

# 3P Legislative Briefs



Harvard Quarter Finals and  
Semi-Finals Research Packet  
February 15th-17th, 2014

Researchers

Brittany Stanchik

Kyle Hendrix

Dear Competitor,

As former debaters, we understand the time and effort it takes to prepare for this tournament. With that, we realize the desire to take any sort of shortcut- obviously because it is difficult to buy your way to solid presentation, one way to lighten the load is by purchasing evidence to support your arguments. We greatly appreciate that and aim to provide you with the cards necessary to help you throughout the tournament. However, we would like to stress the purpose of our briefs: they serve as a starting point and/or supplement to personal research- they should not be used as the sole dependent for your arguments and speeches. At 3P, we do adapt to the progression of the Congressional Debate circuit, however, we respect the roots and tradition the event was founded upon and choose to enforce the skill and effort it takes to succeed in this event. We in no way endorse cutting corners! We support personal attempt by aiding you in your journey through Congress.

Sincerely,

The 3P Legislative Briefs Team

## Table Of Contents

Q1- A Bill to Reduce Agricultural Trade Barriers

Q2- A Bill to Restore SNAP

Q3- A Bill to Reform Farm Subsidies

SF1- A Bill to Establish Universal Health Care

SF2- SGR Repeal & Medicare Provider Payment Modernization Act

SF3- A Bill to Reform Funding to Graduate Medical Education

# Q1- A Bill to Reduce Agricultural Trade Barriers

## Legislation Text

1 BE IT ENACTED BY THE CONGRESS HERE ASSEMBLED THAT:

2 **SECTION 1.** A. The annual tariff-rate quota on sugar imports shall be abolished.

3 B. Section 2(b)(3) of The Bipartisan Congressional Trade Priorities Act of

4 2014 shall be amended to include the following: "The principle

5 negotiating objective of the United States with respect to agriculture is to

6 obtain lower tariffs on American agricultural exports, as well as to reduce

7 U.S. tariffs and other trade barriers on imported agricultural goods."

8 **SECTION 2.** Tariffs on American agricultural exports refer to tariffs that other

9 countries place on U.S. goods. U.S. tariffs on imported agricultural goods

10 refer to tariffs that the U.S. government places on foreign imports to the

11 U.S.

12 **SECTION 3.** The Department of the Treasury, the Department of Agriculture, and the

13 Office of the United States Trade Representative shall jointly enforce this

14 bill.

15 **SECTION 4.** A. Section 1A shall take effect in fiscal year 2015.

16 B. The amendment in Section 1B shall take effect immediately upon

17 passage.

18 **SECTION 5.** All laws in conflict with this legislation are hereby declared null and void.

*Introduced for Congressional Debate by the Harvard Congressional Debate Staff.*

## General Synopsis

The legislation is presented in a simple straight-forward manner; and that's on top of the legislative analysis that is already provided with the docket. If anything, this makes debate more competitive- there's no confusion which means that debaters arguments will stand the greatest chance of standing if their basis and impacts are unique. Logical arguments are great, but they should be paired with deep warrants that have real world implications. Debaters should also keep in mind that there are various sections to this legislation- there is no time for mute contentions which have little impact; speakers need to be heavy on the structure to ensure that everything is covered.

## Affirmative Advocacy

Affirmative speakers need to pay attention. General constructives will cover most of the ground, but after those simple arguments have been discussed, it is up to speakers to refute, extend, and crystallize. The best way this can be done is by breaking up speeches to reflect each aspect of the legislation- it won't be enough to 'pick up' one section of bill. On top of ensuring that refutation is clear, affirmative speakers should link back to the most important aspect of America: constitutes.

## Affirmative Research

### **Don't want a repeat of 2012**

**Reuters**, "US to need more sugar despite USDA import increase" Reuters, Rene Pastor, **April 19, 2012**

<http://www.reuters.com/article/2012/04/19/sugar-imports-idUSL2E8FI2MX20120419>

"The United States will need to import more sugar on top of what the government was allowing because supplies remain tight in the domestic market, industry sources said Thursday. The U.S. Agriculture Department on Wednesday approved an increase in raw sugar imports of 450,000 short tons (408,233 tonnes) because of a supply crunch in the United States, one of the world's biggest [markets](#). An informal survey of sugar brokers in the U.S. projected that imports of another 400,000 to 500,000 short tons (362,873-453,592 tonnes) would be needed to feed food, confectionary and industrial companies."

### **It's dangerous to put reliance on Mexico**

**Reuters**, "US to need more sugar despite USDA import increase" Reuters, Rene Pastor, **April 19, 2012**

<http://www.reuters.com/article/2012/04/19/sugar-imports-idUSL2E8FI2MX20120419>

"Normally, the lion's share of sugar imports would come from [Mexico](#) because it can export sugar to the U.S. without any restrictions under the North American Free Trade Agreement. USDA's monthly supply report forecast Mexico's 2011/12 sugar output at 4.9 million tonnes. An official at one of the biggest sugar processors in the U.S. pegged it at 4.8 million tonnes. "The hazard is that the crop has been damaged by bad weather and getting to a 4.8-million-tonne result will require that the remaining part of the crop from now on will have to be much better than the results seen to date," the official said. "A 4.5-million-tonne output is not out of the question."

### **Current policies are harming Americans**

**Bryan Riley**, Senior Analyst in Trade Policy in the Center for International Trade and Economics at the Heritage Foundation, "The U.S. Sugar Program: Bad for Consumers, Bad for Agriculture, and Bad for America" The Heritage Foundation **April 18, 2012** <http://www.heritage.org/research/reports/2012/04/us-sugar-program-bad-for-consumers-agriculture-and-america>

"Falsehood #2: "Sugar policy didn't cost taxpayers a dime in '02, '03, '04, '05, '06, '07, '08, '09, '10, '11 and is expected to run at no cost through 2021." [8] Fact: U.S. sugar policy costs taxpayers millions of dimes per year. According to the U.S. International Trade Commission, the

sugar program imposes a \$49 million net cost on the economy.[9] According to a study commissioned by the Sweetener Users Association, the program costs consumers \$2.9 billion to \$3.5 billion.[10] According to a study by the American Enterprise Institute, the program costs consumers \$2.4 billion per year, with a net economic cost of \$1 billion per year.[11]

### **Americans are forced to foot the bill**

**Chris Edwards**, Director of Tax Policy Studies for the Cato Institute, “The Sugar Racket” CATO **June 2007**  
[www.cato.org/pubs/tbb/tbb\\_0607\\_46.pdf](http://www.cato.org/pubs/tbb/tbb_0607_46.pdf) .

“The taxpayer cost of sugar subsidies is expected to be \$1.4 billion over the next decade.<sup>4</sup> More important, federal sugar policies burden American consumers by creating high prices for sugar and for products that contain sugar. The Government Accountability Office estimated that federal sugar policies impose costs on sugar consumers of \$1.9 billion annually. High sugar prices also damage U.S. food manufacturers, including makers of candies, chocolate, and breakfast cereals. The sugar-growing industry employs 61,000 people, but 988,000 are employed in food businesses that use sugar and are hurt by current policies.<sup>6</sup>”

### **Negative consequences if BCTPA continues**

**Ariel Bogle**, for Slate, “U.S. Politicians Want to Fast-Track the Super-Secret, Super-Controversial TPP” Slate Magazine **January 10, 2014**  
[http://www.slate.com/blogs/future\\_tense/2014/01/10/tpp\\_negotiations\\_bill\\_would\\_allow\\_the\\_white\\_house\\_to\\_fast\\_track\\_the\\_controversial.html](http://www.slate.com/blogs/future_tense/2014/01/10/tpp_negotiations_bill_would_allow_the_white_house_to_fast_track_the_controversial.html)

“The TPP is already being negotiated behind closed doors, but the situation could get worse. Late on Thursday afternoon, House Ways and Means Chairman Dave Camp, R-Mich., Senate Finance Committee Chairman Max Baucus, D-Mont., and Sen. Orrin Hatch, R-Utah, introduced the [Bipartisan Congressional Trade Priorities Act of 2014](#). The bill would grant the White House fast-track authority, sometimes known as the “trade promotion authority,” to ratify trade deals. If the bill passes, it would allow agreements like TPP to be ratified by a straight up-and-down vote, with no amendments allowed from the floor, and lawmakers would have to forgo procedural stalling tactics like the filibuster. That’s a great deal of oversight power for Congress to abdicate over a deal that not many people have even read.”

### **Affirming helps American farmers**

**Chris Edwards**, Director of Tax Policy Studies for the Cato Institute, “The Sugar Racket” CATO **June 2007**  
[www.cato.org/pubs/tbb/tbb\\_0607\\_46.pdf](http://www.cato.org/pubs/tbb/tbb_0607_46.pdf) .

“Given the negative economic and environmental effects of U.S. sugar programs, why do they persist? Because Congress often decides to confer benefits on a favored few at the expense of the general public.<sup>11</sup> In this case, the favored few really are few—about 42 percent of all sugar program benefits go to just 1 percent of sugar growers.<sup>12</sup> These large sugar growers, such as the Fajals of Florida, are a notoriously powerful lobbying interest in Washington. Federal supply restrictions have given them monopoly power, and they protect that power by becoming important supporters of presidents, governors, and many members of Congress.<sup>13</sup>”

### **Progress will be stifled if section 2 is rejected**

**Ariel Bogle**, for Slate, “U.S. Politicians Want to Fast-Track the Super-Secret, Super-Controversial TPP” Slate Magazine **January 10, 2014**

[http://www.slate.com/blogs/future\\_tense/2014/01/10/tpp\\_negotiations\\_bill\\_would\\_allow\\_the\\_white\\_house\\_to\\_fast\\_track\\_the\\_controversial.html](http://www.slate.com/blogs/future_tense/2014/01/10/tpp_negotiations_bill_would_allow_the_white_house_to_fast_track_the_controversial.html)

“[Apart from a few corporations](#), most stakeholders and public interest groups have been unable to read the TPP drafts in full. Even those in government [have complained](#) that their staff cannot access the negotiating text. As Wisconsin Democrat Mark Pocan\* [said](#) in response to the new bill: “Blindly approving or disapproving agreements that have largely been negotiated in secret would represent a derelict of duty for Congress. If there is nothing to hide in these agreements, we should be allowed to debate and amend these deals in the open.” The introduction of fast-track authority is of particular concern for technology companies, digital rights groups, and even public health advocates, who are all concerned about the treaty’s copyright and patent provisions. [Leaked versions](#) of the TPP indicate that it moves negotiating countries toward stricter and extended intellectual property laws—for instance, greater criminalization of copyright breaches and regulations that might force Internet service providers to censor content.”

