THE PRICE PATIENTS PAY

HOW UNAFFORDABLE PRESCRIPTION DRUGS SHAPE THE HEALTH, FINANCES, AND DAILY LIVES OF HISPANIC AND LATINO COMMUNITIES

SEPTEMBER 2026

PATIENTS FOR AFFORDABLE DRUGS™

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EXECUTIVE SUMMARY

Nearly four in ten U.S. adults report skipping or delaying prescription medications due to cost, putting their health, financial security, and lives at risk.

The human impact of this reality is sobering. Having to skip doses, split or ration pills, delay refills, or go without needed medication isn't just a health issue; it's a threat-multiplier that reshapes people's entire lives. Physical and mental health as well as job security are at risk, family systems carry a high emotional and financial burden, and people's coping strategies become both ingenious and risky.

These findings emerge from a qualitative research project conducted jointly by Patients For Affordable Drugs, We Are Más, and the Information Futures Lab at Brown University that explored how high drug prices shape the lives of Hispanic and Latino communities.

Through interviews, surveys, and convenings, this study engaged a diverse group of Hispanic, Latino, and Spanish-speaking residents in South Florida to better understand the real-life impact of high prescription drug prices on a community disproportionately harmed by unaffordable medications. **National data show that across the U.S., Hispanic/Latino adults are more likely to have an underlying chronic condition that requires ongoing prescription drug treatment, less likely to have access to affordable health insurance, and more likely to skip or delay medications because of cost compared to white adults.**

Participants described choosing between filling a prescription for their child and putting food on the table. Others traveled abroad to obtain more affordable medications, sometimes accepting the risks that came with purchasing drugs outside the United States. Many questioned why the same medicines could cost dramatically more in the U.S. than elsewhere, viewing those prices as fundamentally unfair and driven by pharmaceutical companies and broader systemic failures. Participants also spoke openly about the anxiety, uncertainty, and social isolation created by high prescription drug costs. They struggled to navigate a complex healthcare system, often without clear information or culturally relevant support, while relying instead on family, friends, and trusted community networks. Yet even amid these challenges, participants demonstrated remarkable resilience and a strong sense of agency, finding ways to support one another when formal systems fell short.

Nearly
4 in 10
U.S. adults report **skipping or delaying prescription medications** due to cost.

The findings and insights summarized in this report make clear that unaffordable prescription drugs are not simply an individual financial burden — they are the result of broader systemic failures that disproportionately harm Hispanic and Latino communities. The recommendations that follow the findings translate these experiences into practical actions for policymakers, advocacy organizations, healthcare providers, funders, and community leaders to improve prescription drug affordability, hold those in power accountable, and provide relief for millions of Americans who are unable to access the medications they need.

1

INTRODUCTION

The Human Cost of High Drug Prices

Difficulty affording expensive prescription drugs is a routine feature of life in the United States. Patients pay more for prescription drugs in the U.S. than in any other comparable nation — prices for all medications are on average 2.8 times higher than in other wealthy nations, and brand-name medicines are more than four times higher.[1]

For millions of Americans, high prices mean skipping doses, splitting or rationing pills, delaying refills, or going without the medication they need to manage conditions and maintain their well-being. In fact, about four in ten U.S. adults say they have not taken their medication as prescribed in the past year due to cost.[2] As a result, adults with chronic conditions who reported cost-related nonadherence to drug therapy have higher rates of hospitalization and death.[2]

Low-income, historically marginalized groups disproportionately bear this burden. Hispanic, Latino, and Spanish-speaking communities sit at the intersection of higher need and greater barriers — experiencing elevated rates of chronic disease while facing more obstacles to affordable care. These communities are more than twice as likely to be uninsured as white Americans,[4] and report not taking their medication as prescribed due to cost more often than white adults.[5] A 2025 study of prescription drug use and spending showed how these factors translated to lower medication use: despite having greater healthcare needs, Hispanic/Latino adults filled fewer prescriptions and spent less on medications per person than white adults.[6]

IN THE U.S., ONE IN FIVE PEOPLE OF COLOR AND ONE IN TEN WHITE PEOPLE REPORTED KNOWING AT LEAST ONE FRIEND OR FAMILY MEMBER WHO DIED IN THE LAST FIVE YEARS DUE TO THE INABILITY TO AFFORD NECESSARY TREATMENT, INCLUDING PRESCRIPTION DRUGS.[3]

HOW UNAFFORDABLE DRUGS MAKE PATIENTS SICKER — A CLOSER LOOK AT DIABETES IN HISPANIC/LATINO ADULTS

Hispanic/Latino adults are more likely to have diabetes compared to non-Hispanic white adults.[7] Diabetes is a condition that requires consistent medication to manage. People who have a hard time affording their medicine are often forced to ration or miss doses.

