CENTER FOR OPINION
RESEARCH AND I-MAK SURVEY

Understanding Americans' Top Concerns on Drug Pricing: Corporate Greed and Patent Reform

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EXECUTIVE SUMMARY

The Initiative for Medicines, Access and Knowledge (I-MAK) commissioned a survey of 726 American adults to assess public attitudes toward prescription drug pricing and potential reforms. Conducted by Franklin & Marshall College's Center for Opinion Research in June 2025, this baseline survey reveals significant bipartisan consensus on the need for prescription drug reform, with particularly strong support for patent system changes.

KEY FINDINGS:

HEALTHCARE SYSTEM DISSATISFACTION

- More than one-third (36%) of American adults report the healthcare system is not meeting their needs, with cost concerns dominating (64% cite affordability as their primary issue).
- Nearly seven in ten Americans (69%) believe the healthcare system needs major reform, including 78% of Democrats and 55% of Republicans.

THE CRISIS OF PRESCRIPTION DRUG AFFORDABILITY

Among the 71% of adults who reported taking prescription medications in the past year, one in three (31%) did not fill at least one prescription due to cost. Americans are resorting to desperate financial measures, with 58% of prescription drug users employing strategies such as skipping or delaying prescriptions to reduce expenses. Women and lower-income families are hit the hardest.

STRONG CONSENSUS ON PRICING PROBLEMS

Americans overwhelmingly recognize prescription drug pricing issues:

- 82% believe U.S. consumers pay more for drugs than those in other developed countries
- 84% believe pharmaceutical companies make too much profit
- Americans rate prescription drug prices as unreasonable (3.7 on a 1-5 scale)
- 61% attribute high prices to pharmaceutical company greed and profit-seeking behavior

BIPARTISAN SUPPORT FOR REFORM SOLUTIONS

The survey reveals remarkable bipartisan support for specific policy interventions to address prescription drug pricing:

UNIVERSAL SUPPORT FOR MARKET-BASED REFORMS

Nine in ten Americans support the following measures across party lines:

- Making it easier for generic drugs to come to market
- Requiring public disclosure of how drug prices are set
- Allowing Medicare to negotiate for lower prices on more drugs
- Permitting U.S. consumers to purchase prescriptions from other countries

STRONG BIPARTISAN SUPPORT FOR PATENT REFORM

Notably, four in five Americans (80%) support changes to patent laws to address drug pricing—demonstrating greater support for patent reform than direct government price controls (65%). This finding is important because it shows patent reform enjoys broader public acceptance than traditional regulatory approaches.

Additionally, 90% of Americans support policy solutions that lead to faster access to generic drugs, providing another example of the American public's overwhelming interest in patent reform.

While Democrats show stronger support overall, **sizable majorities in both parties endorse these reforms**, indicating genuine bipartisan consensus for addressing prescription drug costs through systemic changes.

POLICY IMPLICATIONS

The broad support for patent reform across all demographic groups coupled with the fact that middle-income Americans are most supportive of additional pricing regulations suggests that patent reform may offer the most politically viable path forward for meaningful prescription drug reform.

CONCLUSION

This comprehensive prescription drug use and pricing survey demonstrates that prescription drug affordability is a pressing concern for Americans across party lines, with citizens actively making difficult choices about their healthcare due to cost barriers. The data reveals strong bipartisan support for reform measures, particularly patent system changes that could increase market competition and reduce prices. These findings provide policymakers with clear evidence of public support for addressing prescription drug costs through both market-based solutions and targeted regulatory interventions, with patent reform emerging as a particularly promising area for bipartisan action.

INTRODUCTION

The Initiative for Medicines, Access and Knowledge (I-MAK) is a 501(c)(3) organization with a mission to build a more just and equitable medicines system. I-MAK's framework integrates comprehensive analytical research to inform policy, education to activate change, and partnerships to drive solutions.

In 2025, I-MAK commissioned the Center for Opinion Research at Franklin & Marshall College to conduct a baseline survey of American adults. The baseline survey was designed to capture a representative overview of Americans' attitudes toward and experiences with prescription drugs to measure:

- Satisfaction with the current healthcare system, with a particular focus on the affordability of prescription medication.
- Perceptions as to why Americans pay higher prices for prescription medication than most other developed countries.
- Support for reforms that aim to lower the prices of prescription drugs.

