Legislating Prevention: Implications of the Texas Heart Attack Prevention Law

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ABSTRACT

The Texas Heart Attack Prevention Law is the first instance of a state mandating insurance coverage for heart attack risk assessment. Legislative mandates differ from guidelines in that they are inflexible, static, and not as easily changed as science advances. Enacting a mandate crowds out alternative approaches, limits the process for deliberating to consensus, and can prematurely diffuse unproven technology.

Science does not yet support that better outcomes occur as a result of the mandated tests. The risk of false positives may subject patients to anxiety or to unnecessary procedures which may be harmful and expensive. The radiation dose from coronary artery calcification computed tomography (CT) could put some individuals at an increased risk of cancer. Questions remain as to whether knowledge of cardiovascular risk will change patients’ behavior. The mandate sets a precedent for pharmaceutical and medical device companies, specialty groups, or other interests to fund the development of guidelines that could ultimately become mandates. If health care policy were allowed to be driven by interest groups, costs could increase significantly without any benefit in patient outcomes.

The Texas Heart Attack Prevention Bill is premature in light of existing scientific evidence, and other states should avoid taking similar steps until clinical trials evaluating outcomes are completed and more specific data is collected regarding the true costs of mass screening.