**NC**

**All statements and moral theories are regulated by the falsifiability theory of meaning which prioritizes falsity over positive observation. This renders future knowledge in a state of indeterminacy and holds negative observations sufficient to disprove a theorem.**

**Nickles**, Thomas. "Falsifiability." New Dictionary of the History of Ideas. **2005**. ,<https://elearning.shisu.edu.cn/pluginfile.php/35320/mod_resource/content/1/Falsifiability%20%28Introduction%29.pdf> ///AHS PB

**Falsifiable contrasts with verifiable. A claim is empirically verifiable if possible observation statements logically imply the truth of the claim. If actual observation statements do imply the claim, then it is verified. "This raven is black" verifies "There are black ravens."** During the 1930s the logical empiricists of the Vienna Circle proposed verifiability both as a criterion of demarcation of science from nonscience and a criterion of meaning. Their idea was that a statement is meaningful if and only if it is verifiable in principle, and its meaning is given by its method of verification. For the logical empiricists, only empirically verifiable claims make genuine assertions about the world and are, in this broad sense, scientific. All other claims (metaphysical, religious, ethical, etc.) are cognitively meaningless. In his Logik der Forschung (1934; Logic of Scientific Discovery), Popper replied by rejecting the logical empiricists' concern with language and meaning and by noting that **verifiability as a criterion** of demarcation **excludes** scientific **law** claims and thus the core of science **itself. For** since **a law claim** is universal in scope (in simplest form, "All A's everywhere and everywhen are B's"), it **cannot possibly be verified: there are always actual or potential instances beyond those so far observed. Yet a** universal claim **can be falsified by a single negative instance. The first observed black swan refuted the claim "All swans are white."** (Law claims of statisticalprobabilistic forms are more problematic.) Based on this logical asymmetry of verification and falsification, Popper proposed falsifiability as a criterion of demarcation of science from nonscience, although not as a criterion of meaning. According to Popper, nonscience includes pseudoscience (e.g., Freudian psychology and Marxism) and metaphysics, the one fraudulent, the other sometimes providing a valuable heuristic for science. Many deep scientific problems have their roots in metaphysics, but to be scientific, a claim must take an empirical risk. Moreover, **falsifiability**, as the ongoing risk of falsification in our world, **is a permanent status** for Popper. **No amount of successful testing can establish a hypothesis as absolutely true or even probable: it forever remains conjectural. That all** scientific **theories remain falsifiable entails** fallibilism, the view that **our best epistemic efforts remain open to future revision. There can be no certain foundations to knowledge.**

**Thus the reasonable aff burden is to deny the falsifiability of the resolution two warrants:**

**[1] Deontic Logic: a single falsity negates the entire truth principle.**

**Luca**, Luca, Andrei. “LogicWarrior Demand Reason.” LogicWarrior, 9 Oct. **2017**, [www.logicwarrior.net/tag/law-of-non-contradiction/](http://www.logicwarrior.net/tag/law-of-non-contradiction/).

This law is another seemingly obvious point but in practice the Law of Non-Contradiction is the foundation of argumentative validity. The Law of Non-Contradiction makes logic truth preserving so that **you’ll never go from a true point and arrive at a false point. Contradiction negates logic**, and while true paradox may be something fun which to reflect unless you’re attempting to unite with the godhead by reaching nirvana, contradiction simply has no place in logic. This is not to say that something can’t appear to be self-contradictory and this idea is the basis of a lot of statements of reflection. In the course of debate another definition may become useful: **Both a claim and not that claim can’t be true. So, if a statement holds even a teensy weensy bit of falseness, it must be entirely false.**

**[2] Semantics - In debate, we either affirm or negate- Merriam Webster defines negate as “to deny the existence or truth of”[1] affirm as to “maintain as true” [2] so it’s intrinsic to our roles as debaters**

[1]<http://dictionary.reference.com/browse/negate>,<http://www.merriam-webster.com/dictionary/negate>,<http://www.thefreedictionary.com/negate>,<http://www.vocabulary.com/dictionary/negate>,<http://www.oxforddictionaries.com/definition/english/negate>

[2] *Dictionary.com – maintain as true, Merriam Webster – to say that something is true, Vocabulary.com – to affirm something is to confirm that it is true, Oxford dictionaries – accept the validity of, Thefreedictionary – assert to be true*

