AIMEDALLIANCE

GOLD CARD LAW ANALYSIS 2019-2023

Prior authorization is a benefit utilization policy that requires health care providers or insurance plan enrollees to obtain approval from insurers or pharmacy benefit managers before the health plan will cover the cost of a prescribed health care product or service.[1] Without proper guardrails, this practice can delay access to life-saving treatments and increase administrative burdens for physicians.[2] State legislatures have recognized the need for prior authorization reforms and have passed laws creating guardrails on prior authorizations, such as imposing time requirements on insurers for prior authorization reviews,[3] prohibiting retrospective denials,[4] and requiring the use of standardized paperwork.[5] Despite these efforts, prior authorization polices continue to delay access to necessary treatments for patients and impose unnecessary administrative burdens on providers. As a result, states are starting to introduce "gold card" laws to help alleviate the prior authorization burdens on providers.[6] Typically, under a gold card law, providers are exempt from completing the prior authorization process for a treatment or service if they have successfully received prior authorization approvals for 80, 90, or 100 percent of their previous prior authorization requests within the preceding six-month period.[7]

Gold card bills are becoming more common with at least fifteen states introducing gold card bills in 2023.[8] Currently, little analysis exists on state adoptions and proposals of gold card laws. Therefore, to prepare advocacy organizations, patients, and providers for 2024, Aimed Alliance has developed the below resource which reviews the scope of enacted and proposed gold card laws from 2019-2023.

ENACTED GOLD CARD LAWS

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	MINIMUM LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2023	Arkansas HB 1271	All state-regulated health insurers authorized to do business in the state. **Exception:** Does not apply to the Medicaid program; workers compensation plans; or dental and vision benefits.	Yes, but health care providers must apply to have the gold card law applied to prior authorization requests for prescription drugs.	A provider must have at least a 90% approval of prior authorization requests for a particular service in a 6-month evaluation period. The first six-month evaluation period will consider claims data from Jan. 1 2022 – June 30, 2022.	12 months	All health care providers must be notified by October 1, 2024, if they are receiving gold card status for a select item or service.	Representative Johnson Senator Irvin	Effective Jan. 1, 2024.
2022	Louisiana SB 112	All state-regulated health insurers authorized to do business in the state.	No	Insurers were required to submit their proposed policy to the Dept. of Insurance by July 1, 2023.[1]	Defers to each health insurer.	Defers to each health insurer.	Senator Mills	Effective June 16, 2022
2022	Michigan SB 247	All state-regulated health insurers authorized to do business in the state.	Yes	Requires plans to adopt a program modifying prior authorization requirements based on the performance of providers with respect to adherence to nationally recognized evidence-based medical guidelines, appropriateness, efficiency, and other quality criteria.	Defers to each health insurer.	Defers to each health insurer.	Senator VanderWall	Effective Apr. 7, 2022.
2021	Texas HB 3459	All state-regulated health insurers authorized to do business in the state. **Exception:** Does not apply to Texas children health insurance program or Medicaid program.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period. Provider must have at least 5 prior authorization requests to be eligible for consideration.	6 months	Automatically applies. Health insurers must provide notice of qualification to each exempted provider within five days of qualifying.	Representatives Bonnen Morales Shaw Senator Buckingham	Effective Sept. 1, 2022.