### **Negating means job loss**

**Bryan Riley**, Senior Analyst in Trade Policy in the Center for International Trade and Economics at the Heritage Foundation, “The U.S. Sugar Program: Bad for Consumers, Bad for Agriculture, and Bad for America” The Heritage Foundation **April 18, 2012** <http://www.heritage.org/research/reports/2012/04/us-sugar-program-bad-for-consumers-agriculture-and-america>

“Falsehood #4: “The American sweetener industry has a positive annual impact of \$21.1 billion on the U.S. economy, and adds 372,000 direct and indirect jobs in 42 states.” [16] Fact: According to a 2006 study by the U.S. Department of Commerce, “For each one sugar growing and harvesting job saved through high U.S. sugar prices, nearly three confectionery manufacturing jobs are lost.”[17] In general, trade barriers do not increase employment; they just shift the composition of jobs away from competitive industries toward those favored by the government. As Adam Smith explained in 1776, removing barriers to imported sugar would have a positive impact on the U.S. economy: “If a foreign country can supply us with a commodity cheaper than we ourselves can make it, better buy it of them with some part of the produce of our own industry, employed in a way in which we have some advantage.”[18]”

### Negative Advocacy

The negative can't take the traditional route. Speakers need to do more than just refute the affirmative claims; there needs to be legitimate reasons to stand in the negation, not just default it. Similar to the affirmative, the negative should separate the portions of the bill into different contentions; however, speakers pay close attention early in the debate, by the time it's time to refute and crystallize, speakers may only have to narrow in on one argument.

### Negative Research

#### **Affirming could hurt small business owners**

**Lesli Josephs**, for the Wall Street Journal, “U.S. Unlikely to Raise Sugar-Import Quota” The Wall Street Journal February 19, 2013 <http://online.wsj.com/news/articles/SB10001424127887323495104578314510772923662>

“The U.S. consumes 11.5 million short tons of sugar annually. Raw-sugar futures traded on ICE Futures U.S. are down 26% over the past year, due to larger-than-expected global supplies of the sweetener. If the U.S. doesn't import more, it could push prices slightly lower. For some U.S. sugar users, the drop in prices is good news. Donna Siafakas, the owner of the Peter Pan Donut and Pastry Shop, in the Greenpoint section of Brooklyn, said she just tripled her order of sugar to 1,200 pounds since prices this month came down to \$23 for a 50-pound bag from \$29. “You never know when it's going to go up again,” she said.”

#### **BCTPA is suitable in current measures as it ensures success for countries**

**The Biotechnology Industry Organization**, “BIO Supports Bipartisan Congressional Trade Priorities Act of 2014” Reuters press release January 13, 2014 <http://www.reuters.com/article/2014/01/13/bio-supports-trade-act-idUSnBw136624a+100+BSW20140113>



“This legislation would help advance the global goals of our members significantly by ensuring that trade agreements reflect a high level of [intellectual property](#) rights modeled on U.S. laws, strengthening the transparency and accountability of drug reimbursement regimes, and removing unjustified barriers to agricultural [biotechnology](#) trade. America’s innovative biotechnology industry, which includes hundreds of small companies, is engaged in the [business](#) of researching and developing innovative new medicines and treatments. Our goal is to ensure that the U.S. biotechnology industry remains the strongest and most advanced in the world. Biotechnology has the potential to be one of the cornerstones of U.S. global competitiveness in the 21<sup>st</sup> century if U.S. trade agreements ensure IP rights and fair play by our trading partners. Hundreds of thousands of new jobs will depend on this.”

### **Naturally, the program is tied to the market**

**The United States Department of Agriculture**, “Sugar and Sweeteners” Economic Research Service **Fall 2013**  
<http://www.ers.usda.gov/topics/crops/sugar-sweeteners/policy.aspx#.UvxKLUrvnRQ>

“Sugar sold in the United States for domestic human consumption by domestic sugar beet and sugarcane processors is subject to marketing allotments, as a way to guarantee the sugar loan program operates at no cost to the Federal Government. The overall allotment quantity (OAQ) is determined subject to two conditions: 1) domestic sugar prices remain above forfeiture levels and 2) the OAQ is at least 85 percent of estimated deliveries for domestic human consumption for the marketing year (October to September). Allotments are in effect the entire year; there are no criteria for suspension. During the course of the marketing year, USDA is required to adjust allotment quantities to avoid the forfeiture of sugar to CCC.”

### **Everyone benefits from the status quo**

**Remy Jurenas**, specialist in agricultural policy, “Sugar Program Proposals for the 2012 Farm Bill” Congressional Research Service **June 19, 2012** [www.fas.org/sgp/crs/misc/R42551.pdf](http://www.fas.org/sgp/crs/misc/R42551.pdf)

“Two large general farm organizations support continuing the current sugar program. The American Farm Bureau Federation states that while other commodities will be faced with reduced government support in the next farm bill, “the sugar program should be left intact as efforts to generate savings would require convoluted policy structures.” The National Farmers Union supports continuing the sugar program and “encourages Congress to work with ... sugar producers to adopt a strong sugar program in future farm bills.” Also, a coalition of 17

developing countries that benefit from preferential quota access to the U.S. sugar market favor continuing current U.S. sugar policy, arguing that it “provides a guaranteed level of access ... at fair, predictable prices.””

### **The restrictions adhere to proper trade regulations**

**The United States Department of Agriculture**, “Sugar and Sweeteners” Economic Research Service **Fall 2013**  
<http://www.ers.usda.gov/topics/crops/sugar-sweeteners/policy.aspx#UvxKLUrvnRQ>

“According to the [Harmonized Tariff Schedule of the United States](#) (Ch.17, Additional U.S. Note 5 (a) (ii)), whenever the Secretary of Agriculture believes that domestic supplies of sugars may be inadequate to meet domestic demand at reasonable prices, the Secretary may modify any quantitative limitations that have previously been established, but not below the minimum quantities under the AoA. The raw cane sugar TRQ is currently allocated by [Office of the U.S. Trade Representative](#) (USTR) to 40 countries based on a representative period (1975-81) when trade was relatively unrestricted. The refined sugar tariff rate quota is currently allocated to Canada and Mexico, and there is a quantity of refined sugar that is available to all countries on a first-come, first-served basis”

### **BCTPA ensures solid trades**

**Scott Miller**, for the Center for Strategic and International Studies, “Congress Introduces the Bipartisan Congressional Trade Priorities Act of 2014” CSIS **January 16, 2014** <http://csis.org/publication/congress-introduces-bipartisan-congressional-trade-priorities-act-2014>

“TPA also provides legislative procedures to be used for bills to implement trade agreements that achieve the objectives set, including provisions for a straight up-or-down vote without amendment. A version of TPA has been in use by Congress and the president since the Trade Act of 1974; the last grant of TPA, enacted in 2002, expired in 2007. Practically, trade officials find it difficult to close a deal without the direct guidance from Congress that TPA provides. As important, our trading partners are reluctant to close on politically sensitive issues without the assurance that the Congress won’t take their concessions and demand more by amending the deal after it’s signed. While this is always a risk, and happened in 2009–2010 with the South Korea FTA (KORUS), TPA increases the likelihood that a final deal will “stick.””

### **BCTPA is vital for Congress**

**Scott Miller**, for the Center for Strategic and International Studies, “Congress Introduces the Bipartisan Congressional Trade Priorities Act of 2014” CSIS **January 16, 2014** <http://csis.org/publication/congress-introduces-bipartisan-congressional-trade-priorities-act-2014>

““The current U.S. trade agenda is highly ambitious. Negotiators are in the late stages of the Trans-Pacific Partnership with 11 other economies in the Asia-Pacific region, which would add important markets like Japan and Vietnam to the list of U.S. FTA partners. Last year, the United States and European Union launched the Transatlantic Trade and Investment Partnership, which would establish modern rules and deepen integration between the world’s two largest economies. At the multilateral level, the United States is working on an agreement on trade in services with 48 other economies. In short, the president needs TPA to manage his trade and foreign policy agenda, and Congress needs TPA to effectively partner with the administration.”

## Q2- A Bill to Restore SNAP

### Legislation Text

1 BE IT ENACTED BY THE CONGRESS HERE ASSEMBLED THAT:  
2 **SECTION 1.** A. Congress shall allocate \$16 billion to the Supplemental Nutrition  
3 Assistance Program (SNAP) over the next ten years.  
4 B. The Department of Agriculture shall be permitted to expand eligibility  
5 for SNAP and/or to increase SNAP payments to recipients at its  
6 discretion.  
7 **SECTION 2.** The Department of Agriculture shall enforce this bill.  
8 **SECTION 3.** This bill shall take effect in Fiscal Year 2015.  
9 **SECTION 4.** All laws in conflict with this legislation are hereby declared null and void.  
*Introduced for Congressional Debate by the Harvard Congressional Debate Staff.*

### General Synopsis

A topic like this might as well be a physical wedge to stick between Democrats and Republicans- but that's exactly what has pushed this legislation to and from the agenda for the past few years.

The debate is not going to be about blue versus red: it's going to be about finding a solution to the dire poverty issues in America. Whether that leads to restoring funding to SNAP or following a completely different outline, speakers need to remember that the American people are at the direct hit of this legislation.

### Affirmative Advocacy

The affirmative can give as many numbers and narratives as possible, but that won't persuade the negative. While these emotional aspects are important to the debate, the affirmative only needs to reference them; speakers need to spend the most time discussing what really matters: the probability of making this legislation work. The issue isn't whether we should give the money to those who did it, but how we're going to do that. If speakers in the affirmation can provide a solid sense of solvency, it greatly increases the chances of passing this bill.

### Affirmative Research

#### **SNAP is vital for Americans in need**

**The Center on Budget and Policy Priorities**, "Policy Basics: Introduction to the Supplemental Nutrition Program (SNAP)" Center on Budget **January 10, 2014** <http://www.centeronbudget.org/cms/index.cfm?fa=view&id=2226>

"The Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program) is the nation's most important anti-hunger program. In 2013, it helped more than 47 million low-income Americans to afford a nutritionally adequate diet in a typical month. Nearly 72 percent of SNAP participants are in families with children; more than one-quarter of

participants are in households with seniors or people with disabilities. After unemployment insurance, SNAP is the most responsive federal program providing additional assistance during economic downturns. It also is an important nutritional support for low-wage working families, low-income seniors, and people with disabilities with fixed incomes.”

### **Negating harms the economy**

**Kevin Hagan**, President and CEO of Feed the Children, “SNAP Works-- So Why Would We Slash It?” The Huffington Post **September 19, 2013** [http://www.huffingtonpost.com/kevin-hagan/snap-works-so-why-would-w\\_b\\_3954254.html](http://www.huffingtonpost.com/kevin-hagan/snap-works-so-why-would-w_b_3954254.html)

“Responding to what some Republicans see as a terrible waste of resources, House leadership is introducing a nutrition reform bill that has nothing to do with nutrition. Instead, this bill will slash the Supplemental Nutrition Assistance Program (SNAP, formerly known as "food stamps") by \$40 billion over the next ten years, making it even more difficult for already struggling low-income families to feed their children. This short-sighted House bill will neither create decent jobs nor help improve the economy. Quite the contrary. The bill will hamstring SNAP and by extension, the American people most in need of help. In one of the many devastating cuts, that of categorical eligibility, the bill will result in 15 billion lost meals for low-income families and take away free school meals from 210,000 hungry children.”

