# 1NC

## 1

#### Interpretation – fiat necessitates immediate action

#### Violation – they defend a DELAY in patent enforcement

**The net benefit is clash, defending a delay aff destroys actual substantive engagement in the round, we’re just debating about the timeframe of when policies should be implemented which is outweighed by actual in-round clash. Key to substantive engagement as we learn how arguments interact. It means u can link out of any DA (eg we can’t read innovation anymore) just by saying “we don’t get rid of patents”**

#### Voters 1] fairness – debate’s a game that needs rules to evaluate it and education gives us portable skills for life like research and thinking. 2] substantive engagement. Only reason we debate is for argument interaction and clash, thus comes first. It’s the only voter unique to LD.

#### Drop the debater – a) it deters future abuse and sets a positive norm. b) Dropping them is key to rectify the abuse that has already occurred in the round.

#### Use competing interps – a) reasonability invites arbitrary judge intervention since we don’t know your bs meter, b) collapses to competing interps – we justify 2 brightlines under an offense defense paradigm just like 2 interps.

#### No RVIs – a) illogical – you shouldn’t win for being fair – it’s a litmus test for engaging in substance, b) norming – I can’t concede the counterinterp if I realize I’m wrong which forces me to argue for bad norms, c) baiting – incentivizes good debaters to be abusive, bait theory, then collapse to the 1AR RVI, d) topic ed – prevents 1AR blipstorm scripts and allows us to get back to substance after resolving theory

## 2

#### Interp – “medicines” prevent, diagnose, or treat harms

**MRS 20** [(MAINE REVENUE SERVICE SALES, FUEL & SPECIAL TAX DIVISION) “A REFERENCE GUIDE TO THE SALES AND USE TAX LAW” <https://www.maine.gov/revenue/sites/maine.gov.revenue/files/inline-files/Reference%20Guide%202020.pdf> December 2020] SS

[Medicines](https://www.lawinsider.com/dictionary/medicines) means antibiotics, analgesics, antipyretics, stimulants, sedatives, antitoxins, anesthetics, antipruritics, hormones, antihistamines, certain “dermal fillers” (such as BoTox®), injectable contrast agents, vitamins, oxygen, vaccines and other substances that are used in the prevention, diagnosis or treatment of disease or injury and that either (1) require a prescription in order to be purchased or administered to the retail consumer or patient; or (2) are sold in packaging.

#### Violation – Interpretation: Medicine is a drug used in prevention

Lexico ND [(Lexico dictionary) https://www.lexico.com/definition/medicine] BC

The science or practice of the diagnosis, treatment, and prevention of disease (in technical use often taken to exclude surgery)

‘he made distinguished contributions to pathology and medicine’

A drug or other preparation for the treatment or prevention of disease.

‘give her some medicine’

#### To be a medicine a substance must meet FDA standards

**FDA no date** https://www.fda.gov/industry/regulated-products/human-drugs

What is a drug?

The FDA defines a drug, in part, as “intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease” and “articles (other than food) intended to affect the structure or any function of the body of man or other animals.” Refer to section 201(g) of the Federal Food Drug and Cosmetic Act (FD&C Act).

The definition also includes components of drugs, such as active pharmaceutical ingredients.

If you are unsure if your product is a drug or a cosmetic, visit the Is It a Cosmetic, a Drug, or Both? (Or Is It Soap?) page for more information.

What drug requirements are verified at the time of importation?

Imported drugs must meet FDA’s standards for quality, safety and effectiveness. FDA will verify compliance with the following requirements as applicable:

Registration

Listing

Drug application

Drug labeling

Drug current good manufacturing practices (cGMPs)

#### Cannabis isn’t a medicine – they are conflating having medicinal properties with medicines

CDC ND [(Center for the Disease Control and Prevention) “Is marijuana medicine?” <https://www.cdc.gov/marijuana/faqs/is-marijuana-medicine.html>] BC

Is marijuana medicine?

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)External 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.

