Texas Bill Allows Insurance Coverage for Calcium Screening, Carotid Ultrasound

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February 16, 2007 (Austin, TX) - Seven months after the Screening for Heart Attack Prevention and Education (SHAPE) task force first issued controversial "guidelines" recommending blanket screening for subclinical atherosclerosis [1], a member of the Texas House of Representatives has introduced a bill that would require insurance reimbursement for these tests, based on the SHAPE paradigm.

The bill would require private insurance companies to cover a minimum of $200 (less if the cost of the test was less) for coronary artery calcium (CAC) screening using computed tomography (CT) and/or carotid ultrasound screening in intermediate-risk individuals. As previously set out in the SHAPE recommendations, this would include men between the ages of 45 and 75 and women between 55 and 75 who are at intermediate or high risk of a heart attack according to their Framingham Risk Score.

Representative René O Oliveira (D-Brownsville) formally filed his Texas Heart Attack Prevention Bill with the chief clerk February 14-15--his first full day back in office after CABG surgery, a procedure he underwent after a CT scan indicated severe coronary blockages.

"With this new knowledge, I was able to get a bypass around the blockage before I had a heart attack, which was imminent," Oliveira is quoted in the press release. He believes the test saved his life.

Bills foundations in question

Oliveira's press release also cites somewhat controversial numbers extracted from the SHAPE task-force document, including predictions that introduction of the bill could prevent 4300 deaths from CVD, reduce the proportion of the population with a history of heart attack by 25%, and save approximately $1.6 billion per year--all this just in Texas alone.

But those numbers--and the SHAPE document itself--have been the subject of considerable debate. As previously reported by heartwire, the SHAPE task force was organized and funded by the Houston-based Association for Eradication of Heart Attack (AEHA), founded by Dr Morteza Naghavi (American Heart Technologies, Houston, TX) and dedicated to researching mechanisms, prevention, detection, and treatment of acute MI. Membership in the AEHA is free, but funding for the association, its website, as well as its Vulnerable Plaque symposia have been provided largely by Pfizer, with other past industry sponsorship coming from GlaxoSmithKline, GE Healthcare, Bristol-Myers Squibb, DiaDexus, CV Therapeutics, and others.

As reported by heartwire, the SHAPE recommendations, which billed themselves as "practice guidelines," were published in a Pfizer-sponsored supplement in the American Journal of Cardiology, which raised questions about the validity of the proposal. And yet, lending it more than a hint of respectability, Dr Valentin Fuster (Mount Sinai School of Medicine, New York) was the guest editor and reviewer for the document, and the writing group and editorial committee contains a long list of prominent cardiologists, not confined to cardiac imaging experts.

Reasonable assumptions

Dr Prediman K Shah (Cedars-Sinai Medical Center, Los Angeles, CA), chief of the SHAPE editorial committee, explains that the SHAPE calculations were based on a number of "reasonable assumptions," since no large, prospective, randomized trial has shown that detection of coronary calcium in a screening test affects treatment decisions or reduces hard cardiovascular events. As such, he
In a properly implemented registry, Stainback adds, "healthcare could still be provided according to the proposed SHAPE the bill, as proposed, is the correct approach."

“The bottom line is that we don’t know whether or not blanket screening is appropriate. I would rather see Texas take the bull by the solid data to support this intuition. According to Stainback, physicians believe “intuitively” that “screening could save a lot of lives, pain, and suffering,” but there are no Stainback admitted. “My initial gut reaction is to shout, yes!”

"Rep Oliviera's dramatic personal experience is an excellent example of the level of frustration that patients and we, physicians, feel," Stainback admitted. "My initial gut reaction is to shout, yes!"

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"The bottom line is that we don't know whether or not blanket screening is appropriate. I would rather see Texas take the bull by the horns and fund an appropriately sized cardiovascular screening registry. Then, data would be forthcoming regarding whether or not the bill, as proposed, is the correct approach."

In a properly implemented registry, Stainback adds, "healthcare could still be provided according to the proposed SHAPE recommendations, but at least outcomes data would be generated at the same time."

A step forward, regardless of outcome
Not surprisingly, proponents of imaging tests who collaborated on the SHAPE recommendations see the bill as a step forward, regardless of whether or not it passes.

"I don't know what the chances are of this passing--I just don't know enough about Texas politics--but I'm enthusiastic that this has made it this far because I think this is going to be one of the only ways that we're going to get widespread coverage of screening tests," Dr Matthew Budoff (Harbor-UCLA Medical Center, Torrance, CA) told heartwire. Budoff sat on the editorial committee for the SHAPE guidelines but also led the writing committee for the 2006 AHA statement on the assessment of CAD by cardiac CT and participated in the ACCF/AHA's 2007 clinical expert consensus document on CAC.

"We hit a wall with the AHA and the ACC: the statements were not as enthusiastic as initially expected, and that's partly politics." Budoff said. And while he acknowledges the bill gives banner headlines to the SHAPE proposal, he points out that it was Oliveira who came to the AEHA and not the other way around.

"He contacted the AEHA and said, I want help in pushing this forward. It's true, you sometimes never know where these things come from, but in this case it was very clean, it wasn't a publicity stunt, it wasn't a push by somebody whose beloved has an interest in imaging. This is from a victim who wants changes for the future."

He points out that the legislation requiring insurance coverage of mammography screening for breast cancer evolved in much the same way.

Shah, likewise, has no predictions about the likelihood of the bill passing but applauds the move. "It's really tragic that something that seems medically reasonable and appropriate has to wait for a politician getting into some difficulty to move forward. But if what's right for the society at large is done, even if the excuse is a politician, that's okay, we can accept that trade-off. I think organized medicine is always very reticent and very opposed to anything that challenges the traditional paradigms, and it does take a long time to really convince people that there is merit to a proposal that defies previous or contemporary notions. So the SHAPE paradigm will be criticized for some time, but I think eventually people will see the light."

The future of the bill

Oliveira's bill will now be referred to a committee, likely the insurance committee, but possibly the public-health committee, a representative from his office told heartwire. Oliveira's office will then make a request for a hearing that may or may not be granted. The committee can then recommend the bill for a vote in the entire house. The current session, however, ends at the end of May, "so we only have a limited window in which we can work," Oliveira's chief of staff, JJ Garza, admitted to heartwire. "If it does not pass before then, then it's essentially dead. If it's passed, it would go into effect September 1, 2007."

Ironically, lawmakers may be more inclined to approve such a bill in the state of Texas than the conservative political environment might suggest. According to Garza, all of the other members that Oliveira has already spoken with about his bill are sympathetic because they all have one thing in common: they've either had bypass surgeries or suffered heart attacks. "There are a lot of members of the legislature who this applies to, because the legislative population is much older than the Texas population, and almost all of these guys lead sedentary lifestyles, so I would say the incidence of heart attacks [and] heart disease is much greater as a proportion of the Texas legislature than it is in the general population, and that certainly comes into play," Garza acknowledged. If the bill goes to a vote, he says, "I can't say [people's personal health history] will have more impact than the science and the costs and those sorts of things, but it will have some impact."


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