ENACTED GOLD CARD LAWS

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	MINIMUM LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2020	Vermont HB 960	All health insurers with more than 1,000 covered lives for major medical health insurance.	Yes	**Pilot Program:** Program automatically exempts providers from prior authorization protocols or streamlines certain prior authorization requirements for participating health care providers. Program defers to each health insurer for particular eligibility requirements. By January 15, 2023, health insurers were required to submit reports to the House Committee on Health Care, the Senate Committee on Health and Welfare and Finance, and the Green Mountain Care Board, on the (1) results of pilot program including costs and savings; (2) prospects of the health insurer continuing or expanding the program; (3) feedback the health insurer received from health care provider community; and (4) an assessment of administrative costs associated with implementing the program.	6 months	Automatically applies.	House Health Care Committee	MVP Health Care Report BCBS Report Vt Dept. of Financial Regulation
2019 2023	West Virginia HB 2351 (2019) SB 267 (2023)	Any medical indemnity plan, managed care plan option, or group life insurance plan offered by the Public Employees Insurance Agency.	Yes	Provider must have 90% approval of prior authorization requests for a particular procedure in a 6-month evaluation period. Provider must have at least 30 prior authorization requests to be eligible for consideration.	6 months	Automatically applies. Plans must provide notice to each exempted provider.[9]	Delegates Ellington Hill Rohrbach Rowan Summers Thompson Walker Staggers Atkinson Angelucci Senators Takubo Grady Plymale	Initially effective Jan. 2, 2020. Terms updated by subsequent bill. Reduction from 100% to 90% threshold effective June 6, 2023.

PROPOSED GOLD CARD LAWS 2023

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	MINIMUM LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2023	Alaska HB 187	All state-regulated health insurers authorized to do business in the state.	Yes	Provider must have at least 80% approval of prior authorization requests for a particular service in the preceding 12-month evaluation period.	12 months	Automatically applies.	Representative Sumner	In Committee
2023	California SB 598	All state-regulated health insurers authorized to do business in the state.	Yes, includes brand name drugs until Jan. 1, 2029.[2]	Providers must have at least 90% approval of prior authorization requests for a particular service in the preceding 12-month evaluation period. Must have a total contracting history of at least 36 months with the health care service plan. Would prohibit prior authorizations on items and services that receive approval on 95% of the requests. *A health insurer shall only rescind an exemption, based on a sample of 15-25 claims. If rescinded, exemption shall remain in effect until 30 days after the exemption rescission, or, if the health professional appeals the rescission determination, the five days after the date the independent review affirms the health care service plan's determination.*	12 months	Automatically applies. Health insurer must provide notice to each exempted provider. An exemption denial letter is required to include a plain-language explanation of how the health professional may appeal and seek an independent review of an exemption denial. The letter is also required to include the facts and information justifying the denial, including statistics, data, and detailed information sufficient to demonstrate that the health professional does not meet the criteria for an exemption. Allows review of an appeal to be performed by a CA-licensed health professional of the same or similar specialty, and who was not directly involved in making the initial denial or rescission, or a health care service plan's contracted specialist reviewer, provided the reviewer is a licensed health professional of the same or similar specialty as the health professional seeking the appeal.	Senators Atkins Blakespear Skinner Weiner Assemblymember Weber	Failed
2023	California SB 516	All state-regulated health insurers authorized to do business in the state.	Yes; includes brand name drugs until Jan. 1, 2029.	Provider must have at least 90% approval of prior authorization request for a particular service in the previous 12 months. Must have a total contracting history of at least 36 months with the health care service plan. *A health insurer shall only rescind an exemption, based on a sample of 15-25 claims, and only requires notification to the health professional at least 30 calendar days before the proposed rescission is to take effect.*	12 months	Automatically applies. Health insurer must provide notice to each exempted provider. *Does not impose the same denial notification and transparency requirements as SB 598.* Allows review of appeal to be performed only by a physician and surgeon of the same or similar specialty as the physician and surgeon requesting authorization for those health care services.	Senators Skinner Bains Jackson Weber Wiener	In Committee