### **SNAP works; don't cut, need to increase funding**

**Kevin Hagan**, President and CEO of Feed the Children, “SNAP Works-- So Why Would We Slash It?” The Huffington Post **September 19, 2013** [http://www.huffingtonpost.com/kevin-hagan/snap-works-so-why-would-w\\_b\\_3954254.html](http://www.huffingtonpost.com/kevin-hagan/snap-works-so-why-would-w_b_3954254.html)

“ But the real data shows that SNAP reaches the neediest, most vulnerable people in our nation. The average SNAP household's income is just 58.5 percent of the federal poverty guideline, and 83 percent of all benefits go to households with a child, senior or disabled person. These increases are not the result of manipulating the system; enrollment in SNAP is up because the program is working as it should. As the Congressional Budget Office reported last year, "The primary reason for the increase in SNAP participants was the deep recession from December 2007 to June 2009 and the subsequent slow recovery; there were no significant legislative expansions of eligibility for the program during that time." In other words, the recession meant more low-income households legitimately qualified and applied for help from the program;

SNAP expanded to meet the increased need. This is simple economics -- not manipulation. Without SNAP, poverty and hunger would have been far worse.”

### **SNAP is good for the economy**

**The Center on Budget and Policy Priorities**, “Policy Basics: Introduction to the Supplemental Nutrition Program (SNAP)” Center on Budget **January 10, 2014** <http://www.centeronbudget.org/cms/index.cfm?fa=view&id=2226>

“SNAP benefits are one of the fastest, most effective forms of economic stimulus because they get money into the economy quickly. Low-income individuals generally spend all of their income meeting daily needs such as shelter, food, and transportation, so every dollar in SNAP that a low-income family receives enables the family to spend an additional dollar on food or other items. 80 percent of SNAP benefits are redeemed within two weeks of receipt and 97 percent are spent within a month. Moody’s Analytics estimates that in a weak economy, every \$1 increase in SNAP benefits generates about \$1.70 in economic activity. Similarly, the Congressional Budget Office rated an increase in SNAP benefits as one of the two most cost-effective of all spending and tax options it examined for boosting growth and jobs in a weak economy.”

### **Negative makes it difficult for families to make it by**

**Colleen Callahan**, Senior Writer and Communication Specialist for the Huffington Post, “SNAP Benefits Are A Critical Safety Net for Millions in Need” The Huffington Post **December 19, 2013**  
[http://www.huffingtonpost.com/colleen-callahan/snap-a-critical-safety-net\\_b\\_4473152.html](http://www.huffingtonpost.com/colleen-callahan/snap-a-critical-safety-net_b_4473152.html)

“This past fall, the U.S. House of Representatives passed a farm bill including \$39 billion in cuts to the SNAP program over 10 years and the Senate voted to cut \$4 billion. The average SNAP benefit will drop from its already meager \$1.50 per person per meal to less than \$1.40 per person per meal. Therefore, a SNAP family of 4 will have an average of \$432 less a year to spend on food. In addition, most participants already run through their SNAP benefits by the third week of the month, with 90 percent of SNAP benefits redeemed by day 21 of the month. Any additional cuts to SNAP would only make it more difficult for families to get the resources they need to obtain an adequate diet throughout the month.”

### **SNAP needs the funding for those who could enter**

**Eleanor Clift**, for the Daily Beast, “The GOP’s Hunger Games: More Food Stamp Cuts for the Holidays?” The Daily Beast **November 28, 2013** <http://www.thedailybeast.com/articles/2013/11/28/the-gop-s-hunger-games-more-food-stamp-cuts-for-the-holidays.html>

“Republicans who rail against big government have SNAP in their target sights because of the program’s growth in just the last few years. In 2006, 25 million people were on food stamps, and at the end of last year, the number was 47 million; now it’s 48 million, almost a doubling in seven years. Republicans see those numbers and [assume there must be waste, fraud, and abuse](#). Democrats attribute the growth to the weak economy and more people needing assistance. One in four are not in the program even though they’re qualified.”

### **Too large of a burden for states**

**Eleanor Clift**, for the Daily Beast, “The GOP’s Hunger Games: More Food Stamp Cuts for the Holidays?” The Daily Beast **November 28, 2013** <http://www.thedailybeast.com/articles/2013/11/28/the-gop-s-hunger-games-more-food-stamp-cuts-for-the-holidays.html>

“For now, though, as lawmakers sift through the numbers and the partisan disagreements, New York Gov. Andrew Cuomo has taken matters into his own hands to announce \$4.5 million in emergency food assistance grants to help food banks, churches, and charities cope with the spike in need prompted by the reduction in SNAP benefits. For those on the front lines working with people in need, the notion that more cuts could be coming seems incomprehensible. “It’s outrageous they’re still considering \$4 to \$8 to \$10 billion cuts in the conference committee,” says Weill. “That will create real hardship.””

### **Negative Advocacy**

The negative could probably just rely on the reasoning behind the recent decision to cut SNAP funding, but that will only get speakers so far. If negative speakers want the legislation to fail, they not only need to refute the claims of the affirmative but provide some sense of security. Again, the premise of this legislation is helping America’s poor- so what’s going to do that? If it’s not SNAP, then what is it? Or, if it is SNAP, what about the legislation needs to be changed before it can be passed?

### **Negative Research**

#### **Logistically, SNAP is a nightmare**

**James Bovard**, for the Wall Street Journal, “The Food-Stamp Crime Wave” The Wall Street Journal **June 23, 2011** <http://online.wsj.com/news/articles/SB10001424052702304657804576401412033504294>

“The Obama administration is far more enthusiastic about boosting food-stamp enrollment than about preventing fraud. Thanks in part to vigorous federally funded campaigns by nonprofit

groups, the government's AmericaCorps service program, and other organizations urging people to accept government handouts, the number of food-stamp recipients has soared to 44 million from 26 million in 2007, and costs have more than doubled to \$77 billion from \$33 billion. The USDA's Food and Nutrition Service now has only 40 inspectors to oversee almost 200,000 merchants that accept food stamps nationwide. The Government Accountability Office reported last summer that retailers who traffic illegally in food stamps by redeeming stamps for cash or alcohol or other prohibited items "are less likely to face criminal penalties or prosecution" than in earlier years."

### **There won't always be the need for increased funding [for SNAP]**

**Catherine Rampell**, for the New York Times, "As Cuts to Food Stamps Take Effect, More Trims to Benefits Are Expected" The New York Times **October 31, 2013** [http://www.nytimes.com/2013/11/01/us/as-cuts-to-food-stamps-take-effect-more-trims-to-benefits-are-expected.html?\\_r=0](http://www.nytimes.com/2013/11/01/us/as-cuts-to-food-stamps-take-effect-more-trims-to-benefits-are-expected.html?_r=0)

"The 2009 increase in maximum monthly food stamp benefits was designed to be temporary. But as with other stimulus measures or social safety programs that received temporary increases during or after the recession — like the [payroll tax](#) holiday, or extended unemployment benefits — advocates have been fighting to push expiration off longer. These arguments are made on the grounds of both compassion and the fragility of the recovery. Measures that grant more spending power to lower-income people generally have strong effects throughout the economy because the money is spent immediately and then re-spent. [Moody's Analytics has estimated](#) that every additional dollar spent on food stamps generates about \$1.74 in economic activity."

### **The reasons behind SNAP need to be solved**

**Catherine Rampell**, for the New York Times, "As Cuts to Food Stamps Take Effect, More Trims to Benefits Are Expected" The New York Times **October 31, 2013** [http://www.nytimes.com/2013/11/01/us/as-cuts-to-food-stamps-take-effect-more-trims-to-benefits-are-expected.html?\\_r=0](http://www.nytimes.com/2013/11/01/us/as-cuts-to-food-stamps-take-effect-more-trims-to-benefits-are-expected.html?_r=0)

"Supplemental Nutrition Assistance Program benefits were increased in 2009 as part of a suite of measures intended to support struggling workers and stimulate the economy in the wake of the financial crisis. The maximum monthly amount received per food stamp beneficiary rose by 13.6 percent at the time. Food stamp caseloads have swollen in the last few years: In [fiscal year 2007](#), before the recession began, there were about 26 million people receiving food stamps. As of this past [July](#), the most recent month of data available, there were nearly 48 million, representing about a seventh of the American population. The increase has been attributed to more people losing their jobs and needing food assistance; government efforts to increase usage by families



that did not know they were eligible; and to a lesser extent, policy changes in some states that relaxed eligibility requirements”

### **The numbers for SNAP are out of control**

**Elizabeth Barber**, Staff Writer for the Christian Science Monitor, “Food Stamps: how House, Senate negotiators agreed to cut \$800 million a year” The Christian Science Monitor **January 28, 2014**

<http://www.csmonitor.com/USA/USA-Update/2014/0128/Food-stamps-how-House-Senate-negotiators-agreed-to-cut-800-million-a-year-video>

“The broad measure also includes an end to expensive and controversial direct payments to farmers and an expansion of government-backed crop insurance. Overall, the proposal trims federal spending by about \$23 billion over the next 10 years. The proposed food stamp cuts are coming at a time when more Americans are on food stamps than at almost any other time in the past decade. In fiscal year 2006, one year before the recession curdled the job market, the number of people on food stamps was about 26 million. As of July 2013, that number is 48 million.”

### **States can always take a different course of action**

**Brad Blumer**, Energy and Environmental writer for the Washington Post, “Food stamps will get cut by \$5 billion this week- and more cuts could follow” The Washington Post **October 28, 2013**

<http://www.washingtonpost.com/blogs/wonkblog/wp/2013/10/28/food-stamps-will-get-cut-by-5-billion-this-week-and-more-cuts-could-follow/>

“Even if Congress doesn't pass further cuts to the program, some states could act on their own to restrict eligibility. In 2013, 44 states qualified for federal waivers that would allow more able-bodied adults to receive food stamps if unemployment in the area was particularly high. House Republicans want to curtail those waivers as part of their farm bill. But even if the House GOP doesn't get its way, some states are planning to stop asking for waivers anyway. Kansas already let its waiver expire at the start of October, a change that [could affect](#) some 20,000 residents. The Oklahoma state legislature passed a bill to add a similar work requirement to its food-stamp program. Ohio [is planning](#) to enact similar restrictions starting Jan. 1, and Wisconsin will follow

suit next July. So even if the cuts in the House bill fail, many states could act on their own to shrink the number of food-stamp recipients.”

