

GOLD CARD LAW ANALYSIS

2019-2025



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 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 2025, and previously introduced gold card laws.

PROPOSED GOLD CARD LAWS (2025)

| YEAR | STATE | PLANS COVERED | INCLUDES RX DRUGS | HOW TO QUALIFY | MINIMUM LENGTH OF STATUS | NOTIFICATION OF APPROVAL | BILL SPONSORS | STATUS |
|-----------|--|---|-------------------|---|--------------------------------------|---|---|--|
| 2024-2025 | Alabama SB 294 | All state-regulated health insurers authorized to do business in the state. | Yes | Providers must have at least 90% approval for a specific health care service provided to at least 7 patients for previous 6-month evaluation period. | 12 months | Automatically applies. Health insurers must notify an exempted provider of their qualification. | Senator Orr | Failed. |
| 2025 | Nevada SB 398 | All state-regulated health insurers authorized to do business in the state, including an organization for dental care. | Yes | Providers must have at least 80% approval for a specific health care service for previous 12-month evaluation period. | 12 months | Automatically applies. Health insurers must notify an exempted provider of their qualification and the date on which the exemption expires. | Senators Rogich Ohrenschall | Failed. |
| 2025-2026 | New York S7470 | 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. | 12 months (6 months the first year). | Automatically applies. Health insurers must notify an exempted provider of their qualification. | Senator Hoylman-Sigal | Referred to Insurance. |
| 2025-2026 | Ohio HB 214 | Applies to state-regulated and state-sponsored health plans authorized to do business in the state, including Medicaid. | Yes | Providers must have at least 90% approval for a specific health care service for previous 12-month evaluation period for at least 20 claims. | 12 months | Automatically applies. Health insurers must notify an exempted provider of their qualification, the service, device, or drug to which the exemption applies, and the dates the exemption begins and ends. | Representative Miller | Referred to Insurance Committee. |
| 2025-2026 | South Carolina H 4562 | Applies to state-regulated and state-sponsored health plans authorized to do business in the state. | Yes | Providers must have at least 80% approval for a specific health care service for previous 6-month evaluation period. | 12 months | Automatically applies. Health insurers must notify an exempted provider of their qualification. | Representative Sessions Davis Brewer Wooten Ligon Smith | Referred to Committee on Labor, Commerce and Industry. |
| 2025-2026 | South Carolina S 0531 | Applies to state-regulated and state-sponsored health plans authorized to do business in the state. | Yes | Providers must have at least 90% approval for a specific health care service for previous 6-month evaluation period. | 12 months | Automatically applies. Health insurers must notify an exempted provider of their qualification. | Senators Johnson Walker Peeler Devine | Referred to Committee on Medical Affairs. |



ENACTED GOLD CARD LAWS

| YEAR | STATE | PLANS COVERED | INCLUDES RX DRUGS | HOW TO QUALIFY | MINIMUM LENGTH OF STATUS | NOTIFICATION OF APPROVAL | BILL SPONSORS | STATUS |
|------|----------------------|--|--|--|--------------------------|---|---|---|
| 2025 | California SB 306 | All state-sponsored and state-regulated plans, except for Medicaid. | Yes, except does not apply to outpatient prescription drugs in tier three or four of a health insurer's formulary, or drug prescribed or recommended for a use that is different from the use for which the drug been cleared or approved for. | All in-network contracted providers exempted for a covered service must have at least 90% approval for previous 12-month evaluation period. | 12 months | A plan shall list any covered service that is exempted from prior authorization pursuant to this section in a prominent location on its internet website by March 15 of each calendar year. | Senator Becker | Enacted. First list must be published by January 1, 2028. |
| 2024 | Illinois 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 | Wyoming 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 | Arkansas Act 575 | 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. | 12 months | Automatically applies. Health insurers must notify an exempted provider of their qualification. | Representative Johnson Senator Irvin | Effective Jan. 1, 2024 |



