

Case: 790

Martand and I affirm the resolution.

Our First Contention Is The Black Market

Tozzi of Bloomberg₁₈ confirms high drug prices in the US have driven many people to the black market to gain access to necessary pharmaceuticals. This is harmful to consumers as **Foden of the OPB**₁₈ confirms the black market houses counterfeit drugs causing overdoses or death. Problematically, this shift to the black market is most commonly attributed to overpriced medication, as **Jensen of PSU**₁₈ explains we are paying 6 times more than the rest of the world for the same exact drug. This trend is sure to continue, as **Atlas of CNN** notes last month drug costs will continue to rise by an average of 10 percent per year for the next 10 years.

Fortunately, affirming halts this trend, shifting away from the black market and creating affordable medication.

Belvidere of CNBC₁₆ warrants the shift, as the current patent system allows many companies to price gouge certain drugs by increasing prices substantially before the patent expires. This trend goes far beyond prescriptions, as **Johnson of The WP**₁₇ continues when generics enter the market, they price gouge, as well. However, price controls would stop this as **Science Daily**₁₈ confirms regulations would minimize companies' ability to increase prices substantially, leading **Jena of Harvard**₁₈ to conclude prices will drop by 6 times.

The impact is critical for Blackstone of the NCBI₁₄ quantifies 36 million Americans have already turned to the black market, reducing incentives to innovate and costing companies 18 billion dollars and 100,000 deaths annually.

Our Second Contention Is Shifting The Industry

American pharmaceutical companies no longer rely on the creation of life-saving drugs for profit. Rather, **Bernstein of The New York Times**₁₆ concludes the current incentive structure of the pharmaceutical industry encourages private companies to exclusively be profit-driven, shifting away from life-saving drugs due to nothing other than corporate greed.

Due to this situation, **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. To make these profitable, pharma companies falsely market them as the latest breakthrough. This is why **Bernstein**₁₆ continues the industry currently encourages the prioritization of the clever marketing of clones over the developing of truly innovative drugs.

Fortunately, affirming solves through a value-based pricing system.

Currently the United States federal government is testing and planning to implement a value-based pricing process: a process that would reward the drugs that are needed most by consumers. **Stiglitz of Health Affairs**₀₉ explains the process, as because the government would determine the value of drugs based on their benefit to the public, price controls would increase the incentive for more fundamental innovations. Furthermore, support for the system is justified, as **Sasser of Harvard**₁₄ furthers a 5% increase in customer retention increases profits by an upwards of 95%.

Consequently, a value-based price system will likely result in a win-win situation, in which drug prices are on net lower, yet drug companies still garner enough profits to further innovation.

The first impact is efficient spending.

Lichtenberg of Forbes₁₁ quantifies every dollar in spending on new pharmaceuticals saves 6 dollars in other healthcare costs. By saving money in the industry, **Leonard of US News**₁₅ concludes states will be able to move freely in the sectors of education, social spending, taxes, or infrastructure.

The second impact is lives.

Lichtenberg of Forbes₀₅ 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.

Our Third Contention Is Pulling The Plug

Jensen₁₈ continues, drug costs are outpacing inflation by 1000%. As a result, healthcare costs are exploding, as **The DCF**₁₈ finds the high cost of prescription drugs increases the cost of premiums by 14% per year, leading **Rubleski of GVSU**₁₇ to conclude they are the single biggest driver in costs. This plunges the number of insured Americans nationwide, as **Cutler of the NCBI**₀₅ concludes that a 1% increase in health premiums causes 300,000 people to drop their coverage nationwide.

Fortunately, because **Jena**₁₈ concludes prescription drug costs would likely drop by six times, the number of insured Americans rises.

The Impact is preventing death inequality.

Woolhandler of the **NCBI 17** concludes economic inequality in the US is causing widening health disparities, with premiums exacerbating the situation. This disproportionately hurts minorities, as the **U.S. Census Bureau** furthers the uninsured rates of blacks and Latinos are 253% higher than that of Caucasians. This is problematic, as it creates death gaps, leading **Wilper of Harvard**₁₇ to conclude those without health insurance are 40% more likely to die than those with it.

For these reasons we affirm.

Preventing death inequality is the biggest impact in this round for two reasons.

First because it's cyclical. Memmi of the University of Paris 2000 writes that the rejection of racism precludes any other policy decision, since a society cannot be indulgent towards racism. **Leighton 99** furthers that the failure to recognize racism as an issue in discourse allows these marginalized groups to be underrepresented and completely avoided, leading to a perpetual cycle of policy failure to help the people who need it the most

Second, it's a prerequisite to open discourse. Wise 08 finds that open discourse regardless of race can never happen unless we let the voices of the oppressed be heard and remedied.

At that point, we garner pre-fiat offense in this round off equality.