



PCNA

Preventive Cardiovascular
Nurses Association

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The Honorable Mehmet Oz

1/5/26

Administrator

Centers for Medicare and Medicaid Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Re: MUC2025-034 – Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management

Dear Administrator Oz:

We appreciate the opportunity to submit comments on the proposed LDL-cholesterol (LDL-C) management quality measure included in the Centers for Medicare & Medicaid Services' (CMS) 2025–2026 Measures Under Consideration list. PCNA supports the ratification of this measure as a necessary step to better align CMS quality programs with evidence-based cardiovascular risk reduction and improved patient outcomes.

PCNA is a professional nursing organization dedicated to improving cardiovascular health through education, prevention, risk reduction, and evidence-based care. Our members include cardiovascular nurses and advanced practice providers who deliver longitudinal care across diverse clinical settings, including primary care, cardiology practices, lipid clinics, and population health programs. PCNA's mission is to advance the role of nurses in preventive cardiology and to improve patient outcomes through guideline-directed risk assessment, therapeutic management, and patient engagement.

In partnership with the National Lipid Association, PCNA has long advocated for improved LDL-C quality measures that emphasize goal attainment and patient outcomes rather than medication use alone.

LDL-C is a foundational, modifiable risk factor in the prevention and management of atherosclerotic cardiovascular disease (ASCVD). Extensive clinical evidence demonstrates a direct, continuous relationship between LDL-C lowering and reductions in myocardial infarction, stroke, and cardiovascular mortality. Meta-analyses of randomized controlled trials show that each 1 mmol/L (approximately 39 mg/dL) reduction in LDL-C is associated with a 20–25 percent reduction in major cardiovascular events, independent of the therapeutic agent used.[1][2] These findings underpin current professional society guidelines that recommend an LDL-C goal of <70 mg/dL for patients with established ASCVD.[3][4]

Despite the strength of this evidence, current CMS cholesterol quality measures focus primarily on whether a patient has a statin prescription, rather than achievement of LDL-C targets. While statins are a cornerstone of therapy, prescription rate alone does not account for treatment adherence, therapeutic response, adverse effects, or the need for treatment intensification. Cardiovascular nurses routinely identify patients who are prescribed statins yet remain above recommended LDL-C thresholds due to suboptimal dosing, intolerance, or lack of follow-up testing. As a result, current measures do not adequately reflect quality of care or patient outcomes.

An LDL-C outcome-based quality measure would better align CMS quality programs with contemporary clinical practice. Routine lipid monitoring and target-based management facilitate timely treatment adjustment, reinforce patient education and shared decision-making, and bolster the appropriate use of adjunctive lipid-lowering therapies when indicated, including ezetimibe and PCSK9 inhibitors.[5][6]



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For patients, LDL-C serves as a clear, actionable metric that enhances understanding of cardiovascular risk and treatment goals. For clinicians, it provides a meaningful indicator of therapeutic effectiveness and care quality. Additionally, improved LDL-C control has important implications for healthcare utilization and cost containment. Early identification of uncontrolled LDL-C and proactive, nurse-led management can help reduce preventable cardiovascular events, hospitalizations, and long-term expenditures.

PCNA commends CMS for including the LDL-C management measure in the 2025–2026 MUC list and respectfully urges the agency to adopt this measure for future quality programs. Doing so would align CMS policy with evidence-based clinical guidelines, strengthen preventive care delivery, and support the critical role cardiovascular nurses play in improving outcomes for patients living with ASCVD.

Thank you for your consideration. PCNA welcomes continued collaboration with CMS to advance high-quality, patient-centered cardiovascular prevention and care.

Sincerely,

Preventive Cardiovascular Nurses Association

[1] Cholesterol Treatment Trialists' (CTT) Collaboration. Efficacy and safety of more intensive lowering of LDL cholesterol: a meta-analysis of data from 170,000 participants in 26 randomised trials. Lancet. 2010;376:1670–1681.

[2] Ference BA, et al. Low-density lipoproteins cause atherosclerotic cardiovascular disease: evidence from genetic, epidemiologic, and clinical studies. Eur Heart J. 2017;38:2459–2472.

[3] Grundy SM, et al. 2018 AHA/ACC/Multisociety Guideline on the Management of Blood Cholesterol. Circulation. 2019;139:e1082–e1143.

[4] Mach F, et al. 2019 ESC/EAS Guidelines for the management of dyslipidaemias. Eur Heart J. 2020;41:111–188.

[5] Cannon CP, et al. Ezetimibe added to statin therapy after acute coronary syndromes. N Engl J Med. 2015;372:2387–2397.

[6] Sabatine MS, et al. Evolocumab and clinical outcomes in patients with cardiovascular disease. N Engl J Med. 2017;376:1713–1722.

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