

Insurance and Real Estate Committee

SENATE FAVORABLE REPORT

Bill No.: SB-326

AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR CORONARY

Title: CALCIUM SCAN TESTS.

Vote Date: 3/10/2020

Vote Action: Joint Favorable

PH Date: 3/5/2020

File No.:

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SPONSORS OF BILL:

Insurance and Real Estate Committee

REASONS FOR BILL:

This bill will require health insurance coverage for medically necessary coronary calcium scan tests.

RESPONSE FROM ADMINISTRATION/AGENCY:

None Expressed

NATURE AND SOURCES OF SUPPORT:

Senator Len Fasano, 34th District, Senate Republican Leader, stated this bill would require insurance coverage for coronary calcium tests, an early detection heart scan currently not covered by most insurance plans. Many people only learn that they have heart disease when they have a heart attack. A coronary calcium scan is one way to find out if you have early heart disease before it gets worse and before you show any symptoms. A heart scan, also known as a coronary calcium scan or a coronary artery calcium test, is a specialized X-ray test that provides pictures of your heart that can help your doctor detect and measure calcium containing plaque in the arteries. The measurement can help a doctor identify who is at risk for heart disease before a person has signs or symptoms. Most health insurance plans do not pay for coronary calcium scans today. My understanding is that the cost can range from about \$100 to \$400. If a patient is told they must pay out of pocket for this test there is a greater chance they will forgo this procedure which has the potential to save lives through early detection. Early detection is a major step in prevention and making

testing more accessible is one way to help more women get the information they need to stay healthy and live longer.

CT State Medical Society stated the Calcium score CT scan of the heart without contrast has become a very important screening test in modern-day clinical cardiology. This potentially life-saving test, which can diagnose preclinical disease should be done for all adults with elevated LDL (Bad Cholesterol) who have risk factors for a heart attack. These risk factors include family history, smoking, high blood pressure, obesity, and diabetes. It is a simple test that requires 10 seconds of breath-holding and is done without needles or injections. It has a radiation exposure of 2 chest X-Rays. It is used to diagnose Coronary Artery Disease (CAD) or hardening of the heart's arteries, and when found can direct treatment that could prevent a heart attack. Treatment for a positive (abnormal) Calcium score usually entails starting a low dose aspirin and a statin. The statin is used to lower the patient's LDL to less than 70. Studies have shown that such treatment may stop the progression of the disease and may even result in the regression of plaques when high potency statins are used. High Calcium scores denoting more than mild to moderate plaquing may require a Stress Test to ensure the absence of severe heart strain with exercise. Heart strain (ischemia) on a Stress Test may necessitate an angiogram (movie picture of the heart's artery lumen) and procedures to un-obstruct the flow of blood using either a stent or By-Pass surgery. The test is not needed when a patient has already been diagnosed with Coronary Artery Disease (CAD). A normal Calcium Score may need to be repeated after several years in patients who have risk factors for CAD when the scan was done at a young age. Patients who have a Calcium Score of zero may be able to avoid invasive testing and procedures, saving not only cost, but also the morbidity and mortality that can occur with all such invasive procedures. The test is particularly useful in patients who have cardiac risk factors, but a normal stress test. A patient with risk factors may have CAD and have a normal stress test for many years before having a heart attack. Identifying these patients could save lives! Unfortunately, insurance companies have been denying these tests when the patient denies chest pain.

Chelsea Brett stated that evidence supporting health plans for individuals is further validated by a poll conducted by Altarum Healthcare Value Hub, which found that 43% of Connecticut adults reported delaying or forgoing care because of cost and 24% of Connecticut adults struggled to pay a medical bill. In the past year alone I was involved in two serious auto accidents. The first involved a negligent driver who totaled my car. The injuries I sustained required six months of physical therapy. The second accident was a hit and run; a driver struck me while I was biking home from work. I am still in treatment for injuries sustained during that accident. Without health insurance, my bills for these accidents would have totaled more than \$20,000. I expect this figure will grow as I continue to receive medical treatment. At present, I am enrolled in a student health insurance plan, but this plan will expire in July of 2020. Based on my intention to maintain residency in Connecticut, I will face a paucity of affordable health insurance options given the current landscape of offerings in our state. The Connecticut Plan would ameliorate financial burden and mitigate the onset of financial crises faced by myself and countless others in the wake of unexpected and serious accidents and injuries.

NATURE AND SOURCES OF OPPOSITION:

CT Association of Health Plans asked to please consider the Affordable Care Act that requires qualified health plans offered on the Exchange to include a federally defines essential health benefits package. State mandated benefits enacted after December 31, 2011 cannot be considered part of the EHB unless they are already part of the benchmark plan. The burden of the cost would fall only on the fully-insured market who are generally smaller employees.

The ACA requires strict adherence to a particular timeline that would be undermined by the various mandates under consideration. If any new mandates or other cost sharing provisions are adopted after the standard benefits design has been finalized and rates have been filed, then the Exchange and the carrier will to reopen the entire process allowing for adjustments to the AV calculator, resubmittal of all templates and the refiling of all rates.

Michelle Rakebrand, Asst Counsel of CBIA stated that mandates drive up costs because with each new requirement, insurers must expand coverage to include additional services or devices. This in turn increases the cost of health insurance premiums, and those increases are passed directly onto enrollees. Each year, Connecticut residents pay an additional \$2,085.48 in premium costs because of the 68 health benefit mandates that are codified in our state's statutes. These increases are especially detrimental to small employers (defined as under 50 FTE), who are not required to offer health insurance pursuant to the Affordable Care Act, but choose to do so. Our members appreciate the importance of healthcare coverage and the role it plays in supporting a healthy workforce. But for some health benefit mandates, the cost outweighs the benefit being realized.

Reported by: Diane Kubeck

Date: April 14, 2020