The results of this survey will help inform policymakers of bipartisan solutions that have broad support from the American public.

The data included in this summary represent the responses of 726 randomly selected American adults interviewed from May 12 – June 5, 2025. The survey was designed and administered by the Center for Opinion Research at Franklin & Marshall College using a sample drawn from households located throughout the United States. Interviews were completed over the phone and online depending on each respondent's preference. The sample error for this survey is +/- 5.0 percentage points when the design effects from weighting are considered.

This report begins with an overview of key baseline findings from the survey then continues with more detailed analyses of those findings. This report also includes a detailed description of the survey's methodology with attachments that provide banner tables that highlight the survey findings across selected demographic sub-groups and a topline summary that shows the survey's questions and responses overall.

SATISFACTION WITH HEALTH CARE

More than one in three (36%) adults says the US healthcare system is not meeting their needs, with their primary concerns overwhelmingly related to how much they pay (64%). These sentiments underscore why nearly seven in ten (69%) adults thinks that the US healthcare system needs major reform, with most of the reforms they mention aimed at making healthcare more accessible.

Democrats (35%) are more likely than Republicans (30%) to say the healthcare system is not meeting their needs. A majority of members of both partisan groups believes the US healthcare system needs major reforms, although Democrats (78%) are more likely than Republicans (55%) to say so. Republicans are most likely to want more affordable care (39%), better access (17%), and better quality (10%), while Democrats mention universal healthcare (49%) as their primary reform (Table 1).

TABLE 1. SUGGESTED HEALTH REFORMS BY PARTY

	TOTAL	REPUBLICAN	DEMOCRAT
Universal health care	29%	3%	49%
More affordable, less expensive	26%	31%	23%
Better access	10%	17%	5%
Other	9%	16%	3%
Better quality	8%	10%	6%
Lower prescription costs	5%	8%	4%
Insurance reforms	5%	4%	5%
Do not know	4%	6%	3%
More preventive care	4%	7%	2%

Note: The open-ended question, "What reform would you most like to see?" was asked only of those who believe the US healthcare system needs major reforms.

PRESCRIPTION DRUG USE AND EXPERIENCES

Most (71%) American adults reported taking a prescription drug in the past year and there are no differences in prescription drug use by party identification. One quarter (26%) of adults said they did not fill a prescription in the past year because of the cost. Among those who have taken a prescription drug in the past year, one in three (31%) said they did not fill at least one prescription because of the cost. One in seven (15%) adults who did not take any prescription drugs in the past year also reported not filling a prescription because of cost.

Characteristics such as gender, household size, marital status, educational attainment and health status were each related to not filling a prescription because of the cost. Women are about twice as likely as men to have skipped a medication due to cost. Married respondents, those with college degrees, and those in one-person households are less likely than unmarried respondents, those without college degrees, and those in larger households respectively to have skipped a medication due to cost. Neither health insurance coverage nor household income were strong predictors of skipping a medication due to cost. A detailed explanation of this analysis is included in the methodology.

Adults who need prescription medication engage in many kinds of different behaviors to reduce their prescription drug costs: most commonly they purchased an over-the-counter substitute (31%) or delayed getting a prescription (30%) to save money (Table 2). Efforts to reduce costs are common: nearly three in five (58%) adults who took a prescription medication did at least one of these behaviors to save money in the last 12 months. On average, adults engaged in two of these behaviors and the number of cost-saving behaviors they engaged in did not differ by party identity.

TABLE 2. PRESCRIPTION DRUG COST SAVINGS BEHAVIORS BY PARTY

During the past 12 months...	TOTAL	REPUBLICAN	DEMOCRAT
I purchased an over-the-counter medicine instead of a prescription to treat a condition	31%	31%	28%
I delayed filling a prescription to save money	30%	27%	26%
I did not get a prescription filled because I didn't have enough money to pay for it	28%	23%	25%
I took less medication to save money	27%	25%	26%
My insurance co-pays for my prescription drugs created a financial hardship	26%	24%	23%
I skipped medication doses to save money	22%	18%	22%
I cut back on necessities like food, fuel, and electricity to be able to afford a prescription drug	17%	14%	15%
I shopped online at a US or Canadian pharmacy for a lower price on my prescription	16%	12%	16%

