

DATE: March 10, 2025

TO: The Honorable Deb Patterson, Chair, Senate Health Care Committee

FROM: Clare Pierce-Wrobel, Director
Health Policy and Analytics Division
Oregon Health Authority

SUBJECT: Senate Bill 56

Chair Patterson and members of the committee;

The Health Policy and Analytics Division in the Oregon Health Authority welcomes the opportunity to describe the current coverage criteria for coronary calcium score scans (CTCCS) under the Oregon Health Plan (OHP), and the process that led to their development by the Health Evidence Review Commission (HERC).

HERC's main task is to develop the Prioritized List of Health Services, which contains the evidence-based criteria that guide coverage for a variety of services for OHP. CTCCN is a technology that uses x-rays to create a 3-D image of a person's coronary artery to detect calcium. It is used for screening, without an injection of contrast material, and also with contrast material to guide treatments for patients with known coronary artery disease. It is already covered OHP for the latter indication, so this testimony will focus on its use for screening.

The standard way to predict risk of coronary disease is to use a scoring formula (such as the Framingham Risk Score), basing risk level on factors such as sex, whether the patient has diabetes, smoking status and age. Patients who are at high risk are likely to be prescribed preventive medications called statins, and may receive other services like coronary angiography.

CTCCN is an alternative to the standard scoring system; some evidence indicates it may be better able to predict risk levels for patients who score at an intermediate level on the other risk calculators. The biggest benefit is that it might identify some people who would otherwise be prescribed statin medications who do not need them. While CTCCN is generally safe, the patient is exposed to radiation and CTCCN may result in unnecessary care if the scan picks up abnormal structures that don't pose a health risk.

HERC reviewed the available evidence and professional guidelines in 2023 and did not find enough benefit to justify the cost and risks associated with the scan over standard risk calculators.

Our staff is available to answer any questions the Committee may have as it considers this bill.



Sincerely,
Clare Pierce-Wrobel
Director, Health Policy and Analytics
Oregon Health Authority