

PES4 REPORT

PhRMA

GAME CHANGERS



AMERICANS WITH INSURANCE FACE COST-RELATED CHALLENGES

1

MOST IMPORTANT HEALTH CARE ISSUES

	Apr '23
Out-of-pocket costs, such as copays, deductibles, coinsurance and out-of-network charges	32%
The cost of health insurance premiums	26%
Inefficiency and bureaucracy in the health system	19%
The cost of prescription medicines	15%
The cost of hospital services	15%
Access to mental health care	9%
Addressing racial disparities in health care and outcomes	6%
Limited options for health care coverage	5%
Preventive care	9%

NEWQ2 From the following list, which health care issue is most important to you? Answer choices: Select two. Base: Insured Americans n=4823

CONCERN ABOUT AFFORDING COSTS (HEALTH & OTHER)

Very or Somewhat concerned	Apr '23
OOP health care costs (copays, deductibles etc.)	57%
Health insurance premiums	51%
Monthly groceries	49%
Hospital or doctor visits	47%
Electric bill	46%
Healthy food (i.e., groceries and meals out of home)	45%
Prescription medicines	41%
Transportation (e.g., gas, public transport)	40%
New clothing or accessories	28%
Childcare	16%

NewQ3. How concerned, if at all, are you about your ability to afford the following? Answer choices: Very concerned, Somewhat concerned, Not very concerned, Not at all concerned; Base: Total insured Americans n=4823

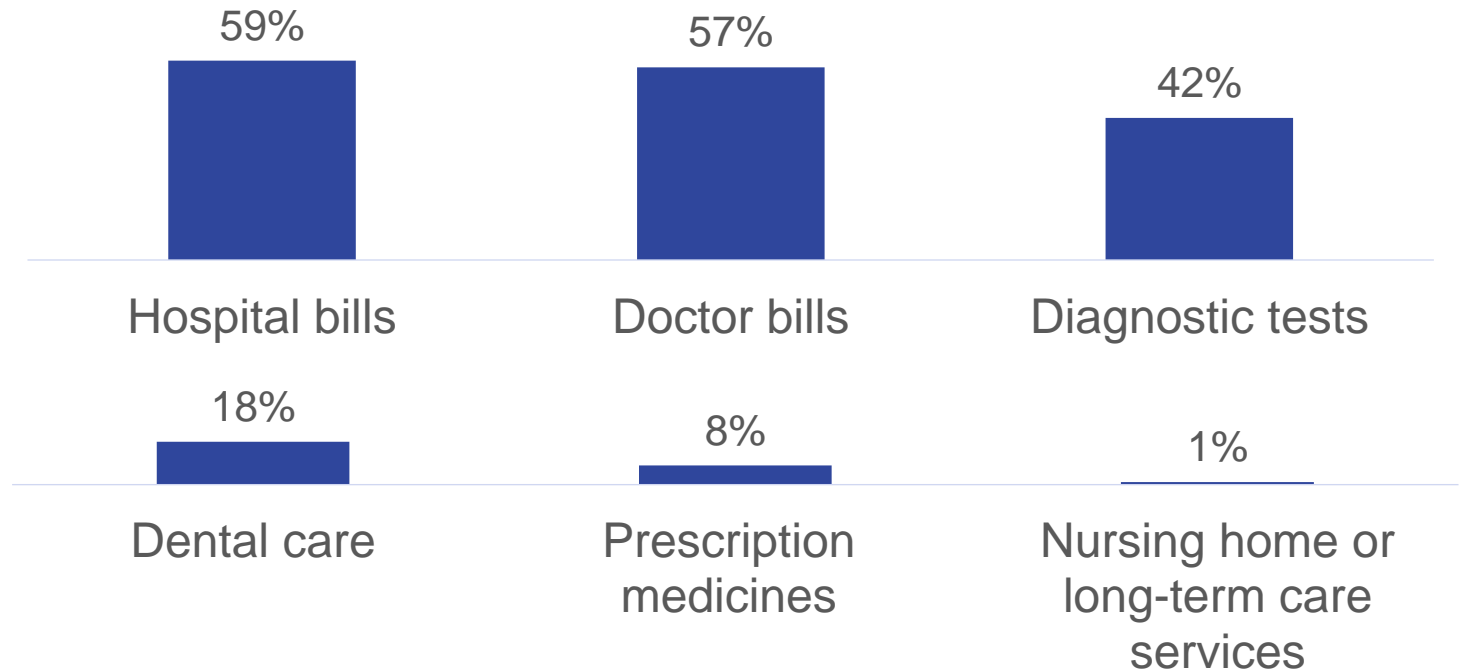


MEDICAL DEBT – AND TYPE OF MEDICAL DEBT

17%

Have outstanding debt for medical expenses

Type of health care expenses owed (among those with medical debt)