### **Some aspects of SNAP need reform**

**Elizabeth Barber**, Staff Writer for the Christian Science Monitor, “Food Stamps: how House, Senate negotiators agreed to cut \$800 million a year” The Christian Science Monitor **January 28, 2014**

<http://www.csmonitor.com/USA/USA-Update/2014/0128/Food-stamps-how-House-Senate-negotiators-agreed-to-cut-800-million-a-year-video>

“But the agreement does take the food stamp program’s lifetime ban on convicted drug felons receiving benefits and extends it to include felons convicted of other, violent crimes, including murder and sexual assault – an amendment that anti-hunger advocates have called overly punitive and liable to send recidivism rates surging. The exclusion applies only to violent felons convicted after the act’s passage, so it would not throw current convicts out of the food stamp program.”

## Q3- A Bill to Reform Farm Subsidies

### Legislation Text

2014 Harvard National Congress

Quarterfinal Legislation 3

### **A Bill to Reform Farm Subsidies**

1 BE IT ENACTED BY THE CONGRESS HERE ASSEMBLED THAT:

2 **SECTION 1.** A. All federal payments towards crop insurance for farmers shall be  
3 eliminated.

4 B. The Federal government shall offer \$10 billion in subsidies to farmers  
5 over the next ten years, to be administered by the Department of  
6 Agriculture (DOA).

7 **SECTION 2.** In a given year, the DOA shall only offer subsidies to farmers with  
8 incomes below \$300,000 in the previous year. Subsidies shall be offered  
9 on a sliding scale, such that farmers with lower incomes are eligible to  
10 receive a greater amount in subsidies.

11 **SECTION 3.** The Department of Agriculture shall enforce this bill.

12 **SECTION 4.** This bill shall take effect in Fiscal Year 2015.

13 **SECTION 5.** All laws in conflict with this legislation are hereby declared null and void.

*Introduced for Congressional Debate by the Harvard Congressional Debate Staff.*

### General Synopsis

The Federal Crop Insurance Corporation was created by the United States Congress in legislation that passed on February 16, 1938. The legislation was created in response to the economic difficulties brought to the U.S. farming industry by the Great Depression and the weather-related catastrophe of the Dust Bowl. This program has continued to this very day. This bill seeks to eliminate this program and phase total protection for farmers out over a 10 year period through subsidies.

## Affirmative Advocacy

The affirmative of this debate has to prove that the crop insurance, a massive type of farm subsidy, should be eliminated. While the bill is not as drastic as many in the area of agricultural subsidies in that it phases the program out over 10 years, it is still a massive shift in US agricultural policy. The affirmative must harp on the problems that subsidies create for the government, the public and farmers.

## Affirmative Research

### **Even In A Drought, Farms Are Doing Just Fine**

**Nan Swift writer for US News and World Report** “Farm Bill’s Agriculture Subsidies Must Be Dismantled” US News and World Report **September 14, 2012**

<http://www.usnews.com/debate-club/should-congress-pass-the-farm-bill/farm-bills-agriculture-subsidies-must-be-dismantled>

“Proponents of this food and farm welfare legislation have been touting this summer’s serious drought conditions to argue for immediate passage. But the U.S. Department of Agriculture says that net farm income is expected to rise nearly 4 percent, making the \$122.2 billion farmers will rake in the most profitable year on record despite the weather. And the bill would do next to nothing to address current suffering resulting from drought, since most of its provisions are forward-looking.”

### **Farmers Are Better Off Than Our Other Constituents**

**Nan Swift writer for US News and World Report** “Farm Bill’s Agriculture Subsidies Must Be Dismantled” US News and World Report **September 14, 2012**

<http://www.usnews.com/debate-club/should-congress-pass-the-farm-bill/farm-bills-agriculture-subsidies-must-be-dismantled>

“Since the 1990s, farm income has trended upward at a much faster pace than other U.S. households. In 2010, the average annual income for a farming household was \$84,440, well above the national mean of \$64,000.”

### **Only Big Farms Benefit From Subsidies**

**Patrick Sharma Bancroft Fellow in history and public policy, UC Berkeley** “Farm Subsidies: A Useful Sacrifice in the Budget Debate” Huffington Post **May 12, 2011**

[http://www.huffingtonpost.com/patrick-sharma/farm-subsidies-a-useful-s\\_b\\_861225.html](http://www.huffingtonpost.com/patrick-sharma/farm-subsidies-a-useful-s_b_861225.html)

“According to [data](#) compiled by the Environmental Working Group and the U.S. Department of Agriculture, in recent years the largest 10 percent of American farms have received almost 75

percent of total agricultural subsidies, while a whopping two-thirds of farmers have obtained no government support at all.”

### **Subsidies Cause Unnatural Production**

**Patrick Sharma** Bancroft Fellow in history and public policy, UC Berkeley “Farm Subsidies: A Useful Sacrifice in the Budget Debate” Huffington Post **May 12, 2011**

-  
[http://www.huffingtonpost.com/patrick-sharma/farm-subsidies-a-useful-s\\_b\\_861225.html](http://www.huffingtonpost.com/patrick-sharma/farm-subsidies-a-useful-s_b_861225.html)

“In addition to rewarding millionaires and agribusinesses rather than small farmers, farm subsidies have encouraged environmentally destructive agricultural practices. By promoting production in areas that would otherwise remain fallow, farm supports have led to habitat destruction and land degradation, as well as increased pesticide and fertilizer use.”

### **The Market Will Not De-Stabilize As A Result Of This Bill**

**Brian M. Riedl** writer for **The Heritage Foundation** “How Farm Subsidies Harm Taxpayers, Consumers, and Farmers, Too” Heritage Foundation **June 2007**

<http://www.heritage.org/research/reports/2007/06/how-farm-subsidies-harm-taxpayers-consumers-and-farmers-too>

“Some contend that food markets would fluctuate wildly without farm subsidies. In reality, food prices of both subsidized and unsubsidized crops are relatively stable. Given that the percentage of family budgets spent on food has dropped from 25 percent to 10 percent since 1933, any potential price instability would have an increasingly small impact on family budgets.<sup>[7]</sup> Even if price stabilization was necessary, price support programs have largely been replaced by commodity subsidies that stimulate overproduction rather than stabilize prices.”

### **Subsidies Will Not Be Missed**

**Brian M. Riedl** writer for **The Heritage Foundation** “How Farm Subsidies Harm Taxpayers, Consumers, and Farmers, Too” Heritage Foundation **June 2007**

<http://www.heritage.org/research/reports/2007/06/how-farm-subsidies-harm-taxpayers-consumers-and-farmers-too>

“Nor do farm subsidies contribute to lower food costs. Two-thirds of food production is unsubsidized and thus relatively unaffected by subsidies. Of the remaining one-third, price reductions caused by crop subsidies are balanced by conservation programs that raise prices. Furthermore, food prices are based not only on crop prices, but also on food processing, transportation, and marketing costs. Bruce Babcock, professor of economics at Iowa State University, has calculated that eliminating farm subsidies would have virtually no effect on food prices.”

### **This Policy Will Put America On The Right Track Economically**

**Brian M. Riedl** writer for **The Heritage Foundation** “How Farm Subsidies Harm Taxpayers, Consumers, and Farmers, Too” Heritage Foundation **June 2007**

<http://www.heritage.org/research/reports/2007/06/how-farm-subsidies-harm-taxpayers-consumers-and-farmers-too>

“Europe and Japan's farm subsidies bring American consumers food at below-market prices. Rather than enact trade barriers to prevent this, Americans should welcome the cheap imports and allow farmers to focus on producing the crops in which the United States has a comparative advantage. Responding with U.S. subsidies and trade barriers has the net effect of raising prices for American consumers and thereby limiting any progress in free-trade negotiations. Australia largely eliminated its farm subsidies in the 1970s, and after a brief adjustment, its farm economy flourished. New Zealand implemented a similar policy in the 1980s with the same result.”

### **Subsidies Are Contributing To Our Obesity Rates**

**Brian M. Riedl** writer for **The Heritage Foundation** “How Farm Subsidies Harm Taxpayers, Consumers, and Farmers, Too” Heritage Foundation **June 2007**

<http://www.heritage.org/research/reports/2007/06/how-farm-subsidies-harm-taxpayers-consumers-and-farmers-too>

“Food subsidies make unhealthy food more accessible, driving up our obesity rates. The current bill gives some \$4.9 billion a year in automatic payments to growers of such commodity crops, thus driving down prices for corn, corn-based products and corn-fed meats. Cows that are raised on corn, rather than grass, make meat that is higher in calories and contains more omega-6 fatty acids and fewer omega-3 fatty acids—a dangerous ratio that has been linked to heart disease. Cheap corn has also become a staple in highly processed foods, from sweetened breakfast cereals to soft drinks, that have been linked to an increase in the rate of type 2 diabetes, a condition that currently affects more than one in 12 American adults. Between 1985 and 2010 the price of beverages sweetened with high-fructose corn syrup dropped 24 percent, and by 2006 American children consumed an extra 130 calories a day from these beverages. Over the same period the price of fresh fruits and vegetables rose 39 percent. For families on a budget, the price difference can be decisive in their food choices.”

### **Negative Advocacy**

The negative of this debate must prove the importance of the crop insurance program and crop subsidies on the whole. The negative can discuss the essential nature of subsidies in ensuring farmer competitiveness, and avoiding the situation that led the creation of the program in the first place, the dust bowl.

### **Negative Research**

### **Americans Want To Support Our Farmers**

**Mark Bittman** writer for **NY Times** “Don’t End Agricultural Subsidies, Fix Them” NY Times **March 1, 2011**

<http://opinionator.blogs.nytimes.com/2011/03/01/dont-end-agricultural-subsidies-fix-them/>

“Left and right can perhaps agree that these are payments we don’t need to make. But suppose we use this money to steer our agriculture — and our health — in the right direction. [A Gallup poll indicates that most Americans oppose cutting aid to farmers](#), and presumably they’re not including David Rockefeller or Michele Bachmann in that protected group; we still think of farmers as stewards of the land, and the closer that sentiment is to reality the better off we’ll be.”

## **We Need Reforms, Not Reductions**

**Mark Bittman** writer for NY Times “Don’t End Agricultural Subsidies, Fix Them” NY Times **March 1, 2011**

<http://opinionator.blogs.nytimes.com/2011/03/01/dont-end-agricultural-subsidies-fix-them/>

“By making the program more sensible the money could benefit us all. For example, it could: Fund research and innovation in sustainable agriculture, so that in the long run we can get the system on track, Provide necessary incentives to attract the 100,000 new farmers [Secretary of Agriculture Vilsack claims we need](#), Save more farmland from development, Provide support for farmers who grow currently unsubsidized fruits, vegetables and beans, while providing incentives for monoculture commodity farmers to convert some of their operations to these more desirable foods, Level the playing field so that medium-sized farms — big enough to supply local supermarkets but small enough to care what and how they grow — can become more competitive with agribusiness. The point is that this money, *which is already in the budget*, could encourage the development of the kind of agriculture we need, one that prioritizes caring for the land, the people who work it and the people who need the real food that’s grown on it.”

