Costly Disagreements: A Survey of Researchers on Cost-Effectiveness and Affordability: Supplement 1

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This file can be knit from start to finish to produce the Supplement.

Survey Participant Demographics

Table 1: Participant demographics

Current position		Number of people
	Government	13 (8%)
	Industry	10 (6%)
	Master's Student	39 (23%)
	PhD Student	23 (14%)
	Post-doc/Research scientist	31 (18%)
	Professor	43 (25%)
	Other	11 (6%)
Age (years)		
	<25	34 (20%)
	25-40	96 (56%)
	40-60	32 (19%)
	60+	8 (5%)
Gender identity		
	Female	72 (42%)
	Male	91 (54%)
	Non-binary	2 (1%)
	Prefer not to say	3 (2%)
	Prefer to self describe	1 (1%)
Years of CEA experience		
	<1	46 (27%)
	1-5	51 (30%)
	5-10	32 (19%)
	10+	41 (24%)
Number of cost-effectiveness analyses (approx)		
	0	38 (22%)
	1-2	46 (27%)
	3-5	24 (14%)
	5+	62 (36%)
Setting of last cost-effectiveness analysis		
	Low- and middle-income countries	29 (17%)
	High-income countries	94 (55%)
	A combination of both	8 (5%)
Regional focus		
	Low- and middle-income countries	23 (14%)
	High-income countries	100 (59%)
	A combination of both	43 (25%)

Demographic information about survey respondents (n = 170). Years of CEA experience refers to coursework, research, or teaching

