2026-2027 CX Debate Free Sample

National Health Insurance Free Sample

Medical Debt Advantage + Cost and Tax Burden Negative Preview

A free student-facing sample from the full National Health Insurance affirmative and negative debate file series.

The Forensics Files

Classroom-ready debate resources for students, coaches, and teachers.

Publication Information

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This completed free sample is designed for classroom, practice, preview, and student preparation use. It gives students and coaches a usable example of the explanation style, evidence organization, and round-ready support used in The Forensics Files national health insurance materials.

This document is intentionally limited to one affirmative advantage preview and one negative position preview. It includes evidence cards, novice/JV explanation, speech extension previews, cross-ex questions for both sides, and an upgrade page for the complete product line.

Publication Status: Completed free sample product. This is a preview resource, not the full paid product.

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Debate evidence is only useful when it is accurate, honest, and contextually fair. This sample uses the same evidence-integrity expectations that govern the full The Forensics Files debate product line.

- Quoted evidence must be preserved exactly.
- Evidence should not be paraphrased, shortened, modernized, or rearranged.
- Warrant underlining should identify the reason the tag is true, not merely repeat the tag.
- Students should cite evidence honestly and preserve context.
- Students should avoid cutting isolated phrases in ways that distort the author's argument.

The evidence cards in this sample should be preserved exactly. Students should use the cards in context, cite them honestly, and avoid altering quoted source language.

How to Use This Free Sample

This sample is meant to show how The Forensics Files affirmative and negative arguments are supposed to function in actual rounds: understandable to novices, useful to varsity debaters, organized for coaches, and formatted cleanly enough to use without extra preparation.

This completed sample includes one affirmative Medical Debt Advantage preview, one negative Cost and Tax Burden position preview, evidence cards, novice/JV explanation, speech extension previews, and cross-ex questions for both sides. The goal is to give students a complete argument experience without replacing the full paid product.

Coaches can use the sample to teach case construction, evidence explanation, impact comparison, and cross-ex preparation. Students can use it as a model for how to explain a health-care advantage clearly without relying on jargon.

Quick Start for Students

The Medical Debt Advantage argues that the current health-care system leaves families exposed to unaffordable medical bills. Even when people technically have insurance, premiums, deductibles, copays, surprise bills, and uncovered care can still create major financial pressure.

Medical debt matters because illness should not become a long-term financial punishment. Families may delay care, drain savings, damage credit, or struggle to pay for basic needs after receiving medical bills. That makes the argument concrete and easy for judges to understand.

National health insurance can be framed as a solution because it shifts the debate from fragmented private payment to guaranteed public coverage. The affirmative does not need to claim that one policy instantly solves every health-care problem. The core claim is that reducing financial barriers makes care more accessible and prevents medical bills from becoming a household crisis.

This argument is useful for affirmative teams because it answers negative positions that focus only on government spending. The affirmative can say the real comparison is not cost versus no cost. Families already pay through private insurance costs, out-of-pocket expenses, and debt. The plan changes who pays, how predictable the payment system is, and whether illness becomes a private financial disaster.

Simple judge explanation: our advantage is about families. People get sick whether they can afford it or not. The current system turns illness into debt. National health insurance reduces that risk by making coverage more universal and reducing direct costs when people need care.

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Best Use Note

Best Use

Read the Medical Debt Advantage when the affirmative wants a clear, concrete, and judge-friendly reason that national health insurance matters to ordinary families. The argument works especially well in rounds where the negative focuses on government spending, taxes, or implementation costs, because it lets the affirmative compare public cost claims against the private financial harm families already experience in the status quo.

This advantage is strongest against negative arguments that treat health-care costs as only a federal budget issue. The affirmative should explain that families already pay for health care through premiums, deductibles, copays, surprise bills, delayed treatment, and unpaid medical debt. The plan changes the payment structure by making coverage more universal and reducing the chance that illness becomes a household financial crisis.

The argument is judge-friendly because it is easy to visualize and easy to weigh. Judges do not need technical health-policy knowledge to understand that medical bills can damage savings, credit, and access to future care. That makes the advantage useful for parent judges, lay judges, and policy judges who want a concrete explanation of real-world harm.

