

BEYOND RESOLVED ARGUMENT BREAKDOWN



Resolved: The United States federal government should enact the Medicare-For-All Act of 2019.

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Intro

[Beyond Resolved](#) is a student-led organization that advocates for all marginalized groups in high school speech and debate by raising awareness of often overlooked disparities, creating inclusive spaces, and building resources for the debate community.

We believe that no matter how much an individual spends on researching/ prepping for debate, large national competitions will be an advantage for those that are allowed to and can afford to compete, as those that go are exposed to more different types of arguments and debates which provides a greater depth and breadth of understanding on a topic. Yes, PF is an activity where people *can* be competitively successful spending a lot of time prepping on their own without going to tournaments beforehand, but access to debate rounds and tournaments where other people have also done a great deal of research becomes a more efficient and thus more advantageous way to learn more.

Our Argument Breakdown Initiative began last September, when Beyond Resolved went over the arguments that were run at camps (find it on beyondresolved.org/educational-resources). You can view all of our past breakdowns [here](#).

Each argument in this breakdown will have a description and common responses to it. .

Note: Please do NOT cite our analysis in round as we are a bunch of high schoolers, not professionals that you should be citing.

How can I help?

Please fill out [this form](#) to add arguments to the argument breakdown. If you want a bigger role/ to edit this document directly, feel free to email contact.beyondresolved@gmail.com or directly reach out to the editors on Facebook.

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Topic Analysis

Medicare for All has recently been thrown into the spotlight in our national conversation. Progressive candidates from Bernie Sanders to Elizabeth Warren have supported Medicare for All and healthcare has become a key voting issue, especially amidst the pandemic. However, although the concept of Medicare for All has been around for a while, the resolution specifies the Medicare-For-All Act of 2019 in order to limit speculation over the implementation of the resolution. Despite the specificity, questions remain over what the Medicare-For-All Act of 2019 would actually mean. Indeed, there are two bills in Congress called the “Medicare-For-All Act of 2019”: one in the House, sponsored by Congresswoman Pramila Jayapal, and one in the Senate, sponsored by Senator Bernie Sanders. Although there are minor differences in the bills, the general principle of Medicare for All remains the same, so debates over which bill is passed should not be anticipated.

Medicare for All is a simple idea. The bill seeks to expand existing Medicare coverage (which provides government-run healthcare for seniors) to all Americans. Proponents of Medicare for All point to the holes in the existing healthcare system that force most Americans to pay exorbitant out-of-pocket expenses for medical care or forgo life-saving care altogether as a key justification for the policy. Opponents often worry about the high cost of Medicare for All, as well as the potential risks of the quality of care.

This breakdown will analyze the most common arguments on both sides. However, while the breakdown is comprehensive, there will be some arguments and nuances that are not covered in this breakdown.

In addition, this argument overlaps with many past debate topics. Put simply, Medicare for All is a mix of the November-December 2018 topic on price controls on the pharmaceutical industry and the February 2020 topic on a Universal Basic Income. Most would agree that Medicare for All would lower drug prices, which is why teams often pull past prep from the price controls topic. Moreover, Medicare for All seeks to provide a universal form of coverage to fill holes in an existing system, similar to a universal basic income. Other past topics to draw prep from include the January 2019 topic on the federal debt vs economic growth. Sifting through these past topics may be helpful in preliminary prep, and some may even take most of their cases from these past topics! If you don't have backfiles from your own team, check out [Circuit Debater](#)! Circuit Debater is a useful resource with lots of old prep from some of the best teams on the circuit.

With that said, **prep on**. This is the first topic of the season, with a number of major tournaments including UK, Yale, and Bronx. The September topic is typically extremely prep-heavy, given that many debaters prepped the topic at camp and there is far more time to prep than normal. Online tournaments are already filling up fast; these may be some of the hardest tournaments of your life.

Good luck!

Progressive Arguments

More detailed information about progressive arguments can be found [here](#). This breakdown simply seeks to give a brief overview of common progressive arguments on the topic.

