

Letter of Support-Testimony Calcium Score Testing

Uploaded by: Ayana Crawford

Position: FAV



THE PRINCE GEORGE'S COUNTY COUNCIL

WALA BLEGAY
Council Member, District 6

January 24, 2025

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

Re: Senate Bill 0060 – SUPPORT

Dear Chair Beidle,

It is my hope that this written correspondence reaches you in both good health and spirit. I am writing to strongly express my support for Senate Bill 0060, which stresses the crucial importance of CT Scanning for Calcium Score Testing in the early detection of cardiovascular disease. As a Council Member representing District 6, I fully recognize the profound impact this bill could have on the health and well-being of our constituents. As you may be aware, heart disease is one of the leading causes of death in Prince George's County, and one in every three adults in Prince George's County suffers from hypertension. Every step we take towards early detection and prevention is a powerful stride towards greater health equity and well-being for Prince George's County.

Senate Bill 0060 provides a much-needed opportunity for early detection. It has the potential to save countless lives and reduce the burden of heart disease in our state by mandating coverage for calcium score testing for individuals with specific risk factors, including diabetes, high blood pressure, high cholesterol, and a family history of premature coronary artery disease. Moreover, this screening method is both cost-effective and efficient, making it a practical and necessary option for implementation.

I urge you to provide your unwavering support to Senate Bill 0060 and help us pave the way toward a healthier future for our state.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Wala Blegay".

Wala Blegay, Esq.
Council Member, District 6

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SB60_CapitolRadiology_FAV

Uploaded by: Doriann Thomas

Position: FAV



January 27, 2025

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

Re: Senate Bill 0060- SUPPORT

Dear Madame Speaker,

As a practicing Radiologist in the State of Md that has performed thousands of CT Calcium Scoring examinations, I am pleased to support the early detection of atherosclerotic plaque in people at risk of developing coronary artery disease. SB0060 would require Maryland Medical Assistance Program, insurers, nonprofit health plans, HMO, and MCO to provided coverage for calcium score testing in people who have three of the following coronary disease risk factors:

- Diabetes
- Hypertension
- High cholesterol
- Family history of premature coronary artery disease.

Coronary calcium testing is extremely accurate assessment of coronary artery disease and has been embraced by the American College of Radiology. It is commercially available and is measured non-invasively with a 5-minute CT scan of the heart. The higher the calcium score the greater the risk of coronary artery disease and risk of a heart attack.

Passing this bill would reduce the mortality and morbidity from coronary disease by giving asymptomatic patient an opportunity to survive before it's too late.

Thank you for this opportunity to support this important Bill

Cordially,

A handwritten signature in black ink, appearing to read "Doriann Thomas".

Doriann Thomas, MD
Medical Director and CEO
Capitol Radiology LLC

SB60_ABC_FAV

Uploaded by: Dr. Paul Underwood

Position: FAV

January 24, 2025



Association of Black Cardiologists, Inc.
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ABC MISSION:

To promote the prevention and treatment of cardiovascular disease, including stroke, in Blacks and other minorities and to achieve health equity for all through the elimination of disparities.

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

Re: Senate Bill 0060 – SUPPORT

Dear Madame Speaker,

The Association of Black Cardiologists is pleased to support SB0060 emphasizing the importance of Coronary Calcium Score Testing for early detection of atherosclerotic plaque in people at risk of developing coronary artery disease. SB0060 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

The US Centers for Disease Control and Prevention report that an American dies from heart disease every 33 seconds, making heart disease the leading cause of death in the United States. 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 hospital visits or death.

Coronary calcium testing is an extremely accurate coronary risk assessment tool that has been adopted by the American College of Cardiology and American Heart Association guidelines and commercially available for over 20 years; unfortunately many payers do not cover it. Coronary calcium is measured non-invasively with a 5-minute CT-scan of the heart, and costs less than \$200, whereas cancer screening with colonoscopy and mammography costs over \$3000. There is an opportunity to save lives and dollars if coronary calcium testing is covered for appropriately selected individuals. Passing this bill could reduce the mortality and morbidity from coronary disease by giving asymptomatic people an opportunity to passivate and limit progression of their coronary plaques before they have their first coronary event.