Missing doses can cause dangerously high blood sugar levels and can lead to organ damage, cardiovascular disease, and death. Cost-related medication underuse is almost twice as high for Hispanic/Latino adults with diabetes than it is for white adults with the condition.[8] As a result:

- **Their blood sugar levels rise.** About 37% of Hispanic/Latino adults with diabetes have high blood sugar levels compared to 24% of white patients.[9]
- **They have more complications and are more likely to die.** Hispanic/Latino adults experience higher rates of diabetes complications such as diabetic retinopathy (damage to the eye that can cause vision loss and blindness) and are significantly more likely to die from diabetes than the population overall.[10]

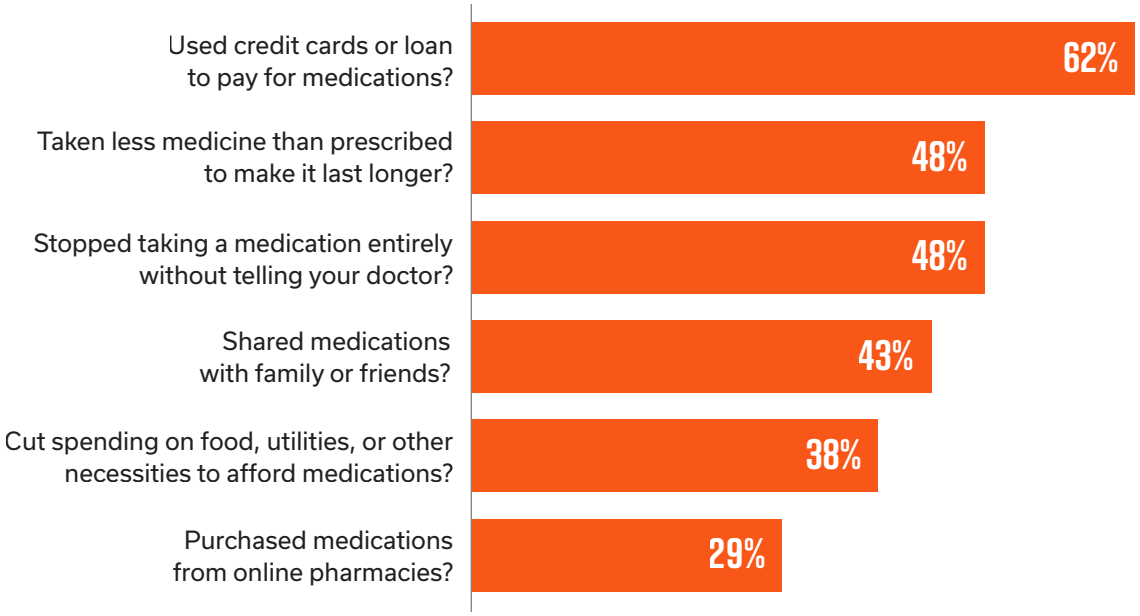
HOW PEOPLE NAVIGATE IMPOSSIBLE TRADEOFFS

National data tells us how widespread the problem is. It cannot tell us what it feels like to live with it. Statistics cannot capture the tradeoffs families make, the emotional toll of unaffordable medications, the strategies people develop to cope, or the support systems they rely on when the healthcare system falls short. This project was designed to fill that gap.

Through a five-week qualitative research project, we engaged with 25 Hispanic/Latino adults who have conditions that require ongoing prescription medications or work closely with residents who do. Partnering with these community members from a variety of cultural backgrounds, income groups, occupations, and education levels, we explored the human dimensions of the challenge — from the impact of unaffordable medications on people's daily lives to who they trust with information to where they seek and find support to what drives decision-making and what strengthens resilience.

What we found was both a sobering reality and an urgent call to action. **The hidden human cost of unaffordable drugs begins long before patients confront avoidable hospitalizations and premature death.** Every day, affected patients are forced to gamble with their health. Through this research, we heard from families who navigate trade-offs between paying for medication for their child, putting food on the table, or paying utility bills. We discovered the ingenious and at times risky strategies people resort to, from traveling to another country to get their prescription drugs at a lower price to sharing medication with family or friends to accumulating credit card debt.

PERCENTAGE OF RESPONDENTS WHO HAVE USED THE FOLLOWING STRATEGIES TO NAVIGATE UNAFFORDABLE DRUG PRICES.



Source: Weekly online survey, week 5. The specific strategies are sourced from participants via open text survey responses during earlier weeks.

DISCOVERING SYSTEMIC FAILURES ACROSS THE HEALTHCARE SYSTEM

The research also shows that the burden of high drug prices extends far beyond the individual patient. Participants described the financial and emotional toll on their families, relationships, and support networks, illustrating how unaffordable medications affect entire households and communities. Yet many participants also believed they were facing these challenges alone, even though their experiences reflected a much broader, shared reality.

This sense of isolation corresponds with the fact that high drug prices are often framed and communicated as an individual financial challenge rather than the product of systemic failures. However, decades of research as well as the experiences of participants in this project speak to a different reality: **the inability to afford prescription drugs is often a direct result of systemic failures across the U.S. healthcare system and pharmaceutical industry.** Drug manufacturers set prices that far exceed those in other high-income countries, insurers and Pharmacy Benefit Managers determine which medications are covered and what patients ultimately pay, and patients often have little transparency into the cost of a prescription until they reach the pharmacy counter. The result is a system in which patients can do everything "right" — obtain insurance, see a doctor, and receive a prescription — yet still be unable to afford the medication they need.

Participants' experiences illustrate how these systemic failures ripple outward. Untreated conditions and illnesses make it harder for people to work, provide for their families, and participate fully in their communities, with effects that compound over time. Participants also described the frustration and uncertainty that come from repeatedly being let down by systems meant to support them, contributing to mistrust and a sense of disengagement.