## **Many Other Nations Are Participating**

**Chris Arsenault** writer for Al Jazeera “Corn lobby outgrows US farm subsidies” Al Jazeera **August 31, 2012**

<http://www.aljazeera.com/indepth/features/2012/08/2012826114433916589.html>

“The EU is a worse offender than the US, according to development organisations, because it has the highest subsidies. Consuming some 40 per cent of its total annual expenditures, the EU spends about \$68bn per year to subsidies its farmers.”

## **This Money Is Not Going To Corporations, But To Family Farms**

**Chris Arsenault** writer for Al Jazeera “Corn lobby outgrows US farm subsidies” Al Jazeera **August 31, 2012**

<http://www.aljazeera.com/indepth/features/2012/08/2012826114433916589.html>

“Doggett from the Corn Growers Association disputes this claim, saying subsidies benefit family farmers. “We want to make sure we have a good stable agriculture that can continue to provide the basic food stuffs or the basic components of our food supply,” he said, arguing that federally subsidized insurance payments for farmers are crucial, especially during the drought. “Ninety per cent of crop production is family owned and operated. These are small businesses,” he told Al Jazeera.”

## **Farm Subsidies Do Not Contribute To Obesity**

**Steven J. Dunner** writer for Freakonomics “The Illogic of Farm Subsidies, and Other Agricultural Truths”

Freakonomics **July 24, 2008**

<http://www.freakonomics.com/2008/07/24/the-illogic-of-farm-subsidies-and-other-agricultural-truths/>

“The reasoning is that, although farm subsidies programs have made the price of corn and soybeans slightly cheaper for buyers in the U.S., the accompanying trade policies have raised the prices of sugar and dairy products. Furthermore, farm costs comprise such a small fraction of the retail price, the small farm price effects have tiny retail price impacts. Finally, in rich countries such as the U.S., buyers respond little to any food price declines or increases. We might also note that Australia, which has no farm subsidies, just passed the U.S. as the fattest nation.”

### **Livestock And Poultry Farming Needs Our Help**

**Randy Schnepf Specialist in Agricultural Policy** “U.S. Farm Income” Congressional Research Service **August 28, 2012**

<http://www.fas.org/sgp/crs/misc/R40152.pdf>

“In contrast, livestock and poultry feeders are experiencing record high feed costs that have narrowed or eliminated profit margins despite record high wholesale and retail prices for their end products. In addition, the severe nationwide drought has limited grazing opportunities and hay production for cattle ranchers in the affected regions and led to substantial herd liquidation.”

### **Subsidies Are Already At Historic Minimums**

-

**Randy Schnepf Specialist in Agricultural Policy** “U.S. Farm Income” Congressional Research Service **August 28, 2012**

<http://www.fas.org/sgp/crs/misc/R40152.pdf>

-

“Government farm payments, although projected up 6% in 2012 at \$11.1 billion, are expected to remain relatively small (second-lowest total since 1997) as high commodity prices shut off payments under the price-contingent marketing loan and counter-cyclical payment programs. Government payments are expected to represent a relatively small share (2.8%) of projected gross cash income of \$433.6 billion.”



# SF1- A Bill to Establish Universal Healthcare

## Legislation Text

2014 Harvard National Congress

Semifinal Legislation 1

### **A Bill to Establish Universal Health Care**

1 BE IT ENACTED BY THE CONGRESS HERE ASSEMBLED THAT:

2 **SECTION 1.** Medicare Universal (Part E) is established.

3 **A.** Medicare Universal is a health insurance product that offers access to all  
4 services and benefits offered by Medicare Part A and Part B.

5 **B.** Any U.S. resident may purchase a Medicare Universal plan.

6 **C.** The product will be offered in bronze, silver, gold, and platinum tiers  
7 mirroring plans in the national Health Insurance Marketplace.

8 **D.** Expenditures by Medicare Part E may not exceed revenues generated from  
9 monthly premiums and cost-sharing.

10 **SECTION 2.** Citizenship status (nationality) shall not be a factor in determining eligibility for  
11 coverage by Medicaid or for the receipt of any subsidy from any health insurance  
12 exchange, including the national Health Insurance Marketplace.

13 **SECTION 3.** Any U.S. citizen who is ineligible to enroll in Medicaid whose Modified Adjusted  
14 Gross Income does not exceed 133% of the federal poverty level may deduct the  
15 full cost of health insurance from their federal tax burden.

16 **A.** If the deduction exceeds an individual's federal tax burden, the remainder  
17 shall be issued as a direct tax refund.

18 **SECTION 4.** The Internal Revenue Service and Centers for Medicare and Medicaid shall  
19 jointly enforce the provisions of this law.

20 **SECTION 5.** Section 1 shall take effect on January 1, 2018. Sections 2 and 3 shall take effect  
21 immediately upon passage.

22 **SECTION 6.** All laws in conflict with this legislation are hereby declared null and void.

*Introduced for Congressional Debate by the Harvard Debate Council Committee for Health Reform.*

### General Synopsis

This bill has a number of relatively unrelated sections, other than the fact that they all expand health insurance coverage. The first section seeks to allow anyone to buy into the medicare system. The second section seeks to eliminate the requirement that one must be a citizen to get medicaid. The third section seeks to help make health care cheaper through a government subsidy for those who are just on the outside edge of medicaid.

## Affirmative Advocacy

The affirmative of this debate has to prove three, relatively independent portions of the bill true to win the debate. First, they must prove that sections 1's provision creating a way for anyone to buy into medicare must be adopted. Second, they must prove that illegal immigrants should be able to receive medicaid. Third, they must prove that health insurance subsidies should be offered to low income individuals not receiving medicaid.

## Affirmative Research

### **Insurance for immigrants is needed**

**Phil Galewitz writer for Kaiser Health News** "how undocumented immigrants sometimes receive medicaid treatment" PBS February 13, 2013

<http://www.pbs.org/newshour/rundown/how-undocumented-immigrants-sometimes-receive-medicaid-treatment/>

"Groups that advocate for immigrants say it's foolish for Medicaid to pay only for the births and not for the prenatal care that might prevent costly and long-term complications for American children. "It's a lose, lose, lose," said Sonal Ambegaokar, a health policy lawyer at the National Immigration Law Center, which advocates for low-income immigrants. She said denying broad insurance coverage to legal immigrants hurt doctors and hospitals financially, prevented patients from getting needed care and increased costs for the health system."

### **Medicare will not cause an influx in immigration**

**Phil Galewitz writer for Kaiser Health News** "how undocumented immigrants sometimes receive medicaid treatment" PBS February 13, 2013

<http://www.pbs.org/newshour/rundown/how-undocumented-immigrants-sometimes-receive-medicaid-treatment/>

"There is no evidence that Emergency Medicaid is the cause of migration," Ambegaokar said. "Immigrants migrate to the U.S. for job opportunities and reunifying with family members."

### **[Blocks] if people were going to backlash against immigrants they already would have**

**James R. Edwards, Jr., Ph.D., is a Fellow with the Center for Immigration Studies and coauthor of The Congressional Politics of Immigration Reform** "Immigration and Obamacare" Center for Immigration Studies February 2013

<http://cis.org/immigration-and-obamacare>

"Building on the CHIP reauthorization law's extension of Medicaid and CHIP to certain "lawfully residing" aliens, this rule makes the definition of "lawfully present" applying to exchanges align with the CHIP/Medicaid definition.<sup>3</sup> The law, or CHIPRA, used the term "lawfully residing", while the ACA used the term "lawfully present". The rule proposes to employ the term "lawfully present" here, largely incorporating the definition established in 2010 guidance implementing CHIPRA."

### **Medicare is being expanded, it only makes sense to include illegal immigrants**

**James R. Edwards, Jr., Ph.D., is a Fellow with the Center for Immigration Studies and coauthor of The Congressional Politics of Immigration Reform** "Immigration and Obamacare" Center for Immigration Studies February 2013

<http://cis.org/immigration-and-obamacare>

“The rule expands "presumptive eligibility" for Medicaid to children under 19, pregnant women, and patients with breast and cervical cancer. Presumptive eligibility refers to the practice of considering certain people as qualifying for Medicaid, a federal welfare program, based on certain preliminary information. The regulation widens the scope of those presumed eligible, according with the ACA's Medicaid expansion, as well as giving six new options for presuming eligibility provided under the health law. Further, federal funding underwrites the associated administrative costs.”

### **Medicaid is key to helping people**

**Sharon Baron is a Special Assistant with Half in Ten at American Progress, where she is working to reduce poverty and promote economic stability** “10 frequently asked questions about medicaid expansion” Center for American Progress **April 2, 2013**

<http://www.americanprogress.org/issues/healthcare/news/2013/04/02/58922/10-frequently-asked-questions-about-medicaid-expansion/>

“For the millions of low-income adults and children who would become eligible for care, Medicaid expansion is much more than access to health insurance. Every dollar a mother doesn’t need to spend on out-of-pocket costs when her child comes down with the flu can go toward food, housing, and other necessities. Medicaid coverage translates into financial flexibility for families and individuals, allowing limited dollars to be spent on basic needs, including breakfast for the majority of the month or a new pair of shoes for a job interview. Medicaid expansion means more than health care coverage; it is an expanded opportunity for success and a pathway to the middle class.”

### **Medicaid expansion helps the economy**

**Sharon Baron is a Special Assistant with Half in Ten at American Progress, where she is working to reduce poverty and promote economic stability** “10 frequently asked questions about medicaid expansion” Center for American Progress **April 2, 2013**

<http://www.americanprogress.org/issues/healthcare/news/2013/04/02/58922/10-frequently-asked-questions-about-medicaid-expansion/>

“According to the Health Policy Institute of Ohio, by 2015 Medicaid expansion will create at least 23,000 new Ohio jobs in health care and other related industries, increase the earnings of Ohio residents by at least \$16.7 billion, and increase the state’s total economic activity by at least \$18.6 billion from 2014 to 2022. In fact, costs to employers could total \$876 million to \$1.3 billion in the states that oppose, are leaning against, or remain undecided on expansion as the result of penalties for noncompliance with the Affordable Care Act.”

### **Medicaid for immigrants has not caused issues**

**Michael Gusmano writer for the Hastings Center for Bioethics and Public Policy--Undocumented patients**

“Undocumented immigrants in the US: US health policy and access to care” **October 3, 2012**

<http://www.undocumentedpatients.org/issuebrief/health-policy-and-access-to-care/>

“In about half of the U.S. states, immigrant children under the age of 21 and pregnant woman who have been granted deferred action on their immigration status are allowed to apply for Medicaid and the CHIP or enroll in their state’s high risk insurance pool.”

### **Illegal immigrants are excluded from health care coverage**

**Michael Gusmano writer for the Hastings Center for Bioethics and Public Policy--Undocumented patients**

“Undocumented immigrants in the US: US health policy and access to care” **October 3, 2012**

<http://www.undocumentedpatients.org/issuebrief/health-policy-and-access-to-care/>

“The ACA does not provide undocumented immigrants with eligibility for public insurance programs. Because undocumented immigrants are not regarded as “qualified individuals” under the law, it also does not allow undocumented immigrants to purchase health insurance through the new state health exchanges even if they are able to do so with their own money.”