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|------|---------------------|--|-------------------------|--|--------------------------------|---|--|--|
| 2023 | Virginia Act 222 | Study: 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 report , recommending not moving forward with a gold card program |
| 2022 | Louisiana 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: Optum UHC |
| 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 12-month evaluation period.* Provider must have at least 5 prior authorization requests to be eligible for consideration. *HB 3812 extended from 6 months to 12 months. | 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 |



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|--------------|--|--|---|---|--------------------------|---|--|---|
| 2020 | Vermont HB 960 | All health insurers with more than 1,000 covered lives for major medical health insurance. | Yes | <p>Pilot Program:</p> <p>Program automatically exempts providers from prior authorization protocols or streamlines certain prior authorization requirements for participating health care providers.</p> <p>Program defers to each health insurer for particular eligibility requirements.</p> <p>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.</p> | 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. | No SB 833 (2025) removed the prescribing of medication from the gold card program. | <p>Provider must have at least a 90% approval of prior authorization requests for a particular procedure in a 6-month evaluation period.</p> <p>Provider must have at least 30 prior authorization requests to be eligible for consideration.</p> | 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 Jun. 6, 2023 |



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|------|-------------------------------------|--|-------------------|--|--------------------------|---|---|------------------------|
| 2019 | Colorado HB 1211 | 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 | <p>Health insurers must consider limiting the use of prior authorization for providers whose prescribing or ordering patterns differ significantly from their peers.</p> <p>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.</p> | 180 days | <p>Automatically applies.</p> <p>Health insurers must notify an exempted provider of their qualification.</p> | Representatives Caraveo Michaelson Jenet Williams | Effective Jan. 1, 2020 |

ENACTED LAWS AMENDING GOLD CARD PROGRAMS

| STATE | SUMMARY | STATUS |
|---|--|---------------------|
| Arkansas HB 1301 | Removes the existing allowance for insurers to withdraw gold card status from a healthcare provider if that provider increases the number of exempted procedures by 25%. It also extends the exemption to the provider's group practice. | Enacted; in effect. |
| Texas HB 3812 | Extends the gold card evaluation period from 6 months to one year. | Enacted; in effect. |
| West Virginia SB 833 | Removes the prescribing of medication from the gold card program. | Enacted; in effect. |



PREVIOUSLY PROPOSED GOLD CARD LAWS 2019-2024

| YEAR | STATE | PLANS COVERED | INCLUDES RX DRUGS | HOW TO QUALIFY | MINIMUM LENGTH OF STATUS | NOTIFICATION OF APPROVAL | BILL SPONSORS | STATUS |
|-----------|--|---|---|---|--------------------------|---|---|--------|
| 2023-2024 | Federal HB 4968 | 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 HB 187 SB 219 | 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 HB 1091 | 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 SB 148 | 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 SB 270 | 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 |



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|-----------|---|---|-------------------|---|--------------------------|---|--|----------------------|
| 2023-2024 | New York S 2680 A 859 | 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 HB 649 | 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 HB 3862 | 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 Snead Sterling | Passed House; Failed |
| 2023 | Iowa 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 | 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. | | Failed | Senator Bostar | In Committee |
| 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 |



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|------|----------------------|---|-------------------|---|--|--|---------------------------------------|--------------|
| 2023 | Oklahoma SB 756 | Only applies to Medicaid plans. | Yes | <p>Provider must have at least 90% approval of prior authorization requests for a particular service in the preceding 6-month evaluation period.</p> <p>Determinations must be based on a sample of 5 to 20 claims.</p> | 6 months | <p>Automatically applies.</p> <p>Plans must provide notice to each exempted provider within 5 days of qualifying.</p> | Senator Montgomery | In Committee |
| 2023 | Vermont 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 | <p>Automatically applies.</p> <p>Health insurer must provide notice to each exempted provider within 5 days of qualifying.</p> | Senator Lyons | In Committee |
| 2020 | Tennessee SB 1758 | All state-regulated health insurers authorized to do business in the state. | Yes | <p>Providers must have at least 95% approval of prior authorization requests within the last 3 years for a particular service.</p> <p>Determinations must be based on a sample of 50 claims.</p> | Does not specify. Must review the performance on an "ongoing basis." | Automatically applies. | Senator Reeve Representative Smith | Failed |

