United States Senate

WASHINGTON, DC 20510

March 4, 2024

The Honorable Gene L. Dodaro
Comptroller General of the United States
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Mr. Dodaro:

Cardiovascular disease is the leading cause of mortality in the United States, accounting for nearly one-third of all deaths each year. The burden of this disease is on trajectory to cost the economy $1.1 trillion annually by 2035.[1] Rising incidences of obesity, diabetes, hypertension, and dyslipidemia are expected to drive up cardiovascular disease prevalence in the coming decades, all disproportionately affecting medically underserved populations.[2] [3] Without health care policy reforms and planning to address this challenge, it's expected that the increased prevalence of cardiovascular disease coupled with an aging population will result in a sharp rise in healthcare costs and reduction in quality of life for many Americans.

The issues contributing to worsening risk factors and increased prevalence of cardiovascular disease and events are complex and multifaceted. The federal government has launched various programs and initiatives, like The Heart Truth initiative, to raise awareness of cardiovascular disease and improve cholesterol management and care quality for Medicare beneficiaries with or at risk of cardiovascular disease. These initiatives are wide-ranging and include several approaches to drive evidence-based interventions across communities and health care settings, regulate accountable entities, support providers, deliver comprehensive secondary prevention programs, and enhance medication therapy management. However, gaps in care for Medicare beneficiaries remain.

Recent data highlights that fewer than 30 percent of Medicare beneficiaries discharged from the hospital after suffering a heart attack had their low-density lipoprotein cholesterol (LDL-C) levels tested within 90 days. This lack of testing is in contrast to clinical guidelines recommending earlier and more frequent cholesterol testing to monitor and manage LDL-C levels – the risk factor most important to reducing heart attack incidence.[4,5] In fact, one-third of

[1] Cardiovascular Disease: A Costly Burden for America. American Heart Association. 2017.
[2] Cross, Sarah H., et al. "Rural-Urban Differences in Cardiovascular Mortality in the United States, 1999-2017." JAMA, 2020 May.
[3] Mohebi R, et al. Cardiovascular Disease Projections in the United States Based on the 2020 Census Estimates. J Am Coll Cardiol. 2022 Aug.
[4] 2023. Jones et. al. LDL-C Testing Following MI Hospitalization Among Medicare Beneficiaries. American College of Cardiology Annual Scientific Session & Expo. March 2023 virtual session: https://contents-amgen.com/prd/user-screen.html?content_id=274
[5] Yusuf S, et al. INTERHEART Study Investigators. Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study. Lancet. 2004 Sep.

these survivors did not receive an LDL-C test in the full year following their heart attack.[6] The potential importance of timely LDL-C testing cannot be understated. Patients who fail to reach goal LDL-C levels are at more than 40 percent higher risk of incurring another cardiovascular event. The lack of guideline-directed care represents a missed opportunity to prevent further adverse events.[7]

To better understand the unmet needs, gaps and barriers contributing to high rates of primary and recurrent events, we request the Government Accountability Office explore the following questions:

1) What services are typically provided to screen Medicare beneficiaries for cardiovascular disease and in what care setting? Subsequently, how effective are current processes in Medicare to manage LDL-C levels among Medicare beneficiaries?

2) What has been the utilization of cardiovascular disease screening for beneficiaries overall and for those who have experienced a cardiovascular event, and by demographic characteristics, in traditional (fee-for-service) Medicare and Medicare Advantage?

3) What are stakeholder and medical expert views on challenges Medicare beneficiaries face in accessing cardiovascular disease screening and treatment?

Failure to prevent cardiovascular events not only claims lives but also drives up the overall cost of the Medicare program, a program which so many elderly beneficiaries rely on for their care. We look forward to your attention to this important matter.

Sincerely,

Senator JD Vance

Senator Rafael Warnock

Senator Marco Rubio

Senator Mike Braun

Senator Rick Scott

[6] Ibid.

[7] Kelly D. Myers, Katherine A. Wilemon, Catherine D. Ahmed, Hilliard Paige, Jr., William Howard, Diane E. MacDougall, Mary P. McGowan, Family Heart Foundation, Pasadena CA; Atomo Inc., Austin TX