



DATA BRIEF | MARCH 2025

New York State Survey Respondents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action Across Party Lines

KEY FINDINGS

A survey of more than 1,400 New York state adults, conducted from December 26, 2024, to January 3, 2025, found that:

- Over two-thirds (**68%**) experienced at least one health care affordability burden in the past year;
- 4 in 5 (**80%**) worry about affording health care in the future;
- 2 in 3 (**66%**) of all respondents delayed or went without health care due to cost in the last 12 months;
- Low-income respondents and those with disabilities had higher rates of going without care due to cost and incurring medical debt, depleting savings, and/or sacrificing basic needs due to medical bills; and
- Across party lines, respondents express strong support for government-led solutions.

A RANGE OF HEALTH CARE AFFORDABILITY BURDENS

Like many Americans, New York adults experience hardship due to high health care costs. In the past 12 months, nearly seven out of 10 (**68%**) respondents experienced at least one of the following health care affordability burdens:

1) BEING UNINSURED DUE TO HIGH COSTS

Over a third of (**35%**) uninsured respondents cited cost (“too expensive”) as the primary reason for being uninsured, surpassing other potential responses such as “don’t need it” and “don’t know how to get it.” Likewise, **47%** of respondents without dental insurance and **33%** of those without vision insurance cited cost as the main reason for not having coverage.

2) DELAYING OR GOING WITHOUT HEALTH CARE DUE TO COST

Two-thirds (**66%**) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- **22%**—Delayed going to the doctor or having a procedure done
- **22%**—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- **21%**—Skipped needed dental care
- **21%**—Skipped a recommended medical test or treatment
- **16%**—Had problems getting mental health care or addiction treatment²
- **15%**—Avoided going to the doctor or having a procedure done altogether
- **13%**—Skipped needed vision services

Moreover, respondents most frequently cited not being able to get an appointment as the reason for them or their family members not getting care in the last year (**19%**), followed by cost (**16%**), exceeding a host of other barriers like getting time off work, transportation, and lack of childcare.

3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but experienced a cost burden due to the resulting medical bill(s). Nearly one-third (31%) of respondents reported experiencing one or more of these struggles to pay their medical bills:

- 11%—Used up all or most of their savings
- 10%—Were unable to pay for basic necessities like food, heat or housing
- 10%—Were contacted by a collection agency
- 10%—Racked up large amounts of credit card debt
- 8%—Borrowed money, got a loan or another mortgage on their home
- 6%—Were placed on a long-term payment plan
- 4% - Asked for donations (GoFundMe campaigns)

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTH CARE IN THE FUTURE

New York respondents also exhibit high levels of worry about affording health care in the future. Over four in five (80%) reported being “worried” or “very worried” about affording health care in the future, including:

- 65%—Cost of nursing home or home care services
- 62%—Health insurance will become unaffordable
- 61%—Medical costs when elderly
- 58%—Medical costs in the event of a serious illness or accident
- 52%—Cost of dental care
- 51%—Prescription drugs will become unaffordable
- 46%—Cost of needed vision services
- 43%—Cost of needed hearing services

While two of the most common worries—affording the cost of nursing home or home care services and medical costs when elderly—are applicable predominantly to an older population, they were most frequently reported by younger respondents. Respondents aged 35-54 reported the highest worry about medical costs in old age, and those aged 44-64 were most concerned about affording nursing home or home care costs. This suggests that New York respondents may be worried about affording the cost of care for both aging relatives and themselves.

Concerns about health care affordability were consistent across all respondent income levels, races, ethnicities, geographic settings, and abilities (see Table 1). Worry about affording health care was highest among respondents living in lower to middle-income households, those with a disabled household member, and those in the New York City (see Table 1). Overall, 88% of respondents with an annual household income between \$50,000 and \$100,000 reported worrying about affording some aspect of coverage or care in the past year. However, 75% of those earning over \$100,000 per year also reported concerns.³

Table 1

Percent Worried or Very Worried about Affording Health Care, by Income Group, Geographic Setting, Race/Ethnicity, and Disability

	Any Health Care Affordability Worry
Income	
Less than \$50,000	81%
\$50,000 - \$75,000	88%
\$75,000 - \$100,000	88%
More than \$100,000	75%
Age	
18-24	86%
25-34	84%
35-44	79%
45-54	82%
55-64	81%
65 and older	66%
Geographic Setting	
New York City	81%
Long Island	79%
Upstate New York	80%
Race/Ethnicity	
Respondents of Color*	83%
Hispanic/Latino, Any Race	82%
White Alone, Non-Hispanic/Latino	79%
Insurance Type	
Health insurance through my or a family members employer	81%
Health insurance that I buy on my own	83%
Medicare, coverage for seniors and those with disabilities	75%
New York Medicaid	83%
Disability**	
Household does not include a person with at least one disability	79%
Household includes a person with at least one disability	86%

Source: 2025 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*The Respondents of Color category includes respondents who are: Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. We regret that we were not able to provide reliable estimates for each individual group to better represent the diverse communities of New York.

**Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

HIGH LEVELS OF WORRY ABOUT AFFORDING OR LOSING COVERAGE

Respondents reported worry about insurance becoming unaffordable more frequently than worry about losing coverage across all income levels, regions, races/ethnicities, and coverage types, regardless of where they lived in New York State (NYC, Long Island, or Upstate) (see Table 2).

Concern that health insurance will become unaffordable was most prevalent among those with insurance purchased through their employer (see Figure 1), those earning \$50,000 - \$100,000. Likewise, respondents of color and those living in a household that includes a person with a disability also reported the highest rates of concern that health insurance will become unaffordable (see Table 2).

Although concerns about affording coverage surpassed fears about losing coverage, over two-thirds of respondents were concerned about losing health insurance coverage if they purchased coverage independently (73%) or through employment (68%) (see Figure 1). Respondents of color were more worried about losing coverage than their White counterparts (66% vs. 58) (see Table 2).

Figure 1
Percent Worried about Losing and Affording Health Insurance, by Coverage Type

Source: 2025 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

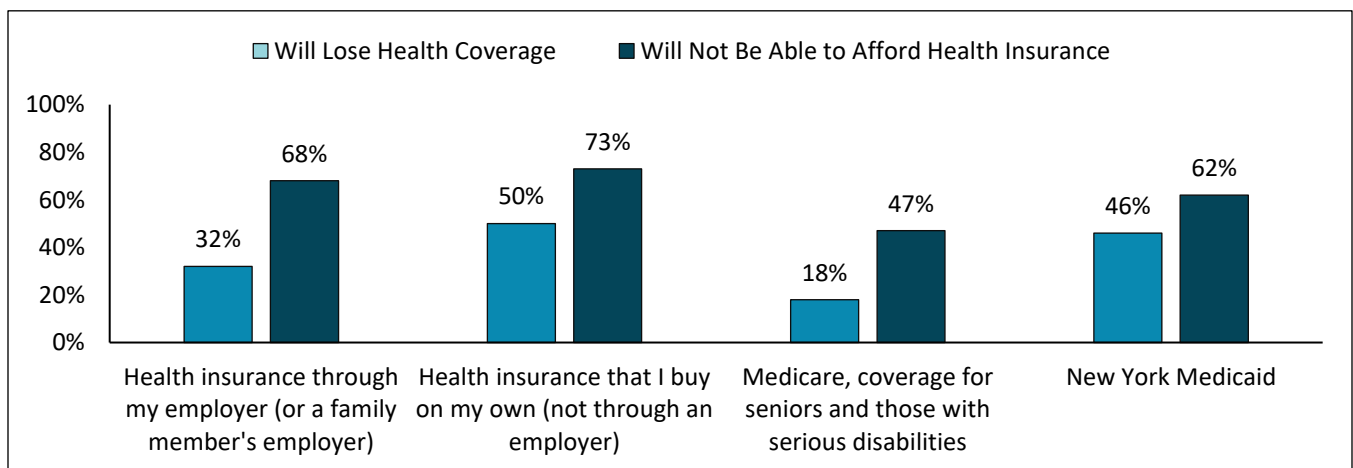


Table 2
Percent Worried about Losing Health Insurance and Worried about Health Insurance Becoming Unaffordable, by Income, Geographic Setting, Race/Ethnicity, Disability, and Insurance Type

	Losing Health Insurance	Health Insurance Becomes Unaffordable
Income		
Less than \$50,000	37%	62%
\$50,000 - \$75,000	35%	69%
\$75,000 - \$100,000	33%	68%
More than \$100,000	33%	58%
Geographic Setting		
New York City	48%	63%
Long Island	29%	61%
Upstate New York	24%	61%
Race/Ethnicity		
Respondents of Color*	42%	66%
Hispanic/Latino, Any Race	47%	61%
White Alone, Non-Hispanic/Latino	29%	58%
Disability**		
Household does not include a person with a disability	31%	61%
Household includes a person with a disability	45%	63%
Insurance Type		
Health insurance through my or a family members employer	32%	68%
Health insurance that I buy on my own	50%	73%
Medicare, coverage for seniors and those with disabilities	18%	47%
New York Medicaid	46%	62%

Source: 2025 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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**Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

