HEALTHCARE VALUE HUB

Data Brief | August 2026

Ohio Survey Respondents Worry about High Drug Costs and Express Bipartisan Support for Policy Solutions

Executive Summary

Prescription drug costs are a significant concern for many Ohio residents. Findings from Altarum's Consumer Healthcare Experience State Survey (CHESS), conducted among more than 1,400 Ohio adults from June 30 to July 6, 2026, highlight widespread medication rationing due to cost, high levels of worry about affording needed prescriptions, and broad support for government action to address these challenges.

Key findings include:

- **Medication rationing due to cost is not uncommon**. More than one in four respondents (29%) reported cutting pills, skipping doses, or not filling a prescription due to cost.
- **Medication rationing varies across groups.** Rates of rationing differed by household income, insurance coverage, and other respondent characteristics.
- **Worry about affording prescription drugs is widespread.** Nearly half of all respondents (46%) reported being worried that they or a family member living with them would not be able to afford needed prescription drugs.
- **Support for policy solutions is strong and bipartisan.** Respondents across political affiliations expressed support for policies to lower prescription drug prices and reduce out-of-pocket costs.

Together, these findings show that prescription drug affordability remains a pressing concern for many respondents, with real implications for how medications are used. At the same time, there is broad public support for efforts to reduce prescription drug costs and improve affordability.

Background

Prescription drugs are an essential part of health care for many individuals and families. National data indicate that nearly seven in every ten American adults (69%) are prescribed at least one medication,[1] making affordability an important consideration for a large share of the population.

At the same time, prescription drug prices in the United States are substantially higher than in other high-income countries, contributing to ongoing concerns about access and affordability. 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.[2] High drug costs can affect whether people are able to obtain and use medications as prescribed, particularly for conditions that require ongoing or long-term treatment.

This brief uses data from Altarum's Consumer Healthcare Experience State Survey (CHESS) to examine Ohio residents' experiences with prescription drug affordability, including medication rationing due to cost, and concerns about affording needed prescriptions. It also explores views on policy approaches aimed at addressing high prescription drug costs. Methods and participant characteristics are described in the **Appendix.**

Medication Rationing

More than one in four respondents (29%) reported rationing medication due to cost concerns in the last year, 13% reported cutting pills in half or skipping a dose, and 21% reported not filling a prescription due to cost concerns (**Figure 1**).

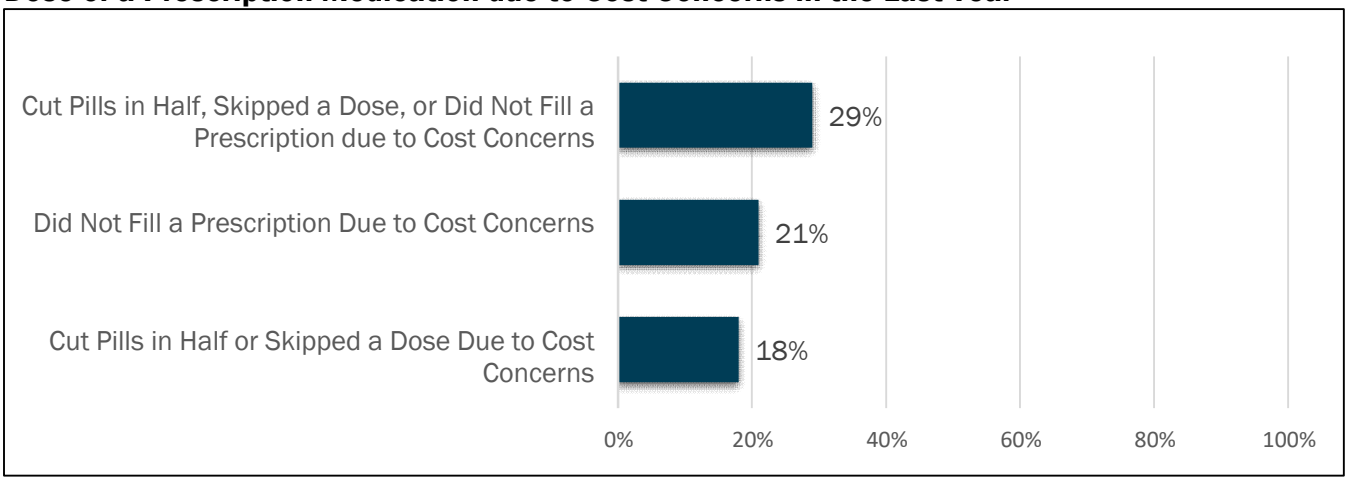
Medication rationing varies across respondent groups in Ohio (**Table 1**). Differences were observed by household income, insurance coverage type, and other respondent characteristics, underscoring that cost-related barriers to obtaining prescription drugs affects multiple populations. National evidence similarly indicates that medication rationing and access barriers persist across income and insurance status, including among insured individuals.[3]

While some patients may attempt to manage high drug costs through secondary coverage, paying out-of-pocket, or manufacturer coupons, these approaches are not sufficient for many. Nearly half (46%) of survey respondents reported being somewhat or very worried that they or a family member living with them would not be able to afford the prescription drugs they need. This helps explain why 30% of survey respondents identified reducing out-of-pocket prescription drugs costs as a priority for government action.

Why This Matters

When prescription drugs are unaffordable, patients may ration medications by skipping doses, splitting pills, or not filling a prescription. Prior research shows that medication rationing is associated with worse health outcomes and higher health care use,[4] highlighting the potential impacts of cost-related medication nonadherence.