Race Arguments

These arguments are normally based upon the racism arguments that aff teams read, detailed in the **AFF** breakdown. However, sometimes read these arguments with some pre-fiat framing. For example, discussing issues of marginalized groups that are underrepresented in the media and in politics breeds discourse in the real world about racial health disparities and more. This argument features at the highest layer in the debate round since it is the only argument that may meaningfully affect the real world by affecting discourse.

LGBTQ+ Arguments

There are a few ways to run LGBTQ+ identity arguments under the Medicare for All topic. In progressive debate, there are quite a few theory shells and work PIKs as responses to arguments debaters might run. For example, when discussing reproductive health services, some debaters might say “women’s healthcare” when in reality trans men, nonbinary folx, and genderqueer individuals all might need access to abortions and sexual health services. So, a common theory shell or word PIK would kritik the performance of the affirmative in the way they discuss healthcare. This also applies to debaters running gender confirmation arguments, or other LGBTQ+ case positions.

For kritiks, there are many literature bases that can be worked into a K-aff or K-neg. Foucault is a great author to read on the topic, specifically bioterror and the securitization of HIV/AIDS. Demedicalization is also a great argument, and the article “A Case for the Demedicalization of Queer Bodies”. In addition, Bailey and Van Doorn have authored a few great articles on ballroom culture.

Majority World Kritik

The majority world kritik calls us to interrogate the way that we refer to and think about countries other than our own. On the neg, at least at camp, it seemed like a race to see how many different links to the “developing world” you could fit in one case. Whether it was debt, donations, R&D, tiered pricing, or foreign doctor shortages, nearly every team was trying to impact out to the majority world as an easy way to access scope and magnitude weighing. This of course comes alongside the analytic claims of how “people in the majority world lack access to social safety nets” and how “one dollar in these countries goes much farther than in the US.” The K questions these underlying ideas that have become so ingrained and accepted within PF.

While this argument *will* mean different things to different people depending on your personal experiences, I'll explain what my partner and I did. The link to our K was the term "developing world/country." This can be found in an opponent's tagline (eg "our sole contention is a developing world disaster"), evidence (eg "The HINJ concludes that new therapies accounted for 73 percent of the increased life in developing countries"), or in transitions/tags (eg "M4A would hurt the developing world in three ways").

So, why is saying "developing world/country" bad? One of the big ones is that we too often lump all countries not at our income level as developing, viewing them as *nothing but poverty*. In debate this is especially true as there is a strong incentive to win, leading us to try and to impact the most people, exploiting real struggles as nothing more than a means to an end - that end being the ballot. These categorizations of people from the majority world as being "the most vulnerable" and helpless absent the US can perpetuate harmful stereotypes that extend beyond the debate round. Additionally, the term "developing world" implies multiple worlds, creating a sense of the other, something alien (and yes, majority world also contains the word "world" in it, more on that later). This can exclude debaters that come from or have family from these countries, potentially making them feel as if them and their heritage don't belong.

So, if you can't say developing world/country, then how the hell should you go about addressing issues in the majority world? The absolute best thing you can do is just refer to a country by name. If your impact concerns 20 million people throughout Africa getting access to HIV/Aids medication, then say so. Sometimes, of course, you will have to generalize if your impact extends to many different countries. In this case, the alternative I choose to use is "majority world." A thought-provoking reminder to those of us in the West that we are but a very small minority on the globe. While there is still the use of the term "world," it forces you to confront unequal global power dynamics. Other potential alternatives when generalizing include classifications based on data (eg low and lower middle-income countries or LMIC for short).

Once again, this argument means different things to every debater, and this is just the way that my partner and I decided to lay it out. Even if you don't feel like changing your rhetoric, it's important to take a step back and ponder the ways in which we think about people outside our country. After all, that's the point of the K.

-- written by Manuel De Leon

AFF

Universal Coverage

This argument is probably the most straightforward and intuitive affirmative argument. In the status quo, at least [27 million Americans](#) are uninsured. Overall, [84.2 million Americans](#) are uninsured or underinsured, meaning that they have insurance coverage but not to a level comprehensive enough to fully cover all major medical expenses. Medicare for All, by definition, would give all of these people access to health insurance, allowing them to receive medical care at no cost.