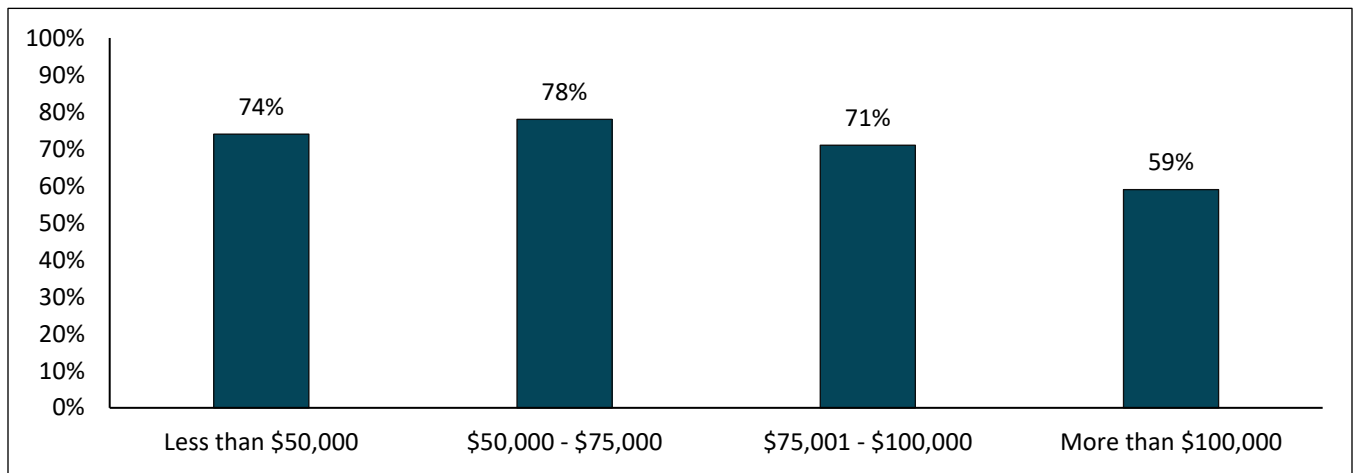
DIFFERENCES IN HEALTH CARE AFFORDABILITY BURDENS

The survey also revealed differences in how New York respondents experience health care affordability burdens by income, age, geographic setting, disability, race and ethnicity.

INCOME AND AGE

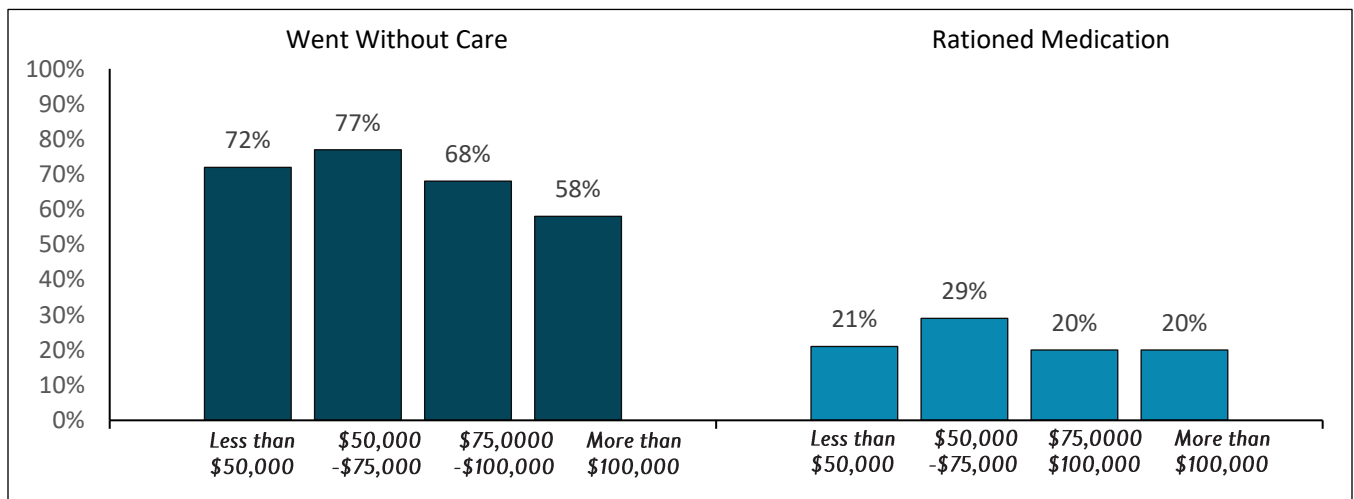
Moderate-income respondents most frequently reported experiencing one or more health care affordability burdens. Nearly four out of five (78%) respondents earning less than \$75,000 per year reported struggling to afford coverage or care in the past 12 months (see Figure 2). This may be related, in part, to respondents in this income group reporting higher rates of going without care and rationing their medication due to cost (see Figure 3).

Figure 2
Percent with Any Health Care Affordability Burden in Prior 12 Months, by Income Group