PROPOSED RELATED GOLD CARD LAWS (2019-2025)

| 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 | 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 |

REFERENCES

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2. Id.
3. Aimed Alliance, *Prior Authorization*, <https://aimedalliance.org/prior-authorization-enacted-laws/#maine>.
4. AK Stat § 21.07.020 (2013).
5. ORS 743.035.
6. American Medical Association, *New Physician "gold card" law will cut prior authorization delays*, <https://www.ama-assn.org/practice-management/prior-authorization/new-physician-goldcard-law-will-cut-prior-authorization>.
7. Texas, *HB3459*, <https://legiscan.com/TX/text/HB3459/id/2408188>; Vermont, *H. 102*, <https://legislature.vermont.gov/Documents/2022/Docs/BILLS/H-0102/H-0102%20As%20Introduced.pdf>; West Virginia, *HB2351*, https://legiscan.com/WV/text/HB2351/id/1920504/West_Virginia-2019-HB2351-Enrolled.html.
8. Arkansas, *SB 143*, <https://www.arkleg.state.ar.us/Home/FTPDocument?path=%2FBills%2F2023R%2FPublic%2FSB143.pdf>; CA *SB598*, <https://www.billtrack50.com/billdetail/1574078/>; Connecticut, *HB5807*, <https://fastdemocracy.com/bill-search/ct/2023/bills/CTB00025355/>; Indiana, *HB 1610*, <https://legiscan.com/IN/bill/HB1610/2023>; Iowa, *SSB1100*, <https://www.legis.iowa.gov/legislation/BillBook?ba=SSB1100&ga=90>; Kansas, *HB No. 2283*, https://kslegislature.org/li/b2023_24/measures/documents/hb2283_00_0000.pdf; Kentucky, *HB 134*, <https://apps.legislature.ky.gov/record/23rs/hb134.html>; Missouri, *SB 576*, <https://legiscan.com/MO/text/SB576/2023>; North Carolina, *HB 649*, <https://www.ncleg.gov/Sessions/2023/Bills/House/PDF/H649v0.pdf>; Nebraska, *LB 210*, <https://nebraskalegislature.gov/FloorDocs/108/PDF/Intro/LB210.pdf>; New York, *A859*, [https://www.nysenate.gov/legislation/bills/2023/S2680#:~:text=2023%2DS2680%20\(ACTIVE\)%20%2D%20Summary,preceding%20six%2Dmonth%20evaluation%20period.](https://www.nysenate.gov/legislation/bills/2023/S2680#:~:text=2023%2DS2680%20(ACTIVE)%20%2D%20Summary,preceding%20six%2Dmonth%20evaluation%20period.); Ohio, *HB 130*, https://search-prod.lis.state.oh.us/solarapi/v1/general_assembly_135/bills/hb130/IN/00/hb130_00_IN?format=pdf; http://webserver1.lsb.state.ok.us/cf_pdf/2023-24%20INT/SB/SB441%20INT.PDF; S. 151, <https://legislature.vermont.gov/Documents/2024/Docs/BILLS/S-0151/S-0151%20As%20Introduced.pdf>
9. West Virginia, *Insurance Bulletin No. 21-08*, [https://www.wvinsurance.gov/Portals/0/pdf/pol_leg/rules/ins/IB%202021-08%20Electronic%20PA%20\(1\).pdf](https://www.wvinsurance.gov/Portals/0/pdf/pol_leg/rules/ins/IB%202021-08%20Electronic%20PA%20(1).pdf).



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