PRESCRIPTION DRUG PRICING

American adults believe that the costs of prescription medications are unreasonable, rating the prices as an average of 3.7 on a one to five scale where one is reasonable and five is unreasonable. There are minor differences in the perceptions of price by party as Democrats (mean = 3.8) rate drug prices as more unreasonable than Republicans (mean = 3.5). Among the three in five (58%) adults who believe drug prices are unreasonable, greed and profit seeking behaviors by drug companies (61%) are the most common reasons that consumers provide for prescription medications being so expensive. The follow up question was asked of respondents who rated the reasonability of prescription prices as a 4 or 5.

More than four in five (82%) adults believe that residents of the United States pay more for their drugs than consumers in other countries and more than four in five (84%) also believe that pharmaceutical companies make too much profit (Table 3). Democrats are more inclined to report both of these feelings than Republicans are.

TABLE 3. PERCEPTIONS OF DRUG PRICING BY PARTY

QUESTION	RESPONSE	TOTAL	REPUBLICAN	DEMOCRAT
As far as you know, do consumers in the United States pay more, about the same, or less for the same drugs than consumers in other developed countries?	Pay more	82	77	88
Do you think that pharmaceutical companies in the United States make too much profit, about the right amount of profit, or too little profit?	Too much profit	84	77	91

PRESCRIPTION DRUG REGULATION

Two in three (65%) Americans believe there should be more government regulations that limit the price of prescription drugs, including half (52%) of Republicans and three quarters (78%) of Democrats. General support for prescription drug pricing is most influenced by income and party identification, with middle income and Democrats being most supportive (Figure 1). These relationships were found in a logistic regression analysis that assessed the effects of health status, health insurance status, marital status, gender, age, education, partisan identity, race, household size and income on the likelihood that respondents reported there was "not as much regulation as there should be" when considering government regulations that limit the price of prescription drugs. Those with household incomes between $50,000 and $100,000 are about two and a half times more likely than those in other income groups to believe more price regulations are needed. Democrats are about three times as likely as others to believe this. The full model and model coefficients for the logistic regression analysis is included in the methodology.

