

We affirm.

Our sole contention is curtailing monopolies.

[Lupkin '16](#) explains that the U.S. patent system allows drug manufacturers to remain the sole producers of drugs that they've patented for 20 years. However, he furthers that drug companies deploy questionable strategies to maintain patent monopolies even longer, such as slightly tweaking the nontherapeutic parts of drugs, such as pill coatings, to extend the patent.

Unfortunately, [Baker '16](#) writes that when a drug company has a monopoly, it can charge whatever it can force an individual or insurer to pay. For example, [Donlan '17](#) finds that in 2015, the U.S. price of [Daraprim, one of the only drugs used for treating illnesses associated with AIDS], was jacked up from [\$14] to \$750 per pill, practically overnight.

Furthermore, monopolies prevent generic drugs from entering the market and reducing costs via generic competition. For example, [Epstein '18](#) finds that “there are no generic versions of insulin” due to “drug makers tweaking various versions of the drug and patenting them along the way.” He concludes that “without competition among generics, prices have skyrocketed.”

Indeed, [Sable-Smith '18](#) finds that “the price of insulin has doubled [in the last six years],” and [Lardieri '18](#) furthers that almost half of diabetics skip treatment due to the high cost.

These factors have led to drug prices skyrocketing. [Drash '18](#) finds that “the prices of the 20 most commonly prescribed brand-name drugs” are rising at “nearly 10 times more than the annual rate of inflation.” [Sanders '15](#) furthers that drug costs will continue to rise by nearly 10 percent every year for the next 10 years.

Only a price control could solve this problem, as [Baker](#) continues that every other wealthy country has a system of price controls to limit the extent to which drug companies can exploit their monopoly, resulting in the U.S. paying twice as much for drugs as the average for these other wealthy nations.

[Lo '18](#) corroborates, finding that price controls have historically had “an immediate effect on medicine prices, with a 22% reduction on the cost of prescription medicines in the first year after their introduction.”

There are three impacts.

First, increasing accessibility.

[Brenza '17](#) finds that “1 in 7 people don't fill their prescriptions because they cost too much.” [Prescription Justice '17](#) corroborates, writing that “45 million Americans forego medications due to costs.” Problematically, [Brody '17](#) reports that “This lack of adherence is estimated to cause approximately 125,000 deaths [annually].”

Additionally, those who can afford drugs are paying an arm and a leg, as [Mangan '13](#) finds that the leading cause of bankruptcy in the U.S. is medical bills. Problematically, [Ramsey '16](#) states that “patients who file for bankruptcy are 80 percent more likely to die than those that don't.”

Fortunately, price controls have empirically increased patient access, as [Levy '14](#) writes that a 20% decrease in the price of a drug leads to a 23% increase in patient access.

Second, decreasing healthcare costs.

[Gruber '18](#) puts it simply, “higher drug prices translate to higher health insurance costs for all of us.” This is because the [AHIP '18](#) finds that 23% of the cost of healthcare premiums can be attributed to rising drug costs.

Making healthcare affordable is essential, as [Berchick '16](#) finds that currently, 27.3 million Americans lack health insurance coverage. Unfortunately, [Chalabi '17](#) writes that “Americans without health insurance are 40% more likely to die than those with it,” and as a result, “45,000 Americans die each year as a direct result of being uninsured.”

Third, saving rural America.

[Pollack '16](#) finds that “hospitals bear a heavy financial burden when the cost of drugs increases,” because they are the ones who buy prescription medications in bulk. This implicates the entire hospital, as [Dennis '16](#) finds that “hospitals run on razor-thin margins, and any shift in the system throws everything off.”

As a result, [Lupkin](#) finds that “hospital closures seem to be more common than ever before,” and rising drug prices are a huge contributor to this trend. This has especially affected rural areas. The [NRHA](#) reports that “as of October 2018, 89 rural hospitals have closed since 2015 and 673 facilities are vulnerable to closure, or one-third of rural hospitals in the U.S.”

These hospitals are vital for rural citizens, as [Morgan '17](#) writes that “rural hospitals provide essential, life-saving access to health care for close to 62 million Americans.”

Thus, we affirm.

Low Prices in the Squo

- 1. Drug prices are going down**
 - a. Drash, April 2018: popular drug prices rising at 10x rate of inflation
 - b. Yale '17: 25% of Americans have difficulty affording, 13% of Americans skip completely. That's tens of millions of people.
 - i. Commonwealth Fund '14: 35 million people skipped.
- 2. 90% of drugs are generics, so drugs are already cheap**
 - a. 10% of the population affected by brand-name drugs is a lot of people
 - b. Harvard Medical: 400 generic drugs are rising at a rate of 1000% in price
- 3. Pharma stocks aren't doing well, so not overcharging**
 - a. Bloomberg '16: Even after discounts, US pays more for drugs than any country in the world
 - b. Fielding '16: Epipen costs \$60 to make, two-pack sells for \$60

PCs Don't Lower Prices

- 1. Medicare can negotiate drug prices and bring them down**
 - a. Card: Medicare can't negotiate drug prices
 - b. Drash: popular drugs are rising at a rate 10x of inflation, and these are under Medicare
- 2. PC's don't increase accessibility overall because there are fewer generics**
 - a. There aren't fewer generics because they don't access innovation. EXTEND THARV RESPONSES.
- 3. The patent monopoly causes high prices. Only reducing FDA restrictions will create a truly free market and reduce prices.**
 - a. The monopoly companies are the companies with lobbying power, and they're not incentivized to destroy their own monopolies and create a "truly free market." The only way you weaken the monopolies is by affirming and cutting their revenue.
- 4. Price controls delay drug access because of long negotiations.**
 - a. Longer negotiations are good because they increase safety and quality of drug, saving lives. **Vox** finds that companies like to push relatively unsafe drugs to increase the amount of time the drug is on the market and to decrease manufacturing costs.
- 5. Current pharma system has decreased hospital costs, and PC risks regressing due to less R&D**

- a. How do drugs decrease hospital costs? No correlation, and even if there was, there's no causation.

Drug Shortages

1. Supply will stay the same but demand will go up

- c. FDA & AMA are currently reforming shortage policies because shortages are happening in the status quo
 - i. International drugs
 - ii. Expedite approval procedures

1. Cross-App: innovation

- d. Extend Atharva's responses
- e. SUBSIDIES, MARKET SIZE INCREASE