For novice debaters, this is a good first advantage because the story is simple: people get sick, care costs money, the status quo leaves many families exposed, and national health insurance reduces the financial risk of needing care. Students can explain the argument in plain language without relying on jargon.

Strategically, the affirmative should use this advantage to force cost comparison. The negative may argue that national health insurance requires government spending or taxes. The affirmative answer is that the current system is not free; it pushes costs onto households in less predictable and more harmful ways. Medical debt gives the affirmative a direct way to weigh family financial security against abstract budget claims.

Round Application

This advantage is especially useful when the affirmative wants to emphasize affordability, access, economic security, health equity, or the everyday consequences of health-care costs. It can also serve as a strong opening advantage in a novice 1AC because the judge can quickly understand what the plan does and why it matters.

Medical Debt Advantage

A. Core Claim

The Medical Debt Advantage argues that the current health-care system exposes families to unaffordable medical bills and long-term financial insecurity. National health insurance reduces that risk by making coverage more universal and by lowering the direct household burden of paying for care when people are sick or injured.

The key point is not that every health-care cost disappears. The key point is that a more universal public insurance structure makes the cost of care less likely to become a private household crisis. That gives the affirmative a concrete solvency story: the plan reduces the risk that illness becomes debt.

B. Strategic Thesis

In the debate round, the affirmative should frame medical debt as an immediate and concrete harm to families. Negative teams often describe cost in terms of federal spending, taxes, or budget tradeoffs. The affirmative should answer that those arguments ignore the private costs families already pay under the current system.

The best strategic framing is comparison: the status quo already imposes costs, but it does so through premiums, deductibles, copays, surprise bills, delayed treatment, and medical debt. National health insurance changes that system by making coverage more universal and reducing financial barriers at the point when people need care.

C. Simple Version for Novices

People do not choose when they get sick. Under the current system, a family can do everything right and still face bills they cannot afford. The affirmative says national health insurance helps because it makes coverage more reliable and reduces the chance that medical care turns into debt. In simple terms: the plan protects families from being financially punished for getting sick.

D. Argument Chain

1. People need medical care whether they can afford it or not.
2. The status quo leaves families exposed to medical bills, deductibles, copays, and debt.
3. Medical debt causes financial insecurity and delayed care.
4. National health insurance reduces financial barriers by making coverage more universal.
5. Reducing medical debt is a direct benefit to families and should weigh heavily in the round.

E. Tagline Preview

The status quo leaves families exposed to unaffordable medical bills.

Sparks et al. 26 - Grace Sparks, Lunna Lopes, Alex Montero, Marley Presiado, and Liz Hamel, KFF, a nonpartisan health policy research, polling, and news organization that describes itself as "the independent source for health policy research, polling, and news," "Americans' Challenges with Health Care Costs," KFF, April 30, 2026, https://www.kff.org/health-costs/americans-challenges-with-health-care-costs/

Just under half of U.S. adults say it is difficult to afford health care costs, and about three in ten say they or a family member in their household had problems paying for health care in the past 12 months. Hispanic adults, young adults, and the uninsured are particularly likely to report problems affording health care in the past year.

Health care debt is a burden for a large share of Americans. In 2022, about four in ten adults (41%) reported having debt due to medical or dental bills including debts owed to credit cards, collections agencies, family and friends, banks, and other lenders to pay for their health care costs, with disproportionate shares of Black and Hispanic adults, women, parents, those with low incomes, and uninsured adults saying they have health care debt.

Medical debt causes long-term financial instability and forces families to delay care.

CFPB 22 - Consumer Financial Protection Bureau, U.S. government agency responsible for implementing and enforcing federal consumer financial law; Lucas Nathe and Ryan Sandler, "Paid and Low-Balance Medical Collections on Consumer Credit Reports," Consumer Financial Protection Bureau, July 27, 2022, https://www.consumerfinance.gov/data-research/research-reports/paid-and-low-balance-medical-collections-on-consumer-credit-reports/

People rarely plan to take on medical debt. Medical costs are often unforeseen, and billing is confusing and opaque. Ultimately, providers send many unpaid bills to third party collections. Medical debt is the most common type of third-party collection on consumers' credit reports and the most common type of debt that consumers are contacted about by debt collectors. Third-party collectors of medical debt typically have little access to providers' records.

