



# GOLD CARD LAW ANALYSIS

## 2019-2024

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. Without proper guardrails, this practice can delay access to life saving treatments and increase administrative burdens for physicians. 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, prohibiting retrospective denials, and requiring the use of standardized paperwork. Despite these efforts, prior authorization policies 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.

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- or twelve-month period. Even without state legislation, some payers have independently implemented gold card rules,

recognizing the benefit of rewarding accurate and consistent health care providers. For example, in 2025, [United Healthcare](#) launched a first-of-its-kind national Gold Card program. To qualify for the program, a provider group must meet the following criteria for each of the past two consecutive years:

- In-network for at least one line of business
- A minimum annual volume of at least 10 eligible prior authorizations in each of the two consecutive years of the qualification period across Gold Card eligible codes
- Prior authorization approval rate of 92% or more in each of the two years evaluated, after appeals, on the eligible prior authorization volume

While private payers revising their policies is a positive step toward improving prior authorization, states should still consider enacting gold card laws to establish a permanent statutory protection that cannot be revoked at the whim of a payer. To keep advocates informed about the growing number of states proposing and enacting gold card legislation, Aimed Alliance has developed the resource below, which outlines the scope of enacted gold card laws, proposed legislation for 2024, and previously introduced gold card laws.

# PROPOSED GOLD CARD LAWS (2024)

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	MINIMUM LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2023-2024	Federal <a href="#">HB 4968</a>	Medicare Advantage plans.	Yes, for Part B drugs but excluding those covered under Part D.	Providers must have at least 90% approval of prior authorization requests within the last 12 months for a particular service or group of similar services.	Plan year	Automatically applies. Health insurers must notify an exempted provider of their qualification no later than 30 days before the first day of each plan year.	Representative Burgess	Failed
2023-2024	Alaska <a href="#">HB 187</a> <a href="#">SB 219</a>	All state-regulated health insurers authorized to do business in the state.	Yes	Providers must have at least 80% approval of prior authorization requests within the last 12 months for a particular service.	12 months	Automatically applies. Health insurers must notify an exempted provider of their qualification.	Senator Wilson Representative Sumner	Failed
2024	Indiana <a href="#">HB 1091</a>	All state-regulated health insurers authorized to do business in the state.	Yes, but specialty drugs are excluded.	Providers must have at least 85% approval of prior authorization requests within the last 12 months for a class of services or treatments. Providers must have a total contracting history of at least 36 months with the health plan to be considered eligible.	12 months	Automatically applies. Health insurers must notify an exempted provider of their qualification.	Representative Pressel	Failed
2023-2024	Kansas <a href="#">SB 148</a>	All state-regulated health insurers authorized to do business in the state.	Yes	Providers must have at least 90% approval of prior authorization requests for a specific health care service for a 6-month evaluation period (starting Jan. and July). Determinations must be based on a sample of 5-20 claims.	90 days	Automatically applies. Health insurers must notify an exempted provider of their qualification.	Committee on Pub. Health & Welfare	Failed
2024	Kentucky <a href="#">SB 270</a>	All state-regulated health insurers authorized to do business in the state.	Yes	Providers must have at least 90% approval of prior authorization requests for a specific health care service for a 6-month evaluation period (starting Jan. and July). Determinations must be based on a sample of 5-20 claims.	6 months	Automatically applies. Health insurers must notify an exempted provider of their qualification within five days of qualifying.	Senator Howell	Failed

# PROPOSED GOLD CARD LAWS (2024)

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	MINIMUM LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2023-2024	New York <a href="#">S 2680</a> <a href="#">A 859</a>	All state-regulated health insurers authorized to do business in the state.	Yes	Providers must have at least 90% approval of prior authorization requests for a specific health care service for a 6-month evaluation period between Jan. and July.	6 months	Automatically applies. Health insurers must notify an exempted provider of their qualification for the subsequent calendar year no later than November 15.	Senator Breslin Representative McDonald	Failed
2023-2024	North Carolina <a href="#">HB 649</a>	All state-regulated health insurers authorized to do business in the state.	No	Providers must have at least 80% approval of prior authorization requests for a specific health care service for a 12-month evaluation period.  Determinations must be based on a sample of at least 10 claims.	12 months	Automatically applies Health insurers must notify an exempted provider of their qualification.	Representatives Baker Reeder Potts Sasser	Passed House; Failed
2024	Oklahoma <a href="#">HB 3862</a>	All state-regulated health insurers authorized to do business in the state.	No	Providers must have at least 80% approval of prior authorization requests for a specific health care service for a 12-month evaluation period.	12 months	Automatically applies. Health insurers must notify an exempted provider of their qualification.	Representatives Ford Standridge Sneed Sterling	Passed House; Failed

