HEALTHCARE VALUE HUB

Data Brief | October 2025

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

Summary

A survey of more than 1,400 Kansas adults, conducted from August 1, 2025 – September 19, 2025, found:

- More than half (51%) of all survey respondents reported being either “worried” or “very worried” about affording the cost of prescription drugs;
- More than a quarter of respondents (30%) reported rationing medication due to cost in the last year;
- Respondents earning less than $50,000 a year, those enrolled in KanCare, 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;
- Over 3 in every 4 respondents (77%) “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 every 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 (79%) 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 in every four (30% of) respondents reported rationing medication due to cost concerns in the last year (see Figure 1).

Among Kansas respondents, medication rationing was most commonly reported among respondents enrolled in enrolled in KanCare, the state Medicaid program, followed by those with insurance they purchased individually, such as on the Marketplace. Other groups also reported a greater likelihood of 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).

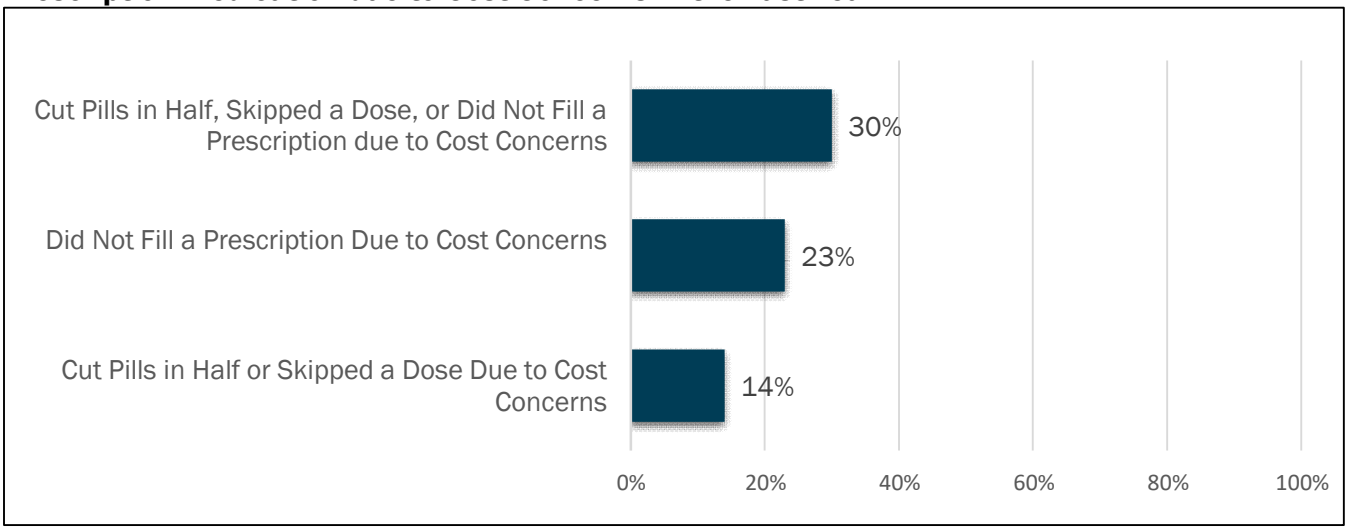
Nationally, rationing behaviors occur across income and insurance status. Approximately 27% of prescriptions written to insured American adults go unfilled due to insurance coverage denials. [4] While some patients are able to overcome these obstacles by using secondary insurance, paying out-of-pocket, or applying manufacturer coupons, over half (51%) of all survey respondents identified addressing high health care costs, including drug prices, as one of their top three policy priorities for government action.

When asked to provide more details on why they rationed medication in the last year, respondents provided a variety of anecdotes, including:

- "I need to see specialist for weight loss and lymphedema, but my insurance does not cover it and I cannot afford to pay for it out of pocket. I had to change medications because my insurance made it more expensive than paying out of pocket but even paying out of pocket was too expensive.
- "My Medicaid was unexpectedly terminated…[and I] struggled to pay the costs for my medication."
- "I couldn't afford my diabetes medication last month because of high costs."
- "A prescription was not filled due to the cost after a larger than expected bill from the doctor."
- "I didn't fill a prescription because the medication was too expensive".
- "I had a prescription that cost $2,000 & they could only get it down to $800. Which was still entirely too expensive."
- "I haven't filled certain prescriptions like needed asthma meds due to them being too expensive."
- "I skipped filling a prescription last month to still have money for groceries after rent."