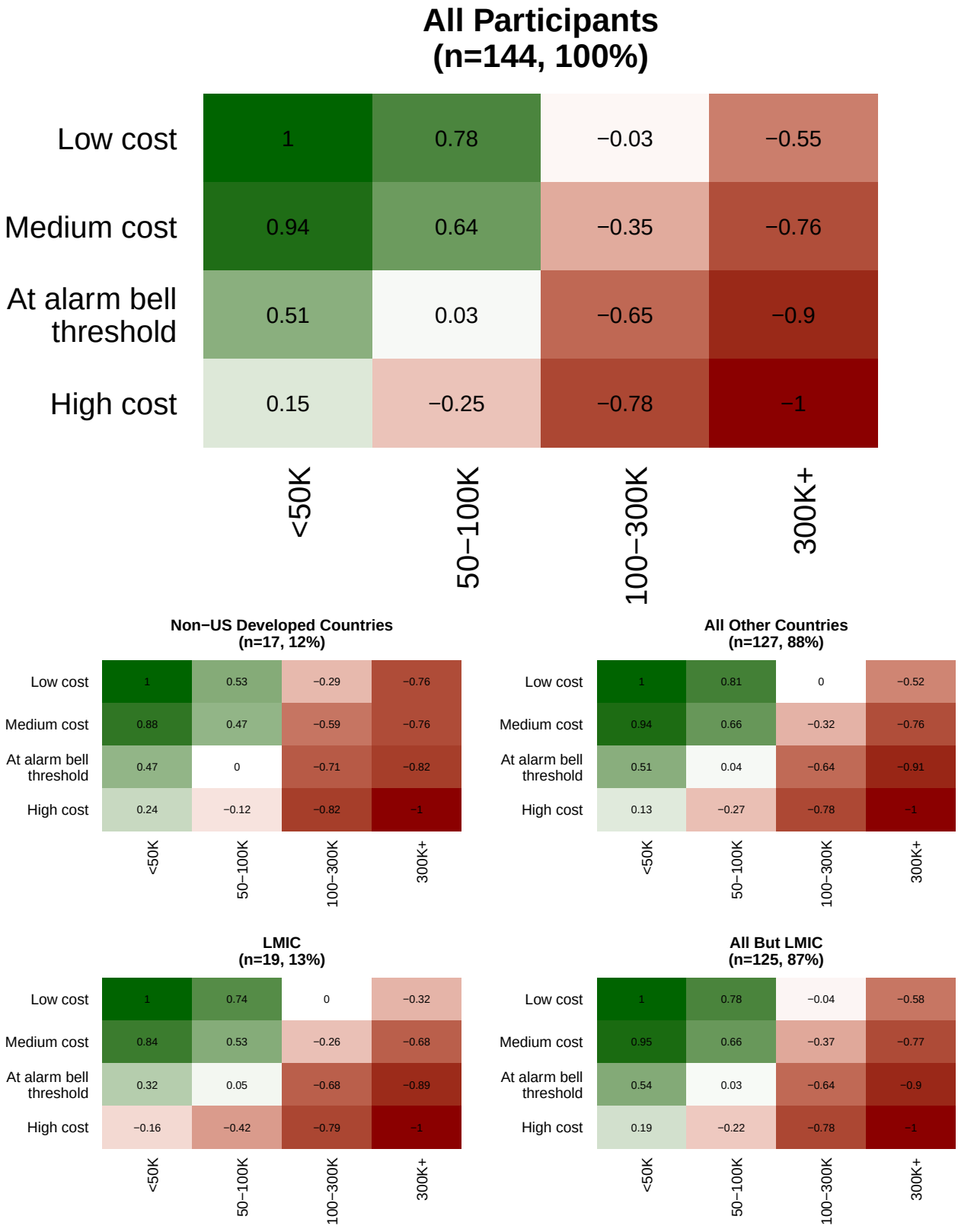
Subgroup heatmaps

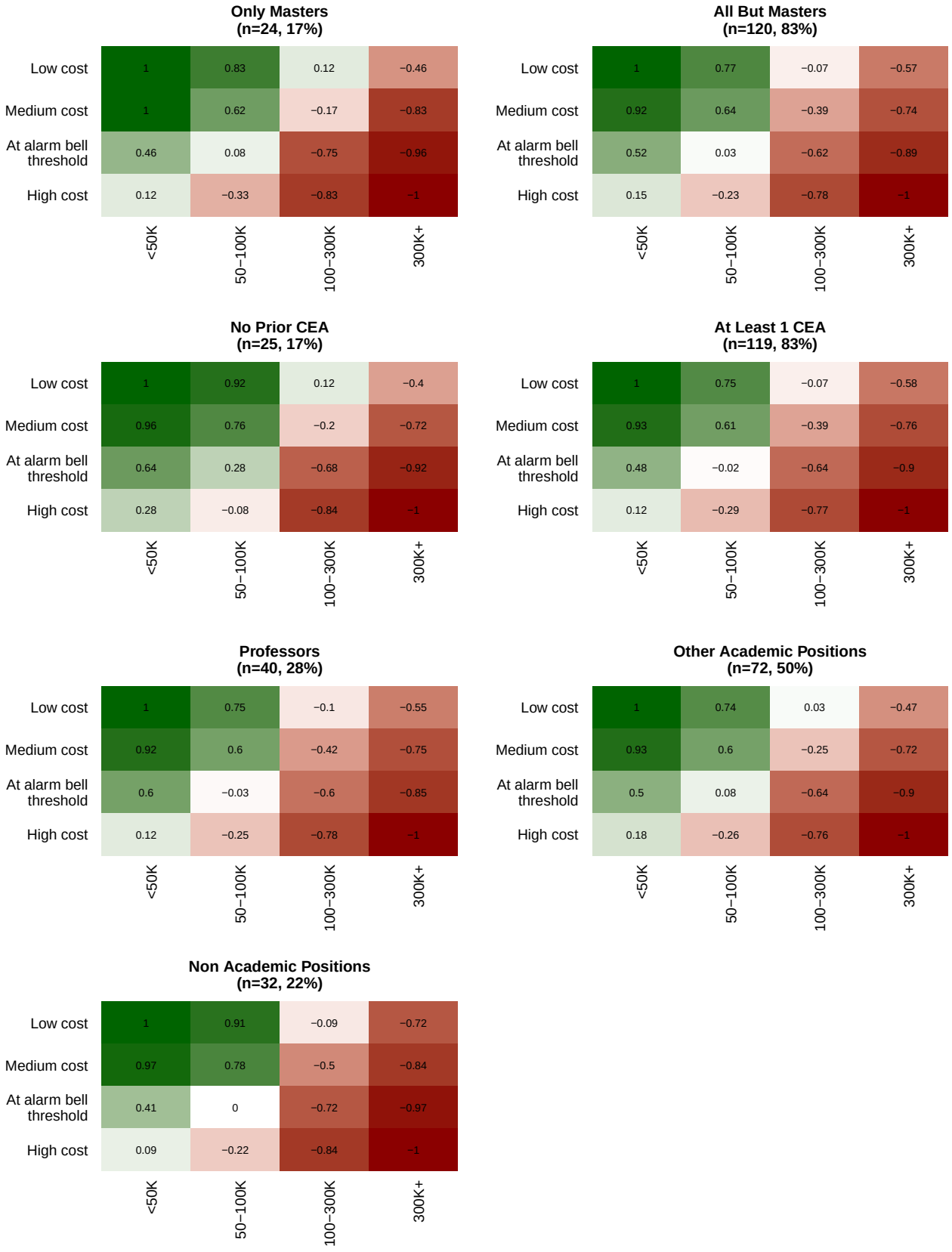
We show heatmaps (Figure 2) for different groups: all respondents as well as respondents 1) studying non-US developed countries, 2) studying low- and middle-income countries (LMICs), 3) excluding Master's students, and 4) who had conducted ≥ 1 cost-effectiveness analysis.

Respondents determined whether each square in the grid should be green (would recommend intervention), red (would not recommend intervention), or white (neutral) in the United States context. The x-axis includes cost-effectiveness ($/QALY), with larger values indicating less cost-effective services. The y-axis shows cost, representing total costs for the eligible patient population ("budget impact"). The alarm bell threshold is the "amount of net cost increase per individual new intervention that would contribute to growth in overall health care spending greater than the anticipated growth in national GDP + 1%."6 The color of the square is the average response over all participants with value responses to this question (n = 144, 85% of total). Non-US developed countries included respondents who noted being in such settings in the free response section, including the United Kingdom (n = 14) as well as Spain and Canada (n = 17), provided thresholds in pounds/Euros, or reported using the NICE threshold for cost-effectiveness. LMIC included respondents who reported low- and middle-income countries as their main focus in cost-effectiveness analysis (n = 23). All but Master's excludes Master's students, leaving n = 122. At least 1 CEA reference to people who self-reported having worked on more than 1 CEA or who had provided a threshold in their most recent CEA (n = 119).

