HEALTHCARE VALUE HUB

Data Brief | October 2025

Oklahoma Survey Respondents Worry about High Drug Costs; Express Bipartisan Support for Policy Solutions

Summary

A survey of more than 1,300 Oklahoma adults, conducted from August 13 to September 12, 2025, found:

- Almost half (47%) of all survey respondents reported being either “worried” or “very worried” about affording the cost of prescription drugs;
- More than a quarter of respondents (31%) reported rationing medication due to cost in the last year;
- Respondents earning less than $50,000 a year, those enrolled in the SoonerCare, the state Medicaid program, and respondents with a disability, or who live with a person with a disability, reported rationing medication more frequently than other respondents;
- 67% of all survey respondents believe the healthcare system is unaffordable
- 92% of all survey respondents believe healthcare costs are rising; and
- Across party lines, respondents expressed support for policy-based solutions.

Prescription drug prices in the United States are nearly 2.8 times higher than the prices in other OECD countries, like Canada, Japan, and France.[1] With nearly 7 in every 10 American adults (69%) prescribed at least one medication, these high costs impact the majority of the population to some degree.[2] The largest majority (74%) of respondents identified drug companies as the primary contributor to high healthcare costs, and, a majority stated that the government should limit the price of expensive prescription drugs (90%), and rein in prescription drug prices (91%). Just 31% felt that state lawmakers should support local pharmacies if it means higher prescription drug costs for everyone.

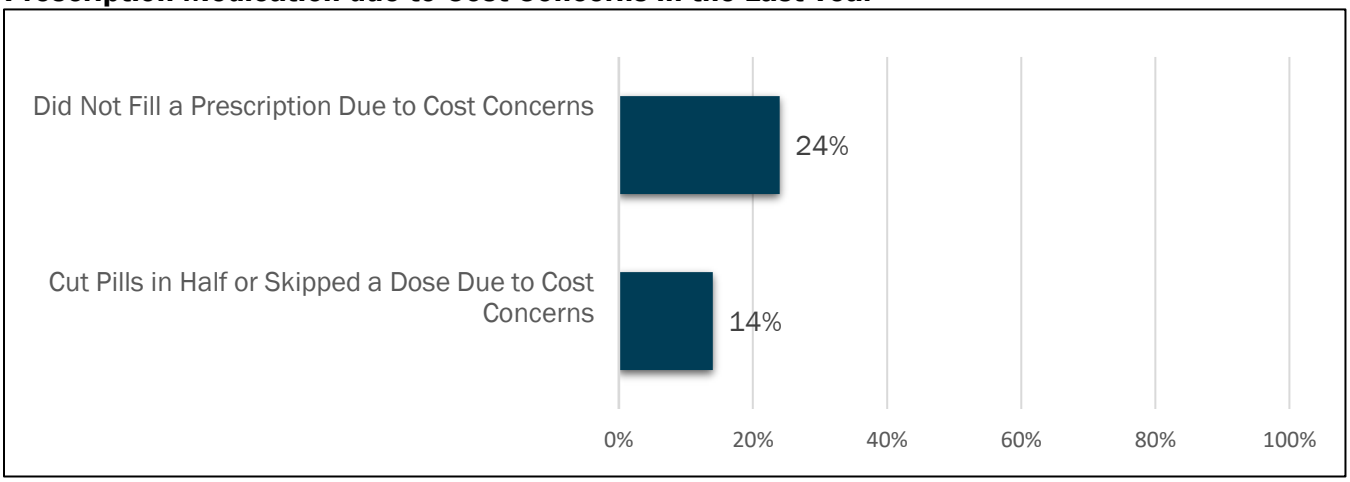
Medication Rationing

When prescription drugs are unaffordable, patients are forced to ration the medications they have on hand by skipping doses or splitting pills in half, or they may not be able to fill their prescription at all. Nationally, individuals who ration medication often experience worse health outcomes and more frequently use healthcare services relative to patients who take their medication as prescribed.[3] More than one in every four (31%) of respondents in Oklahoma reported rationing medication due to cost concerns in the last year (see Figure 1).

Certain populations were also more likely to report rationing medication, specifically lower-income respondents (earning less than $50,000 a year) and respondents with a disability or living in a household with a person with a disability (see Table 1).