Source: 2025 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

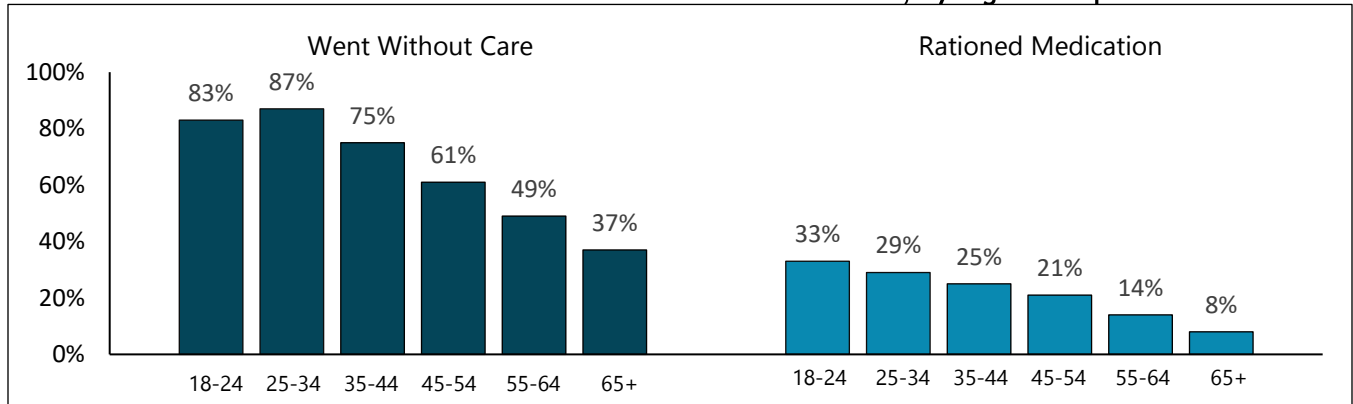
Figure 3
Percent Who Went Without Care Due to Cost in Prior 12 Months, by Income Group



Source: 2025 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Further analysis found that New York respondents aged 25-34 reported the highest rates of forgoing care due to cost. However, at least half of respondents aged 18-54 reported going without care due to financial barriers, signaling that the issue extends across age groups. Likewise, respondents aged 18-44 most frequently reported rationing medication due to cost compared to other age groups (see Figure 4).

Figure 4
Percent Who Went Without Care Due to Cost in Prior 12 Months, by Age Group



Source: 2025 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

DISABILITY

Respondents living in households with a person with a disability reported the highest rates of forgoing care and rationing medication due to cost. Of those included in this group, **76%** reported going without some form of care, and **31%** reported rationing medication due to cost in the past year. In contrast, fewer respondents living in a household *without* a person with a disability reported forgoing care (**63%**) and rationing medication (**19%**) due to cost (see Table 4).

Additionally, respondents living in households with a person with a disability more frequently reported skipping necessary mental health, addiction treatment, vision and dental care services due to cost compared to respondents living in households without a person with a disability (see Table 3).

Those with disabilities also face health care affordability burdens unique to their disabilities— **10%** of respondents with a disabled household member reported delaying getting a medical assistive device such as a wheelchair, cane/walker, hearing aid, or prosthetic limb due to cost. Only **4%** of respondents in households without a disabled person reported this experience.

Table 3
Percent Who Went Without Select Types of Care Due to Cost, by Disability*

	Household Does Not Include a Person with a Disability	Household Includes a Person with a Disability
Skipped needed dental care	20%	25%
Avoided going to the doctor or having a procedure done altogether	14%	17%
Skipped needed vision services	13%	15%
Problems getting mental health care	8%	18%
Problems getting addiction treatment	4%	16%
Skipped or delayed getting a medical assistive device	4%	10%

Source: 2025 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

INSURANCE TYPE

People with different types of insurance navigate the health care system in varying ways. Those with private insurance may face higher premiums and out-of-pocket costs, while individuals enrolled in Medicaid or Medicare generally have lower costs but may encounter limited provider options, greater restrictions around covered services, and longer wait times for services.

In New York, respondents enrolled in Medicaid and purchase insurance on their own reported the highest rates of going without care due to cost and rationing medication. (see Table 4). Still, a large portion of people that have insurance through an employer (66%) or have Medicare (45%) also went without care due to cost in the 12 months prior to taking the survey.

RACE AND ETHNICITY

Respondents of color reported going without care due to cost more frequently than white respondents. Similarly, these respondents also reported rationing medication due to financial concerns at higher rates than white respondents. There are a variety of potential consequences related to postponing health care and medication rationing, highlighting the importance of addressing cost-related barriers to address health disparities.

In New York, 81% of Hispanic/Latino respondents reported going without care due to cost in the past 12 months compared to 60% of White alone, non-Hispanic/Latino respondents (see Table 4). Further analysis showed that Hispanic respondents also reported higher rates of skipping dental services, vision services, and recommended medical tests or treatments (see Figure 5).

Table 4
Percent Who Went Without Care Due to Cost in Prior 12 Months, by Geographic Setting, Race/Ethnicity, Insurance Type, and Disability