Medical debt collections on an individual's credit report can impact their ability to buy or rent a home, raise the rate they pay for a car loan or for insurance, and make it more difficult to find or keep a job. Although past research by the CFPB and others suggests that medical collections are less predictive than nonmedical collections of future credit performance, many lenders, insurers, landlords, and others rely credit scoring models that treat medical collections as a strong negative signal.

National health insurance reduces household medical costs by replacing fragmented private insurance with guaranteed coverage.

CBO 22 - Congressional Budget Office, nonpartisan agency that provides budgetary and economic analysis to Congress; Jaeger Nelson, "Economic Effects of Five Illustrative Single-Payer Health Care Systems: Working Paper 2022-02," Congressional Budget Office, February 23, 2022, https://www.cbo.gov/publication/57637/

This paper builds on previous studies published by the Congressional Budget Office about single-payer health care systems. It uses a general-equilibrium, overlapping-generations model to analyze the economic and distributional implications of five illustrative single-payer health care systems. The systems vary by their payment rates to providers, degree of cost sharing, and inclusion of benefits for long-term services and supports (LTSS).

Households' health insurance premiums would be eliminated, and their out-of-pocket (OOP) health care costs would decline.

Novice Explanation

A. What This Argument Means

The Medical Debt Advantage is about what happens when health care becomes too expensive for ordinary families. The argument is not only that some people lack insurance. It is that many people, including insured people, can still face premiums, deductibles, copays, out-of-pocket costs, and bills they cannot afford when they need care.

For a novice debater, the simplest way to understand the advantage is this: illness creates medical needs, but the current system often turns those needs into household debt. The affirmative argues that national health insurance reduces that risk by making coverage more universal and by lowering the direct private costs families face when they seek care.

B. What Each Card Proves

Card 1 shows that the status quo leaves many families struggling with health-care costs and medical debt. This card helps the affirmative prove that the problem is broad, current, and not limited to a small number of unusual cases.

Card 2 explains why medical debt is more than a hospital bill. It can affect credit reports, housing, borrowing, insurance costs, and job opportunities. That makes the impact practical and easy for a judge to understand: medical debt can follow a family long after the original illness or treatment.

Card 3 gives the solvency story. It explains that under an illustrative single-payer model, household health insurance premiums would be eliminated and out-of-pocket costs would decline. This gives the affirmative a direct answer to negative teams that claim national health insurance only creates new public costs. The affirmative can argue that the plan also reduces private costs families already pay.

C. How to Explain This to a Judge

A clear judge explanation should begin with the real-world problem: people get sick whether they can afford care or not. In the status quo, medical need can become household debt because families face premiums, deductibles, copays, out-of-pocket costs, and unpaid bills.

The impact is not abstract. Medical debt can damage credit, make it harder to rent or buy a home, increase borrowing costs, and make everyday financial life more unstable. That means the affirmative should frame the advantage as a direct household-security impact, not just a health-care policy detail.

The solvency explanation is also simple. National health insurance reduces the private financial burden on families by replacing fragmented private payment with more universal public coverage. The affirmative should ask the judge to compare the negative's government-cost claims against the status quo costs families already pay through bills, premiums, debt, and delayed care.

D. Common Novice Mistakes

- Do not only say “medical debt is bad.” Explain who is harmed, how they are harmed, and why the plan reduces that harm.
- Do not forget to explain why the plan solves. The judge needs to hear the connection between national health insurance and lower private household costs.
- Do not let the negative frame cost only as government spending. Remind the judge that families already pay through premiums, deductibles, copays, out-of-pocket costs, and medical debt.
- Do not ignore insured people who still face deductibles, copays, and out-of-pocket costs. This argument is stronger when students explain that insurance does not always mean affordability.
- Do not read the evidence without explaining the warrant. After each card, explain the reason the evidence proves the tagline.

E. One-Sentence Version

National health insurance matters because it prevents illness from becoming household debt by reducing the private costs families pay when they need care.

