

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

**INTRODUCED**

LLS NO. 26-0111.01 Renee Leone x2695

**HOUSE BILL 26-1019**

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**HOUSE SPONSORSHIP**

**Lieder and Bacon,**

**SENATE SPONSORSHIP**

**Roberts,**

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**House Committees**  
Health & Human Services

**Senate Committees**

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**A BILL FOR AN ACT**

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

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**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.

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.

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

2 **SECTION 1.** In Colorado Revised Statutes, 10-16-104, **amend**  
3 (18)(a)(I) introductory portion; and **add** (18)(b.8) as follows:

4 **10-16-104. Mandatory coverage provisions - applicability -**  
5 **rules - legislative declaration - definitions.**

6 (18) **Prevention health-care services - legislative declaration**  
7 **- rules - definitions.**

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

12 (b.8) (I) THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

13 (A) CHRONIC KIDNEY DISEASE AND END-STAGE RENAL DISEASE  
14 IMPOSE A SEVERE HEALTH AND FINANCIAL BURDEN ON COLORADO  
15 RESIDENTS. IN 2021, OVER EIGHT THOUSAND COLORADO RESIDENTS WERE  
16 BEING TREATED FOR END-STAGE RENAL DISEASE, WITH FOUR THOUSAND  
17 NINE HUNDRED NINETY-FOUR OF THOSE RESIDENTS DEPENDING ON  
18 DIALYSIS TO STAY ALIVE. THE ANNUAL INSURANCE COSTS FOR CHRONIC  
19 KIDNEY DISEASE IN COLORADO HAVE REACHED FOUR HUNDRED  
20 FIFTY-SEVEN MILLION DOLLARS WITH PATIENTS PAYING NEARLY  
21 FIFTY-EIGHT MILLION DOLLARS OUT-OF-POCKET. ACCORDING TO THE  
22 CENTERS FOR DISEASE CONTROL AND PREVENTION IN THE FEDERAL  
23 DEPARTMENT OF HEALTH AND HUMAN SERVICES, ONE OUT OF EVERY  
24 SEVEN AMERICANS HAS CHRONIC KIDNEY DISEASE, AND UP TO NINETY  
25 PERCENT OF THOSE INDIVIDUALS DO NOT KNOW THAT THEY HAVE IT. THE

1 NUMBER OF INDIVIDUALS WHO HAVE CHRONIC KIDNEY DISEASE IS  
2 DISPROPORTIONATELY HIGHER IN MINORITY COMMUNITIES.

3 (B) EARLY SCREENING FOR CHRONIC KIDNEY DISEASE IS ESSENTIAL  
4 BUT CURRENTLY UNDERUTILIZED IN COLORADO. AMONG THE EIGHT  
5 HUNDRED THOUSAND TWO HUNDRED SIX COLORADANS WHO HAVE  
6 HYPERTENSION, DIABETES, OR BOTH HYPERTENSION AND DIABETES, AN  
7 ESTIMATED ONE HUNDRED FORTY-FOUR THOUSAND TWO HUNDRED  
8 SEVENTEEN INDIVIDUALS LIKELY HAVE ADVANCED, STAGES FOUR OR FIVE,  
9 CHRONIC KIDNEY DISEASE BUT MANY REMAIN UNDIAGNOSED DUE TO  
10 INADEQUATE SCREENING. SCREENING IS CRITICAL BECAUSE IT ALLOWS FOR  
11 EARLIER DIAGNOSIS AND CHEAPER INTERVENTIONS, WHICH PREVENT THE  
12 SIGNIFICANT RISE IN COST AND STRAIN ON THE HEALTH-CARE SYSTEM  
13 THAT OCCURS WHEN CHRONIC KIDNEY DISEASE IS DIAGNOSED LATE AND,  
14 AS A RESULT, IS OFTEN MORE ADVANCED.

15 (C) EARLY DETECTION THROUGH SCREENING IS COST-EFFECTIVE  
16 AND PREVENTS DISEASE PROGRESSION. EACH COMPREHENSIVE KIDNEY  
17 FUNCTION SCREENING TEST INCLUDES SERUM CREATININE, ESTIMATED  
18 GLOMERULAR FILTRATION RATE, AND URINE ALBUMIN-CREATININE  
19 TESTING. THIS MODEST INVESTMENT IN PREVENTIVE CARE CAN IDENTIFY  
20 DISEASE AT EARLIER AND MORE TREATABLE STAGES.

