

118TH CONGRESS  
1ST SESSION

# H. RES. 709

Supporting the designation of September 2023 as “National Cholesterol Education Month”, and September 30, 2023, as LDL–C Awareness Day.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 20, 2023

Mrs. CHERFILUS-McCORMICK (for herself, Mrs. CAMMACK, Ms. ADAMS, Mr. CLEAVER, Mr. GARCÍA of Illinois, Ms. SCHAKOWSKY, Mr. PAYNE, Mr. GREEN of Texas, Ms. KUSTER, Ms. BLUNT ROCHESTER, Mr. VEASEY, and Mr. JOHNSON of Georgia) submitted the following resolution; which was referred to the Committee on Energy and Commerce

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## RESOLUTION

Supporting the designation of September 2023 as “National Cholesterol Education Month”, and September 30, 2023, as LDL–C Awareness Day.

Whereas cardiovascular disease is the leading cause of death for men and women, including people of color in the United States, who have higher rates of cardiovascular disease and tend to develop this condition at an earlier age than non-Hispanic White populations;

Whereas cardiovascular disease disproportionately affects underserved populations as 52.3 percent of Hispanic men and 42.7 percent of Hispanic women over the age of 20 have cardiovascular disease, and 60.1 percent of Black

men and 58.8 percent of Black women 20 years of age and older have cardiovascular disease;

Whereas projected rates of cardiovascular disease are expected to increase significantly in the United States by 2060, disproportionately affecting communities of color;

Whereas women's awareness of cardiovascular disease as the leading cause of death has declined by approximately 20 percent in the last decade, most significantly among younger women;

Whereas rural places in the United States have higher death rates for cardiovascular disease and stroke, as well as a 40-percent higher prevalence of cardiovascular disease than its urban counterparts;

Whereas rural women experience higher maternal mortality rates compared to urban women, driven largely by increased cardiovascular deaths;

Whereas risk factors contributing to cardiovascular disease and poor health outcomes include elevated low density lipoprotein "bad" cholesterol (LDL-C), high levels of lipoprotein(a) cholesterol, hypertension, obesity, low awareness of personal risk factors, genetics, geographic location, and inequitable access to care;

Whereas lipoprotein(a) cholesterol is predominantly genetically inherited and can build up in the walls of blood vessels creating cholesterol deposits, or plaques, and lead to atherosclerotic cardiovascular disease;

Whereas LDL-C is a modifiable risk factor for cardiovascular disease and lower LDL-C is associated with a reduced risk of heart attack and stroke;

Whereas more than 25.5 percent of adults in the United States have high LDL-C;

Whereas more than 200 studies with over 2,000,000 patients have broadly established that elevated LDL-C unequivocally causes atherosclerotic cardiovascular disease;

Whereas atherosclerotic cardiovascular disease, which is responsible for nearly 85 percent of cardiovascular deaths, is the build-up of cholesterol plaque within the walls of arteries and includes acute coronary syndrome, peripheral arterial disease, and events such as heart attacks and strokes;

Whereas the resources needed to bend the curve in cardiovascular disease exist, yet 71 percent of hypercholesterolemia patients at high risk of a cardiovascular event never achieve recommended LDL-C treatment guideline thresholds;

Whereas only 33 percent of people with atherosclerotic cardiovascular disease who are taking statins, a guideline recommended lipid lowering therapy, actually achieve LDL-C goals;

Whereas only 27 percent of patients hospitalized for heart attack receive an LDL-C test in the 90 days following discharge from a hospital, as recommended by clinical guidelines;

Whereas African-American adults were less likely than their White peers to receive an LDL-C test in the 90 days following discharge from a hospital, despite having a higher prevalence of cardiovascular disease;

Whereas significant gaps in care lead to subsequent cardiovascular events;

Whereas the Centers for Disease Control and Prevention's Million Hearts program seeks to improve access to and

quality of care to reduce heart disease, stroke, and death;  
and

Whereas September is recognized as National Cholesterol Education Month to raise awareness of cardiovascular disease and the importance of knowing one's LDL-C number: Now, therefore, be it

1       *Resolved*, That the House of Representatives—

2               (1) encourages all people in the United States  
3       to know their LDL-C number; and

4               (2) recognizes the urgent need for screening  
5       and treating of LDL-C to reduce the risk of cardio-  
6       vascular disease and cardiovascular events such as  
7       heart attacks or strokes.

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