### T-Reduce

#### 1] Interpretation – Reduce means to cancel.

Black’s Law 90 Black’s Law Dictionary 2ND ED. “Reduce” <https://dictionary.thelaw.com/reduce/> //Elmer

In Scotch law. **To rescind or annul**.

#### That means the Aff has to annul IP protections in their entirety, they can’t just modify it.

#### 2] Violation – They “delay enforcement” which is a modification, not a complete annulment

#### 3] Standards –

#### a] Neg Ground – Core Neg Generics like Innovation and Biotech Heg are predicated on scope of effect – minor modifications in how long a patent lasts for or what it effects allows the 1AR to minimize our links to zero which destroys being Neg on a Topic w/ very little Generic Ground.

#### b] Limits – Allowing Affs to make patent modifications explodes Aff ground by three-fold because for all four intellectual property protections for every medicine MULTIPLIED by different time modifications, different scope modifications which makes predictable preparation and in-depth clash impossible.

#### 4] TVA – eliminate the enforcement of all cannabis patents – solves their offense.

#### 5] Paradigm Issues –

#### a] Topicality is Drop the Debater – it’s a fundamental baseline for debate-ability.

#### b] Use Competing Interps – 1] Topicality is a yes/no question, you can’t be reasonably topical and 2] Reasonability invites arbitrary judge intervention and a race to the bottom of questionable argumentation.

#### c] No RVI’s - 1] Forces the 1NC to go all-in on Theory which kills substance education, 2] Encourages Baiting since the 1AC will purposely be abusive, and 3] Illogical – you shouldn’t win for not being abusive.

1nc theory o/w’s 1ar theory

Reject 1ar theory 7-6 inf abuse blow up shells

### T-Medicine

#### Interpretation – Marijuana isn’t a Medicine

Mosley 20, Mark. "Medical Marijuana Is a Dangerous Lie." Emergency Medicine News 42.8 (2020): 2-3. (Dr. Mark Mosley is an emergency medicine physician in Wichita, Kansas and is affiliated with Wesley Healthcare Center. He received his medical degree from University of Oklahoma College of Medicine and has been in practice for more than 20 years.)//Elmer

**Marijuana is not a medical drug.** It is a **slang term for** a **plant of the Cannabis family that contains more than 60 different cannabinoid substances and more than 80 biologically active compounds**. Using the term marijuana in place of THC would be like using willow tree in place of acetylsalicylic acid, the active ingredient in aspirin.

#### FDA and CDC definitions prove.

CDC ’18 (CDC; Centers for Disease Control and Prevention; 3-7-2018; “**Is marijuana medicine**?”; CDC; <https://www.cdc.gov/marijuana/faqs/is-marijuana-medicine.html>; Accessed: 9-4-2021; AU)

The marijuana plant has chemicals that may help symptoms for some health problems. More and more states are making it legal to use the plant as medicine for certain conditions. But there isn’t **enough research** to show that the whole plant works to treat or cure these conditions. Also, the U.S. Food and Drug Administration (FDA) **has not recognized** or **approved** the marijuana plant **as medicine**. Because marijuana is often smoked, it can damage your lungs and cardiovascular system (e.g., heart and blood vessels). These and other damaging effects on the brain and body could make marijuana more harmful than helpful as a medicine. Another problem with marijuana as a medicine is that the ingredients aren’t exactly the same from plant to plant. There’s no way to know what kind and how much of a chemical you’re getting.

#### **Violation – the resolution calls for reductions on IP protections for medicines, but the aff prevents future patents for cannabis-derived products.**

#### Vote neg for limits and ground. Expanding the definition of “medicine” to anything that could be used in a medical setting floods the neg with cases to prep for – everything from new methods of chemo to upgrading stethoscopes becomes topical.

#### At best – they’re extra-T since Cannabis isn’t intrinsically medicinal, it just has medicinal uses so they would reduce Recreational Marijuana patents too which isn’t topical and explodes limits.