Trends were similar across professors, other academic positions, and non-academic positions. Professors were slightly less likely than other academic respondents to recommend high-cost/high value interventions (lower left) or low-cost/low-value interventions (upper right). By contrast, they were more likely than non-academic respondents to recommend both high-cost/high value and low cost/low value interventions.

Figure S1. Tradeoffs between cost-effectiveness and affordability by subgroup.




Only Masters
(n=24, 17%)
Low cost 1 0.83 0.12 −0.46
Medium cost 1 0.62 −0.17 −0.83
At alarm bell threshold 0.46 0.08 −0.75 −0.96
High cost 0.12 −0.33 −0.83 −1
<50K 50−100K 100−300K 300K+
All But Masters
(n=120, 83%)
Low cost 1 0.77 −0.07 −0.57
Medium cost 0.92 0.64 −0.39 −0.74
At alarm bell threshold 0.52 0.03 −0.62 −0.89
High cost 0.15 −0.23 −0.78 −1
<50K 50−100K 100−300K 300K+
No Prior CEA
(n=25, 17%)
Low cost 1 0.92 0.12 −0.4
Medium cost 0.96 0.76 −0.2 −0.72
At alarm bell threshold 0.64 0.28 −0.68 −0.92
High cost 0.28 −0.08 −0.84 −1
<50K 50−100K 100−300K 300K+
At Least 1 CEA
(n=119, 83%)
Low cost 1 0.75 −0.07 −0.58
Medium cost 0.93 0.61 −0.39 −0.76
At alarm bell threshold 0.48 −0.02 −0.64 −0.9
High cost 0.12 −0.29 −0.77 −1
<50K 50−100K 100−300K 300K+
Professors
(n=40, 28%)
Low cost 1 0.75 −0.1 −0.55
Medium cost 0.92 0.6 −0.42 −0.75
At alarm bell threshold 0.6 −0.03 −0.6 −0.85
High cost 0.12 −0.25 −0.78 −1
<50K 50−100K 100−300K 300K+
Other Academic Positions
(n=72, 50%)
Low cost 1 0.74 0.03 −0.47
Medium cost 0.93 0.6 −0.25 −0.72
At alarm bell threshold 0.5 0.08 −0.64 −0.9
High cost 0.18 −0.26 −0.76 −1
<50K 50−100K 100−300K 300K+
Non Academic Positions
(n=32, 22%)
Low cost 1 0.91 −0.09 −0.72
Medium cost 0.97 0.78 −0.5 −0.84
At alarm bell threshold 0.41 0 −0.72 −0.97
High cost 0.09 −0.22 −0.84 −1
<50K 50−100K 100−300K 300K+

Enhanced heatmaps

These heatmaps show the breakdown of individuals that selected each option for the subgroups listed above.

