



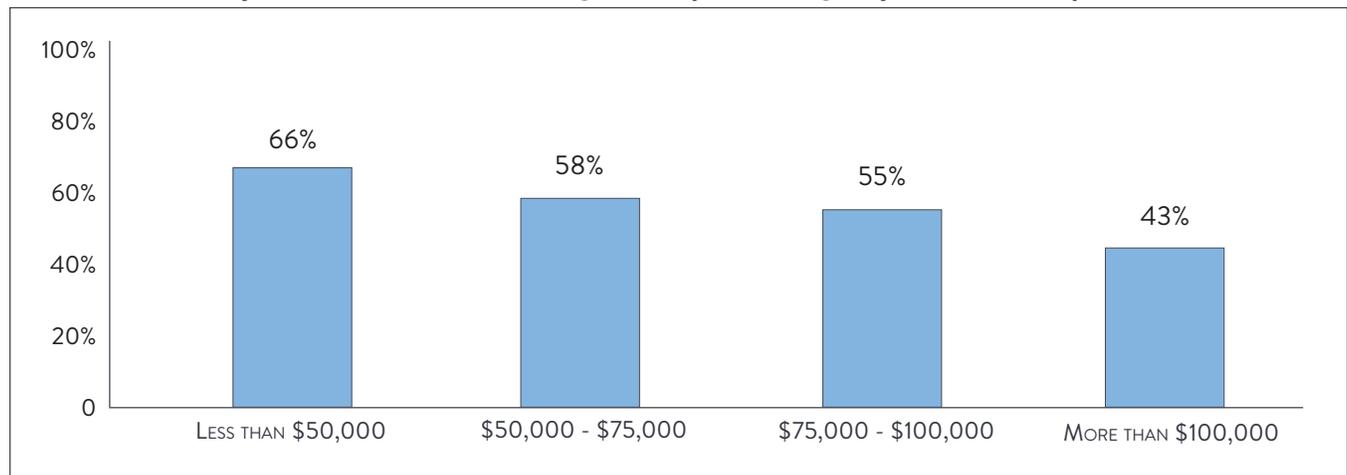
DATA BRIEF NO. 141 | JANUARY 2023

New Jersey Residents Worried about High Drug Costs; Support a Range of Government Solutions

According to a survey of more than 1,100 New Jersey adults, conducted from October 2 to October 24, 2022, respondents are concerned about prescription drug costs and express a strong desire for policymakers to enact solutions.

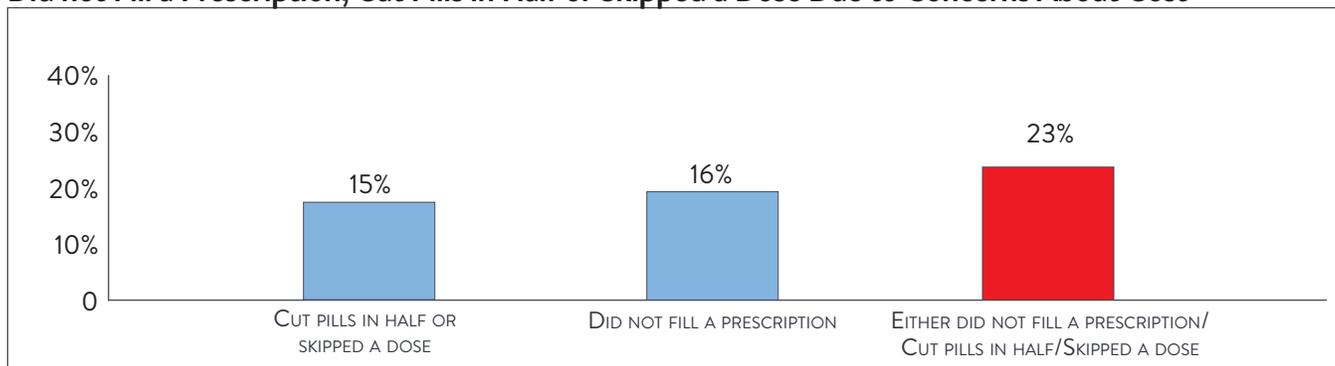
More than half (54%) of survey respondents reported being somewhat or very worried about affording the cost of prescription drugs. Worry varied substantially by income group, with respondents in households making less than \$50,000 per year¹ experiencing the most worry (see Figure 1). However, it is important to note that a large percentage of households making above \$75,000 per year also reported worrying about affording prescription drugs.