2AC Preview Blocks

2AC - Medical Debt Extension
Extend the Medical Debt Advantage: medical debt is a direct household financial harm, not a vague or speculative impact. The affirmative evidence proves that families are currently exposed to unaffordable health-care bills, that debt follows them into credit, housing, job, and borrowing decisions, and that national health insurance reduces the private costs families pay through premiums and out-of-pocket expenses. That makes the impact concrete and easy to weigh. The judge should compare real household financial security against negative cost claims that only talk about government budgets and ignore what families already pay now.

2AC - Answer to "Taxes / Spending"
The status quo is not free. Families already pay for health care through premiums, deductibles, copays, out-of-pocket bills, delayed care, and medical debt. The negative wants the judge to count only public costs while pretending private household costs do not exist. That framing is incomplete. The affirmative wins this argument if national health insurance reduces the financial burden families face when they need care, because the relevant comparison is current private cost exposure versus a more universal public financing system.

2AC - Answer to "Coverage Does Not Equal Care"
The affirmative does not need to prove that insurance solves every access problem in the health-care system. This advantage is specifically about financial barriers and household debt. Lower premiums and lower out-of-pocket costs make care more affordable and reduce the chance that illness becomes a long-term financial burden. Even partial reductions in medical debt are meaningful because the harm is widespread, direct, and easy for the judge to understand.

2AC - Answer to "Private Insurance Solves"
Private insurance does not fully protect families from medical debt. Even insured people can face deductibles, copays, uncovered care, surprise costs, and other out-of-pocket expenses. Being insured is not the same as being able to afford care. National health insurance is better for this advantage because it makes coverage more universal and reduces direct household exposure to medical costs when people get sick.

2AC - Weighing / Judge Framing
Prefer concrete household harms over abstract budget claims. Medical debt is immediate, personal, and practical: it affects whether families can pay bills, borrow money, stay financially stable, and seek care when they need it. The negative must explain why government-cost claims outweigh families avoiding debt, delayed care, and financial instability. The affirmative controls the best comparison because it explains both sides of the cost question: the private costs families already pay in the status quo and the plan's reduction of those costs.

Cross-Ex Questions for the Affirmative

A. How to Use These Questions

Cross-ex is not just a time to ask random questions. It is a setup tool. The affirmative should use these questions to make the negative admit that health care already costs families money, that medical debt is a real status quo harm, and that private insurance does not always make care affordable. Those answers can then become 2AC and 1AR arguments about cost comparison, solvency, and judge framing.

B. Questions About Medical Debt in the Status Quo

1. Does the negative agree that some families in the status quo struggle to afford medical care even before the plan is passed?
2. Does the negative agree that medical bills can become debt when families cannot pay them immediately?
3. Does the negative have a status quo mechanism that eliminates medical debt for families who are uninsured or underinsured?
4. If medical debt can affect whether families seek care, borrow money, or stay financially stable, why should the judge treat it as a minor harm?

C. Questions About Cost Framing

1. When the negative says the plan costs money, are they counting the premiums families already pay in the status quo?
2. Are they counting deductibles, copays, out-of-pocket costs, surprise bills, delayed care, and medical debt as status quo costs?
3. Why should the judge count government spending as a cost but ignore private costs that families already pay?
4. If the plan reduces the amount families pay when they need care, is that a real financial benefit even if the federal budget changes?

D. Questions About Private Insurance

1. Does having private insurance guarantee that a family will not face deductibles, copays, uncovered services, or medical bills?
2. Can insured families still delay care because they are worried about out-of-pocket costs?
3. If private insurance already solves affordability, why do families with insurance still worry about medical bills and health-care costs?

E. Questions About Solvency

1. Does reducing premiums and out-of-pocket costs make health care more affordable for families?
2. Does the affirmative need to prove that national health insurance solves every access problem, or only that it reduces the financial barriers identified in the advantage?
3. If the plan lowers the private costs families face when they need care, why is that not meaningful solvency for the Medical Debt Advantage?

F. Best Cross-Ex Setup Questions

1. Is the status quo free for families who pay premiums, deductibles, copays, and medical bills?
2. Does private insurance guarantee that families will never face medical debt?
3. If national health insurance reduces premiums and out-of-pocket costs, does that reduce the financial burden families face when they need care?