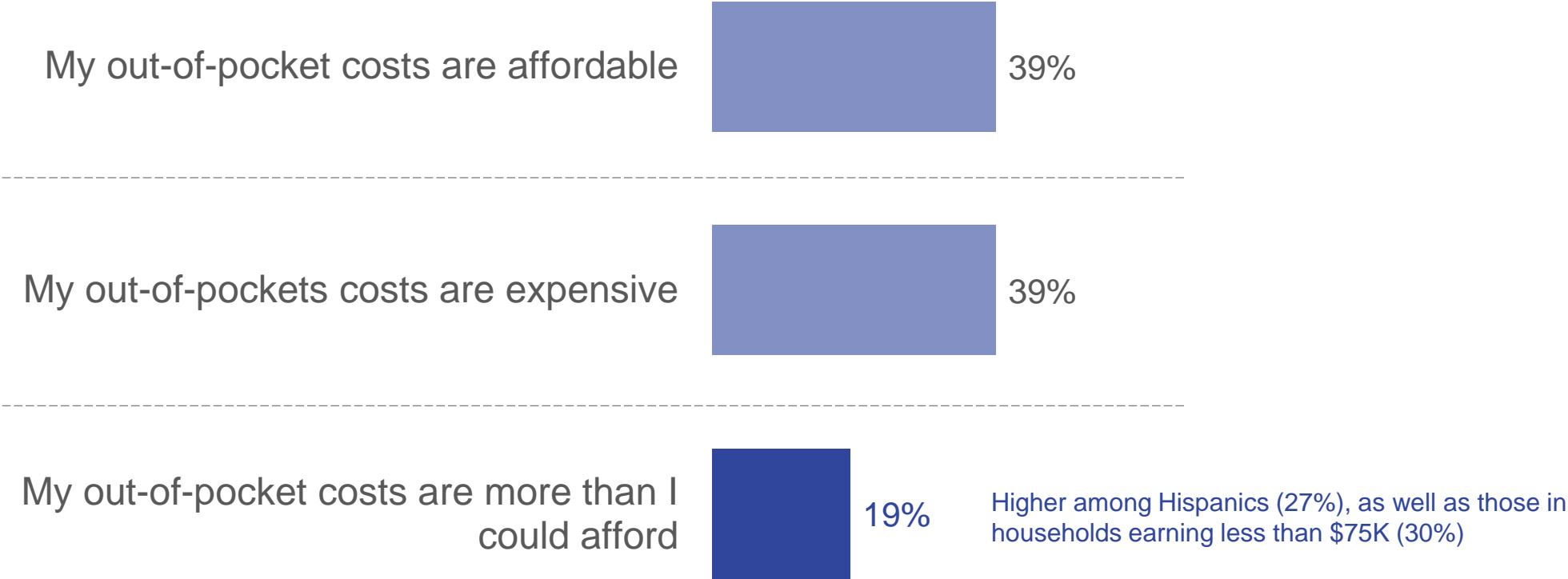


Q34A Do you currently have any outstanding debt for medical expenses (money that you owe for health care services you could not afford at the time)? Answer choices: Yes, No; Base: Total Insured Americans n=4823

Q34C Which health care expenses do you owe money for as part of your total outstanding medical debt? Answer choices: Select all that apply. Base: Insured Americans with medical debt Rx n=747

AFFORDABILITY OF OUT-OF-POCKET MEDICAL COSTS

Assessment of OOP costs if diagnosed with a chronic illness or had a major medical event



Q30A. Which of the following comes closest to describing your situation with respect to out-of-pocket health care costs... Answer choices: Select one. Base: Insured Americans n=4823

