

**Amendment - 1st Reading/2nd House-blue - Requested by: Jeremy Trebas - (S) Business, Labor and Economic Affairs**

- 2025

69th Legislature 2025

Drafter: Matthew Weaver,

HB0590.002.002

HOUSE BILL NO. 590

INTRODUCED BY G. OBLANDER, C. SCHOMER, C. COCHRAN, E. TILLEMANN, N. NICOL, C. SPRUNGER,  
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A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING LAWS RELATED TO ELECTRONIC  
HEALTH RECORDS; REQUIRING HEALTH CARRIERS TO ESTABLISH AND MAINTAIN CERTAIN  
APPLICATION PROGRAMMING INTERFACES FOR THE BENEFIT OF THE INSURED; AND PROVIDING  
EFFECTIVE DATES A DELAYED EFFECTIVE DATE."

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

**NEW SECTION. Section 1. Health carrier and patient access to health information -- deadline extensions.** (1) A health carrier as defined in 33-2-2402 shall establish and maintain the following application programming interfaces for the benefit of the carrier's insureds and contracted providers:

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

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

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

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

and

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

(2) A health carrier shall establish and maintain each application programming interface provided for in subsection (1) for the health carrier's insured and providers at the earliest date required by the centers for medicare and medicaid services for that type of application programming interface AS OF JULY 1, 2026 at the earliest date required by the centers for medicare and medicaid services for that type of application programming interface.

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(3) An application programming interface must comply with standards published by the centers for medicare and medicaid services, including effective dates, enforcement delays, and suspensions.

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

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

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

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

(c) An extension must be granted in writing, including the commissioner's reasoning for the decision to extend.

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

(5) For the purposes of this section, "commissioner" means the insurance commissioner of the state of Montana.

**NEW SECTION. Section 2. Privacy of electronic health records.** (1) Except as provided in subsection (2) of this section, a health care provider requesting that a medical laboratory test for a patient is performed may not engage in information blocking as that term is defined in 42 U.S.C. 300jj-52.

(2) The following reports or test results and any other related results must be disclosed to a patient as part of the patient's electronic health record 72 hours after the results are finalized or when the patient's health care provider directs the release of the results, whichever occurs first:

(a) pathology reports or radiology reports that have a reasonable likelihood of showing a finding of new or recurring malignancy;

(b) tests that could reveal genetic markers;

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

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

(3) Nothing in this section modifies or supersedes an individual's right to amend medical records provided under 45 CFR 164.526.

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

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1 designed and used to integrate and aggregate electronic health care information from multiple sources,  
2 including, as applicable, a patient's medical history, diagnoses, treatment plans, immunization dates, allergies,  
3 radiology images, pharmacy records, laboratory orders and final results, and clinical and procedural notes from  
4 health care providers and the various medical and surgical specialties involved in the care of patients.

5  
6 **NEW SECTION. Section 3. Codification instruction.** (1) [Section 1] is intended to be codified as an  
7 integral part of Title 33, and the provisions of Title 33 apply to [section 1].

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

10  
11 **NEW SECTION. Section 4. Severability.** If a part of [this act] is invalid, all valid parts that are  
12 severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications,  
13 the part remains in effect in all valid applications that are severable from the invalid applications.

14  
15 **NEW SECTION. Section 5. Effective dates.** (1) Except as provided in subsection (2), [t his act] is  
16 effective January 1, 2026.

17 (2) ~~[Section 1] and this section are effective on passage and approval~~ [THIS ACT] IS EFFECTIVE JULY  
18 1, 2026.

19 - END -