Johnson 20 Ian Johnson 1-20-2020 "Cannabis Patents 2000 – 2019: Trends Following Legalization" <https://plantlaw.com/2020/01/20/cannabis-trends-medical-recreational/> (Registered Patent Agent, Plant & Planet Law Firm)//Elmer

These findings correspond to the overall increase in **cannabis-related patents** and demonstrate that the recreational patent sector is growing at an even greater rate than cannabis patents generally. This supports the theory that recreational markets and expansion of legal personal use of cannabis have resulted in an increase in patent activity in the industry. Again, publication totals are not necessarily the most accurate reflection of patent behavior by cannabis businesses. Therefore, it is useful to examine filing and provisional trends for recreational patents. These results are subject to the same 18-month delay problems noted above, and therefore actual and projected values are provided. Using actual filing data for 2017, there has been a 181% increase in filing activity since 2012. Using projected filing data for 2019, there has been a 257% increase in recreational filing activity since 2012. Using actual priority claims for 2017, there has been a 196% increase in provisional filing activity since 2012. Using projected priority claims for 2019, there has been a 289% increase in recreational provisional filing activity since 2012. The following charts demonstrate recreational filing trends from 2012 to 2019. Patents **that could be classified as recreational** **made up approximately 53% of all filings** between 2000 and 2011. However, **following legalization** the percent of patents and applications considered recreational has **increased to** approximately **77% of filings in 2018**. The chart below demonstrates the growth of the recreational sector’s share of cannabis patent activity.

#### C/A Paradigm Issues

### T-Vagueness

#### “Delay” is Vague – that’s a voting issue for Aff shiftiness since they can infinitely delay patent enforcement which wrecks Neg Ground

WEC No Date We Agree Contracting “(l) Certain **vague terms**: without undue **delay**” <https://weagree.com/drafting-principles/6-typical-drafting-habits-and-legalese/6-2-dos-and-donts/l-certain-vague-terms-without-undue-delay/> //Elmer

Many **contract provisions remain silent on the precise period of time** within which something has to happen. The alternative for immediate or prompt action, acting upon the occurrence of a fact or acting within 30 days after a notice was received, is to allow that an action must be undertaken without undue delay. There may be many reasons for this: the fact or event triggering an obligation (or a right) to act is itself vague; it is not foreseeable how much time is needed in order to take the required (or allowed) action effectively and efficiently, whereas an adequate preparation is anyhow desirable; when a triggering event occurs, there is probably no urgency to act immediately, in which case thoughtless action, merely to prevent that contractual rights lapse, should be discouraged (but also the opposite may be true); **not providing for any limitation in time creates too much uncertainty.**

#### Independently vote Negative on Presumption since the Aff gets struck down for being void-for-vagueness

Singer 10 Bill Singer 9-13-2010 “Yo, Congress, Keep On Truckin' -- Can You Dig It?” <http://www.brokeandbroker.com/index.php?a=blog&id=554> (Bill Singer is a lawyer who represents securities-industry firms, individual registered persons, Wall Street whistleblowers, and defrauded public investors. For over three decades, Singer has represented clients before the American Stock Exchange, the New York Stock Exchange, the Financial Industry Regulatory Authority (formerly the NASD), the United States Securities and Exchange Commission, and in criminal investigations brought by various federal, state, and local prosecutors. Before entering the private practice of law, Singer was employed in the Legal Department of Smith Barney, Harris Upham & Co.; as a regulatory attorney with both the American Stock Exchange and the NASD (now FINRA); and as a Legal Counsel to Integrated Resources Asset Management. Singer was formerly Chief Counsel to the Financial Industry Association; General Counsel to the NASD Dissidents' Grassroots Movement; and General Counsel to the Independent Broker-Dealer Association. He was registered for a number of years as a Series 7 and Series 63 stockbroker.)//Elmer

All of which makes **it critical that** the **laws**, rules, and regulations of Wall Street be promulgated in an intelligible manner that **clearly sets forth** **what is allowed and what is prohibited**. What a provision was meant to say should be what it says -- there shouldn't be any guessing or uncertainty. Unfortunately, so much of what has been proposed as financial regulatory reform, and so much of what will likely emanate from the various agencies and commissions that will soon embark upon rulemaking, is vague. **If there is one thing** that **courts will not tolerate** **it is vagueness**. The **law books** are **filled with** agreements, contracts, rules, regulations, and **laws** **that have been struck down as void for vagueness**. I fear that much of FINREG may be headed for the same garbage can.

