

January 6, 2026

Dear Members of the PRMR Clinician Committee,

Thank you for the opportunity to comment on the Low-Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management measure under consideration (MUC2025-034) for the Merit-Based Incentive Payment System.

HealthyWomen is the nation's leading organization focused on educating and empowering women in midlife – ages 35 to 64 – so they can make informed healthcare decisions, advocate for themselves, and prioritize their health and wellness. For over 30 years, this mission has steered our educational and policy programming toward initiatives that elevate the lived experiences and needs of women; raise awareness of conditions that differently and disproportionately affect women; and highlight opportunities to close gaps in women's care. That's why we are writing to express our support for the LDL-C Monitoring and Management measure under consideration and encourage its adoption.

Cardiovascular disease remains the leading cause of death for women in the United States, accounting for approximately 1 in 5 female deaths annually.¹ Despite this burden, cardiovascular disease in women remains underrecognized, undertreated, and inadequately prevented. Women are less likely than men to receive timely diagnosis, guideline-directed therapy, and optimal risk-factor management, contributing to avoidable morbidity and mortality.² LDL-cholesterol is a well-established, causal, and modifiable driver of atherosclerotic cardiovascular disease (ASCVD), and extensive evidence demonstrates that lowering LDL-C results in fewer major adverse cardiovascular events (MACE).³

Importantly, CMS's Measures Under Consideration documentation identifies a critical and persistent disparity in lipid management: Women are less likely than men to achieve recommended LDL-C targets.⁴ This finding is consistent with published literature demonstrating lower rates of intensive lipid-lowering therapy and LDL-C goal attainment among women with ASCVD.^{5,6} An LDL-C outcome-based quality measure represents a meaningful opportunity to address this disparity and shift quality assessment from medication prescribing alone to evidence-based risk-factor monitoring and management.

Furthermore, we believe adoption of this measure is an important step toward combatting chronic disease, one of the national healthcare priorities of this Administration. After all, cardiovascular disease remains a leading contributor to chronic illness, disability, and healthcare utilization nationwide. Quality measures that go beyond medication prescribing alone and emphasize effective risk-factor control are essential to improving outcomes.

HealthyWomen commends CMS for recognizing the potential of the LDL-C management measure to improve care, and we respectfully urge CMS to adopt this measure to improve cardiovascular outcomes for women and advance prevention-focused healthcare for all Americans.

Sincerely,

A handwritten signature in dark ink, appearing to read "Beth Battaglino".

Beth Battaglino, RN-C
CEO, HealthyWomen

Endnotes

1. Tsao CW, Aday AW, Almarzooq ZI, et al.
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2. Mehta LS, Beckie TM, DeVon HA, et al.
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3. Ference BA, Ginsberg HN, Graham I, et al.
Low-density lipoproteins cause atherosclerotic cardiovascular disease: Evidence from genetic, epidemiologic, and clinical studies.
European Heart Journal. 2017;38(32):2459–2472.
4. Centers for Medicare & Medicaid Services. *2025–2026 Measures Under Consideration (MUC) List.*
5. Nanna MG, Wang TY, Xiang Q, et al.
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Journal of the American Heart Association. 2019;8(12):e010990
6. Vartak, Natasha et al.
Gender Differences in Lipid Management, LDL-C Goal Attainment, and Prescribing Practices
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