

## CHAPTER 148

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**INSURANCE**

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**HOUSE BILL 26-1019**

BY REPRESENTATIVE(S) Lieder and Bacon, Carter, Clifford, Duran, English, Garcia, Goldstein, Hamrick, Joseph, Lindsay, Nguyen, Rutinel, Sirota, Titone, Valdez, Camacho, Gonzalez R., Phillips, McCluskie;  
also SENATOR(S) Roberts and Rich, Amabile, Ball, Benavidez, Bright, Catlin, Cutter, Exum, Gonzales J., Hinrichsen, Jodeh, Kirkmeyer, Kolker, Liston, Marchman, Simpson, Snyder, Wallace, Coleman.

**AN ACT****CONCERNING MANDATORY HEALTH-CARE COVERAGE FOR PREVENTIVE KIDNEY FUNCTION SCREENING SERVICES.**

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

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

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

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

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*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

Approved: May 26, 2026