Jeremy and I affirm.

Our Sole Contention is Affordability

Prescription drugs are the fastest growing category of medical costs. According to Jena '18 of the Hill, Americans pay two to six times more for prescription drugs than the rest of the world.

The Commonwealth Fund contextualizes, some drugs for conditions like multiple sclerosis, arthritis and cancer are priced in the $300,000 to $400,000 range for annual treatment.

Worse, Vizient '18 furthers that pharmaceutical prices will rise by at least 7% in the next year.

Fortunately, price controls would make drugs more affordable in two ways.

First, capping costs

Bernstein '16 of the New York Times explains that price controls increase affordability by establishing a basic limit on the price of drugs.

Nordrum '15 of IBTimes corroborates, in the 11 OECD countries employing price controls, aggregate prices for popular patented drugs are 18 to 67 percent lower in those nations than in the U.S.

Second, freeing the market

Big pharmaceutical companies spend exorbitant amounts of money on marketing to maintain drug patents and extend their monopolies, therefore preventing a shift to the generic market. Pharmaceutical monopolies prevent the production of generics in two ways:

First, pay-for delays.
According to Fox '17 of the Harvard Business Review, In "pay for delay" agreements, a brand drug company simply pays a generic company not to launch a version of a drug, after patents expire. The Federal Trade Commission estimates these pacts cost U.S. consumers and taxpayers $3.5 billion in higher drug costs each year.

Second, market distortion

Engelberg '15 of Health Affairs reports that to avoid price competition, the pharmaceutical industry spends tens of billions of dollars every year to convince doctors to prescribe high-priced brand-name drugs rather than generics, and billions more on direct-to-consumer advertising to create demand for such drugs.

As a result, Silverman '16 of StatNews writes that Americans spent an extra $73 billion between 2010 and 2012 on pricier brand-name drugs, because physicians failed to sufficiently recommend existing generic treatments.

Fortunately, affirming would undermine such marketing tactics, as Sood '08 of the US National Library of Medicine explains that price controls would cut long-term pharmaceutical revenues by 23.9%.

When there is less revenue to spend on pay-for-delays and bribes, companies lose their ability to maintain patent monopolies, sparking competition.

Indeed, Brekke '15 of the Norwegian School of Economics finds that price controls in Norway increased market competition, causing a 140% increase in the number of generics and a 38% decrease in brand-name market share.

More broadly, Acosta '13 of the Cochrane Library adds that reference price controls implemented in Europe increased the use of generics by 55%.

Ultimately, due to the presence of competition, generics manufacturers are incentivized to lower prices. As a result, the FDA '16 notes that generic drugs with multiple producers cost 85% less than brand-name drugs.

The impact of affordability is two-fold.

First, decreasing consumer rationing.

High drug costs can inspire fewer visits to the doctor and lead to consumers self-rationing their prescriptions. Szabo '17 of NPR finds, one-quarter of all cancer patients chose not to fill a prescription due to costs.

According to Golin '12 of the Annals of Internal Medicine, 20% to 30% of medication prescriptions are never filled and 50% of medications for chronic disease are not taken as prescribed. Ultimately, nonadherence to prescriptions has caused 125,000 deaths every year.

Second, decreasing insurance premiums.

Colarossi '16 of Market Watch writes**,** between 1999 and 2009, the average U.S. salary rose 38%, but health-care premiums jumped by an incredible 131%.

Altman '18 of Health Affairs furthers that average family premiums could rise to 100 percent of US median household income by 2033.

Baker 17 of the Drug Information Center finds that as the cost of drugs increases, insurance companies are forced to raise healthcare costs to make up for losses in profit.

Indeed, Heath '18 of Patient Engagement explains, runaway drug prices account for one-quarter of rising patient insurance costs.

High insurance premiums are the primary reason why many Americans remain uninsured. According to the National Bureau of Economic Research, a 34 percent rise in premiums during the 1990s increased the size of the uninsured population from 3 to 16 percent.

Making insurance more affordable would save lives, because according to Cecere '09 of Harvard, 45,000 people die every year due to a lack of medical coverage.

Thus, we are very proud to affirm.