1   HOUSE BILL NO. 590

2   INTRODUCED BY G. OBLANDER, C. SCHOMER, C. COCHRAN, E. TILLEMAN, N. NICOL, C. SPRUNGER,

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6   A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING LAWS RELATED TO ELECTRONIC

7   HEALTH RECORDS; REQUIRING HEALTH CARRIERS TO ESTABLISH AND MAINTAIN CERTAIN

8   APPLICATION PROGRAMMING INTERFACES FOR THE BENEFIT OF THE INSURED; AND PROVIDING

9   ~~EFFECTIVE DATES~~ A DELAYED EFFECTIVE DATE."

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11   BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

12

13   NEW SECTION. **Section 1.   Health carrier and patient access to health information -- exemption**

14   **-- deadline extensions.** (1) A health carrier as defined in 33-2-2402 shall establish and maintain the following

15   application programming interfaces for the benefit of the carrier's insureds and contracted providers:

16   (a)   a patient access application programming interface, pursuant to 42 CFR 422.119(a) through

17   422.119(e);

18   (b)   a provider directory application programming interface, pursuant to 42 CFR 422.120;

19   (c)   a provider access application programming interface, pursuant to 42 CFR 422.121(a);

20   (d)   a payer-to-payer exchange application programming interface, pursuant to 42 CFR 422.121(b);

21   and

22   (e)   a prior authorization application programming interface, pursuant to section 42 CFR 422.122.

23   (2)   A health carrier shall establish and maintain each application programming interface provided

24   for in subsection (1) for the health carrier's insured and providers at the earliest date required by the centers for

25   medicare and medicaid services for that type of application programming interface ~~AS OF JULY 1, 2026~~ ~~at the~~

26   ~~earliest date required by the centers for medicare and medcaid services for that type of application~~

27   ~~programming interface~~.

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1   (3)   An application programming interface must comply with standards published by the centers for

2   medicare and medicaid services, including effective dates, enforcement delays, and suspensions.

3   (4)   This section does not apply to a health carrier offering a dental only or vision only plan.

4   (5)   (a) The commissioner may extend the deadlines described in this section.

5   (b)   To obtain an extension, a health carrier shall submit a request in writing demonstrating that

6   compliance:

7   (i)   would be unduly burdensome, impracticable, or unfeasible; and

8   (ii)   would result in economic harm to the carrier or other stakeholders.

9   (c)   An extension must be granted in writing, including the commissioner's reasoning for the

10 decision to extend.

11   (d)   An approved extension must be published on the commissioner's website.

12   (6)   For the purposes of this section, "commissioner" means the insurance commissioner of the

13 state of Montana.

14

15   NEW SECTION. **Section 2.   Privacy of electronic health records.** (1) Except as provided in

16 subsection (2) of this section, a health care provider requesting that a medical laboratory test for a patient is

17 performed may not engage in information blocking as that term is defined in 42 U.S.C. 300jj-52.

18   (2)   The following reports or test results and any other related results must be disclosed to a patient

19 as part of the patient's electronic health record 72 hours after the results are finalized or when the patient's

20 health care provider directs the release of the results, whichever occurs first:

21   (a)   pathology reports or radiology reports that have a reasonable likelihood of showing a finding of

22 new or recurring malignancy;

23   (b)   tests that could reveal genetic markers;

24   (c)   a positive HIV diagnostic test, as that term is defined in 50-16-1003; or

25   (d)   the presence of antigens indicating a hepatitis infection.

26   (3)   Nothing in this section modifies or supersedes an individual's right to amend medical records

27 provided under 45 CFR 164.526.

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1   (4)   For the purposes of this section, "electronic health record" means an electronic system

2 designed and used to integrate and aggregate electronic health care information from multiple sources,

3 including, as applicable, a patient's medical history, diagnoses, treatment plans, immunization dates, allergies,

4 radiology images, pharmacy records, laboratory orders and final results, and clinical and procedural notes from

5 health care providers and the various medical and surgical specialties involved in the care of patients.

6

7   NEW SECTION. **Section 3.   Codification instruction.** (1) [Section 1] is intended to be codified as an

8 integral part of Title 33, and the provisions of Title 33 apply to [section 1].

9   (2)   [Section 2] is intended to be codified as an integral part of Title 50, chapter 16, part 8, and the

10 provisions of Title 50, chapter 16, part 8, apply to [section 2].

11

12   NEW SECTION. **Section 4.   Severability.** If a part of [this act] is invalid, all valid parts that are

13 severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications,

14 the part remains in effect in all valid applications that are severable from the invalid applications.

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16   NEW SECTION. **Section 5.   Effective dates.** (1) Except as provided in subsection (2), [t his act] is

17 effective January 1, 2026.

18   (2)   [Section 1] and this section are effective on passage and approval [THIS ACT] IS EFFECTIVE JULY

19 1, 2026.

20   - END -