The most simplistic version of this argument is simply that access to care saves lives because people are more willing and able to go to a doctor and be treated. Indeed, a [prominent study](#) found that Medicare for All would save 68,000 lives by covering everyone.

Advantages of this argument:

This argument is strategic simply because it is probably the most common and intuitive argument on the topic. Every single judge will understand this argument, and it is the main reason why proponents of Medicare for All favor the policy. In addition, it is very difficult to respond to the link of the argument, which is simply that Medicare for All covers everyone. If you want a basic, understandable argument, this is your shot.

Disadvantages of this argument:

Every team will have numerous responses prepared to this argument since it is so common. You have to be ready to frontline a number of responses about how Medicare for All would worsen the quality of healthcare, even if it covers everyone. These issues will be covered in the **NEG** argument breakdown.

Common responses to this argument:

1. The most common responses to this argument are independent DAs, or disadvantages. For instance, teams will argue that since everyone is covered by healthcare, it will increase the demand for health services and overload the system, causing massive wait times. These arguments will be discussed in more detail in the **NEG** argument breakdown.
2. The situation is improving in the status quo. For instance, [one report](#) found that “[m]ost, if not all, Americans will have some form of health insurance” by 2050.

LGBTQ+

This argument is a slight nuance of the argument regarding universal coverage. While millions of Americans are uninsured, the uninsurance rate is particularly high amongst the LGBTQ+ population. In fact, the uninsurance rate for LGBTQ+ individuals is [roughly double](#) the rate of non-LGBTQ+ individuals. This is in part due to [systemic discrimination](#) against LGBTQ+ individuals in the healthcare industry. Even for those that are insured, many lack access to key mental health services or drugs like [PrEP](#).

Medicare for All would be a simple solution by providing extensive health coverage to every American.

Advantages of this argument:

This argument is strategic because it's very easy to understand and quite intuitive. The key to winning this argument is having weighing/framing about why we should prioritize LGBTQ+ individuals. Put simply, affirming rejects an inherently discriminatory system that perpetuates LGBTQ+ discrimination, and that is an a priori moral obligation.

Disadvantages of this argument:

If you're behind on the framing, there's very little chance you can win the round, because nearly every other argument outweighs on scope, or affects more people.

Common responses to this argument:

1. Most responses to this argument are similar to general responses to the argument about universal coverage. Teams will read reasons why a doctor shortage or hospital closures disproportionately harm LGBTQ+ communities.
2. Coverage for LGBTQ+ individuals is also increasing in the status quo, addressing the issue.
3. Finally, teams will read responses about how they are also helping marginalized communities.

Racism

This argument is again a slight nuance of the universal coverage argument. African-Americans and Hispanics are [disproportionately less likely to be insured](#) because of structural inequalities. Fortunately, affirming solves by providing universal health coverage that disproportionately helps minorities.

Advantages of this argument:

This argument is very similar to the argument about LGBTQ+ communities. It is very simple, intuitive, and fundamentally true. Similarly, the key to winning this argument is by making some sort of framing argument about how it's most important to alleviate racial inequality.

For example, teams may pair this racism argument by making arguments that racism functions at the highest layer in the round and you must prioritize it in the round. They can warrant this by saying that any instance of racism is endorsing a system of violence and fear in the United States. This type of "framing" can be surmised as a structural violence type argument, which is contrary to the usual idea of Public Forum of utilitarianism. In other words, we have a moral obligation to reject a racist policy on face.

Disadvantages of this argument:

Similar to the argument about LGBTQ+ communities, if you're behind on the framing, there's very little chance you can win the round, because nearly every other argument outweighs on scope, or affects more people.

Common responses to this argument:

1. Again, this is similar to the argument about LGBTQ+ communities. Most responses to this argument are similar to general responses to the argument about universal coverage. Teams will read reasons why a doctor shortage or hospital closures disproportionately harm racial minorities.
2. Coverage for racial minorities is also increasing in the status quo, addressing the issue.
3. Finally, teams will read responses about how they are also helping marginalized communities.