Thank you again for this opportunity to register comments from the Association of Black Cardiologists.

Paul Underwood, MD, FACC, FSCAI, RAC
Board Chair
Association of Black Cardiologists, Inc.

SB60_LBCMD_FAV

Uploaded by: Legislative Black Caucus of Maryland

Position: FAV



LEGISLATIVE BLACK CAUCUS OF MARYLAND, INC.

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January 24, 2025

Chairwoman Pamela Beidle
Finance Committee
2 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chairwoman Beidle, Vice Chairman Hayes, and Members of the Committee,

The Legislative Black Caucus of Maryland offers its strong and favorable support for Senate Bill 60 (SB60) – Health Insurance – Coverage for Calcium Score Testing. This bill mandates that certain health insurers and the Maryland Medical Assistance Program provide coverage for calcium score testing, starting on January 1, 2026, for individuals at increased risk of cardiovascular disease. Senate Bill 60 addresses critical health disparities by ensuring access to an important preventive measure, particularly for communities that are disproportionately affected by heart disease. **The bill is a Black Caucus 2025 legislative priority, and aligns with the Caucus' commitment to improving health outcomes and ensuring equitable access to care for all Marylanders, especially those in historically underserved communities.**

Cardiovascular disease remains one of the leading causes of death in Maryland, with certain populations, particularly African Americans, disproportionately impacted. Although mortality rates for heart disease and stroke have declined over time, [African Americans still experience significantly higher rates](#), with heart disease 20% higher and stroke 40% higher compared to White Americans. CVD affects 47.3% of [African American women, who also have the highest rates](#) of hypertension, stroke, heart failure, and coronary artery disease. Conditions like high blood pressure, diabetes, and high cholesterol, common in these communities, increase the risk of coronary artery disease. Calcium score testing is a critical diagnostic tool that helps detect early signs of coronary artery disease, particularly in individuals who may not yet exhibit symptoms. By requiring health insurers to cover calcium score testing for individuals with at least three risk factors—such as diabetes, high blood pressure, high cholesterol, and a family history of premature coronary artery disease—Senate Bill 60 ensures that these individuals have access to an important preventive measure.

Access to preventive health services has long been a barrier for underserved communities, particularly in Maryland's communities of color. Black adults

consistently exhibit higher rates and poorer outcomes of cardiovascular disease (CVD) relative to other racial groups, [even after accounting for differences in socioeconomic status \(SES\)](#). Senate Bill 60 addresses these disparities by mandating that individuals at increased risk for heart disease have access to a diagnostic tool that can help identify the condition before it becomes life-threatening. Early detection of coronary artery disease can lead to more effective interventions and ultimately better health outcomes, reducing the burden on Maryland's healthcare system and improving the quality of life for those affected.

The bill applies to policies issued, delivered, or renewed after January 1, 2026, and is consistent with similar requirements for managed care organizations and insurers under the Maryland Insurance and Health General Articles. This ensures that all individuals, regardless of their insurance provider, will have access to calcium score testing if they meet the risk criteria, further promoting equity in healthcare access.

Senate Bill 60 represents a forward-thinking and compassionate approach to addressing the growing health disparities in Maryland. By expanding access to preventative care for those at highest risk for heart disease, this bill not only promotes better health outcomes but also supports the values of fairness and equity that are central to our commitment to improving healthcare for all Marylanders. For these reasons, the Legislative Black Caucus of Maryland strongly supports Senate Bill 60.

Legislative Black Caucus of Maryland

TESTIMONY.pdf

Uploaded by: Lynda Dorman

Position: FAV

TESTIMONY: LYNDA M. DORMAN, BOWIE, MARYLAND RESIDENT

2:00 Minute Read

Good afternoon and thank you to Health and Government Operations Committee, and to the Honorable, State Delegate Jamila Woods for your leadership and championship of Maryland General Assembly SB0060, a vital piece of legislation that seeks to **mandate insurance coverage for calcium scoring tests.**

My name is Lynda Dorman, founder, and CEO of Dorman Group Holdings LLC, a Maryland business. As a long time, resident of the State of Maryland, I'm a mother of young adult women, served as the former Vice President of Philanthropy for UM Capital Region Health and Dimensions Healthcare, and former Board member and now Advisory Board member of Open My Heart Foundation.

