

HOUSE COMMITTEE OF REFERENCE REPORT

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Chair of Committee

March 11, 2026  
Date

Committee on Health & Human Services.

After consideration on the merits, the Committee recommends the following:

HB26-1019 be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

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

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

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

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

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

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

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

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

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

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

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

34 **10-16-104. Mandatory coverage provisions - applicability -**  
35 **rules - legislative declaration - definitions.**

36 **(18) Prevention health-care services - legislative declaration**  
37 **- rules - definitions.**

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

42 **(b.8) (I) THE COVERAGE REQUIRED BY THIS SUBSECTION (18) MUST**  
43 **INCLUDE ANNUAL KIDNEY FUNCTION SCREENING SERVICES DESIGNED TO**

1 IDENTIFY PATIENTS AT RISK FOR CHRONIC KIDNEY DISEASE, INCLUDING  
2 GLOMERULAR FILTRATION RATE, OR "GFR", TESTING AND URINE TESTING  
3 FOR SCREENING ALBUMIN AND CREATININE LEVELS.

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

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

14 (B) SUBSECTION (18)(b.8)(III)(A) OF THIS SECTION IS INOPERATIVE  
15 AND THE STATE SHALL NOT ASSUME AN OBLIGATION FOR THE COVERAGE  
16 REQUIRED PURSUANT TO SUBSECTION (18)(b.8)(III)(A) OF THIS SECTION  
17 IF THE DIVISION DETERMINES THAT THE BENEFIT SPECIFIED IN SUBSECTION  
18 (18)(b.8)(III)(A) OF THIS SECTION REQUIRES STATE DEFRAYAL OF THE  
19 COST OF COVERAGE PURSUANT TO A PROVISION OF THE FEDERAL ACT,  
20 INCLUDING 42 U.S.C. SEC. 18031 (d)(3)(B) OR A SUCCESSOR PROVISION,  
21 AND THE IMPLEMENTING REGULATIONS OR THE STATE IS OTHERWISE  
22 REQUIRED TO DEFRAY THE COST OF COVERAGE REQUIRED PURSUANT TO  
23 SUBSECTION (18)(b.8)(III)(A) OF THIS SECTION.

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

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

33 **24-50-605. Group benefit plans - specifications - contracts.**

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

39 **SECTION 4. Act subject to petition - effective date.** This act  
40 takes effect at 12:01 a.m. on the day following the expiration of the  
41 ninety-day period after final adjournment of the general assembly (August  
42 12, 2026, if adjournment sine die is on May 13, 2026); except that, if a  
43 referendum petition is filed pursuant to section 1 (3) of article V of the

1 state constitution against this act or an item, section, or part of this act  
2 within such period, then the act, item, section, or part will not take effect  
3 unless approved by the people at the general election to be held in  
4 November 2026 and, in such case, will take effect on the date of the  
5 official declaration of the vote thereon by the governor."

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