MODELED SUPPORT FOR PRICE CONTROL REGULATIONS

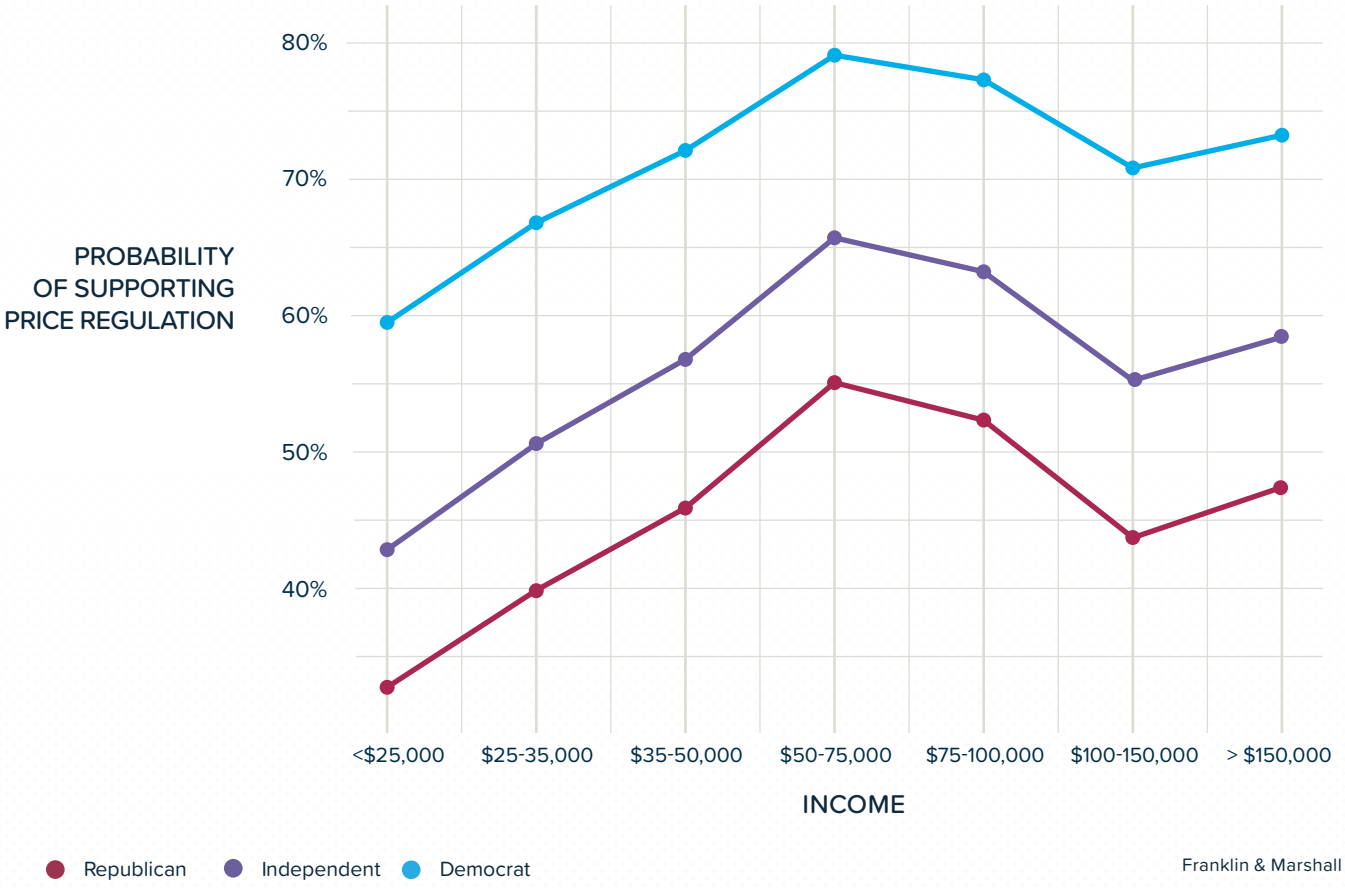

Figure 1. Modeled Support for Price Control Regulations. This figure shows the likelihood that respondents reported there was "not as much regulation as there should be" when considering government regulations that limit the price of prescription drugs.

THE PATENT REFORM OPPORTUNITY

There is overwhelming support for specific regulatory actions that could help lower prescription drug prices. Nine in ten adults support regulations that would make it easier for generic drugs to come

to market, requiring public disclosure of how prices are set, allowing Medicare to negotiate for lower prices on more drugs, and allowing US consumers to purchase prescriptions from other countries (Figure 2).

Four in five adults (80%) support measures that would change patent laws, demonstrating greater support for addressing drug prices through patent reform than government regulations on price controls (65%). Democrats (85%) are more strongly in favor of these measures than are Independents (79%) and Republicans (75%), but sizable majorities in each party support these reforms, demonstrating cross-party consensus.