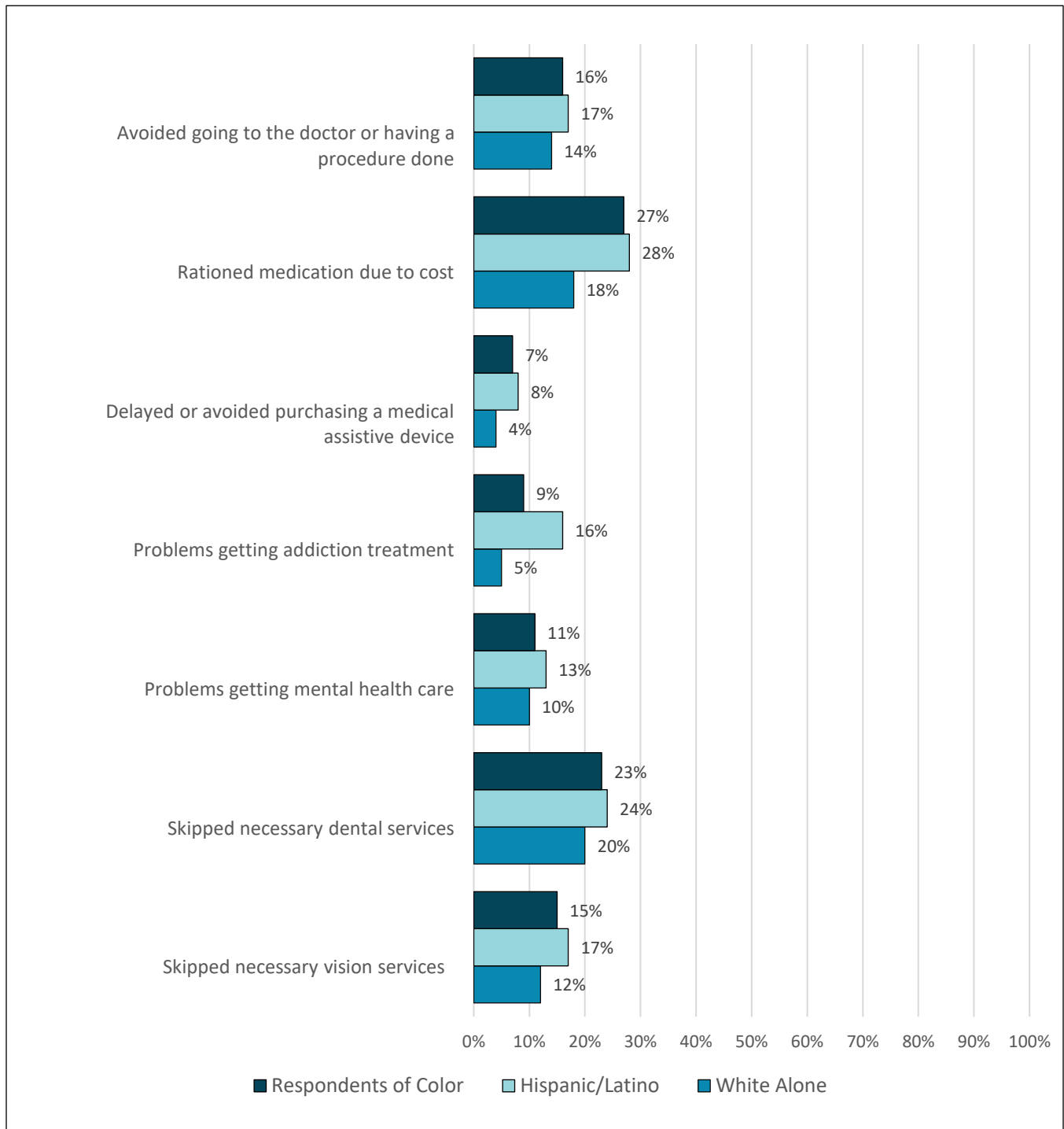
	Went Without Care Due to Cost	Did Not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Cost
Geographic Setting		
New York City Boroughs	78%	28%
Long Island	58%	19%
Upstate New York	60%	17%
Race/Ethnicity		
Respondents of Color*	75%	27%
Hispanic/Latino, Any Race	81%	28%
White Alone, Non-Hispanic/Latino	60%	18%
Insurance Type		
Health insurance through my or a family members employer	66%	20%
Health insurance that I buy on my own	78%	28%
Medicare, coverage for seniors and those with disabilities	45%	14%
New York Medicaid	80%	29%
Disability**		
Household does not include a person with a disability	63%	19%
Household includes a person with a disability	76%	31%

Source: 2025 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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**Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

Figure 5
Percent Who Went Without Select Types of Care Due to Cost, by Race/Ethnicity



Source: 2025 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 *The Respondents of Color category includes respondents who are Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. We regret that we were not able to provide reliable estimates for each individual group to better represent the diverse communities of New York.

In an effort to explore the impact high health costs have on individuals, respondents were also asked to describe a time when they were unable to get health care due to cost (see Table 5). These anecdotes highlight affordability challenges, underscore the impact of health care costs on individuals, and emphasize the need for solutions to reduce financial barriers to care.

