

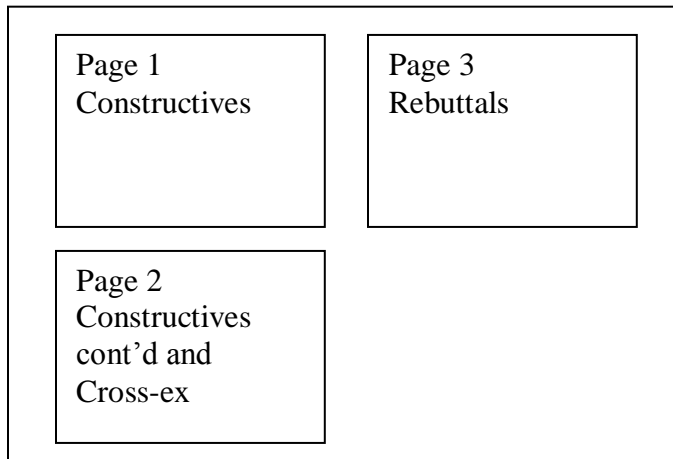
Flow Chart¹ of the Final Round: Connecticut Debate Association, Wilton High School @ Middlebrook Middle School, February 2, 2008

Resolved: That the State Children’s Health Insurance Program (SCHIP) should be significantly expanded.

The final round at Wilton was between AITE (Alexis Garkusha and Michael Weinberger) on the Affirmative and Joel Barlow (Alyssa Bilinski and Jason Kaplan) on the Negative. The debate was won by the Negative team from Joel Barlow.

Format Key

It’s hard to reproduce notes taken on an 11” by 14” artist pad on printed paper. The three pages below are an attempt to do so. The first page covers the constructive speeches, the second page covers the cross-ex, and the third page covers the rebuttal. The pages are intended to be arranged as follows, which is how my actual flow chart is arranged:



Note that the first page containing the constructive speeches always has arguments related to the Affirmative contentions at the top, and those relating to the Negative contentions at the bottom. This is not how the speeches may have been presented, in that often a speaker will deal with Negative arguments prior to the Affirmative. The “transcript” version of this chart presents the arguments in each speech as presented.

The chart uses “A1,” “N2,” etc. to refer to the Affirmative first contention, the Negative second contention and so forth. It also uses the following abbreviations:

“HI” for “health insurance”

“PHI” for “private health insurance.”

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First Affirmative Constructive	First Negative Constructive	Second Affirmative Constructive	Second Negative Constructive
1) Introduction 2) Statement of the Resolution 3) Overview of the Affirmative position a) Medicare was designed for those with incomes under the poverty level b) SCHIP was established in 1996 to help those with higher incomes that still couldn't afford health insurance c) Currently 6 million children cannot get health insurance ("HI") ² 4) A1 ³ : An expanded SCHIP will benefit millions of children a) 6.6 million children currently lack health insurance b) US gov't has the power, decency and wealth, therefore the duty to provide for their well-being. 5) A2: An expanded SCHIP can be more cost-effective a) We already pay for the care of these children through visits to the emergency room ("ER") b) SCHIP will provide children with HI i) If they get sick, they will get medicine ii) Otherwise they might get sicker or die, or infect others c) It's more cost effective to catch and cure disease earlier 6) A3: SCHIP is effective and flexible a) Each state sets its own standards based on different cost of living i) Greenwich vs Utah b) By definition it's effective if it covers more children 7) We have a moral obligation to provide healthcare to these children	1) Two observations: a) The Negative is not against HI, but SCHIP is not the best way b) Affirmative in cross-ex said their plan is similar to existing bills but will be funded by a different tax	1) Intro. 2) Resolution 3) A1: There are 6.6 million children who will receive HI a) 4 million, or two-thirds, have none now b) It is a fundamental obligation of our government to provide this 4) A2: SCHIP promotes preventive medicine a) There is no guarantee that the Negative's tax cuts and subsidies will be spent on health care b) SCHIP will be spent directly on healthcare, only \$5 billion per year 5) A3: SCHIP is matched to the PL of each state, protecting the uninsured	1) "Look into this poor child's eyes. Now give me \$5 million for healthcare." a) The Affirmative is making an emotional appeal and dancing around the real issue b) The Negative isn't against SCHIP as it stands; we are in favor of better spending 2) A1: The Negative wants to help children too, but not with the resolution a) It's better to respect capitalism, and use funds efficiently 3) A2: The Negative alternative is more efficient than the resolution 4) A3: SCHIP is not specific and flexible enough. a) It's a brute force, same-for-all approach
	1) N1: Expanding SCHIP is risky if not infeasible a) SCHIP bills failed twice, vetoed and could not override veto i) Clearly the bill is unpopular and not wanted b) The economy is in a precarious state, with a weak stock market and \$9 trillion national debt c) It's not economically or politically responsible to expand programs or taxes d) If a tobacco tax were used, the revenue source is declining	1) N1: SCHIP is just as feasible as the Negative proposal a) We are just reallocating funds to cover all uninsured children 2) N2: SCHIP is for those who can't afford PHI, as Negative agreed in cross-ex a) 2/3 rd of the 6 million can't afford PHI b) That 1/3 rd may be drawn away from PHI is a small loss to private firms. 3) N3: SCHIP is the best of the two plans a) SCHIP is already in place covering 6.6 million b) Expansion will cost only a small amount	1) N1: Iraq is not relevant. Even if Iraq spending is unnecessary, that doesn't justify more unnecessary spending 2) N1: Expanding SCHIP is risky given the war on Iraq and likelihood of recession a) \$50 billion is not pocket change b) The Negative is about efficiency 3) N2: SCHIP will hurt private insurers. a) Many who are eligible for SCHIP opt for PHI for various reasons. b) Higher income families will use more PHI under the Negative alternative 4) N3: Our alternative proposes using smaller