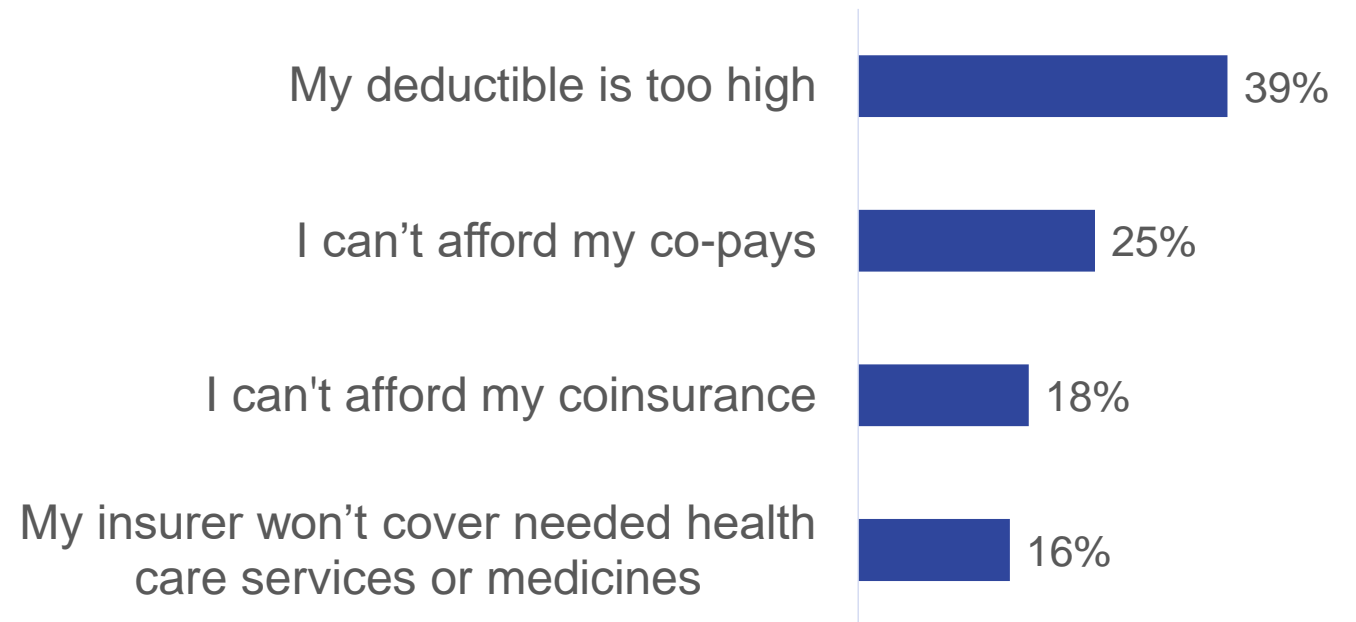


DIFFICULTY AFFORDING HEALTHCARE OOP COSTS – AND REASONS WHY

15%

Say it's difficult to afford out-of-pocket healthcare costs

Main reason for difficulty affording health care OOP expenses (among those saying affording OOP expenses is difficult)



Q27. Overall, how easy or difficult is it for you to afford the out-of-pocket costs for health care products and services covered by your insurance (excluding health insurance premiums)? Answer choices: 5-Very easy, 4, 3, 2, 1-Very difficult. Base: Insured Americans n=4823

Q27A. What is the main reason it is difficult to afford your health care out-of-pocket expenses? Answer choices: Select one. Base: Insured Americans having difficulty affording OOP healthcare costs n=662

BARRIERS TO PATIENT ACCESS

2

EXPERIENCE WITH INSURANCE-RELATED CHALLENGES

	Apr '23
Any insurance barrier (net)	38%
Any utilization management practice (net)*	29%
I had to wait for my insurer to provide prior authorization for a medicine my doctor prescribed*	22%
A medicine my doctor recommended or prescribed was not covered by my insurer (excluded from the “formulary”)	20%
My insurance company set a maximum limit on the total amount of a prescription medication that could be dispensed at one time*	11%
I had to try and fail on another medicine before getting the medicine my doctor originally prescribed (also known as ‘step therapy’)*	7%
I had to appeal a decision made by my insurer regarding a prescription medicine	7%
My insurance company did not count co-pay assistance from a pharmaceutical company toward my deductible and annual maximum out-of-pocket costs (also known as an “accumulator adjustment program”)	4%

Q39. Have any of the following happen ever the past year (12 months)? Answer choices: Select all that apply. Base: Insured Americans taking Rx n=3443

*Utilization management challenges: I had to wait for my insurer to provide prior authorization for a medicine my doctor prescribed; I had to try and fail on another medicine before getting the medicine my doctor originally prescribed (also known as ‘step therapy’); My insurance company set a maximum limit on the total amount of a prescription medication that could be dispensed at one time