Table 5

Select Responses to: “Please describe a time that you did not get a health care service due to cost in the last twelve months,” by Insurance Status

Health Insurance through an Employer
<ul style="list-style-type: none"> • “After severing tendon for my thumb, I skipped several PT sessions and did what I could at home because I had not met my deductible and couldn't pay for the sessions.” • “I needed a medicine, and the insurance would not cover it and then I found out the medicine was almost 2,000 per month.” • “Couldn't get into my local hospital because the insurance company I have isn't accepted by my local hospital anymore.” • “I could not finish my breast reconstruction because the particular surgeon I was using was not in network with my insurance company at that time.” • “I deferred my post-partum blood work due to cost.”
Insurance Purchased by the Respondent
<ul style="list-style-type: none"> • “Couldn't afford prescribed medication, skipped doses, and delayed follow-up appointments due to unaffordable copays and deductibles.” • “I have not gone to the dentist because I cannot afford it. I know that I need extensive work done. However, because of my financial situation, I am waiting...in extreme pain.” • “Due to my father breaking and crushing his hip, we were unable to afford transport because Blue Cross Blue Shield does not pay for transportation.” • “I did not go to the dermatologist because of the high copay cost.” • “Partner had severe burn on his hand and did not go to emergency room due to fear of cost. After a previous injury he was billed over \$3000 without even needing treatment. He is still paying that debt.”
Medicare, Coverage for Seniors and Individuals with Disabilities
<ul style="list-style-type: none"> • “Delayed a colonoscopy... it still hasn't been done.” • “I had a dental problem, and it was going to cost nearly a thousand dollars, I still have not gone due to the fact that it will drain me financially.” • “I put off recommended blood tests for a chronic blood disorder.” • “Did not get hearing aids because of cost.” • “I broke my hand and refused to go to a healthcare provider because of the expense.” • “Have not gotten new eyeglasses in 3 years due to cost.” • “Have not ordered Creon prescription due to cost and took it conservatively instead of how it was prescribed.”
New York Medicaid
<ul style="list-style-type: none"> • “Dental and hearing care are prohibitive due to out of pocket costs.” • “Skipped out of a specialist visit and scope testing due to higher costs now.” • “I needed a hearing aid but there is no doctor near me that accepts my insurance for the hearing aid.” • “My mother opted to go to surgery for her lung cancer which removed half her lung. She did not pursue any following chemo/radiation due to cost; it would send us over 100k in debt and she couldn't do that to her family.” • “My dentist stopped taking my insurance, so I cancelled my appointment.” • “I was told a primary care doctor who had initially accepted my appointment did not accept my insurance (without prior call) and turned away, despite being sick and in need of care.”
No Insurance Coverage/Uninsured
<ul style="list-style-type: none"> • “I can't pay out of pocket to visit an OB/GYN currently. I haven't been in probably 10 years and am starting to have problems.” • “I was recently very sick with some sort of infection. I could not afford to see a doctor for proper care because I have no insurance. I thought I was going to die. I pulled through after a long battle.”

ENCOUNTERING MEDICAL DEBT

In the absence of affordable care options, individuals may find themselves burdened by medical costs. To explore the impact of unaffordable medical care, survey participants were asked whether they have had to do any of the following due to the cost of medical bills in the past 12 months: use up all or most of their savings; sacrifice basic necessities, such as food, heat, or housing; borrow money, get a loan or take out another mortgage; use a crowdfunding platform to solicit donations; interact with a collections agency; go into credit card debt; be placed on a long-term payment plan; or declare bankruptcy.

The survey results revealed that respondents with disabilities experienced the highest rate of medical cost burdens (54%). Residents of New York City (44%), Hispanics/Latinos (39%) and people of color (36%) were more likely to experience medical debt more frequently than people residing elsewhere in the State and White respondents. Likewise, respondents with health insurance purchased independently, reported the highest rates of the above burdens due to medical bills (45%) compared to respondents with all other insurance types (18%-38%) (see Table 6).

Table 6
Percent who Experienced a Medical Cost Burden in the Previous 12 Months, by Income, Geographic Setting, Race/Ethnicity, Insurance Type, and Disability Status

	Experienced a Medical Cost Burden
Income	
Less than \$50,000	32%
\$50,000 - \$75,000	37%
\$75,000 - \$100,000	28%
More than \$100,000	29%
Geographic Setting	
New York City	44%
Long Island	22%
Upstate New York	24%
Race/Ethnicity	
Respondents of Color	36%
Hispanic/Latino, Any Race	39%
White Alone, Non-Hispanic/Latino	27%
Insurance Type	
Health insurance through my or a family members employer	29%
Health insurance that I buy on my own	45%
Medicare, coverage for seniors and those with disabilities	18%
New York Medicaid	38%
Disability Status	
Household does not include a member with at least one disability	24%
Household includes a member with at least one disability	54%

Source: 2025 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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**Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

IMPACT OF AND WORRY RELATED TO HOSPITAL CONSOLIDATION*

In addition to the above health care affordability burdens, a small share of New York respondents reported being negatively impacted by health system consolidation. Between 2000 to 2024, there have been 53 hospital closures and a reduction of 18.8% of beds because of restructuring through changes in ownership involving hospitals through mergers, acquisitions, or CHOW in New York.^{4,5, 6,7}

New York requires that the State Attorney General or Court System be notified of all non-profit hospital transactions and grants the authority to approve or deny transactions. The state does also require pre-transaction notice of transactions of all hospitals and provider organizations.⁶ However, New York does not require that nonprofit hospitals provide annual reports indicating that the change in ownership has not negatively impacted access to health services in the affected communities for five years following the transaction. Nor does it monitor the impact changes in ownership have on local health care prices after they occur.

