February 16, 2026

Re: 2025-2026 Measures Under Consideration: Low-Density Lipoprotein (LDL-C) Monitoring and Management (MUC2025-034) – Recommendations Spreadsheet Public Comment

Dear PQM,

The National Lipid Association (NLA) appreciates the opportunity to submit comments in support of the proposed measure under consideration, *Low-Density Lipoprotein (LDL-C) Monitoring and Management (MUC2025-034)*, and the committee's recommendation that the measure be added to the Merit-based Incentive Payment System (MIPS).

The NLA is a non-profit multidisciplinary medical society focused on enhancing the science and practice of lipidology and promoting optimal cardiometabolic health. The NLA is the leader in this field, having published several patient-centered recommendations for lipid management, served as a co-author of the 2018 American Heart Association/American College of Cardiology/Multisociety Guideline on the Management of Blood Cholesterol and 2023 American Heart Association/American College of Cardiology/Multisociety Guideline for the Management of Patients with Chronic Coronary Disease, and serves as the primary educator and advocate for clinical lipidology.

Cardiovascular disease (CVD) remains the leading cause of morbidity and mortality in the United States, with low-density lipoprotein cholesterol (LDL-C) being a major causal risk factor. There is irrefutable evidence that lowering LDL-C leads to a proportional decrease in atherosclerotic cardiovascular disease (ASCVD) risk,[1] and that LDL-C is a reliable measure and well-established biomarker of atherogenic lipoproteins.[2] As reflected in clinical practice, *what is measured is managed*; therefore, effective measurement and management of LDL-C is critical to improving patient outcomes, reducing healthcare costs, closing care gaps, and addressing the broader public health burden of CVD.

Despite decades of progress, the United States has experienced a concerning reversal in ASCVD trends since 2015, with mortality rates increasing after more than 40 years of decline. Estimated ASCVD prevalence rose from 18.3 million individuals in 2014 to approximately 24 million in 2019.[3] Furthermore, many patients with ASCVD remain undertreated or poorly controlled with respect to LDL-C. A survey of >600,000 patients with ASCVD found that half were not taking any statin, only 22.5% were on high-

[1] Expert Dyslipidemia Panel of the International Atherosclerosis Society Panel members. An International Atherosclerosis Society Position Paper: global recommendations for the management of dyslipidemia--full report. J Clin Lipidol. 2014 Jan-Feb;8(1):29-60. doi: 10.1016/j.jacl.2013.12.005. Epub 2013 Dec 17. PMID: 24528685.

[2] Grundy SM, Stone NJ, Bailey AL, Beam C, Birtcher KK, Blumenthal RS, Braun LT, de Ferranti S, Faiella-Tommasino J, Forman DE, Goldberg R, Heidenreich PA, Hlatky MA, Jones DW, Lloyd-Jones D, Lopez-Pajares N, Ndumele CE, Orringer CE, Peralta CA, Saseen JJ, Smith SC Jr, Sperling L, Virani SS, Yeboah J. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/ APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Circulation. 2019;139:e1082e.

[3] Gu J, Sanchez R, Chauhan A, Fazio S, Wong N. Lipid treatment status and goal attainment among patients with atherosclerotic cardiovascular disease in the United States: A 2019 update. Am J Prev Cardiol. 2022 Mar 20;10:100336. doi: 10.1016/j.ajpc.2022.100336. PMID: 35368909; PMCID: PMC8968014.

intensity statins, and the majority of patients still had LDL-C above the target of 70 mg/dL.[4] Evidence further indicates significant gaps in guideline-directed LDL-C measurement and management, with underserved populations disproportionately affected.[5,6,7]

In light of this ongoing ASCVD burden, we commend the Partnership for Quality Measurement (PQM), the Centers for Medicare & Medicaid Services (CMS), and the American Heart Association (AHA) for considering this important measure, which appropriately returns LDL-C measurement and management to the forefront of quality measurement. This proposed MIPS measure would assess two critical elements among patients with clinical ASCVD: (1) whether an LDL-C test was performed as part of a lipid panel, and (2) whether the patient achieved an LDL-C level of <70 mg/dL within the prior 12 months. Together, these components appropriately incentivize evidence-based screening while recognizing successful LDL-C management in the highest-risk populations. Research has consistently demonstrated that many ASCVD patients do not receive appropriate lipid testing or treatment intensification,[8] underscoring the value of this measure.

