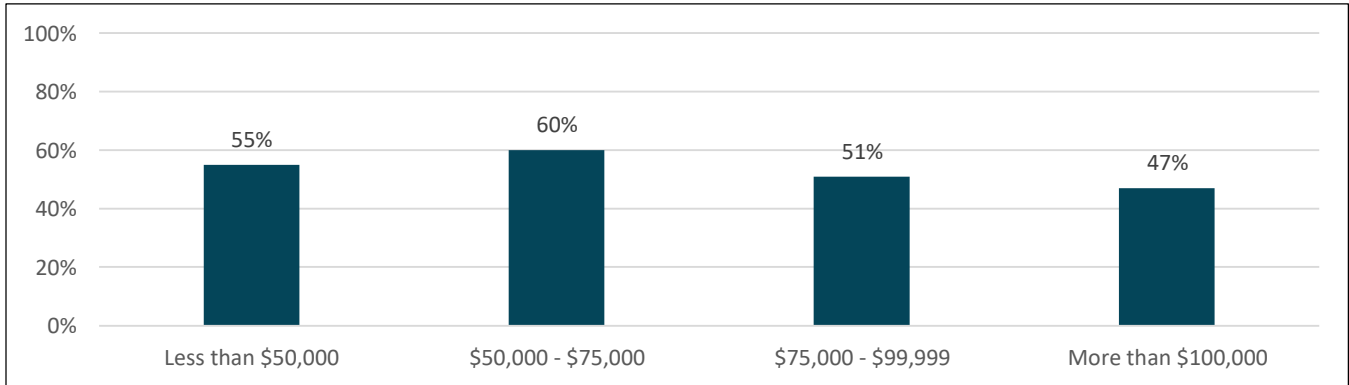
DATA BRIEF | DECEMBER 2024

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

According to a survey of more than 1,600 Ohio adults, conducted from September 26 to October 14, 2024, respondents across the state are concerned about prescription drug costs and express a strong desire for policymakers to enact solutions.

Half (53%) 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.

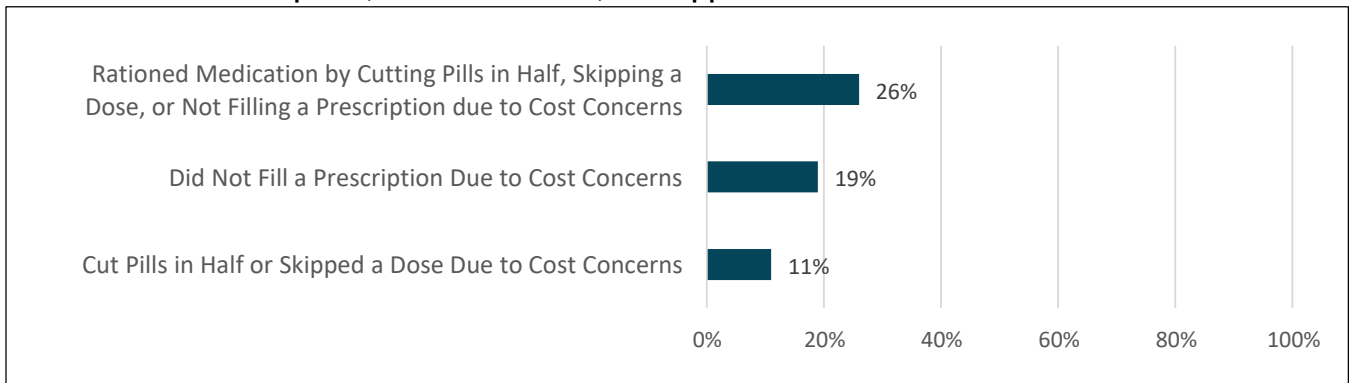
**Figure 1**  
Somewhat or Very Worried About Affording Prescription Drugs, by Income Group



2024 Poll of Ohio 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 (26%) 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).

**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 enrolled in the Ohio Medicaid program, reported high 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 Ohio 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
<b>Income Group</b>			
Less than \$50,000	13%	22%	30%
\$50,000 - \$75,000	11%	26%	31%
\$75,000 - \$99,999	9%	17%	23%
More than \$100,000	8%	14%	20%
<b>Geographic Setting</b>			
Northwest Ohio	9%	16%	21%
Southwest Ohio	11%	24%	30%
Central Ohio	8%	17%	21%
Eastern Ohio	12%	19%	26%
<b>Race/Ethnicity</b>			
Respondents of Color*	18%	25%	36%
White Alone, Non-Hispanic/Latino	9%	17%	23%
<b>Insurance Type</b>			
Health insurance through an employer	7%	20%	25%
Health insurance that I buy on my own	18%	24%	35%
Medicare, coverage for seniors and those with serious disabilities	9%	16%	20%
Ohio Medicaid	15%	18%	31%
<b>Sexual Orientation **</b>			
LGBTQ+	13%	23%	25%
Non-LGBTQ+	10%	19%	33%
<b>Disability Status ***</b>			
Household does not include a person with a disability	8%	17%	22%
Household includes a person with a disability	17%	25%	35%