**And Permissibility and presumption flow neg: [A] Probability, there is one way for a statement to be true and an infinite amount of ways for it to be false [B] If I knew nothing about P I would presume both P and not P true, a contradiction [C] if every action is permissible then ought not statements like the resolution are incoherent [D] All moral truths require absolute certainty [1] Absent certainty we can always ask why should I, making our obligation unconstitutive [2] Uncertain truth statements are illogical**

**Unger**, Peter (**1975**): Ignorance (Oxford: Oxford University Press). ///AHS PB

The very particular idea that knowing entails its being all right to be certain is suggested, further, by the fact that **knowing entails**, at least, **that one is certain**. As we saw in section 9 of the preceding chapter, that **this** is a fact **is made quite plain by the inconsistency expressed by sentences like 'He really knew that it was raining, but he wasn't absolutely certain it was.' Such a sentence can express no truth: if he wasn't certain, then he didn't know.**

**CP**

**Text – States ought to individually domestically establish single-payer national health insurance.**

**Solves insulin drug prices while avoiding our innovation turns. Also o/ws under YOUR fw - insulin only affects 1/3rd of the population and misses many low income people who are affected by other structurally high drug prices that the CP solves**

**Narayanan 19** Srivats Narayanan 8-15-2019 "Medicare for All and Evergreening"<https://medium.com/@srivats.narayanan/medicare-for-all-and-evergreening-cb84c930e0ea> (UMKC School of Medicine)//Elmer recut //cohn

Drug companies rake in massive profits. The pharmaceutical industry has some of the largest profit margins among American industries. Unfortunately, pharmaceutical giants don’t always have patients’ best interests in mind — they make a big portion of their money by exploiting the patent process instead of making breakthrough drugs that would meaningfully improve patients’ lives. Pharmaceutical corporations aren’t as innovative as one might expect. Although the Food and Drug Administration (FDA) has been consistently approving new (and expensive) drugs every year, most of these drugs aren’t impacting healthcare much. Many studies have revealed that a whopping 85–

90% of new drugs since the mid-1990s “provide few or no clinical advantages.” This is because pharmaceutical firms are spending their time and money on a technique known as “evergreening.” Evergreening is when drug companies produce redundant drugs that are nothing but minor modifications of old drugs. By making slight alterations to their medicines, biotech companies continue to hold patents for drugs with minimal spending on research and development (R&D). Pharmaceutical companies then use those patents to prevent competitors from selling generic versions of their drugs. Without any competition, these corporations get away with ridiculously high drug pricing and can thus make big profits on their drugs. The companies simultaneously justify their absurd drug prices by pointing to the inflated R&D costs of producing new drugs. This excuse has been used time and again by the profit-hungry pharmaceutical industry, and it’s coming at the expense of patients who struggle to afford their medicines. A well-known example of evergreening pertains to the anticonvulsant medication gabapentin, which was first sold by Pfizer under the brand name Neurontin. When the drug became available as a generic medication over a decade ago, Pfizer created a very similar medicine, pregabalin (Lyrica), that didn’t have any significant benefits over the original drug. As a result, Pfizer has kept a control over the market for anticonvulsant drugs with negligible innovation. The drug industry’s reliance on evergreening is undoubtedly stifling innovation. This is where **Medicare for All**, **which would impose the government as the only health insurer**, **would be useful**. **In our current system**, **there are many insurers** **and they each have** **little market power** **and** consequently **little negotiating power** **to reduce** treatment **prices**. **Since the government would have** **consolidated control over healthcare financing** under Medicare for All, **its stronger bargaining power would force drug companies to charge lower prices for their products**. In addition, prescription drugs would be paid for by the government and not by patients under Medicare for All. **Medicare for All would prevent evergreening**. **National healthcare financing** **would align** **how much the government pays a drug company with how much patients benefit** from the company’s drugs. **If a new drug had more clinical benefits** than an older version, **the government would pay more** for it. If a new drug produced the same results as an older version, the government wouldn’t pay more for the new drug. So, Medicare for All would **encourage** pharmaceutical **companies to pursue truly innovative drugs because such drugs would be more profitable**. The policy would incentivize companies to invest in R&D for more useful drugs, instead of just producing redundant and expensive medications. A national healthcare plan would prioritize “patient and community needs” and match up pharmaceutical companies’ interests with actually improving public health. Evergreening has become the name of the game for the pharmaceutical industry. A major solution to the evergreening problem is Medicare for All. **A single-payer system** like Medicare for All **would sharply curtail evergreening**, since drug companies wouldn’t be able to profit from it. Medicare for All would **usher** in **a new era of medical innovation**.