CONCERN RE: INSURANCE ACCESS BARRIERS

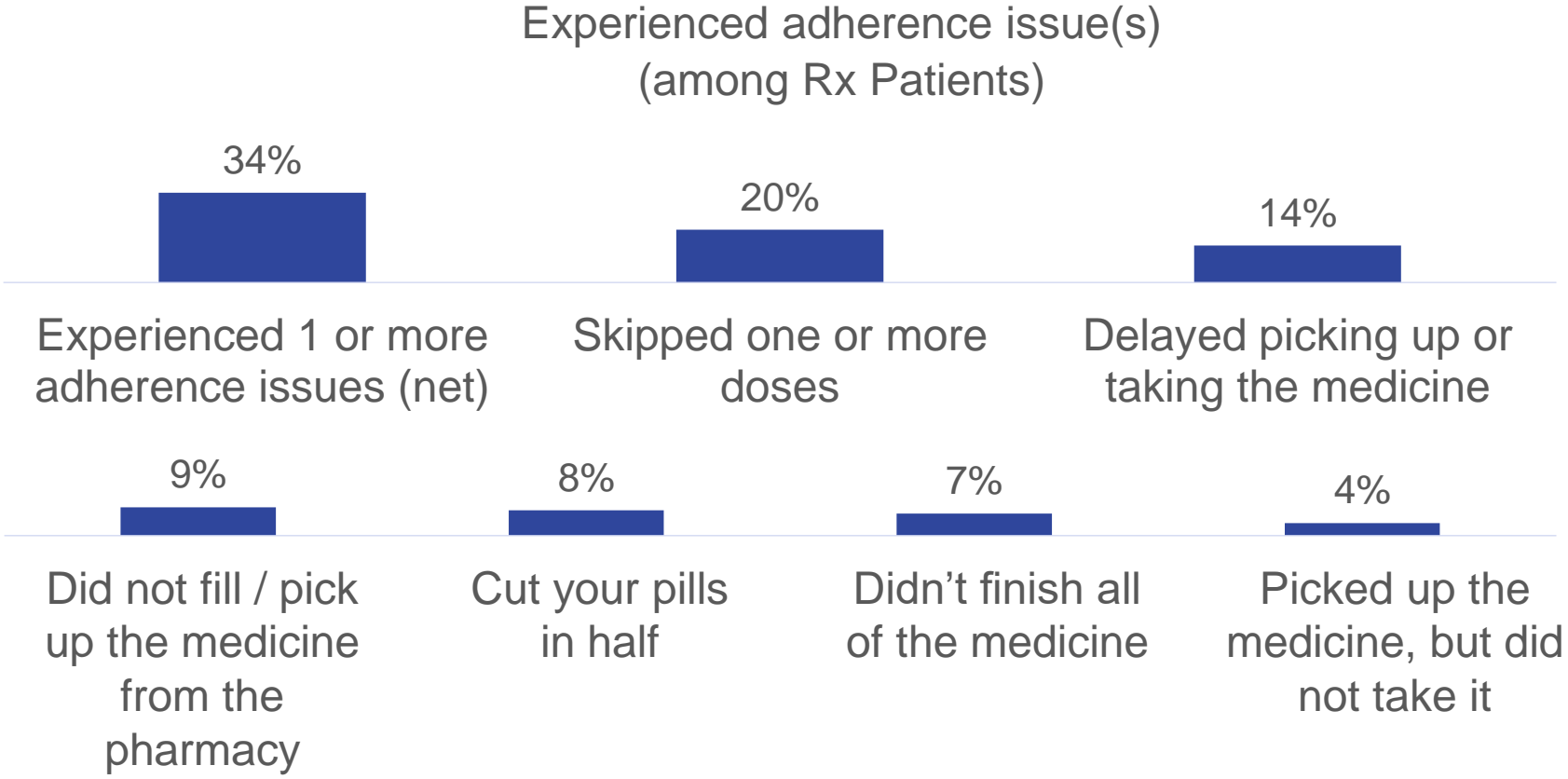
Very / Somewhat concerned	Apr '23
A medicine my doctor recommended or prescribed wouldn't be covered by my insurer (excluded from the 'formulary')	56%
My insurer would not cover the medicine my doctor believed would be most effective	55%
I would have to wait for my insurer to provide prior authorization for a medicine my doctor prescribed	52%
I would have to try and fail on another medicine before getting the medicine my doctor originally prescribed (also known as 'step therapy')	48%
I would have to appeal a decision made by my insurer regarding a prescription medicine	49%
My insurance company set a maximum limit on the total amount of a prescription medication that could be dispensed at one time	45%
My insurance company would not count copay assistance from a pharmaceutical company toward my deductible and annual maximum out-of-pocket costs (also known as an 'accumulator adjustment program').	42%

Q39A. For each of the following, please indicate how concerned you are about its impact on your ability to access prescription medicines... Answer choices: Very concerned, Somewhat concerned, Not very concerned, Not at all concerned. Base: Insured Americans n=4823.



