

February 23, 2026

Robert F. Kennedy Jr.
Secretary
U.S. Department of Health and Human
Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Request for Public Comment on the Proposed GLOBE Model [CMS-5545-P]

Dear Secretary Kennedy and Administrator Oz,

The undersigned organizations appreciate the opportunity to share their concerns regarding the proposed Global Benchmark for Efficient Drug Pricing (GLOBE) model. As advocacy organizations representing older adults, caregivers, people with disabilities, and individuals living with chronic illness, we share CMS's interest in policies that improve affordability while ensuring timely access to medically necessary treatments.

Unfortunately, the GLOBE model would undermine these shared objectives.

While framed as a "demonstration," GLOBE is, in substance, a Most Favored Nation (MFN) drug pricing policy that would risk rationing access to care for Medicare beneficiaries without doing anything to lower their out-of-pocket costs and would undermine the innovation ecosystem older adults rely on for future treatments. For these reasons, the undersigned organizations oppose the proposal and urge CMS to withdraw it.

The GLOBE model ties Medicare Part B drug prices to prices set by foreign governments, using benchmarks derived from a group of OECD countries with government-run health systems. Whether CMS relies on the lowest foreign price, a foreign weighted average, or another metric, the outcome is the same: U.S. Medicare prices would be dictated by foreign governments.

International reference pricing policies are often promoted as a way to give Americans access to the same low prices available in other countries. In practice, these policies achieve savings by importing foreign rationing mechanisms and discriminatory price-setting frameworks -- an approach the GLOBE model would replicate in Medicare.

The foreign prices used as benchmarks under GLOBE are derived from value assessment frameworks employed by foreign health systems to determine coverage and pricing, most notably Quality-Adjusted Life Years (QALYs) and similar metrics. These frameworks systematically devalue care for older adults, people with disabilities, and individuals living

with chronic illness by assigning lower value to additional years of life or improvements in quality of life.

In the United Kingdom, for example, health authorities have declined to recommend routine use of new Alzheimer's treatments after those therapies failed to meet QALY-based cost-effectiveness thresholds. Although the U.K. recently raised its cost-effectiveness threshold, the revised range will continue to limit patient access to innovative therapies.¹

Congress explicitly prohibited the use of QALYs in Medicare because such metrics conflict with American values of equity, dignity, and individualized care.² A 2019 report from the National Council on Disability (NCD) found that countries relying on QALYs impose access restrictions and delays that contribute to worse health outcomes for patients, and recommended that Congress, federal agencies, and private insurers reject the use of QALYs and similar measures in coverage and pricing decisions.³ By tethering Medicare prices to countries that rely on these frameworks, the GLOBE model would effectively import discriminatory value judgments into Medicare, undermining longstanding statutory protections for older adults and people with disabilities.

GLOBE also raises serious concerns about access to care. International reference pricing policies are designed primarily to generate savings for government health programs and often depend on reduced patient utilization. According to CMS's own analysis in its November 2020 MFN proposed rule, the model assumed a 9 to 19 percent reduction in patient utilization.⁴ CMS further acknowledged that many included medications lacked comparable therapeutic alternatives, meaning some beneficiaries would have been left without access to treatment.

For beneficiaries living with serious illness, reduced utilization is not an abstract policy concept. When therapies become harder to access, patients may be forced to delay care, switch from treatments recommended by their physicians, or forgo treatment altogether.

Older Americans depend not only on today's treatments, but also on continued progress in addressing diseases associated with aging. MFN-style price controls weaken incentives for the high-risk, long-term research necessary to develop new therapies for Alzheimer's disease, Parkinson's disease, cancer, and rare neurological disorders. Research indicates that MFN pricing would result in fewer new drugs and fewer new indications over time.⁵

¹ <https://becarispublishing.com/digital-content/blog-post/uk-raises-nice-qaly-thresholds-amid-new-uk-us-drug-pricing-deal>

² https://www.ssa.gov/OP_Home/ssact/title11/1182.htm

³ <https://www.ncd.gov/report/quality-adjusted-life-years-and-the-devaluation-of-life-with-a-disability/>

⁴ <https://www.federalregister.gov/documents/2020/11/27/2020-26037/most-favored-nation-mfn-model#page-76244>

⁵ <https://www.csis.org/blogs/perspectives-innovation/how-most-favored-nation-policy-could-undermine-us->

Sincerely,

Alliance for Aging Research
ADAP Advocacy Association
Alliance for Patient Access
Alpha-1 Foundation
ALS Association
ASCP (The American Society of Consultant Pharmacists)
Association of Black Cardiologists
Biomarker Collaborative
Caregiver Action Network
Children with Diabetes
Chronic Care Policy Alliance
Davis Phinney Foundation for Parkinson's
Exon 20 Group
Global Coalition on Aging
Global Colon Cancer Association
Global Healthy Living Foundation
Haystack Project
HIV+Hepatitis Policy Institute
Hypertrophic Cardiomyopathy Association
ICAN, International Cancer Advocacy Network
Institute for Gene Therapies
International Pemphigus and Pemphigoid Foundation
Justice in Aging
Lupus and Allied Diseases Association, Inc.
MET Crusaders
National Association of Hispanic Nurses
National Minority Quality Forum
Neuropathy Action Foundation
NRG1 Energizers
Organic Acidemia Association
Partnership to Fight Chronic Disease
Patients Rising
PDL1 Amplifieds
Schizophrenia Policy Action Network
Second Wind Dreams, Inc.
SSVA