### **Negative Advocacy**

The negative has a number of options in choosing how to attack the affirmative. The first three provisions of the bill basically function separately from one another, which means that if the negative can prove any one of them false then the neg should win. This means that there are three unique policies the neg can critique. The easiest to disprove will be section two which allows illegal immigrants to gain access to medicaid.

### **Negative Research**

#### **The affordable care act effectively solves section 2**

**Fox News** “Medicaid for Al-Qaeda? Obama care flaw allows anyone on earth to fraudulently enroll” **November 13, 2013**

<http://nation.foxnews.com/2013/11/13/medicaid-al-qaeda-obamacare-flaw-allows-anyone-earth-fraudulently-enroll>

“Non-citizens are eligible for Medicaid and CHIP (Children’s Health Insurance Program). This is not a new development. However, the documentation and verification process for such enrollments was significantly eased by regulations in the Affordable Care Act.”

**Chris Jacobs writer for the Heritage Foundation** “Obamacare undermines american values” **The Foundry** **November 27, 2013**

<http://blog.heritage.org/2013/11/27/obamacare-undermines-american-values/>

“Obamacare includes special provisions that allow many legal, non-citizen residents to qualify for federally subsidized insurance and, in so doing, offers these non-citizens more and better coverage options than American citizens.”

#### **Will increase fraud**

**Fox News** “Medicaid for Al-Qaeda? Obama care flaw allows anyone on earth to fraudulently enroll” **November 13, 2013**

<http://nation.foxnews.com/2013/11/13/medicaid-al-qaeda-obamacare-flaw-allows-anyone-earth-fraudulently-enroll>

“Non-citizens are eligible for Medicaid [...meaning] getting fraudulent applications for Medicaid or CHIP approved is now easier, and thus more likely.”

#### **The affordable care act already effectively resolved section 3**

**Chris Jacobs writer for the Heritage Foundation** “Obamacare undermines american values” **The Foundry** **November 27, 2013**

<http://blog.heritage.org/2013/11/27/obamacare-undermines-american-values/>

“in states that expand their Medicaid programs, citizens with incomes under 138 percent of the federal poverty level will be automatically enrolled into Medicaid, while non-citizens will receive subsidies to purchase coverage in the Obamacare exchange.”

**Sharon Baron is a Special Assistant with Half in Ten at American Progress, where she is working to reduce poverty and promote economic stability** “10 frequently asked questions about medicaid expansion” Center for American Progress **April 2, 2013**

<http://www.americanprogress.org/issues/healthcare/news/2013/04/02/58922/10-frequently-asked-questions-about-medicaid-expansion/>

“Medicaid eligibility will be extended to all individuals with incomes up to 138 percent of the federal poverty level beginning in 2014—\$26,347 for a family of three and \$15,417 for an individual.”

### **Having medicaid is worse than not having insurance**

**Chris Jacobs writer for the Heritage Foundation** “Obamacare undermines american values” The Foundry **November 27, 2013**

<http://blog.heritage.org/2013/11/27/obamacare-undermines-american-values/>

“Several studies show that patients with Medicaid coverage have worse outcomes than the uninsured, and some Medicaid beneficiaries do not consider the program “real insurance.”

# SF2- SGR Repeal & Medicare Provider Payment Modernization

## Act

### Legislation Text

2014 Harvard National Congress

Semifinal Legislation 2

#### **SGR Repeal & Medicare Provider Payment Modernization Act**

1 BE IT ENACTED BY THE CONGRESS HERE ASSEMBLED THAT:

2 **SECTION 1.** The Medicare Sustainable Growth Rate formula is abolished.

3 **SECTION 2.** Reimbursement to all Medicare providers shall increase by 0.5% relative to the  
4 previous year for the next five years.

5 **SECTION 3.** The Merit-Based Incentive Payment System (MIPS) is established.

6 **A.** The Medicare Physician Quality Reporting System (PQRS), Value-Based  
7 Modifier (VBM), and electronic health record meaningful use criteria (EHR  
8 MU) shall be subsumed into MIPS.

9 **B.** The Secretary of Health and Human Services shall measure the quality of care  
10 rendered by Medicare providers and establish quality standards. Providers  
11 who fail to meet the standard shall have gross payments reduced by up to  
12 nine (9) percent. Providers who exceed the standard shall have gross  
13 payments increase by up to twenty-seven (27) percent.

14 **C.** MIPS shall apply to all Medicare reimbursement effective January 1, 2018.

15 **SECTION 4.** The Medicare Independent Payment Advisory Board (IPAB) is abolished.

16 **SECTION 5.** The Affordable Care Act provision requiring Medicaid programs to reimburse  
17 primary care physicians at the rate that would be paid for the service under  
18 Medicare in 2013 and 2014 is made permanent.

19 **SECTION 6.** The Centers for Medicare and Medicaid Services shall enforce this law.

20 **SECTION 7.** This law shall take effect upon passage.

21 **SECTION 8.** All laws in conflict with this legislation are hereby declared null and void.

*Introduced for Congressional Debate by the Harvard Debate Council Committee for Health Reform.*

#### General Synopsis

This piece of legislation seeks to replace two existing government health care practices with new ways to basically determining the same thing. The first two sections deal with the Medicare sustainable growth rate which is a method currently used by the Centers for Medicare and Medicaid Services (CMS) in the United States to control spending by Medicare on physician services. Instead of using the floating inflation rate the bill .5% increase, at least for the next 5 years. The third and fourth sections of the bill deal with the Independent Payment Advisory

Board, a fifteen-member United States Government agency created in 2010 by sections 3403 and 10320 of the Patient Protection and Affordable Care Act which has the explicit task of achieving specified savings in Medicare without affecting coverage or quality. This bill replaces the board with a system of incentivizing and punishing good and poor medical care.

### Affirmative Advocacy

The affirmative needs to prove that the elimination of the medicare sustainable growth rate and the independent payment advisory board and replacement with the specifics given in the legislation would be beneficial. Overall the debate is likely to focus on IPAB because of how controversial it was when put into place. There are a number of reasons why it is problematic and should be eliminated including the fact that it is not answerable to anyone and it will cause a decrease in services.

### Affirmative Research

#### **The IPAB is undemocratic**

**Doug Shoen writer for Forbes** "Medicare's independent payment advisory board" Forbes **August 27, 2013**  
<http://www.forbes.com/sites/dougschoen/2013/08/27/medicares-independent-payment-advisory-board/>

"IPAB takes the Medicare decision-making process away from doctors and away from Americans' elected representatives in Congress and gives it to an unelected, unrepresentative and unaccountable advisory board. This panel is flawed and unethical—but it has total authority to make decisions regarding Medicare funding, how to implement spending cuts within the Medicare program, and how to allocate medical services."

#### **IPAB causes a decrease in services**

**Doug Shoen writer for Forbes** "Medicare's independent payment advisory board" Forbes **August 27, 2013**  
<http://www.forbes.com/sites/dougschoen/2013/08/27/medicares-independent-payment-advisory-board/>

"Further, IPAB jeopardizes the quality of medical treatments and services for Medicare beneficiaries: proponents of IPAB argue that the program will improve care by reducing costs, but in reality, by advising such reduced spending per capita, IPAB can actually result in the denial of certain medical treatments, limiting services for seniors and Americans with disabilities."

#### **IPAB kills constituents ability to alter medicare**

**Timothy Stoltzfus Jost Yale Journal of Health Policy, Law, Ethics** "The Independent Medical Advisory Board" **March 3, 2013**  
<http://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1184&context=yjhple>

"cuts imposed by [IPAB] could "jeopardize both access for Medicare beneficiaries and even infrastructure for the entire health care system" and that the body accountable to no one but the President would "greatly limit the ability of Medicare beneficiaries, advocates and providers to work with Congress to improve the [Medicare] program."

#### **IPAB is not necessary when other boards exist to do the same job**



**Timothy Stoltzfus Jost Yale Journal of Health Policy, Law, Ethics** “The Independent Medical Advisory Board”  
**March 3, 2013**

<http://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1184&context=yjhple>

“The IPAB is one of a number of boards, commissions, councils, and centers created by the Patient Protection and Affordable Care Act (PPACA).’ 6 Most directly relevant to the scope of earlier health board proposals, the Center for Medicare and Medicaid Innovation is responsible for designing, evaluating, and implementing innovative Medicare payment and service delivery models. ” The Center also shares with the IPAB the responsibility for cutting Medicare costs and improving the quality of care through payment reform.”

### **The entire healthcare industry opposes IPAB**

**Jennifer Haberkorn** staff writer for Politico specializing in health care reform issues with **Joseph Antos**, Resident Scholar American Enterprise Institute, **Robert D. Reischauer** President Urban Institute, **Ted Agres** Senior Editor for Special Content Health Affairs, **Anne Schwartz** Deputy Editor Health Affairs and **Susan Dentzer** Editor-in-Chief Health Affairs “The independent payment advisory board” Health Affairs **December 15, 2011**

[https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=59](https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=59)

“Opponents of IPAB include many segments of the health care industry. In June 2011, for example, 270 health care and business organizations sent a letter to congressional leadership asking that the board be abolished. Clearly, many worry that any Medicare savings effectively mandated by IPAB will affect their own financial well-being.”

### **There are no checks or balances on IPAB**

**Jennifer Haberkorn** staff writer for Politico specializing in health care reform issues with **Joseph Antos**, Resident Scholar American Enterprise Institute, **Robert D. Reischauer** President Urban Institute, **Ted Agres** Senior Editor for Special Content Health Affairs, **Anne Schwartz** Deputy Editor Health Affairs and **Susan Dentzer** Editor-in-Chief Health Affairs “The independent payment advisory board” Health Affairs **December 15, 2011**

[https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=59](https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=59)

“Other objections fall along two basic lines. First, opponents argue that the existence of the board will place too much control in the hands of unelected individuals, whose recommendations will lead to actions that cannot even be reviewed by the courts.”

### **Key to paying doctors to ensure good care**

**Sarah Cliff** writer for the **Washington Post** “As health care costs slow, IPAB’s launch is delayed” **Washington Post**  
**May 3, 2013**

<http://www.washingtonpost.com/blogs/wonkblog/wp/2013/05/03/as-health-care-costs-slow-ipabs-launch-is-delayed/>

“While IPAB is specifically barred from changing Medicare's benefits or increasing cost-sharing, critics worry that cutting doctors' payment rates could lead to worse care.”

### **IPAB has been so controversial that it wont even do its only job the first year in place**

**Sarah Cliff** writer for the **Washington Post** “As health care costs slow, IPAB’s launch is delayed” **Washington Post**  
**May 3, 2013**

<http://www.washingtonpost.com/blogs/wonkblog/wp/2013/05/03/as-health-care-costs-slow-ipabs-launch-is-delayed/>



“For now, IPAB doomsayers can rest assured: The cost-cutting board has been effectively neutered for 2015, the first year in which its spending recommendations could go into effect. It has lost its power to make any of these binding cuts.”