Even so, participants did not navigate these challenges alone. They relied on community, family, and informal support networks to help them. While many viewed the pharmaceutical industry and healthcare systems as bad actors, they also often described deep trust in their individual doctors and pharmacists. And across diverse ideological backgrounds, participants shared a deeply held belief that access to medicine is a basic right.

In this report, we share key findings from this research, along with recommendations for action that translate participants' experience into concrete strategies for the people who can make a difference: policymakers, funders, advocacy groups, healthcare providers, pharmacists, and community organizations. Together, these recommendations offer a roadmap for reducing barriers to affordable medications and ensuring that the voices of those most affected help shape the solutions.

> ***"Just imagine not having the medication you need to survive... the sheer anguish of knowing — of thinking — that the medication exists, yet being unable to go get it, is horrible." – Sergio***

About the quotes in this report

To uplift the voices and narratives of participants, we feature direct quotes throughout this report. All names have been changed to protect participants' privacy.

2

KEY FINDINGS

How high drug prices shape the lives of Hispanic and Latino Americans

In Spring 2026, our teams engaged 25 Hispanic, Latino, and Spanish-speaking adults in South Florida from diverse cultural, economic, educational, and political backgrounds to better understand their experiences obtaining and paying for prescription medications. Participants either lived with a condition requiring ongoing prescription medication or worked closely with community members who did, including community health workers and service organization staff. *(See methodology at the end of this report for additional details.)*

Despite their diverse backgrounds, one experience was nearly universal: participants struggled to afford the medications they depended on. Their stories reflected the broader disparities documented in national data, while also illustrating the human impact behind those statistics. Participants came from a range of income levels, yet many described medication costs that were simply beyond their means.

> ***"It is a crime — especially for anyone in the middle class or of limited means — for a doctor to recommend or push eye drops costing $850 a month. That is the monthly payment for an expensive car; it is absolute madness." – Guillermo***

> ***"They want to give me an injection that costs $1,400, and I would have to pay a huge amount just for the copay. I also have to pay for many of my medications. It seems crazy to me. Absolutely insane."– Paula***

Over the course of the five-week engagement, four interconnected themes emerged: how participants think and feel about medication costs; the barriers they face in accessing medications; the financial, emotional, and practical consequences of high drug prices; and the strategies they use to obtain the medications they need. **The findings that follow are organized around these four themes.**

KEY FINDINGS
AT A GLANCE

1

ATTITUDES TOWARD THE COST OF MEDICATIONS

Participants viewed the high cost of prescription drugs in the U.S. as fundamentally unfair, particularly compared to prices in other countries. Many identified the pharmaceutical industry and broader healthcare system as key drivers of high prices and viewed access to affordable medications as a fundamental human right.

2

BARRIERS TO ACCESSING MEDICATIONS

Participants encountered compounding obstacles at every step of obtaining their medications, including information gaps, insurance barriers, opaque pricing, and complex healthcare and pharmaceutical systems.

3

THE CUMULATIVE IMPACTS OF HIGH DRUG PRICES

Participants described significant financial strain alongside emotional distress, anxiety, uncertainty, and social isolation. The burden of high drug prices extended beyond individual patients to affect families, relationships, and daily life.

4

STRATEGIES FOR ACCESSING MEDICATIONS

Participants developed a patchwork of resourceful workarounds, including purchasing medications abroad, comparing pharmacy prices, and delaying or rationing treatment. While resourceful, many of these strategies carried risks by delaying care, interrupting treatment, or requiring patients to obtain medications through informal channels.

THEME #1

ATTITUDES TOWARD THE COST OF MEDICATIONS

Access to affordable medication is a right, and the comparatively high costs in the U.S. are unfair.

Participants shared a strong conviction that access to affordable medication and healthcare are fundamental human rights. They viewed high prescription drug prices as a public health concern, not simply a personal financial burden — and believed that everyone, regardless of their ability to pay, should be able to get their medications at prices they can afford.

> *"Access to medication should be a public health issue, which would help communities be healthier. It should be a no-brainer." – Alma*

> *"Everyone here in the U.S. should have access to affordable medication — after all, I see that in other countries, many people enjoy that benefit. As a global superpower, the United States government ought to invest more in providing this assistance to anyone in need." – Josefina*

Participants repeatedly pointed to other countries where drugs cost far less — often their countries of origin — as proof the U.S. could and should do more to reduce barriers and lower costs. These comparisons reinforced a shared sense of unfairness and belief that high prices in the U.S. were neither inevitable nor justified, grounded in their experience of having lived in more than one healthcare system.

Participants viewed the pharmaceutical industry as a key driver of high drug prices.

Participants did not view high prices as inevitable. Instead, they identified specific actors and systemic failures they believed were responsible, including pharmaceutical manufacturers, limited oversight, and a lack of affordable alternatives.

> *"I believe the authorities need to monitor the regulation and pricing of medicines more closely, and ensure that more generic and reasonably priced medications are available... I am willing to pay a premium to pharmaceutical companies so they can earn a healthy profit [...]. What bothers me somewhat is that the majority of those funds—instead of going toward R&D—are diverted into regulatory compliance, legal fees, administrative procedures, and various forms of "red tape." This drives up their operating costs to absurd levels, which, in turn, compels them to set much higher prices...." – Guillermo*

Many participants viewed pharmaceutical companies as powerful corporations whose decisions prioritized profits over patients rather than neutral providers of medicine.

