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Alaska 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 Alaska residents. Findings from Altarum's Consumer Healthcare Experience State Survey (CHESS), conducted among more than 355 Alaska adults from July 8 – August 31, 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:** Over a quarter of respondents (27%) 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:** Greater than two-fifths of respondents (43%) 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.

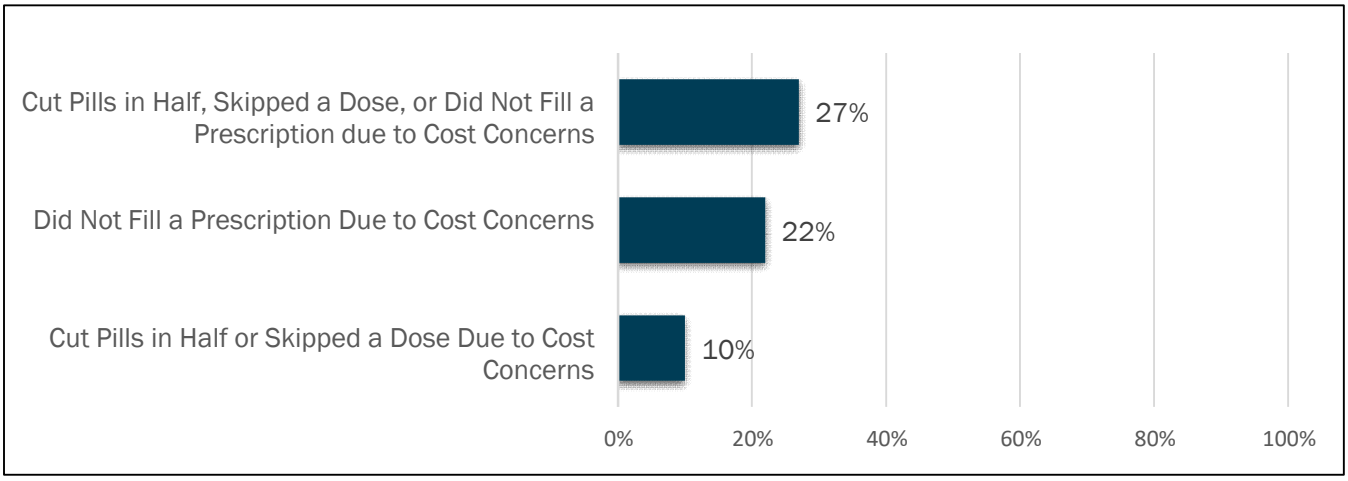
This brief uses data from Altarum's Consumer Healthcare Experience State Survey (CHESS) to examine Alaska residents' experiences with prescription drug affordability, including medication rationing due to cost, and concerns about affording needed prescriptions. It also explores views on policy approaches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

Medication Rationing

Over a quarter of respondents (27%) reported rationing medication due to cost concerns in the last year. Of those respondents, 10% reported cutting pills in half or skipping a dose, and 22% reported not filling a prescription due to cost concerns (**Figure 1**).

Alaska Native, American Indian, and tribal community members are important populations to understand when examining the impacts of health care affordability paying special attention to the diversity of tribal communities and the broader structural factors that shape access to care. While sample sizes were small and findings should be interpreted with caution, when looking at respondents who reported being a member of a tribal community, 28% reported rationing medication due to cost concerns in the past year, with 22% reporting not filling a prescription and 11% reporting cutting pills in half or skipping a dose.

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 Alaska Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Medication rationing varies across respondent groups in Alaska. 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. Alaska respondents living in households earning less than $50,000 a year reported the highest rates of medication rationing across income strata (35%). National evidence indicates that medication rationing and access barriers persist across income and insurance status, including among insured individuals.[3]

When asked to describe a time they had to delay care due to cost in the last twelve months, many Alaska respondents reported forgoing medication due to cost or travel barriers. Select examples of Alaska residents' responses include:

- "Nebulizer medication was suddenly $240 for a month's supply when the cost had been covered by my daughter's Medicaid. This is a necessary daily treatment my daughter has needed since 2009."
- "I couldn't afford my medication, so I ended in the hospital for almost 2 weeks with heart failure."
- "I gave up buying prescribed pills to save my limited monthly living expenses."
- "Gave up expensive pain-relief pills."
- "Prescription drugs have gone up in price, and I can't afford them anymore."

