November 10, 2026

The Honorable Mike Johnson
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable John Thune
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, DC 20510

RE: ETHIC Act (H.R. 3269/S. 2276) and Medication Affordability and Patent Integrity Act (S. 2658) — Request for Committee and Floor Action

Dear Speaker Johnson, Minority Leader Jeffries, Leader Thune, and Minority Leader Schumer:

We write to urge prompt action on two bipartisan bills that would lower prescription drug costs by restoring integrity to the patent system and accelerate competition for biosimilars and generics. Specifically, the Eliminating Thickets to Increase Competition (ETHIC) Act (H.R. 3269/S. 2276) and the Medication Affordability and Patent Integrity Act (S. 2658) strike the appropriate balance permitting patents to reward genuine innovation while allowing employers and patients to benefit from access to more affordable drug therapies over time.

Biosimilars generally cost 15 to 35 percent less than originator products and have generated more than $56 billion in savings since 2015.[1] Yet, manufacturers of biosimilars face a market entry barrier by overlapping patents, many filed years after initial approval and directed to minor variations. Litigation averages about three years and roughly $3 million per patent[2], and obstacles created by patent thickets can delay biosimilar entry by two to four years.[3] Patients and employers pay monopoly prices during that delay.
For example, Humira's biosimilars launched in Europe in 2018, but U.S. patients waited until 2023 amid a portfolio of approximately 73 U.S. patents, roughly 80 percent of which were duplicative. The medicine was the same; the patent barrier was not.

To address unnecessary delays in getting access to affordable drugs to employers and patients, Congress must enact both measures above to ensure procedural tactics do not prolong monopolies after an invention has been rewarded as discussed below:

- **ETHIC Act (H.R. 3269/S. 2276)** – This bill addresses patent thickets created through terminal disclaimers, which link later patents to an earlier patent after an examiner finds

[1] Association for Accessible Medicines. Sept.3, 2025. 2025 U.S. Generic & Biosimilar Medicines Savings Report.
[2] Anne S. Layne-Farrar, "The Cost of Doubling Up: An Economic Assessment of Duplication in PTAB Proceedings and Patent Infringement Litigation", 10 Landslide 1, 1-2 (May-June 2018) (Cite 37 in AAM White Paper)
[3] Brough, W. T. (2026, October 7). *Patent Thickets, Product Hops, and Skinny Labels: Congress Takes on Patent Reform*. R Street Institute.

the later claim to be an obvious variation. The bill would limit an originator to asserting one patent from each terminal-disclaimer-linked group against a biosimilar or generic competitor. It would not revoke valid patents, impose no cap on distinct patents, and fully preserve protection for genuine inventions. By focusing litigation on the strongest claims, it would reduce costs and delays without weakening innovation.
    - **CBO Preliminary Estimate**: will reduce the deficit by at least **$4 billion** over the 2027-2036 period.

- **Medication Affordability and Patent Integrity Act (S. 2658)** – This bill facilitates quicker biosimilar approvals by requiring drug manufacturers to certify that they have not made inconsistent representations to the FDA and the U.S. Patent and Trademark Office, permitting generic and biosimilar competitors to raise failures to disclose relevant information in patent litigation.
    - **CBO Estimate**: will reduce the deficit by at least **$150 million** over the 2027-2036 period.

Together, these bills would reward true innovation while helping FDA-approved competitors reach patients without artificial delay. They offer a market-based path to lower drug costs through competition rather than price controls. Americans should not pay monopoly prices for medicines whose patents have long since done their job. We respectfully urge you to enact both measures this year.

Respectfully,

AARP
Alliance of Community Health Plans
American Behcet's Disease Association
Beta Cell Action
Caregiver Action Network
The Coalition to Protect and Promote Association Health Plans
Corporate Health Care Coalition
Doctors for America
Economic Alliance for Michigan
The ERISA Industry Committee
Families USA
Foundation for Sarcoidosis Research
Gateway Business Health Coalition
Generation Patient
Get the Medications Right Institute
Houston Business Coalition on Health
Lehigh Valley Business Coalition on Healthcare
Michigan Health Purchasers Coalition
National Alliance of Healthcare Purchaser Coalitions
NETWORK Lobby for Catholic Social Justice
Patients For Affordable Drugs Now
Public Interest Patent Law Institute
RetireSafe
Rhode Island Business Group on Health
Salud y Farmacos
Self-Insurance Institute of America
State of West Virginia Rheumatology Society
Texas Business Group on Health
U.S. PIRG