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## FISCAL IMPACT REPORT

<b>SPONSOR</b>	Senate Tax, Business and Transportation Committee	<b>LAST UPDATED</b>	3/16/2025
		<b>ORIGINAL DATE</b>	2/10/2025
<b>SHORT TITLE</b>	Coronary Artery Calcium Screening	<b>BILL</b>	CS/Senate Bill
	Insurance	<b>NUMBER</b>	278/STBTCS
		<b>ANALYST</b>	Chenier

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\*

(dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
OSI	No fiscal impact	No fiscal impact	No fiscal impact		Recurring	

Parentheses ( ) indicate expenditure decreases.

\*Amounts reflect most recent analysis of this legislation.

### Sources of Information

LFC Files

#### Agency Analysis Received From

Office of the Superintendent of Insurance (OSI)

#### Agency Analysis was Solicited but Not Received From

Health Care Authority (HCA)

The short time between introduction of the committee substitute and introduction to the Senate floor did not allow for additional analysis from state agencies.

## SUMMARY

### Synopsis of STBTC Substitute for Senate Bill 278

The Senate Tax, Business and Transportation Committee substitute for Senate Bill 278 revises coronary artery calcium screening provisions limits the prohibition on cost sharing to those over the age of 49. The bill maintains the definition of an eligible insured as someone between 45 and 65 at intermediate risk of coronary heart disease, while excluding certain plans—such as catastrophic policies and high-deductible health plans with health savings accounts until the deductible is met—from these requirements. It updates statutory citations and clarifies language to emphasize that the screening is provided as a clinical management tool and to give insurers discretion over additional cardiac testing based on scan results.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns if enacted, or June 20, 2025.

## FISCAL IMPLICATIONS

The Office of the Superintendent of Insurance (OSI) stated that the bill does not create a new coverage mandate, and as such, does not trigger any possible cost defrayal for the statute under the Affordable Care Act (ACA).

## SIGNIFICANT ISSUES

SB278 indicates that coronary artery calcium screening shall be provided at the discretion of a health care provider to be used as a clinical management tool. OSI recommends basing coverage on medical necessity pursuant to generally recognized standards of care.

Federal law permits the offering of high deductible plans in conjunction with Health Savings Accounts (HSAs). IRS rules prohibit any benefits other than ACA mandated cost-sharing free preventive care benefits from being offered at the copay level before an insured has paid their deductible. See the below link:

<https://www.irs.gov/publications/p969#:~:text=Contributions%20to%20your%20HSA%20made,the%20account%20are%20tax%20free.>

EC/rl/SL2/sgs