Opioid Crisis

This argument is an extension of the argument about universal coverage. The argument is simply that Medicare for All would help fight the opioid crisis by giving Americans easier access to drugs like Naloxone and preventative care that can fight opioid addiction in the first place.

Some teams impact this argument out simply to American lives from the opioid crisis. Others stretch this argument to Mexican state collapse. Mexican cartels gain substantial revenue from opioids in the US. These cartels are threatening the stability of the Mexican government and potential state collapse. As a result, solving the opioid crisis in America could save the Mexican government.

Advantages of this argument:

The links of this argument are again quite intuitive and easy to understand. It's probably true that Medicare for All would help fight the opioid crisis to some extent. Impacting out to Mexico also allows you to have a broader scope than the average argument about universal coverage, and teams can find some clever weighing from Mexican collapse.

Disadvantages of this argument:

While the basic links of this argument seem intuitive and true, impacting to Mexican collapse is difficult and more difficult to understand for parents. Even if you win that you are addressing the opioid crisis, it's much harder to prove that this will destroy Mexican cartels and save the Mexican government.

Common responses to this argument:

1. Teams often read the typical DAs to respond to this argument, such as wait times and doctor shortages (discussed in more detail in the **NEG** breakdown). These responses are used to show that the opioid crisis becomes worse in a world of Medicare for All.
2. Other teams spend more time responding to the impact of this argument; the threat of Mexican state collapse is likely exaggerated, and cartels will find other sources of revenue and remain powerful regardless of the American opioid crisis.

Pandemics

This is a common impact on the topic. Many teams are hesitant to read smaller impacts, and expanding the impact to pandemics gives the impact a larger scope. Some teams impact this only to helping

address COVID, and others impact it to future pandemics that could be deadly. The argument is that universal coverage would make Americans more willing and able to be tested and treated for pandemics, without fearing the high cost, thus containing the disease.

Teams often read multiple links into addressing the pandemic, beyond simply universal coverage. These links will be discussed later in the breakdown.

Advantages of this argument:

This allows teams to have a broader scope of impact with the same common links, similar to the argument about the opioid crisis. Teams can also find clever weighing about pandemics, beyond simply saving lives.

Disadvantages of this argument:

Just like the argument about the opioid crisis, it's probably true that Medicare for All would reduce the harm of pandemics. However, it's difficult to know how much this would help. A pandemic impact may unnecessarily complicate your narrative.

Common responses to this argument:

1. The same DAs can be used to respond to this argument because a shortage of doctors or hospitals would likely make it harder to respond to pandemics.
2. Medicare for All has a two or four year phase-in period (depending on the bill), so it may come too late for COVID.
3. The real reason why the US can't contain COVID is Trump's mismanagement, not a lack of universal coverage.

Rural Hospitals

This argument is that Medicare for All would help rural hospitals survive. In the status quo, rural hospitals are often uncompensated when uninsured patients receive care. This has contributed to persistent rural hospital closures. However, Medicare for All would institute a system of global budgeting that would allow rural hospitals to draw on extra cash and compensate them for care, potentially [saving hundreds of hospitals](#) from closure.

Advantages of this argument:

This helps teams diversify their links into helping the healthcare system, beyond simply providing universal coverage. The argument is also easy to understand, and can contribute to an overall narrative about fixing our broken healthcare system.

Disadvantages of this argument:

The argument has a limited scope (only to rural America), thus making weighing somewhat difficult. In addition, it may not provide significant benefit over the simple argument about universal coverage.

Common responses to this argument:

1. The most common response is simply the rural hospitals argument on neg, which will be discussed further in the **NEG** breakdown.
2. Other teams make arguments about how the global budgeting system will always fail.

Pharmaceutical Monopolies

This is an argument where teams pull up their backfiles from the price controls topic. Medicare for All lowers drug prices, giving pharmaceutical companies less money to consolidate the market and breaking down monopolies. This helps reduce patent protection overseas that limits drug access to millions and introduces competition that can lower prices and increase innovation.

