HEALTHCARE VALUE HUB

Data Brief | October 2025

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

Summary

A survey of more than 1,380 Virginia adults, conducted from August 1 to August 19, 2025, found:

- Nearly 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 (27%) reported rationing medication due to cost in the last year;
- Respondents earning less than $50,000 a year, those enrolled in coverage they purchased on their own (such as through the Marketplace), and respondents with a disability or who live with a person with a disability reported rationing medication more frequently than other respondents;
- Nearly 3 in every 4 respondents (72%) "agree" or "strongly agree" that the United States health care system needs to change; and
- Across party lines, respondents expressed strong 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 ten American adults (69%) prescribed at least one medication, these high costs impact the majority of the population to some degree.[2] Although many survey respondents (72%) indicated that they would switch to a lower-cost generic alternative if given the opportunity, this option is not always available, leaving some patients without an affordable way to access necessary medications.

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] More than one quarter (27%) of respondents reported rationing medication due to cost concerns in the last year (see Figure 1).

Among Virginia respondents, medication rationing was most commonly reported among respondents enrolled in enrolled in coverage they purchased on their own (such as through the Marketplace), followed by those with Medicaid. Other groups also more frequently reported 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).

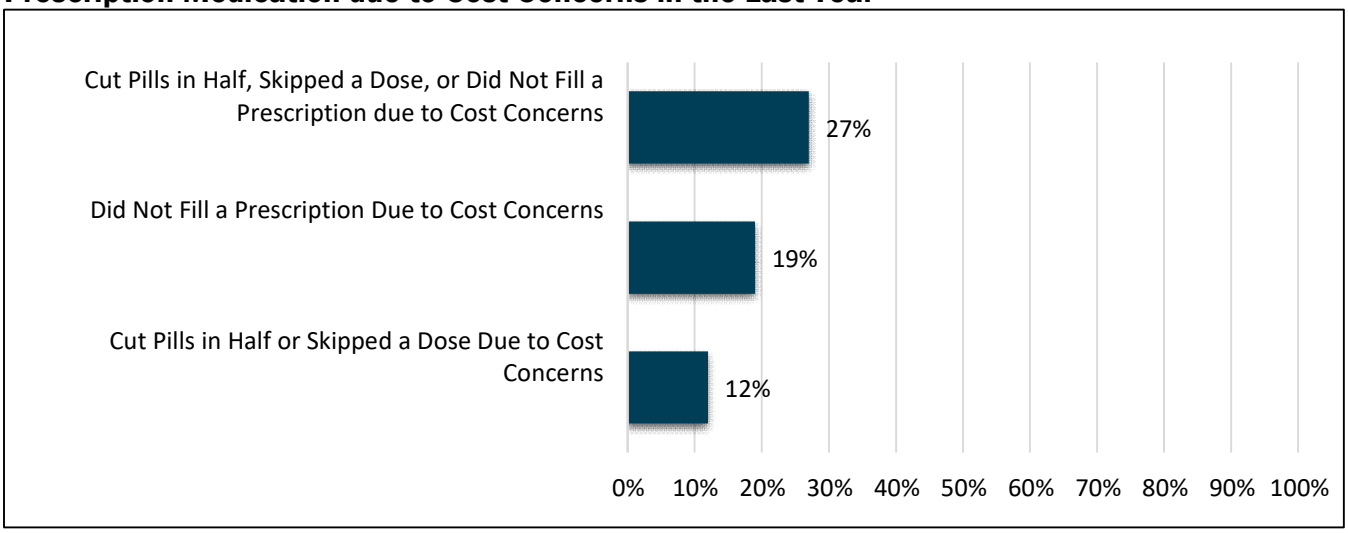
Nationally, rationing behaviors occur across income and insurance status. Approximately 27% of prescriptions written to insured American adults go unfilled due to insurance coverage denials.[4] While some patients are able to overcome these obstacles by using secondary insurance, paying out-of-pocket, or applying manufacturer coupons, nearly half (44%) of all survey respondents identified addressing high health care costs, including drug prices, as one of their top three policy priorities for government action.

Respondents were asked to describe a time that they did not get a healthcare service due to cost, and several individuals reported experiences related to medication.

- "I had to stop taking a prescription drug because the price was too high"
- "The medication I needed was just too new, so it was too expensive for me to get so I had to ask for one that does not work as well."
- My husband was prescribed a medication that the cost was $799 for 3 months and we could not afford that. Had to go back to Doctor to get a different prescription
- "My Social Security" monthly checks barely cover my basic monthly bills, with very little left over for food, most months medical care, and medications are somethings that I cannot afford. NO money left over at all."

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 Virginia 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	11%	19%	26%
Nonrural	16%	20%	28%
Household Characteristics			
Household Income			
≤ $50,000 annually	15%	23%	32%
$50,001 - $75,000 annually	14%	23%	32%
$75,001 - $100,000 annually	8%	18%	23%
≥ $100,000 annually	12%	15%	23%

	Cut Pills in Half or Skipped a Dose	Did Not Fill a Prescription	Any Medication Rationing
Disability			
Household includes a person with a disability	21%	25%	38%
Household does not include a person with a disability	9%	16%	22%
Demographic Characteristics			
Race and Ethnicity			
Respondents of Color*	12%	23%	30%
White, alone non-Hispanic	12%	17%	25%
Employment Status			
Employed Full-Time	16%	21%	31%
Employed Part-Time	12%	18%	26%
Unemployed, seeking employment	12%	23%	32%
Orientation			
Sexual Diverse	18%	22%	32%
Not Sexual Diverse	12%	19%	26%
Insurance Status			
Employer-Sponsored health insurance	11%	19%	26%
Health insurance purchased individually	20%	20%	36%
Medicare, coverage for older adults	9%	13%	19%
Cardinal Care, Virginia Medicaid program	12%	26%	34%