PROPOSED GOLD CARD LAWS

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	MINIMUM LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2023	Indiana HB 1610	All state-regulated health insurers authorized to do business in the state.	No	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period (starting Jan. and July).	6 months	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Representative Heine	Failed
2023	Iowa SB 1100	All health insurers authorized to do business in the state.	Yes	Provider must have at least 80% approval of prior authorization requests for a particular service for a 6-month evaluation period (starting Jan. and July). Determinations must be based on a sample of 15 to 25 claims.	6 months	Automatically applies. Health insurer must provide notice to each exempted provider.	Committee of Commerce	In Committee
2023	Kansas HB 2283	All state-regulated health insurers authorized to do business in the state.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service for the preceding 6-month evaluation period (starting Jan. and July).	6 months	Automatically applies. Organizations must provide notice to each exempted provider.	House Insurance Committee	In Committee
2023	Kentucky HB 134	All state-regulated health insurers authorized to do business in the state.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service for the preceding 6-month evaluation period (starting Jan. and July).	6 months	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Representatives Moser Aull Kulkarni Raymond Stalker Stevenson Williams	Failed
2023	Missouri SB 576	All state-regulated health insurers authorized to do business in the state.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service for the preceding 6-month evaluation period (starting Jan. and July).	6 months	Automatically applies. Health insurer must provide notice to each exempted provider within 25 days of qualifying.	Senator Schroer	In Committee
2023	North Carolina HB 649	All state-regulated health insurers authorized to do business in the state.	No	Provider must have at least 80% approval of prior authorization requests for a particular service for the preceding 12-month evaluation period.	12 months	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Representative Baker	In Committee

PROPOSED GOLD CARD LAWS

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	MINIMUM LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2023	Nebraska LB 210	All state-regulated health insurers authorized to do business in the state.	Yes	Health carriers must adopt programs that offer Provider must have at least 90% approval of prior authorization requests for a particular service for preceding 6 months.	Defers to each health insurer, but not longer than 12 months	Defers to each health insurer.	Senator Bostar	In Committee
2023	New York S 2680/ A859	Applies to all health insurers authorized to do business in the state.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period.	6 months	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Senator Breslin	In Committee
2023	Ohio HB 130	All state-regulated health insurers authorized to do business in the state.	Yes	Provider must have at least 80% approval of prior authorization requests for a particular service in the preceding 12-month period.	12 months	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Representative Miller	Failed
2023	Oklahoma SB 411	All state-regulated health insurers authorized to do business in the state.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period.	6 months	Automatically applies. Organizations must provide notice to each exempted provider within 5 days of qualifying.	Senator Montgomery	In Committee
2023	Oklahoma SB 756	Only applies to Medicaid plans.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period. Determinations must be based on a sample of 5 to 20 claims.	6 months	Automatically applies. Plans must provide notice to each exempted provider within 5 days of qualifying.	Senator Montgomery	In Committee
2023	Vermont 151	All state-regulated health insurers authorized to do business in the state.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period.	6 months	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Senator Lyons	In Committee
2023	U.S. HR 4968	Medicare Advantage Plans	Only Non-Part B Drugs	Provider must have at least 90% approval of prior authorization requests for a particular service during the preceding plan year.	12 months	Automatically applies. Plans must provide notice to each exempted provider within 30 days of start of the plan year.	Congressmen Burgess Gonzalez	In Committee

PREVIOUSLY PROPOSED GOLD CARD LAWS 2019-2022

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2021	California SB 250	Applies to all health insurers authorized to do business in the state.	Yes, includes brand name drugs until Jan. 1, 2027[3•]	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 12 months.	12 months	Automatically applies. Health insurer must provide notice to each exempted provider.	Senators Pan Wiener	Failed
2022	Colorado SB 2078	Applies to all state-regulated health insurers authorized to do business in the state and all organizations that contract with health plans to conduct prior authorization reviews on behalf of a carrier, such as pharmacy benefit management firms.	Yes	Provider must have at least 95% approval of prior authorization requests for a particular service in the preceding 12 months. Provider must have at least 30 prior authorizations requests to be eligible for consideration.[4]	12 months	Automatically applies. The health insurer must provide notice to each exempted provider and provide all data considered in making determination.	Senators Kirkmeyer Ginal Moreno Representatives Geitner Bird	Failed
2022	Indiana HB 1046	Applies to all health insurers authorized to do business in the state, including Medicaid managed care programs.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month period.	6 months	Automatically applies. Health insurers must provide notice to each exempted provider bi-annually on Jan. 1 and July 1.	Representative Heine Co-Authored by Representative Vermilion	Failed
2022	Kentucky HB 343	Applies to all state-regulated health insurers authorized to do business in the state and all organizations that contract with health plans to conduct prior authorization reviews on behalf of a carrier.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding the 6 months.	6 months	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Representatives Moser Raymond Santoro	Failed
2022	Mississippi HB 866	Applies to all health insurers authorized to do business in the state. **Exception:** Does not apply to state and school employee health benefits plans.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period.	6 months	Automatically applies.	Representative Deweese	Failed

