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Executive Nominations Committee

Education, Energy and the  
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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

January 28, 2025

The Honorable Pamela G. Beidle  
Chairwoman, Senate Finance Committee  
3 East Miller Senate Office Building  
11 Bladen Street Annapolis, MD 21401

**RE: SB0060 - Maryland Medical Assistance Program and Health Insurance – Required Coverage for Calcium Score Testing – Electronic Record**

Position: **Favorable**

Chair Beidle and Members of the Committee,

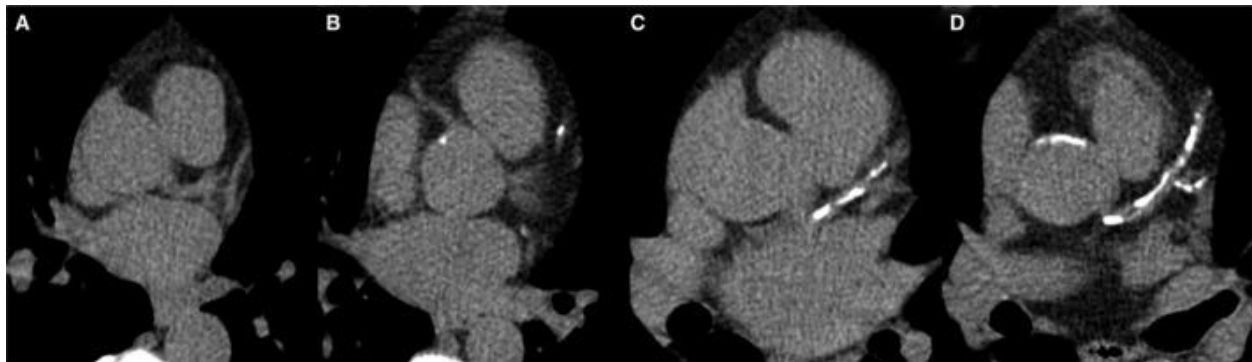
**The Problem:**

- Heart disease is the #1 **leading cause of death in Maryland**, and early detection is critical to saving lives.<sup>1</sup>
- Calcium scoring, also known as coronary artery calcium (CAC) scoring, is a **highly effective tool for identifying and managing heart disease risk**. It measures calcium buildup, or plaque, in the heart's arteries to predict the likelihood of future heart problems, such as heart attacks.
- Despite its potential to guide personalized care and encourage healthier lifestyles, **access to calcium scoring remains limited**.
- From a poll conducted by the Maryland Health Care Commission (MHCC), **only about 50% of insurance carriers in Maryland cover this service**, leaving many residents without access to this potentially lifesaving diagnostic tool.<sup>2</sup>
- Without access to coverage, many Marylanders may forgo this test, **missing an opportunity for early diagnosis and intervention**.
- In 2020 3.6% of Maryland adults had a diagnosis of angina or coronary heart disease, 3.4% of Maryland adults have experienced a heart attack (myocardial infarction) at some point in their life, and 2.8% have experienced a stroke at some point in their life.<sup>1</sup>
- Figure 1 and Figure 2 demonstrates for the Committee what the blockage looks like when patients undergo a CAC test.

**Figure 1.** Calcium Score Presence of Plaque Visualization.<sup>3</sup>



**Figure 2.** Example of hearts with different CAC scores in each risk category.<sup>4</sup>



Participant with a CAC score of 0 (A), CAC score of 34 (B), CAC score of 200 (C), and CAC score of 768 (D). CAC indicates coronary artery calcium.

**What SB0060 does:**

- The bill seeks to expand access to calcium scoring by **requiring all insurance carriers in Maryland to cover this service.**
- The Maryland Health Care Commission (MHCC) has reviewed the cost implications of such a mandate and found that even under the most extreme cost projections, the benefits outweigh the minimal expenses.<sup>2</sup>
- By mandating coverage, the bill ensures that more Marylanders, particularly those in the middle-risk range or uncertain about their heart health, can utilize this affordable, quick, and non-invasive test.

## How SB0060 helps:

By increasing access to calcium scoring, this bill will:

1. **Enhance early detection:** Calcium scoring provides a clear, individualized assessment of heart health, offering insights beyond traditional risk factors like cholesterol or blood pressure.
2. **Promote preventive action:** For many, seeing the physical evidence of plaque buildup motivates healthier behaviors, such as quitting smoking, improving diet, exercising, or taking prescribed medications.
3. **Improves Access to Care:** While calcium scoring is not intended for patients with established coronary disease, physicians are trained to apply clinical judgment and exclude inappropriate candidates. The legislation does not mandate testing but rather ensures access for those who could benefit, leaving decision-making in the hands of medical professionals and their patients.
4. **Alternate Risk Identifiers Are Not as Widely Accessible:** Tools like aortic atherosclerosis imaging may offer comparable predictive value, but they are often incidental findings rather than purposefully sought. Calcium scoring is a targeted, efficient, and accessible test specifically designed for risk evaluation.
5. **Support for Shared Decision-Making:** By expanding access, patients are empowered to engage with their providers in informed discussions about their heart health and treatment options, aligning with ethical and guideline-based care.
6. **Reduce healthcare costs:** At an average cost of less than \$200 per test, calcium scoring is a cost-effective alternative to the high expenses associated with treating advanced heart disease or hospital stays due to heart attacks.
7. **Improve health outcomes:** Early detection and targeted treatments can help prevent severe heart problems, saving lives and improving the overall health of Marylanders.

In summary, this bill represents a vital step in improving access to preventive heart care, reducing healthcare disparities, and empowering Marylanders to take control of their heart health.

**Chair Beidle and members of the committee, I ask for your favorable report.**

1. Maryland Department of Health. Heart disease and stroke prevention. <https://health.maryland.gov/phpa/ccdpc/heart/Pages/about.aspx>.
2. Casey Hammer, Carol Bazell, Bridget Darby, Winston Fopalan, Norman Yu, Andrew Brown. Maryland department of health Milliman report: Calcium score testing analysis of Maryland HB1137. . 2024;1–34. [https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2024/plr\\_hb1137\\_calcium\\_score\\_testing.pdf](https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2024/plr_hb1137_calcium_score_testing.pdf).
3. Consulting Radiologists. How does your heart score. <https://www.consultingradiologists.com/how-does-your-heart-score/>. Updated 2020.
4. Xia C, Vonder M, Sidorenkov G, et al. Coronary artery calcium and cognitive function in Dutch adults: Cross-Sectional results of the Population-Based ImaLife study. *Journal of the American Heart Association*. 2021;10(4):e018172. <https://www.ncbi.nlm.nih.gov/pubmed/33525927>. doi: 10.1161/JAHA.120.018172.