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February 23, 2026

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

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

Dear Administrator Oz:

The Center for American Principles (CAP) submits this comment in response to the [proposed "Global Benchmark for Efficient Drug Pricing"](#) (GLOBE) model.

By importing sweeping foreign price controls into [Medicare Part B](#), CMS seeks to impose a policy that exceeds its statutory authority and would distort physician-administered drug markets, threaten patient access, and override the market disciplines that sustain American innovation.

These concerns are central to the work of the Center for American Principles. CAP is a 501(c)(4) nonprofit issue-advocacy organization that advances sound policy solutions based on American core principles and brings attention to the increasing threats facing Americans from government intervention and bureaucratic overreach. Our mission is to protect and promote individual freedoms, free enterprise, limited government, the rule of law, and a strong national defense. The GLOBE model directly conflicts with these principles and should be withdrawn.

Congress created the [Center for Medicare and Medicaid Innovation](#) (CMMI) to test limited, voluntary, and narrowly tailored payment reforms, not to impose mandatory price controls on a significant share of the Medicare population. Yet under the GLOBE model, CMS would subject approximately [one-quarter](#) of beneficiaries to a new pricing scheme based on geography, selected through [random ZIP-code assignment](#). The scope and mandatory nature of this approach disqualify it as a lawful test under CMMI's statutory authority, given its scale and its obvious intent to influence market behavior nationwide.

[Part B](#) is a critical aspect of Medicare that supports physician-administered therapies used to treat serious and often life-threatening conditions, including cancer, autoimmune disease, and rare disorders. These are frequently highly complex and environmentally sensitive biopharmaceutical products that are delivered in clinical settings where supporting infrastructure, continuity of care, provider judgment, and stable reimbursement are essential to their safe and effective utilization. The GLOBE model would replace market-based payments for these cutting-edge therapies with centralized price administration, ignoring clinical and economic realities.

Under the proposed model, U.S. prices for certain Part B drugs would be tethered to benchmarks set by authorities in [19 foreign countries](#), including the United Kingdom, Germany, France, Japan, and Canada — systems that rely on government price-setting. By tying U.S. reimbursement to foreign government decisions, CMS departs from the statutory design of Medicare Part B and introduces uncertainty into provider-administered care.

CMS compels compliance with the model notwithstanding unresolved questions regarding its authority. The model establishes a pricing benchmark based on the lowest prices observed among the reference countries and enforces that benchmark through government-imposed rebates when U.S. prices exceed foreign levels. Manufacturers may avoid this outcome only by "[voluntarily](#)" submitting proprietary international pricing data, in which case CMS would instead rely on a foreign-weighted average.

This framework is reinforced by civil monetary penalties equal to [125%](#) of unpaid rebate amounts, which represents significant coercion of manufacturers, notwithstanding that federal agencies lack the authority to unilaterally create and enforce punitive financial penalties.

The premise underlying the GLOBE proposal and other federal price-setting proposals — that foreign drug prices reflect fair value — is itself deeply flawed. Most of the countries CMS proposes to reference rely on rigid [value-assessment frameworks](#) that prioritize budget constraints over patient outcomes, routinely restricting access to new therapies or delaying availability.

Importing these benchmarks risks embedding those same access limitations into Part B and adopting discriminatory valuation tools that override physician judgment. This risk is especially acute because the GLOBE model [focuses](#) on physician-administered therapies in immunology, oncology, rheumatology, ophthalmology, and endocrinology, and because it targets drugs that lack generic or biosimilar competition — conditions under which treatment decisions are highly individualized and therapeutic substitution is often constrained.

Moreover, CMS's assertion that lower Part B benchmark prices will meaningfully reduce beneficiary costs does not take into account the structure of Medicare coverage. Most Part B beneficiaries [have supplemental insurance](#) — including Medigap policies, employer-sponsored retiree coverage, or Medicaid — that already covers some or all of their coinsurance obligations. As a result, the GLOBE model is unlikely to produce meaningful out-of-pocket savings for [most patients](#).

More broadly, the GLOBE model — like all federal price-setting schemes — threatens the innovation ecosystem that has made our country a leader in biomedical research. Policies that artificially devalue innovation predictably reduce research investment and endanger future breakthroughs critical to addressing as-yet-unmet medical needs. [Independent economic research](#) indicates that importing foreign price-control models could result in the loss of hundreds of future drug treatments over the next decade — potentially as many as [500 therapies and indications](#) — as companies are forced to scale back or abandon research programs.

Federal price-setting proposals like GLOBE risk accelerating the migration of early-stage development and production capacity to foreign competitors. At a moment when [China](#) is [aggressively pursuing](#) global leadership in biotechnology, eroding the market disciplines that enable advanced research, clinical trials, and manufacturing in the United States is a strategic mistake that will bring lasting harm to American patients, jobs, and national security.

The GLOBE model is an unlawful restructuring of Medicare Part B that replaces market-based payment with foreign price controls, undermines patient-centered care, and fails to deliver cost relief to seniors. For these reasons, CAP urges CMS to withdraw the GLOBE model proposal in its entirety.

Sincerely,
Tony Zagotta
Center for American Principles