My brief testimony – my voice and perspective today are shared because I am a health consumer that suffers from hypertension and do my best to ensure I take proper steps to mitigate the impact of this condition. My deceased parents suffered from hypertension, so I know that I have an elevated risk to array of potential cardiovascular health issues. My father died of stroke and to this day, I know that with consistent testing and monitoring, he might have survived longer than his sixty ninth birthday. Despite an active lifestyle and healthy eating, my family's healthy history of cardiovascular disease looms over me. It is with this concern that I stand in full support of Maryland General Assembly SB0060, and pass into law making the calcium score test that looks at how much calcium is in my arteries a routine test, affordable, and mandated part of every Maryland citizen's annual or bi-annual physical. It is a health imperative to have we pass SB0060 to literally save lives, create more educated health consumers who can take proactive measures to address

unknown and underlying cardiovascular disease issues, but also to address the staggering economic impact of heart disease as the leading cause of death of Maryland citizens!

I think that either we pay the price for poor health and expensive cardiovascular-related services or we focus our resources, laws, and policy-making that enables high-quality, institutionalized and responsible preventative care that is actionable, meaningful, and effective.

In the end, together, we can and should do everything necessary to improve health outcomes for the citizens of Maryland, and by passing SB0060, you are taking a bold and critically important set in the right direction.

Thank you so much for this opportunity to provide my testimony in support of SB0060 and to Open My Heart Foundation for giving life to this important proposed legislation.

Lynda M. Dorman
Maryland Resident

Augustine Favorable Testimony SB0060 - MMAP and He

Uploaded by: Malcolm Augustine

Position: FAV

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the
Environment Committee



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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,

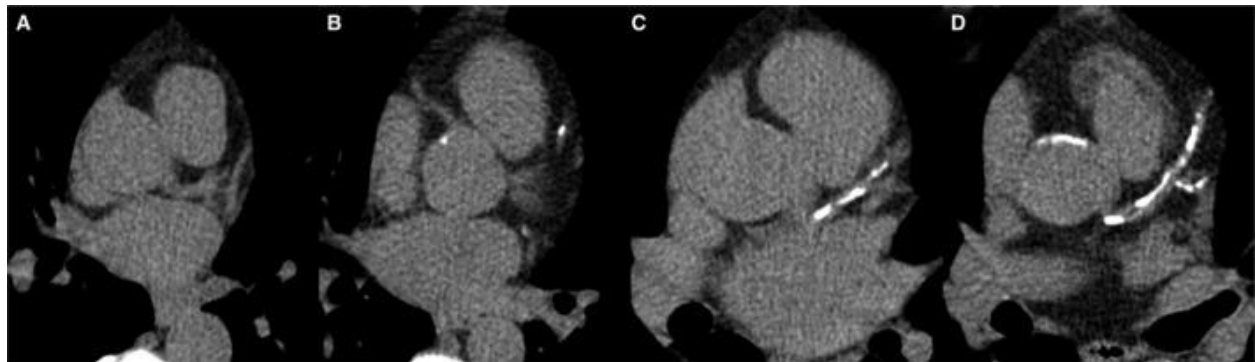
The Problem:

- Heart disease is the #1 **leading cause of death in Maryland**, and early detection is critical to saving lives.¹
- 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.²
- 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.¹
- 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.³



Figure 2. Example of hearts with different CAC scores in each risk category.⁴



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.²
- 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.
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.

HB1137 Bill Support.pdf

Uploaded by: Pamela Parker

Position: FAV

Dear members of the Committee,

My name is Pamela Parker, and I am proud to stand before you today as a member of the Women Heart and Open Foundation organizations, speaking in strong support of Bill HB 1137. This legislation is virtual for improving health heart health among Maryland residents, particularly for women, who are often underrepresented in cardiovascular research and care.

