



1700 N Lincoln Street
Floor 17
Denver, CO 80203
<http://colohealthplans.org>

March 11, 2026

House Health & Human Services Committee
Colorado General Assembly
200 E. Colfax Avenue
Denver, CO 80203

RE: House Bill 26-1019 — Chronic Kidney Disease Screening Coverage

Chair and Members of the Committee:

On behalf of the Colorado Association of Health Plans (CAHP), thank you for the opportunity to provide written comments regarding House Bill 26-1019.

CAHP appreciates the sponsors' intent to improve early detection of chronic kidney disease (CKD). CKD is a serious and costly condition, and timely identification of disease progression can improve patient outcomes and reduce long-term health care costs. Health plans support access to evidence-based preventive services and coverage policies that align with clinical best practices.

Our concerns with HB 26-1019 are not related to the value of kidney screening itself, but rather to ensuring that the statutory framework reflects established clinical guidance, federal requirements, and the scope of recommendations underlying this proposal.

First, CAHP believes the bill should clearly focus screening requirements on individuals identified in clinical literature as being at elevated risk of CKD, including those with diabetes, hypertension, and cardiovascular disease. The task force report and major clinical organizations emphasize screening among high-risk populations rather than universal screening for the general population. Screening for CKD is generally intended to evaluate disease progression among patients with known clinical risk factors, rather than to serve as a primary mechanism for identifying those risk factors. Aligning statutory language with this clinical framework will promote appropriate care while avoiding unnecessary utilization.

Second, CAHP supports limiting the required screening services to those most directly associated with CKD detection: estimated glomerular filtration rate (eGFR) testing and urine albumin-to-creatinine ratio (uACR) testing. These markers are consistently identified in clinical guidance as the appropriate tools for kidney function screening. Expanding the mandate beyond these measures may create confusion and increase costs without corresponding clinical benefit.

Finally, CAHP recognizes that improving early detection of chronic kidney disease requires more than simply establishing a coverage requirement. Many health plans already include coverage for



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kidney function testing as part of routine clinical care. As such, the effectiveness of this policy will depend on ensuring that screening requirements are aligned with evidence-based clinical practice and targeted to the patients most likely to benefit. A carefully structured approach will help ensure that the policy meaningfully improves health outcomes while maintaining affordability for Colorado consumers and employers.

CAHP understands that amendments are under consideration to relocate the legislative declaration to a nonstatutory section and to address compatibility with federal health savings account (HSA) requirements. These issues are important to ensuring that state policy does not inadvertently conflict with federal tax law governing high-deductible health plans. CAHP respectfully requests continued engagement to ensure the bill is clearly risk-targeted, evidence-based, and operationally workable.

Thank you for your consideration and for your continued focus on improving the health of Coloradans.

Sincerely,



Kevin M. McFatrige
Executive Director

March 11, 2026

Lindsay Gilchrist, Chair
Colorado House Health and Human Services Committee
Colorado General Assembly
200 E. Colfax Avenue
Denver, CO 80203

Re: Support for HB26-1019 – Kidney Disease Screening Coverage

Dear Chair Gilchrist and Members of the House Health and Human Services Committee,

On behalf of Dialysis Patient Citizens (DPC), I am writing to express our support for House Bill 1019, which would add kidney function screening services as preventive health-care services for which insurance policies or contracts in the state must provide coverage with no patient out-of-pocket costs. Removing the financial barrier of cost-sharing for this annual preventive screening is an important step in identifying Coloradans who have chronic kidney disease (CKD), so that they can take appropriate steps to slow their disease progression.

Founded in 2004, DPC is a nationwide, patient-led, non-profit organization dedicated to improving the lives of End Stage Renal Disease (ESRD) patients by advocating for favorable public policy to support dialysis patient needs and improve patient outcomes. Our policies and mission are guided solely by our membership, which is open to kidney disease patients and their families, and our volunteer Board of Directors, which consists entirely of ESRD patients. DPC is committed to promoting access to high-quality dialysis care and kidney transplantation as a treatment option for individuals with ESRD, as well as the prevention of, delayed onset of, and safe transition to ESRD among individuals with CKD.

Thirty-seven million people in the United States have kidney disease, and most do not know that they have it. In its earlier stages, CKD can be a silent disease. This is why CKD screening – done using simple and inexpensive blood (eGFR) and urine (uACR) tests - is so important. While risk factors include hypertension and diabetes, and high-risk individuals should be screened, there are several types of rare kidney diseases that do not share these common risk factors, yet can progress to End Stage Renal Disease, oftentimes at younger ages. By offering these screenings, Coloradans with all causes of chronic kidney disease can be identified earlier in their journey so they can make the necessary lifestyle changes and be connected to new treatments that can significantly improve their overall kidney health and prevent or delay dialysis.

This important bill addresses a key barrier to early detection by ensuring that preventive kidney function screening services are covered without cost sharing. By removing financial barriers to screening, this legislation will make it easier for individuals, particularly those at higher risk due to conditions such as diabetes and hypertension, to receive routine testing and be diagnosed earlier.

Left undiagnosed and untreated, CKD can more rapidly progress to kidney failure, which profoundly impacts the patient's quality of life, and often leads to the inability to work for many people because of ongoing dialysis treatments. However, those with mild to moderate CKD have a higher likelihood of

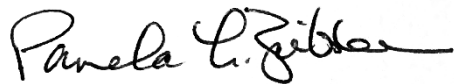
remaining employed, which has an impact on their quality of life and financial stability. Thus, the coverage of kidney screening tests, leading to earlier diagnosis and treatment, can have profound personal and societal impacts.

Because of the significant personal costs to patients with advanced stages of CKD or ESRD, as well as the healthcare cost burden that results from the underdiagnosis of CKD, we ask for your support of HB26-1019. Early diagnosis of kidney disease can improve the quality of life for Coloradans and save healthcare dollars.

Additionally, HB26-1019 also reflects the thoughtful recommendations of the Kidney Disease Prevention and Education Task Force, which identified increased access to screening as a critical strategy for improving kidney health outcomes in Colorado. By implementing these recommendations, the state can take an important step toward reducing health disparities, improving early detection, and strengthening long-term health outcomes for thousands of Coloradans.

For these reasons, DPC respectfully requests that the committee support HB26-1019. Expanding access to preventive kidney screening will help patients receive earlier diagnoses, allow providers to intervene sooner, and ultimately improve the health and well-being of Colorado residents. If you have any questions or would like additional information, please feel free to contact me at 916.917.4519 or pzielske@dialysispatients.org.

Sincerely,

A handwritten signature in black ink that reads "Pamela L. Zielske". The signature is fluid and cursive, with the first name being the most prominent.

Pamela Zielske
Western Region Advocacy Director