



February 23, 2026

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Submitted electronically to: <http://www.regulations.gov>

Re: **Global Benchmark for Efficient Drug Pricing (GLOBE) Model [Docket Number CMS-5545-P]**

Dear Administrator Oz:

On behalf of WellLink Health Alliance, we appreciate the opportunity to submit comments on the proposed Global Benchmark for Efficient Drug Pricing (GLOBE) Model (CMS-5545-P), published in the December 23, 2025 Federal Register.

WellLink shares the Centers for Medicare & Medicaid Services' commitment to ensuring Medicare beneficiaries have access to affordable, high-quality therapies. We recognize the importance of exploring innovative strategies to address rising drug costs. At the same time, given the broad scope and mandatory nature of the proposed model, we urge careful consideration of potential operational, financial, and patient access implications prior to implementation.

WellLink represents a collaborative network of healthcare providers, behavioral health organizations, and community partners dedicated to improving health outcomes, advancing quality, and strengthening the sustainability of the healthcare delivery system. Our members serve diverse communities, including rural and underserved populations, and rely on stable, predictable reimbursement structures to ensure continued access to care.

As proposed, the GLOBE Model would benchmark certain Medicare Part B drug prices against those in economically comparable countries and require manufacturer rebates when prices exceed the international benchmark. While the goals of affordability and fiscal stewardship are important, the model raises several areas of concern that warrant further analysis and clarification:

- **Geographic Selection and Beneficiary Equity.** The model would apply to selected regions representing approximately 25 percent of Medicare Part B beneficiaries. This raises important questions about equity, consistency in beneficiary cost-sharing, and how any savings would be returned to patients across geographic areas.
- **Mandatory Participation.** Mandatory models can create unintended strain on providers, particularly those already participating in other value-based or alternative payment models. Careful attention must be paid to avoid disruptions in patient access, especially in rural and high-need communities.
- **Impact on Reimbursement Methodologies.** Changes to benchmarking may affect the calculation and predictability of Average Sales Price (ASP)-based reimbursement. Stability in payment methodologies is critical for hospitals, physician practices, and outpatient providers managing complex pharmaceutical purchasing and inventory systems.



- **340B and Safety-Net Providers.** The interaction between the GLOBE Model and the 340B Drug Pricing Program requires thorough evaluation to ensure that safety-net providers are not inadvertently disadvantaged in their ability to serve vulnerable populations.
- **Innovation and Market Dynamics.** Aligning payment with international benchmarks may influence manufacturer pricing strategies, product launches, and research and development decisions. Policymakers should carefully evaluate potential downstream effects on innovation and drug availability.
- **Operational and Administrative Burden.** Health systems serving patients across multiple regions may face added complexity in managing differing reimbursement structures. Clear, timely guidance and adequate systems support would be necessary to minimize administrative burden.
- **Downstream and Systemwide Impacts.** Given the size and scope of Medicare Part B drug spending, changes in pricing policy may have ripple effects across care delivery settings. Safeguards should be in place to protect patient access, quality standards, and provider sustainability.
- **Implementation Timeline and Supply Chain Stability.** The proposed implementation timeline may not provide sufficient lead time for manufacturers, distributors, health systems, and pharmacies to adapt systems and contracts. A phased or extended timeline could help mitigate potential supply chain disruptions and ensure continuity of care.

WellLink encourages CMS to conduct comprehensive stakeholder engagement and impact modeling before finalizing the rule. Policies aimed at improving affordability must be designed in a manner that preserves access, supports safety-net providers, and maintains the stability of the healthcare delivery system.

We appreciate the opportunity to provide input and look forward to continued collaboration with CMS and other stakeholders to advance balanced, patient-centered reforms.

Sincerely,

Daniel Lettenberger Klein
Executive Director
WellLink Health Alliance