As a WomanHeart Champion, I have witnessed firsthand the profound impact that early detection and prevention measures can have on heart health. Calcium score testing is a non-invasive and effective method of assessing an individual's risk of heart disease. By requiring coverage for this critical test under the Maryland Medical Assistance Program and health insurance plans, we can ensure that more individuals have access to this essential screening.

Heart disease is the leading cause of death for women in the United States, yet many remain unaware of their risk factors. Calcium score testing can provide critical information that empowers patients and healthcare providers to make informed decisions about prevention and treatment. It can lead to earlier interventions, potentially saving lives and reducing health care costs in the long run.

Moreover, as a supporter of the cross-filed HB66 I recognize the importance of comprehensive healthcare policies that address the specific needs of our communities.

Bill HB 1137 aligns perfectly with these goals by enhancing access to preventive care for all Marylanders, particularly women who may be at greater risk.

In conclusion, I urge you to support. Bill HB 1137 By assuring coverage for calcium score testing, we can take significant strides toward improving heart health outcomes in our state. Together, let us champion a healthier future for all Marylanders.

Thank you for your consideration.

Sincerely,

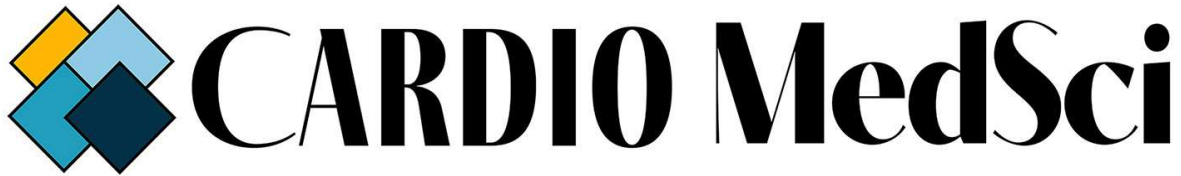
Pamela J Parker

443-757-7862

SB0060_LOS_Paul Underwood MD.pdf

Uploaded by: Paul Underwood

Position: FAV



Submitted electronically: <https://mgaleg.maryland.gov/mgawebsite/MyMGATracking/WitnessSignup>.

24 January 2025

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

Re: Senate Bill 0060 – SUPPORT

Dear Madame Speaker,

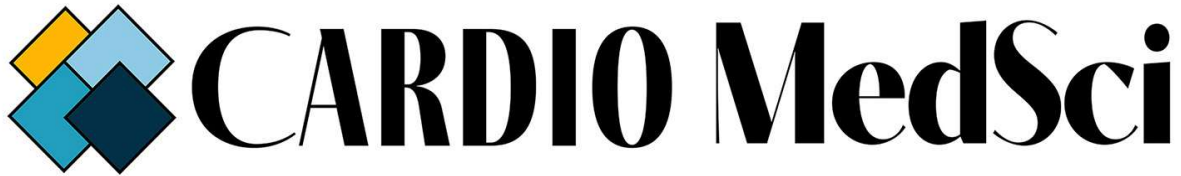
As a cardiologist I am pleased to support SB0060 guaranteeing the availability of Coronary Artery Calcium (CAC) score testing for people in Maryland at risk for coronary artery disease.

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.

Senate Bill 0060 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 In 2020 a similar bill was passed in Texas (HB 1290); follow-up 6 years later showed an associated reduction in reported CVD (undetermined significance).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 SB0060 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. SB0060, 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, 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](#)

SB 60 - FIN - Health and Wellness Council - LOS (1

Uploaded by: State of Maryland

Position: FAV

MARYLAND STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS

January 24, 2025

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LDN*

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 60– Maryland Medical Assistance Program and Health Insurance - Required Coverage for Calcium Score Testing– Letter of Support

Dear Chair Beidle and Committee members:

The Maryland State Advisory Council on Health and Wellness (the Council) is submitting this letter of support for **Senate Bill (SB) 60- Maryland Medical Assistance Program and Health Insurance - Required Coverage for Calcium Score Testing**. SB 60 would require the Maryland Medical Assistance Program to provide coverage for calcium score testing to individuals with three major risk factors for heart attack and stroke.