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 Kansas 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			
Frontier	12%	22%	25%
Rural	16%	30%	36%
Densley Settled Rural	18%	25%	34%
Semi Urban	10%	24%	28%
Urban	14%	22%	29%

	Cut Pills in Half or Skipped a Dose	Did Not Fill a Prescription	Any Medication Rationing
Household Characteristics			
Household Income			
≤ $50,000 annually	19%	33%	40%
$50,001 - $75,000 annually	14%	26%	32%
$75,001 - $100,000 annually	11%	22%	27%
≥ $100,000 annually	11%	13%	21%
Disability			
Household includes a person with a disability	26%	19%	44%
Household does not include a person with a disability	9%	33%	24%
Demographic Characteristics			
Race and Ethnicity			
Respondents of Color*	15%	26%	32%
White, alone non-Hispanic	14%	23%	29%
Employment Status			
Employed Full-Time	17%	25%	33%
Employed Part-Time	18%	27%	36%
Unemployed, but seeking employment	16%	30%	35%
Orientation			
Sexual Diverse	32%	34%	51%
Not Sexual Diverse	12%	22%	28%
Insurance Status			
Employer-Sponsored health insurance	13%	24%	30%
Health insurance purchased individually	24%	25%	38%
Medicare, coverage for older adults	10%	12%	18%
Kansas Medicaid	15%	36%	40%

Source: 2025 Poll of Kansas 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

More than half (51%) 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 $50,000 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
Geographic Area	
Frontier	45%
Rural	60%
Densley Settled Rural	55%
Semi Urban	44%
Urban	48%
Household Characteristics	
Household Income	
≤ $50,000 annually	64%
$50,001 - $75,000 annually	58%
$75,001 - $100,000 annually	48%
≥ $100,000 annually	35%
Disability	
Household includes a person with a disability	63%
Household does not include a person with a disability	46%
Demographic Characteristics	
Race and Ethnicity	
Respondents of Color*	58%
White, alone non-Hispanic	48%
Employment Status	
Employed Full-Time	51%
Employed Part-Time	50%
Unemployed, but seeking employment	70%
Orientation	
Sexual Diverse	70%
Not Sexual Diverse	49%
Insurance Status	
Employer-based health insurance	48%
Health insurance purchased individually	55%
Medicare, coverage for older adults	41%
Kansas Medicaid	58%

Source: 2025 Poll of Kansas 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 Kansas respondents are generally dissatisfied with the health care system. In fact, just 31% of respondents agreed or strongly agreed that the United States health care system is "great," while 77% agreed or strongly agreed that the United States health care system needs to change.

Kansas 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:

- 78% — Drug companies charging too much money
- 74% — Insurance companies charging too much money
- 71% — Hospitals charging too much money

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

- 93% — Authorize the Attorney General to take legal action to prevent price gouging;
- 93% — Cap out-of-pocket costs for life-saving medications, such as insulin;
- 93% — Prohibit drug companies from charging more in the U.S. than abroad;
- 90% — Set standard prices for drugs to make them affordable; 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. Nearly all (93% of) respondents agreed that states should authorize the Attorney General to take legal action to prevent price gouging or unfair drug price hikes, including 88% of respondents identifying as a Republican, 94% of respondents identifying as a Democrat, and 89% of unaffiliated 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	93%	95%	94%	91%
Cap out-of-pocket costs for life-saving medications, such as insulin	93%	93%	97%	90%
Set standard prices for drugs to make them affordable	90%	89%	95%	87%
Prohibit drug companies from charging more in U.S. than abroad	93%	94%	94%	91%
Create a Prescription Drug Affordability Board to examine and establish acceptable costs for drugs	89%	87%	96%	87%

Source: 2025 Poll of Kansas 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 Kansas respondents, please see *Healthcare Value Hub, Kansas 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 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 Kansas was $75,514 (2018-2022). (U.S. Census, Quick Facts. Retrieved from: U.S. Census Bureau QuickFacts: Kansas)

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, 2025 – September 19, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Kansas. 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 1,439 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	917	64%
Man	522	36%
Insurance Type		
Health insurance through my or a family member's employer	553	38%
Health insurance I buy on my own	211	15%
Medicare, coverage for seniors and those with serious disabilities	297	21%
Kansas Medicaid	161	11%
TRICARE/Military Health System	28	2%
Department of Veterans Affairs	24	2%
No coverage of any type	136	9%
I don't know	29	2%
Race		
American Indian/Native Alaskan	44	3%
Asian	3	0%
Black or African American	235	16%
Native Hawaiian/Other Pacific Islander	6	0%
White	1129	78%
Prefer Not to Answer	10	1%
Two or More Races	116	8%
Ethnicity		
Hispanic or Latino	142	10%
Non-Hispanic or Latino	1297	90%
Age		
18-24	233	16%
25-34	305	21%
35-44	305	21%
45-54	228	16%
55-64	204	14%
65+	152	11%
Party Affiliation		
Republican	489	34%
Democrat	409	28%
Neither	541	38%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	251	17%
$20K-$29K	162	11%
$30K - $39K	165	11%
$40K - $49K	129	9%
$50K - $59K	140	10%
$60K - $74K	145	10%
$75K - $99K	178	12%
$100K - $149K	178	12%
$150K+	91	6%
Education Level		
Some high school	52	4%
High school diploma/GED	344	24%
Some college or training/certificate program	356	25%
Associate degree	196	14%
Bachelor's degree	283	20%
Some graduate school	36	3%
Graduate degree	172	12%
Self-Reported Health Status		
Excellent	174	12%
Very Good	410	28%
Good	553	38%
Fair	246	17%
Poor	56	4%
Disability		
Mobility	261	18%
Cognition	157	11%
Independent Living	122	8%
Hearing	97	7%
Vision	78	5%
Self-Care: Difficulty dressing or bathing	71	5%
No disability or long-term health condition	973	68%

Source: 2025 Poll of Kansas 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.