TOP RX MEDICINE ADHERENCE ISSUES

67%
 Rx Patients, taking an Rx medicine in the past 3 months

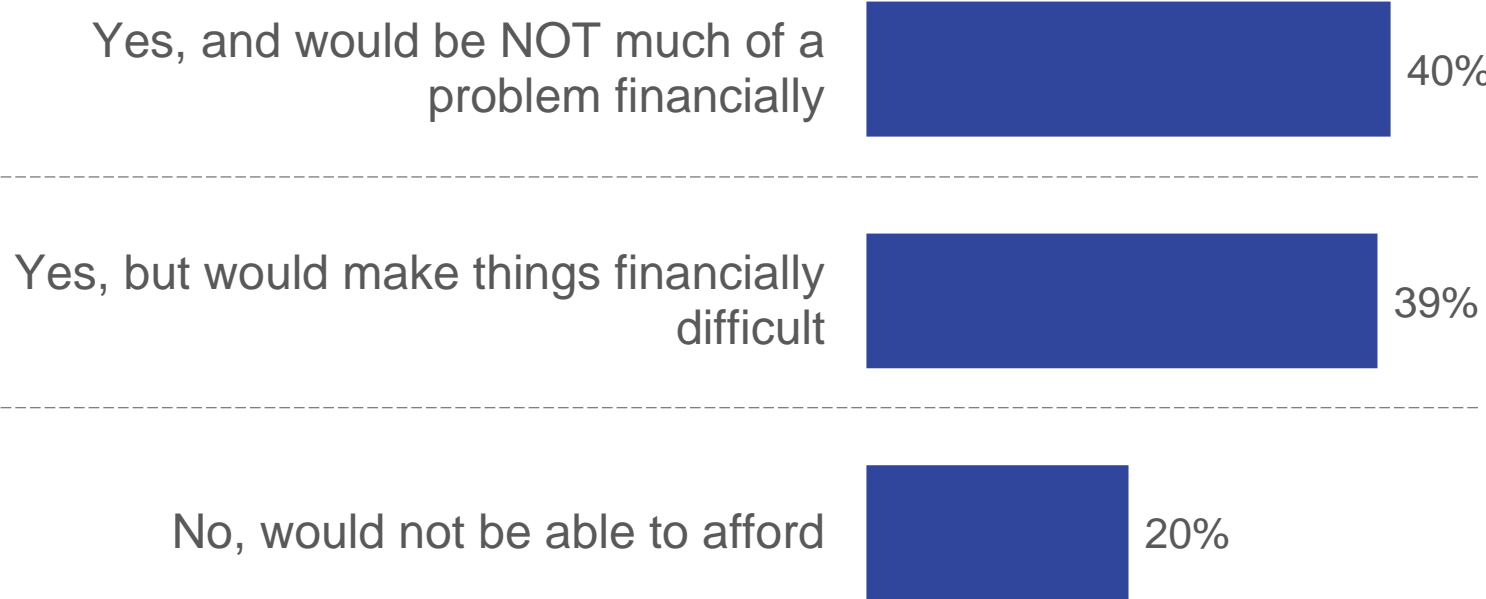


Q43. In the past 12 months, have you done any of the following related to a prescription medicine you were prescribed? Answer choices: Select all that apply. Base: Insured Americans taking Rx n=3443



MANY WOULD FACE INCREASED FINANCIAL BURDEN FROM PRACTICES THAT WOULD LIMIT ACCESS TO PATIENT COPAY ASSISTANCE

If your copay coupon did not count towards deductible, could you afford your medications once assistance is exhausted? (among those with experience with patient cost-sharing assistance)



Q72. If the patient cost-sharing assistance, such as a copay coupon, that you/your family member received did not count towards your deductible, would you still be able to afford your medication(s) once the patient cost-sharing assistance for those medicines is exhausted? Answer choices (see above). Base: Insured Americans who have (or a member of their households has) used patient cost-sharing assistance to reduce their prescription medicine out-of-pocket costs n=807



LACK OF OPTIMISM ABOUT ABILITY TO AFFORD FUTURE OOP COSTS

Not very / Not at all optimistic in ability to afford these costs in the future	Apr '23
Your OOP costs:	
Related to health care in total	34%
From a visit to the hospital / ER	39%
From a visit to the doctor's office	24%
From picking up an Rx medicine at the pharmacy	23%

Q68. For each of the following, please indicate how optimistic you are about your ability to afford... in the future. Answer choices: Very optimistic, Somewhat optimistic, Not very optimistic, Not at all optimistic; Base: Total insured Americans n=4823