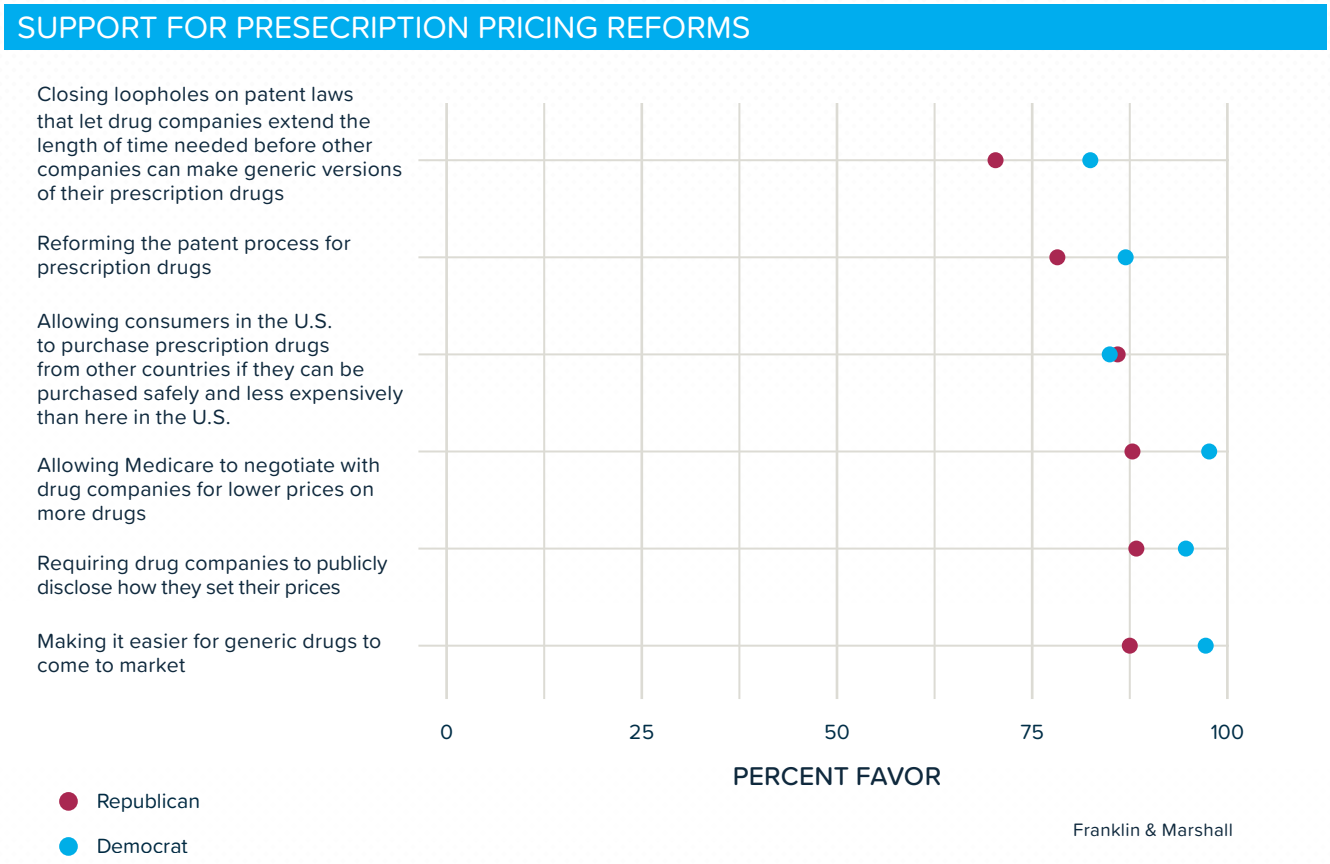

Figure 2. Support for Prescription Drug Pricing Reforms by Party. This figure shows the levels of support among partisan groups for selected prescription drug pricing reforms.

METHODOLOGY

The survey findings presented in this summary are based on the results of interviews conducted May 12 – June 5, 2025. The interviews were conducted at the Center for Opinion Research at Franklin & Marshall College. The data included in this summary represent the responses of 726 adults from throughout the United States. To identify participants, the Center sampled households using an addressed-based sampling methodology that is based on the United States Postal Service's Delivery Sequence File (DSF). The DSF includes more than 98 percent of US households, which offers the potential to reach nearly all adult residents whether they have a landline telephone or not. All sampled respondents were notified by mail about the survey. Interviews were completed over the phone and online depending on each respondent's preference. Survey results were weighted (age, education, gender, health insurance coverage, race, and region) using an iterative weighting algorithm to reflect the known distribution of those characteristics in the United States.

TABLE 4. SELECTED ADULT POPULATION AND SURVEY PARTICIPANT CHARACTERISTICS

GROUP	PERCENT OF US ADULTS	PERCENT OF SURVEY PARTICIPANTS
Gender		
Male	49.0	49.0
Female	51.0	50.5
Census Region		
West	23.5	23.8
Mid-West	20.4	20.4
Northeast	17.3	16.9
South	38.8	38.8
Education		
HS or less	37.9	20.2
some college	29.7	44.3
College or more	32.4	35.4
Race & Ethnicity		
Non-Hispanic White	61.1	67.2
Non-Hispanic Black	12.0	11.9
Non-Hispanic Other	9.9	5.0
Hispanic	17.0	15.9
Age		
18 - 34	29.3	21.9
35 - 54	32.6	35.8
55 or older	38.1	42.4
Prescription Use		
Yes	68.8	70.2
No	31.2	29.8
Has Health Insurance		
Yes	92.4	91.9
No	7.6	8.1

Note: All demographic estimates are from the U.S. Census Bureau, 2018-2023 American Community Survey 5-Year Estimates. Estimates for prescription drug use are from the 2023 National Center for Health Statistics, National Health Interview Survey. Proportions are the share of adults.

