The Honorable Dr. Mehmet Oz

CMS Administrator

Centers for Medicare and Medicaid Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Re: Review of AHA's LDL-C Management Quality Measure in MUC List

Dear Administrator Oz,

On behalf of the undersigned patient and clinician stakeholder organizations, we write to express our strong support for the Centers for Medicare & Medicaid Services' (CMS) inclusion of the American Heart Association's (AHA) LDL-cholesterol (LDL-C) management quality measure on the 2025–2026 Measures Under Consideration (MUC) list and to encourage its adoption in future CMS quality programs.

The Ongoing Cardiovascular Disease Challenge

Atherosclerotic cardiovascular disease (ASCVD) remains the leading cause of death in the United States, accounting for more than 700,000 deaths annually. More than 71 million adults live with high cholesterol, a primary, modifiable driver of ASCVD.[1] After decades of progress, cardiovascular mortality has risen since 2010, reversing more than half a century of declining death rates and signaling an urgent need for improved prevention and disease management strategies.[2]

Extensive evidence demonstrates a clear relationship between LDL-C reduction and reductions in major adverse cardiovascular events, demonstrating that when it comes to LDL-C, lower is quite simply better.[3]

Limitations of Current Cholesterol Quality Measures

CMS quality measures for cholesterol currently only take into account whether a statin has been prescribed, rather than whether treatment is effective in lowering LDL-C to evidence-based targets. While statin therapy is an important first step, prescription alone does not ensure adherence, treatment intensification, or goal attainment.

---

[1] American Heart Association. 2025 Heart Disease and Stroke Statistics Update Fact Sheet. Circulation. 2025

[2] Yan, B, Arun, A, Curtis, L. et al. JACC Data Report: Cardiovascular Disease Mortality Trends in the United States (1999-2023). JACC. 2025 Jul, 85 (25) 2495–2498.

[3] Sabatine MS, Wiviott SD, Im K, Murphy SA, Giugliano RP. Efficacy and Safety of Further Lowering of Low-Density Lipoprotein Cholesterol in Patients Starting With Very Low Levels: A Meta-analysis. *JAMA Cardiol.* 2018;3(9):823–828. doi:10.1001/jamacardio.2018.2258

In contrast to hypertension or diabetes—where performance measures are tied to objective, measurable outcomes such as blood pressure or HbA1c—patients with ASCVD lack a comparable, actionable cholesterol target in CMS quality programs. This gap contributes to persistently uncontrolled LDL-C levels and missed opportunities to reduce preventable cardiovascular events.

Why an LDL-C Outcome Measure Matters for Patients and Providers

An LDL-C–based quality measure would align quality reporting with contemporary clinical practice and guideline-directed care. The AHA, American College of Cardiology, and other leading clinical organizations recommend an LDL-C goal of <70 mg/dL for patients with established ASCVD, supported by robust evidence showing improved outcomes with intensive lipid lowering.[4]

Routine LDL-C testing and goal-based management promote shared decision-making, support timely treatment adjustments—including the appropriate use of non-statin therapies when indicated—and provide patients with a clear, understandable metric of cardiovascular risk. For providers, such a measure encourages comprehensive, patient-centered care while better reflecting real-world clinical success.

Beyond clinical benefits, improved LDL-C management has important economic implications. Cardiovascular disease and its risk factors are projected to cost the United States more than $1.3 trillion annually by 2050, with productivity losses exceeding $360 billion.[5] Early and effective LDL-C control represents an opportunity to reduce long-term healthcare costs while improving population health.

Recommendation for CMS Action

CMS's consideration of the LDL-C management measure for the 2025–2026 MUC list is an important and timely step. We respectfully urge CMS to adopt this measure for future use across applicable quality programs. Doing so would improve accountability for meaningful outcomes, and advance national goals related to chronic disease prevention and cardiovascular health.

The undersigned organizations represent leading patient and clinician organizations committed to improving outcomes for individuals living with ASCVD and comorbid conditions. We appreciate CMS's leadership and welcome the opportunity to serve as a resource as the agency considers implementation of this important quality measure.

Sincerely,

---

[4] 2018 AHA/ACC Guideline on the Management of Blood Cholesterol. Circulation. 2019;139:e1082–e1143.

[5] American Heart Association. Forecasting the future of cardiovascular disease in the United States. Circulation. 2022.

Sarah Hoffman
Senior Director
Partnership to Advance Cardiovascular Health

Endorsed by the Following Organizations:

The Diabetes Leadership Council
The Diabetes Patient Advocacy Coalition
Global Coalition on Aging
The Mended Hearts, Inc.
National Black Nurses Association
National Hispanic Health Foundation
National Kidney Foundation
National Medical Association
National Minority Quality Forum
WomenHeart