PREVIOUSLY PROPOSED GOLD CARD LAWS 2019-2022

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2022	Mississippi HB 780	Applies to all health insurers authorized to do business in the state. **Exception:** Does not Mississippi's Medicaid program & Children's Health Insurance Program.	Yes	Provider has at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period.	6 months	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Representatives Mims Felsher	Failed
2022	Mississippi SB 2449	Applies to all health insurers authorized to do business in the state. **Exception:** Does not Mississippi's Medicaid program & Children's Health Insurance Program.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period.	6 months	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Senator Michel	Failed
2021	Missouri SB 947 SB 2249	Applies to all health insurers authorized to do business in the state. **Exception:** Does not apply to state Medicaid program.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period.	6 months	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Senator White	Failed
2019	New Mexico SB 188	Applies to all health insurers authorized to do business in the state. **Exception:** Does not apply to state Medicaid program.	Yes	Requires the New Mexico Office of the Superintendent of Insurance to develop a gold card policy in collaboration with health insurer; health care providers; and the board of pharmacy. Required to consider a provider's individual prior authorization approval rate, as well as several state averages for prior authorization approvals.	Not specified	Not specified.	Senators Kernan Stefanics	Gold card provisions removed from final bill that passed.

PREVIOUSLY PROPOSED GOLD CARD LAWS 2019-2022

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2022	New York S 8299/ A 9908	Applies to all health insurers authorized to do business in the state. **Exception:** Does not apply to state Medicaid program.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period.	6 months	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Senators Breslin Cleare Skoufis Gallivan Assemblymembers Woerner Englebright Gottfried Steck	Failed
2022	Oklahoma SB 1409	Applies to all health insurers authorized to do business in the state.	Yes	Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period.	6 months	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Senator Taylor	Failed
2021	Vermont HB 102[5]	Health insurers with more than 1,000 covered lives for major medical health insurance.	Yes	Requires that at least 30% of the insurer's participating health care providers, of which at least 40% must be primary care providers, are exempted from the prior authorization requirements.	6 months	Automatically applies.	Representatives Rogers Houghton	Failed
2022	Federal HR 7995	Medicare Advantage (MA) plans.	No	Provider must have at least 90% approval of prior authorization requests for a particular service or in the preceding year.	12 months	Automatically applies. MA organization must provide notice to each exempted provider, not later than 30 days before the first day of each plan year.	Representatives Burgess Gonzalez Miller-Meeks	Failed

RELATED PROPOSED GOLD CARD LAWS 2019-2023

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2023	Connecticut AB 5807	N/A	N/A	**Study:** Requires the Insurance Department to conduct a study evaluating a program that would exempt health care providers who have a certain rate of prior authorization approval for health care provider services during a certain period of time from prior authorization requirements	N/A	Automatically applies. Health insurer must provide notice to each exempted provider within 5 days of qualifying.	Representative Pavalock-D'amato	In Committee
2023	Connecticut AB 5807	N/A	N/A	**Pilot Study:** The Insurance Department is required to conduct a study considering a program that would exempt health care providers who have a certain rate of prior authorization approval for health care provider services during a certain period of time from prior authorization requirements.	N/A	N/A	Senators Looney Anwar	Failed

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1455 Pennsylvania Avenue NW, Suite 400
Washington, DC 20004

202-349-4089

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