



January 28, 2025

The Honorable Pamela Beidle,  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

**Re: SB 60 - Maryland Medical Assistance Program and Health Insurance - Required Coverage for Calcium Score Testing**

Dear Chair Beidle and Members of the Committee,

The Maryland Health Care Committee (MHCC) is submitting this letter of information on *SB 60 - Maryland Medical Assistance Program and Health Insurance - Required Coverage for Calcium Score Testing*. This bill would require the Maryland Medical Assistance Program and insurers, nonprofit health service plans, health maintenance organizations, and managed care organizations to provide coverage for calcium score testing for individuals who have at least three of the following risk factors: diabetes, high blood pressure, high cholesterol, or a family history of premature coronary artery disease.

Over the interim the MHCC was asked to conduct a mandated health services evaluation on the coverage of coverage of the calcium scoring test. We contracted with Millman, Inc., an actuarial consulting firm to assist with the study. The study was completed and submitted to the General assembly in October 2024. We will summarize the key findings and statistics of the report.

**Summary of Report:**

Atherosclerotic cardiovascular disease (ASCVD) is a heterogeneous group of conditions caused by the buildup of plaque in the arterial walls and includes coronary heart disease, cerebrovascular disease, peripheral artery disease, and aortic atherosclerotic disease. Prevention of ASCVD and ASCVD-related conditions relies on timely and accurate risk assessment, risk stratification, and guideline-based management strategies. Based on an individual's risk assessment and stratification, either lifestyle therapies or lipid-lowering drugs are the preferred management strategies for lowering ASCVD risk. Lifestyle therapy includes diet modification, weight control, and physical activity, while statins are the cornerstone of lipid-lowering therapy.

Coronary artery calcium (CAC) is the use of computed tomography (CT) scanning to detect atheroma plaque calcification in coronary arteries. CAC testing can be used to inform the choice of treatment for individuals whose ASCVD risk is borderline or intermediate but who may benefit from statin therapy. Senate Bill 60 seeks to improve access to CAC testing by requiring the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, health maintenance organizations (HMOs), and managed care organizations (MCOs) to provide coverage for CAC testing for individuals who have at least three of the following risk factors for ASCVD: diabetes, high blood pressure, high cholesterol, or a family history of premature coronary artery disease.

The prevalence of these risk factors has been shown to vary across demographics. Nationally, hypertension is more prevalent among Black adults than white Hispanic or Asian adults. The prevalence of diabetes in the United States, including diagnosed and undiagnosed diabetes, is highest among the American Indian and Alaska Native adults, followed by non-Hispanic Black adults and it is lowest among non-Hispanic white adults.

CAC scores have also been found to vary across demographics. The Multi-Ethnic Study of Atherosclerosis (MESA) found men had higher calcium scores than women and the prevalence of higher scores increased with age. We surveyed insurance carriers in Maryland about current CAC test coverage and no carrier specifically stated that it uses the same criteria as outlined in the legislation. Of the carriers surveyed, three out of five respondents indicated that CAC testing is covered for Maryland enrollees across all markets when following standard American College of Cardiology (ACC) and/or American Heart Association (AHA) guidelines or as determined medically necessary. These carriers' policies are less restrictive than the proposed legislation and are compliant with SB 60. The remaining two carriers were determined to have noncompliant coverage.

For the financial analysis, we projected the population, cost of benefits, plan cost, and enrollee cost sharing for the 2026 calendar year under two scenarios: the first where the proposed legislation does not go into effect, baseline, and the second where the proposed legislation does go into effect, post-mandate. The difference between the baseline and post-mandate values is the impact of the proposed legislation.

We modeled two scenarios by varying: the increase in CAC testing post-mandate, the statin therapy utilization resulting from the new tests, and ischemic cardiac events avoided from statin therapy. We estimate 2026 CAC tests allowed costs to range from \$120 to \$130 for the fully insured commercial market, \$130 for the Maryland state health plan, and \$50 for Medicaid enrollees. Enrollees would pay the same cost sharing for CAC tests in both the



baseline and post-mandate scenarios. SB 60 is estimated to result in a \$9,000 to \$140,000 increase, or \$0.001 to \$0.012 per member per month (PMPM), or \$0.009 to \$0.147 per member per year (PMPY), to the fully insured commercial market premium in 2026 , an increase of \$4,000 to \$103,000, or \$0.002 to \$0.041 PMPM, or \$0.019 to \$0.494 PMPY to 2026 state health plan premium, and an increase of \$3,000 to \$42,000, or \$0.000 to \$0.002 PMPM, or \$0.002 to \$0.025 PMPY, to the Medicaid revenue. The premium impact is driven by an increase in usage due to the expanded coverage for CAC testing, an increase in CAC test usage because of increased awareness, an increase in statin therapy usage as a result of additional CAC tests. The costs are offset by savings from avoided ischemic cardiac events because of increased statin therapy.

We appreciate your consideration. If you have any questions of if we may provide with further information, please do not hesitate to contact me at [ben.steffen@maryland.gov](mailto:ben.steffen@maryland.gov) or 301-717-7825 or Ms. Tracey DeShields, director of policy Development and External Affairs, at [tracey.deshields2@maryland.gov](mailto:tracey.deshields2@maryland.gov) or 410-764-3588.

Sincerely,

*Ben Steffen*

Ben Steffen,  
Executive Director

cc: The Honorable Malcolm Augustine, Education, Energy, and the Environment Committee