21 (D) WITHOUT EARLY DETECTION, THE FINANCIAL BURDEN OF  
22 CHRONIC KIDNEY DISEASE ESCALATES DRAMATICALLY AS THE CONDITION  
23 PROGRESSES. PATIENT OUT-OF-POCKET EXPENSES RISE FROM AN AVERAGE  
24 OF TWO HUNDRED EIGHT DOLLARS ANNUALLY FOR STAGE ONE CHRONIC  
25 KIDNEY DISEASE TO TEN THOUSAND ONE HUNDRED EIGHTY-THREE  
26 DOLLARS FOR END-STAGE RENAL DISEASE.

27 (E) THE KIDNEY DISEASE PREVENTION AND EDUCATION TASK

1     FORCE, ESTABLISHED PURSUANT TO HOUSE BILL 21-1171, ENACTED IN  
2     2021, CONDUCTED A COMPREHENSIVE STUDY AND IDENTIFIED EARLY  
3     DETECTION THROUGH ACCESSIBLE SCREENING AS CRITICAL TO REDUCING  
4     BOTH HEALTH COMPLICATIONS AND THE FINANCIAL STRAIN OF KIDNEY  
5     DISEASE ON COLORADO RESIDENTS AND THE COLORADO HEALTH-CARE  
6     SYSTEM.

7             (II) THE GENERAL ASSEMBLY FURTHER DECLARES THAT THE  
8     PURPOSE OF THIS SUBSECTION (18)(b.8) IS TO:

9             (A) IMPLEMENT THE RECOMMENDATIONS OF THE KIDNEY DISEASE  
10    PREVENTION AND EDUCATION TASK FORCE BY REQUIRING HEALTH  
11    INSURANCE COVERAGE FOR ANNUAL PREVENTIVE KIDNEY FUNCTION  
12    SCREENING SERVICES WITHOUT COST-SHARING REQUIREMENTS;

13            (B) REMOVE FINANCIAL BARRIERS THAT CURRENTLY PREVENT  
14    EARLY DIAGNOSIS OF CHRONIC KIDNEY DISEASE, PARTICULARLY AMONG  
15    HIGH-RISK POPULATIONS WITH HYPERTENSION OR DIABETES;

16            (C) ENABLE TIMELY MEDICAL INTERVENTION BEFORE KIDNEY  
17    DISEASE PROGRESSES TO COSTLY ADVANCED STAGES THAT REQUIRE  
18    DIALYSIS OR KIDNEY TRANSPLANTATION;

19            (D) REDUCE THE OVERALL FINANCIAL BURDEN OF KIDNEY DISEASE  
20    ON COLORADO PATIENTS, INSURANCE PLANS, AND STATE HEALTH-CARE  
21    PROGRAMS THROUGH COST-EFFECTIVE PREVENTIVE CARE; AND

22            (E) IMPROVE HEALTH OUTCOMES FOR COLORADO RESIDENTS BY  
23    FACILITATING EARLIER DETECTION AND TREATMENT OF CHRONIC KIDNEY  
24    DISEASE.

25            (III) THE COVERAGE REQUIRED BY THIS SUBSECTION (18) MUST  
26    INCLUDE ANNUAL KIDNEY FUNCTION SCREENING SERVICES DESIGNED TO  
27    IDENTIFY PATIENTS AT RISK FOR CHRONIC KIDNEY DISEASE, INCLUDING

1 GLOMERULAR FILTRATION RATE, OR "GFR", TESTING, BASIC METABOLIC  
2 PANEL, OR "BMP", TESTING, AND URINE TESTING FOR SCREENING ALBUMIN  
3 AND CREATININE LEVELS.

4 (IV) EXCEPT AS PROVIDED IN SUBSECTION (18)(b.8)(VI) OF THIS  
5 SECTION, AND TO THE EXTENT THAT SUCH COVERAGE IS NOT IN ADDITION  
6 TO BENEFITS PROVIDED PURSUANT TO THE STATE BENCHMARK PLAN  
7 REQUIRED PURSUANT TO 45 CFR 156.111, ALL LARGE EMPLOYER HEALTH  
8 BENEFIT PLANS ISSUED OR RENEWED IN THIS STATE ON OR AFTER JANUARY  
9 1, 2027, SHALL PROVIDE COVERAGE FOR KIDNEY FUNCTION SCREENING  
10 SERVICES.

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

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

27 **SECTION 2. Act subject to petition - effective date.** This act

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