> *"I feel that pharmaceutical companies make huge profits from us because the same medications cost much more here than in other countries, even though they are the exact same medicine." – Lara*

One participant illustrated this concern by pointing to Eli Lilly's financial performance as one signal of profits they believed had become disconnected from the role pharmaceutical companies should play in improving public health.

> ***Eli Lilly's stock price has surged 400% over the last five years. This kind of growth is out of step with the expectations for a business that should yield reasonable returns, yet shouldn't simply function as a money-making machine. These are companies whose fundamental objective should be to enhance social well-being within the communities they serve." – Guillermo***

Participants viewed high drug prices as the result of systemic failures. Their day-to-day experiences reinforced that belief. From searching for information to navigating insurance requirements and paying at the pharmacy counter, participants described barriers at nearly every step of the process.

THEME #2

THE BARRIERS PATIENTS FACE AT EVERY STEP OF ACCESSING THEIR MEDICATIONS

Navigating a fragmented healthcare system

Participants identified the high cost of prescription drugs as a central barrier to accessing the medications, but their experiences also revealed unaffordable prices were compounded by a healthcare system they described as fragmented, confusing, and complex. Participants struggled to find reliable or relevant information about accessing lower-cost medications, financial assistance programs, and where to go for help. These information gaps mattered because people cannot access resources they don't know exist, and they spend significant time searching for support that may or may not be available.

> ***Maybe there are resources, but we don't know where to go or who to ask. Personally, I don't know if there are resources or not. So it's harder, and honestly, I don't know." – Selma***

Patients described difficulties using manufacturer coupons meant to make medicine more affordable. Insurance companies required them to try and fail on lower-cost drugs before receiving coverage for the more expensive drug originally prescribed. Pharmacies' rigid pickup deadlines did not account for patients with irregular incomes or financial hardship. Many described a system that felt designed to create barriers rather than remove them.

> ***Insurance requires me to try several generic alternatives first." – Andrea***

> ***I've faced long delays and constant insurance requirements just to get a knee injection I need, and after a month and a half of back-and-forth between doctors, pharmacies, and insurance, I still haven't received it. It often feels like the system makes it harder on purpose so patients end up paying full price." – Marcela***

Such unnecessary hurdles — the paperwork, delays, confusing rules, and procedural obstacles that make accessing essential medicines unnecessarily difficult — are a well-studied phenomenon. It's an administrative burden that falls hardest on those already disadvantaged, such as people with chronic conditions, multiple jobs, limited experience in the U.S. healthcare system, or lower financial literacy.

A system that is confusing even to native English speakers becomes far more so for those with limited English proficiency. Because of the complicated nature of coverage in the U.S., patients frequently call insurers to understand what care will be covered, how to decipher a confusing bill, or why a claim was denied. A language barrier can mean important questions aren't asked, go unanswered, or a patient is unable to get financial assistance or a claim denial overturned.

Compounding this, many participants also lacked trusted friends, family members, or community members who could help them make sense of the healthcare and insurance systems. Without those informal support networks, identifying available resources and navigating complex processes became even more challenging.

> ***"But it takes a lot of knowledge to navigate the system, and a main issue in our community is that most people don't know about those resources" – Andrea***

Several participants also described encounters with healthcare providers that left them feeling dismissed or like their financial reality was disregarded.

> ***"Actually, my ophthalmologist didn't do anything. I mean, it was basically: 'This is medicine; this is what I recommend — use it. If you don't, that's your problem.'" – Juanita***

Insurance is an adversary, not a safety net.

For many participants, having insurance did not inherently mean medicine was affordable. Copays, deductibles, and out-of-pocket costs remained prohibitively expensive, leading many to view insurance not as protection but as another obstacle to care.

Participants described "step therapy" requirements that forced them to try lower-cost generics before insurance would cover the more expensive treatment originally prescribed, provider network restrictions that disrupted continuity of care, and situations where paying out-of-pocket was actually less expensive than using their insurance.

> ***"Even with insurance covering most of the cost, I still had to pay nearly $100 for each refill, so eventually I decided on my own to stop taking the medication because I could no longer justify the expense." – Selma***

Taken together, these experiences illustrate that barriers existed at nearly every stage of obtaining medications — from finding reliable information and navigating insurance requirements to paying for and ultimately receiving the medicines participants needed.

THEME #3

THE CUMULATIVE IMPACT OF FINANCIAL STRAIN, EMOTIONAL DISTRESS, AND DISRUPTIONS TO DAILY LIFE

For participants, making tradeoffs to afford their medications was not an isolated crisis but a routine component of daily life. High drug prices created financial strain that extended well beyond monthly budgets, shaping participants' emotional well-being, daily routines, and sense of security. Rather than existing separately, these burdens reinforced one another over time.

Financial strain forced impossible choices.

Participants rarely described medication costs as a single unexpected expense. Instead, they described them as a constant negotiation that shaped everyday decisions. Every refill required recalculating household budgets, delaying purchases, or sacrificing other basic necessities. Rather than disrupting their finances once, high drug prices became a recurring feature of daily life.

