HEALTHCARE VALUE HUB

Data Brief | September 2025

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

Summary

A survey of more than 1,400 Connecticut adults, conducted from July 18 to July 30, 2025, found:

- Nearly more than half 46% of all survey respondents reported being either “worried” or “very worried” about affording the cost of prescription drugs;
- Nearly a quarter of respondents 23% reported rationing medication due to cost in the last year;
- Respondents earning less than $50,000 a year, those enrolled in the state Medicaid program HUSKY Health, and respondents with a disability, or who live with a person with a disability, reported rationing medication more frequently than other respondents;
- 72% of all survey respondents believe the health care system is unaffordable
- 92% of all survey respondents believe health care 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 seven in every ten American adults (69%) prescribed at least one medication, these high costs impact the majority of the population to some degree.[2]

Medication Rationing

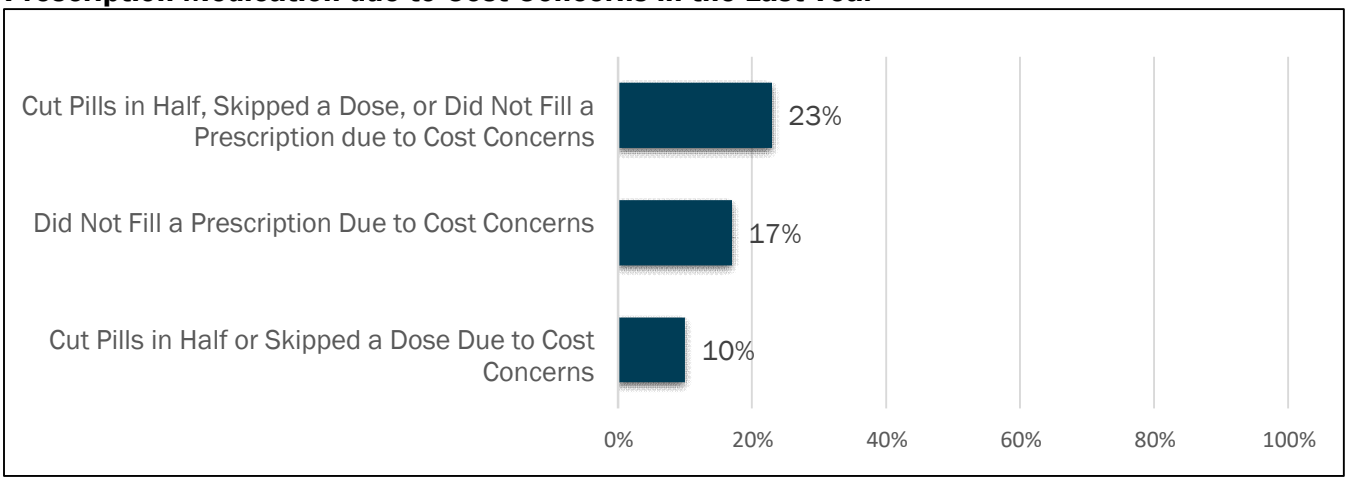
When prescription drugs are unaffordable, patients may be forced to ration the medications they have on hand by skipping doses or splitting pills in half, or they may not be able to fill their prescription at all. Individuals who ration medication often experience worse health outcomes and more frequently use health care services relative to patients who take their medication as prescribed.[3] Nearly than one in every four (23% of) respondents reported rationing medication due to cost concerns in the last year (see Figure 1).

Among Connecticut respondents, medication rationing was most commonly reported among respondents enrolled in HUSKY Health, followed by those with private insurance, and Medicare. However, certain population were more likely to report rationing medication, such as 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).

Nationally, rationing behaviors occur across income and insurance status — approximately 27% of prescriptions written to insured American adults go unfilled due to insurance coverage denials. [4] While some patients are able to overcome these obstacles by using secondary insurance, paying out-of-pocket, or applying manufacturer coupons, 27% of survey respondents identified lowering what you pay out of pocket for prescription drugs, as one of their top three policy priorities for government action.

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 Connecticut 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
Household Characteristics			
Household Income			
≤ $50,000 annually	31%	22%	12%
$50,001 - $75,000 annually	28%	22%	15%
$75,001 - $100,000 annually	21%	14%	10%
≥ $100,000 annually	16%	13%	7%
Disability			
Household includes a person with a physical or cognitive impairment	30%	20%	15%
Household does not include a person with a physical or cognitive impairment	21%	16%	8%
Demographic Characteristics			
Race and Ethnicity			
Respondents of Color*	29%	21%	13%
White, alone non-Hispanic	18%	13%	7%
Employment Status			
Employed Full-Time	22%	18%	8%
Employed Part-Time	27%	23%	13%
Retired	12%	9%	4%
Unemployed, seeking employment	37%	28%	16%

	Cut Pills in Half or Skipped a Dose	Did Not Fill a Prescription	Any Medication Rationing
Insurance Status			
Employer-Sponsored health insurance	22%	16%	10%
Health insurance purchased individually	26%	16%	20%
Traditional Medicare, (Part A and Part B), coverage for older adults	22%	16%	8%
Medicare Advantage, (Part C), coverage for older adults	15%	10%	10%
HUSKY Health, state Medicaid program	30%	23%	9%

Source: 2025 Poll of Connecticut 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

Nearly more than half (46%) of survey respondents reported being somewhat or very worried about affording the cost of prescription drugs. Worry varies by income group, with respondents in households making less than $50,000 per year experiencing the most worry (see Table 2).[5] However, a large percentage of households making above $75,000 per year also reported worrying about the cost of prescription drugs.