#### Cannabis isn’t a medicine –

Madras 16 [(Bertha, Madras is a professor of psychobiology in the Department of Psychiatry and the chair of the Division of Neurochemistry at Harvard Medical School, Harvard University; she served as associate director for public education in the division on Addictions at Harvard Medical School.) “Opinion: 5 reasons marijuana is not medicine” The Washington Post, 4/29/2016. <https://www.washingtonpost.com/news/in-theory/wp/2016/04/29/5-reasons-marijuana-is-not-medicine/>] BC

Yet unlike drugs approved by the Food and Drug Administration, “dispensary marijuana” has no quality control, no standardized composition or dosage for specific medical conditions. It has no prescribing information or no high-quality studies of effectiveness or long-term safety. While the FDA is not averse to approving cannabinoids as medicines and has approved two cannabinoid medications, the decision to keep marijuana in Schedule I was reaffirmed in a 2015 federal court ruling. That ruling was correct.

To reside in Schedules II-V and be approved for diagnosing, mitigating, treating or curing a specific medical condition, a substance or botanical must proceed through a rigorous FDA scientific process proving safety and efficacy. Not one form of “dispensary marijuana” with a wide range of THC levels — butane hash oil, smokables, vapors, edibles, liquids — has gone through this rigorous process for a single medical condition (let alone 20 to 40 conditions).

To approve a medicine, the FDA requires five criteria to be fulfilled:

1. The drug’s chemistry must be known and reproducible. Evidence of a standardized product, consistency, ultra-high purity, fixed dose and a measured shelf life are required by the FDA. The chemistry of “dispensary marijuana” is not standardized. Smoked, vaporized or ingested marijuana may deliver inconsistent amounts of active chemicals. Levels of the main psychoactive constituent, THC, can vary from 1 to 80 percent. Cannabidiol (known as CBD) produces effects opposite to THC, yet THC-to-CBD ratios are unregulated.
2. There must be adequate safety studies. “Dispensary marijuana” cannot be studied or used safely under medical supervision if the substance is not standardized. And while clinical research on long-term side effects has not been reported, drawing from recreational users we know that marijuana impairs or degrades brain function, and intoxicating levels interfere with learning, memory, cognition and driving. Long-term use is associated with addiction to marijuana or other drugs, loss of motivation, reduced IQ, psychosis, anxiety, excessive vomiting, sleep problems and reduced lifespan. Without a standardized product and long-term studies, the safety of indefinite use of marijuana remains unknown.
3. There must be adequate and well-controlled studies proving efficacy. Twelve meta-analyses of clinical trials scrutinizing smoked marijuana and cannabinoids conclude that there is no or insufficient evidence for the use of smoked marijuana for specific medical conditions. There are no studies of raw marijuana that include high-quality, unbiased, blinded, randomized, placebo-controlled or long-duration trials.
4. The drug must be accepted by well-qualified experts. Medical associations generally call for more cannabinoid research but do not endorse smoked marijuana as a medicine. The American Medical Association: "Cannabis is a dangerous drug and as such is a public health concern"; the American Academy of Child and Adolescent Psychiatry: "Medicalization" of smoked marijuana has distorted the perception of the known risks and purposed benefits of this drug;" the American Psychiatric Association: "No current scientific evidence that marijuana is in any way beneficial for treatment of any psychiatric disorder ‚Ä¶ the approval process should go through the FDA."
5. Scientific evidence must be widely available. The evidence for approval of medical conditions in state ballot and legislative initiatives did not conform to rigorous, objective clinical trials nor was it widely available for scrutiny.

#### Negate –

#### 1] Limits – their model explodes it to medical devices, home remedies, anything that remotely treats and more – only our definition creates a reasonable caselist for medicines while they make prep impossible and wreck engagement

#### 2] Precision – MRS is a legal definition of medicines from codified law and has intent to define which proves we’re right and consistent with topic li

#### Precision o/w – anything else justifies the aff arbitrarily jettisoning words in the resolution at their whim which decks negative ground and preparation because the aff is no longer bounded by the resolution.

