

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 60

(Senator Augustine)

Finance

Health and Government Operations

**Maryland Medical Assistance Program and Health Insurance - Required
Coverage for Calcium Score Testing**

This bill requires an insurer, a nonprofit health service plan, and a health maintenance organization (collectively known as carriers), as well as the Maryland Medicaid program, to cover calcium score testing in accordance with the most recent guidelines issued by the American College of Cardiology that expand the scope of preventive care services for the benefit of consumers. **The bill takes effect January 1, 2026, and applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after that date.**

Fiscal Summary

State Effect: Minimal special fund revenue increase for the Maryland Insurance Administration in FY 2026 only from the \$125 rate and form filing fee; review of additional filings can be handled with existing budgeted resources. To the extent the bill increases the number of Medicaid participants that receive calcium score testing, Medicaid expenditures (50% general funds, 50% federal funds) may increase; however, any impact is likely minimal as this service is already covered. No material effect on the State Employee and Retiree Health and Welfare Benefits Program as the program already provides coverage as required under the bill.

Local Effect: To the extent the bill increases the cost of health insurance, costs may increase for local governments that purchase fully insured plans. Revenues are not affected.

Small Business Effect: None.

Analysis

Current Law: Under Maryland law, there are more than 50 mandated health insurance benefits that certain carriers must provide to their enrollees. The federal Patient Protection and Affordable Care Act (ACA) requires nongrandfathered health plans to cover 10 essential health benefits (EHBs), which include items and services in the following categories: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services, including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services.

Under § 31-116 of the Insurance Article, EHBs must be included in the State benchmark plan and, notwithstanding any other benefits mandated by State law, must be the benefits required in (1) all individual health benefit plans and health benefit plans offered to small employers (except for grandfathered health plans) offered outside the Maryland Health Benefit Exchange (MHBE) and (2) all qualified health plans offered in MHBE.

Medicaid generally provides health coverage to children, pregnant women, elderly or disabled individuals, low-income parents, and childless adults. To qualify for Medicaid, applicants must pass certain income and asset tests. Effective January 1, 2014, Medicaid coverage was expanded to persons with household incomes up to 138% of federal poverty guidelines, as authorized under ACA.

State Fiscal Effect: Medicaid currently covers calcium score testing. To the extent the bill increases the number of individuals receiving calcium score testing, Medicaid costs (50% general funds, 50% federal funds) may increase. However, any impact is likely to be minimal as this service is already covered. Furthermore, any additional costs may be offset by prevention or early intervention of cardiac events.

Additional Comments: A [coronary artery calcium test](#) is a CT scan of the heart that shows any calcium deposits in the coronary arteries (“calcium score”). The calcium score may help predict the risk of a future heart attack and help determine risk for cardiovascular disease. Texas requires coverage of either a calcium scoring study or a carotid intima-media thickness study every five years for certain populations (men ages 45 to 75 or women ages 55 to 75 who have either diabetes or a Framingham cardiac risk score of intermediate or higher).

The Maryland Health Care Commission commissioned a [calcium score testing analysis](#) by Milliman in December 2024. The report concluded that mandated coverage of such testing as proposed under the bill is estimated to increase 2026 per member per year premiums by \$0.009 to \$0.147 in the fully insured commercial market and by \$0.019 to \$0.494 for the

State Employee and Retiree Health and Welfare Benefits Program. The impact is driven by an increase in utilization of calcium score testing as a result of expanded coverage and increased awareness, and an increase in statin therapy utilization as a result of additional tests. Expenditures are offset by savings from avoided ischemic cardiac events as a result of increased statin therapy.

Additional Information

Recent Prior Introductions: Similar legislation has been introduced within the last three years. See HB 1137 of 2024.

Designated Cross File: HB 666 (Delegate Woods, *et al.*) - Health and Government Operations.

Information Source(s): Department of Budget and Management; Maryland Department of Health; Maryland Health Benefit Exchange; Maryland Insurance Administration; Department of Legislative Services

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