Figure 1
Somewhat or Very Worried About Affording Prescription Drugs, by Income Group



Source: 2022 Poll of New Jersey Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

In addition to being worried about prescription drug affordability in the future, many New Jersey respondents have skipped, delayed, or avoided care altogether in the prior 12 months due to the cost. Indeed, nearly 1 in 4 respondents (23%) reported rationing medication by either not filling a prescription, cutting pills in half, or skipping a dose of medicine in the last year due to cost (see Figure 2).

Figure 2**Did not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Concerns About Cost**

Source: 2022 Poll of New Jersey Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

These hardships disproportionately impact people in lower-income households. As Table 1 shows, respondents living in households earning less than \$50,000 and those earning between \$50,000 and \$75,000 per year reported higher rates of rationing their prescription medicines than respondents living in higher-income households. These hardships are alarmingly prevalent in middle-income households, as well.

Respondents with New Jersey Medicaid reported the highest rates of rationing medication compared to other insurance types, followed by those with private insurance. Finally, respondents living in households with a person with a disability reported notably higher rates of rationing medication due to cost in the past 12 months compared to respondents without a disabled household member (see Table 1).

Considering these prescription drug cost concerns—as well as concerns about high healthcare costs generally²—it is not surprising that New Jersey respondents were generally dissatisfied with the health system:

- Just 32% agreed or strongly agreed that “we have a great healthcare system in the U.S.,”
- While 72% agreed or strongly agreed that “the system needs to change.”

When given more than 20 options, the options cited most frequently as being a “major reason” for high healthcare costs were:

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

Table 1**New Jersey Respondents with Drug Affordability Issues, By Income Group, Geographic Setting, Race, Ethnicity, Insurance Type and Disability Status**

	CUT PILLS IN HALF OR SKIPPED DOSE	DID NOT FILL A PRESCRIPTION	EITHER DID NOT FILL A PRESCRIPTION, CUT PILLS IN HALF, OR SKIPPED DOSE
INCOME GROUP			
LESS THAN \$50K	19%	22%	29%
\$50K - \$75K	18%	18%	29%
\$75K - \$100K	12%	13%	18%
MORE THAN \$100K	13%	12%	19%
GEOGRAPHIC SETTING			
NORTH JERSEY	15%	19%	24%
CENTRAL JERSEY	14%	13%	22%
SOUTH JERSEY	17%	16%	24%
RACE			
NATIVE AMERICAN AND ALASKAN NATIVE, ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	15%	17%	25%
BLACK/AFRICAN AMERICAN	16%	18%	27%
WHITE	14%	13%	24%
ETHNICITY			
NON-HISPANIC/LATINX	14%	14%	21%
HISPANIC/LATINX	20%	23%	32%
INSURANCE TYPE			
PRIVATE INSURANCE: EITHER HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER OR INSURANCE I BUY ON MY OWN	16%	17%	25%
MEDICARE/COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	9%	10%	15%
NEW JERSEY MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	23%	17%	29%
DISABILITY STATUS			
HOUSEHOLD DOES NOT INCLUDE A MEMBER WITH AT LEAST ONE DISABILITY	11%	13%	18%
HOUSEHOLD INCLUDES A MEMBER WITH AT LEAST ONE DISABILITY	30%	24%	39%

Source: 2022 Poll of New Jersey Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

When it comes to tackling high drug costs, New Jersey respondents endorsed a number of prescription drug-related strategies:

- 90%—Cap out-of-pocket costs for life-saving medications, such as insulin
- 89%—Require drug companies to provide advanced notice of price increases and information to justify those increases
- 89%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- 89%—Set standard prices for drugs to make them affordable
- 88%—Prohibit drug companies from charging more in the U.S. than abroad
- 86%—Create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs

Moreover, there is substantial support for government action on drug costs regardless of the respondent’s political affiliation (see Table 2).

While New Jersey respondents are united in calling for the government to address high drug costs, they also see a role for themselves:

- 69% would switch from a brand name to an equivalent generic drug if given a chance
- 54% find, or have tried to find, out the cost of a drug beforehand

