

**Second Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO**

REENGROSSED

*This Version Includes All Amendments
Adopted in the House of Introduction*

LLS NO. 26-0111.01 Renee Leone x2695

HOUSE BILL 26-1019

HOUSE SPONSORSHIP

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A BILL FOR AN ACT

101 **CONCERNING MANDATORY HEALTH-CARE COVERAGE FOR PREVENTIVE**
102 **KIDNEY FUNCTION SCREENING SERVICES.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill adds kidney function screening services as preventive health-care services for which insurance policies or contracts in the state must provide total-cost coverage. Coverage for kidney function screening services will be implemented for all large employer health benefit policies or contracts issued or renewed in this state after January 1, 2027, and all individual and small group health benefit plans issued or renewed in this

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.*

HOUSE
3rd Reading Unamended
March 16, 2026

HOUSE
Amended 2nd Reading
March 13, 2026

state on or after January 1, 2028, as long as the state is not required to defray the cost of the coverage of the kidney function screening services.

1 *Be it enacted by the General Assembly of the State of Colorado:*

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

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

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

25 (c) Early detection through screening is cost-effective and

1 prevents disease progression. Each comprehensive kidney function
2 screening test includes serum creatinine, estimated glomerular filtration
3 rate, and urine albumin-creatinine testing. This modest investment in
4 preventive care can identify kidney disease at earlier and more treatable
5 stages.

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

10 (e) The kidney disease prevention and education task force,
11 established pursuant to House Bill 21-1171, enacted in 2021, conducted
12 a comprehensive study and identified early detection through accessible
13 screening as critical to reducing both health complications and the
14 financial strain of kidney disease on Colorado residents and the Colorado
15 health-care system.

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

18 (a) Implement the recommendations of the kidney disease
19 prevention and education task force by requiring health insurance
20 coverage for annual preventive kidney function screening services
21 without cost-sharing requirements;

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

25 (c) Enable timely medical intervention before kidney disease
26 progresses to costly advanced stages that require dialysis or kidney
27 transplantation;

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

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

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

8 **10-16-104. Mandatory coverage provisions - applicability -**
9 **rules - legislative declaration - definitions.**

10 (18) **Prevention health-care services - legislative declaration**
11 **- rules - definitions.**

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

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

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

24 (III) (A) EXCEPT AS PROVIDED IN SUBSECTION (18)(b.8)(III)(B) OF
25 THIS SECTION, AND TO THE EXTENT THAT SUCH COVERAGE IS NOT IN
26 ADDITION TO BENEFITS PROVIDED PURSUANT TO THE STATE BENCHMARK
27 PLAN REQUIRED PURSUANT TO 45 CFR 156.111, ALL INDIVIDUAL AND

1 SMALL GROUP HEALTH BENEFIT PLANS ISSUED OR RENEWED IN THIS STATE
2 ON OR AFTER JANUARY 1, 2028, SHALL PROVIDE COVERAGE FOR KIDNEY
3 FUNCTION SCREENING SERVICES.

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

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

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

23 **24-50-605. Group benefit plans - specifications - contracts.**

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

1 DESCRIBED IN SECTION 10-16-104 (18)(b.8).

2 **SECTION 4. Act subject to petition - effective date.** This act
3 takes effect at 12:01 a.m. on the day following the expiration of the
4 ninety-day period after final adjournment of the general assembly (August
5 12, 2026, if adjournment sine die is on May 13, 2026); except that, if a
6 referendum petition is filed pursuant to section 1 (3) of article V of the
7 state constitution against this act or an item, section, or part of this act
8 within such period, then the act, item, section, or part will not take effect
9 unless approved by the people at the general election to be held in
10 November 2026 and, in such case, will take effect on the date of the
11 official declaration of the vote thereon by the governor.