In addition to having a demographically representative sample, comparing the survey results to other benchmarks shows that the survey adequately estimates the distribution of key indicators that influence attitudes about costs, engaging in cost-saving behaviors, and supporting reforms to reduce costs. Table 5 compares the survey's estimates for prescription drug use and health coverage within different age groups and the estimates for regulations that limit prices with other recent benchmarks.

TABLE 5. COMPARISON OF SURVEY ESTIMATES TO SELECTED BENCHMARKS

MEASURE	GROUP	BENCHMARK	SURVEY
Prescription Drug Use % by Age			
Source: 2023 NHIS	18 - 44	55	63
	45 - 64	74	69
	65 - 74	89	85
	75 plus	94	79
Insurance Coverage, % Uninsured by Age			
Source: 2023 NHIS	18 - 44	13	15
	45 - 64	8	6
% Supporting more regulation to limit price of prescription drugs			
Source: KFF Health Tracking Poll, 9/4/2024	Adults	73	65

The Address Based Sample (ABS) of households was obtained from Marketing Systems Group and was drawn from the United States Postal Service Computerized Delivery Sequence File (CDSF). The ABS frame contains over 158 million addresses covering nearly every household in the US. ABS samples allow researchers to select households within narrowly defined geographic areas and supports using direct mail as one method of reaching selected participants.

The sample error for this survey is +/- 5.0 percentage points when the design effects from weighting are considered. The sample error for questions based on subgroups is larger. An alternative means of calculating the variation in a sample is to take a series of bootstrap samples from the original sample and to use those bootstrapped samples to produce an estimate of sampling error. The procedure involves resampling a data set, calculating a statistic for each bootstrapped sample, accumulating the results of these samples and calculating a sample distribution. The standard deviation of the mean of 10,000 bootstrapped samples for the estimated proportion of prescription drug users is 1.7% and 95% of the samples fell within a range of 66.9% and 73.6%.

In addition to sampling error, this survey is also subject to other sources of non-sampling error. Generally speaking, two sources of error concern researchers most. Non-response bias is created when selected participants either choose not to participate in the survey or are unavailable for interviewing. Response errors are the product of the question and answer process. Surveys that rely on self-reported behaviors and attitudes are susceptible to biases related to the way respondents process and respond to survey questions.

FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT SURVEY METHODS

Q: Do you require your final sample to have specific numbers of people in certain groups, for example, do you use quotas for age, gender, or region?
The survey did not use quotas, meaning we did not specify ahead of time how many people from each group would be in the sample, although we did more non-response outreach with groups that are underrepresented in our pool of completes.

Q: What proportion of interviewing was conducted by calling cellphones? What are the overall percentages who completed the survey online and by phone?
The survey used a mixed mode approach, which means that a person could respond over the telephone or online. Two in five (n=292) of the completed interviews in this survey were completed over the phone. Nine in ten (95%) of the telephone completes were identified as cell phones.

Q: Do you send any additional mailers or do other reminders to people who don't respond to your postcard invitation?
The survey outreach began with a postcard mailer. Follow up outreach included phone calls, emails, and text messages wherever that information is available. The Center's follow-up procedures include up to four phone calls, two texts, and two emails (emails are not available for all respondents). Every respondent in the sample received a unique ID that they used to complete a survey.

Q: How do you handle the "other" and "do not know" responses for respondents taking the survey online?
Other and don't know options appear on screen for the online surveys. Don't know is not read to phone participants and isn't included in the online question text but is accepted when offered.

LOGISTIC REGRESSION COEFFICIENTS

The relationships discussed in the body of this report for skipping medication due to cost and support for pricing regulations were found using logistic regression modeling. The logistic regression analyses assessed the effects of health status, health insurance status, marital status, gender, age, education, partisan identity, race, household size and income on (1) the likelihood that a respondent skipped filling a prescription medication due to cost and (2) the likelihood that a respondent reported there was "not as much regulation as there should be" when considering government regulations that limit the price of prescription drugs. The full model and model coefficients for the two logistic regression models appears in Table 6.