Respondents determined whether each square in the grid should be green (would recommend intervention), red (would not recommend intervention), or white (neutral) in the United States context. The x-axis includes cost-effectiveness ($/QALY), with larger values indicating less cost-effective services. The y-axis shows cost, representing total costs for the eligible patient population ("budget impact"). The alarm bell threshold is the "amount of net cost increase per individual new intervention that would contribute to growth in overall health care spending greater than the anticipated growth in national GDP + 1%."6 The colors in each square represent the breakdown of participant responses for each square (n = 144, 85% of total). Non-US developed countries included respondents who noted being in such settings in the free response section, including the United Kingdom (n = 14) as well as Spain and Canada (n = 17), provided thresholds in pounds/Euros, or reported using the NICE threshold for cost-effectiveness. LMIC included respondents who reported low- and middle-income countries as their main focus in cost-effectiveness analysis (n = 23). All but Master's excludes Master's students, leaving n = 122. At least 1 CEA reference to people who self-reported having worked on more than 1 CEA or who had provided a threshold in their most recent CEA (n = 119).

Figure S2-A

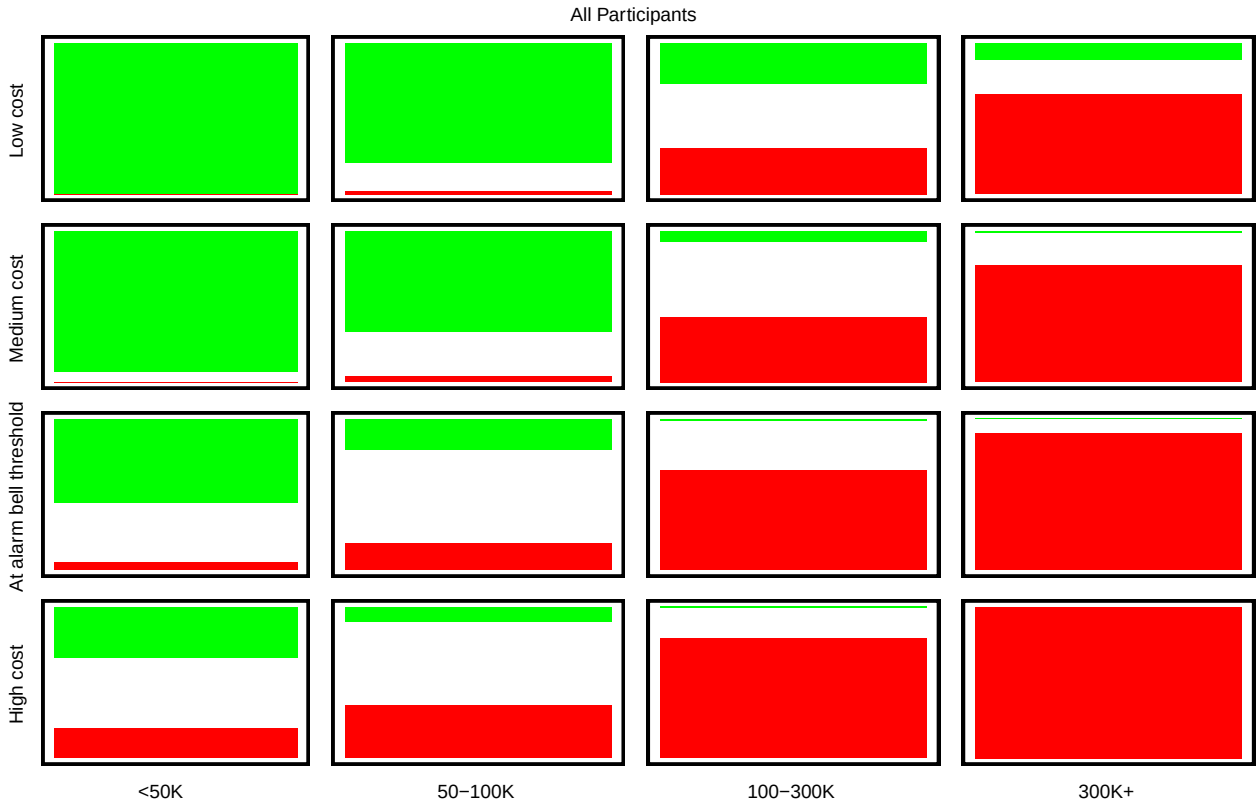


Figure S2-B

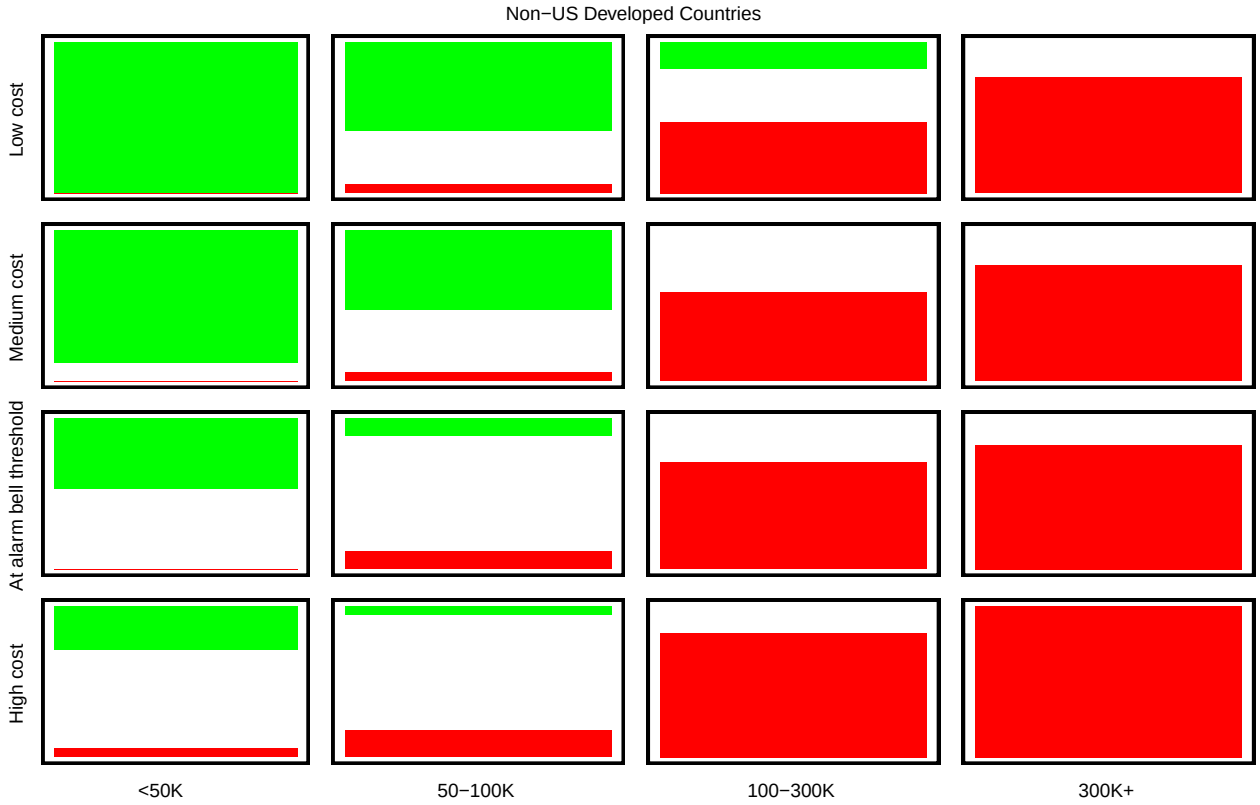

Non−US Developed Countries
Low cost
Medium cost
At alarm bell threshold
High cost
<50K
50−100K
100−300K
300K+

Figure S2-C

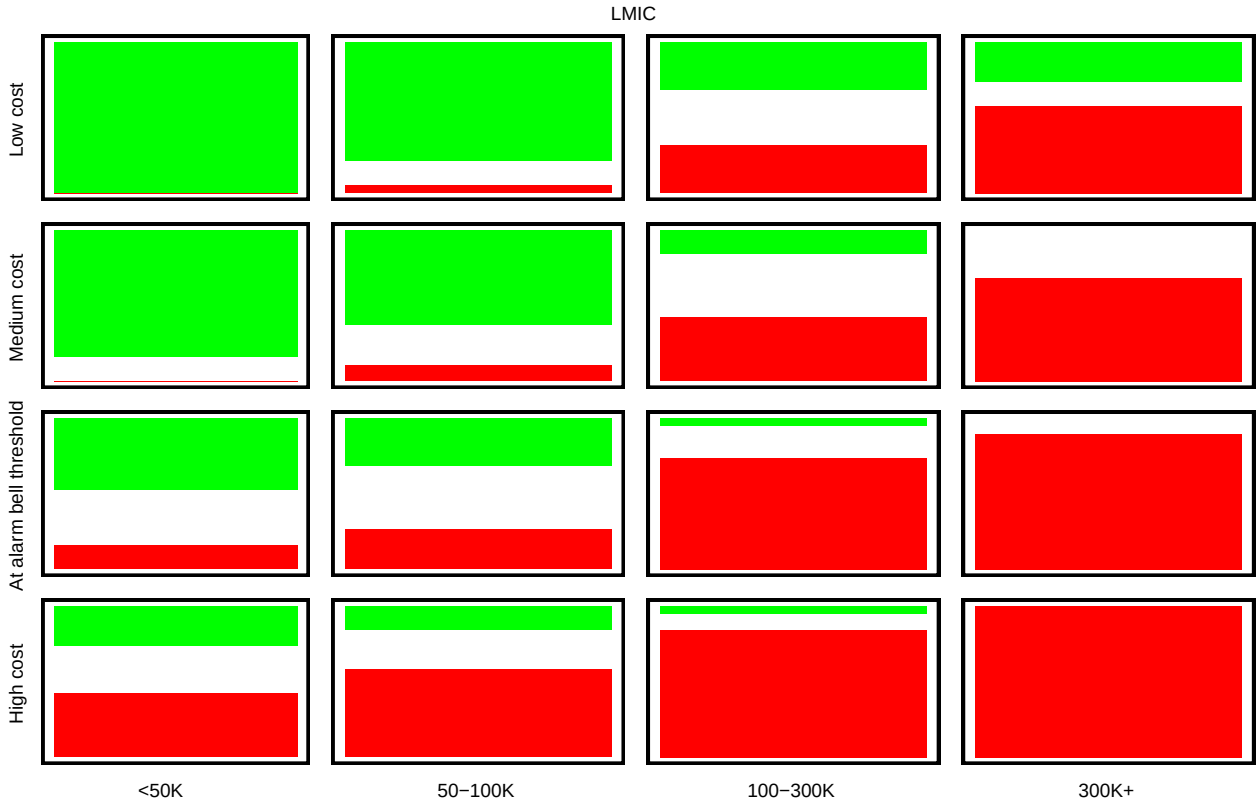

LMIC
Low cost
Medium cost
At alarm bell threshold
High cost
<50K
50−100K
100−300K
300K+

