

1 HOUSE BILL NO. 590

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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:

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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
25 CENTERS FOR MEDICARE AND MEDICAID SERVICES FOR THAT TYPE OF APPLICATION PROGRAMMING INTERFACE AS OF
26 JULY 1, 2026 ~~at the earliest date required by the centers for medicare and medicaid services for that type of~~
27 application programming interface.

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

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

2 (4) THIS SECTION DOES NOT APPLY TO A HEALTH CARRIER OFFERING A DENTAL ONLY OR VISION ONLY
3 PLAN.

4 (5) (A) THE COMMISSIONER MAY EXTEND THE DEADLINES DESCRIBED IN THIS SECTION.

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6 (B) TO OBTAIN AN EXTENSION, A HEALTH CARRIER SHALL SUBMIT A REQUEST IN WRITING DEMONSTRATING
7 THAT COMPLIANCE:

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9 (I) WOULD BE UNDULY BURDENSOME, IMPRACTICABLE, OR UNFEASIBLE; AND

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11 (II) WOULD RESULT IN ECONOMIC HARM TO THE CARRIER OR OTHER STAKEHOLDERS.

12 (C) AN EXTENSION MUST BE GRANTED IN WRITING, INCLUDING THE COMMISSIONER'S REASONING FOR THE
13 DECISION TO EXTEND.

14 (D) AN APPROVED EXTENSION MUST BE PUBLISHED ON THE COMMISSIONER'S WEBSITE.

15 (6) FOR THE PURPOSES OF THIS SECTION, "COMMISSIONER" MEANS THE INSURANCE COMMISSIONER OF
16 THE STATE OF MONTANA.

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

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

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

26 (b) tests that could reveal genetic markers;

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

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