## 3

#### Infrastructure passes now with limited corporation support, but increased big Pharma backlash causes it to fail

Waldman 8/31 [Paul, opinion writer for the Plum Line blog. Before joining The Post, he worked at an advocacy group, edited an online magazine, taught at university and worked on political campaigns. He has authored or co-authored four books on media and politics, and his work has appeared in dozens of newspapers and magazines. He is also a senior writer at the American Prospect, “Opinion: Democrats, don’t knuckle under to corporations on the reconciliation bill”, 08-31-2021, Washington Post, https://www.washingtonpost.com/opinions/2021/08/31/democrats-dont-knuckle-under-corporations-reconciliation-bill/]//pranav

The infrastructure bill that passed the Senate and awaits action in the House was in some ways a model of bipartisanship, supported by some Republicans as well as all the chamber’s Democrats, and given a boost from traditionally Republican business groups. That wasn’t a surprise; big corporations need infrastructure to do business. If the government pays for better roads, a more resilient electrical grid and wider availability of broadband, it’ll probably help the bottom line. But what happens when the government suggests addressing Americans’ needs and asks those corporations to help pay for it? This is what happens: A torrent of political groups representing some of the country’s most influential corporations — including ExxonMobil, Pfizer, and the Walt Disney Company — is laying the groundwork for a massive lobbying blitz to stop Congress from enacting significant swaths of President Biden’s $3.5 trillion economic agenda. The emerging opposition appears to be vast, spanning drug manufacturers, big banks, tech titans, major retailers and oil-and-gas giants. In recent weeks, top Washington organizations representing these and other industries have started strategizing behind the scenes, seeking to battle back key elements in Democrats proposed overhaul to federal health care, education and safety net programs. This campaign will have lots of behind-the-scenes pressure: Together, these companies employ a group of lobbyists that are approximately equal in number to China’s People’s Liberation Army — as well as online and TV ads coming to a screen near you. So Democrats should now ask themselves: What are we doing here? As in, why did we decide to run for Congress? Because there are some moments that test your resolve, in which you have to ask what the purpose of public service is, and whether it’s more than just staying in your job for as long as possible. There are disagreements among Democrats about what should be in the final bill, and it’s almost certain that these corporations will have some success in stripping away some provisions they find threatening. There’s an increase in the corporate tax rate (though under every proposal, it would still be less than before the 2017 Republican tax cut). There’s money to boost Internal Revenue Service enforcement of existing tax laws, which the people who run corporations don’t like; an overstretched, overworked IRS that can’t manage to audit the super-rich is just how CEOs like things. Perhaps most threatening is the proposal to allow Medicare to negotiate prices for prescription drugs, as they are currently barred by law from doing. Democrats insist that change would pay for much of the trillions of dollars in new and beefed-up social programs this bill creates.

#### Big Pharma hates the plan – empirics – err neg our ev literally cites their press releases

PhRMA ’21 [The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country’s leading innovative biopharmaceutical research companies, which are devoted to discovering and developing medicines that enable patients to live longer, healthier and more productive lives. Since 2000, PhRMA member companies have invested nearly $1 trillion in the search for new treatments and cures, including an estimated $83 billion in 2019 alone, “PhRMA Statement on WTO TRIPS Intellectual Property Waiver”, 05-05-2021, https://www.phrma.org/coronavirus/phrma-statement-on-wto-trips-intellectual-property-waiver]//pranav