² Initials in quotes in parentheses after a phrase introduces an abbreviation, in this case "HI" for "health insurance."

³ "A1" indicates the Affirmative first contentions, "N2" the Negative second contention and so forth.

	<p>2) N2: An expanded SCHIP would take people away from private health insurance (“PHI”)</p> <p>a) The packet contains data on income and PHI</p> <p>i) For those at 3-4 times poverty level, 89% have PHI</p> <p>ii) For 2-3 times poverty level, 77% have PHI</p> <p>iii) For 1-2 times poverty level, 49% have PHI</p> <p>b) PHI benefits the economy and encourages competition</p> <p>i) It’s irresponsible and anti-capitalist to block competition</p> <p>3) N3: There are more effective alternatives</p> <p>a) Expanding SCHIP is leading towards a welfare state like France</p> <p>i) France has high national debt and is looking to roll back their programs</p> <p>b) Our alternative is to graduate the amount of subsidy by income within each state</p> <p>i) Subsidies are lowered as income rises</p>	<p>per year</p> <p>c) The children should not have to wait</p>	<p>income brackets to make partial payments</p> <p>a) It’s like approximating an integral in calculus,</p>
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Cross-ex of First Affirmative	Cross-ex of First Negative	Cross-ex of Second Affirmative	Cross-ex of Second Negative
<p>1) Can we assume your plan is similar to the SCHIP bills before Congress? Similar. The funding will not be from tobacco but other sources. We want to raise levels to 200% of the poverty level</p> <p>2) How do we know it will be used wisely? SCHIP provides healthcare to children</p> <p>3) So it will be like the existing bills? We want to expand SCHIP</p> <p>4) The packet says there are 2.7 million children who are SCHIP-eligible but chose not to enroll. Why? I’m not familiar with this statistic</p> <p>5) You say the states have flexibility, but within a state, the plan provides a flat rate for all? Yes, regulations consistent within a state</p> <p>6) But it will be the same for all within a state? Regulated by each state.</p>	<p>1) You said the expansion of SCHIP was infeasible? Yes</p> <p>2) The senate only wanted \$5 billion... It was \$35 billion</p> <p>3) Initially only \$5 billion. Perhaps initially, but the total was \$35 billion</p> <p>4) Do you know how much we are spending in Iraq? We have \$9 trillion in debt. We don’t need more spending and more taxes.</p> <p>5) But the \$5 billion only covers 5 days of spending in Iraq? Yes</p> <p>6) It’s not worth it to spend that on children? We can’t afford Iraq. The Negative alternative I cheaper and gets the same results as the resolution.</p> <p>7) How will you pay for the cost? We are just re-arranging existing funds.</p> <p>8) Won’t SCHIP be destroyed? It’s a different allocation of funds.</p> <p>9) But doesn’t SCHIP cover those who can’t afford HI? And that’s good. We have no issue with the current SCHIP program.</p> <p>10) Then why should we expand SCHIP to help those who still can’t afford HI? Because that won’t happen under an expanded SCHIP. Some of those who will be covered already have PHI, or are eligible and have not signed up.</p> <p>11) But won’t an expanded SCHIP cover 2 million more children? Our alternative with do that more efficiently.</p>	<p>1) On Page 2 of the packet it says SCHIP was \$5 billion in 1997, and \$35 billion in 2007? That’s \$35 billion over five years</p> <p>2) Isn’t that before the expansion? The expansion is \$5 billion per year</p> <p>3) Isn’t the \$5 billion what was budgeted for the original SCHIP? So it’s \$10 billion total</p> <p>4) Who will be covered by the expansion? Adults? Illegal immigrants? We aren’t expanding anything other than to cover more uninsured children who are currently ineligible</p> <p>5) The packet says that for those with incomes at 300-400% of the PL, 89% are eligible but don’t enroll, why is that? They are the ones who can’t afford it. We don’t want to take needed funds away from their parents.</p> <p>6) But depending on the income bracket, 50-90% have PHI? SCHIP won’t give funds to those who are uninsured</p>	<p>1) If we don’t expand SCHIP doesn’t that mean children will not be covered? Not if we use the same money more efficiently</p> <p>2) Won’t you have to raise eligibility? We will have graduated income levels and partial payments, with no change in spending.</p> <p>3) What proof do you have that we will cover all of the uninsured? We can cover them because we won’t be paying excessively. It seems logical that those without PHI will sign up.</p> <p>4) How will you structure the income brackets? We don’t know precisely.</p>