> ***"And the copays are not $5 like most medications; they're a bit higher. So it's always part of my monthly expenses. You could say it's $200 to $300 per month per medication. There are months that are tighter than others, and you have to make the decisions you have to make." – Alejandra***

The clearest expression of this financial strain was the impossible tradeoffs participants were forced to make between medication and food, housing, transportation, utilities, and other essentials of daily life.

> ***"I've had to choose between buying milk and eggs or picking up medication from the pharmacy." – Sergio***

Financial strain became emotional strain.

Participants shared how the inability to afford medications and subsequent financial burdens affected their mental health, leading to anguish, consistent stress, and anxiety.

> ***"Yes, it causes a tremendous amount of stress to be in a position where you desperately need medication but can't go pick it up because you can't afford it." – Guadalupe***

For some, the stress was rooted in the uncertainty and fear that an insurer can stop covering a treatment without warning, leaving them cut off from the medications they depend on.

> ***"It is very stressful not knowing how I will continue getting my medication, especially after my insurance was canceled, and the uncertainty is always in the back of my mind." – Cesar***

> ***"There is constant fear that insurance could suddenly stop covering a treatment or consultation, leaving us without access to the medicines she depends on." – Juan***

Beyond financial hardship and emotional distress, participants described how these challenges reshaped their daily lives. Managing a chronic condition without reliable access to medication required constant planning and vigilance. Participants described thinking every day about whether they could afford their next refill, adjust their routines, or avoid situations that might worsen their health. Others withdrew from social activities or limited spending to ensure they could continue paying for medications.

> *"I have to think every day about what I eat, when I eat it, how I feel in the morning, can I think properly if my sugar goes low, can I eat if my sugar goes high. And these are things people have to deal with like brushing their teeth." – Cruz*

> *"I've become more isolated and stay home more often because I cannot afford the medications I need." – Alicia*

THEME #4

THE STRATEGIES PEOPLE DEVELOP TO ACCESS MEDICATIONS

Without a reliable safety net, participants developed a patchwork of strategies to obtain the medications they needed. While resourceful, some of the approaches carried financial, physical, and clinical risk. Participants' ingenuity ultimately revealed the depth of the system's failure, showing how far people are pushed when affordable medications remain out of reach.

Purchasing drugs abroad in search of lower-cost alternatives

By far, the most common strategy participants described was obtaining medicines outside the United States. For many, purchasing medications abroad offered more affordable alternatives than buying the same drugs domestically. This option was often more accessible for participants with family, cultural ties, or trusted networks in their countries of origin, who could either travel themselves or ask relatives and friends to bring medications back to the United States.

Participants' experiences reflected a broader national trend: a 2020 study estimated that nearly two million Americans purchase their prescription drugs outside the U.S. to save money.[11]

> *"And so, I can either get it if I'm traveling, or if somebody's traveling, I will say, 'Hey, can you go to a pharmacy and get some insulin and bring it back?'" – Cruz*

> *"We eventually had to import the medication from Venezuela because it was cheaper than buying it here." – Juan*

Taking drastic measures when medicine is unaffordable

When affordable options and other sources of support were unavailable, participants turned to strategies that presented real risks to their health: rationing doses, sharing prescriptions, or stopping medication altogether. These strategies are not uncommon: a 2026 KFF poll found nearly one in five adults report cutting pills or skipping doses to save money.[1] The most extreme example in the interviews came from a participant who, unable to afford insulin, obtained it from the families of people with diabetes who had died and had leftover product. Such stories reveal the desperation people are left with, and the physical and emotional danger an unaffordable system creates when it leaves patients without safer options.

> ***"Sometimes what I do, which a lot of people do, is ask for fewer pills — prescriptions often come for 100 pills and I know I won't take that many — so I say, 'Give me half or 25 to begin with so I can split up the cost as we go along." – Alma***

> ***"I sometimes share my own prescribed medications with my daughter because her insurance coverage is not enough and her medical treatments are extremely expensive." – Alicia***

> ***"Because these are often 'silent' conditions, I sometimes delay treatment or stop taking medication due to the cost, even though I know I should not." – Paloma***

Time spent searching for less expensive options and cost-saving tools is a hidden cost

Participants described spending significant time and energy searching for ways to reduce medication costs. Comparing pharmacy prices, asking about discounts, switching to lower-cost alternatives, and researching assistance programs became another hidden burden of managing a chronic condition.

> ***"I look for cheaper pharmacy options to lower medication costs, and I've heard that [brand name's] pharmacy may offer more affordable prices."– Paloma***

> ***"So I rely on natural remedies and avoid situations where my health condition could become a problem." – Alicia***

Others utilized formal cost-saving tools such as coupons, samples, and discount programs. However, accessing these tools depended on knowing they existed or having a healthcare provider or pharmacist proactively offer them.

> ***"At the pharmacy the pharmacist helped by applying a coupon, and with that coupon it came out half price, $75, and with that I was able to get the medication." – Andrea***

Turning to Trusted Support Networks

While participants developed many individual coping strategies, they also relied heavily on trusted relationships when navigating prescription drug costs. Three key sources stood out:

1. Doctors and pharmacists. Doctors and pharmacists were named as the most helpful and most trusted source of support for information or resources related to prescription drug affordability. When asked, *"When you have a question about your medication (the cost, whether there is a cheaper version, how to take it, etc.), who is the first person or place you go to for information? Why that person or place?"* 13 interview participants reported their primary care provider or doctor and 10 reported their pharmacist as their first resource. Participants turned to them for problem-solving such as finding coupons or identifying less expensive alternatives.