G. How to Use the Answers Later

In the 2AC or 1AR, affirmative teams should turn cross-ex answers into comparison arguments. If the negative admits that families already pay premiums, deductibles, copays, and medical bills, the affirmative should argue that the status quo is not free. If the negative admits that medical debt is a real household harm, the affirmative should argue that cost must be measured from the family level, not only the federal budget level. If the negative cannot prove that private insurance prevents medical debt, the affirmative should argue that national health insurance provides better cost protection by reducing direct household exposure to health-care bills. The key phrase for later speeches is simple: the negative is undercounting current costs, while the affirmative explains how the plan reduces the financial burden families face when they need care.

Negative Position Preview: Cost and Tax Burden

This section gives students a sample negative position they can use to understand how negative teams answer national health insurance affirmatives. It previews the structure of a usable negative argument, including when to read it, how the basic position works, where evidence will be placed, how novices and JV debaters should explain it, how to extend it in later speeches, and what cross-ex questions help set it up. This is a preview section, not the full negative file.

A. Best Use Note for the Negative

When to Read This Position

Read the Cost and Tax Burden position when the affirmative claims that national health insurance improves affordability, reduces private costs, or protects families from medical debt. The position is especially useful against affirmatives that describe the plan as a simple savings mechanism without fully explaining how the new public system is financed.

This position works best against cases that rely on household affordability advantages, administrative savings claims, or broad promises that national health insurance will make care cheaper. The negative should use it to force the affirmative to defend the full cost comparison: not just what families might stop paying privately, but what the country must pay publicly through taxes, borrowing, budget pressure, or tradeoffs.

Why It Is Useful for Novice and JV Debaters

For novice and JV debaters, this is a strong negative position because the basic story is easy to explain: if the federal government takes on more health-care payment responsibility, the money has to come from somewhere. Students do not need to win a highly technical economics debate to make the argument useful. They need to show that the affirmative undercounts costs by focusing only on private bills while minimizing public financing burdens.

Round Application

The negative should not say only that “the plan costs money.” That version of the argument is too shallow. Instead, the negative should argue that the plan changes the form of payment: the affirmative may reduce some premiums, deductibles, or medical bills, but it creates new public financing obligations. The judge should compare the affirmative’s claimed private savings against the negative’s evidence about spending, taxation, fiscal tradeoffs, and implementation burdens.

B. Negative Position Overview

A. Core Claim

The Cost and Tax Burden position argues that national health insurance may promise to reduce some private costs, but it requires major public financing. The negative claim is that the affirmative must defend the federal spending, taxes, borrowing, tradeoffs, or implementation burdens required to move more health-care payment into a public system.

The position does not need to prove that every form of national health insurance is impossible. It needs to show that the affirmative’s affordability story is incomplete if it counts private savings but does not fully account for the public costs needed to fund the plan.

B. Strategic Thesis

In the debate round, the negative should avoid a weak generic claim that “the plan costs money.” Almost every policy costs money, so that argument alone does not answer the affirmative. The stronger version is comparative: the affirmative presents national health insurance as a cost-saving or debt-

reducing reform, but the negative shows that those claimed savings may be offset by federal spending, taxes, budget pressure, or financing tradeoffs.

The negative should frame the debate as a burden-shift question. The affirmative says families will pay less privately. The negative answers that the plan may shift costs into public financing, which still affects families, taxpayers, budgets, and competing priorities. That forces the judge to ask whether the plan truly reduces the total burden or simply changes the payment mechanism.

C. Simple Version for Novices/JV

The simple version is this: national health insurance sounds cheaper because families may pay fewer private bills, but the care still has to be paid for. If the federal government pays more of the bill, the government needs more money. That money can come from taxes, borrowing, or cuts somewhere else. The negative says the affirmative has not proven that the new public cost is better than the current private-cost system.

D. Argument Chain

1. National health insurance expands the federal government's responsibility for health-care payment.
2. Expanding public responsibility requires major new spending or financing.
3. New spending must be paid for through taxes, borrowing, tradeoffs, or other fiscal mechanisms.
4. The affirmative often emphasizes private savings while undercounting public costs.
5. The negative wins if it proves the plan's fiscal burden outweighs or complicates the affirmative's claimed affordability benefits.