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: 2026 Poll of Ohio 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	13%	27%	34%
$50,001 - $75,000 annually	12%	21%	28%
$75,001 - $100,000 annually	18%	21%	33%
≥ $100,000 annually	11%	15%	23%
Disability			
Household includes a person with a physical or cognitive impairment	21%	18%	40%
Household does not include a person with a physical or cognitive impairment	9%	29%	25%
Demographic Characteristics			
Race and Ethnicity			
Respondents of Color*	12%	31%	38%
Black or African American	10%	29%	36%
Hispanic or Latino	20%	53%	62%
White, alone non-Hispanic	13%	18%	27%
Employment Status			
Employed Full-Time	15%	24%	34%
Employed Part-Time	11%	20%	27%
Retired	8%	10%	16%
Unemployed	10%	23%	30%
Insurance Status			
Employer-Sponsored health insurance	11%	19%	28%
Health insurance purchased individually	26%	28%	44%
Medicare, coverage for older adults	11%	15%	22%
Ohio Benefits, state Medicaid program	13%	29%	35%

Source: 2026 Poll of Ohio 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

Ohio respondents most often identified drug companies as a driver of rising health care costs (73%). Support for action was even stronger: 91% of respondents favored policies to reduce prescription drug costs, and 89% supported efforts to limit prescription drug price increases. These findings suggest that prescription drug affordability is a common concern among respondents and support to address these issues cuts across

political affiliation, demonstrating broad, bipartisan agreement that policymakers should take meaningful steps to make prescription drugs more affordable (**Table 2**).

Table 2. 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
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%**	93%	92%	90%
Limit the price of expensive prescription drugs	**91%**	91%	94%	89%
Prevent hospitals from charging more for routine health care services that are most often provided in a doctor's office	**90%**	91%	91%	89%
Rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this)	**89%**	89%	93%	86%
Limit the prices at expensive hospitals in the private health insurance market (Medicare and Medicaid already set hospital prices for their markets	**89%**	87%	93%	88%
Increase investment in primary care	**89%**	90%	90%	88%
Integrate the Medicaid and Medicare programs for people who are eligible for both to make it simpler for them to navigate those programs	**88%**	84%	94%	87%
Change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services	**86%**	86%	90%	83%
Make it easier for people to apply for and renew their Medicaid coverage	**85%**	79%	94%	84%
Allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber	**84%**	86%	83%	82%
Allow the government to limit and prevent health care mergers that could reduce competition and increase health care prices.	**84%**	83%	88%	81%

Source: 2026 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Conclusion

Findings from the Ohio Consumer Healthcare Experience State Survey show that prescription drug costs remain a significant concern for many respondents. More than one in four respondents reported rationing medications due to cost, and more than half reported worry about being able to afford the prescription drugs they or a family member living with them need. Together, these findings highlight the financial pressures associated with prescription drug costs and the ways these pressures can affect how people use needed medications.

At the same time, respondents across political affiliations express strong support for policy approaches aimed at lowering prescription drug prices and reducing out-of-pocket costs. Ongoing, state-level survey data can help policymakers, advocates, and other stakeholders track trends in prescription drug affordability over time and assess whether efforts to address these concerns are improving patients' experiences.

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 (August 2026).*

Notes

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

2 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

3 IQVIA Institute for Human Data Science. (2025, April). Understanding the use of medicines in the U.S. 2025: Evolving standards of care, patient access, and spending. 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

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

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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Appendix. Methodology & Participants

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 June 30 to July 6, 2026, used a web panel from Dynata with a demographically balanced sample of approximately 1,400 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 1,393 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	572	41%
Man	821	59%
Sexual Diverse	145	10%
Insurance Type		
Health insurance through my or a family member's employer	424	30%
Health insurance I buy on my own	109	8%
Medicare, coverage for seniors and those with serious disabilities	182	13%
Ohio Medicaid	316	23%
TRICARE/Military Health System	11	<1%
Department of Veterans Affairs	15	<1%
No coverage of any type	71	5%
I don't know	27	2%
Race		
American Indian/Native Alaskan	31	2%
Asian	17	1%
Black or African American	203	15%
Native Hawaiian/Other Pacific Islander	2	<1%
White	1,157	83%
Prefer Not to Answer	6	<1%
Two or More Races	52	4%
Ethnicity		
Hispanic or Latino	32	2%
Non-Hispanic or Latino	1,361	98%
Age		
18-24	150	11%
25-34	214	15%
35-44	267	19%
45-54	243	17%
55-64	255	18%
65+	249	18%
Party Affiliation		
Republican	471	34%
Democrat	435	31%
Neither	487	35%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	276	20%
$20K-$29K	163	12%
$30K - $39K	149	11%
$40K - $49K	125	9%
$50K - $59K	142	10%
$60K - $74K	125	9%
$75K - $99K	152	11%
$100K - $149K	166	12%
$150K+	95	7%
Education Level		
Some high school	63	5%
High school diploma/GED	432	31%
Some college or training/certificate program	318	23%
Associate degree	146	10%
Bachelor's degree	249	18%
Some graduate school	28	2%
Graduate degree	157	11%
Self-Reported Health Status		
Excellent	146	10%
Very Good	364	26%
Good	551	40%
Fair	278	20%
Poor	54	4%
Disability		
Mobility	282	20%
Cognition	148	11%
Independent Living	104	7%
Hearing	116	8%
Vision	76	5%
Self-Care: Difficulty dressing or bathing	70	5%
No disability or long-term health condition	906	65%

Source: 2026 Poll of Ohio 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.