

HB26-1019 be amended as follows:

1 Amend printed bill, strike everything below the enacting clause and
2 substitute:

3 **"SECTION 1. Legislative declaration.** (1) The general
4 assembly finds and declares that:

5 (a) Chronic kidney disease and end-stage renal disease impose a
6 severe health and financial burden on Colorado residents. In 2021, over
7 8,000 Colorado residents were being treated for end-stage renal disease,
8 with 4,994 of those residents depending on dialysis to stay alive. The
9 annual insurance costs for chronic kidney disease in Colorado have
10 reached \$457 million with patients paying nearly \$58 million
11 out-of-pocket. According to the centers for disease control and prevention
12 in the federal department of health and human services, one out of every
13 7 adult Americans has chronic kidney disease, and up to 90% of those
14 individuals do not know that they have it. The number of individuals who
15 have chronic kidney disease is disproportionately higher in minority
16 communities.

17 (b) Early screening for chronic kidney disease is essential but
18 currently underutilized in Colorado. Among the 800,206 Coloradans who
19 have hypertension, diabetes, or both hypertension and diabetes, an
20 estimated 144,217 individuals likely have advanced, stages four or five,
21 chronic kidney disease but many remain undiagnosed due to inadequate
22 screening. Screening is critical because it allows for earlier diagnosis and
23 cheaper interventions, which prevent the significant rise in cost and strain
24 on the health-care system that occurs when chronic kidney disease is
25 diagnosed late and, as a result, is often more advanced.

26 (c) Early detection through screening is cost-effective and
27 prevents disease progression. Each comprehensive kidney function
28 screening test includes serum creatinine, estimated glomerular filtration
29 rate, and urine albumin-creatinine testing. This modest investment in
30 preventive care can identify kidney disease at earlier and more treatable
31 stages.

32 (d) Without early detection, the financial burden of chronic kidney
33 disease escalates dramatically as the condition progresses. Patient
34 out-of-pocket expenses rise from an average of \$280 annually for stage
35 one chronic kidney disease to \$10,183 for end-stage renal disease.

36 (e) The kidney disease prevention and education task force,
37 established pursuant to House Bill 21-1171, enacted in 2021, conducted
38 a comprehensive study and identified early detection through accessible
39 screening as critical to reducing both health complications and the
40 financial strain of kidney disease on Colorado residents and the Colorado

1 health-care system.

2 (2) The general assembly further declares that the purpose of this
3 act is to:

4 (a) Implement the recommendations of the kidney disease
5 prevention and education task force by requiring health insurance
6 coverage for annual preventive kidney function screening services
7 without cost-sharing requirements;

8 (b) Remove financial barriers that currently prevent early
9 diagnosis of chronic kidney disease, particularly among high-risk
10 populations with hypertension or diabetes;

11 (c) Enable timely medical intervention before kidney disease
12 progresses to costly advanced stages that require dialysis or kidney
13 transplantation;

14 (d) Reduce the overall financial burden of kidney disease on
15 Colorado patients, insurance plans, and state health-care programs
16 through cost-effective preventive care; and

17 (e) Improve health outcomes for Colorado residents by facilitating
18 earlier detection and treatment of chronic kidney disease.

19 **SECTION 2.** In Colorado Revised Statutes, 10-16-104, **amend**
20 (18)(a)(I) introductory portion; and **add** (18)(b.8) as follows:

21 **10-16-104. Mandatory coverage provisions - applicability -**
22 **rules - legislative declaration - definitions.**

23 (18) **Prevention health-care services - legislative declaration**
24 **- rules - definitions.**

25 (a) (I) The following policies and contracts that are issued or
26 renewed in this state must provide coverage for the total cost of the
27 preventive health-care services specified in subsections (18)(b), (18)(b.3),
28 **and** (18)(b.7), **AND** (18)(b.8) of this section:

29 (b.8) (I) **THE COVERAGE REQUIRED BY THIS SUBSECTION (18) MUST**
30 **INCLUDE ANNUAL KIDNEY FUNCTION SCREENING SERVICES DESIGNED TO**
31 **IDENTIFY PATIENTS AT RISK FOR CHRONIC KIDNEY DISEASE, INCLUDING**
32 **GLOMERULAR FILTRATION RATE, OR "GFR", TESTING AND URINE TESTING**
33 **FOR SCREENING ALBUMIN AND CREATININE LEVELS.**