#### **Pharma innovation into “first in class” drugs is high now and strong IP protection are the only incentive for drug innovation - o/ws because innovation is k2 things like better insulin and maybe even cures to diseases like diabetes**

#### **Stevens and Ezell 20** Philip Stevens and Stephen Ezell 2-3-2020 "Delinkage Debunked: Why Replacing Patents With Prizes for Drug Development Won’t Work" <https://itif.org/publications/2020/02/03/delinkage-debunked-why-replacing-patents-prizes-drug-development-wont-work> (Philip founded Geneva Network in 2015. His main research interests are the intersection of intellectual property, trade, and health policy. Formerly he was an official at the World Intellectual Property Organization (WIPO) in Geneva, where he worked in its Global Challenges Division on a range of IP and health issues. Prior to his time with WIPO, Philip worked as director of policy for International Policy Network, a UK-based think tank, as well as holding research positions with the Adam Smith Institute and Reform, both in London. He has also worked as a political risk consultant and a management consultant. He is a regular columnist in a wide range of international newspapers and has published a number of academic studies. He holds degrees from the London School of Economics and Durham University (UK).)//Elmer recut by //cohn

The **Current System** Has **Produced a Tremendous Amount of Life-Sciences Innovation** The frontier for biomedical innovation is seemingly limitless, and the challenges remain numerous—whether it comes to diseases that afflict millions, such as cancer or malaria, or the estimated 7,000 rare diseases that afflict fewer than 200,000 patients.24 And while certainly citizens in developed and developing nations confront differing health challenges, those challenges are increasingly converging. For instance, as of this year, analysts expect that **noncommunicable** diseases such as cardiovascular disease and diabetes will account for 70 percent of natural fatalities **in developing countries**.25 Citizens of low- and middle-income countries bear 80 percent of the world’s death burden from cardiovascular disease.26 Forty-six percent of Africans over 25 suffer from hypertension, more than anywhere else in the world. Similarly, 85 percent of the disease burden of cervical cancer is borne by individuals living in low- and middle-income countries.27 To develop treatments or cures for these conditions, novel biomedical innovation **will be needed from everywhere**. Yet tremendous progress has been made in recent decades. To tackle these challenges, the global pharmaceutical industry invested over **$1.36 trillion in R&D** in the decade from 2007 to 2016—and it’s expected that annual R&D investment by the global pharmaceutical industry will reach $181 billion by 2022.28 In no small part due to that investment, **943 new active substances have been introduced** globally over the prior 25 years.29 The U.S. Food and Drug Administration (FDA) has approved more than **500 new medicines since 2000** alone. And these medicines are getting to more individuals: Global medicine use **in 2020 will reach 4.5 trillion doses**, up 24 percent from 2015.30 Moreover, there are an estimated **7,000 new medicines under development globally** (about half of them in the United States), **with 74 percent being** potentially **first in class**, **meaning they use a new and unique mechanism of action for treating a medical condition**.31 In the United States, **over 85 percent of all drugs sold are generics** (only 10 percent of U.S. prescriptions are filled by brand-name drugs).32 And while some assert that biotechnology companies focus too often on “me-too” drugs that compete with other treatments already on the market, the reality is many drugs currently under development are meant to tackle some of the **world’s most intractable diseases**, **including cancer and Alzheimer’s**.33 Moreover, such arguments miss that many of the drugs developed in recent years have in fact been first of their kind. For instance, in 2014, the FDA approved **41 new medicines** (at that point, the most since 1996) many of which were **first-in-class medicines**.34 In that year, 28 of the 41 drugs approved were considered biologic