Figure S2-D

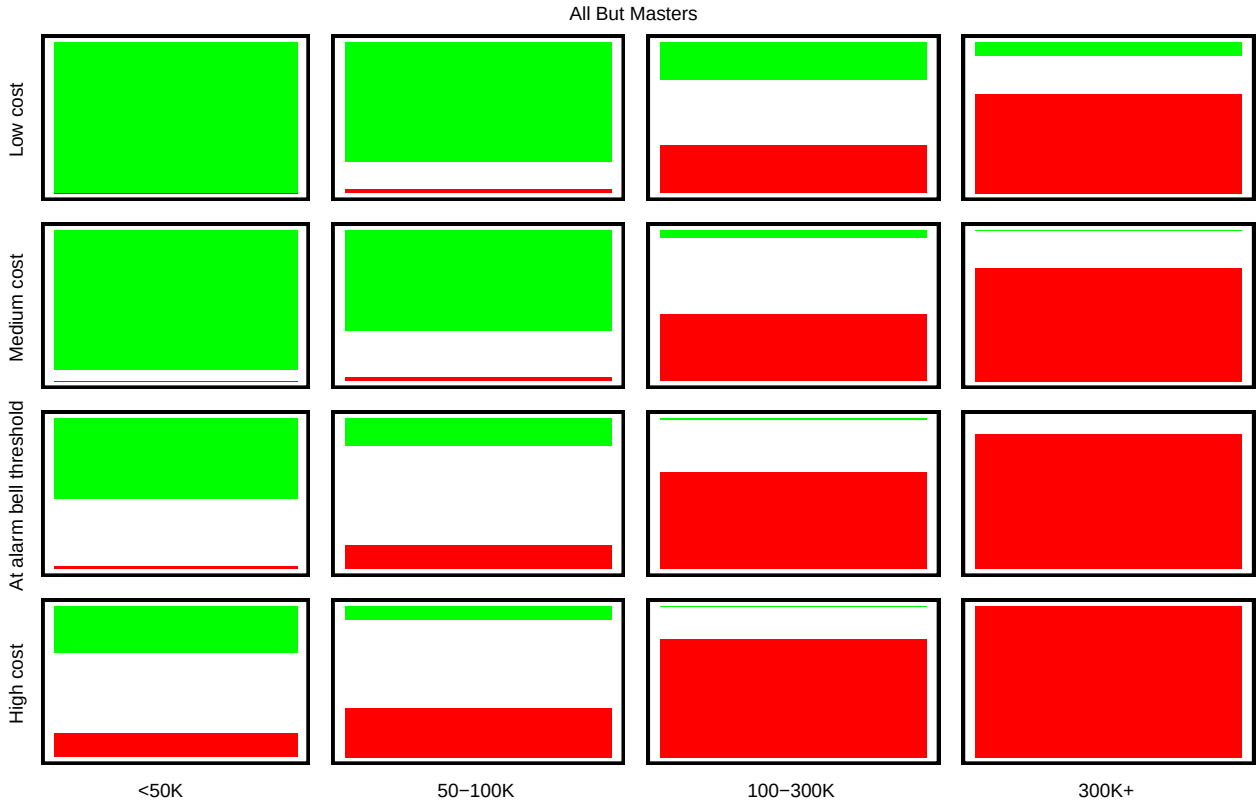
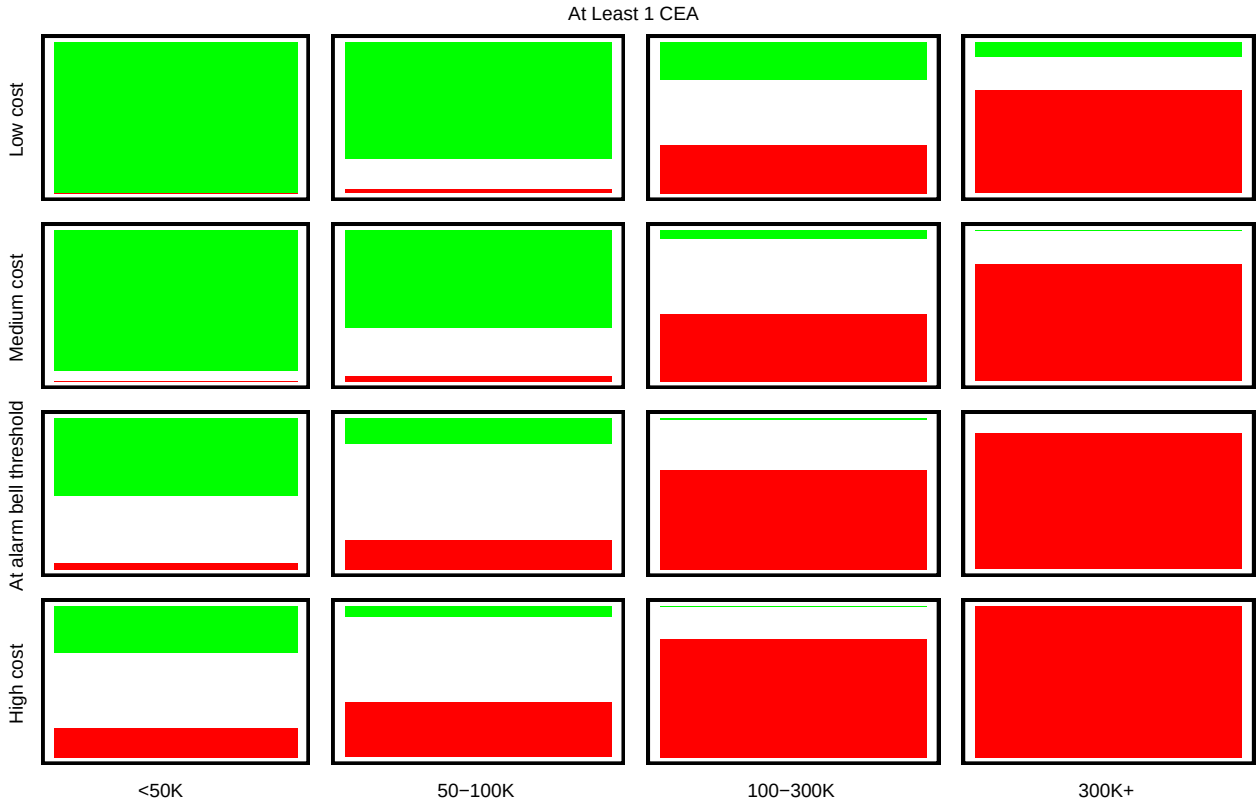

All But Masters
Low cost
Medium cost
At alarm bell threshold
High cost
<50K
50−100K
100−300K
300K+

Figure S2-E


At Least 1 CEA
Low cost
Medium cost
At alarm bell threshold
High cost
<50K
50−100K
100−300K
300K+

Summaries of Free Response Questions

Our example scenarios attempted to provide as options high-level recommendations commonly provided in applied papers. We allowed authors to select "Other" as a response to this question and fill in alternative recommendations. Below are summaries to the fill-in responses.

Question: Which of the following best explains your response in the previous question?
A) Drug X is cost-effective, but policymakers would have to to reallocate funding from existing programs to pay for the drug.
B) Drug X is cost-effective, but policymakers should wait until more competitors or generic options enter the market.
C) Other

Results for "Other" are summarized below.

Table 2:

Cost-effectiveness is incomplete information	4
Increase budget or reallocate (add the reallocation to main category)	1
Need special decision process given high budget impact	10
Negotiate prices or wait until generics (just add the waiting to the main categoriy)	1

Question: You are asked to advise the Massachusetts health commision on whether and how to adopt Drug X in its Medicaid budget. Which of the following best summarizes how you would advise them?
A) Fund Drug X for all eligible patients.
B) Refuse to fund Drug X at its current price. Wait for a lower price or competitors.
C) Only fund Drug X for half of the eligible population (chosen at random) to reduce budget impact concerns.
D) Other

Results for "Other" are summarized below.

