

Testimony of

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Statement on “Pay-for-Delay Deals: Limiting Competition and Costing Consumers”

Before the

Subcommittee on Antitrust, Competition Policy and Consumer Rights
Committee on the Judiciary
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I. Introduction

- A. Reverse-payment settlements are one of most important antitrust issues of 21st century.
- B. They directly affect health of millions of Americans.
- C. Congressional action is still needed after Supreme Court’s decision in *FTC v. Actavis*.

II. My Background

- A. I have focused on antitrust and intellectual property (IP) since my time at Covington & Burling.
- B. As academic, have written [400-page book](#) and 50 articles on antitrust and IP (especially “reverse payments”).
- C. Wrote reverse-payment amicus briefs in appellate courts and co-authored, on behalf of 118 professors and American Antitrust Institute, brief cited by Justice Breyer in *Actavis*.

III. Antitrust Alarm Bells

- A. In past decade, brand drug companies have paid generics tens (or hundreds) of millions of dollars not to enter market.
- B. One of most concerning types of business conduct: one company pays another not to enter market.
 - 1. Market division is per se violation of antitrust laws.
 - 2. Patent complicates analysis, but not if delay based on payment, not patent.
- C. These settlements reveal perversion of Hatch-Waxman Act (HWA), Congress’s resolution of patent and antitrust law in pharmaceutical industry.
 - 1. HWA provides 180-day exclusivity to first generic to challenge brand’s patent, claiming it is invalid or not infringing.
 - 2. But period does not begin to run until generic enters market.
 - 3. By paying first generic to delay entering market, brand can delay entry by other generics for years.
 - 4. One potential solution: expand universe of parties eligible for 180-day exclusivity.
- D. Reverse-payment settlements have alarming consequences.
 - 1. They cost consumers billions of dollars.
 - 2. They cover drugs treating heart disease, cancer, reflux, depression, anxiety, and others.
 - 3. They force patients to split pills in half or skip taking their medications, leading to worsening symptoms and even death.

IV. Actavis Reinvigorated Antitrust Scrutiny

- A. Despite severe concerns presented by reverse-payment settlements, most appellate courts had blessed the activity, relying on presence of patent and policy supporting settlements.
- B. In *Actavis*, Supreme Court made clear that reverse-payment settlements had “significant anticompetitive effects” and could be “unjustified.”
 - 1. Court also found that large payment could demonstrate market power.
 - 2. And Court explained that parties can settle in ways other than with reverse payments.

- C. Court called for Rule-of-Reason analysis that considered payment's "size," "scale in relation to . . . future litigation costs," "independence from other services," and "lack of any other convincing justification."

V. Need for Clarity

- A. Reverse-payment settlements present complicated issues of antitrust, patent, and HWA law.
- B. Drug firms have lamented lack of guidance from decision.
 - 1. [PhRMA](#) was "disappointed" that Court "failed to provide clear and unambiguous guidance" as to which settlements would "avoid antitrust exposure."
 - a) PhRMA also lamented "degree of uncertainty" making it "less likely" that brands and generics "will be able to settle these disputes."
 - 2. [GPhA](#) worried that decision "will require generic companies to take on a greater administrative burden to pursue a patent challenge."
 - 3. [Actavis](#) lamented that ruling imposes "additional and unnecessary administrative burden" on industry.
 - a) Actavis announced its "plan[s] to continue to defend the propriety of such settlements against any further legislative or judicial challenges."
- C. Enactment of S. 214 would clarify Congress's position on reverse-payment settlements.
 - 1. In *Actavis* dissent, Chief Justice Roberts refused to rely on procompetitive purposes of HWA since "Congress has repeatedly declined to enact legislation" addressing these settlements.
 - 2. "Findings" section of S. 214 confirms that HWA's intent "has been subverted" and that the settlements "result in consumers losing the benefits" the Act "was intended to provide."
 - 3. "Purposes" section of S. 214 makes clear that competition would be "enhance[d]" by "stopping anticompetitive agreements" that "limit, delay, or otherwise prevent competition from generic drugs."
 - 4. These findings and purposes would provide assistance to courts in determining legality of the settlements.

VI. S. 214 and Presumptive Illegality

- A. S. 214 provides chief enforcer challenging settlements, Federal Trade Commission (FTC), with important new tools.
- B. Most important, creates framework of presumptive illegality applying when generic "receives anything of value" and delays "research, development, manufacturing, marketing, or sales."
- C. S. 214 allows settling parties to rebut presumption based on factors such as timing and amount of payment.
- D. "Limitations" section provides important reminder that generic entry could occur before patent expiration and that pre-expiration entry is not necessarily procompetitive.
 - 1. As I have previously [explained](#), brands have used settlements to block generic entry while they switch market to new version of drug.
 - a) So even if generics can enter before end of patent term on *old* version, this does not constrain brand, which is enjoying monopoly profits on *new* version.
- E. Presumptive illegality would have several important benefits.
 - 1. Would make clear that *Congress* believes the settlements are anticompetitive.
 - 2. Would help *FTC* prove its cases against anticompetitive settlements in court.
 - 3. Would counter *drug firms'* claims that anticompetitive settlements are reasonable.
 - 4. Would help *courts* organize the multiple factors in the antitrust analysis.

VII. Conclusion

- A. S. 214 would confirm hazards of reverse-payment settlements.
- B. S. 214 would provide framework allowing FTC to challenge the settlements.
- C. S. 214 would help save consumers money and improve public health.