TO: NHCOA and NMQF FR: Morning Consult DT: April 2022 RE: Results for 2022 Poll Among National Voters



Morning Consult ran a poll among 2,005 registered voters (including 443 Black and Hispanic voters), on behalf of the National Hispanic Council on Aging and the Minority Quality Forum, focusing on the importance of health equity in addressing barriers to care and how voters experience the health care system, including insurance practices that pose barriers to care. The survey finds that voters of color, immigrants, and patients with chronic conditions disproportionately experience health insurance barriers, like fail first and prior authorization, and their health insurance company not covering a medicine prescribed by their doctor. Voters of color prefer solutions to health care costs that increase transparency and improve access for vulnerable communities.

HALF OF VOTERS OF COLOR EXPERIENCE BARRIERS TO CARE WHEN IT COMES TO THEIR HEALTH CARE EXPERIENCE

- Among the options tested, half (48%) of voters of color experience at least one barrier to care when it comes to their health care this increases among immigrants (56%) and those with a chronic condition (58%).
- Two-in-five (40%) voters of color say say they, or their family has had their doctor or pharmacist tell them they must get approval from their health plan provider to be able to get a service or fill a prescription to be covered by their health plan, often called prior authorization. (38% of all national voters say this has happened to them or their family.
 - Vulnerable communities like immigrants and those with chronic conditions also experience this: 47% of immigrants say they have experienced prior authorization and 47% of those with a chronic condition say the same.
- One-in-three (34%) voters of color say them, or their family have had a medicine recommended or prescribed by their doctor not be covered by their health insurance (29% of all national voters say this has happened to them or their family).
 - Vulnerable communities like immigrants and those with chronic conditions also experience this: 38% of immigrants say they have experienced a medicine not be covered and 35% of those with a chronic condition say the same.
- One-in-five (20%) voters of color say they, or their family has experienced their insurance company requiring them to fail on their preferred drug before they could take the drug that was originally prescribed to them, often called fail first. (16% of all national voters say this has happened to them or their family).
 - Vulnerable communities like immigrants and those with chronic conditions also experience this: 31% of immigrants say they have experienced fail first and 21% of those with a chronic condition say the same.

VOTERS OF COLOR SUPPORT SOLUTIONS TO HEALTH CARE COSTS THAT INCREASE TRANSPARENCY AND IMPROVE ACCESS FOR VULNERABLE COMMUNITIES

Three-in-four (76%) voters of color support (52% strongly support) a policy to address health care costs that will
improve access to medicines for lower-income families, communities of color, and patients with chronic
conditions – four-in-five (83%) of those with a chronic condition support this policy as well (55% strongly
support).

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- Three-in-four (76%) voters of color support (45% strongly support) a policy to address health care costs that ensures more predictability in health care so that people know how much they will pay for things like prescription medicines every month – nearly nine-in-ten (86%) of those with a chronic condition support this policy as well (58% strongly support).
- Seven-in-ten (73%) voters of color support (42% strongly support) a policy that would require health
 insurers and PBMs to pass the rebated or discounts they receive from drug companies on medicines to
 patients at the pharmacy counter nearly nine-in-ten (87%) of those with a chronic condition support this
 policy as well (61% strongly support)

Policies for Lawmakers to Address Health Care Cost			
Policies*	Registered Voters	Voters of Color	Has a Chronic Condition
Require hospitals and clinics to be more transparent about how much they mark up the costs for prescription medicines	82%	79%	87%
Ensure more predictability in health care so that people know how much they will pay for things like prescription medicines every month	81%	76%	86%
Require health insurance companies to be more transparent about what medicines are covered and what patients will pay out-of-pocket for prescription medicines	80%	75%	87%
Strengthen safety-net programs to ensure they deliver for vulnerable patients in need	79%	75%	84%
Require health insurers and pharmacy benefit managers (PBMs) to pass the rebates or discounts they receive from drug companies on medicines to patients at the pharmacy counter	79%	73%	87%
Place a cap on the amount health insurers can make patients pay for their deductibles, copays, and other out-of-pocket costs	77%	72%	83%

VOTERS OF COLOR SUPPORT POLICIES THAT WOULD IMPROVE CLINICAL TRIAL DIVERSITY

- Three-in-four (72%) voters of color support policies that would improve clinical trials so that they are more diverse and representative of our communities.
- Three-in-four (74%) voters of color do not know how to find out about clinical trials that they may qualify for (74% of all voters nationally do not know how to find out about clinical trials that they may qualify for
- One-in-three (32%) voters of color say they *would like more information* when asked how likely they are to participate in a clinical trial in the future 36% say they are likely to participate in a clinical trial in the future and 24% say they are unlikely.

This poll was conducted between April 6-April 8, 2022 among a sample of 2005 Registered Voters. The interviews were conducted online and the data were weighted to approximate a target sample of Registered Voters based on gender by age, educational attainment, race, marital status, home ownership, race by educational attainment, 2016 presidential vote, and region. Results from the full survey have a margin of error of plus or minus 2 percentage points.

*Not every policy tested is shown

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