EXPERIENCE WITH NAVIGATING CURRENT HEALTH INSURANCE COVERAGE

Strongly / Somewhat agree	Apr '23
My insurer is able to answer my questions in a timely manner	72%
My insurer helps me get the prescription medicines I need	73%
I can't anticipate what I'll pay for health care services even if they are covered by my health insurance plan	53%
I can't anticipate what I'll pay for prescription medicines even if the medicines are covered by my health insurance plan	49%
I don't understand what's covered by my insurance company	42%
I have trouble navigating my health insurance coverage	41%
I don't understand which doctors and hospitals are 'in-network' and covered by my insurance plan	32%
I avoid using health care services and/or taking prescription medicines because I don't know how much it will cost me	24%
I prefer to pay for non-traditional health care products and services (e.g., buying medicine online, visiting an acupuncturist) because I do not believe my insurance will cover the costs for more traditional products and services	22%

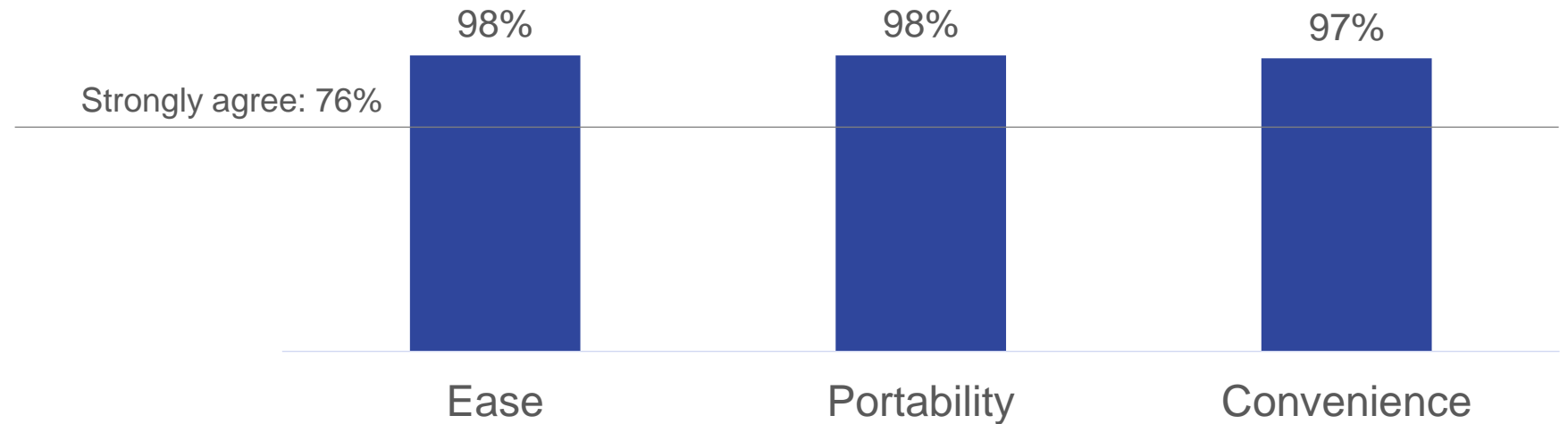
Q40. Thinking about your current health insurance coverage... Please indicate if you strongly agree, somewhat agree, somewhat disagree or strongly disagree with each of the following statements... Answer choices: Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree. Base: Insured Americans n=4823.

VALUE IN TAKING RX MEDICINES IN PILL / TABLET FORM

97%

Of Rx patients
take their
medicines in pill /
tablet form

Agree they value taking medication(s) in pill or tablet form
(Strongly / Somewhat agree among those who take Rx medicines in this form)



S4b. How do you take your prescription medicines? Select all that apply; Base: Insured Americans taking Rx n=3443

Q67. Thinking about the prescription medicine(s) you take in pill or tablet form...Please indicate if you...with each of the following statements. Answer choices: Strongly agree, Somewhat agree, Somewhat disagree or Strongly disagree; Base: Insured Americans who take an Rx pill or tablet orally n=3340

SOLUTIONS AMERICANS WANT TO SEE

3

ATTITUDES TOWARD INSURANCE COVERAGE OF RX MEDICINES

Strongly / Somewhat agree	Apr '23
Patients should get the medicines their doctors prescribe at a pharmacy that's convenient for them	94%
Insurance should work for everyone by providing affordable access to health care when needed	93%
Doctors – not insurers – should determine whether or not a prescription medicine is clinically appropriate	93%
Hospitals should be subject to common-sense transparency and oversight requirements to ensure that patients are benefitting from discounts on medicines hospitals receive	92%
It's wrong that I can pay more for my medicine out of pocket than my insurance company or PBM	88%
Hospitals should be required to use the discounts they receive on prescription medicines to help low-income and uninsured patients access the medicines they need instead of for other purposes	87%
Patients should face consistent out-of-pocket costs when receiving the medicines they need, with no surprises	85%
Health care costs for patients would be lower if insurance companies and pharmacy benefit managers ("PBMs") spent less time managing how medicines should be prescribed by doctors	85%
Congress should rein in tactics by insurers and their pharmacy benefit managers (PBMs) that drive up health care costs and make it harder for people to get the medicines they need	84%
Too many hurdles stand between patients and the medicines prescribed by their doctor	82%
Insurance currently provides everyone with affordable access to health care, when it's needed	34%

