

BILL ANALYSIS

Senate Research Center

S.B. 2744
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

In 2009, Texas passed the country's first and only heart attack prevention bill, H.B. 1290 (81R), which mandated insurance coverage for non-invasive screening tests for heart disease, paving the way for the prevention and detection of heart disease. In 2005, the mortality rate for heart disease in Texas was 220.4 deaths per 100,000 people, while in 2022, the mortality rate dropped to 172.3 deaths per 100,000 people, per numbers from the Centers for Disease Control and Prevention. Technology has advanced in the 16 years since the heart attack prevention bill was passed, and more accurate and comprehensive screening methods have become commonplace.

S.B. 2744 will modernize the heart attack prevention bill by integrating advanced diagnostic technologies and expanding insurance coverage to cover coronary computed tomography angiography (CCTA) with advanced plaque analysis (APA) tests.

CCTA is a non-invasive imaging technique that uses computed tomography to visualize the coronary arteries. By administering an intravenous contrast agent, CCTA generates detailed images, allowing for the assessment of arterial blockages or narrowing, which are signs of coronary artery disease. This method provides a safer and less time-consuming alternative to traditional invasive catheter angiography, facilitating accurate detection and evaluation of coronary artery conditions.

APA enhances the capabilities of CCTA by providing detailed insights into plaque composition within the coronary arteries. This analysis distinguishes between different plaque types, such as calcified and noncalcified plaques. It identifies high-risk, lipid-rich plaques that are more susceptible to rupture, which can potentially result in heart attacks. By characterizing these plaques, APA enables more accurate risk stratification and informs targeted therapeutic interventions.

As proposed, S.B. 2744 amends current law relating to the modernization of cardiovascular screening and prevention under the Texas heart attack prevention bill.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 1369.301, Insurance Code, as follows:

- (a) Defines "advanced cardiovascular screening."
- (b) Requires that a health benefit plan that provides coverage for screening and diagnostic evaluations of cardiovascular disease provide coverage for advanced cardiovascular screening for eligible individuals, which is required to replace prior screening methodologies, including but not limited to coronary artery calcium scoring and carotid intima-media thickness ultrasonography.

(c) Requires that coverage for advanced cardiovascular screening include certain services.

SECTION 2. Provides that the following amendments are made to reflect advances in cardiovascular imaging and risk assessment:

(a) Provides that coronary computed tomography angiography (CCTA) with advanced plaque analysis is recognized as the most comprehensive screening modality, identifying all plaque types including non-calcified, lipid-rich plaques, which have been demonstrated in landmark clinical trials to be the strongest predictors of future cardiovascular events.

(b) Provides that the inclusion of AI-enabled software for whole-heart quantification and characterization of coronary atherosclerotic plaque is mandated, ensuring a precise assessment of disease progression or regression.

(c) Provides that the implementation of serial CCTA and plaque analysis at tailored intervals (every one to four years) ensures effective risk stratification and identification of individuals with and identification of individuals with identification of individuals with of individuals with with residual risk of major adverse cardiovascular events following initial medical treatment, addressing an estimated 80 percent of such cases.

SECTION 3. Makes application of this Act prospective.

SECTION 4. Effective date: upon passage or September 1, 2025.