REFERENCE TITLE: prior authorization; gold card exemption

State of Arizona
Senate
Fifty-seventh Legislature
Second Regular Session
2026

SB 1227

Introduced by
Senator Fernandez

AN ACT

AMENDING TITLE 20, CHAPTER 26, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-3408; RELATING TO PRIOR AUTHORIZATIONS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

Be it enacted by the Legislature of the State of Arizona:

Section 1. Title 20, chapter 26, article 1, Arizona Revised Statutes, is amended by adding section 20-3408, to read:

20-3408. Prior authorization; gold card exemption; definition

A. IF A HEALTH CARE SERVICES PLAN CONTAINS A PRIOR AUTHORIZATION REQUIREMENT, THE HEALTH CARE INSURER SHALL GRANT A GOLD CARD EXEMPTION TO A PARTICIPATING PROVIDER THAT SUBMITS AT LEAST FIVE PRIOR AUTHORIZATION REQUESTS FOR A SPECIFIC HEALTH CARE SERVICE IN THE IMMEDIATELY PRECEDING SIX-MONTH PERIOD AND THAT RECEIVES A PRIOR AUTHORIZATION APPROVAL RATE OF AT LEAST NINETY PERCENT FOR THAT HEALTH CARE SERVICE. A PROVIDER THAT OBTAINS A GOLD CARD EXEMPTION IS NOT REQUIRED TO OBTAIN PRIOR AUTHORIZATIONS FOR THE SPECIFIC HEALTH CARE SERVICE FOR WHICH THE GOLD CARD EXEMPTION IS GRANTED.

B. A GOLD CARD EXEMPTION IS VALID FOR NOT MORE THAN SIX MONTHS. AFTER EACH SIX-MONTH PERIOD, THE HEALTH CARE INSURER MAY REVIEW THE HEALTH CARE SERVICES PROVIDED BY THE EXEMPTED PROVIDER TO DETERMINE WHETHER THE PROVIDER CONTINUES TO SATISFY THE REQUIREMENTS PRESCRIBED IN SUBSECTION A OF THIS SECTION.

C. A HEALTH CARE INSURER MAY RESCIND A GOLD CARD EXEMPTION ONLY IF THE HEALTH CARE INSURER:

1. DETERMINES THAT THE PROVIDER DOES NOT SATISFY THE REQUIREMENTS PRESCRIBED IN SUBSECTION A OF THIS SECTION FOR THE GOLD CARD EXEMPTION BASED ON A REVIEW OF A RANDOM SAMPLE OF NOT LESS THAN FIVE CLAIMS SUBMITTED BY THE PROVIDER.

2. GIVES AT LEAST THIRTY DAYS' WRITTEN NOTICE OF THE RESCISSION TO THE PROVIDER, INCLUDING THE SPECIFIC REASONS FOR THE RESCISSION.

3. GIVES THE PROVIDER INFORMATION ON HOW TO APPEAL THE RESCISSION TO AN INDEPENDENT REVIEW ORGANIZATION.

D. FOR THE PURPOSES OF THIS SECTION, "HEALTH CARE INSURER" MEANS A DISABILITY INSURER, GROUP DISABILITY INSURER, BLANKET DISABILITY INSURER, HEALTH CARE SERVICES ORGANIZATION, HOSPITAL SERVICE CORPORATION OR MEDICAL SERVICE CORPORATION.

Sec. 2. Applicability

This act applies to all prior authorization requests that are submitted on or after January 1, 2027.