Source: 2024 Poll of Ohio 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 enrolled in the Ohio Medicaid 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 Ohio Medicaid Enrollees”

- “I just don’t have the money to fill my prescriptions.”
- “I can’t afford my pain medications because they cost too much.”
- “I could not get prescriptions needed after being released from the hospital.”
- “My prescriptions randomly stop being covered and billing was incorrect.”
- “

*2024 Poll of Ohio 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,<sup>2</sup> it is not surprising that Ohio respondents are generally dissatisfied with the health care system. In fact, just **35%** of respondents agreed or strongly agreed that the United States health care system is “great,” while **73%** agreed or strongly agreed that the United States health care system needs to change.

Ohio 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:

- **76%** – Drug companies charging too much money
- **71%** – Insurance companies charging too much money
- **67%** – Hospitals charging too much money

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

- **91%** – Authorize the Attorney General to take legal action to prevent price gouging;
- **91%** – Set standard prices for drugs to make them affordable;
- **90%** – Cap out-of-pocket costs for life-saving medications, such as insulin;
- **89%** – Prohibit drug companies from charging more in the U.S. than abroad; and
- **89%** – Establish a Prescription Drug Affordability Board to examine evidence and establish acceptable costs for prescription drugs.

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, **95%** 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	76%	72%	80%	76%
Require drug companies to provide advanced notice of price increases	92%	90%	95%	90%
Cap out-of-pocket costs for life-saving medications, such as insulin	90%	87%	94%	90%
Authorize the Attorney General to take legal action to prevent price gouging or unfair drug price hikes	91%	86%	96%	90%
Establish standard prices for drugs to make them affordable	91%	87%	97%	89%
Prohibit drug companies from charging more in U.S. than abroad	89%	87%	92%	87%
Create a Prescription Drug Affordability Board to examine and establish acceptable costs for drugs	89%	86%	94%	86%

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

While Ohio respondents overwhelmingly support government action to address high drug costs, they also see a role for themselves. Eighty percent (80%) would switch from a brand-name to an equivalent generic drug if given the chance, and 53% 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 Ohio was \$66,990 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: Ohio](#)
2. For more detailed information about health care affordability burdens facing Ohio respondents, please see Healthcare Value Hub, *Ohio Residents Struggle to Afford High Health Care Costs; Worry About Affording Health Care in the Future; Support Government Action across Party Lines*, Data Brief (December 2024).

### 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 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.

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**HEALTHCARE VALUE HUB**

**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 September 26 to October 14, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,700 respondents who live in Ohio. 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 1,670 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	950	57%	Under \$20K	287	17%
Man	704	42%	\$20K - \$29K	206	12%
Transwoman	1	<1%	\$30K - \$39K	186	11%
Transman	5	<1%	\$40K - \$49K	162	10%
Genderqueer/Nonbinary	6	<1%	\$50K - \$59K	176	11%
LGBTQ+ Community	156	9%	\$60K - \$74K	149	9%
<b>Insurance Type</b>			\$75K - \$99K	170	10%
Health insurance through my or a family member’s employer	522	31%	\$100K - \$149K	207	12%
Health insurance I buy on my own	124	7%	\$150K+	127	8%
Medicare, coverage for seniors and those with serious disabilities	525	31%	<b>Education Level</b>		
Ohio Medicaid	380	23%	Some high school	70	4%
TRICARE/Military Health System	11	<1%	High school diploma/GED	474	28%
Department of Veterans Affairs	16	<1%	Some college or training/certificate program	371	22%
No coverage of any type	67	4%	Associate degree	204	12%
I don’t know	25	1%	Bachelor’s degree	309	19%
<b>Race</b>			Some graduate school	37	2%
American Indian/Native Alaskan	30	2%	Graduate degree	205	12%
Asian	12	<1%	<b>Self-Reported Health Status</b>		
Black or African American	220	13%	Excellent	197	12%
Native Hawaiian/Other Pacific Islander	10	<1%	Very Good	481	29%
White	1,399	84%	Good	618	37%
Prefer Not to Answer	9	<1%	Fair	302	18%
Two or More Races	42	3%	Poor	72	4%
<b>Ethnicity</b>			<b>Disability</b>		
Hispanic or Latino	29	2%	Mobility	313	19%
Non-Hispanic or Latino	1,641	98%	Cognition	171	10%
<b>Age</b>			Independent Living	137	8%
18-24	153	9%	Hearing	124	7%
25-34	233	14%	Vision	86	5%
35-44	306	18%	Self-Care: Difficulty dressing or bathing	84	5%
45-54	299	18%	No disability or long-term health condition	1119	67%
55-64	354	21%	<i>Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey</i>		
65+	319	19%			
<b>Party Affiliation</b>					
Republican	611	37%			
Democrat	569	34%			
Neither	490	29%			

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.