### **IPAB will effectively become a death panel**

**David Rivkin and Elizabeth Foley writers for Wall Street Journal** “an Obamacare board answerable to no one”  
Wall Street Journal July 15, 2013

<http://online.wsj.com/news/articles/SB10001424127887324634304578539823614996636>

“For a vivid illustration of the extent to which life-and-death medical decisions have already been usurped by government bureaucrats, consider the recent refusal by Health and Human Services Secretary Kathleen Sebelius to waive the rules barring access by 10-year old Sarah Murnaghan to the adult lung-transplant list. A judge ultimately intervened and Sarah received a lifesaving transplant June 12. But the grip of the bureaucracy will clamp much harder once the Independent Payment Advisory Board gets going in the next two years.”

### **IPAB is at odds with the Constitution**

**David Rivkin and Elizabeth Foley writers for Wall Street Journal** “an Obamacare board answerable to no one”  
Wall Street Journal July 15, 2013

<http://online.wsj.com/news/articles/SB10001424127887324634304578539823614996636>

“This wholesale transfer of power is at odds with the Constitution's separation-of-powers architecture that protects individual liberty by preventing an undue aggregation of government power in a single entity. Instead, power is diffused both vertically—with the federal government exercising limited and enumerated powers and the states exercising all remaining authority—and horizontally, with the powers of the federal government divided among the executive, legislative and judicial branches.”

## **Negative Advocacy**

The negative has a number of places to attack this piece of legislation. The neg can argue that either, or both, of the systems currently used that the bill eliminates are good. Or that either of the outlined alternatives to the status quo are problematic in a vacuum or compared to the current standards. It is highly likely that the debate will focus on the IPAB because of how controversial it is. The negative should be sure to defend the necessity of IPAB to reduce costs without political entanglement, much like the federal reserve board, and argue against fallacious affirmations that IPAB will cause death panels and a decrease in the overall level of care.

## **Negative Research**

### **IPAB is key to the most objective decisions**

**Timothy Stoltzfus Jost Yale Journal of Health Policy, Law, Ethics** “The Independent Medical Advisory Board”  
March 3, 2013

<http://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1184&context=yjhple>

“The models of the Federal Reserve Board or the Base Closing Commission are often invoked as agencies that make difficult decisions largely insulated from political considerations and special interest pressure.<sup>6</sup> The Federal Health Board would be composed of experts in health policy,

health economics, and health care delivery who would be appointed for long terms of office through an apolitical process, such as appointment by the Comptroller General. Its members would be subject to rigorous conflict of interest strictures and would make decisions based on the evidence rather than on politics.”

### **Experts all agree IPAB is a good program**

**Timothy Stoltzfus** *Jost Yale Journal of Health Policy, Law, Ethics* “The Independent Medical Advisory Board” March 3, 2013

<http://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1184&context=yjhple>

“The IMAB concept was generally supported by health economists, two dozen of whom sent a letter to Reid on December 7, 2009.<sup>10</sup> Indeed, the economists argued that the IMAB should be given greater power to recommend changes in Medicare payments for physicians and hospitals and even for Medicaid, and that its recommendations should be considered for "fast track" action in Congress. Commentators with an interest in health economics, including David Leonhardt and Ezra Klein, added their voices." Klein argued that Congress was "too captured by special interests and too baffled by technical arguments and too paralyzed by partisanship" to do health care reform, and that what was needed instead was "an expert body able to continuously evaluate the data and make changes to Medicare that will increase the program's effectiveness and decrease its costs."

### **This bill does not effectively replace IPAB because they are not expected to be used unlike this bill’s proposal**

**Nancy-Ann DeParle** is **White House Deputy Chief of Staff** “The facts about the Independent Payment Advisory Board” The White House April 20, 2011

<http://www.whitehouse.gov/blog/2011/04/20/facts-about-independent-payment-advisory-board>

“IPAB is a backstop – it would only take effect if Medicare costs grow too fast. We’re already implementing a series of reforms that will improve the quality of care and reduce costs. In fact, according to Congressional Budget Office projections, Medicare spending won’t hit the targets that would cause IPAB’s recommendations to take effect in the next decade.”

### **IPAB is key to decreasing costs**

**Nancy-Ann DeParle** is **White House Deputy Chief of Staff** “The facts about the Independent Payment Advisory Board” The White House April 20, 2011

<http://www.whitehouse.gov/blog/2011/04/20/facts-about-independent-payment-advisory-board>

“The right way is to identify and implement what works on an ongoing basis to lower costs and improve care, set spending goals, and have a way to ensure that they are met – which is what IPAB does. Reducing our deficit and debt is a goal we all share, and we can achieve that goal and ensure our seniors get the quality, affordable health care they need and deserve.”

### **Issues with rationing of care are unfounded**

**Jennifer Haberkorn** staff writer for **Politico** specializing in health care reform issues with **Joseph Antos**, Resident Scholar **American Enterprise Institute**, **Robert D. Reischauer** President **Urban Institute**, **Ted Agres** Senior Editor for Special Content **Health Affairs**, **Anne Schwartz** Deputy Editor **Health Affairs** and **Susan**

**Dentzer Editor-in-Chief Health Affairs** “The independent payment advisory board” Health Affairs **December 15, 2011**

[https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=59](https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=59)

“IPAB cannot propose any recommendation to "ration" care; raise revenues; increase beneficiary premiums or cost sharing; restrict benefits; or alter rules for Medicare eligibility. The law directs the panel to give priority to measures that extend the solvency of the program, improve beneficiaries' access to care, and improve the health delivery system and health outcomes, among others.”

### **IPAB is key to the effectiveness of the Affordable Care Act**

Jennifer Haberkorn staff writer for Politico specializing in health care reform issues with Joseph Antos, Resident Scholar American Enterprise Institute, Robert D. Reischauer President Urban Institute, Ted Agres Senior Editor for Special Content Health Affairs, Anne Schwartz Deputy Editor Health Affairs and Susan Dentzer Editor-in-Chief Health Affairs “The independent payment advisory board” Health Affairs **December 15, 2011**

[https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=59](https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=59)

“What's more, in the context of the Affordable Care Act, having a backstop such as IPAB is sorely needed, proponents say. The law calls for sharp slowdowns in the rate of growth of payment to hospitals and other providers, but it contains relatively few other measures that will reliably slow the growth of spending. IPAB will thus constitute an important mechanism for slowing Medicare growth if these other measures fail.”

## SF3- A Bill to Reform Funding to Graduate Medical Education

### Legislation Text

1 BE IT ENACTED BY THE CONGRESS HERE ASSEMBLED THAT:  
2 **SECTION 1.** Federal financial aid for medical students is increased by \$2 billion over the  
3 period 2018-2027.  
4 **A.** The Secretary of Health and Human Services shall be tasked with determining  
5 the exact manner in which this funding shall be allocated.  
6 **SECTION 2.** Any medical school whose students graduate with an average of over \$100,000  
7 of debt due to the cost of medical school tuition shall be ineligible to receive  
8 Medicare Direct Graduate Medical Education payments.  
9 **A.** The Secretary of Health and Human services shall determine which medical  
10 schools fit the above criterion.  
11 **SECTION 3.** The Secretary of Education and the Administrator of the Centers for Medicare  
12 and Medicaid Services shall implement the respective provisions of this law.  
13 **SECTION 4.** This law shall go into effect on January 1, 2018.  
14 **SECTION 5.** All laws in conflict with this legislation are hereby declared null and void.

*Introduced for Congressional Debate by the Harvard Debate Council Committee for Health Reform.*

### General Synopsis

The assumption is that this legislation will come after the previous two (if it makes it in the time limit at all); that means that the arguments will be in favor/against the bill but will need to have direct links to the previous pieces of legislation. By itself however, because there is direct linking needed for most arguments, warrants should explain the nature of the status quo- there is no theory or hypotheticals. This is a current topic which has direct impact on Americans and the American health care system.

### Affirmative Advocacy

The affirmative shouldn't just focus on numbers (shortage of doctors, average student debt, etc.), speakers also need to discuss the benefits of the legislation. It may easy for the affirmative to prove we need help in medical field, but why does this legislation do anything to help that?

Speakers need to prepare to defend and extend every aspect of the bill. Besides that, the affirmative must weigh present and future based impacts (what passing this legislation would do to get those impacts).

### Affirmative Research

#### Students need the help

**Janet Lorin**, for Bloomberg News, “DeVry Lures Medical School Rejects as Taxpayers Fund Debt” Bloomberg Personal Finance **September 11, 2013** <http://www.bloomberg.com/news/2013-09-10/devry-lures-medical-school-rejects-as-taxpayers-fund-debt.html>

“[DeVry](#), which has two [for-profit medical schools](#) in the Caribbean, is accepting hundreds of students who were rejected by U.S. medical colleges. These students amass more debt than their U.S. counterparts -- a median of [\\$253,072](#) in June 2012 at AUC versus [\\$170,000 for 2012 graduates](#) of U.S. medical schools. And that gap is even greater because the U.S. figure, compiled by the Association of American Medical Colleges, includes student debt incurred for undergraduate or other degrees, while the DeVry number is only federal medical school loans.”

### **Section two is reasonable with the debt accumulated**

**Janet Lorin**, for Bloomberg News, “DeVry Lures Medical School Rejects as Taxpayers Fund Debt” Bloomberg Personal Finance **September 11, 2013** <http://www.bloomberg.com/news/2013-09-10/devry-lures-medical-school-rejects-as-taxpayers-fund-debt.html>

“Many DeVry students quit, particularly in the first two semesters, taking their debt with them. While the average attrition rate at U.S. med schools was 3 percent for the class that began in the fall of 2008, according to the AAMC, DeVry says its rate ranges from 20 to 27 percent. Of those who remained, [66 percent of AUC students and 52 percent of students](#) at DeVry’s other Caribbean medical school, [Ross University School of Medicine](#), finished their program -- typically two years of sciences followed by two years of clinical rotations -- on time in the academic year ended on June 30, 2012.”

### **[Block] Medical school should be free**

**Helene Pavlov**, M.D., Fellow at the American College of Radiology, “Should Tuition Be Free for Medical School?” The Huffington Post **September 15, 2011** [http://www.huffingtonpost.com/helene-pavlov/medical-school-tuition\\_b\\_962627.html](http://www.huffingtonpost.com/helene-pavlov/medical-school-tuition_b_962627.html)

“Free medical school tuition would certainly decrease the financial burden, but I believe that it is unlikely to be sufficient to steer medical students to enter primary care practices. The authors of this referenced article further propose that the primary care resident would continue to receive a stipend while the trainees going into other specialty residencies would forgo their stipends. Even if medical school tuition were free, living without a stipend after four years of graduate

school seems too severe of a burden and would probably result in young doctors forced to moonlight, which could jeopardize their specialty training.”