Table 3:

Identify subpopulations that would benefit most	23
Adjust budget	2
Negotiate price/Novel payment mechanisms	6
Use shopping spree on Medicaid budget	7
Other	6

Survey Outcomes by Demographic Subgroups

In Figure 2 below, we present main survey outcomes by demographic subgroups. After adjusting the significance threshold (Bonferroni corrected threshold: 0.05/32=0.0016) for multiple testing, we did not identify significant differences by demographic characteristics. (The smallest p-values observed were across academic positions in terms of their Evaluation of Drug X ($p = 0.052$) and across years of experience in terms of whether the willingness-to-pay threshold should reflect budget or societal willingness-to-pay ($p = 0.03$), both of which may merit further exploration in a higher-powered sample.) For reference, the category label was significant in the evaluation of Drug X ($p < 0.00001$) and whether to Adopt Drug X in the Medicaid Budget ($p = 0.0008$).

Figure 3, Part 1

			Evaluation of Drug X % (N)			Adopt Drug X in Medicaid Budget			
		Total	Should fund	Should not fund	Unclear	Fund for all	Fund for some	Do not fund	Other
Overall			37% (63)	6% (10)	57% (97)	34% (58)	12% (21)	25% (43)	28% (48)
Category	Hard ICER Hawk	26% (38)	71% (27)	3% (1)	26% (10)	61% (23)	8% (3)	13% (5)	18% (7)
	Soft ICER Hawk	33% (47)	15% (7)	0% (0)	85% (40)	19% (9)	13% (6)	34% (16)	34% (16)
	Budget Hawk	23% (33)	18% (6)	6% (2)	76% (25)	15% (5)	15% (5)	27% (9)	42% (14)
	Moderate	18% (26)	38% (10)	4% (1)	58% (15)	35% (9)	8% (2)	23% (6)	35% (9)
Country Focus	LMIC	26% (23)	30% (7)	4% (1)	65% (15)	35% (8)	9% (2)	26% (6)	30% (7)
	A combination of both	48% (43)	44% (19)	9% (4)	47% (20)	35% (15)	12% (5)	28% (12)	26% (11)
	High-income countries	26% (23)	30% (7)	4% (1)	65% (15)	35% (8)	9% (2)	26% (6)	30% (7)
Position	Academic	80% (136)	38% (51)	6% (8)	57% (77)	35% (47)	14% (19)	25% (34)	26% (36)
	Government	8% (13)	46% (6)	8% (1)	46% (6)	31% (4)	8% (1)	23% (3)	38% (5)
	Industry	6% (10)	20% (2)	10% (1)	70% (7)	30% (3)	10% (1)	30% (3)	30% (3)
	Other	6% (11)	36% (4)	0% (0)	64% (7)	36% (4)	0% (0)	27% (3)	36% (4)
Within academia	Professors	32% (43)	37% (16)	0% (0)	63% (27)	33% (14)	2% (1)	23% (10)	42% (18)
	Masters students	29% (39)	54% (21)	13% (5)	33% (13)	46% (18)	28% (11)	23% (9)	3% (1)
	PhD Students	17% (23)	30% (7)	4% (1)	65% (15)	22% (5)	26% (6)	35% (8)	17% (4)
	Post-docs / Research scientists	23% (31)	23% (7)	6% (2)	71% (22)	32% (10)	3% (1)	23% (7)	42% (13)
Gender Identity	Female	42% (72)	40% (29)	8% (6)	51% (37)	38% (27)	15% (11)	24% (17)	24% (17)
	Male and all others	58% (98)	35% (34)	4% (4)	61% (60)	32% (31)	10% (10)	27% (26)	32% (31)
Years Experience	<1	27% (46)	50% (23)	11% (5)	39% (18)	41% (19)	28% (13)	28% (13)	2% (1)
	1-5	30% (51)	31% (16)	4% (2)	65% (33)	41% (21)	10% (5)	25% (13)	24% (12)
	6+	43% (73)	33% (24)	4% (3)	63% (46)	25% (18)	4% (3)	23% (17)	48% (35)
Age	<25	20% (34)	59% (20)	12% (4)	29% (10)	41% (14)	29% (10)	26% (9)	3% (1)
	25-40	56% (96)	29% (28)	5% (5)	66% (63)	31% (30)	10% (10)	27% (26)	31% (30)
	40-60	19% (32)	38% (12)	3% (1)	59% (19)	31% (10)	3% (1)	25% (8)	41% (13)
	60+	5% (8)	38% (3)	0% (0)	62% (5)	50% (4)	0% (0)	0% (0)	50% (4)
# of CEAs Completed	1+	78% (132)	34% (45)	4% (5)	62% (82)	32% (42)	7% (9)	27% (36)	34% (45)
	0	22% (38)	47% (18)	13% (5)	39% (15)	42% (16)	32% (12)	18% (7)	8% (3)

Figure 3, Part 2

			WTP threshold should reflect:			If Drug X is CE but not affordable, we should:		
		Total	Budget WTP	Societal WTP	Ambivalent	Increase budget	Decrease WTP	Felt Nearly Equal
Overall			42% (72)	41% (70)	16% (28)	38% (64)	37% (63)	25% (43)
Category	Hard ICER Hawk	26% (38)	26% (10)	55% (21)	18% (7)	32% (12)	39% (15)	29% (11)
	Soft ICER Hawk	33% (47)	40% (19)	36% (17)	23% (11)	32% (15)	38% (18)	30% (14)
	Budget Hawk	23% (33)	42% (14)	42% (14)	15% (5)	45% (15)	27% (9)	27% (9)
	Moderate	18% (26)	58% (15)	31% (8)	12% (3)	42% (11)	35% (9)	23% (6)
Country Focus	LMIC	26% (23)	35% (8)	39% (9)	26% (6)	43% (10)	35% (8)	22% (5)
	A combination of both	48% (43)	51% (22)	40% (17)	9% (4)	23% (10)	58% (25)	19% (8)
	High-income countries	26% (23)	35% (8)	39% (9)	26% (6)	43% (10)	35% (8)	22% (5)
Position	Academic	80% (136)	43% (59)	38% (52)	18% (25)	36% (49)	37% (50)	27% (37)
	Government	8% (13)	46% (6)	38% (5)	15% (2)	46% (6)	54% (7)	0% (0)
	Industry	6% (10)	30% (3)	60% (6)	10% (1)	40% (4)	30% (3)	30% (3)
	Other	6% (11)	36% (4)	64% (7)	0% (0)	45% (5)	27% (3)	27% (3)
Within academia	Professors	32% (43)	56% (24)	26% (11)	19% (8)	28% (12)	37% (16)	35% (15)
	Masters students	29% (39)	44% (17)	44% (17)	13% (5)	38% (15)	41% (16)	21% (8)
	PhD Students	17% (23)	39% (9)	43% (10)	17% (4)	35% (8)	35% (8)	30% (7)
	Post-docs / Research scientists	23% (31)	29% (9)	45% (14)	26% (8)	45% (14)	32% (10)	23% (7)
Gender Identity	Female	42% (72)	49% (35)	35% (25)	17% (12)	32% (23)	42% (30)	26% (19)
	Male and all others	58% (98)	38% (37)	46% (45)	16% (16)	42% (41)	34% (33)	24% (24)
Years Experience	<1	27% (46)	46% (21)	48% (22)	7% (3)	39% (18)	35% (16)	26% (12)
	1-5	30% (51)	31% (16)	39% (20)	29% (15)	45% (23)	27% (14)	27% (14)
	6+	43% (73)	48% (35)	38% (28)	14% (10)	32% (23)	45% (33)	23% (17)
Age	<25	20% (34)	50% (17)	44% (15)	6% (2)	38% (13)	44% (15)	18% (6)
	25-40	56% (96)	38% (36)	45% (43)	18% (17)	41% (39)	31% (30)	28% (27)
	40-60	19% (32)	53% (17)	25% (8)	22% (7)	28% (9)	47% (15)	25% (8)
	60+	5% (8)	25% (2)	50% (4)	25% (2)	38% (3)	38% (3)	25% (2)
# of CEAs Completed	1+	78% (132)	43% (57)	39% (51)	18% (24)	39% (51)	35% (46)	27% (35)
	0	22% (38)	39% (15)	50% (19)	11% (4)	34% (13)	45% (17)	21% (8)