Q42. For each of the following statements, please indicate if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree. Answer choices: Select one. Base: Insured Americans n=4823

SUPPORT FOR GOVERNMENT INTERVENTION ON HEALTH CARE COSTS

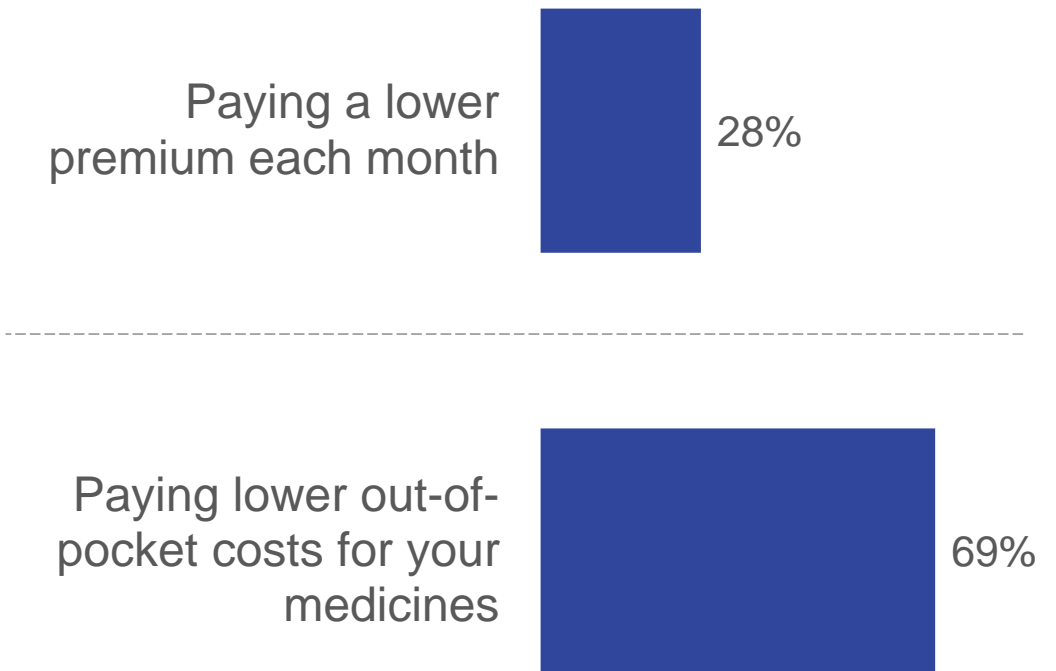
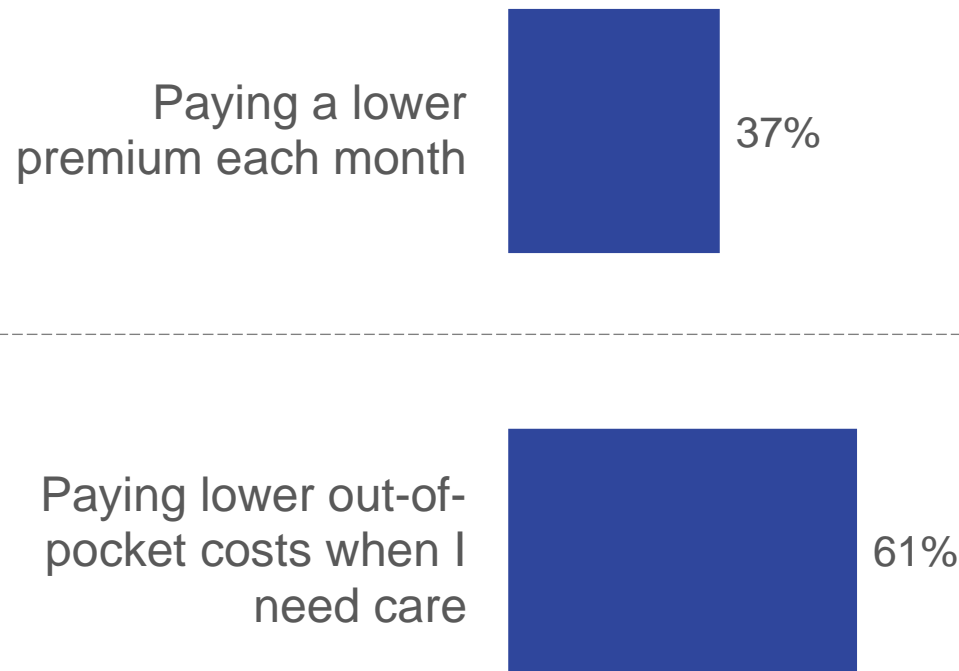
Strongly / Somewhat support	Apr '23
Ensure more predictability in health care so that people know how much they will pay for things like prescription drugs every month	90%
Require hospitals and clinics to be more transparent about how much they mark-up the costs for prescription medicines	90%
Require Medicare Part D plans to pass on any rebates or discounts they receive from pharmaceutical companies on prescription drugs to seniors at the pharmacy counter, so patients pay less out of pocket for their medicines	89%
Require health insurers to pass on any rebates or discounts they receive from pharmaceutical companies on prescription drugs at the pharmacy counter, so patients pay less out of pocket for their medicines	89%
Prevent surprise out-of-pocket costs at the pharmacy and higher out-of-pocket costs that may be caused when an insurance company does not count copay assistance from a pharmaceutical company toward a deductible and annual maximum out-of-pocket costs (i.e., accumulator adjustment programs)	88%
Require hospitals to use the discounts they receive on prescription medicines to help low-income and uninsured patients access the medicines they need	87%
Ensure copay assistance provided by pharmaceutical manufacturers counts toward plan deductibles and out-of-pocket maximums	88%
Ensure that low-income patients benefit directly from safety net programs like 340B that provides hospitals with steep discounts on medicines	86%
Drive greater oversight and transparency of safety net programs like 340B to ensure that hospitals and other entities are using drug discounts they receive to serve needy patients	86%
Give health insurers more incentives to lower out-of-pocket costs for people who are sick and take prescription medicines	87%
Require health insurers to set a maximum limit for what enrollees pay out of pocket just for Rx medicines each year	84%
Discourage coverage and payment for services that are proven to offer no clinical benefit to patients	78%