WASHINGTON, D.C. (May 5, 2021) – Pharmaceutical Research and Manufacturers of America (PhRMA) president and CEO Stephen J. Ubl made the following statement after the United States Trade Representative expressed support for a proposal to waive patent protections for COVID-19 medicines: “In the midst of a deadly pandemic, the Biden Administration has taken an unprecedented step that will undermine our global response to the pandemic and compromise safety. This decision will sow confusion between public and private partners, further weaken already strained supply chains and foster the proliferation of counterfeit vaccines. “This change in longstanding American policy will not save lives. It also flies in the face of President Biden’s stated policy of building up American infrastructure and creating jobs by handing over American innovations to countries looking to undermine our leadership in biomedical discovery. This decision does nothing to address the real challenges to getting more shots in arms, including last-mile distribution and limited availability of raw materials. These are the real challenges we face that this empty promise ignores. “In the past few days alone, we’ve seen more American vaccine exports, increased production targets from manufacturers, new commitments to COVAX and unprecedented aid for India during its devastating COVID-19 surge. Biopharmaceutical manufacturers are fully committed to providing global access to COVID-19 vaccines, and they are collaborating at a scale that was previously unimaginable, including more than 200 manufacturing and other partnerships to date. The biopharmaceutical industry shares the goal to get as many people vaccinated as quickly as possible, and we hope we can all re-focus on that shared objective.”

#### They lash out against infra and use COVID clout to kill it – they have public support, and a win now postpones reform indefinitely which turns case

Fuchs et al. 09/02 [Hailey Fuchsattended Yale University and was an inaugural Bradlee Fellow for The Washington Post, where she reported on national politics**,** Alice Ollstein is a health care reporter for POLITICO Pro, covering the Capitol Hill beat. Prior to joining POLITICO, she covered federal policy and politics for Talking Points Memo, Megan Wilson is a health care and influence reporter at POLITICO, “Drug industry banks on its Covid clout to halt Dems’ push on prices”, 09-02-2021, https://www.politico.com/news/2021/09/02/drug-prices-democrats-lobbying-508127]//pranav

As Democrats prepare a massive overhaul of prescription drug policy, major pharmaceutical companies are mounting a lobbying campaign against it, arguing that the effort could undermine a Covid fight likely to last far longer than originally expected. In meetings with lawmakers, lobbyists for the pharmaceutical industry have issued warnings about the reconciliation package now moving through both chambers of Congress that is set to include language allowing Medicare to negotiate the price of some drugs, which could generate billions of dollars in savings. In those conversations, K Street insiders say, lobbyists have explicitly mentioned that the fight against the coronavirus will almost certainly extend beyond the current surge of the Delta variant. And they’re arguing that now isn’t the time to hit the industry with new regulations or taxes, particularly in light of its successful efforts to swiftly develop vaccines for the virus. “For years, politicians have been saying that the federal government can interfere in the price of medicines and patients won’t suffer any harm,” said Brian Newell, a spokesperson for the Pharmaceutical Research and Manufacturers of America, or PhRMA, in a statement. “But in countries where this already happens, people experience fewer choices and less access to prescription medicines. Patients know if something sounds too good to be true, then it usually is.” The escalating warnings from the pharmaceutical industry are part of what is expected to be one of the more dramatic and expensive lobbying fights in recent memory, and a heightened repeat of the industry’s pushback to actions by former President Donald Trump to target drug prices. The proposal now under consideration in Democrats’ reconciliation package could save the federal government hundreds of billions of dollars by leveraging its ability to purchase prescription drugs, according to a report from the Congressional Budget Office. Without those funds, Democrats won’t be able to pay for the rest of the health care agenda they’ve promised to voters, including expansions of Medicare, Medicaid and Obamacare. But the plan has political power as more than a revenue raiser. Party leaders — from President Joe Biden to Senate Budget Chair Bernie Sanders (I-Vt.) — are touting it as one of the most important components of the $3.5 trillion package, with the potential to lower out-of-pocket health spending for tens if not hundreds of millions of people. Outside advocates have also zeroed in on it as the most consequential policy fight on the horizon. “This is the best chance that we have seen in a couple of decades to enact meaningful reforms to drug pricing policy in the United States that will lower the prices of prescription drugs, and it’s very clear that the drug companies are going all out to stop it,” said David Mitchell, founder of Patients for Affordable Drugs. “This is Armageddon for pharma.” Progressive Democrats and their outside allies believe they’re closer than they’ve been in decades to imposing some price controls, and worry that failure to do so this year will delay progress indefinitely given the possibility of the party losing one or more chambers of Congress in the 2022 midterms. In April, the House passed a fairly aggressive version — H.R. 3 (117) — though a handful of moderate Democrats friendly to the industry have threatened to block it when it comes back to the floor for a vote later this fall. Leadership has largely shrugged off this threat, banking on the fact that the most vulnerable frontline Democrats are vocally in favor of the policy, while most of the dissenters sit in safe blue districts. The Senate is designing its own version, outlined by Sen. Ron Wyden (D-Ore.) in June, as a middle ground between HR3 and the more narrow, bipartisan bill he and Sen. Chuck Grassley (R-Iowa) put forward last Congress. A senior Senate Democratic aide confirmed to POLITICO that the bill is nearly complete and that they’re in the process of shopping it around to undecided senators to make sure it has enough support to move forward in the 50-50 upper chamber. “It makes sense to get buy-in before releasing it rather than releasing it with fingers crossed and then tweaking it once members complain,” the aide said. But the reform push is coming at a time when the pharmaceutical industry is working hand-in-hand with government officials to combat the pandemic and enjoying a boost in public opinion as a result, even as drug costs continue to rise. The companies claim that fundamental changes to their bottom line — in addition to the Medicare provision, the reconciliation bill will likely raise corporate tax rate significantly, as high as 28 percent (a jump of 7 percentage points) — will threaten its current investments in research and development at a historically critical juncture. With the final draft of the bill expected in the coming weeks, the Pharmaceutical Research and Manufacturers of America, the lobbying arm of the pharmaceutical industry, is taking its case public. The group has recently spent at least seven figures on ads pressuring Congress not to change Medicare drug policy.