Advantages of this argument:

This argument can have a broader scope than many other aff arguments since pharmaceutical monopolies have influence around the world. The argument also interacts well with common neg arguments, such as innovation.

Disadvantages of this argument:

This argument is less intuitive than others and it's difficult to prove that the benefits of breaking down monopolies exceed the harms of lowering prices.

Common responses to this argument:

1. Teams respond with arguments about how lowering prices prevents innovation or forces companies to hike drug prices overseas. These arguments will be discussed further in the **NEG** breakdown.
2. Others respond by arguing that the harms of monopolization are not materializing in the status quo, as innovation and drug access are increasing.

Centralization

This argument is that Medicare for All centralizes all health data into a single, centralized database. This allows doctors to have easier access to patient data and improves science analyzing health trends. Most researchers and doctors agree that a centralized system would significantly improve early recognition of diseases and save lives.

Advantages of this argument:

This helps teams diversify their links into fixing America's healthcare system, beyond just universal coverage. It's also a pretty true argument, and there aren't very many responses.

Disadvantages of this argument:

This link may not provide a ton of advantage over the argument about universal coverage, unless you read a more specific nuance. It's also slightly less intuitive than just universal coverage.

Common responses to this argument:

1. A more centralized data system can be susceptible to hacking or cyberattacks that undermine the whole system.
2. The system is already becoming more centralized in the status quo.

Value-Based Pricing

Similar to the monopolies argument, this argument was run on the price controls topic. It's a pretty intuitive argument. In the status quo, drug companies are incentivized to innovate drugs that do not provide clinical value to patients, and instead are slight modifications of existing drugs ("me-too" drugs). However, Medicare for All would lower drug prices through a negotiation process that would price drugs based upon their value to society, rather than profit, realigning the incentives of drug companies towards producing higher-quality drugs.

Advantages of this argument:

This argument is pretty intuitive and interacts well with the neg arguments on innovation. You can build a powerful narrative about the failures of the pharmaceutical industry using this argument. Innovation is also easy to weigh since it may have a global impact.

Disadvantages of this argument:

It's somewhat unclear how much more innovation will happen under a value-based system. In addition, this argument is susceptible to in-depth responses about innovation declining under this system.

Common responses to this argument:

1. Lowering prices would disincentivize drug companies from innovating in the first place since they would be unable to recoup large profits.
2. The government would be ineffective at accurately pricing drugs based on their quality, preventing value-based pricing from working.

Medical Debt

Providing universal coverage has many benefits beyond directly saving lives. Under the current system, Americans, even those insured, pay exorbitant sums of money for medical procedures, leaving [137 million Americans](#) struggling with medical debt. Medicare for All would be a simple solution to this issue by covering medical expenses. This could have the direct benefit of lifting [8 million people](#) from poverty and the indirect benefit of giving Americans more money that they can spend into the economy, increasing economic growth.

Advantages of this argument:

It's really simple, intuitive, and probably true. In addition, impacting to economic growth gives a broader scope of impact and allows for more powerful weighing.

Disadvantages of this argument:

It's hard to contextualize how much economic growth may increase, and it runs somewhat counter to the narrative about saving lives through universal coverage.

Common responses to this argument:

1. Affirming doesn't solve for existing medical debt, which means the problem exists in either world.
2. Medicare for All would undermine economic growth by requiring increased taxes and an increased government deficit.

Job Lock

This is an interesting economic argument. In the status quo, employer-sponsored health insurance makes employees incredibly reliant upon their employers for health coverage. This disincentivizes people from leaving their jobs for fear of losing coverage through a process called "[job lock](#)." However, Medicare for All would cover health insurance for everyone, which would empower workers to leave their existing jobs, without fear of losing health coverage. They may start new small businesses or find a new job that fits them better. This ultimately increases the efficiency of the economy, boosting economic growth.

Advantages of this argument:

This allows you to avoid some of the typical debates about health access and care, and focus solely on an economic argument that's fundamentally true. It also gives you a wider scope through economic growth that may trickle down to affect countries around the world through trade linkages.