E. How This Answers the Medical Debt Advantage

This negative position directly clashes with the Medical Debt Advantage. The affirmative says national health insurance reduces household medical debt by lowering private cost exposure. The negative answers that the plan may not eliminate costs; it may shift them from private bills into public financing.

That comparison matters because the judge should not evaluate the affirmative as "medical bills versus no cost." The better comparison is whether the plan reduces the total burden or changes who pays and how. If the negative proves that the plan creates large spending needs, tax burdens, or fiscal tradeoffs, then it can argue that the affirmative has not won a complete affordability advantage.

F. Tagline Preview

The Negative Evidence Cards section below will use the existing three taglines to build the Cost and Tax Burden position. Each card should help the negative explain one part of the cost comparison: major spending, financing requirements, and how to compare public costs against claimed private savings.

C. Negative Evidence Cards

National health insurance would require major new federal spending.

Swagel 20 — Phillip L. Swagel, Director of the Congressional Budget Office, a federal agency created to provide objective, nonpartisan budget information to Congress, "How CBO Analyzes Proposals for a Single-Payer Health Care System," Congressional Budget Office, December 10, 2020, https://www.cbo.gov/publication/56898.

CBO projects that federal subsidies for health care would be $1.5 trillion to $3.0 trillion higher in 2030 under the illustrative single-payer options than they would be in that year under current law. (The current subsidies include federal spending on health care programs plus forgone revenues from tax preferences for health benefits.) As a result, the share of total U.S. health care spending financed by the federal government would be larger than under current law.

Large public health-care programs require significant taxes or financing tradeoffs.

CRFB 20 — Committee for a Responsible Federal Budget, a nonpartisan, nonprofit organization committed to educating the public on issues with significant fiscal-policy impact, "Choices for Financing Medicare for All," Committee for a Responsible Federal Budget, March 17, 2020, https://www.crfb.org/papers/choices-financing-medicare-all.

Though most of the federal cost of Medicare for All would come from replacing private spending with public spending, these costs would nonetheless need to be financed through higher taxes, lower spending, more borrowing, or some combination of the three.

Fiscal-cost arguments are strongest when the negative compares public spending against claimed private savings.

Holahan 16 — John Holahan, Matthew Buettgens, Lisa Clemans-Cope, Melissa M. Favreault, Linda J. Blumberg, and Siyabonga Ndwandwe, Urban Institute researchers publishing through the Urban Institute's health-policy and tax research programs, "The Sanders Single-Payer Health Care Plan: The Effect on National Health Expenditures and Federal and Private Spending," Urban Institute, May 9, 2016, https://www.urban.org/research/publication/sanders-single-payer-health-care-plan-effect-national-health-expenditures-and-federal-and-private-spending.

National health expenditures would increase by $6.6 trillion between 2017 and 2026, while federal expenditures would increase by $32.0 trillion over that period. Sanders's revenue proposals, intended to finance all health and nonhealth spending he proposed, would raise $15.3 trillion from 2017 to 2026—thus, the proposed taxes are much too low to fully finance his health plan.

D. Novice/JV Explanation

A. What This Negative Position Means

The Cost and Tax Burden position argues that national health insurance does not make health care free. It may reduce some private bills, premiums, deductibles, or out-of-pocket payments, but those costs do not disappear. They are shifted into public financing through taxes, borrowing, federal budget pressure, or tradeoffs with other priorities.

For novice and JV debaters, the most important idea is cost comparison. The affirmative will often focus on families paying less at the doctor or hospital. The negative should answer that the judge still has to ask who pays for the new system, how much the federal government must spend, and whether the affirmative has a realistic financing story.

B. What Each Negative Card Proves

Card 1 proves that national health insurance would significantly increase federal health-care spending or federal subsidies. This card gives the negative a concrete way to say that the plan is not just an affordability reform; it is also a major federal financing commitment.

Card 2 proves that major public health-care expansion must be paid for through taxes, spending cuts, borrowing, or some combination of fiscal tradeoffs. This is the card that helps the negative ask the most important question in the debate: if private bills go down, what public financing replaces them?

Card 3 proves that the negative should compare claimed private savings against increased federal expenditures and insufficient financing. This card is useful because it prevents the affirmative from winning by only discussing reduced premiums or household bills while ignoring the scale of public spending required to fund the plan.