#### Big pharma always wins – independently kills aff solvency bc it causes the plan to be watered down so much that de facto monopolies can survive

Florko & Facher ‘19 [Nicholas Florko is a Stat News Washington correspondent and Lev Facher is Stat News health and life sciences writer, “How pharma, under attack from all sides, keeps winning in Washington”, 07-16-2019, Stat News, https://www.statnews.com/2019/07/16/pharma-still-winning/]//pranav

It does not seem to matter how angrily President Trump tweets, how pointedly House Speaker Nancy Pelosi lobs a critique, or how shrewdly health secretary Alex Azar drafts a regulatory change. The pharmaceutical industry is still winning in Washington. In the past month alone, drug makers and the army of lobbyists they employ pressured a Republican senator not to push forward a bill that would have limited some of their intellectual property rights, according to lobbyists and industry representatives. They managed to water down another before it was added to a legislative package aimed at lowering health care costs. Lobbyists also convinced yet another GOP lawmaker — once bombastically opposed to the industry’s patent tactics — to publicly commit to softening his own legislation on the topic, as STAT reported last month. Even off Capitol Hill, they found a way to block perhaps the Trump administration’s most substantial anti-industry accomplishment in the past two years: a rule that would have required drug companies to list their prices in television ads. To pick their way through the policy minefield, drug makers have successfully deployed dozens of lobbyists and devoted record-breaking sums to their federal advocacy efforts. But there is also a seemingly new strategy in play: industry CEOs have targeted their campaign donations this year on a pair of vulnerable Republican lawmakers — and then called on them not to upend the industry’s business model. In more than a dozen interviews by STAT with an array of industry employees, Capitol Hill staff, lobbyists, policy analysts, and advocates for lower drug prices, however, an unmistakable disconnect emerges. Even though Washington has stepped up its rhetorical attacks on the industry, and focused its policymaking efforts on reining in high drug prices, the pharmaceutical industry’s time-honored lobbying and advocacy strategies have kept both lawmakers and the Trump administration from landing any of their prescription-drug punches. “Big Pharma has replaced Big Tobacco as the most powerful brute in the ranks of Washington power brokers,” Sen. Dick Durbin (D-Ill.) said in a statement to STAT. Durbin, who recently saw the industry successfully oppose his proposal to curtail some of the industry’s patent maneuvering, added that, “Pharma’s billions allow them to continue to rip off American families and taxpayers.” The industry doesn’t get all the credit; it has also benefited from a fractured Congress and discord between President Trump’s most senior health care advisers. PhRMA, the drug industry’s largest lobbying group here, declined to comment for this article. But industry leaders have broadly argued against efforts to rein in the industry’s practices in terms of price hikes and patents, making the case that that could irreparably stifle medical innovation. The battle is far from over, and industry representatives and lobbyists are quick to hypothesize that the worst, for them, is yet to come. They point to several ongoing legislative initiatives, including in the Senate Finance Committee, that could take more concerted direct aim at their pricing strategies in Medicare. They’re waiting, too, to see if House Democrats can cut a drug pricing deal with the White House to empower Medicare to negotiate at least some drug prices. Another pending regulation, loathed by drug makers, might tie their pricing decisions in Medicare to an index of international prices. They’ve also bemoaned the Trump administration’s decision last week to abandon a policy change that would have ended drug rebates — which, the pharmaceutical industry has said, could have given drug makers more space to lower their prices voluntarily. “We’re getting killed!” one pharma lobbyist told STAT. Of course, the Trump administration’s supposedly devastating decision to abandon that proposal simply maintains the status quo. “Big Pharma has replaced Big Tobacco as the most powerful brute in the ranks of Washington power brokers.” n Valentine’s Day, Sen. Thom Tillis (R-N.C.) enjoyed a showering of love that is familiar in Washington: a flood of campaign contributions, many at the federal limit of $2,800 for a candidate or $5,000 for an affiliated political committee. One donation came from Pfizer’s CEO, Albert Bourla, who donated $5,000 to