



Fiscal Note

Legislative Council Staff

Nonpartisan Services for Colorado's Legislature

HB 26-1019: KIDNEY SCREENING MANDATORY PREVENTIVE COVERAGE

Prime Sponsors:

Rep. Lieder; Bacon
Sen. Roberts

Fiscal Analyst:

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Published for: House Second Reading**Drafting number:** LLS 26-0111**Version:** First Revised Note**Date:** March 12, 2026

Fiscal note status: This revised fiscal note reflects the introduced bill, as amended by the House Health and Human Services Committee.

Summary Information

Overview. The bill adds kidney function screening services to mandatory coverage provisions for certain health benefit plans.

Types of impacts. The bill is projected to affect the following areas on an ongoing basis:

- Minimal State Workload
- Local Government
- Statutory Public Entity

Appropriations. No appropriation required.

Table 1
State Fiscal Impacts

Type of Impact	Budget Year FY 2026-27	Out Year FY 2027-28
State Revenue	\$0	\$0
State Expenditures	\$0	\$0
Transferred Funds	\$0	\$0
Change in TABOR Refunds	\$0	\$0
Change in State FTE	0.0 FTE	0.0 FTE

Summary of Legislation

The bill requires that certain health benefit plans fully cover kidney function screening as a preventative health care service, unless it is determined that the benefit requires state defrayal of the cost of coverage under the federal Patient Protection and Affordable Care Act. Kidney screening services include glomerular filtration rate testing and urine testing for screening albumin and creatinine levels, but exclude a basic metabolic panel. This requirement applies to large employer health benefit plans issued or renewed in Colorado on or after January 1, 2027, and all individual and small group health benefit plans issued or renewed on or after January 1, 2028. The coverage may be offered under a high deductible plan but would still apply to the deductible if permitted under federal law. The bill exempts state employee health plans from this requirement.

Background

Colorado's mandated health insurance benefit laws apply to fully insured plans regulated by the Division of Insurance (DOI) in the Department of Regulatory Agencies. This does not include self-funded plans, union plans, federal employee benefit plans, other government plans, such as Medicaid, Medicare, or TRICARE, or plans issued in other states. A mandated benefit would apply to health plans provided to state employees if not specifically excluded from the bill.

State Expenditures

Beginning in FY 2026-27, the DOI will review insurer rate and form filings to ensure that insurers are complying with the no-cost annual kidney function screening services requirements of the bill. These reviews will minimally increase workload for the division and can be accomplished within existing appropriations.

Local Governments, School Districts, and Statutory Public Entities

Local governments, school districts, and statutory public entities may see an increase in premiums from their insurers from the requirement to fully cover annual kidney function screening services. This amount has not been estimated.

Effective Date

The bill takes effect 90 days following adjournment of the General Assembly sine die, assuming no referendum petition is filed.

State and Local Government Contacts

Health Care Policy and Financing

Regulatory Agencies

Personnel