Logistic Regression Analysis

We performed regression analysis on two questions about survey participants' recommendations. The first used an outcome variable of whether a researcher would recommend **in an academic paper** that decision-makers fund drug X at current prices, where drug X is a hypothetical cost-effective medication with an ICER of $40,000/QALY but would cost 20% of the Medicaid budget over the next 5 years. The second had outcome variable is whether a researcher would recommend **to a policymaker** to fund drug X at current prices, where drug X is a hypothetical cost-effective medication with an ICER of $40,000/QALY but would cost 20% of the Medicaid budget over the next 5 years. Both used demographic variables as covariates, including current position, whether the respondent was a Master's student, age, gender, years of CEA experience, regional focus, and number of CEAs performed. We found some evidence that Master's students were more likely to advise funding an expensive but cost-effective intervention in an academic paper ($p<0.05$, adjusted and unadjusted), but little variation in other variables. Master's students were not any more or less likely to advise funding an expensive but cost-effective intervention to a policymaker.

Table 4: Logistic regression of whether to recommend drug X in an academic paper vs demographic characteristics

		Unadjusted Coefficients (95% CI)	Adjusted Coefficients (95% CI)
Current position			
	Academia	1.00 (Ref)	1.00 (Ref)
	Government	0.4 (-0.8, 1.5)	0.8 (-0.4, 2.1)
	Industry	-0.9 (-2.5, 0.7)	-0.5 (-2.2, 1.1)
	Other	0 (-1.3, 1.2)	0.3 (-1.1, 1.6)
Master's			
	No	1.00 (Ref)	1.00 (Ref)
	Yes	0.9 (0.2, 1.6)*	1.1 (0, 2.1)*
Age (years)			
	<40	1.00 (Ref)	1.00 (Ref)
	40 +	0 (-0.7, 0.8)	0.5 (-0.5, 1.4)
Gender identity			
	Female	1.00 (Ref)	1.00 (Ref)
	Male or other	-0.2 (-0.9, 0.4)	-0.2 (-0.9, 0.5)
Years of CEA experience			
	<1	1.00 (Ref)	1.00 (Ref)
	1-5	-0.8 (-1.6, 0)	-0.2 (-1.3, 0.9)
	6 +	-0.7 (-1.5, 0)	-0.3 (-1.5, 1)
Number of CEAs (approx)			
	0	1.00 (Ref)	1.00 (Ref)
	1+	-0.6 (-1.3, 0.2)	0.1 (-0.9, 1.2)
Regional focus			
	Low- and middle-income countries	1.00 (Ref)	1.00 (Ref)
	High-income countries	0.6 (-0.5, 1.7)	0.4 (-0.7, 1.6)
	A combination of both	0.2 (-0.8, 1.2)	0.2 (-0.8, 1.2)

* $p < 0.05$, ** $p < 0.01$

Logistic regression (n = 170). The outcome variable is whether a researcher would recommend **in an academic paper** that decision-makers fund drug X at current prices, where drug X is a hypothetical cost-effective medication with an ICER of $40,000/QALY but would cost 20% of the Medicaid budget over the next 5 years. Higher coefficient estimates indicate more favorable options toward drug X.

Adjusted coefficients are adjusted for all other variables in the table.

Years of CEA experience refers to coursework, research, or teaching

Master's = 'Yes' indicates that the respondent reported currently being a Master's student (n = 39).

Gender identity 'Other' refers to participants who self reported 'Male' (n = 91), 'Non-binary' (n = 2), 'Prefer not to say' (n = 3), or 'Prefer to self describe' (n = 1).

Abbreviations: Cost-effectiveness analysis (CEA)

Table 5: Logistic regression of whether to recommend drug X to a policymaker vs demographic characteristics

		Unadjusted Coefficients (95% CI)	Adjusted Coefficients (95% CI)
Current position			
	Academia	1.00 (Ref)	1.00 (Ref)
	Government	-0.2 (-1.4, 1.1)	0.3 (-1.1, 1.6)
	Industry	-0.2 (-1.6, 1.2)	0 (-1.5, 1.5)
	Other	0.1 (-1.2, 1.4)	0.2 (-1.2, 1.5)
Master's			
	No	1.00 (Ref)	1.00 (Ref)
	Yes	0.7 (-0.1, 1.4)	0.9 (-0.1, 1.9)
Age (years)			
	<40	1.00 (Ref)	1.00 (Ref)
	40 +	0.1 (-0.7, 0.8)	0.9 (-0.1, 1.9)
Gender identity			
	Female	1.00 (Ref)	1.00 (Ref)
	Male or other	-0.3 (-0.9, 0.4)	-0.2 (-0.9, 0.5)
Years of CEA experience			
	<1	1.00 (Ref)	1.00 (Ref)
	1-5	0 (-0.8, 0.8)	0.5 (-0.6, 1.6)
	6 +	-0.8 (-1.6, 0)	-0.6 (-1.9, 0.7)
Number of CEAs (approx)			
	0	1.00 (Ref)	1.00 (Ref)
	1+	-0.4 (-1.2, 0.3)	0 (-1.1, 1.1)
Regional focus			
	Low- and middle-income countries	1.00 (Ref)	1.00 (Ref)
	High-income countries	0 (-1.1, 1.1)	-0.1 (-1.2, 1.1)
	A combination of both	-0.1 (-1, 0.9)	-0.1 (-1.1, 0.9)

* $p < 0.05$, ** $p < 0.01$

Logistic regression (n = 170). The outcome variable is whether a researcher would recommend **to a policymaker** that decision-makers fund drug X at current prices, where drug X is a hypothetical cost-effective medication with an ICER of $40,000/QALY but would cost 20% of the Medicaid budget over the next 5 years. Higher coefficient estimates indicate more favorable options toward drug X.