Tillis and another $10,000 to Sen. John Cornyn (R-Texas) and associated campaign committees. Another came from Kenneth Frazier, the top executive at Merck. The Tillis campaign committee eventually cashed checks from CEOs and other high-ranking executives at those companies as well as Amgen, Eli Lilly, Sanofi, and Bristol Myers-Squibb, plus two high-ranking officials at the advocacy group PhRMA. Six lobbyists at one firm that works with PhRMA, BGR, also combined to contribute $100,000 to a bevy of Republican lawmakers and the party’s campaign arms. Tillis raised an additional $64,500 from drug industry political action committees in the past quarter, according to disclosures released on Monday. A Pfizer spokeswoman declined to comment about Bourla’s contributions, and representatives for the other companies did not respond to STAT’s request for comment. Tills was one of few individual lawmakers — in many cases, the only one — to whom the executives had written personal checks during the current election cycle. While drug industry CEOs frequently contribute to political committees for congressional leadership, the breadth of executives who donated Tillis specifically is notable, particularly considering his outspoken role on pharmaceutical industry issues. While lobbyists pushed back on the notion that campaign contributions directly influence votes, the donations targeted so specifically to a particular candidate could be seen as a prime example of Washington’s system for rewarding loyalty and how industries protect their interests. The same PhRMA PAC that donated to Tillis has given generously in recent years: nearly $200,000 in the 2018 campaign cycle, roughly 58% of which was targeted toward Republicans. Drug industry PACs donated $10.3 million in total in that cycle, according to the Center for Responsive Politics. The figure two years before was even higher: a total of $12.2 million from industry-aligned PACs alone. It is no accident that the pharmaceutical industry has maintained its reputation among the nation’s most powerful lobbies, said Sheila Krumholz, the executive director of the Center for Responsive Politics, an organization that tracks political influence. “Their access and influence goes beyond this Congress or even the administration,” Krumholz said in an interview, adding that she “was struggling to think of evidence” it had waned. Pharma has a reputation here for winning on policy — often thanks to the lawmakers who are among the biggest recipients of the millions that drug corporations, employees, and the industry political arms donate each year. Even as the rhetoric has escalated, the industry has quietly worked to insulate itself from any major legislative changes. Take, for example, a recent about-face from Cornyn, the Texas Republican who took in some campaign cash alongside Tillis. As recently as February, Cornyn seemed to be positioning himself as a rare Republican figurehead for anti-pharma congressional wrath. At a widely publicized hearing before the Senate Finance Committee, he went head-to-head with AbbVie CEO Richard Gonzalez, pressing him to explain why the company had filed more than 100 patents on its blockbuster arthritis drug Humira. Cornyn introduced legislation soon after the skirmish to crack down on patent “thicketing,” a term for a drug company tactic to accumulate tens, if not hundreds, of patents to shield a drug from potential generic competition. Pharma sprung into action. They recruited congressional allies, including Tillis, to pressure Cornyn to significantly rework the bill, and they succeeded. The version of the bill that eventually cleared the Senate Judiciary Committee was stripped of language that would have empowered the Federal Trade Commission to go after patent thicketing. Instead, the bill limited how many patents a drug maker could assert in a patent lawsuit. The new version of the bill lost “a lot of teeth” and “solves a narrower problem in a narrow way,” advocates told STAT when the change was first introduced. It is far from the only example of the industry’s aggressive interventions to water down legislation. “In lots of ways they’re like the [National Rifle Association], because they have an incredible power to squash out any negative opinion, nor to feel any of the ill effects of those things,” said Pallavi Damani Kumar, an American University crisis communications professor who once worked in media relations for drug manufacturers. “It just speaks to how incredibly savvy they are.” Pharmaceutical industry lobbyists also successfully fought to keep another anti-drug industry patent proposal from Sen. Bill Cassidy (R-La.) and Dick Durbin (D-Ill.) out of a bipartisan drug pricing package moving through the Senate HELP Committee. The