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05 March 2024

The Honorable Joseline A. Pena-Melnyk
Chair, Health and Government Operations Committee
Maryland House of Delegates
6 Bladen Street
Annapolis, Maryland 21401

Re: House Bill 1137 – SUPPORT

Dear Madame Speaker,

As a cardiologist I am pleased to support House Bill 1137 guaranteeing the availability of Coronary Artery Calcium (CAC) score testing for people in Maryland at risk for coronary artery disease.

Despite much attention and effort to control, coronary artery disease remains the leading cause of death in the US and Maryland. The Maryland Department of Health vital statistics reported in 2021 more than 12,000 of the 58,000 deaths (20%) that year were due to heart disease.¹ The US Centers for Disease Control report that an American dies from heart disease every 33 seconds. Heart attacks kill more Americans than all cancers combined. Fatal heart attack victims have no symptoms until minutes before they die, hence early detection of high-risk asymptomatic individuals is needed. Early detection of coronary atherosclerosis allows people to be treated to prevent acute coronary events that could lead to untimely hospitalizations or death.

House Bill 1137 would require Maryland Medical Assistance Program and insurers, nonprofit health plans, health maintenance organizations, and managed care organizations to provide coverage for calcium score testing in people who have three of the following four coronary disease risk factors:

- Diabetes
- High blood pressure
- High cholesterol
- Family history of premature coronary artery disease

Coronary calcium testing is an extremely accurate coronary risk assessment tool that has been adopted by ACC/AHA guidelines and commercially available for over 20 years, however payers do not consistently cover it. Coronary calcium is measured non-invasively with a 5-minute CT-scan of the heart, and costs less than \$200, whereas regular cancer screening with colonoscopy and mammography (covered by most insurers) costs over \$3000. There is an opportunity to save lives and dollars if coronary calcium testing is covered for appropriately selected individuals. Cost effectiveness models of CAC based screening guidelines demonstrate a favorable reduction in death, heart attacks and hospitalizations and an increase in cholesterol lowering therapy and angiography-



without-revascularization.² A similar bill was passed in Texas in 2020 (HB 1290); follow-up 6 years later showed an associated reduction in reported CVD (significance unknown).³

Data from a 2000 patient study support the addition of CAC scans to standard-of-care was associated with lower BP, cholesterol and waist circumference over a 4 year period.⁴ The presence of coronary calcium heightens the awareness to a potential adverse cardiac event and should stimulate the physician and patient to take action on controllable risk factors. “Seeing is believing”- CAC testing visualizes risk to a patient which motivates them to take action.

In conclusion, preventable heart attacks are killing Americans who are not adequately aware of their risk. The current standard of care not only fails to alert high-risk individuals but also results in potentially unnecessary drug therapy for low-risk individuals. A more accurate test, CAC score, is now available; however, insurance companies do not cover it. By covering CAC score, many will be able to find out if they have coronary plaques. If so, they can be prompted to take preventive actions before a heart attack occurs. This initiative has the potential to save lives and money. Texas has already passed HB1290 to mandate CAC coverage. Although eradicating heart attacks requires a multipronged long-term approach, it is now well within our reach; and early detection of high-risk asymptomatic individuals with CAC testing presents as a low-hanging fruit. We must strive for a heart attack-free future for the next generation, the same way that the previous generation gifted us a polio- and smallpox-free life.

Passing this bill could reduce the mortality and morbidity from coronary disease in Maryland by giving asymptomatic people an opportunity to slow progression of their coronary plaques before they suffer their first coronary event. It is incumbent for policy makers to protect their constituents from premature death and preventable hospitalization. House Bill 1137, combined with appropriate follow-up care, will protect the people of Maryland from the societal and personal burdens inflicted by our Nation’s leading killer.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Underwood".

Paul Underwood MD, FACC, FSCAI

Vice Chair, Open My Heart Foundation
Chair-Elect, Association of Black Cardiologists
President, Cardio MedSci, LLC

¹ [Maryland Dept of Health Vital Statistics Administration Statistics and Reports, 2021](#)

² [10-Year Resource Utilization and Costs for Cardiovascular Care. J Am Coll Cardiol 2018](#)

³ [Coronary artery calcium testing: A call for universal coverage. Prev Med Rep 2019](#)

⁴ [Impact of coronary artery calcium scanning on coronary risk factors and downstream testing the EISNER \(Early Identification of Subclinical Atherosclerosis by Noninvasive Imaging Research\) prospective randomized trial. J Am Coll Cardiol 2011](#)