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
Household Characteristics	
Household Income	
≤ $50,000 annually	61%
$50,001 - $75,000 annually	49%
$75,001 - $100,000 annually	46%
≥ $100,000 annually	33%
Disability	
Household includes a person with a physical or cognitive impairment	57%
Household does not include a person with a physical or cognitive impairment	42%
Demographic Characteristics	
Race and Ethnicity	
Respondents of Color*	51%
White, alone non-Hispanic	41%
Employment Status	
Employed Full-Time	41%

	Somewhat or Very Worried about Affording Prescription Drugs
Employed Part-Time	51%
Retired	31%
Unemployed, seeking employment	55%
Insurance Status	
Employer-based health insurance	44%
Health insurance purchased individually	52%
Traditional Medicare, (Part A and Part B), coverage for older adults	43%
Medicare Advantage, (Part C), coverage for older adults	33%
Husky Health, state Medicaid program	64%

Source: 2025 Poll of Connecticut 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 Health Care Systems, Policy Solutions

Connecticut respondents reported that they believe drug companies have a major responsibility for rising health care costs. The most frequently cited players contributing to rising health care costs were:

- 74% — Drug companies charging too much money
- 70% — Insurance companies charging too much money
- 55% — Hospitals charging too much money

When asked about their views on policy solutions to influence health care costs and efficiency, Ohio respondents endorsed several strategies, including:

- 90% — Limit the price of expensive prescription drugs;
- 89% — Rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this);
- 81% — Allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber;

The survey also 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
Limit the price of expensive prescription drugs	90%	87%	93%	90%
Rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this)	89%	85%	88%	91%

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
Allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber	81%	81%	82%	80%

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

The high burden of health care 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. Annual surveys can help assess whether progress is being made. For more detailed information about health care affordability burdens facing Ohio respondents, please see *Healthcare Value Hub, Connecticut Residents Struggle to Afford High Health Care Costs; Worry About Affording Health Care in the Future; Support Government Action across Party Lines, Data Brief (September 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 Connecticut was $91,665 (2023). (U.S. Census, Quick Facts. Retrieved from: Connecticut - Census Bureau Profile

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.

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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 July 17 to July 30, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Connecticut. 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 1,414 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	906	64%
Man	508	36%
Insurance Type		
Health insurance through my or a family member's employer	575	41%
Health insurance I buy on my own	91	6%
Traditional Medicare, fee for service coverage (Part A and Part B) for seniors and those with serious disabilities	164	12%
Medicare Advantage/Medicare Part C, coverage for seniors and those with serious disabilities	233	16%
HUSKY Health, the state Medicaid program	273	19%
TRICARE/Military Health System	11	<1%
Department of Veterans Affairs	13	<1%
No coverage of any type	29	1%
I don't know	35	2%
Race		
American Indian/Native Alaskan	30	2%
Asian	48	3%
Black or African American	253	18%
Native Hawaiian/Other Pacific Islander	8	<1%
White	1,020	72%
Prefer Not to Answer	17	1%
Two or More Races	73	5%
Ethnicity		
Hispanic or Latino	109	8%
Non-Hispanic or Latino	1,305	92%
Age		
18-24	245	17%
25-34	214	15%
35-44	240	17%
45-54	230	16%
55-64	250	18%
65+	226	16%
Party Affiliation		
Republican	301	21%
Democrat	507	36%
Neither	606	43%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	184	13%
$20K-$29K	143	10%
$30K - $39K	121	9%
$40K - $49K	112	8%
$50K - $59K	108	8%
$60K - $74K	134	9%
$75K - $99K	172	12%
$100K - $149K	231	16%
$150K+	209	15%
Education Level		
Some high school	43	3%
High school diploma/GED	321	23%
Some college or training/certificate program	298	21%
Associate degree	149	11%
Bachelor's degree	296	21%
Some graduate school	52	4%
Graduate degree	255	18%
Self-Reported Health Status		
Excellent	211	15%
Very Good	506	36%
Good	472	33%
Fair	186	13%
Poor	39	3%
Disability		
Mobility	182	13%
Cognition	139	10%
Independent Living	100	7%
Hearing	98	7%
Vision	64	5%
Self-Care: Difficulty dressing or bathing	66	5%
No disability or long-term health condition	1000	71%

Source: 2025 Poll of Connecticut 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.