### Innovation DA

#### Innovation is doing great now – answers all your warrants.

Lisa Jarvis, 1-17-2020, (Based in Chicago, Lisa has been covering the biotech and pharmaceutical industries at C&EN since 2006. She writes feature articles that weave together the business and science of developing drugs, while also serving as pharmaceuticals editor for the magazine. She has a particular interest in rare diseases, innovative models for drug discovery, and emerging technologies.) "The new drugs of 2019," Chemical &amp; Engineering News, <https://cen.acs.org/pharmaceuticals/drug-development/new-drugs-2019/98/i3> //Jay

Although pharmaceutical companies last year were unable to top the record-shattering [59 new drugs approved in the US in 2018](https://cen.acs.org/pharmaceuticals/drug-development/new-drugs-2018/97/i3), they were still on a roll. In 2019, the Food and Drug Administration green-lighted 48 medicines, a crop that includes myriad modalities and many new treatments for long-neglected diseases. Taken together, the past 3 years of approvals represent drug companies’ most productive period in more than 2 decades. Still, some analysts caution that the steady flow of new medicines could mask troubling indications about the health of the industry. The year brought several notable trends. The first was an uptick in the number of novel mechanisms on display in the new drugs. Roughly 42% of the medicines were first in class, meaning they had new mechanisms of action; this is a jump over the prior 4 years, when that portion ranged between 32 and 36%. Another trend was the influx of newer modalities. While small molecules continue to account for the lion’s share of new molecular entities (NMEs), making up 67% of overall approvals in 2019, the list also includes several antibody-drug conjugates, an antisense oligonucleotide therapy, and a therapy based on RNA interference (RNAi). Yet another encouraging trend was the influx of innovative therapies for underserved diseases. Standout approvals include two new drugs for sickle cell anemia (Global Blood Therapeutics’ Oxbryta and Novartis’s Adakveo), an antibiotic for treatment-resistant tuberculosis (Global Alliance for TB Drug Development’s pretomanid), and a therapy for women experiencing postpartum depression (Sage Therapeutics’ Zulresso). “The quality of the drugs over the last decade or so has steadily improved since the depths of the innovation crisis 10–12 years ago,” says Bernard Munos, a senior fellow at FasterCures, a drug research think tank. “We’re seeing stuff that frankly would have looked like science fiction back then.” Those futuristic new therapies include [Novartis’s Zolgensma](https://cen.acs.org/articles/97/i22/FDA-approves-second-gene-therapy.html), a gene therapy for spinal muscular atrophy; Alnylam Pharmaceuticals’ Givlaari, the company’s second marketed RNAi-based therapy; and several critical vaccines for infectious diseases, including Ebola, smallpox, and dengue fever. Not all those edgy therapies appear in C&EN’s list. We track approvals granted through the FDA’s main drug approval arm, the Center for Drug Evaluation and Research; drugs like vaccines and gene therapies are generally reviewed through the agency’s Center for Biologics Evaluation and Research. The new-approvals list also doesn’t include several therapies that made their way to patients for the first time, even though the FDA doesn’t consider them new drugs. For example, the agency gave its green light to Johnson & Johnson’s Spravato, making it the first new treatment option for people with major depressive disorder in more than 50 years. The drug is the S enantiomer of ketamine, an N-methyl-D-aspartate receptor antagonist that had been long approved as an anesthetic, gained notoriety as a club drug, and was used for years off label to treat severe depression ([see page 18](https://cen.acs.org/biological-chemistry/neuroscience/Ketamine-revolutionizing-antidepressant-research-still/98/i3)). Also notable in 2019 was a slight dip in the number of cancer drugs, which in recent years typically made up more than a quarter of all new medicines. Last year’s 11 cancer treatments accounted for roughly 23% of approvals.