legislation would have allowed the FDA to approve cheaper versions of drugs, even when the more expensive product was protected by certain patents. Cassidy’s proposal never even made it into the HELP package. As the lobbyist who bemoaned the withdrawal of the rebate rule put it, Cassidy “simmered down” in the face of industry pressure. In recent weeks, the industry had targeted Cassidy in particular, in recent weeks, for fear he would break with many of his GOP colleagues to support a cap on some price hikes for drugs purchased under Medicare, a proposal so far pushed only by Democrats. “Sen. Cassidy doesn’t care what lobbyists think — he is going to do what’s best for patients,” said Ty Bofferding, a Cassidy spokesman. “Sen. Cassidy fought for the committee to include the REMEDY Act in the package, despite strong opposition from the pharmaceutical industry.” The committee eventually included half the bill’s provisions, he added, as well as four other pieces of legislation meant to prevent the industry from taking advantage of the patent system. The drug industry also notched a win by watering down another proposal in that package from Sen. Susan Collins (R-Maine) that would have blocked drug makers from suing over patents they didn’t disclose to the FDA. The version of the bill that actually made it into the package doesn’t block drug makers from suing, but instead directs the FDA to create a public list of companies that fail to disclose their patents. “This change is a big win for drug makers,” Michael Carrier, a Rutgers University professor and expert on patent gaming, told STAT. “Shaming is something drug makers don’t seem worried about.” Matthew Lane, the executive director of the Coalition Against Patent Abuse, likewise added that the altered bill “doesn’t seem to be doing much anymore.” Not all of the pharma-endorsed changes, however, are self-serving. Patent experts and federal regulators too had raised concerns with some of the bill being proposed. Cornyn’s patent bill was particularly controversial. “These provisions encourage ‘fishing expeditions’ by zealous bureaucrats, politically motivated by the popularity of efforts to reduce drug prices and garner the political benefits of being seen to be pursuing these ends,” Kevin Noonan, a patent lawyer at McDonnell Boehnen Hulbert & Berghoff wrote in a recent blog post, referring to the original Cornyn bill. Drug-pricing advocates said lobbyists have even managed to convince lawmakers to introduce some legislation they say has explicitly favored the drug industry, including intellectual property-focused legislation that would allow drug makers to patent human genes. That particular bill would “undo the bipartisan effort underway to fix pharma’s exploitation of the patent system,” said the Coalition Against Patent Abuse. And they were far from the only group raising concerns. The American Civil Liberties Union and more than 150 other groups wrote to lawmakers last month opposing the bill. Pharma’s list of policy victories goes on: Drug companies and allied patient groups forced the Trump administration to back off a proposal to make relatively minor changes to Medicare’s so-called protected classes policy. Currently, Medicare is required to cover all drugs for certain conditions, including depression and HIV. The Trump administration proposed in November that private Medicare plans should be able to remove certain drugs in those classes from their formularies, if the drugs were just new formulations of a cheaper, older version of the same drug, or when a drug spiked in price. But drug industry opposition helped convince the administration to spike that effort. A week ago, the industry struck its biggest blow yet. Three of the country’s largest pharmaceutical companies —Amgen, Eli Lilly, and Merck — prevailed in a lawsuit to strike down a Trump administration requirement that they disclose list prices in television advertisements. The lack of congressional action — despite the Democratic enthusiasm and bipartisan appetite — is still further evidence of industry’s ability to stave off defeat. As the dozens of Democrats running for president ramp up their anti-pharma rhetoric, both Trump and progressives have begun to fret that Washington’s efforts have proven to be all bark and no bite. With two weeks remaining before the August recess and an escalating 2020 campaign, some advocates fear that the window for bold action is closing quickly. “It’s appalling that we are six months into this Congress and we haven’t seen meaningful legislation passed on American’s number one issue for this congress,” said Peter Maybarduk, who leads drug-pricing initiatives for the advocacy group Public Citizen. “Congress needs to get its act together.”