> ***"As for the medical provider—they have truly been attentive, particularly my primary care physician, in helping us secure our medications." – Alejandra***

> ***"From my experience working in pharmacies—my parents owned a local drugstore in a low-income Hispanic neighborhood—they sometimes gave medications for free, because they knew [people] could not afford them. Today, big corporate pharmacies usually dominate, but if you find a compassionate pharmacist who understands your culture, they'll offer tricks like dispensing fewer pills so you can spread the cost." – Alma***

2. Friends, family, and community. Participants also leaned on the people closest to them for direct financial and practical help. While these networks often helped to fill gaps left by the healthcare system, it also shows how the cost of medications and the consequences of a flawed system are shifted onto families, friends, and neighbors who are often stretched thin themselves.

> ***Sometimes I ask neighbors for financial help." – Alicia***

3. Community organizations and patient-assistance resources. Participants also identified community-based organizations and non-profits among important sources of support, particularly those that understood the needs of Hispanic and Latino communities and offered culturally relevant services.

> ***In South Florida, some hospital districts are doing good work: bilingual navigators, community programs, and sliding-fee clinics help." – Alma***

From isolation to collective action

Throughout the project, participants repeatedly described feeling isolated in their struggles with high prescription drug prices. Yet by the end of the five-week engagement, many described a meaningful shift. **Hearing others' experiences helped participants recognize that what they had viewed as a personal hardship was, in fact, a widespread systemic problem. For many, the realization brought a sense of relief, reduced feelings of isolation, and sparked a desire to become part of the solution to making medicine more affordable.**

> *"To me it was a bit therapeutic. Like, I've been angry for years for what I have to pay for my medicine. It's ridiculous. And so to be able to express that, and to know that finally someone is listening and trying to do something about it was liberating." – Guilliermo*

Participants described feeling grateful that someone had taken the time to listen to their experiences and create space for honest conversations about prescription drug affordability. Reflecting together also helped many connect their personal experiences to a broader movement for change.

> *"I guess before the program, it's like you feel like the only drop in the ocean. Maybe you feel like there's no hope, and then when you start to get these questions and hear from others, and you see, this is important and not just about me, it's about all the others. So to be part of the community, I am very grateful, and willing to show up." – Cruz*

For many participants, what began as individual stories evolved into a shared understanding that high prescription drug prices are not isolated hardships, but a collective challenge that demands collective action.

> *"This project has been very useful, because I thought I was the only person who was complaining with the pharmacy man. Now I feel, at least there's a path. There's some hope that this can be solved even in chronic cases like mine. Thank you for giving me that space to reflect about raising our voices, because if nobody knows this, there's no way to solve it." – Paula*

3

A CALL TO ACTION

Recommendations for policymakers, patient advocates, healthcare providers, and funders

Drawing on participants' experiences and existing research, the following recommendations identify practical actions for policymakers, advocacy organizations, healthcare providers, and funders to lower drug prices and remove barriers to necessary medications. Together, they offer a roadmap toward a drug pricing system and civic infrastructure where affordable medications are the norm—not the exception—and where success is measured not simply by prescribing treatment, but by ensuring patients can actually access and afford the medications they need.

RECOMMENDATIONS
AT A GLANCE

1. BUILD PUBLIC AWARENESS OF THE BROAD CONSEQUENCES OF HIGH PRESCRIPTION DRUG COSTS
2. LEVERAGE SHARED CONVICTIONS
3. NORMALIZE CONVERSATIONS ABOUT PRESCRIPTION DRUG AFFORDABILITY
4. SUPPORT PATIENTS IN THE SETTINGS THEY ALREADY TRUST
5. STRENGTHEN TRUSTED COMMUNITY INFORMATION NETWORKS
6. INVEST IN LONG-TERM PATIENT ADVOCACY AND COMMUNITY PARTNERSHIPS
7. INVEST IN STORYTELLING AND NARRATIVE CHANGE
8. CENTER PATIENT VOICES IN DRUG PRICING POLICY
9. STRENGTHEN COMPETITION TO LOWER DRUG PRICES
10. PROTECT AND EXPAND DRUG PRICE REFORMS

RECOMMENDATIONS FOR ADVOCACY ORGANIZATIONS

1 BUILD PUBLIC AWARENESS OF THE BROADER CONSEQUENCES OF HIGH PRESCRIPTION DRUG COSTS

Participants' experiences demonstrate that the consequences of unaffordable prescription drugs extend far beyond the prices that people encounter at the pharmacy. When patients are forced to forgo or ration their medication, treatable conditions go unmanaged, leading to poorer health outcomes, higher healthcare costs, and greater financial strain for families and communities. Advocacy organizations should broaden the public conversation about drug affordability by highlighting these wider health, economic, and social consequences. Framing affordability as a community issue — not simply an individual financial hardship — can help build broader public understanding and support for policies that lower drug prices and improve access to needed medications.