The Council supports SB60 because of the council's ongoing work to promote evidence-based programs which encourage healthy lifestyles and aid in the prevention and treatment of chronic diseases such as diabetes and heart disease. SB 60 will enhance access to calcium score testing¹ for low- and moderate-income patients who have three major risk factors (diabetes, high blood pressure, high cholesterol, and family history of premature coronary artery disease) for heart attack and stroke. A calcium score test is a noninvasive imaging using a specialized Computed Tomography (CT) scan of a patient's heart which evaluates the level of calcium buildup in the patient's coronary arteries. This testing is an important tool that physicians use to evaluate an asymptomatic patient at intermediate risk for early detection of coronary artery disease (AKA, heart disease) and determine the appropriate treatment options to reduce the risk of heart attack or stroke. By requiring Maryland's Medical Assistance program to cover the cost of calcium score testing, SB60 will eliminate a major barrier that prevents many low and moderate income individuals from accessing needed medical diagnostics and care: cost.

For this reason, the Council respectfully requests a favorable report for SB94.

Sincerely,

Teresa Titus-Howard

Teresa Titus-Howard, PhD, MHA, MSW, CCM
Chair, State Advisory Council on Health and Wellness

¹ Neves PO, Andrade J, Monção H. Coronary artery calcium score: current status. *Radiol Bras.* 2017 May-Jun;50(3):182-189. doi: 10.1590/0100-3984.2015.0235. PMID: 28670030; PMCID: PMC5487233.

SB0060_FWA_MedChi_Medicaid - Req. Coverage Calcuim

Uploaded by: Danna Kauffman

Position: FWA



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Senate Finance Committee
January 28, 2025

Senate Bill 60 – *Maryland Medical Assistance Program and Health Insurance – Required Coverage for Calcium Score Testing*
POSTION: SUPPORT WITH AMENDMENT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, supports Senate Bill 60. This bill requires the Medicaid program and carriers in the fully insured private market to provide coverage for calcium score testing for individuals with at least three of the following risk factors – diabetes, high blood pressure, high cholesterol, or a family history of premature coronary artery disease.¹

Calcium score testing aligns with Maryland’s Total Cost of Care Model by promoting early detection and prevention of cardiovascular disease before the onset of symptoms, which is crucial for better health outcomes and cost savings over time. The American College of Cardiology and the American Heart Association recognize the benefits of calcium score testing and incorporate the test in their joint guidelines for preventing cardiovascular disease. By identifying at-risk patients early, physicians can work with patients to implement preventive measures like lifestyle changes, medication, and monitoring, therefore reducing the need for expensive emergency care and hospitalizations and lowering overall healthcare costs. The report by the Maryland Health Care Commission showed minimal impact on premiums – for the fully insured market – \$.009 to \$.147 per member per year (PMPY); \$.019 to \$.494 PMPY for the State Health Plan; and \$.002 to \$.025 PMPY to Medicaid. More importantly, the Commission noted that the cost would be offset by savings from avoided ischemic cardiac events due to increased statin therapy.

While we fully support Senate Bill 60, we also believe that additional consideration should be given to expanding the risk factors to include those with a history of smoking and autoimmune disease. This expansion could significantly enhance the bill's impact on public health.

For these reasons, we urge a favorable vote.

For more information call:

Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
Christine K. Krone
410-244-7000

¹ According to the Maryland Department of Health’s testimony on House Bill 1337 from the 2024 Session, calcium scoring is a covered service for all participants under the Maryland Medical Assistance Program.

SB 60 - MDH - FIN - LOSWA.doc (1).pdf

Uploaded by: Meghan Lynch

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 28, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Office Building
Annapolis, MD 21401-1991

RE: Senate Bill (SB) 60 - Maryland Medical Assistance Program and Health Insurance - Required Coverage for Calcium Score Testing - Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for SB 60 - Maryland Medical Assistance Program and Health Insurance - Required Coverage for Calcium Score Testing.

SB 60 would require the Medical Assistance Program, including managed care organizations, and commercial insurers 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.

