ASPC
The American Society for Preventive Cardiology

The Honorable Dr. Mehmet Oz

CMS Administrator

Centers for Medicare and Medicaid Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Dear Administrator Oz,

The American Society for Preventive Cardiology (ASPC) welcomes the opportunity to comment on CMS's consideration of the American Heart Association's LDL-cholesterol (LDL-C) management quality measure for the 2025–2026 Measures Under Consideration (MUC) list. As a multidisciplinary medical society dedicated to the prevention of atherosclerotic cardiovascular disease (ASCVD), ASPC represents clinicians and researchers committed to evidence-based risk reduction and population-level prevention. ASPC strongly supports the addition of this measure to federal guidelines in order to bring CMS quality programs up to par with current preventive cardiology practice.

Preventive cardiology is defined by the proactive management of causal risk factors before irreversible disease progression and adverse clinical events occur. Extensive genetic, epidemiologic, and randomized clinical trial evidence establishes LDL-C as a causal driver of ASCVD, with a consistent relationship between elevated LDL-C levels in patients and high rates of negative cardiovascular events.[1,2]

Multiple randomized trials have reconfirmed that lowering LDL-C prevents ASCVD events in individuals with preexisting ASCVD, which is why contemporary clinical guidelines recommend intensive LDL-C lowering, with a goal of <70 mg/dL or even lower for patients with preexisting ASCVD.[3,4] Importantly, achieving these targets often requires combination lipid-lowering therapy. While statins remain first-line treatment, substantial clinical trial evidence demonstrates incremental ASCVD risk reduction with adjunctive non-statin therapies, including ezetimibe and PCSK9 inhibitors, particularly in high-risk populations. [5,6]

Unfortunately, despite the availability of multiple effective and safe therapies to lower LDL-C in individuals with ASCVD, the vast majority of individuals with ASCVD fail to achieve an LDL-C <70 mg/dL. A CMS cholesterol quality measure focused on achievement of an LDL-C goal has the potential to improve this. Current CMS cholesterol quality measures, which focus primarily on statin prescription, do not adequately reflect this evidence base or contemporary preventive cardiology practice. Prescription-based measures fail to assess biologic response, durability of LDL-C lowering, or the effectiveness of treatment intensification strategies. In contrast, an LDL-C outcome-based measure directly captures the clinical objective

that determines downstream ASCVD risk and aligns quality assessment with patient-centered outcomes. We believe incorporating LDL-C outcomes into CMS quality programs would incentivize timely optimization of lipid-lowering therapy and promote consistency with evidence-based preventive care standards.

ASPC is pleased that CMS is considering the LDL-C management quality measure as a part of the 2025–2026 MUC list. Furthermore, ASPC encourages CMS to implement this policy in its future quality programs, thus bringing CMS quality measures up to standard with the nation's foremost medical societies. This quality measure will advance meaningful cardiovascular risk reduction and support CMS's efforts to reduce preventable ASCVD morbidity and mortality.

Thank you for the opportunity to provide these comments. ASPC looks forward to continued engagement with CMS for the advancement of evidence-based cardiovascular prevention policy.

Sincerely,

THE BOARD

American Society for Preventive Cardiology (ASPC)

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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/Multi-society 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 dyslipidemias. *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.
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