Disadvantages of this argument:

It may be more strategic to make a clear narrative about improving the healthcare system than getting into economic debates that are less central to the resolution.

Common responses to this argument:

1. The majority of small businesses fail, which means empowering workers to create their own businesses will be largely ineffective.
2. Funding Medicare for All through deficit spending or taxes would undermine economic growth as a whole and prevent small business formation.

Wages

This is another economic argument. In the status quo, businesses spend billions of dollars on health insurance. Medicare for All would [free up billions of dollars](#) for employers to spend on worker wages, lifting people from poverty and giving Americans more money to inject back into the economy.

Advantages of this argument:

Again, this is another link into the economy that is probably true. It offers a broad scope of impact and gives you another path to the ballot beyond improving the healthcare industry.

Disadvantages of this argument:

Just like the other economic arguments, this may take away from the narrative about saving lives by fixing the healthcare system.

Common responses to this argument:

1. When employers get more money, they won't increase wages; instead, they will invest in other projects and pad CEO pay.
2. Funding Medicare for All through deficit spending or taxes would undermine economic growth as a whole and undermine wages in the long-term.

Imports

This is an impact of many economic arguments, like wages and medical debt. The argument is that when people have more money because they don't have to pay for medical expenses and receive higher wages, they import more goods from other countries. This increases economic growth around the world.

Advantages of this argument:

This allows for better scope weighing since your impact is global.

Disadvantages of this argument:

It's difficult to contextualize how much more growth occurs in low-income countries. Moreover, it may take away from your narrative and require extra words in case, when you could just read this in rebuttal.

Common responses to this argument:

1. The US trades mostly with other rich countries, rather than low-income countries.
2. Most trade primarily benefits the rich who are connected to the global economy, not the poor.

NEG

Doctors

Many neg teams argue that even if access to care increases, the quality of care declines as a whole. One common form of this argument is that Medicare for All pays doctors at Medicare rates, which are significantly lower. This cut to pay and increase in hours incentivizes doctors to leave the workforce and disincentivizes new doctors from entering the workforce, contributing to a [massive doctor shortage](#).

Advantages of this argument:

It's a pretty intuitive argument that is easy to weigh against common aff arguments about accessibility.

Disadvantages of this argument:

This is one of the more common **NEG** arguments, with lots of literature opposing it. As a result, you have to be ready to frontline a lot of responses, and prove that, as broken as the system is today, Medicare for All would uniquely make it worse.

Common responses to this argument:

1. Medicare for All would reduce administrative work, which is a major contributor of physician burnout.
2. The benefits of increased access outweigh the harms of a doctor shortage.
3. A doctor shortage already exists in the status quo.

Hospitals

Another way that Medicare for All may worsen the quality of care is by causing hospital closures. Medicare pays hospitals significantly less than private insurers, and extending Medicare rates to all hospitals would force hospitals to run significant deficits and potentially close down, significantly reducing the quality of care. This argument is often specific to rural hospitals.

Advantages of this argument:

This argument serves a similar purpose to the doctors argument and is another way that you can craft a narrative about how Medicare for All worsens the quality of care. It also makes a lot of sense, especially when run in conjunction with the doctors argument.

Disadvantages of this argument:

Just like doctors, this is one of the more common **NEG** arguments, and lots of teams will have pretty powerful responses. In addition, the system is already broken that it may be hard to prove that affirming makes it uniquely worse.

Common responses to this argument:

1. Medicare for All has a global budgeting system (discussed in the **AFF** breakdown) that stops hospitals from closing down.
2. Hospitals are already at risk of closure in the status quo.
3. The benefits of increased access to care exceed the harms of hospital closures.

Wait Times

Medicare for All can also worsen the quality of care by causing long wait times. Just as aff teams argue, Medicare for All would increase the amount of people seeking care, since the care would become free. The increase in demand for care without a corresponding increase in supply would force Americans to wait far longer until they receive care. Longer wait times for life-saving care kill thousands who need care urgently.