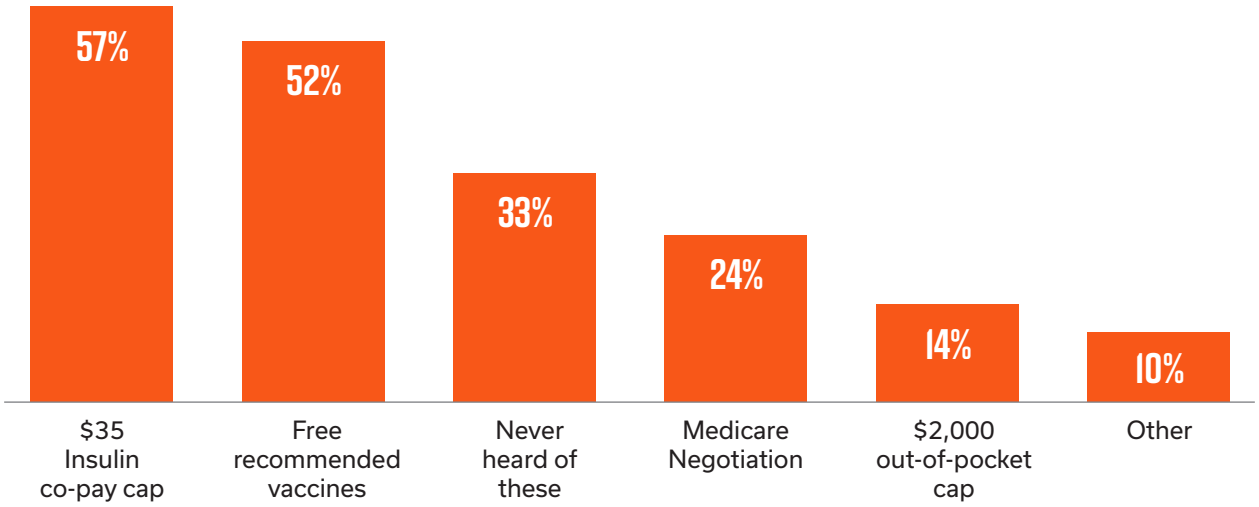
2 LEVERAGE SHARED CONVICTIONS

Participants consistently viewed affordable healthcare and prescription medications as fundamental rights while recognizing that high prices stemmed from broader systemic failures rather than individual choices. They directed their frustrations toward specific actors and called for stronger oversight and accountability. Advocacy organizations can build on these shared convictions to strengthen support for systems and policy changes by framing prescription drug affordability around widely held values of fairness, access, and healthy communities. A 2026 KFF poll found that 72% of adults believe there is not enough government regulation to limit prescription drug prices, including 77% of Democrats, 68% of Republicans, and 72% of independents, suggesting broad support for this approach.[1]

Participants overwhelmingly supported action to lower drug prices, yet many were unfamiliar with reforms already underway. For example, one-third of respondents had not heard of four key Medicare drug pricing reforms. Advocacy organizations can bridge this gap by pairing values-based messaging with accessible education that explains why medicines cost so much, what reforms exist today, and what additional changes are still needed.

Educational resources can help bridge this gap by explaining why medicines cost so much, what policy reforms currently exist, who benefits from them, and what additional changes are needed.

PERCENTAGE OF RESPONDENTS WHO HAD EVER HEARD OF THE FOLLOWING REFORMS TO LOWER THE COST OF PRESCRIPTION DRUGS FOR PEOPLE ON MEDICARE.



Source: Weekly online survey, week 5.

3 NORMALIZE CONVERSATIONS ABOUT PRESCRIPTION DRUG AFFORDABILITY

Participants frequently described feeling isolated and alone in their struggle to afford medication. But when people learn that their experience is shared, the problem is reframed from a personal dilemma to a shared injustice. Recognizing the shared nature of a challenge can alleviate the shame that drives disengagement, activate interest in becoming part of the solution, and build the sense of collective identity that sustains advocacy. Advocacy organizations and community leaders can help reduce that isolation by creating opportunities for people to share their experiences, learn from one another, and recognize that high prescription drug prices are a widespread systemic problem rather than an individual failure. Creating these opportunities can also help identify new patient advocates and strengthen long-term community engagement around prescription drug affordability.

RECOMMENDATIONS FOR CLINICS, PHARMACIES, AND PROVIDERS

4 SUPPORT PATIENTS IN THE SETTINGS THEY ALREADY TRUST

One of the most actionable findings from this research is that providers, pharmacists, and community health workers are well positioned to intervene before patients resort to risky workarounds to obtain their medications, but they need to do so proactively. Rather than waiting for patients to disclose financial hardship, these trusted individuals should discuss lower-cost alternatives, manufacturer assistance programs, and other financial support resources during care. Offering this information proactively addresses several of the challenges described by participants. It closes information gaps for people who are unaware of available resources, reduces the time and effort required to search for assistance, and responds to participants' frustration that providers overlook the financial realities shaping their treatment decisions.

5 STRENGTHEN TRUSTED COMMUNITY INFORMATION NETWORKS

This proactive role should extend beyond clinics and pharmacies to the trusted community institutions patients already rely on for information and support. Community health workers, faith-based organizations, immigrant-serving organizations, and other trusted local institutions can incorporate prescription drug affordability information into existing programs and outreach efforts. Embedding information about medication costs, available financial assistance, and prescription drug price reforms within familiar community settings can help ensure that individuals receive timely and culturally relevant information through channels they already know and trust.