C. How to Explain This to a Judge

A clear judge explanation should begin by conceding the obvious: the affirmative may claim that some private health-care costs go down. Then the negative should explain why that does not end the debate. National health insurance still has to be financed, and public financing still affects families through taxes, borrowing, budget pressure, or tradeoffs with other government priorities.

The judge should compare total cost burden, not just household medical bills. If the affirmative says families pay less privately, the negative should ask whether those savings are outweighed by new

federal spending or taxes. The negative wins this position if the affirmative cannot prove that its claimed savings outweigh the plan's new fiscal burden.

D. Common Novice/JV Mistakes

Do not only say "the plan costs money." Explain why the cost matters, how the plan is financed, and why the affirmative has undercounted the burden.
Do not ignore the affirmative's medical debt argument. Answer it directly by saying the plan may shift costs from private bills into public financing rather than eliminate costs entirely.
Do not let the affirmative claim private savings without comparing public costs. Force the judge to evaluate both sides of the ledger.
Do not forget to explain who pays for the plan. Taxes, borrowing, spending cuts, and budget tradeoffs are the heart of the negative argument.
Do not read the evidence without explaining the burden-shift warrant. The warrant is that reduced private payment can become increased public financing.
Do not overclaim that every family is worse off unless the evidence proves it. The stronger claim is that the affirmative has not proven that total costs and tradeoffs are worth it.

E. One-Sentence Version

The negative argument is that national health insurance may lower some private bills, but it shifts massive costs into taxes, borrowing, and federal spending that the affirmative has to defend.

E. 2NC/1NR Extension Preview

1. 2NC/1NR - Cost and Tax Burden Extension

National health insurance is not free. The affirmative may prove that some private costs go down, but that does not answer the negative position. The plan creates major public costs that must be financed through taxes, borrowing, budget pressure, or spending tradeoffs. Our evidence shows the affirmative has to defend the financing burden, not just the claimed affordability benefit. The judge should treat cost as a total-burden question: if the plan shifts large costs into public financing, the affirmative has not proven that its advantage is net beneficial.

2. 2NC/1NR - Answer to "The Plan Saves Families Money"

Even if the plan saves some families money at the point of care, that does not automatically prove the plan is net beneficial. The affirmative must compare private savings against public financing. A policy can reduce premiums, deductibles, or out-of-pocket payments while shifting costs into taxes or federal spending. The judge should evaluate total burden, not just one category of cost. If the affirmative only proves that one bill changes form, it has not answered the negative claim that the plan creates a larger fiscal burden.

3. 2NC/1NR - Answer to "Medical Debt Outweighs"

The negative does not have to deny that medical debt is a problem. The better answer is that the affirmative has not proven this solution is fiscally justified. A plan can address one cost problem while creating another cost problem. Medical debt may be a real harm, but the judge still has to compare the size, certainty, and financing burden of the negative position against the affirmative advantage. If the plan requires massive new spending or unclear financing, the affirmative has not won that its medical-debt benefit outweighs.

4. 2NC/1NR - Financing Tradeoff Extension

Large new public spending requires a financing mechanism. Taxes, borrowing, and spending cuts each create tradeoffs, and the affirmative should not be allowed to claim benefits while leaving the financing question vague.

If taxes increase, families may still pay through the tax system. If borrowing increases, the plan creates long-term fiscal pressure. If spending cuts are used, other priorities may be harmed. The negative wins risk if the affirmative cannot explain how the plan is paid for.

5. 2NC/1NR - Weighing / Judge Framing

Prefer arguments that compare total costs over arguments that count only private costs. The negative has the clearer comparison because it accounts for both the affirmative's claimed savings and the public financing needed to fund the plan. The affirmative must prove net affordability, not just shifted payment. The negative wins if the judge believes the plan creates major fiscal risk, tax burdens, or financing tradeoffs that outweigh the affirmative's claimed household benefits.

F. Cross-Ex Questions for the Negative

A. How to Use These Questions

Negative cross-ex should expose the assumptions behind the affirmative's affordability story. Do not ask questions just to fill time. Use cross-ex to make the affirmative defend how the plan is paid for, whether public financing creates taxes or borrowing, and whether the plan actually reduces the total cost burden instead of shifting payment from private bills to public budgets.