#### Infra’s k2 stopping existential climate change – warming is incremental and every change in temperature is vital

Higgins 8/16 [Trevor, Senior Director, Domestic Climate and Energy, “Budget Reconciliation Is the Key to Stopping Climate Change”, 08-16-2021, https://www.americanprogress.org/issues/green/news/2021/08/16/502681/budget-reconciliation-key-stopping-climate-change/]//pranav

The United States is suffering acutely from the chaotic changes in climate that scientists now directly attribute to the burning of fossil fuels and other human activity. The drought, fires, extreme heat, and floods that have already killed hundreds this summer across the continent and around the world are a tragedy—and a warning of worsening instability yet to come. However, this week, the Senate initiated an extraordinary legislative response that would set the world on a different path. Enacting the full scope of President Joe Biden’s Build Back Better agenda would put the American economy to work leading a global transition to clean energy and stabilizing the climate. A look at what’s coming next through the budget reconciliation process reveals a ray of hope that is easy to miss amid the fitful negotiations of recent months: At long last, Congress is on the verge of major legislation that would build a more equitable, just, and inclusive clean energy economy. This is our shot to stop climate change. Building a clean energy future must start now Until the global economy stops polluting the air and instead starts to draw down the emissions of years past, the world will continue to heat up, blundering past perilous tipping points that threaten irreversible and catastrophic consequences. Stemming the extent of warming at 1.5 degrees Celsius rather 2 degrees or worse will reduce the risk of crossing such tipping points or otherwise exceeding the adaptive capacity of human society. Every degree matters. Stabilizing global warming at 1.5 degrees Celsius starts with cutting annual greenhouse gas emissions in the United States to half of peak levels by 2030. This isn’t about temporary offsets or incremental gains in efficiency—it’s about the rapid adoption of scalable solutions that will work throughout the world to eliminate global net emissions by 2050 and sustain net-negative emissions thereafter. Building this better future will tackle climate change, deliver on environmental justice, and create good jobs. It will give us a shot to stop the planet from continuously warming. It will alleviate the concentrated burdens of fossil fuel pollution, which are concentrated in systemically disadvantaged, often majority Black and brown communities. It will empower American workers to compete in the global clean energy economy of the 21st century. There is no time to lose in the work of building a clean energy future.