



PARTNERSHIP TO FIGHT
CHRONIC DISEASE

A VISION FOR A HEALTHIER FUTURE

February 20, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

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

Dear Dr. Oz:

The Partnership to Fight Chronic Disease (PFCD) strongly urges the Centers for Medicare & Medicaid Services (CMS) to withdraw the proposed [Global Benchmark for Efficient Drug Pricing \(GLOBE\)](#) model. While framed as cost-containment demonstrations, this mandatory Most Favored Nation (MFN)-style pricing proposals targets Medicare Part B with a framework that risks harming people living with chronic disease, undermining patient access, and jeopardizing future medical innovation -- all without delivering meaningful savings to beneficiaries.

PFCD is an internationally recognized organization of patients, providers, community organizations, business and labor groups, and health policy experts committed to reducing the enormous burden chronic disease exacts on public health and our nation's health system. The proposed GLOBE model stands in direct opposition to this mission.

[Three in four U.S. adults](#) live with at least one chronic condition, and [over half](#) manage multiple chronic diseases simultaneously. Among older adults, [8 in 10 lives](#) with two or more chronic conditions. For these individuals, consistent access to prescribed medicines is essential to maintaining health, independence, and quality of life. Disruptions in treatment, which MFN-style policies would inevitably precipitate, often lead to disease progression, complications, and avoidable hospitalizations that increase costs for both patients and the Medicare program.

The proposed models threaten the two primary pillars of Medicare drug coverage. GLOBE targets [Part B](#), which reimburses physician-administered therapies such as chemotherapies and infusions for autoimmune disorders -- treatments that require specialized clinical supervision. GUARD targets [Part D](#), the pharmacy benefit that seniors rely on for daily medications to manage conditions like diabetes and heart disease. Together, they create a comprehensive barrier to care across the entire continuum of chronic disease management.

The GLOBE model ties Medicare prescription drug prices to foreign benchmarks -- either the lowest prices paid abroad or a foreign-weighted average -- and enforces them through



government-imposed rebates and penalties. These benchmarks are drawn from [19 health systems](#) that operate under fundamentally different values than those in the United States. In many of these countries, price controls are paired with restrictive coverage decisions that delay or deny access to new therapies. Importing these approaches risks importing their [consequences](#): reduced access, narrower treatment options, and slower availability of innovative medicines.

Notably, most of the reference countries selected for these models rely heavily on cost-effectiveness [frameworks](#), such as the widely criticized quality-adjusted life year (QALY), to determine which treatments they will cover and at what price. QALY-based approaches prioritize cost over clinical need and ignore the lived experience of people managing chronic illness to the point that they [value treatments less for older adults, people living with chronic illness or disabilities](#).

For these reasons, federal law explicitly [prohibits](#) Medicare from using the QALY to make coverage or payment decisions because of its discriminatory impact. By tethering U.S. drug prices to foreign decisions based on these very metrics, GLOBE effectively imports discriminatory standards in violation of the spirit of the law if not the letter of it. This creates a ["QALY paradox"](#) where Medicare is barred from using a metric to determine coverage, yet this model ignores the law and congressional intent by importing foreign prices determined using that same metric for the purposes of Medicare coverage and payment for medications.

GLOBE fails to deliver beneficiary savings and may even harm access. Despite claims of savings, an independent analysis indicates that [roughly 99%](#) of Part B fee-for-service beneficiaries **would see no change to their out-of-pocket costs**. This is because the vast majority of Part B beneficiaries have supplemental insurance, meaning any decrease in cost-sharing resulting from price-controlling Part B medicines would benefit supplemental insurers rather than the beneficiaries themselves.

Moreover, beneficiaries may see their *access decrease* as this model reshapes care delivery. Changes in market dynamics and coverage policies, like increasing utilization management and site-of-service incentives, may result in delayed access to care and increased administrative hurdles for patients. These market dynamics may also pressure providers to alter prescribing patterns based on economics rather than clinical efficacy. This introduces the risk of "non-medical switching," where patients who are stable on a specific infusion are forced to switch to an alternative simply to align with the new pricing scheme, risking immune reactions or loss of disease control. For conditions where treatment is highly individualized, such interruptions are dangerous, leading to worsening health and costlier hospitalizations and other care. Ultimately, the model trades access and stability for generating federal savings that will not meaningfully reduce costs for beneficiaries.

The GLOBE pricing model also poses [serious risks to medical innovation](#) that directly affect people living with chronic disease. The development of new therapies for cancer, autoimmune



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disorders, neurological conditions, and rare diseases depends on a policy environment that supports long-term research, clinical trials, and sustained investment. Medical innovation in the U.S. is why we enjoy [earlier access to medicines](#) and [much higher cancer survival rates](#) than the vast majority of nations referenced in the GLOBE model. By tying U.S. prices to their foreign counterparts, the proposed models threaten to weaken the incentives that drive U.S.-based innovation and slow the development of future treatments.

We share your goals to make healthcare more accessible and affordable for Medicare beneficiaries and all people living with chronic disease in America. Despite claims of savings, however, the GLOBE model fails to deliver on both counts.

There is a better path forward. PFCD supports reforms that reduce costs by keeping people healthier, preventing disease progression, and helping individuals living with chronic disease avoid preventable complications and hospitalizations -- not by restricting access to care. [Data indicate](#) that stronger prevention, earlier intervention, and better management of chronic disease could prevent [150 million](#) new chronic disease cases, save more than [13 million lives](#), and avoid [\\$7 trillion](#) in healthcare costs over the next 15 years. These are the types of investments that improve outcomes while strengthening Medicare's long-term sustainability.

MFN-style pricing models would move us in the wrong direction. They destabilize care for people living with chronic disease today, while weakening the innovation ecosystem that tomorrow's Medicare patients will depend on. PFCD urges CMS to withdraw the proposed GLOBE model and instead pursue Medicare reforms that expand access to care that prevents avoidable conditions and complications while meaningfully reducing the long-term burden of chronic disease.

Sincerely,

Candace DeMatteis
Vice President, Policy
Partnership to Fight Chronic Disease