The best questions set up later 2NC and 1NR arguments. If the affirmative admits that the plan requires major financing, that private savings do not automatically eliminate public costs, or that the plan text does not specify a clear funding mechanism, the negative can use those admissions to strengthen the Cost and Tax Burden position.

B. Questions About Plan Financing

1. What specific mechanism does the plan use to pay for national health insurance?
2. Does the plan text identify the taxes, borrowing, spending cuts, or other financing tools needed to fund the program?
3. If the plan requires major new federal spending, where does that money come from?
4. Is the affirmative claiming the plan is fully paid for, or only that some families might pay less in private health-care costs?

C. Questions About Taxes and Public Costs

1. If private premiums go down, does that automatically mean families pay less overall after taxes are included?
2. Does the affirmative evidence calculate both private savings and the public financing required to produce those savings?
3. Can the affirmative identify which taxpayers pay more under the plan and which households pay less?
4. If the program is financed through borrowing, does the affirmative count future debt service or budget pressure as a cost?

D. Questions About Medical Debt

1. Does the affirmative have to prove that reducing medical debt justifies the full cost of national health insurance?
2. Could a policy reduce some medical debt while still creating major tax, borrowing, or budget tradeoffs?
3. Is the affirmative claiming the plan eliminates medical debt entirely, or only reduces some risk of medical debt?

E. Questions About Cost Comparison

1. What is the affirmative's standard for deciding whether private savings outweigh public costs?
2. Does the affirmative compare premiums, deductibles, and out-of-pocket costs against taxes, borrowing, and federal spending?
3. If costs are shifted from private bills to public financing, how should the judge decide whether that is a net improvement?
4. What evidence proves the plan reduces total burden rather than changing who pays and how?

F. Best Cross-Ex Setup Questions

1. How exactly is the plan paid for?
2. Does the affirmative compare claimed household savings against the full public financing burden?
3. Is the affirmative proving total cost reduction, or only a shift from private payment to public payment?

G. How to Use the Answers Later

In the 2NC or 1NR, use the affirmative's answers to argue that the plan is not free. If the affirmative cannot identify a clear financing mechanism, the negative should say the plan leaves a major solvency and cost question unresolved. If the affirmative admits that the plan uses taxes, borrowing, or federal spending, the negative should argue that private savings do not automatically prove net affordability. The strongest later-round framing is cost comparison. Tell the judge that public costs still affect families through taxes, borrowing, budget pressure, and tradeoffs. The affirmative only wins its affordability story if it proves the plan reduces total burden rather than shifting payment. If the affirmative cannot make that comparison clearly, the negative wins the cost debate.

Upgrade to the Full Product

A. What This Free Sample Shows

This free sample shows how The Forensics Files builds debate materials for actual classroom and tournament use. It previews the structure, evidence quality, student explanations, extension blocks, and cross-ex support included in the full product line. The sample now includes both one affirmative advantage preview and one negative position preview, so students can see how both sides of the national health insurance topic can be organized for debate rounds.

B. What the Full Product Includes

- Complete affirmative cases
- Multiple advantages
- Complete negative positions
- Full evidence sections
- 2AC blocks
- 2NC/1NR extension blocks
- 1AR strategy support
- Topicality answers
- Theory blocks
- Cross-ex question banks
- Judge adaptation notes
- Novice-friendly explanations
- Varsity-ready extensions

C. Who Should Use the Full Product

The full product is designed for novice debaters learning the national health insurance topic, varsity debaters building deeper affirmative and negative files, coaches preparing classroom materials, teams that need ready-to-use topic preparation, and students who want both evidence and explanation. The goal is not only to provide cards, but to help students understand how those cards function in actual rounds.

D. Why Upgrade

The full product saves preparation time while giving students a clearer understanding of how to use evidence in actual rounds. Instead of giving students cards without context, the complete file connects evidence to argument strategy, speech structure, cross-ex setup, extensions, and judge-friendly explanation. That makes the material more useful for practice, classroom instruction, tournament preparation, and independent student study.

E. Call to Action

For the complete 2026-2027 CX National Health Insurance affirmative and negative file series, visit The Forensics Files product library.
Product library: www.theforensicsfiles.com