

February 20, 2026

Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-5545-P & CMS-5546-P
P.O. Box 8013,
Baltimore, MD 21244-8013
Submitted electronically

Re: Global Benchmark for Efficient Drug Pricing (GLOBE) Model (CMS-5545-P)
Guarding U.S. Medicare Against Rising Drug Costs (GUARD) Model (CMS-5546-P)

Dear Administrator Oz:

On behalf of the National Organization of Rheumatology Management (NORM), we appreciate the opportunity to provide comments on the Global Benchmark for Efficient Drug Pricing (GLOBE) Model and Guarding U.S. Medicare Against Rising Drug Costs (GUARD) Model. NORM promotes education, expertise and advocacy for rheumatology managers and their practices. The Organization's members manage the day-to-day operations of rheumatology practices and have firsthand experience navigating regulatory obstacles facing successful healthcare practices and supporting the financial sustainability of rheumatology practices. NORM provides value across the nation by cultivating a thriving community of rheumatology managers and physicians who are focused on supporting our patients and pursuing excellence in medical practice management.

GLOBE Model

In addition to the clinical services rheumatology practices provide and are reimbursed for, rheumatology practices also administer prescription drugs that patients are not able to self-administer, including injections administered by a health care provider and infusions. Rheumatology infusions are intravenous treatments that manage and treat autoimmune and inflammatory conditions, such as rheumatoid arthritis. These infusions, offered through the Medicare Part B benefit, are administered by a licensed healthcare provider and can be a valuable option when oral medications or other treatments are not effective or clinically appropriate.

Given the prevalence of Part B drugs within our practice model, our practice and our patients will be directly impacted by the GLOBE Model. We appreciate that CMS has elected to utilize a rebate system for setting these international drug prices within the United States, as it removes our medical practices from the middle of these negotiations. However, NORM is concerned that there could be unintentional ripple effects in the market that cause the manufacturer Average Sales Price (ASP) to drop, and thus provider administration fees to also drop. Underwater reimbursement forces practices to choose between administering therapies at a loss or referring patients to hospital outpatient departments, which increases Medicare program spending and worsens patient access to care. They may also drive prescriptions to be filled by specialty pharmacies, further lining the pockets of pharmacy benefit managers that continue to drive up the price of prescription drugs. NORM encourages CMS to monitor changes that may occur to the ASP and urges CMS

to ensure that medical practices are made whole and held harmless as a result of these negotiations and market dynamics.

NORM also cautions CMS about any potential incentives within the GLOBE Model that could increase the use of white bagging. Through white bagging, Part B medications are prescribed for a specific patient and shipped by the specialty pharmacy to the provider's office, instead of sourced by the healthcare provider. This allows the medication to be billed through the Part D benefit instead of the Part B benefit. White bagging poses a whole host of problems for rheumatology practices, including maintaining product integrity, increased administrative burden and increased liability. For our patients, it causes increases in patient out-of-pocket costs as they are responsible for coinsurance and deductibles through the Part D benefit. It may also cause delays in patient care if the patient requires a change in dosing after the specialty pharmacy ships their medications to their provider's office. While we recognize that white bagging does not pose a direct threat for Medicare beneficiaries, we wanted to provide comments on the use of white bagging that CMS identified within the GLOBE Model.

Within the GLOBE Model, CMS has ensured that beneficiary cost sharing will decrease. NORM appreciates CMS's commitment to reducing patient out-of-pocket costs as far too often we experience rheumatology patients who experience trouble affording their medications and may choose to ration their prescription or forfeit the medication. This is more common among rheumatology patients because they are often prescribed complex, specialty medications through Part B. We appreciate that the GLOBE Model works to address this issue.

GUARD Model

NORM is concerned that CMS failed to address high patient out-of-pocket costs within the GUARD Model. In fact, CMS recognizes that the Model may actually cause Medicare Part D beneficiaries to experience increased costs due to higher premiums and cost sharing. Many rheumatology patients already experience challenges in affording their medications. Increasing beneficiary premiums and cost sharing will surely only exacerbate this issue, and therefore drive adherence issues and poor health outcomes. NORM encourages CMS to revise patient cost sharing requirements within the GUARD Model to reduce patient out-of-pocket costs and achieve the Administration's goal of making health care more affordable for all Americans.

On behalf of rheumatology managers and their practices, we strongly urge CMS to exercise its authority to protect provider reimbursement for Part B drugs, remove incentives that increase white bagging and reduce patient out-of-pocket costs for Part D beneficiaries before proceeding with these Models. Should you have any questions or would like to set a time to discuss our comments in more detail, please contact Andrea Zlatkus, CMPM, CRMS, CRHC, Executive Director of NORM, at andrea@normgroup.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle A. Owen", with a long horizontal flourish extending to the right.

Michelle A. Owen, CPC
President, NORM