**Jimmy Meixiong**, for the Harvard Political Review, “Free Medical School? Sounds good, but...” The Harvard Political Review **June 13, 2011** <http://harvardpolitics.com/united-states/10890/>

“Unfortunately, the plan runs into some logistical problems. First of all, the plan will end up costing much more money than originally estimated in order for it to work. This is because there is an existing [shortfall](#) of residency positions—a shortfall that will grow in the future. Residency positions are largely funded by Medicare; however, in 1997, Congress imposed a cap on funding for medical residencies which prevents hospitals from being able to increase the number of positions due to financial reasons (Medicare currently pays these hospitals [9.1 billion](#) dollars). Along with making medical school free, Congress would need to garner significant political will in order to increase the funding cap and allow more residency positions to be created.”

### **Affirming is the only way to ensure health of America**

**Peter B. Bach**, senior adviser at the centers for Medicare and Medicaid Services, “Why Medical School Should Be Free” The New York Times **May 28, 2011** <http://www.nytimes.com/2011/05/29/opinion/29bach.html>

“Fixing our health care system will be impossible without a larger pool of competent primary care doctors who can make sure specialists work together in the treatment of their patients — not in isolation, as they often do today — and keep track of patients as they move among settings like private residences, hospitals and nursing homes. Moreover, our population is growing and aging; the American Academy of Family Physicians has estimated a shortfall of 40,000 primary care doctors by 2020. Given the years it takes to train a doctor, we need to start now.”

### **May help increase enrollment**

**Jimmy Meixiong**, for the Harvard Political Review, “Free Medical School? Sounds good, but...” The Harvard Political Review **June 13, 2011** <http://harvardpolitics.com/united-states/10890/>

“It is an open secret that the U.S. healthcare system faces a huge issue of how to provide care to tens of millions of new patients following healthcare reform legislation. Combined with the influx of the newly insured is the problem of our [aging population](#), which is sure to strain healthcare infrastructure and exacerbate rising costs. According to the American Academy of

Family Physicians (AAFP), the number of U.S. medical students going into primary care has dropped 51.8% since 1997. This drop is occurring while our nation needs to dramatically increase the number of family physicians. The AAFP predicts a shortfall of about 40,000 family doctors by 2020. This means much longer waiting times for simple doctor visits, and lower quality of care as each doctor will need to see many more patients.”

### Affirming helps solve doctor shortages

**Mark Koba**, senior editor for CNBC, “Doctor Shortage Getting Worse” CNBC **March 13, 2013**

<http://www.cnbc.com/id/100546118>

"The shortage is here now and getting worse all the time," said Dr. Michael Saag, director of AIDS Research at the University of Alabama, Birmingham. There have been many stories about it, but we've really had this problem over the last 30 years, and unless we do something soon, we're facing a real crisis in health care," Saag said. "And the shortage is in all areas of medicine." "It's an economic problem," said Dr. Joel Blass, a primary care physician at the Workmen's Circle MultiCare Center in The Bronx. "You have so many slots in medical school that can be filled, and then you have uneven distribution. You don't necessarily see the shortage in New York but more in the rural areas, where there are fewer doctors and more patients," Blass said. The U.S. is estimated to be short about 16,000 primary care doctors. That leaves about 55 million people without a doctor or struggling to find one.”

### Negative Advocacy

The negative would probably be most memorable in shaping their speeches based off the previous legislation. If speakers aren't up for the all the work that comes with linking, then the simple burden of false claims is enough. Disputing the claims of the affirmative rule impacts false- leaving no reason to affirm the legislation. If debaters want another option, there is always the possibility of a counter plan- how do we achieve the same impacts of the affirmative but negate?

### Negative Research

#### **Budget in this bill won't be enough; comparison to current funding**

**Robert Wood Johnson Foundation**, for Health Affairs, “Graduate Medical Education” Health Policy Briefs **August 16, 2012** [https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=73](https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=73)

“Although the federal government, as noted, is the largest single supporter of graduate medical education, overall support for GME comes out of a number of separate public and private pots. Each year the federal government contributes about \$9.5 billion in Medicare funds, and approximately \$2 billion in Medicaid dollars, to help pay for GME. The federal government also funds GME in children's hospitals via a new program called Teaching Health Centers GME, which trains residents in community-based ambulatory settings; and through contributions from other agencies, including the Department of Defense, the Department of Veterans Affairs, the Health Resources and Services Administration, and the National Institutes of Health.”

### **There are other options to fund the current number of students**

**Robert Wood Johnson Foundation**, for Health Affairs, “Graduate Medical Education” Health Policy Briefs **August 16, 2012** [https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=73](https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=73)

“There are approximately 115,000 physicians currently in residency programs. Federal support translates to about \$100,000 per resident per year. Adding in state Medicaid payments, and considering the length of time that residents spend in training, the public investment per physician in training comes to half a million dollars or more. Earlier deficit reduction efforts sought to constrain federal GME expenses. For example, the Balanced Budget Act of 1997 placed a limit on the number of Medicare-supported residency slots, tied to the number of residents hospitals reported having in 1996. This freeze, or cap, on Medicare-supported residency slots has remained in place ever since, even though exemptions and exceptions have permitted steady growth. Several recent proposals have been made to lower federal contributions to GME. In 2010 the National Commission on Fiscal Responsibility and Reform (the Simpson-Bowles Commission) recommended reducing both direct and indirect GME payments. Under the commission's proposal, direct GME payments would be reduced to equal 120 percent of the national average of a resident's salary, with subsequent adjustments based on inflation. Indirect GME payments would be cut to reflect actual costs more accurately. Total savings in direct and indirect GME costs would be \$6 billion in 2015 and up to \$60 billion by 2020. In 2011 President Barack Obama proposed reducing Medicare indirect GME support and cutting in half GME funding for children's hospitals. Congress has not acted on either of these proposals.”

### **A majority of students graduate with more debt than is outlined**

**Menachem Wecker**, for U.S. News and World Report, “How to Go to Medical School for Free” The U.S. News and World Report **October 14, 2011** <http://www.usnews.com/education/best-graduate-schools/top-medical-schools/articles/2011/10/14/how-to-go-to-medical-school-for-free-2>

“But for now, medical school isn't free for the overwhelming majority of students in the United States, and aspiring M.D.'s can expect to pay more on average than their predecessors, according to a recent Association of American Medical Colleges [report](#). Nonresident students at public



schools—the subset with the highest tuition costs, according to the report—will pay about \$188,000 over a four-year period, on average, not including room and board.”

### **Little chance of affirmation; alternatives**

**Mark Kantrowitz**, financial aid expert for the New York Times, “Part 1: Answers to Reader’s Questions on Financial Aid” The New York Times **April 23, 2012** <http://thechoice.blogs.nytimes.com/2012/04/23/kantrowitz-finaid-offers-part-1/>

“There are many proposals on the table, and the main difference is in the severity of the cuts. Few legislators are proposing increases in student aid funding. In his State of the Union address, President Obama called on Congress to make the American Opportunity Tax Credit permanent and to delay the doubling of the interest rate on undergraduate subsidized Stafford loans by a year. The maximum Pell Grant will increase by only \$85 in 2013-14, from \$5,550 to \$5,635, after two years of no increases. These proposals will be financed in part by increasing the interest rate on the Perkins loan program, eliminating the subsidized interest benefit, and increasing Perkins loan volume a year to \$8.5 billion from \$1 billion.”

### **Most students don’t have to end up with large amounts of debt**

**Menachem Wecker**, for U.S. News and World Report, “How to Go to Medical School for Free” The U.S. News and World Report **October 14, 2011** <http://www.usnews.com/education/best-graduate-schools/top-medical-schools/articles/2011/10/14/how-to-go-to-medical-school-for-free-2>

“For example, Vanderbilt University’s [School of Medicine](#) offers [eight non-need-based scholarships](#), according to its website. Carla Valenzuela, a second-year student at Vanderbilt, holds one of the school’s Cornelius Vanderbilt Scholarships, which covers 75 percent of her tuition. Though an “incredible honor,” Valenzuela says the scholarship didn’t affect her choice of schools. “I know it sounds crazy, but I seriously wanted to go to a school that ‘fit’ and didn’t care about the cost,” she says. According to [its website](#), Washington University in St. Louis’s [School of Medicine](#) is “among a small number of medical schools which offer merit-based scholarships,” all of them full tuition, as well as a scholarship for women studying at the school. University of Virginia’s [School of Medicine](#) also offers merit scholarships—some of them a full ride. Eve Privman, a third-year medical student at UVA, has her tuition and fees waived as part of the National Institutes of Health’s [Medical Scientist Training Program](#) (MSTP), which also pays stipends to 933 budding researchers in joint M.D.-Ph.D. programs at 45 institutions. Privman, who had been torn between pursuing a research career and an M.D., says she was “ecstatic” to learn of the combined program.”

## **Fund more money to nurses**

**Kathleen Potempa**, dean of the University of Michigan School of Nursing, “Let Nurses Provide Primary Care” The Wall Street Journal **June 20, 2013**

<http://online.wsj.com/news/articles/SB10001424127887323393804578555741780608174>

“That said, one concrete step we can take toward improving access to care is to encourage state legislatures to update rules of practice for APRNs—the largest group of which are nurse practitioners (NPs). As the National Association of Governors concluded in 2012, “Most studies showed that NP-provided care is comparable to physician-provided care on several process and outcome measures.” Moreover, the studies suggest that NPs may provide improved access to care. Currently, 19 states and the District of Columbia allow APRNs to practice to the full scope of their training, and such legislation is being considered in several more states. Meanwhile, the remainder of the country struggles against practice barriers that are inefficient and restrict critical access to care”

## **Forgive all debt**

**George Halvorson**, chairman and chief executive officer of Kaiser Permanente, “Relieve Doctors of Their Student-Loan Debts” The Wall Street Journal **June 20, 2013**

<http://online.wsj.com/news/articles/SB10001424127887323393804578555741780608174>

“We definitely need more primary-care doctors in the U.S. One of the major reasons for the current shortage of primary school doctors is the level of medical-school debt that doctors incur on their way to getting their licenses. The smartest thing we could do to get more doctors into primary care might be to forgive medical-school debt for any and all doctors who practice primary care for five to 10 years. That program would actually pay for itself in three years. How could it pay for itself? It would pay for itself because the average primary-care doctor now makes about \$150,000 a year and incurs roughly \$200,000 in debt. The specialty doctors incur slightly more in debt, but they make over \$250,000 a year in income. That is \$100,000 a year in additional pure salary cost for each doctor. So if we keep more doctors at the primary-care reimbursement level instead of having them bill for their care at specialty fee levels, we would actually save \$100,000 per doctor, per year. Forever. So forgiving \$200,000 in debt one time for each doctor actually saves millions of dollars in fees per doctor, and that-debt forgiveness program can give us the primary-care doctors we need.”