In the past year, **32%** of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, **25%** reported that they or a family member were unable to access their preferred health care organization because of a merger that made their preferred organization out-of-network. Out of those who reported being unable to access their preferred health care provider due to a merger:

- **43%** delayed or avoided going to the doctor or having a procedure done because they could no longer access their preferred health care organization due to a merger,
- **40%** skipped recommended follow-up visits due to a merger,
- **34%** changed their preferred doctor or hospital to one that is in-network,
- **27%** skipped filling a prescription medication,
- **25%** changed their health plan coverage to include your preferred doctor or hospital, and
- **24%** switched to telehealth options to continue seeing their preferred doctor.

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a merger, far more respondents (**62%**) reported being somewhat, moderately or very worried about the impacts of mergers in their health care organizations. When asked about their largest concern respondents most frequently reported:

- **32%** – I'm concerned my doctor may no longer be covered by my insurance
- **26%** – I'm concerned I will have fewer choices of where to receive care
- **16%** – I'm concerned I will have to pay more to see my doctor
- **13%** – I'm concerned I will have to travel farther to see my doctor
- **11%** – I'm concerned I will have a lower quality of care

*Note: The sample size of respondents who said they were affected by a merger was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of New York respondents' health care affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system. Of the respondents surveyed:

- Just 33% agreed or strongly agreed that “we have a great healthcare system in the U.S.,”
- While 76% agreed or strongly agreed that “the system needs to change.”

To investigate further, the survey asked respondents to share their perspectives on both personal and governmental actions to address the high health costs.

PERSONAL ACTIONS

New York respondents see a role for themselves in addressing health care affordability. When asked about specific actions they could take:

- 56% of respondents reported researching the cost of a drug beforehand, and 71% said they would be willing to switch from a brand name to an equivalent generic drug if given the chance.

GOVERNMENT ACTIONS

New York respondents see the government as the key stakeholder that needs to act to address health system problems. Moreover, addressing health care problems is one of the top priorities that respondents want their elected officials to work on. At the beginning of the survey, respondents were asked what issues the government should address in the upcoming year. Respondents most frequently chose:

- 54% – Health care
- 41% – Economy/Joblessness
- 39% – Immigration

When asked about the top three health care priorities the government should address, respondents most frequently chose:

- 48% – Address high health care costs, including prescription drugs
- 33% – Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- 33% – Improve Medicare, coverage for seniors and those with serious disabilities
- 29% – Get health insurance to those who cannot afford coverage

Out of 15 possible options, New York respondents most frequently reported believing that the reason for high health care costs is unfair prices charged by powerful industry stakeholders, such as:

- 75% – Drug companies charging too much money
- 74% – Insurance companies charging too much money
- 72% – Hospitals charging too much money

When it comes to tackling costs, respondents endorsed a number of strategies, including:

- 95% – Make it easy to switch insurers if a health plan drops your doctor
- 93% – The government should require drug companies to provide advance notice of price increases and information to justify those increases.
- 93% – Show what a fair price would be for specific procedures
- 93% – Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- 92% – Require hospitals and doctors to provide up-front cost estimates to consumers
- 92% – Require insurers to provide up-front cost estimates to consumers

- 92% – Cap out-of-pocket costs for life-saving medications, such as insulin
- 90% – Set standard prices for drugs to make them affordable
- 86% - Require that routine health care services should cost the same no matter what kind of facility those services are conducted in
- 86% - Create an independent office to monitor statewide health care spending and set targets to limit spending increases with the goal of improving affordability for all New Yorkers
- 79% - Require health insurance companies to gradually increase spending on primary care

SUPPORT FOR ACTION ACROSS PARTY LINES

There is remarkable support for change regardless of respondents' political affiliation (see Table 7). The high burden of health care affordability, along with high levels of support for change, suggest that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. Annual surveys can help assess whether progress is being made.

Table 7

Percent Who Agreed or Strongly Agreed that the Government Should Employ Select Strategies, by Political Affiliation

Selected Survey Statements/Questions	Total Percent	Do you consider yourself a...		
		Republican	Democrat	Neither
The government should make it easy to switch insurers if a health plan drops your doctor.	95%	94%	96%	93%
The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes.	93%	93%	94%	91%
The government should require drug companies to provide advance notice of price increases and information to justify those increases.	93%	93%	94%	92%
The government should show what a fair price would be for a specific procedure.	93%	94%	95%	91%
The government should require insurers to provide up-front cost estimates to consumers.	92%	93%	92%	92%
The government should require hospitals and doctors to provide up front patient cost estimates.	92%	91%	92%	91%
The government should cap out-of-pocket costs for life-saving medications, such as insulin.	92%	91%	93%	89%
The government should set standard prices for drugs to make them affordable	90%	90%	92%	87%
The government should require that routine health care services should cost the same no matter what kind of facility those services are conducted in	86%	85%	88%	84%
The government should create an independent office to monitor statewide health care spending and set targets to limit spending increases with the goal of improving affordability for all New Yorkers	86%	81%	92%	81%
The government should require health insurance companies to gradually increase spending on primary care	79%	79%	83%	73%

