Aff

We affirm

C1: Access

Atlas of CNN in 18 explains drug costs have been increasing by 10% annually, and are expected to continue. Even generic drug prices are increasing as **Kordonowy of Forbes in 17** writes 20% of generic drugs have experienced price increases up to 200% since 2010. **Pollack of the New York Times 15** corroborates these costs have little to do with development costs, and instead are based on maximizing the profit companies can extract from consumers.

Government policy allows them to do so monopolistically. **Belvidere of CNBC in 16** reports the current patent system gives exclusive rights to certain chemical entities, allowing many companies to price gouge by increasing prices substantially before the patent expires. **Johnson of the Washington Post in 17** continues that even if many generics initially enter the market, many devolve into a monopoly anyway, with 50% being supplied by only 1 or 2 manufacturers. Even worse, this problem does not expire with the patent, as **Collier of NCBI 15** continues companies make small changes to the form or dose of the drug* to continually renew their patent enabling them to continue to drive up prices.

Thankfully, **Herper of Forbes in 17** explains that allowing the government to set prices would end the ability of companies to price gouge. For example, the **OECD in 04** writes price controls led to 67% cheaper pharmaceutical drug prices in foreign countries.

There are two impacts

First is direct adherence
The high costs of medicine prevent people from taking critical drugs. Thankfully, **Levy of NCBI quantifies in 14** that every 20% decrease in prices is associated a 23% increase in patients that use the drug. This is crucial as **Former Surgeon General Regina Benjamin in 12** quantifies medical nonadherence causes 125,000 deaths per year and costs 300 billion dollars to the economy annually.

Second is insurance
Currently, the **Grow of AHIP 17** finds that pharmaceutical prices account for 22% of the insurance premium cost, making this the largest component of health care spending. This is only getting worse as **Fielding of UCLA 16** writes that as the cost of drugs increases, insurance *companies increase the portion of the drug cost that an individual is required to pay. The status quo is fucked as **Williams of the Motley Fool 18** reports premiums may increase up to 30% in 2019. Rising premiums prohibit care as **Cutler of the University of Michigan 05** quantifies for every 1% increase in premiums 164,000 Americans lose coverage. This devastates health as **Cholabi of The Guardian 17** concludes lacking insurance raises one's risk of death in any

given year by 40%. Additionally, **Wilper 09** concludes that a lack of health insurance causes 45,000 excess deaths annually. Thankfully, **Beaton 17** concludes lower prescription drug prices force decreases in premiums nationwide.

C2:Incentivizing better innovation

Most US innovation is not valuable. **Mazzucato of the Washington Post 18** reports 88% of pharmaceutical patents in the US are only slight modifications of drugs already on the market, providing little public benefit. She concludes even though prices have been increasing, their medicinal benefit have not increased proportionally. Instead, **Bernstein of the New York Times in 16** confirms companies price gouge clone drugs using patent protection, and thus avoid investment into true innovation. **Canoy of the Dutch Health Care Institute 17** continues that these high drug prices leads to the crowding out of valuable drug development, and underinvestment into socially valuable drugs.

Thankfully, affirming aligns private objectives with public benefit. Under price negotiations, **Jayadev of Health Affairs in 09** writes the government determines the price of drugs based on their social value to society, thus increasing the incentive for more fundamental innovations that can generate a company greater profits.

As a result, **Canoy** concludes that enforcing price controls would improve innovation, as future investments will be geared towards projects that are more desirable for society.

This is empirically true as **Light of Stanford 09** reports in Europe, buying groups who evaluate the value of a drug are able to create an incentive to innovate new life saving medication. As a result, he concludes that European researchers have been more innovative than those in the US.

The impact is lives.
Lichtenberg in 05 analyzes that for each new chemical entity created, 11,200 life years are saved per year. **Yamada of University of New Jersey 10** finds the production of new chemical entities saves 108,000 lives annually.

Thus we affirm.