- “I rarely fill my monthly prescription because of the cost.”
- “I have been cutting my pills in half for a year to make them last longer because we have no insurance and I hate the hidden costs of all of the medical services.”
- “I am not able to get my prescription due to transportation.”
- “Because of a new fiscal year and my deductible has not been met, I choose to go without one of my medications until I meet my deductible.”
- “I didn't have money for antibiotics, so I skipped them.”
- “I stopped taking two of my prescription medications because with the rising cost of everything I had to decide if I wanted my medication or to be able to afford necessities like rent, food, etc.”
- “My insurance had lapsed and I needed a refill on prescriptions but was unable to get them due to not being able to afford a doctor’s visit. I have to be on the prescription for the rest of my life, and you are not supposed to stop taking it, that could kill me as they are heart meds. I was denied and my AFib worsened due to lack of money to get the visit to refill a mandatory prescription I will have for the rest of my life.”

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. Greater than two in every five (43%) 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 nearly a quarter (23%) 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.

Respondent Perceptions of Health Care Systems, Policy Solutions

Alaska respondents often identified drug companies as a driver of rising health care costs (75%). Survey takers also strongly supported policy strategies to address rising costs: 91% of respondents favored policies to reduce prescription drug prices, and 92% 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 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
Rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this)	93%	91%	91%	95%
Limit the price of expensive prescription drugs	93%	92%	86%	95%
Allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber	84%	83%	85%	84%
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	94%	93%	91%	95%
Limit the prices at expensive hospitals in the private health insurance market (Medicare and Medicaid already set hospital prices for their markets)	91%	90%	89%	91%
Change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services	88%	87%	88%	90%
Increase investment in primary care	92%	91%	86%	95%
Make it easier for people to apply for and renew their Medicaid coverage	91%	93%	93%	89%
Integrate the Medicaid and Medicare programs for people who are eligible for both to make it simpler for them to navigate those programs	89%	89%	91%	89%
The government should prevent hospitals from charging more for routine health care services that are most often provided in a doctor's office	91%	92%	88%	91%

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

Conclusion

Findings from the Alaska Consumer Healthcare Experience State Survey show that prescription drug costs remain a significant concern for many respondents. A quarter of respondents reported rationing medications due to cost, and nearly 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 Alaska respondents, please see *Healthcare Value Hub, Alaska Residents Struggle to Afford High Health Care Costs; Worry About Affording Health Care in the Future; Support Government Action across Party Lines, Data Brief (October 2026).*

Appendix.
Methodology and Population

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 8 – August 31, 2026, used a web panel from Dynata with a demographically balanced sample of approximately 340 respondents who live in Alaska. 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 356 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	182	53%
Man	145	47&
Sexual Diverse	35	8%
Insurance Type		
Employer-Sponsored Insurance	109	38%
Insurance Purchased Myself	28	7%
Traditional Medicare	32	17%
Medicare Advantage	17	3%
Denali Care, Alaska's Medicaid	65	11%
TRICARE/Military	10	5%
Department of Veterans Affairs	4	1%
Access to Care through the Indian Health Service (IHS)	48	12%
No coverage of any type	23	5%
I don't know	10	1%
Race		
American Indian/Native Alaskan	86	20%
Asian	16	9%
Black or African American	31	5%
Native Hawaiian/Other Pacific Islander	11	2%
White	209	70%
Prefer Not to Answer	2	< 1%
Ethnicity		
Hispanic or Latino	15	7%
Non-Hispanic or Latino	331	93%
Age		
18-24	59	11%
25-34	121	30%
35-44	76	19%
45-54	38	14%
55-64	30	15%
65+	12	10%
Party Affiliation		
Republican	125	43%
Democrat	63	14%
Neither	150	43%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	81	12%
$20K-$29K	28	5%
$30K - $39K	24	4%
$40K - $49K	22	4%
$50K - $59K	32	7%
$60K - $74K	43	8%
$75K - $99K	47	14%
$100K - $149K	42	20%
$150K+	18	27%
Education Level		
Some high school	24	4%
High school diploma/GED	91	17%
Some college or training/certificate program	81	24%
Associate degree	29	9%
Bachelor's degree	76	24%
Some graduate school	10	3%
Graduate degree	26	19%
Self-Reported Health Status		
Excellent	55	16%
Very Good	109	31%
Good	104	35%
Fair	58	14%
Poor	20	4%
Disability		
Mobility	43	14%
Cognition	36	7%
Independent Living	29	6%
Hearing	21	5%
Vision	18	4%
Self-Care	20	4%
No disability or long-term health condition	227	68%
Are you a member of a federally recognized tribe?		
Yes	95	21%
No	238	79%

Source: 2026 Poll of Alaska 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.

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

4 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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