Advantages of this argument:

This argument is very intuitive and the weighing is pretty easy. Wait times, hospitals, and doctors together make a powerful narrative about the quality of care.

Disadvantages of this argument:

Teams will have many responses about how the status quo is a worse alternative. Overall, this argument runs into many of the same issues as doctors and hospitals.

Common responses to this argument:

1. Wait times are infinite for the uninsured in the status quo.
2. Other countries with single-payer systems haven't seen wait times that are long.

Innovation

This is another argument where teams pull out their files from the price controls topic. Medicare for All would [lower drug price](#) through a negotiation process. This makes it difficult for pharmaceutical companies to innovate, since innovation for new drugs costs billions of dollars. Without high profits in the US, pharmaceutical companies and investors will be unwilling to bear the cost of research and development of new drugs, undermining medical advancements.

Advantages of this argument:

This argument can also work with a narrative about the quality of care declining. In addition, a lack of innovation can have a global impact, giving teams a broader scope.

Disadvantages of this argument:

This was the most common argument on the price controls topic, so teams will have a LOT of responses.

Common responses to this argument:

1. Most drugs are produced by the government, not pharmaceutical companies.

2. Most drugs produced by pharmaceutical companies don't provide additional clinical value.
3. Companies only spend a small portion of their budget on innovation.

Tiered Pricing

Again, teams use their price controls prep for this argument. The argument is that Medicare for All [lowers drug prices](#) through negotiations. That's problematic, because high drug prices in the US subsidize lower drug prices in low-income countries. As a result, lowering prices in the US forces companies to increase prices in low-income countries to make up lost profit, leaving drugs unaffordable for millions.

Advantages of this argument:

This argument gives you a more global impact, while most other arguments are US-centric. It can go well in a narrative with the argument about innovation since both pertain to pharmaceutical prices.

Disadvantages of this argument:

This argument is slightly less intuitive than other arguments like wait times. It also seems somewhat unrelated to the topic, and no one in the real world is arguing that we should not implement Medicare for All because it may increase drug prices in other countries.

Common responses to this argument:

1. Pharmaceutical companies are only in low-income countries since it's profitable for them. They won't change their strategies even if prices go down in the US.
2. If anything, companies will shift more to low-income countries since they lose a long-term market in the US.

Taxes

Medicare for All would cost between [30 and 40 trillion](#) dollars over 10 years. The expense of Medicare for All would force the government to increase taxes in order to pay for the program. Higher taxes would ultimately undermine economic growth by taking cash away from Americans and disincentivizing spending.

Advantages of this argument:

This is a pretty intuitive argument, and this is one of the biggest talking points of Medicare for All opponents. There's plenty of literature about the high taxes required to fund Medicare for All.

Disadvantages of this argument:

This may force you to get into a messy debate about how Medicare for All is financed. It also takes away attention from the focus of the debate, which is health outcomes.

Common responses to this argument:

1. The government would finance Medicare for All through deficit spending, not taxes.

2. Even if taxes increase, individuals no longer have to spend on healthcare, leading to on-net savings.

Deficit Financing

Just like the taxes argument, this is an argument about the expense of Medicare for All. Medicare for All would cost between [30 and 40 trillion](#) dollars over 10 years. The expense of Medicare for All would force the government to increase government borrowing in order to pay for the program. Government borrowing and increasing the federal debt can be bad for a few reasons. In addition, this is an argument where teams pull out through prep from the debt vs. economic growth January 2019 topic.

Government borrowing can be bad through crowding out and higher interest rates. When the government borrows money, it sells more bonds, leading investors to invest into bonds instead of other goods. This also drives up interest rates. Overall, this reduces private sector investment and harms economic growth. One study found that Medicare for All would [reduce GDP by 24%](#).

An increased federal deficit can also make it more difficult for the government to borrow money during recessions to fund stimulus packages. When the federal debt is high, politicians are less willing to fund stimulus packages, making recessions worse.

Advantages of this argument:

This hits one of the most common reasons why people oppose Medicare for All. They can help you have a more global impact as well.

