



June 15, 2026

The Honorable Bill Cassidy, Chair
The Honorable Bernie Sanders, Ranking Member
Committee on Health, Education, Labor & Pensions
United States Senate
Washington, DC 20510

Dear Chairman Cassidy and Ranking Member Sanders:

Ahead of the Committee's scheduled June 17 business meeting, I write on behalf of the Center for American Principles to urge the Committee to preserve strong and predictable patent rights for biopharmaceutical innovation. Our recent [Issue Brief](#) on pharmaceutical patents is a source of additional information.

For patients, patent policy is not an abstract legal issue; it is one of the practical conditions that determines whether risky research is financed, whether complex therapies are developed, and whether laboratory insight translates to real-world treatment. Drug development is long, costly, and uncertain. U.S. Food and Drug Administration materials describe development timelines that commonly run about a decade, with fewer than 10% to 12% of candidates entering trials ultimately reaching approval.

The National Science Foundation reports that the business sector performed 78% of U.S. research and development in 2023 and funded 75%, underscoring the central role of private investment in translating science into usable products. Patent rights hold particular significance for the pharmaceutical sector because developing a medicine requires years of work in chemistry, biology, engineering, manufacturing, and clinical testing before any product reaches a patient. During that period, firms and investors bear substantial technical and regulatory risk, and most projects fail. Patent certainty makes possible extraordinary up-front investments, averaging \$2.6 billion per approved new drug.

At each stage of the R&D lifecycle, securing IP rights to work that overcomes technical challenges to result in novel outcomes serves patients as well as innovators. A successful medicine typically embodies several inventions working together seamlessly to deliver the intended effect. Beyond the original compound or biologic, innovators may develop new formulations, delivery systems, manufacturing methods, or approved uses that require separate research and produce distinct patient benefits. Protecting those advances does not undermine patent law's balance; it reflects the reality that pharmaceutical innovation is cumulative and that meaningful improvements often continue after initial approval.

The goal of patent policy should be to maintain a system in which new therapies are financed, new knowledge is disclosed, and competition quickly follows the patent term in the manner the law contemplates. Time-limited exclusivity has long coexisted with robust generic competition. The Association for Accessible Medicines reports that generic and biosimilar medicines account for 90% of U.S. prescriptions filled, and 93% of those are filled for less than \$20. A University of Chicago study found that including generics Americans actually pay less across the board for prescriptions than citizens of other wealthy countries.

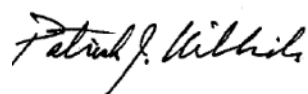
When viewed in the context of the therapeutic benefit—and increasingly cures—they deliver, medicines remain a relatively modest share of overall health spending. Prescription drug spending averages about 14% of overall healthcare costs, illustrating a central point: pharmaceutical innovation delivers outsized therapeutic value relative to its share of total health-system spending. Medicines can prevent hospitalization, improve quality of life, and reduce reliance on more intensive and expensive forms of care.

Strong patent rights are also essential because unmet medical need remains immense. In a sector where development programs are expensive, lengthy, and uncertain, legal predictability is itself a public good. The National Center for Advancing Translational Sciences defines an unmet medical need as a condition or symptom whose treatment or diagnosis is not adequately addressed by available therapy. That definition captures the challenge before policymakers: the nation still needs better cancer treatments, new anti-infectives, rare-disease therapies, pediatric formulations, and improved treatments for chronic disease. Private sector investment is indispensable to these goals. Weakening patent protection may appear to promise short-term savings, but it risks reducing the long-term flow of capital and collaboration that produces the next generation of treatments.

The United States leads the world in biomedical innovation because it has united scientific excellence with economic prowess to enable investment, discovery, and disclosure. A patent system that remains reliable, predictable, and enforceable is central to that success.

For these reasons, I respectfully urge the Committee to approach patent reform in the biopharmaceutical sector with great care. Policymakers should distinguish between abusive conduct that should be identified and addressed with specificity and precision, and the ordinary operation of patent law in a technologically complex field. Reforms that devalue valid patents would not simply affect firm revenues; they would affect whether underlying innovations are pursued at all.

Respectfully,

A handwritten signature in black ink, reading "Patrick J. Kilbride". The signature is fluid and cursive, with the first name "Patrick" and last name "Kilbride" clearly legible.

Patrick Kilbride
Policy Fellow