

# AFF

Abby and I affirm Resolved: The United States federal government should impose price controls on the pharmaceutical industry.

## Our Sole Contention is Increasing Accessibility

Currently, companies are able to charge as much as they would like for drugs, especially in situations where one company has a monopoly. For example, **Bernstein** 16 at the New York Times writes that upon acquiring the rights to a critical drug for patients with life-threatening infections, Turing Pharmaceuticals raised its price by 5500 percent—from \$13.50 to \$750 per tablet.

This is not an isolated incident. **Tirrell** 17 at CNBC reports that many other pharma companies have exploited the opaque, multi-layered and dysfunctional value chain around pharmaceutical pricing to their advantage, leveraging the FDA's suboptimal regulatory approach to generics to create artificial, unwarranted and inappropriate monopolies.

Thus, **Augustine** 18 at the National Academies of Sciences, Engineering, and Medicine writes that major price increases for generic drugs have become increasingly common as more than half of existing generics are now produced by a single supplier.

**Alkire** 16 at Health Affairs writes that prices for the top 20 generic drugs increased on average by 413 percent over the three-year period 2013 through 2015, with some price spikes into the thousands of percent.

This is really bad, as **Augustine** writes that generics are 89 percent of all prescriptions written.

Generics are supposed to be cheap alternatives to brand name drugs. But at the point where all drugs, including generics, are increasing in price a ton, **Emanuel** 16 at CNBC concludes that the only way to stop drug companies from jacking up the costs of these life-saving treatments is through price controls.

There are two impacts. First, non-adherence.

**Kesselheim** 16 at the American Medical Association explains that increasing drug costs have important clinical implications. Increases reduce the affordability of prescribed regimens and thus patient adherence, leading to negative health outcomes.

**Augustine** 15 writes that about 20 percent of Americans did not fill at least one prescription due to affordability considerations.

Reducing drug costs is imperative, as **Brody** 17 at the New York Times explains that this lack of adherence is estimated to cause approximately 125,000 deaths annually and at least 10 percent of hospitalizations, and to cost the American health care system between \$100 billion and \$289 billion a year.

The second is Hepatitis C in prisoners.

According to the **Centers for Disease Control and Prevention** in 2018, Hepatitis C is a liver infection caused by the blood-borne Hepatitis C virus. Today, most people become infected with the Hepatitis C virus by sharing needles or other equipment to inject drugs. For 70%–85% of people who become infected with Hepatitis C, it becomes a long-term, chronic infection. Chronic Hepatitis C is a serious disease than can result in long-term health problems, even death. Nearly [750,000](#) American prisoners have Hepatitis C.

Once a death sentence, the disease has recently become treatable. **Alcorn** 18 at the New York Times writes that in 2014, drugmakers began to introduce new medicines that cure nearly all patients, revolutionizing treatment. But these drugs were introduced at a cost of \$84,000 per course of therapy. Even four years later, cheaper generics have emerged—at a cost of \$26,400 per course of treatment. This has yielded drugs that prisons can't possibly afford to pay for patients. In 2015, state corrections departments were treating less than 1 percent of inmates known to be infected.

**If price controls were enacted and the price for the cure for Hepatitis C was reduced, the lives of nearly 750,000 people could be saved.**

**Thus, we proudly affirm.**