Source: 2025 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

NOTES

1. Of the 70% of respondents who encountered one or more cost-related barriers to getting health care during the past twelve months, 15% did not fill a prescription and 10% cut pills in half or skipped doses of medicine due to cost.
2. Ten percent (10%) had problems getting mental health care and 7% had problems getting addiction treatment.
3. Median household income in New York is \$84,578 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau QuickFacts, [U.S. Census Bureau QuickFacts: New York](https://www.census.gov/quickfacts/new-york).
4. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved June 5, 2024, from <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership>.
5. A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's identification number and provider agreement (including any Medicare outstanding debt of the old owner) to the new owner...An acquisition/merger occurs when a currently enrolled Medicare provider is purchasing or has been purchased by another enrolled provider. Only the purchaser's CMS Certification Number (CCN) and tax identification number remain. Acquisitions/mergers are different from CHOWs. In the case of an acquisition/merger, the seller/former owner's CCN dissolves. In a CHOW, the seller/former owner's CCN typically remains intact and is transferred to the new owner. A consolidation occurs when two or more enrolled Medicare providers consolidate to form a new business entity. Consolidations are different from acquisitions/mergers. In an acquisition/merger, two entities combine but the CCN and tax identification number (TIN) of the purchasing entity remains intact. In a consolidation, the TINs and CCN of the consolidating entities dissolve and a new TIN and CCN are assigned to the new, consolidated entity. Source: Missouri Department of Health and Senior Services, Change of Ownership Guidelines—Medicare/State Certified Hospice. Retrieved August 23, 2023, from <https://health.mo.gov/safety/homecare/pdf/CHOW-Guidelines-StateLicensedHospice.pdf#:~:text=Acquisitions%2Fmergers%20are%20different%20from%20CHOWs.%20In%20the%20case,providers%20consolidate%20to%20form%20a%20new%20business%20entity>.
6. Hu, Bailey, Mia Wagner, Carrie Tracy, and Elisabeth R. Benjamin. "Why is Health Care in New York So Unaffordable and What Can be Done to Fix It?" Community Service Society of New York, February 2025. Appendix 5. <https://www.cssny.org/publications/entry/why-is-health-care-in-new-york-so-unaffordable-and-what-can-be-done-to-fix-it>
7. The Source on Healthcare Price and Competition, Merger Review, Retrieved August 23, 2023 from <https://sourceonhealthcare.org/market-consolidation/merger-review/>

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from RWJF 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: 3520 Green Court, Suite 300, Ann Arbor, MI 48105
(734) 302-4600 | www.HealthcareValueHub.org | @HealthValueHub
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HEALTHCARE VALUE HUB

METHODOLOGY

Altarum’s Consumer Healthcare Experience State Survey (CHES) 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 December 26, 2024 to January 3, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in New York. 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 1,397 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	Percentage	Demographic Characteristic	Frequency	Percentage
Gender/Orientation			Household Income		
Woman	724	52%	Under \$20K	124	9%
Man	652	47%	\$20K - \$29K	69	5%
Transwoman	1	<1%	\$30K - \$39K	73	5%
Transman	2	<1%	\$40K - \$49K	99	7%
Genderqueer/Nonbinary	5	<1%	\$50K - \$59K	83	6%
LGBTQ+ Community	164	12%	\$60K - \$74K	119	8%
Insurance Type			\$75K - \$99K	205	15%
Health insurance through my or a family member’s employer	575	41%	\$100K - \$149K	315	23%
Health insurance I buy on my own	144	10%	\$150K+	310	22%
Medicare, coverage for seniors and those with serious disabilities	399	29%	Education Level		
New York Medicaid	229	16%	Some high school	16	1%
TRICARE/Military Health System	4	<1%	High school diploma/GED	185	13%
Department of Veterans Affairs	10	1%	Some college or training/certificate program	201	14%
No coverage of any type	25	2%	Associate degree	114	8%
I don’t know	11	1%	Bachelor’s degree	374	27%
Race			Some graduate school	45	3%
American Indian/Native Alaskan	16	1%	Graduate degree	462	33%
Asian	73	5%	Self-Reported Health Status		
Black or African American	186	13%	Excellent	254	18%
Native Hawaiian/Other Pacific Islander	3	<1%	Very Good	519	37%
White	1055	76%	Good	451	32%
Prefer Not to Answer	18	1%	Fair	147	11%
Two or More Races	63	5%	Poor	26	2%
Ethnicity			Disability		
Hispanic or Latino	104	7%	Mobility	176	13%
Non-Hispanic or Latino	1,293	93%	Cognition	73	5%
Age			Independent Living	71	5%
18-24	108	8%	Hearing	68	5%
25-34	260	19%	Vision	55	4%
35-44	217	16%	Self-Care: Difficulty dressing or bathing	41	3%
45-54	223	16%	No disability or long-term health condition	1064	76%
55-64	318	23%	Source: 2025 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey		
65+	269	19%			
Party Affiliation					
Republican	380	27%			
Democrat	617	44%			
Neither	400	29%			

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.