Adjusted coefficientss are adjusted for all other variables in the table.

Years of CEA experience refers to coursework, research, or teaching

Master's = 'Yes' indicates that the respondent reported currently being a Master's student (n = 39).

Gender identity 'Other' refers to participants who self reported 'Male' (n = 91), 'Non-binary' (n = 2), 'Prefer not to say' (n = 3), or 'Prefer to self describe' (n = 1).

Abbreviations: Cost-effectiveness analysis (CEA)

Linear Regression Analysis

We considered a linear probability model to assess sensitivity to functional form assumptions in logistic regression. Both regressions have similar results.

Table 6: Linear regression of whether to recommend drug X in an academic paper vs demographic characteristics

		Unadjusted Coefficients (95% CI)	Adjusted Coefficients (95% CI)
Current position			
	Academia	0.00 (Ref)	0.00 (Ref)
	Government	0.1 (-0.2, 0.4)	0.2 (-0.1, 0.5)
	Industry	-0.2 (-0.5, 0.1)	-0.1 (-0.4, 0.2)
	Other	0 (-0.3, 0.3)	0.1 (-0.2, 0.4)
Master's			
	No	0.00 (Ref)	0.00 (Ref)
	Yes	0.2 (0, 0.4)*	0.2 (0, 0.5)*
Age (years)			
	<40	0.00 (Ref)	0.00 (Ref)
	40 +	0 (-0.2, 0.2)	0.1 (-0.1, 0.3)
Gender identity			
	Female	0.00 (Ref)	0.00 (Ref)
	Male or other	-0.1 (-0.2, 0.1)	0 (-0.2, 0.1)
Years of CEA experience			
	<1	0.00 (Ref)	0.00 (Ref)
	1-5	-0.2 (-0.4, 0)	-0.1 (-0.3, 0.2)
	6 +	-0.2 (-0.3, 0)	-0.1 (-0.3, 0.2)
Number of CEAs (approx)			
	0	0.00 (Ref)	0.00 (Ref)
	1+	-0.1 (-0.3, 0)	0 (-0.2, 0.3)
Regional focus			
	Low- and middle-income countries	0.00 (Ref)	0.00 (Ref)
	High-income countries	0.1 (-0.1, 0.4)	0.1 (-0.2, 0.3)
	A combination of both	0 (-0.2, 0.3)	0 (-0.2, 0.3)

* $p < 0.05$, ** $p < 0.01$

Linear regression (n = 170). The outcome variable is whether a researcher would recommend **in an academic paper** that decision-makers fund drug X at current prices, where drug X is a hypothetical cost-effective medication with an ICER of $40,000/QALY but would cost 20% of the Medicaid budget over the next 5 years. Higher coefficient estimates indicate more favorable options toward drug X.

Adjusted coefficients are adjusted for all other variables in the table.

Years of CEA experience refers to coursework, research, or teaching

Master's = 'Yes' indicates that the respondent reported currently being a Master's student (n = 39).

Gender identity 'Other' refers to participants who self reported 'Male' (n = 91), 'Non-binary' (n = 2), 'Prefer not to say' (n = 3), or 'Prefer to self describe' (n = 1).

Abbreviations: Cost-effectiveness analysis (CEA)

Table 7: Linear regression of whether to recommend drug X to a policymaker vs demographic characteristics

		Unadjusted Coefficients (95% CI)	Adjusted Coefficients (95% CI)
Current position			
	Academia	0.00 (Ref)	0.00 (Ref)
	Government	0 (-0.3, 0.2)	0.1 (-0.2, 0.3)
	Industry	0 (-0.4, 0.3)	0 (-0.3, 0.3)
	Other	0 (-0.3, 0.3)	0 (-0.3, 0.3)
Master's			
	No	0.00 (Ref)	0.00 (Ref)
	Yes	0.2 (0, 0.3)	0.2 (0, 0.4)
Age (years)			
	<40	0.00 (Ref)	0.00 (Ref)
	40 +	0 (-0.2, 0.2)	0.2 (0, 0.4)
Gender identity			
	Female	0.00 (Ref)	0.00 (Ref)
	Male or other	-0.1 (-0.2, 0.1)	0 (-0.2, 0.1)
Years of CEA experience			
	<1	0.00 (Ref)	0.00 (Ref)
	1-5	0 (-0.2, 0.2)	0.1 (-0.1, 0.4)
	6 +	-0.2 (-0.3, 0)	-0.1 (-0.4, 0.2)
Number of CEAs (approx)			
	0	0.00 (Ref)	0.00 (Ref)
	1+	-0.1 (-0.3, 0.1)	0 (-0.2, 0.2)
Regional focus			
	Low- and middle-income countries	0.00 (Ref)	0.00 (Ref)
	High-income countries	0 (-0.2, 0.2)	0 (-0.3, 0.2)
	A combination of both	0 (-0.2, 0.2)	0 (-0.2, 0.2)

* $p < 0.05$, ** $p < 0.01$

Linear regression (n = 170). The outcome variable is whether a researcher would recommend **to a policymaker** that decision-makers fund drug X at current prices, where drug X is a hypothetical cost-effective medication with an ICER of $40,000/QALY but would cost 20% of the Medicaid budget over the next 5 years. Higher coefficient estimates indicate more favorable options toward drug X.

Adjusted coefficients are adjusted for all other variables in the table.

Years of CEA experience refers to coursework, research, or teaching

Master's = 'Yes' indicates that the respondent reported currently being a Master's student (n = 39).

Gender identity 'Other' refers to participants who self reported 'Male' (n = 91), 'Non-binary' (n = 2), 'Prefer not to say' (n = 3), or 'Prefer to self describe' (n = 1).

Abbreviations: Cost-effectiveness analysis (CEA)