RECOMMENDATIONS FOR FUNDERS

6 INVEST IN LONG-TERM PATIENT ADVOCACY AND COMMUNITY PARTNERSHIPS

Participants' experiences demonstrate the importance of sustained investment in organizations and community partnerships that document lived experiences, elevate patient voices, and advocate for policies that address the root causes of high drug prices. While philanthropy has long invested in research, patient services, and healthcare delivery, lasting improvements in prescription drug affordability also require investment in the advocacy and civic infrastructures that translate patients' experiences into policy change.

7 INVEST IN STORYTELLING AND NARRATIVE CHANGE

Participants' stories revealed dimensions of prescription drug affordability that cannot be captured through quantitative data alone, including the emotional toll, difficult tradeoffs, and coping strategies that shape daily life. These lived experiences help policymakers, researchers, journalists, and the public better understand the real-world consequences of unaffordable prescription drugs. Investment in the responsible collection, amplification, and stewardship of patient stories to inform public understanding, media coverage, research, and policymaking is critical. Patient stories are most powerful when paired with the long-term advocacy infrastructure needed to translate lived experience into lasting policy change, ensuring the voices of those most affected remain at the center of efforts to lower prescription drug prices.

RECOMMENDATIONS FOR POLICYMAKERS

8 CENTER PATIENT VOICES IN DRUG PRICING POLICY

Participants consistently connected their experiences to broader failures within the healthcare system. Policymakers should create meaningful opportunities for patients—particularly those from historically marginalized communities—to inform legislative, regulatory, and implementation decisions related to prescription drug affordability.

9 STRENGTHEN COMPETITION TO LOWER DRUG PRICES

Participants repeatedly described searching for lower-cost alternatives, purchasing medications abroad, and rationing medicines because prices were unaffordable. Expanding competition is one of the most effective ways to reduce prescription drug prices and improve access. Policymakers should support reforms that address patent abuses and other tactics that delay lower-cost generic and biosimilar alternatives from reaching patients.

10 PROTECT AND EXPAND DRUG PRICE REFORMS

Many participants repeatedly described tradeoffs between medications and other basic needs. Policymakers should protect existing prescription drug price reforms and pursue additional measures that lower out-of-pocket costs, prevent unjustified price increases, and expand the reforms in the 2022 prescription drug law beyond people on Medicare.

If you are struggling to afford your prescription medications

Patients For Affordable Drugs offers free educational resources to help you understand drug pricing reforms, learn about ongoing efforts to lower prescription drug costs, and get involved in the fight for affordable medicines.

Share your story / Comparte tu historia

Week In Review / La Receta Informativa

Learn more about prescription drug pricing reforms and advocacy efforts.

- PatientsForAffordableDrugs.org / es.patientsforaffordabledrugs.org/
- MedicareNegotiation.org / Ley de Reducción de la Inflación
- LuchaContraFarma.org / FightPharma.org

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4 ABOUT THIS REPORT

METHODOLOGY

This qualitative research study was conducted in spring 2026 with 25 Hispanic/Latino adults from South Florida. Participants were recruited by We Are Más from diverse cultural, economic, educational, and political backgrounds. A key criterion for participation was that individuals needed to either have a medical condition that requires ongoing prescription drug therapy or work with community members who do (for example, participants included several community health workers and social service organization staff).

Data collection and analysis were co-led by the Information Futures Lab at Brown University and We Are Más. Data collection included one semi-structured interview with each participant conducted in their preferred language, five weekly Qualtrics questionnaires available in both Spanish and English distributed through WhatsApp groups, and insights gathered through one in-person kick-off event and one virtual closing convening. All materials and events were fully bilingual, with interpretation into either language available at both events.

Following data collection, all content was translated as needed and analyzed by researchers at Information Futures Lab. Findings were reviewed by project leads from the Information Futures Lab and We Are Más. The final report was developed collaboratively by the Information Futures Lab, We Are Más, and Patients For Affordable Drugs.

Patients For Affordable Drugs is the only national patient advocacy organization exclusively focused on lowering prescription drug prices. We empower and mobilize patients and allies, hold accountable those in power, and fight to shape and achieve system-changing policies that make prescription drugs affordable for all people in the United States. Unlike the majority of patient advocacy organizations, we do not accept funding from any organizations that profit from the development or distribution of prescription drugs.

We Are Más is a South Florida-based social impact organization specializing in culturally competent, hyperlocal engagement with diaspora groups in Hispanic, English- and Spanish-speaking communities. Working with a variety of purpose-driven organizations across the public, private, and third sectors, We are Más combines listening and an active local presence with research and strategic communications to support partners in connecting deeply with communities in diverse places such as South Florida, Texas, and other Hispanic communities across the U.S.

The Information Futures Lab at Brown University School of Public Health is a new type of university hub. Interdisciplinary researchers work alongside organizations, journalists, civic society leaders, and other sources of trusted information to respond to the information crisis as a civic and public health threat. Recognizing information as a social determinant of health, we create an evidence base and work with our partners to improve information ecosystems and strengthen the capacity of citizens to effectively access, create, and make sense of information that is crucial to their well-being.

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