#### **Reducing IP protections chills future investment – even the perception of wavering commitment scares off companies.**

Grabowski et al. ’15 (Harry; Professor Emeritus of Economics at Duke, and a specialist in the intersection of the pharmaceutical industry and government regulation of business; February 2015; “The Roles Of Patents And Research And Development Incentives In Biopharmaceutical Innovation”; Health Affairs; <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1047>; Accessed: 8-31-2021; AU)

Patents and other forms of **intellectual property** **protection** play **essential roles** in encouraging innovation in biopharmaceuticals. As part of the “21st Century Cures” initiative, Congress is reviewing the policy mechanisms designed to accelerate the discovery, development, and delivery of new treatments. Debate continues about how best to balance patent and intellectual property incentives to encourage innovation, on the one hand, and generic utilization and price competition, on the other hand. We review the current framework for accomplishing these dual objectives and the important role of patents and regulatory exclusivity (together, the patent-based system), given the lengthy, costly, and risky biopharmaceutical research and development process. We summarize existing targeted incentives, such as for orphan drugs and neglected diseases, and we consider the pros and cons of proposed voluntary or mandatory alternatives to the patent-based system, such as prizes and government research and development contracting. We conclude that patents and regulatory exclusivity provisions are likely to remain the core approach to providing incentives for biopharmaceutical research and development. However, prizes and other voluntary supplements could play a useful role in addressing unmet needs and gaps in specific circumstances. Technological innovation is widely recognized as a key determinant of economic and public health progress. 1,2 Patents and other forms of intellectual property protection are generally thought to play essential roles in encouraging innovation in biopharmaceuticals. This is because the process of developing a new drug and bringing it to market is **long, costly, and risky**, and the costs of imitation are low. After a new drug has been approved and is being marketed, its **patents protect it** from competition from chemically identical entrants (or entrants infringing on other patents) for a period of time. **For firms** to have an **incentive** to **continue to invest** in innovative development efforts, they must have an **expectation** that they can **charge enough** during this period to **recoup** costs and make a profit. After a drug’s patent or patents expire, **generic rivals** can enter the market at **greatly reduced development cost** and prices, providing added consumer benefit but **eroding** the **innovator drug** company’s revenues. The Drug Price Competition and Patent Term Restoration Act of 1984 (commonly known as the Hatch-Waxman Act) was designed to balance innovation incentives and generic price competition for new drugs (generally small-molecule chemical drugs, with some large-molecule biologic exceptions) by extending the period of a drug’s marketing exclusivity while providing a regulatory framework for generic drug approval. This framework was later changed to encompass so-called biosimilars for large-molecule (biologic) drugs through the separate Biologics Price Competition and Innovation Act of 2009. Other measures have been enacted to provide research and development (R&D) incentives for antibiotics and drugs to treat orphan diseases and neglected tropical diseases. Discussion continues about whether current innovation incentives are optimal or even adequate, given evolving public health needs and scientific knowledge. For instance, the House Energy and Commerce Committee recently embarked on the “21st Century Cures” initiative, 3 following earlier recommendations by the President’s Council of Advisors on Science and Technology on responding to challenges in “propelling innovation in drug discovery, development, and evaluation.” 