TABLE 6. LOGISTIC REGRESSION COEFFICIENTS

	SKIPPED MEDS (MODEL 1)	NOT ENOUGH PRICE REGULATIONS (MODEL 2)
Good or Excellent Health	-0.597** (-1.120, -0.075)	0.074 (-0.436, 0.584)
College Graduate	-0.471* (-0.965, 0.023)	0.400* (-0.042, 0.843)
Has Health Insurance	0.058 (-0.962, 1.079)	-0.028 (-0.994, 0.937)
Married	-0.594** (-1.148, -0.040)	0.039 (-0.491, 0.569)
Hispanic	-1.413* (-2.923, 0.098)	-0.424 (-1.309, 0.461)
Black	-0.163 (-0.963, 0.637)	0.209 (-0.636, 1.054)
Other Race / Ethnicity	0.268 (-0.828, 1.363)	-0.575 (-1.655, 0.505)
age 35-54	0.425 (-0.422, 1.272)	0.423 (-0.379, 1.224)
age over 55	-0.255 (-1.087, 0.577)	0.123 (-0.631, 0.877)
Female	0.666*** (0.202, 1.130)	0.172 (-0.238, 0.582)
Party Independent	0.119 (-0.621, 0.858)	0.453 (-0.197, 1.102)
Party Democrat	-0.144 (-0.643, 0.355)	1.131*** (0.688, 1.573)
Single Person HH	-0.646** (-1.258, -0.033)	0.052 (-0.522, 0.626)
HH Income $25-35,000	0.219 (-0.843, 1.280)	0.315 (-0.704, 1.333)
HH Income $35-50,000	-0.293 (-1.358, 0.773)	0.563 (-0.407, 1.534)
HH Income $50-75,000	-0.041 (-1.003, 0.921)	0.942** (0.016, 1.867)
HH Income $75-100,000	-0.395 (-1.398, 0.607)	0.836* (-0.085, 1.757)
HH Income $100-150,000	-0.240 (-1.248, 0.769)	0.500 (-0.428, 1.427)
HH Income over $150000	-0.524 (-1.593, 0.545)	0.624 (-0.325, 1.572)
Constant	-0.165 (-1.545, 1.215)	-0.812 (-2.148, 0.524)
Observations	541	537
Log Likelihood	-254.076	-296.546
Akaike Inf. Crit.	548.151	633.092
Model chi-square (df)	(19) 51.61173	(19) 52.30702
Correct Classification %	78.00%	71.30%

Note: *p < .1, **p < 0.05, ***p<0.01

About I-MAK

The Initiative for Medicines, Access and Knowledge (I-MAK) is a 501(c)(3) organization with a mission to build a more just and equitable medicines system. Our framework integrates comprehensive analytical research to inform policy, education to activate change, and partnerships to drive solutions. We bring decades of private-sector expertise and experience in the field of intellectual property as well as the pharmaceutical sector. Our work spans internationally and we collaborate with patients, drug manufacturers, patent offices, community leaders, public health professionals, policymakers, scientists, economists, and more across the globe. I-MAK's work on structural change in the patent system is featured regularly in the national and global press, as our data is cited in Congressional hearings and Committee reports. I-MAK is committed to evidence-based research and education that will benefit American families and help lower drug prices. Therefore, we have never taken funding from the pharmaceutical industry, whether branded or generic.

About the Center for Opinion Research at Franklin & Marshall College

The Center for Opinion Research at Franklin & Marshall College conducts the F&M Poll. As a department of the college, the Center is both non-profit and non-partisan. The Center is unique in Pennsylvania, since we are a full-scale survey research organization situated within a liberal arts college. Our research capabilities are greatly enhanced by our relationship with F&M.

Over the years, we have become widely known for providing perceptive survey design and insightful, in-depth data analysis to those involved in public policy, government, healthcare, and nonprofit work. Our research has been used by decision makers, in local, regional, and state level organizations to create policy, inform the citizenry, and make positive changes in areas as varied as media campaigns, healthcare, education, government, and community services.