



February 23, 2026

Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services

Electronically Submitted via
[regulations.gov](https://www.regulations.gov)

RE: Global Benchmark for Efficient Drug Pricing (GLOBE) Model (CMS-5545-P)

Dear Administrator:

On behalf of the [Chronic Care Policy Alliance](https://www.chroniccarepolicyalliance.org), we appreciate the opportunity to submit comments on the proposed Global Benchmark for Efficient Drug Pricing (GLOBE) model for Medicare Part B. CCPA represents organizations serving people living with chronic and serious health conditions who depend on reliable access to effective therapies. While we share CMS's interest in promoting affordability, we oppose the GLOBE model as proposed and respectfully urge CMS to withdraw the rule.

The GLOBE Model Is Unlikely to Deliver Meaningful Savings for Patients

The GLOBE model aims to reduce Medicare spending by modifying the Part B drug inflation rebate calculation using international reference prices. However, we are concerned that the model will do very little to lower costs for the vast majority of Medicare patients.

A recent Avalere Health analysis found that only 0.3% of sampled Medicare fee-for-service beneficiaries would be directly affected by changes in cost-sharing liability under the proposed GLOBE model methodology. Because out-of-pocket savings under the GLOBE model would be confined to only a very small fraction of beneficiaries, this raises serious questions about whether the model meaningfully improves patient affordability in practice.

Affordability reforms should be evaluated by whether they lower costs as patients experience them, not solely by whether they reduce program spending. On this metric, the evidence indicates that GLOBE is unlikely to achieve meaningful improvements for most Medicare beneficiaries.

International Benchmarks Raise Concerns About Access and Innovation

The GLOBE model's reliance on international reference pricing also raises concerns about access to care and incentives for innovation. Many of the countries that serve as benchmarks under the model utilize rigid cost-effectiveness frameworks, including quality-adjusted life years (QALYs), to determine coverage and patient access to treatments. If adopted in Medicare, such approaches risk anchoring United States payment policy to methods that prioritize cost containment over individualized patient needs.

These frameworks can delay access to innovative therapies and limit available treatment options. Patients living with chronic and serious conditions are disproportionately affected when access to new and effective medicines is slowed or constrained.

Policies that import external pricing and valuation methods must be evaluated not only on anticipated spending reductions, but on how they would affect timely access to clinically appropriate treatments and broader incentives for medical innovation. The GLOBE model, as proposed, has the potential to decrease patient access to needed therapies while also failing to reduce patient costs.

A Better Path Forward

If policymakers seek to meaningfully improve drug affordability in Medicare Part B, they should pursue reforms that directly address the drivers of high patient costs while preserving access to needed therapies. Examples include ensuring that negotiated discounts and rebates benefit patients, strengthening oversight of intermediaries whose practices can increase patient costs, and establishing meaningful out-of-pocket protections that reduce financial risk for beneficiaries.

For these reasons, CCPA respectfully urges CMS to withdraw the GLOBE model and instead focus on reforms that lower costs for patients while safeguarding access to effective treatments.

CCPA welcomes continued engagement with CMS to share patient perspectives and contribute to the design of patient-centered affordability reforms.

Sincerely,



Elizabeth Helms
President
Chronic Care Policy Alliance