4 In this context, we discuss the importance of patents and other forms of intellectual property protection to biopharmaceutical innovation, given the unique economic characteristics of drug research and development. We also review the R&D incentives that complement patents in certain circumstances. Finally, we consider the pros and cons of selected voluntary (“opt-in”) or mandatory alternatives to the current patent- and regulatory exclusivity–based system (such as prizes or government-contracted drug development) and whether they could better achieve the dual goals of innovation incentives and price competition. The essential rationale for patent protection for biopharmaceuticals is that long-term benefits in the form of continued future innovation by pioneer or brand-name drug manufacturers outweigh the relatively short-term restrictions on imitative cost competition associated with market exclusivity. Regardless, the entry of other branded agents remains an important source of therapeutic competition during the patent term. Several economic characteristics make patents and intellectual property protection **particularly important** to **innovation incentives** for the biopharmaceutical industry. 5 The R&D process often takes more than a decade to complete, and according to a recent analysis by Joseph DiMasi and colleagues, per new drug approval (including failed attempts), it involves more than a **billion** dollars in out-of-pocket costs. 6 Only approximately one in eight drug candidates survive clinical testing. 6 As a result of the high risks of failure and the high costs, research and development must be funded by the **few successful, on-market products** (the top quintile of marketed products provide the dominant share of R&D returns). 7,8 Once a new drug’s patent term and any regulatory exclusivity provisions have expired, competing manufacturers are allowed to sell generic equivalents that require the investment of only several million dollars and that have a high likelihood of commercial success. **Absent intellectual property protections** that allow marketing exclusivity, innovative firms would be **unlikely** to make the costly and risky investments needed to bring a new drug to market. Patents confer the right to exclude competitors for a limited time within a given scope, as defined by patent claims. However, **they do not guarantee demand**, nor do they prevent competition from nonidentical drugs that treat the same diseases and fall outside the protection of the patents. New products may enter the same therapeutic class with common mechanisms of action but different molecular structures (for example, different statins) or with differing mechanisms of action (such as calcium channel blockers and angiotensin receptor blockers). 9 Joseph DiMasi and Laura Faden have found that the time between a first-in-class new drug and subsequent new drugs in the same therapeutic class has been dramatically reduced, from a median of 10.2 years in the 1970s to 2.5 years in the early 2000s. 10 Drugs in the same class compete through quality and price for preferred placement on drug formularies and physicians’ choices for patient treatment. Patents play an **essential role** in the economic “ecosystem” of **discovery and investment** that has developed since the 1980s. Hundreds of start-up firms, often backed by venture capital, have been launched, and a robust innovation market has emerged. 11 The value of these development-stage firms is largely determined by their proprietary technologies and the candidate drugs they have in development. As a result, the **strength of intellectual property protection** plays a **key role** in funding and partnership opportunities for such firms. Universities also play a key role in the R&D ecosystem because they conduct basic biomedical research supported by sponsored research grants from the National Institutes of Health (NIH) and the National Science Foundation (NSF). The Patent and Trademark Law Amendments Act of 1980 (commonly known as the Bayh-Dole Act) gave universities the right to retain title to patents and discoveries made through federally funded research. This change was designed to encourage technology transfer through industry licensing and the creation of start-up companies. Universities received only 390 patents for their discoveries in 1980, 12 compared to 4,296 in 2011, with biotechnology and pharmaceuticals being the top two technology areas (accounting for 36 percent of all university patent awards in 2012). 13

