



Tribal Technical Advisory Group



To the Centers for Medicare & Medicaid Services

c/o National Indian Health Board | 50 F Street NW | Washington, DC 20001 | (202) 507-4070 | (202) 507-4071 fax

February 23, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted via regulations.gov

Re: Global Benchmark for Efficient Drug Pricing (GLOBE) Model

Administrator Oz,

On behalf of the CMS Tribal Technical Advisory Group (TTAG), I write to respond to the Centers for Medicare and Medicaid Services (CMS) proposed rule, “Global Benchmark for Efficient Drug Pricing (GLOBE) Model” (CMS-5545-P). This proposed rule is an important step towards improving efficiency within the Medicare system and implementing innovative payment and service delivery models to enhance the quality of care. However, we hope CMS considers these comments and recommendations, along with the unique circumstances under which the Indian health system operates and how some of the proposals may not work for Indian Country.

Administrative Risks Posed to the Tribal Health System

If an IHS operated, Tribally operated, or Urban Indian Organization (UIO) is within one of the geographically selected regions, mandated participation in the multi-year GLOBE model could create an overwhelming administrative burden. The Indian Health Service (IHS) manages 53 health centers and 25 health stations, and approximately 43 percent of these facilities are operating at contingency-level services, with some having to temporarily close emergency departments or inpatient units due to critical staffing shortages. The IHS has an overall vacancy rate of about 30 percent across all positions. Provider vacancies at the IHS are even worse, at 35 percent. Persistent staffing shortages directly threaten the ability to provide care at many Tribally operated facilities. The rurality of many of our communities creates significant barriers to hiring health professionals. As such, compliance requirements detailed in this proposed model, including the monitoring of drug inclusion lists and potential updates to billing

CMS TTAG Letter to CMS Administration Oz

Re: CMS-5545-P

February 23, 2026

Page 2 of 3

systems, would divert already limited capacity from direct patient care if our physicians must spend time on billing and reimbursement.

Financial Risks Posted to the Tribal Health System

Many IHS-operated facilities and Tribal health programs routinely bill Medicare Part B for provider-administered drugs. These include numerous high-cost single-source and sole-source products used in oncology, rheumatology, and other specialty areas. These drugs are typically purchased directly by IHS and Tribal facilities and administered in clinical settings. These drugs are also provided through Purchased/Referred Care (PRC) programs and through referrals to specialty providers. Because the Indian health system remains chronically underfunded by Congress, healthcare facilities across Indian Country will likely face significant financial constraints under the pilot.

If IHS, Tribal, and UIO facilities are mandated to participate in the proposed model, the cost benchmarks could reduce Medicare reimbursement rates for many of these drugs. This reality could present substantial financial risk to a chronically underfunded Indian health system. The CMS TTAG is concerned that although the CMS anticipates that manufacturers may lower drug prices to mitigate their federal rebate obligations under the model, the rebates themselves are paid directly to CMS. There is no guarantee that any price reductions will pass through to IHS, Tribal, or UIO purchasers. Without corresponding reductions in acquisition costs, Indian health system providers could face situations where reimbursement is below cost for essential treatments.

Tribal Exemptions and Protections Within the Proposed Model

For these reasons, the proposed GLOBE Model presents significant and disproportionate risks to the Indian Health System. The CMS should ensure that IHS and Tribally operated programs are either exempted from mandatory participation or provided with protections that ensure the Medicare Outpatient per Visit Rate outlined in the Annual Reimbursement Rates for Calendar Year 2026¹, published by the Department of Health and Human Services, remains the standard reimbursement rate for eligible IHS and Tribally operated facilities. Without protections or exemptions, the proposed model threatens the stability of essential health services for American Indian and Alaska Native patients and may undermine the federal trust responsibility to ensure access to quality healthcare for Tribal Nations.

¹ Reimbursement Rates for Calendar Year 2026, 91 F.R. 2787 (January 22, 2026).

CMS TTAG Letter to CMS Administration Oz

Re: CMS-5545-P

February 23, 2026

Page 3 of 3

Additionally, we urge that the CMS initiate immediate Tribal consultation to further engage with Indian Country on this proposed model. Given the direct financial risk exposure, acquisition cost-to-reimbursement instability, additional operational burdens, and long-term duration of the model's test, additional Tribal guidance will ensure that the Indian health system is not disproportionately impacted by the GLOBE model.

We appreciate your consideration of the above comments and recommendations, and we look forward to further engagement with CMS.

Sincerely,

A handwritten signature in black ink that reads "W. Ron Allen". The signature is written in a cursive, flowing style.

W. Ron Allen, TTAG Chair

Chairman, Jamestown S'Klallam Tribe

Cc: Mark Cruz, Senior Advisor to the Secretary
Rachel Ryan Pedersen, Acting Director, CMS, DTA
Dr. Susan Karol, MD, Chief Medical Officer, CMS DTA