Source: 2025 Poll of Virginia 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 half (47%) 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 frequent 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 Income	
≤ $50,000 annually	56%
$50,001 - $75,000 annually	54%
$75,001 - $100,000 annually	44%
≥ $100,000 annually	39%

	Somewhat or Very Worried about Affording Prescription Drugs
Disability	
Household includes a person with a disability	55%
Household does not include a person with a disability	43%
Demographic Characteristics	
Race and Ethnicity	
Respondents of Color*	52%
White, alone non-Hispanic	43%
Employment Status	
Employed Full-Time	49%
Employed Part-Time	46%
Unemployed, seeking employment	63%
Orientation	
Sexual Diverse	66%
Not Sexual Diverse	44%
Insurance Status	
Employer-based health insurance	46%
Health insurance purchased individually	44%
Medicare, coverage for older adults	38%
Cardinal Care, Virginia Medicaid	65%

Source: 2025 Poll of Virginia 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

Given how often respondents reported being concerned about affording prescription drugs, it is not surprising that Virginia respondents are generally dissatisfied with the health care system. In fact, just 32% of respondents agreed or strongly agreed that the United States health care system is “great,” while 72% agreed or strongly agreed that the United States health care system needs to change.

Virginia 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:

- 74% — Drug companies charging too much money
- 72% — Hospitals charging too much money
- 71% — Insurance companies charging too much money

When asked about their views on policy solutions to address the high cost of prescription drugs, Virginia respondents endorsed a number of prescription drug-related strategies, including:

- 93% — Cap out-of-pocket costs for life-saving medications, such as insulin;
- 92% — Authorize the Attorney General to take legal action to prevent price gouging;

- 92% — Set standard prices for drugs to make them affordable;
- 90% — 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.

The survey also revealed that there is bipartisan support for a variety of policies designed to make prescription drugs more affordable. For example, nearly all (92%) respondents agreed that states should authorize the Attorney General to take legal action to prevent price gouging or unfair drug price hikes, including 92% of respondents identifying as a Republican, 92% of respondents identifying as a Democrat, and 93% of independent respondents (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
Authorize the Attorney General to take legal action to prevent price gouging or unfair drug price hikes	92%	92%	92%	93%
Cap out-of-pocket costs for life-saving medications, such as insulin	93%	91%	95%	91%
Set standard prices for drugs to make them affordable	92%	92%	94%	90%
Prohibit drug companies from charging more in U.S. than abroad	90%	90%	91%	89%
Create a Prescription Drug Affordability Board to examine and establish acceptable costs for drugs	89%	88%	93%	87%

Source: 2025 Poll of Virginia 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 Virginia respondents, please see *Healthcare Value Hub, Virginia Survey Respondents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Express Bipartisan Support for Policy Solutions, 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 Virginia was $89,931. U.S. Census Bureau (2023). American Community Survey 1-year estimates. Retrieved from Census Reporter Profile page for Virginia, http://censusreporter.org/profiles/04000US51-virginia/

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:
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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 August 1 to August 19, 2025, used a web panel from Dynata with a demographically balanced sample of respondents who live in Virginia. 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 1,385 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	788	57%
Man	576	42%
Sexual Diverse	149	11%
Insurance Type		
Health insurance through my or a family member's employer	512	37%
insurance I buy on my own	159	11%
Medicare, coverage for seniors and those with serious disabilities	318	23%
Virginia Medicaid	201	15%
TRICARE/Military Health System	40	3%
Department of Veterans Affairs	28	2%
No coverage of any type	79	6%
I don't know	48	3%
Race		
American Indian/Native Alaskan	31	2%
Asian	21	2%
Black or African American	465	34%
Native Hawaiian/Other Pacific Islander	6	< 1%
White	851	61%
Prefer Not to Answer	10	< 1%
Two or More Races	80	6%
Ethnicity		
Hispanic or Latino	97	7%
Non-Hispanic or Latino	1289	93%
Age		
18-24	232	14%
25-34	274	19%
35-44	291	23%
45-54	206	15%
55-64	206	15%
65+	166	13%
Party Affiliation		
Republican	402	29%
Democrat	530	38%
Independent	453	33%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	196	14%
$20K-$29K	155	11%
$30K - $39K	117	8%
$40K - $49K	121	9%
$50K - $59K	159	11%
$60K - $74K	131	9%
$75K - $99K	149	11%
$100K - $149K	199	14%
$150K+	158	11%
Education Level		
Some high school	49	4%
High school diploma/GED	330	24%
Some college or training/certificate program	312	23%
Associate degree	145	10%
Bachelor's degree	296	21%
Some graduate school	38	3%
Graduate degree	215	16%
Self-Reported Health Status		
Excellent	198	14%
Very Good	395	29%
Good	531	38%
Fair	221	16%
Poor	40	3%
Disability		
Mobility	222	16%
Cognition	138	10%
Independent Living	103	7%
Hearing	71	5%
Vision	71	5%
Self-Care: Difficulty dressing or bathing	71	5%
No disability or long-term health condition	953	69%

Source: 2025 Poll of Virginia 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.