The NLA strongly supports this shift towards an outcome-based lipid measure, rather than quality metrics that solely reflect the prescribing of statins. While statins remain foundational to ASCVD risk reduction and LDL-C lowering, measurement of prescribing rates alone does not fully capture treatment effectiveness, patient response and adherence, or appropriate use of adjunctive lipid-lowering therapies. By emphasizing LDL-C measurement and goal attainment, an outcomes-based measure more accurately reflects the goals of care and appropriately centers quality assessment on improved patient outcomes.

Importantly, the NLA does not believe this approach is unduly burdensome, as LDL-C testing is already a routine component of ASCVD care and can be readily captured through existing clinical workflows and electronic health records. As CMS and its partners refine cardiovascular quality measures, the NLA encourages future initiatives that reward sustained LDL-C lowering and encourage appropriate lifestyle modification and pharmacotherapy when goals are not met.

While the eligible population is limited to patients with established ASCVD, the NLA recognizes this measure as an important first step in re-establishing LDL-C measurement, management, and mitigation of excess cardiovascular risk in primary and secondary prevention within CMS quality programs. We encourage CMS to continue aligning future quality measures with contemporary clinical guidelines from leading U.S. organizations, including the NLA and AHA, which recommend universal lipid screening intervals for children between the ages of 9 and 11 and again between the ages of 17 and 20, and for adults.[9] We further recommend consideration of LDL-C measurement and management as part of the CMS Universal Foundation of Measures.

The NLA and its members strongly support the committee's recommendation to include this measure in MIPS and appreciate the opportunity to provide feedback. We stand ready to support CMS in its

---

[4] Nelson AJ, Haynes K, Shambhu S, et al. High-Intensity Statin Use Among Patients With Atherosclerosis in the U.S. J Am Coll Cardiol. 2022;79(18):1802-1813. doi:10.1016/j.jacc.2022.02.048

[5] Colantonio LD, Wang Z, Jones J, et al. Low density lipoprotein cholesterol testing following myocardial infarction hospitalization among medicare beneficiaries. JACC: Adv. 2024;3:100753.

[6] Bucholz EM, Rodday AM, Kolor K, Khoury MJ, de Ferranti SD. Prevalence and Predictors of Cholesterol Screening, Awareness, and Statin Treatment Among US Adults With Familial Hypercholesterolemia or Other Forms of Severe Dyslipidemia (1999-2014). Circulation. 2018;137(21):2218-2230. doi:10.1161/CIRCULATIONAHA.117.032321.

[7] Nanna MG, Wang TY, Xiang Q, Goldberg AC, Robinson JG, Roger VL, Virani SS, Wilson PWF, Louie MJ, Koren A, Li Z, Peterson ED, Navar AM. Sex Differences in the Use of Statins in Community Practice. Circ Cardiovasc Qual Outcomes. 2019 Aug;12(8):e005562. doi: 10.1161/CIRCOUTCOMES.118.005562. Epub 2019 Aug 16. PMID: 31416347; PMCID: PMC6903404.

[8] Colantonio LD, Wang Z, Jones J, et al. Low density lipoprotein cholesterol testing following myocardial infarction hospitalization among medicare beneficiaries. JACC: Adv. 2024;3:100753.

[9] 2018 Cholesterol Guidelines, supra note 2.

continued efforts to reduce the burden of cardiovascular disease through improved LDL-C measurement and management.

Please do not hesitate to contact Brian Hart, Executive Director, at bhart@lipid.org or (904) 309-6222 if you have any questions.

Sincerely,

Brian Hart
Executive Director
National Lipid Association

About the National Lipid Association:
The National Lipid Association (NLA) is a nonprofit, multidisciplinary medical society focused on enhancing *the science and practice of lipidology and promote optimal cardiometabolic health*, representing more than 2,100 members throughout the United States. The NLA is the leader in this field, having published several patient-centered recommendations for lipid management, served as a co-author of the 2018 American Heart Association/American College of Cardiology/Multisociety cholesterol guidelines and 2023 American Heart Association/American College of Cardiology/Multisociety chronic coronary disease guidelines, and serves as the primary educator and advocate for clinical lipidology. Website: www.lipid.org.