Figure 1

Percent of Respondents that Did Not Fill a Prescription, Cut Pills in Half, or Skipped a Dose of a Prescription Medication due to Cost Concerns in the Last Year



Source: 2025 Poll of Oklahoma Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Table 1

Percent of Respondents Rationing Medication due to Cost, By Geographic Area, Coverage Type, Demographic Characteristics

	Cut Pills in Half or Skipped a Dose	Did Not Fill a Prescription	Any Medication Rationing
Geographic Area			
Rural Oklahoma	15%	26%	33%
Suburban Oklahoma	7%	19%	23%
Urban Oklahoma	15%	23%	31%
Household Characteristics			
Household Income			
≤ $50,000 annually	16%	33%	40%
$50,001 - $75,000 annually	15%	29%	36%
$75,001 - $100,000 annually	16%	22%	31%
≥ $100,000 annually	11%	9%	17%
Disability			
Household includes a person with a physical or cognitive impairment	22%	32%	43%
Household does not include a person with a physical or cognitive impairment	10%	20%	26%
Demographic Characteristics			
Race and Ethnicity			
Respondents of Color*	18%	28%	38%
White, alone non-Hispanic	12%	21%	28%

	Cut Pills in Half or Skipped a Dose	Did Not Fill a Prescription	Any Medication Rationing
Employment Status			
Employed Full-Time	15%	24%	33%
Employed Part-Time	8%	30%	34%
Unemployed, but seeking employment	21%	31%	41%
Insurance Status			
Employer-Sponsored health insurance	11%	20%	26%
Health insurance purchased individually	17%	28%	43%
Traditional Fee-For-Service Medicare, coverage for older adults	11%	17%	23%
Medicare Advantage, coverage for older adults	14%	16%	24%
SoonerCare, state Medicaid program	21%	42%	48%

Source: 2025 Poll of Oklahoma Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

Worries about Affording the Cost of Prescription Drugs in the Future

Almost 47% of survey respondents reported being somewhat or very worried about affording the cost of prescription drugs. Worry varies by income group, with the lowest income groups worrying about these costs at much higher rates. Across household and demographic characteristics, respondents at the lowest income level (making less than $50,000 annually) reported experiencing the most worry (62%). Similarly, respondents who have SoonerCare, the state Medicaid program (69%); those who are unemployed (68%); those living in households that include someone with a disability (55%); and respondents of color (52%) reported the highest rates of worry in their respective categories (see Table 2).[5]

Table 2
Percent of Respondents Somewhat or Very Worried About Affording Prescription Drugs, by Household and Demographic Characteristics

	Somewhat or Very Worried about Affording Prescription Drugs
Geographic Area	
Rural Oklahoma	49%
Suburban Oklahoma	34%
Urban Oklahoma	51%
Household Characteristics	
Household Income	
≤ $50,000 annually	62%
$50,001 - $75,000 annually	49%

	Somewhat or Very Worried about Affording Prescription Drugs
$75,001 - $100,000 annually	45%
≥ $100,000 annually	27%
Disability	
Household includes a person with a physical or cognitive impairment	55%
Household does not include a person with a physical or cognitive impairment	43%
Demographic Characteristics	
Race and Ethnicity	
Respondents of Color*	52%
White, alone non-Hispanic	44%
Employment Status	
Employed Full-Time	45%
Employed Part-Time	64%
Unemployed, but seeking employment	68%
Insurance Status	
Employer-based health insurance	45%
Health insurance purchased individually	37%
Traditional Fee-For-Service Medicare, coverage for older adults	37%
Medicare Advantage, coverage for older adults	38%
SoonerCare, state Medicaid program	69%

Source: 2025 Poll of Oklahoma Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

Respondent Perceptions of Healthcare Systems, Policy Solutions

Oklahoma respondents reported that they believe drug companies have a major responsibility for rising healthcare costs were drug companies (74%). A majority stated that the government should limit the price of expensive prescription drugs (90%), and rein in prescription drug prices (91%).

When asked about their views on policy solutions to influence healthcare costs and efficiency, Oklahoma respondents endorsed several strategies and revealed that there is bipartisan support for these policy strategies as well (see Table 3).

Table 3

Percent of Respondents that Agreed or Strongly Agreed that the Government Should Employ Select Strategies, by Political Affiliation

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
Rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this)	90%	91%	94%	87%
Limit the price of expensive prescription drugs	91%	91%	94%	87%
Prohibit extra fees that aren't connected to the cost of your care, like hospitals charging facility fees at offices and clinics miles away from the hospital campus	92%	91%	94%	92%
Increase the number of healthcare providers in rural areas.	90%	77%	71%	72%
Prevent hospitals from charging more for routine healthcare services that are most often provided in a doctor's office	91%	92%	90%	90%
Limit the prices at expensive hospitals in the private health insurance market (Medicare and Medicaid already set hospital prices for their markets	89%	88%	92%	82%
Integrate the Medicaid and Medicare programs for people who are eligible for both to make it simpler for them to navigate those programs	88%	85%	90%	90%
Increase investment in primary care	86%	85%	92%	84%
Change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services	84%	83%	84%	87%
Make it easier for people to apply for and renew their Medicaid coverage	84%	77%	93%	86%
Allow the government to limit and prevent healthcare mergers that could reduce competition and increase healthcare prices.	82%	83%	86%	80%
Allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber	81%	81%	86%	78%
State lawmakers should be required to disclose how proposed laws and legislative mandates impact costs to healthcare consumers, taxpayers and businesses.	80%	77%	86%	80%
State lawmakers should mandate that health insurance cover the cost of more services, even if it means health insurance costs go up for everyone.	43%	38%	54%	60%
State lawmakers should pass laws that help local pharmacies, even if it means the cost of prescription drugs increase for everyone.	31%	29%	42%	27%

Source: 2025 Poll of Oklahoma Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
*Note: Percentages are based on weighted values.

