

Texas lawmakers once again mull controversial bill based on SHAPE cardiac-screening proposal

MARCH 10, 2009 | [Shelley Wood](#)

Houston, TX - A bill that would mandate private insurance companies to cover the cost of cardiac screening in people at intermediate risk of a cardiac event is going before the Texas legislature for the second time today. The **Heart Attack Prevention Bill**, to be introduced by representative **René O Oliveira** (D-Brownsville), is based in large part on the controversial **Screening for Heart Attack Prevention and Education** (SHAPE) task-force recommendations calling for blanket screening for subclinical atherosclerosis [[1](#)].

This is the second time that Oliveira has tried to convince Texas legislators to pass his bill. As reported by **heartwire**, his first attempt—launched his first full day back in office after CABG surgery (a procedure he underwent after a CT scan indicated severe coronary blockages)—was rejected by the House Insurance Committee in February 2007. A staffer for Oliveira confirmed that he introduced the bill again, identical to the first, and a new hearing was called for March 10.

According to Oliveira's chief of staff, **JJ Garza**, the bill's hearing is set for 2:00 pm CT, but it is unlikely the committee will vote on the bill today.

"Normal practice is to hear a bill, then wait at least a week before bringing it up for consideration for a vote," he told **heartwire**. "This gives anyone who did not know about the hearing to come forward, and it also provides an opportunity for people to get answers to questions that could not be answered at the hearing for whatever reason. So, the fact that there will be no vote on Tuesday is not indicative of whether or not the bill has support."

Support for the bill

Indeed, backing for the bill may hinge on the support—or lack thereof—from the major cardiology societies. As previously reported by **heartwire**, the SHAPE task force was organized and funded by the Houston-based **Association for Eradication of Heart Attack** (AEHA), founded by **Dr Morteza Naghavi** (American Heart Technologies, Houston, TX) and dedicated to researching mechanisms, prevention, detection, and treatment of acute MI. The SHAPE recommendations, which billed themselves as "practice guidelines," were published in a Pfizer-sponsored supplement in the *American Journal of Cardiology* but were not supported by either the **AHA** or the **ACC** [[1](#)]. Boosting their credibility and authority, however, the writing group and editorial committee contained a long list of prominent cardiologists, and **Dr Valentin Fuster** (Mount Sinai School of Medicine, New York) was the guest editor and reviewer for the document.

Back when Oliveira introduced the bill the first time, the AHA and ACC distanced themselves from the bill, provoking criticism that ultimately found a voice in a *JAMA* Commentary [[2](#)].

A press release issued by the SHAPE society yesterday included a statement from Naghavi claiming that the AHA "has elected to support the bill."

But contacted by **heartwire**, a spokesperson for the AHA's South Central Affiliate in Austin, TX, confirmed that the AHA "has not changed its position regarding proposed Texas legislation mandating insurance reimbursement for heart attack preventive screenings.

"Locally, the AHA has consistently maintained that we follow the national center scientific guidelines and research, which, at this time, do not support such legislation. . . . The original [SHAPE society] press release that was issued Monday, March 9, incorrectly stated the AHA's support. The mistake was simply a miscommunication."

The AHA's denial of support for Oliveira's bill was first reported on [Cardiobrief](#).

The SHAPE offices, meanwhile, acknowledged that some degree of "miscommunication" had occurred and that it had redacted the statement about the AHA's support from its press release after an Oliveira staffer was told that the "verbal commitment he had received from AHA representative **Joel Romo** to support the bill is no longer on the table."

In advance of today's hearing, a SHAPE spokesperson issued a statement saying: "We are extremely disappointed that, only hours prior to the hearing, the AHA has backed out from supporting such a monumental bill, and, instead, wishes to remain 'neutral.' However, SHAPE remains hopeful that as new studies uncover in the field, the AHA will reconsider its position."

Also contacted by **heartwire**, an ACC spokesperson stated that ACC staff say for now that they are "not sure this bill will get anything more than a public hearing" and that the ACC "no longer takes positions on state legislation."

Bill of health?

Oliviera's bill would require private insurance companies to cover a minimum of \$200 (less if the cost of the test was less) for coronary artery calcium (CAC) screening using computed tomography (CT) and/or carotid ultrasound screening in intermediate-risk individuals. As previously set out in the SHAPE recommendations, this would include men between the ages of 45 and 75 and women between 55 and 75 who are at intermediate or high risk of a heart attack according to their Framingham Risk Score.

Oliveira has previously said that he believes his screening test saved his life.

Sources

1. Naghavi M, Falk E, Hecht HS, et al. From vulnerable plaque to vulnerable patient—Part III: Executive summary of the Screening for Heart Attack Prevention and Education (SHAPE) task force report. *Am J Cardiol* 2006; 98:2H-15H. 
2. Jacobson PD. Transforming clinical practice guidelines into legislative mandates. Proceed with abundant caution. *JAMA* 2008; 299:208-210. 

Related links

- [Should the ACC/AHA have taken a tougher stance on SHAPE?](#)
[*Prevention > Prevention*; Jan 15, 2008]
- [Texas bill, based on SHAPE paradigm, would require insurance coverage for calcium screening and carotid ultrasound](#)
[*HeartWire > News*; Feb 16, 2007]
- [Bold new report calls for blanket screening of all "at-risk" men and women using CT and carotid ultrasound](#)
[*HeartWire > News*; Jul 10, 2006]

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