# ENACTED GOLD CARD LAWS

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	MINIMUM LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2024	<a href="#">Illinois</a> SB 3268	Medicaid plans.	No	Providers must have at least 90% approval of prior authorization requests within the last 12 months for a particular service.  Determinations must be based on a sample of 50 claims.	12 months	Automatically applies.  Health insurers must notify an exempted provider of their qualification for the subsequent calendar year no later than December 1.	Senator Aquin Representative Gabel	Effective Jan. 1, 2025
2024	<a href="#">Wyoming</a> HB 0014	All state-regulated health insurers authorized to do business in the state.	Yes	Providers must have at least 90% approval of prior authorization requests in the last 12-month period.  Determinations must be based on a sample of at least 5 claims.	12 months	Automatically applies.  Health insurers must notify an exempted provider of their qualification.	Labor, Health & Social Services	Effective Jan. 1, 2026
2023	<a href="#">Arkansas</a> Act 575	All state-regulated health insurers authorized to do business in the state.  <b>Exception:</b> 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.	12 months	Automatically applies.  Health insurers must notify an exempted provider of their qualification.	Representative Johnson Senator Irvin	Effective Jan. 1, 2024
2023	<a href="#">Virginia</a> Act 222	<b>Study:</b> N/A. Required the Department of Vermont Health Access to research the feasibility and costs of administering a gold card program.	Only for SUD treatment.	Providers must have at least 90% approval of prior authorization requests for the treatment in the most recent 6-month evaluation period.	N/A	N/A	Representative Whitman	On April 1, 2024, they published the <a href="#">report</a> , recommending not moving forward with a gold card program
2022	<a href="#">Louisiana</a> SB 112	All state-regulated health insurers authorized to do business in the state.	No	Defers to each health insurer.	Defers to each health insurer.	Defers to each health insurer.	Senator Mills	Policies took effect Jan. 1, 2024. Examples: <a href="#">Optum</a> <a href="#">UHC</a>



# ENACTED GOLD CARD LAWS

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	MINIMUM LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2022	<a href="#">Michigan</a> 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	<a href="#">Texas</a> HB 3459	All state-regulated health insurers authorized to do business in the state. <b>Exception:</b> 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
2020	<a href="#">Vermont</a> HB 960	All health insurers with more than 1,000 covered lives for major medical health insurance.	Yes	<b>Pilot Program:</b> 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	<a href="#">MVP Health Care Report</a> <a href="#">BCBS Report</a> <a href="#">Vt Dept. of Financial Regulation</a>



# ENACTED GOLD CARD LAWS

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	MINIMUM LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2019 2023	West Virginia <a href="#">HB 2351</a> (2019) <a href="#">SB 267</a> (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 at least a 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. <sup>9</sup>	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 Jun. 6, 2023
2019	Colorado <a href="#">HB 1211</a>	All state-regulated health insurers authorized to do business in the state, except: (1) HMOs providing a majority of services through one contracted medical group; (2) non-profit HMOs operating under Denver Health and Hospital Auth. or a subsidiary; (3) carriers, organizations, and benefits subject the Worker's Compensation Act of CO.	No	Health insurers must consider limiting the use of prior authorization for providers whose prescribing or ordering patterns differ significantly from their peers.  May offer at least one alternative to prior authorization, including exemption from requirements for providers with at least 80% approval of prior authorization requests within the last twelve months.	180 days	Automatically applies.  Health insurers must notify an exempted provider of their qualification.	Representatives Caraveo Michaelson Jenet Williams	Effective Jan. 1, 2020



# PREVIOUSLY PROPOSED GOLD CARD LAWS 2019-2023

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	MINIMUM LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2023	<a href="#">Iowa</a> HSB 130 SSB 110	All state-regulated health insurers authorized to do business in the state.	No	Providers must have at least 80% approval of prior authorization requests for a specific health care service for a 6-month evaluation period (starting Jan. and July).	6 months	Automatically applies. Health insurers must notify an exempted provider of their qualification within five days of qualifying.	Representative Levin	Failed
2023	<a href="#">Nebraska</a> 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.		Failed	Senator Bostar	In Committee
2023	<a href="#">Oklahoma</a> 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	<a href="#">Oklahoma</a> 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	<a href="#">Vermont</a> SB 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
2020	<a href="#">Tennessee</a> SB 1758	All state-regulated health insurers authorized to do business in the state.	Yes	Providers must have at least 95% approval of prior authorization requests within the last 3 years for a particular service. Determinations must be based on a sample of 50 claims.	Does not specify. Must review the performance on an "ongoing basis."	Automatically applies.	Senator Reeve Representative Smith	Failed

# PROPOSED RELATED GOLD CARD LAWS (2019-2024)

YEAR	STATE	PLANS COVERED	INCLUDES RX DRUGS	HOW TO QUALIFY	LENGTH OF STATUS	NOTIFICATION OF APPROVAL	BILL SPONSORS	STATUS
2023-2024	California SB 156/598	Applies to in-network providers; and out-of-network providers when the plan has authorized health care services, items, or supplies; and out-of-network providers, consistent with the terms of the plan contract.	To be determined by Dep't of Ins.	Doesn't apply to specific providers.  Requires Dep't of Ins. to identify services most frequently approved by plans and insurers (threshold rate set no higher than 90 percent) and issue instructions on which would no longer be subject to prior authorization.	Does not specify	Dep't would be required to issue instructions on the requirements for notifying providers of the change in prior authorization requirements.	Senator Skinner	Failed
2023	Connecticut AB 5807	N/A	N/A	<b>Study:</b> 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	<b>Pilot Study:</b> 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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