First Affirmative Rebuttal	First Negative Rebuttal	Second Negative Rebuttal	Second Affirmative Rebuttal
<p>1) Intro</p> <p>2) Resolution</p> <p>3) A1: There are children who will benefit from expanding SCHIP, even if the numbers are in dispute</p> <p>a) We can use some funds to advertise the program so more sign up</p> <p>4) A2: SCHIP is the most effective method to cover the uninsured</p> <p>a) It's more effective if children get healthcare</p> <p>b) It's not certain that subsidies or tax breaks will be spent on HI</p> <p>c) SCHIP will spend money on HI</p> <p>5) A3: States regulate SCHIP and match it to the needs of its citizens</p> <p>a) SCHIP provides HI to children who can't afford it</p> <p>6) N1: Supporting the President's veto is unacceptable. The Affirmative can't allow it.</p> <p>7) N2: It's clearly feasible to spend more on healthcare when you look at what we spend on Iraq</p>	<p>1) There are three main issues in this debate:</p> <p>a) Do children need an expanded SCHIP?</p> <p>b) Is expanding SCHIP practical?</p> <p>c) Is expanding SCHIP the best way?</p> <p>d) I will talk about the first two, and my partner will discuss the third</p> <p>2) To answer the first issue, we need to consider who uses SCHIP</p> <p>a) SCHIP serves 6 million, but not all of them are unable to get PHI</p> <p>b) 50-90%, depending on income, choose PHI</p> <p>c) Of the 6 million new children covered by an expanded SCHIP, 1/3 have PHI now and the other 2/3 are already eligible for SCHIP</p> <p>d) They would be better served privately</p> <p>i) Insured get better coverage</p> <p>ii) It's better for the economy to have private firms</p> <p>iii) It's what people want</p> <p>3) The second issue basically contrasts N1 versus A2</p> <p>a) Even if you don't like Bush, his veto was not intended to kill children</p> <p>i) He probably didn't want to raise taxes as an infeasible and irresponsible action given the economy</p> <p>b) Iraq is putting us in debt. It doesn't mean we have funds for other things</p> <p>c) The Negative alternative gets better results without spending \$5-50 billion</p> <p>i) More consistent with capitalist principles</p> <p>4) The best approach is to keep HI private</p>	<p>1) There hasn't been much new class in this debate, only a lot of passionate speech from the Affirmative repeating their constructives.</p> <p>2) Our plan is the best way, using smaller income intervals</p> <p>a) Take money from those who don't need it and give it to those who do</p> <p>b) For those with incomes 300-400% of PL, 89% have PHI</p> <p>i) These people are either wealthy, or shrewd or ignorant</p> <p>ii) If wealthy, they are purchasing the HI they prefer</p> <p>c) Transferring SCHIP money will raise awareness, and won't deny HI to children</p> <p>d) We care about children as much as the Affirmative</p> <p>e) Iraq is off the mark</p> <p>f) We keep states rights and make the program more efficient</p> <p>3) Consider N3 and N2. The Negative reduces crowding out</p> <p>a) This is what is said on pages 7&8 of the packet</p> <p>i) Increase the efficiency of spending</p> <p>ii) Reduce the damage to the private sector</p> <p>4) The debate is about efficiency, not about pathos</p>	<p>1) The Negative keeps saying, "the facts show..."</p> <p>2) I don't like debates about facts, but if they want facts from the packet</p> <p>a) Only 34% of those covered by an expanded SCHIP are currently eligible, the rest are not</p> <p>b) Tax-based solutions are less efficient,</p> <p>i) 77% of benefits go to those with insurance</p> <p>ii) 34% of expanded SCHIP benefits would go to those with insurance</p> <p>iii) Gruber says tax-based plans are not efficient because they leave gaps in coverage</p> <p>3) Facts don't tell us which solution to choose</p> <p>a) SCHIP is already in place</p> <p>b) SCHIP is already helping children</p> <p>4) N1: The same funds would be used for expanded SCHIP</p> <p>5) N2: Tax-based quotes show this contention is not true</p> <p>6) N3: Packet says public solutions are the most efficient</p> <p>7) A1: Expanded SCHIP will cover all uninsured</p> <p>a) Only 34% of newly covered already have PHI, compared to 77% under tax-based proposals</p> <p>8) The Affirmative doesn't like debates about facts</p> <p>9) The truth is that we need to take care of these children</p>