

By: Paxton

S.B. No. 2744

A BILL TO BE ENTITLED

AN ACT

relating to the modernization of cardiovascular screening and prevention under the Texas Heart Attack Prevention Bill (HB 1290).

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 1369.301, Insurance Code, is amended to read as follows:

(a) In this section, "advanced cardiovascular screening" means:

(1) Coronary Computed Tomography Angiography (CCTA) with Advanced Plaque Analysis;

(2) Quantitative Disease Tracking conducted every one to four years based on disease severity as determined by CCTA;

(3) Telecardiology Consultations for patient review and education by a qualified healthcare provider.

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

(c) Coverage for advanced cardiovascular screening shall include:

(1) The use of CCTA with Advanced Plaque Analysis to provide a comprehensive assessment of coronary artery disease by visualizing luminal and plaque characteristics for improved diagnostic accuracy, prognostic risk stratification, and therapeutic

decision-making;

(2) Implementation of Quantitative Disease Tracking at intervals of one to four years, determined based on individual risk profiles, with most individuals undergoing repeat CCTA every three to four years;

(3) Telecardiology Consultations to provide expert cardiovascular evaluations remotely, ensuring accessibility to specialized care statewide;

(4) An increase in the mandatory reimbursement cap to \$2,000 to reflect the advanced nature of diagnostic procedures and associated consultations, in alignment with national reimbursement trends set by the Centers for Medicare & Medicaid Services (CMS).

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

(a) 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) 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) 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

1 residual risk of major adverse cardiovascular events following
2 initial medical treatment, addressing an estimated 80% of such
3 cases.

4 SECTION 3. The changes in law made by this Act apply only to
5 screenings performed on or after the effective date of this Act. Any
6 screening performed before the effective date of this Act is
7 governed by the law in effect at the time the screening was
8 conducted, and the former law is continued in effect for that
9 purpose.

10 SECTION 4. This Act takes effect immediately if it receives a vote
11 of two-thirds of all the members elected to each house, as provided
12 by Section 39, Article III, Texas Constitution. If this Act does not
13 receive the vote necessary for immediate effect, this Act takes
14 effect September 1, 2025.