34 (II) **ALL LARGE EMPLOYER HEALTH BENEFIT PLANS ISSUED OR**
35 **RENEWED IN THIS STATE ON OR AFTER JANUARY 1, 2027, SHALL PROVIDE**
36 **COVERAGE FOR KIDNEY FUNCTION SCREENING SERVICES.**

37 (III) (A) **EXCEPT AS PROVIDED IN SUBSECTION (18)(b.8)(III)(B) OF**
38 **THIS SECTION, AND TO THE EXTENT THAT SUCH COVERAGE IS NOT IN**
39 **ADDITION TO BENEFITS PROVIDED PURSUANT TO THE STATE BENCHMARK**
40 **PLAN REQUIRED PURSUANT TO 45 CFR 156.111, ALL INDIVIDUAL AND**
41 **SMALL GROUP HEALTH BENEFIT PLANS ISSUED OR RENEWED IN THIS STATE**
42 **ON OR AFTER JANUARY 1, 2028, SHALL PROVIDE COVERAGE FOR KIDNEY**
43 **FUNCTION SCREENING SERVICES.**

1 (B) SUBSECTION (18)(b.8)(III)(A) OF THIS SECTION IS INOPERATIVE
2 AND THE STATE SHALL NOT ASSUME AN OBLIGATION FOR THE COVERAGE
3 REQUIRED PURSUANT TO SUBSECTION (18)(b.8)(III)(A) OF THIS SECTION
4 IF THE DIVISION DETERMINES THAT THE BENEFIT SPECIFIED IN SUBSECTION
5 (18)(b.8)(III)(A) OF THIS SECTION REQUIRES STATE DEFAYAL OF THE
6 COST OF COVERAGE PURSUANT TO A PROVISION OF THE FEDERAL ACT,
7 INCLUDING 42 U.S.C. SEC. 18031 (d)(3)(B) OR A SUCCESSOR PROVISION,
8 AND THE IMPLEMENTING REGULATIONS OR THE STATE IS OTHERWISE
9 REQUIRED TO DEFRAID THE COST OF COVERAGE REQUIRED PURSUANT TO
10 SUBSECTION (18)(b.8)(III)(A) OF THIS SECTION.

11 (IV) THE COVERAGE REQUIRED BY THIS SUBSECTION (18)(b.8) MAY
12 BE OFFERED THROUGH A HIGH DEDUCTIBLE PLAN THAT WOULD QUALIFY
13 FOR A HEALTH SAVINGS ACCOUNT PURSUANT TO 26 U.S.C. SEC. 223;
14 EXCEPT THAT A CARRIER MAY APPLY DEDUCTIBLE AMOUNTS FOR THE
15 REQUIRED COVERAGE IF IT IS NOT CONSIDERED BY THE UNITED STATES
16 DEPARTMENT OF TREASURY TO BE PREVENTIVE OR TO HAVE AN
17 ACCEPTABLE DEDUCTIBLE.

18 **SECTION 3.** In Colorado Revised Statutes, 24-50-605, **amend**
19 (1)(f) as follows:

20 **24-50-605. Group benefit plans - specifications - contracts.**

21 (1) (f) The specifications drawn by the director for any group
22 benefit plans shall MUST include the mandated coverages required by
23 section 10-16-104; ~~C.R.S.~~ EXCEPT THAT THE SPECIFICATIONS MUST NOT
24 INCLUDE COVERAGE FOR KIDNEY FUNCTION SCREENING SERVICES, AS
25 DESCRIBED IN SECTION 10-16-104 (18)(b.8).

26 **SECTION 4. Act subject to petition - effective date.** This act
27 takes effect at 12:01 a.m. on the day following the expiration of the
28 ninety-day period after final adjournment of the general assembly (August
29 12, 2026, if adjournment sine die is on May 13, 2026); except that, if a
30 referendum petition is filed pursuant to section 1 (3) of article V of the
31 state constitution against this act or an item, section, or part of this act
32 within such period, then the act, item, section, or part will not take effect
33 unless approved by the people at the general election to be held in
34 November 2026 and, in such case, will take effect on the date of the
35 official declaration of the vote thereon by the governor."

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