Currently, the Medical Assistance program covers calcium scoring for its participants. Information on family history of premature coronary artery disease is not available in claims and encounter data. However, in CY 2023, 81,924 Medicaid participants had diabetes, high blood pressure, and high cholesterol, while 206,820 participants had two or more of those conditions. As a result, the Department estimates that at least 81,924 to 206,820 participants would qualify for calcium score testing based on the bill as drafted.

However, the Department proposes to amend the language applying the requirement for coverage of calcium score testing so that it is more reflective of current clinical practice. Moderate-quality evidence strongly suggests that coronary artery calcium scoring (CAC) improves predictive value and risk level classification compared with office-based risk assessment in asymptomatic adults. This benefit is particularly marked in asymptomatic adults initially classified as at intermediate risk of a coronary artery disease (CAD) event. Among three studies, 44% to 66% of those initially classified as at intermediate risk of a CAD event were reclassified once CAC scores were considered. However, current evidence is insufficient and does not yet demonstrate that use of CAC scoring translates into improved clinical outcomes (i.e., reduced cardiac events).

CAC scoring may serve as an arbiter of risk and also help to guide clinical-patient risk discussion regarding statin initiation and lipid treatment intensity (e.g., low-density lipoprotein target) and possibly aspirin therapy. If the decision to treat with a statin and lipid treatment target has already been made, the recommendation is against obtaining a CAC scan in such patients.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott".

Laura Herrera Scott, M.D., M.P.H.
Secretary

In the Senate Finance Committee:

AMENDMENTS TO SENATE BILL 60

(First Reading File Bill)

On page 3, in lines 3 and 4, after “INDIVIDUALS” strike “WHO HAVE AT LEAST THREE OF THE FOLLOWING RISK FACTORS:” and substitute “BASED ON CURRENT CLINICAL STANDARDS.”

After line 4, insert:

“(C) THE CURRENT CLINICAL STANDARDS SHALL CONSIDER THE FOLLOWING RISK FACTORS:”

DOCS-#238558-v1-SB_60_Oppose_League.pdf

Uploaded by: Matthew Celentano

Position: UNF



The **League** of Life
and Health Insurers
of Maryland

15 School Street, Suite 200
Annapolis, Maryland 21401
410-269-1554

January 28, 2025

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

Senate Bill 60 - Maryland Medical Assistance Program and Health Insurance - Required Coverage for Calcium Score Testing

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully **opposes** *Senate Bill 60 - Maryland Medical Assistance Program and Health Insurance - Required Coverage for Calcium Score Testing* and urges the committee to give the bill an unfavorable report.

The League and our members are committed to finding ways that all screenings and preventive care can be covered when appropriate, but we unfortunately cannot support this particular approach.

The legislation provides an example of limited, low value care at fairly significant potential expense for the following reasons: First, it appears there is no exception for patient with defined coronary disease. Since calcium scoring is only useful in primary prevention the absence of restriction for patients with existing coronary disease would be considered harmful (*since it is exposure to radiation without any possibility of benefit to the patient*).

Second, the American College of Cardiology and the American Heart Association guidelines, and the supporting evidence, only support calcium scoring for patients with moderate Atherosclerotic Cardiovascular Disease risk scores who don't have a compelling indication for statin. This is due to the fact that since it's only value is in adjudicating statin use for moderate risk patients. Several of the criteria in Senate Bill 60, such as diabetes, invoked would be independent indications for statins and so would obviate the need for calcium scoring. Third, the proposed legislation appears to make no exceptions for alternate identifiers of risk like atherosclerosis of the aorta – which is equivalent to coronary calcium in term of predicting primary risk, and is a tool physicians use in their evaluation

systems to identify risk on incidental studies. Finally, compelling calcium scoring without a shared decision-making model is at odds with guidelines and ethical provider standards.

For these reasons, the League urges the committee to give Senate Bill 60 an unfavorable report since it appears to put patients at risk and increase costs without clear benefit.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee

2025 Legislation - SB60 -Maryland Medical Assistan

Uploaded by: Dee Stephens

Position: INFO



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 or 301-717-7825 or Ms. Tracey DeShields, director of policy Development and External Affairs, at 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