The high burden of healthcare and prescription drug affordability, along with high levels of support for change, suggests that elected leaders need to make addressing this consumer burden a top priority. Importantly, respondents underscored the need for clarity around how government efforts might affect what they pay. More than 80% agreed or strongly agreed that state lawmakers should be required to disclose how proposed laws and mandates affect costs for consumers, taxpayers, and businesses. Affordability is a key concern and driver of healthcare decisions. For example, only 31% felt that state lawmakers should support local pharmacies if it means higher prescription drug costs for everyone. For more detailed information about healthcare affordability burdens facing Oklahoma respondents, please see Healthcare Value Hub, Oklahoma Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support Government Action across Party Lines, Data Brief (October 2025).

Notes

[1] Mulcahy, A., Schwam, D., Lovejoy, S. (2024, February 1). International Prescription Drug Price Comparisons: Estimates Using 2022 Data. RAND Corporation. https://www.rand.org/pubs/research_reports/RRA788-3.html

[2] NCHS Data Query System. (2024). Prescription Medication Use Among Adults [Internet]. Hyattsville (MD): National Center for Health Statistics. https://www.cdc.gov/nchs/dqs

[3] Nekui, F., Galbraith, A. A., Briesacher, B. A., Zhang, F., Soumerai, S. B., Ross-Degnan, D., Gurwitz, J. H., & Madden, J. M. (2021). Cost-related Medication Nonadherence and Its Risk Factors Among Medicare Beneficiaries. Medical care, 59(1), 13–21. https://doi.org/10.1097/MLR.0000000000001458

[4] Understanding the Use of Medicines in the U.S. 2025: Evolving Standards of Care, Patient Access, and Spending. (2025, April). IQVIA Institute for Human Data Science. https://www.iqvia.com/-/media/iqvia/pdfs/institute-reports/understanding-the-use-of-medicines-in-the-us-2025/iqvia-institute-iqi-us-use-of-medicines-04-25-forweb.pdf

[5] Median household income in Oklahoma was $63,603. U.S. Census Bureau QuickFacts

About the 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.

Contact the Hub:
(734) 302-4600 | www.HealthcareValueHub.org

© 2025 Altarum | www.altarum.org

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 August 13 to September 12, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Oklahoma. 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 1,383 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	Percent
Sex		
Woman	942	68%
Man	441	32%
Insurance Type		
Health insurance through my or a family member's employer	434	31%
Health insurance I buy on my own	143	10%
Medicare, coverage for seniors and those with serious disabilities	149	11%
Oklahoma Medicaid	328	24%
TRICARE/Military Health System	28	2%
Department of Veterans Affairs	16	1%
No coverage of any type	101	7%
I don't know	44	3%
Race		
American Indian	184	13%
Native Alaskan	5	<1%
Asian	21	2%
Black or African American	115	8%
Native Hawaiian/Other Pacific Islander	3	<1%
White	1101	80%
Two or More Races	25	2%
Ethnicity		
Hispanic or Latino	53	4%
Non-Hispanic or Latino	1,330	96%
Age		
18-24	251	18%
25-34	247	18%
35-44	278	20%
45-54	231	17%
55-64	221	16%
65+	148	11%
Party Affiliation		
Republican	523	38%
Democrat	320	23%
Neither	540	39%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	340	25%
$20K-$29K	156	11%
$30K - $39K	174	13%
$40K - $49K	122	9%
$50K - $59K	117	8%
$60K - $74K	132	10%
$75K - $99K	148	11%
$100K - $149K	132	10%
$150K+	62	4%
Education Level		
Some high school	83	6%
High school diploma/GED	404	29%
Some college or training/certificate program	350	25%
Associate degree	150	11%
Bachelor's degree	249	18%
Some graduate school	24	2%
Graduate degree	123	9%
Self-Reported Health Status		
Excellent	148	11%
Very Good	387	28%
Good	534	39%
Fair	242	17%
Poor	72	5%
Disability		
Mobility	271	20%
Cognition	153	11%
Independent Living	116	8%
Hearing	119	9%
Vision	101	7%
Self-Care: Difficulty dressing or bathing	89	6%
No disability or long-term health condition	880	64%

Source: 2025 Poll of Oklahoma 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.