or specialty agents, and 41 percent of medicines approved were intended to treat rare diseases.35 Yet even when a new drug isn’t first of its kind, it can still produce benefits for patients, both through **enhanced clinical efficacy** (for instance, taking the treatment as a pill rather than an injection, with a superior dosing regimen, **or better treatment** for some individuals who don’t respond well to the original drug) and by generating competition that exerts downward price pressures. For example, a patient needing a cholesterol drug has a host of statins from which to choose, which is important because some statins produce harmful side effects for some patients. Similarly, patients with osteoporosis can choose from Actonel, Boniva, or Fosomax. Or take for example Hepatitis C, which until recently was an incurable disease eventually requiring a liver transplant for many patients. In 2013, a revolutionary new treatment called Solvadi was released that boosted cure rates to 90 percent. This was followed in 2014 by an improved treatment called Harvoni, which cures the Hepatitis C variant left untouched by Solvadi. Since then, an astonishing six new treatments for the disease have received FDA approval, opening up a wide range of treatment options that take into account patients’ liver and kidney status, co-infections, potential drug interactions, previous treatment failures, and the genotype of HCV virus.36 “If you have to have Hepatitis C, now is the time to have it,” as Douglas Dieterich, a liver specialist at the Icahn School of Medicine at Mount Sinai Hospital in New York, told the Financial Times. “We have these marvellous drugs we can treat you with right now, without side effects,” he added. “And this time next year, we’ll have another round of drugs available.”37 Moreover, the financial potential of this new product category has led to multiple competing products entering the market in quick succession, in turn placing downward pressure on prices.38 As Geoffrey Dusheiko and Charles Gore write in The Lancet, “The market has done its work for HCV treatments: after competing antiviral regimens entered the market, competition and innovative price negotiations have driven costs down from the initially high list prices in developed countries.”39 As noted previously, opponents of the current market- and IP-based system contend patents enable their holders to exploit a (temporary) market monopoly by inflating prices many multiples beyond the marginal cost of production. But rather than a conventional neoclassical analysis, an analysis based on “innovation economics” finds it is exactly this “distortion” that is required for innovation to progress. As William Baumol has pointed out, “Prices above marginal costs and price discrimination become the norm rather than the exception because … without such deviations from behaviour in the perfectly competitive model, innovation outlays and other unavoidable and repeated sunk outlays cannot be recouped.”40 Or, as the U.S. Congressional Office of Technology Assessment found, “Pharmaceutical R&D is a risky investment; therefore, high financial returns are necessary **to induce companies to invest** in researching new chemical entities.”41 This is also why, in 2018, the U.S. Congressional Budget Office estimated that because of high failure rates, biopharmaceutical **companies would need to earn a 61.8 percent rate of return on their successful new drug R&D projects in order to match a 4.8 percent after-tax rate of return on their investment**s.42 Indeed, **it’s the ability to recoup fixed costs, not just marginal** costs, through mechanisms such as patent protection that lies at the heart of all innovation-based industries and indeed all innovation and related economic progress. If companies could not find a way to pay for their R&D costs, and could only charge for the costs of producing the compound, **there would be no new drugs developed**, just as there would be no new products developed in any industry. Innovating in the life sciences remains expensive, risky, difficult, and uncertain. Just 1 in 5,000 drug candidates make it all the way from discovery to market.43 A 2018 study by the Deloitte Center for Health Solutions, “Unlocking R&D productivity: Measuring the

