AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 814
(I-22)

Introduced by: American College of Cardiology, American Society of Echocardiography, American Society of Nuclear Cardiology, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Computed Tomography, Texas

Subject: Socioeconomics of CT Coronary Calcium: Is it Scored or Ignored?

Referred to: Reference Committee J

Whereas, A coronary artery calcium score (CACS) measured by computed tomography is a noninvasive, low-radiation diagnostic test that correlates with cardiovascular outcomes; and

Whereas, Screening with CACS can help guide the course of clinical management in the borderline-and intermediate-risk patients with 10-year cardiovascular risk of 5% to 20%, particularly those with risk-enhancing factors, e.g., chronic kidney disease, metabolic syndrome, an elevated high sensitivity C-reactive protein, a positive ankle-brachial index, or a positive family history by the American College of Cardiology and American Heart Association 2019 Primary Prevention Guidelines; and

Whereas, CACS is not covered by insurance except in the state of Texas, and the out-of-pocket costs range from $49-$1209, which may represent a barrier for patients who may not be able to afford the test, but are likely to derive benefit from the results of the test; and

Whereas, A low-cost and no-charge CACS strategy has been tested in Cleveland, Ohio, demonstrating a striking increase in CACS utilization in lower income patients, the black population, and women; therefore be it

RESOLVED, That our American Medical Association seek national and/or state legislation and/or a national coverage determination (NCD) to include coronary artery calcium scoring (CACS) for patients who meet the screening criteria set forth by the American College of Cardiology/American Heart Association 2019 Primary Prevention Guidelines, as a first-dollar covered preventive service, consistent with the current policy in the state of Texas (Directive to Take Action); and be it further

RESOLVED, That our AMA collaborate with the appropriate stakeholders to propose that hospitals strongly consider a no cost/nominal cost option for CACS in appropriate patients who are unable to afford this test, as a means to enhance disease detection, disease modification and management. (Directive to Take Action)

Fiscal Note: Not yet determined

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REFERENCES