#### Cannabis wipes out superbugs and kills developing mutations, but further research and investments are required.

Sample ’20 [Ian; journalist at New Scientist and worked at the Institute of Physics as a journal editor, PhD in biomedical materials; 1-19-2020; "Cannabis compound could be weapon in fight against superbugs", Guardian; https://www.theguardian.com/society/2020/jan/19/cannabis-compound-could-be-weapon-in-fight-against-superbugs, accessed 4-16-2021]

A compound made by cannabis plants has been found to wipe out drug-resistant bacteria, raising hopes of a new weapon in the fight against superbugs. Scientists screened five cannabis compounds for their antibiotic properties and found that one, cannabigerol (CBG), was particularly potent at killing methicillin-resistant Staphylococcus aureus (MRSA), one of the most common hospital superbugs. Tests in the lab showed that CBG, which is not psychoactive, killed common MRSA microbes and “persister” cells that are especially resistant to antibiotics and that often drive repeat infections. The compound also cleared up hard-to-shift “biofilms” of MRSA that can form on the skin and on medical implants. Having seen how effective the substance was against bacteria in the lab, the researchers decided to test CBG’s ability to treat infections in animals. In a study that has not yet been published, they found that CBG cured mice of MRSA infections as effectively as vancomycin, a drug widely considered to be the last line of defence against drug-resistant microbes. The study is under review at the ACS Infectious Diseases journal. Eric Brown, a microbiologist who led the work at McMaster University in Hamilton, Ontario, said cannabinoids were “clearly great drug-like compounds”, but noted it was early days in assessing the compounds for use in the clinic. “There is much work to do to explore the potential of the cannabinoids as antibiotics from the safety standpoint,” he said. Antibiotic resistance has become a major threat to public health. England’s former chief medical officer Dame Sally Davies has said the loss of effective antibiotics would lead to “apocalyptic scenarios”, with patients dying from routine infections and many operations becoming too risky to perform. In the study, the researchers describe how the rapid global spread of drug resistance, caused by microbes developing mutations that protect them against antibiotics, has driven an urgent need to explore new sources of drugs. Among antibiotics in use today, the newest date back to discoveries made more than 30 years ago.

#### Only CBD solves superbugs.

Stevens ’21 [Kylie; reporter covering medical breakthrough by Researchers at University of Queensland’s Institute for Molecular Bioscience and the peer-reviewed Communications Biology journal; 1-19-2021; Mail Online; https://www.dailymail.co.uk/news/article-9165415/Medical-breakthrough-revealed-cannabis-kill-superbugs-save-10million-lives-year.html, accessed 4-16-2021; RG]

Laboratory studies have shown synthetic cannabidiol, the main nonpsychoactive component of cannabis better known as CBD can kill bacteria in diseases such as gonorrhea, a sexually transmissible infection. The research has been hailed as a potential world medical breakthrough, amid predictions drug-resistant infections could result in 10 million deaths worldwide a year by 2050 unless an alternate treatment is found. The research, recently published in the Communications Biology journal is part of a collaboration between Queensland researchers and Botanix Pharmaceuticals, which lead to the first new class of antibiotics for resistant bacteria in 60 years. 'This is the first time CBD has been shown to kill some types of Gram-negative bacteria. These bacteria have an extra outer membrane, an additional line of defence that makes it harder for antibiotics to penetrate,' Institute for Molecular Bioscience director Dr Mark Blaskovich said in a statement. Researchers also discovered cannabidiol is effective in killing off superbug MRSA found in golden staph bacteria. It may also be used to treat infected diabetic ulcers and wounds. 'Cannabidiol showed a low tendency to cause resistance in bacteria even when we sped up potential development by increasing concentrations of the antibiotic during 'treatment,' Dr Blaskovich added. 'We think that cannabidiol kills bacteria by bursting their outer cell membranes, but we don't know yet exactly how it does that, and need to do further research.'

### Case

Interp: debaters may not lie about disclosure.

Violation: x

Graphical user interface, text, application

Description automatically generated

Graphical user interface, text, application, chat or text message

Description automatically generated

Text

Description automatically generated

Text, chat or text message

Description automatically generated

[1] Academic integrity—you are straight up lying for your own advantage. You act like you disclose to meet interpretations and then trick everyone else so that you can win. That is the definition of being academically disingenuous and is an independent voter since a) it affects us outside of debate—now is the time we develop as young adults and if we can’t respect honest practices you will suffer in the real world and b) destroys the constitutive purpose of debate as an educational activity if you can just lie. Disclosure is different from other shells – A) It’s something pre-fiat that you use to gain better engagement and a norm for the form that you force upon others but you don’t have to do it which is freeloading – Other shells are about content of arguments, B) Bidirectionality – You can read disclosure every single round but other theory norms are contestable – You trick people saying you’ll follow a norm that you refuse to follow.

1 – Pre-round prep – Decks ability to make case negs to aff since we're never certain of what it is and they'd always lie.

2 – Wastes neg prep spent cutting generics – We could've spent that 45 minutes before round cutting generics and case-cards that we're behind on instead of making a case-neg to your fake aff.

3 – Gives us cx to make a case neg – Moots neg prep since we have to fill up a 7-minute speech doc somehow and leads to stumbly, incoherent 2NRs that the 2AR will always find gaps in.