return from pharmaceutical innovation 2018,” found that “the average cost to develop an asset [an innovative life-sciences drug] including the cost of failure, has increased in six out of eight years,” and that the average cost to create a new drug has risen to $2.8 billion.44 Related research has found the development of new drugs requires years of painstaking, risky, and expensive research that, for a new pharmaceutical compound, takes an average of 11.5 to 15 years of research, development, and clinical trials, at a cost of $1.7 billion to $**3.2 billion**.45 **IP rights—including patents, copyrights, and data exclusivity protection**s—**give innovators**, whether in the life sciences or other sectors, the **confidence to** undertake the risky and expensive process of **innovation**, secure in the knowledge they’ll be able to capture a share of the gains from their efforts. And these gains are often only a small fraction of the true value created. For instance, Yale University economist William Nordhaus estimated inventors capture just 4 percent of the total social gains from their innovations; the rest spill over to other companies and society as a whole.46 Without adequate IP protection, private investors would never find it viable to fund advanced research because lower-cost copiers would be in a position to undercut the legitimate prices (and profits) of innovators, even while still generating substantial profits on their own.47 As the report “Wealth, Health and International Trade in the 21st Century” concludes, “Conferring robust intellectual property rights is, in the pharmaceutical and other technological-development contexts, **in the global public’s long-term interests.** Without adequate mechanisms for directly and indirectly securing the private and public funding of medicines and vaccines, research and development communities across the world will lose future benefits that would far outweigh the development costs involved.”48 Put simply, the current market- and IP-based life-sciences innovation system is producing life-changing biomedical innovation. As Jack Scannell, a senior fellow at Oxford University’s Center for the Advancement of Sustainable Medical Innovation has explained, “I would guess that one can buy today, at rock bottom generic prices, a set of small-molecule drugs that has greater medical utility than the entire set available to anyone, anywhere, at any price in 1995.” He continued, “Nearly all the generic medicine chest was created by firms who invested in R&D to win future profits that they tried pretty hard to maximize; short-term financial gain building a long-term common good.”49 For example, on September 14, 2017, the FDA approved Mvasi, the first biosimilar for Roche’s Avastin, a breakthrough anticancer drug when it came out in the mid-1990s for lung, cervical, and colorectal cancer.50 In other words, a medicine to treat forms of cancer that barely existed 20 years ago is now available as a generic drug today. It’s this dynamic that enables us to imagine a situation wherein drugs to treat diseases that aren’t available anywhere at any price today (for instance, treatments for Alzheimer’s or Parkinson’s) might be available as generics in 20 years. But that will only be the case if we preserve (and improve where possible) a life-sciences innovation system that is generally working. The current system does not require wholesale replacement by a prize-based system that—notwithstanding a meaningful success here or there—has produced nowhere near a similar level of novel biomedical innovation.

**Case**

### Their own Hanson evidence says “​​Small-molecule chemical medications are relatively simple to describe scientifically,188 and a generic manufacturer can use any of a number of methods to synthesize the compound, all of which produce a result easily proven to be identical to the reference product”

1. Means people can do things like produce insulin at home
2. Means dozens of companies can circumvent whatever IP you lower by just slightly changing the chemical makeup and re-patenting it under the same name, the plan just says “insulins” - this is also probably whats been ha

### Squo solves the case - generic insulin approved - postdates their link ev - and solves back, their own Johnson ev says that US competition are the root of high prices

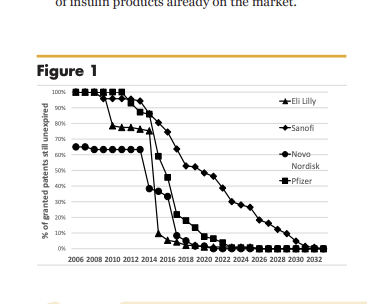
Miriam E. **Tucker**. FDA OKs Automatic Use of Cheaper Generic Insulin July 29, 2021 <https://www.webmd.com/diabetes/news/20210729/fda-oks-automatic-use-of-cheaper-generic-insulin> //cohn

July 29, 2021 -- **The FDA has approved** the first interchangeable insulin, **Semglee**, **which can** **be substituted for the much more expensive brand name** Lantus at the pharmacy without the need for a separate prescription. **The approval will allow Semglee to function like a generic drug in the market and should reduce insulin costs.** **Under the new rule, a pharmacist could recommend Semgless instead of Lantus without a doctor’s approval. Semglee is for patients with either type 1 or type 2 diabetes.**

### There aren’t any insulin are patents now - and the - literally nothing for the aff to reduce,

**HAI 16**, APRIL 2016, <https://haiweb.org/wp-content/uploads/2015/05/HAI_ACCISS_factsheet_insulinpatent.pdf> //cohn

**Patents on Insulin Products Already on the Market • There are no patents on any formulations of human insulins**. • Based on the filing date and a 20 year patent period, **patents on analogue insulins already on the market in the US and Canada have expired or will soon expire in these countries and elsewhere (Figure 1)**. • Four companies, Eli Lilly, Sanofi, Novo Nordisk, and Pfizer, own these patents. • The patents were most commonly filed in North America, Europe, Australia, and China.



One card concedes prices only high in US - its not a dev world issue too