Q59. Below are some policies that the government could pursue to address health care costs. For each, please indicate whether you strongly support, somewhat support, somewhat oppose, or strongly oppose the policy... Answer choices: strongly support, somewhat support, somewhat oppose, or strongly oppose the policy. Base: Insured Americans n=4823

PREFERENCES ON LOWERING PREMIUMS VS. OOP COSTS

Which is more important re: health insurance coverage?

Which is more important re: Rx drug coverage?



Q54. Thinking about your health insurance, which is more important to you: Answer choices: Select one. Base: Insured Americans n=4823

Q55. Thinking specifically about your prescription drug coverage, which is the most important to you? Answer choices: Select one. Base: Insured Americans n=4823

SURVEY RESPONDENTS & METHOD

PES4 SURVEY RESPONDENTS: INSURED AMERICANS

Core Demos	Apr '23
Gender	
Male	47%
Female	51%
Age	
18-44	43%
45-64	33%
65+	24%
Race/ethnicity	
Non-Hispanic White	63%
Non-Hispanic Black	11%
Non-Hispanic Asian	6%
Hispanic	15%
HH Income	
Less than \$75K	42%
\$75K+	58%
Party ID	
Democrat	33%
Republican	27%
Independent/Other	40%

n=4,823

Insurance	Apr '23
Financial barriers	19%
Insurance	
Commercial	60%
Govt.	45%
Plan includes a deductible	66%

n=4,823

KnowledgePanel

Ipsos's KnowledgePanel is the only large-scale representative panel of the adult population in the US for which members are recruited using a probability-based address-based sampling methodology. In order to maintain full representation of all adults, households without Internet access are provided internet-enabled devices and ISP, as well.

Health	Apr '23
Rx patient	67%
Chronic disease patient	37%
Self-assessment of health	
Excellent (4, 5)	62%
3	31%
Poor (1, 2)	7%

n=4,823

METHODOLOGY



Field Period

April 4-17, 2023



Sample & Mode

The survey was conducted online among a nationally representative probability sample, using the KnowledgePanel®



Qualifications

Total sample of n=5,152 adults ages 18+, including n=4,823 who are insured (and the focus of this report)

For questions about the study's methodology, please contact Chris Moessner at christopher.moessner@ipsos.com.