Table 2
Percent Who Agree/Strongly Agree, by Political Affiliation

SELECTED SURVEY QUESTIONS/STATEMENTS	TOTAL	GENERALLY SPEAKING, DO YOU THINK OF YOURSELF AS...		
		REPUBLICAN	DEMOCRAT	NEITHER
MAJOR REASON FOR RISING HEALTHCARE COSTS: <i>DRUG COMPANIES CHARGING TOO MUCH MONEY</i>	74%	75%	74%	73%
THE GOVERNMENT SHOULD CAP OUT-OF-POCKET COSTS FOR LIFE-SAVING MEDICATIONS, SUCH AS INSULIN	90%	91%	91%	88%
THE GOVERNMENT SHOULD REQUIRE DRUG COMPANIES TO PROVIDE ADVANCED NOTICE OF PRICE INCREASES AND INFORMATION TO JUSTIFY THOSE INCREASES.	89%	91%	90%	87%
THE GOVERNMENT SHOULD AUTHORIZE THE ATTORNEY GENERAL TO TAKE LEGAL ACTION TO PREVENT PRICE GOUGING OR UNFAIR PRESCRIPTION DRUG PRICE HIKES	89%	89%	89%	88%
THE GOVERNMENT SHOULD SET STANDARD PRICES FOR DRUGS TO MAKE THEM AFFORDABLE	89%	88%	92%	87%
THE GOVERNMENT SHOULD PROHIBIT DRUG COMPANIES FROM CHARGING MORE IN U.S. THAN ABROAD	88%	89%	90%	85%
THE GOVERNMENT SHOULD CREATE A PRESCRIPTION DRUG AFFORDABILITY BOARD TO EXAMINE THE EVIDENCE AND ESTABLISH ACCEPTABLE COSTS FOR DRUGS	86%	84%	89%	83%

Source: 2022 Poll of New Jersey Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

Conclusion

The high burden of healthcare and prescription drug affordability, along with high levels of support for change, suggests that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. Moreover, the COVID crisis has led state residents to take a hard look at how well health and public health systems are working for them, with strong support for a wide variety of actions. Annual surveys can help assess whether progress is being made.

Notes

1. Median household income in New Jersey was \$85,245 (2016-2020). U.S. Census, Quick Facts. Retrieved from: [U.S. Census Bureau QuickFacts: New Jersey](#)
2. For more detailed information about healthcare affordability burdens facing New Jersey respondents, please see Healthcare Value Hub, [New Jersey Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support Government Action across Party Lines](#), Data Brief No. 140 (January 2023).



ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare 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 healthcare.

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Methodology

Altarum's Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents' unbiased 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 October 2 to October 24, 2022, used a web panel from online survey company [Dynata](#) with a demographically balanced sample of approximately 1,231 respondents who live in New Jersey. 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 1,139 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Composition of Survey Respondents

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
GENDER		
WOMAN	650	57%
MAN	464	41%
TRANSWOMAN	2	<1%
TRANSMAN	2	<1%
GENDERQUEER/NONBINARY	9	1%
INSURANCE STATUS		
HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER'S EMPLOYER	483	42%
HEALTH INSURANCE I BUY ON MY OWN	98	9%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	281	25%
NEW JERSEY MEDICAID, COVERAGE FOR LOW INCOME EARNERS	163	14%
TRICARE/MILITARY HEALTH SYSTEM	7	1%
DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE	6	1%
NO COVERAGE OF ANY TYPE	62	5%
I DON'T KNOW	39	3%
RACE/ETHNICITY		
AMERICAN INDIAN OR NATIVE ALASKAN	24	2%
ASIAN	97	9%
BLACK OR AFRICAN AMERICAN	315	28%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	7	1%
WHITE	645	57%
PREFER NOT TO ANSWER	31	3%
TWO OR MORE RACES	29	3%
HISPANIC OR LATINX - YES	241	21%
HISPANIC OR LATINX - NO	898	79%
AGE		
18-24	227	20%
25-34	207	18%
35-44	183	16%
45-54	158	14%
55-64	188	17%
65+	171	15%

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
HOUSEHOLD INCOME		
Under \$20K	149	13%
\$20K - \$30K	85	7%
\$30K - \$40K	103	9%
\$40K - \$50K	84	7%
\$50K - \$60K	100	9%
\$60K - \$75K	138	12%
\$75K - \$100K	158	14%
\$100K - \$150K	179	16%
\$150K+	143	13%
SELF-REPORTED HEALTH STATUS		
EXCELLENT	185	16%
VERY GOOD	404	35%
GOOD	357	31%
FAIR	165	14%
POOR	28	2%
DISABILITY		
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	149	13%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	94	8%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR'S OFFICE	86	8%
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	55	5%
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	45	4%
SELF-CARE: DIFFICULTY DRESSING OR BATHING	49	4%
NO DISABILITY OR LONG-TERM HEALTH CONDITION	828	73%
PARTY AFFILIATION		
REPUBLICAN	247	22%
DEMOCRAT	502	44%
NEITHER	390	34%

Source: 2022 Poll of New Jersey 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.