Disadvantages of this argument:

Since this argument ties directly to the debt topic, teams will probably have a lot of responses. It also may take away from a narrative about the quality of care.

Common responses to this argument:

1. Medicare for All would overall increase economic growth for the reasons specified in the **AFF** analysis, not reduce private investment.
2. The government can always borrow more money since US bonds are the safest asset on the market.
3. The government will finance Medicare for All through taxes, not the federal deficit.

Emerging Market Debt

This is a common impact off of deficit financing. The argument is that the massive increase in federal debt drives investors to invest into US bonds rather than in low-income countries. Moreover, low-income countries have to increase interest rates to attract investors back. That undermines growth in low-income countries and increases debt in low-income countries.

Advantages of this argument:

This gives a much more global impact and avoids some other debates about whether healthcare improves or worsens under Medicare for All.

Disadvantages of this argument:

This argument is difficult to explain, especially in front of parents. In addition, teams will have lots of responses from the debt topic.

Common responses to this argument:

1. The government will pay for Medicare for All through taxes, not deficit financing.
2. The debt is increasing in the status quo regardless.
3. Investors seek a diversified portfolio, so they won't shift away from emerging markets.

Brain Drain

The increased demand for care from Medicare for All and the possible doctor shortage results in a massive demand for more doctors in the US. As a result, the US brings in doctors from other countries around the world, resulting in a "brain drain" effect as other countries lose their most qualified and skilled doctors.

Advantages of this argument:

This is an interesting way to impact out other common neg arguments, such as the doctor shortage argument. It also gives teams a more global impact.

Disadvantages of this argument:

It's difficult to know how many doctors leave low-income nations, and often difficult to impact out.

Common responses to this argument:

1. Immigration regulations prevent brain drain from materializing.
2. The brain drain is already occurring.

Job Loss

Medicare for All would destroy the private health insurance industry, leaving millions of workers without their jobs. This puts people into poverty and undermines the economy as a whole.

Advantages of this argument:

This is a pretty intuitive and probably true argument that can make for a good short first contention.

Disadvantages of this argument:

The scope of this argument is pretty small, and the economic benefits of Medicare for All may exceed this minor job loss.

Common responses to this argument:

1. 2 million lost jobs aren't substantial, and these people can easily find new jobs.
2. The economic benefits of Medicare for All detailed in the **AFF** breakdown exceed this minor, short-term cost.

Trump Re-election

Medicare for All would be a massive win for Trump, allowing him to win over the working class and depressing Democratic turnout, especially amongst single-issue voters who only support Biden for his healthcare policies. As a result, Medicare for All would ensure that Trump wins re-election.

Teams impact this argument out in many ways; for example, Trump's policies are devastating for climate change and could spur the proliferation of nuclear weapons, increasing the chance of nuclear conflict with adversaries everywhere from North Korea to Iran.

Advantages of this argument:

This is a pretty unique argument, and you can use clever weighing (for example, arguing that Biden will pass a public option) to beat most aff teams.

Disadvantages of this argument:

It isn't very intuitive, and the average parent will probably not be particularly receptive to this type of argument. This is especially because in the real world, there is virtually no chance that Trump and the Republican Senate pass Medicare for All.

Common responses to this argument:

1. The argument is inherently improbable and relies on so many factors in order to win.
2. Medicare for All isn't very popular, especially in swing states, so it won't help Trump win re-election.
3. The damage to Trump's reputation cannot be undone, and Biden will win in either world.

Drug Delays

Medicare for All would involve a drug negotiation process that would delay the time it takes for a drug to reach the market, killing thousands.

Advantages of this argument:

It's probably true to some extent, and can go with a narrative about wait times.

Disadvantages of this argument:

The scope of impact is pretty small, and it's difficult to know how many people would die through an American negotiation process.

Common responses to this argument:

1. Most of the evidence is about Europe, and in America, we'd be able to negotiate much more effectively since it's a single-payer system.
2. In the status quo, there are infinite waits for drugs for those who cannot afford prescription drugs.