

1 \_\_\_\_\_ BILL NO. \_\_\_\_\_

2 INTRODUCED BY \_\_\_\_\_  
3 (Primary Sponsor)

4 A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING LAWS RELATED TO ELECTRONIC  
5 HEALTH RECORDS; REQUIRING HEALTH CARRIERS TO ESTABLISH AND MAINTAIN CERTAIN  
6 APPLICATION PROGRAMMING INTERFACES FOR THE BENEFIT OF THE INSURED; AND PROVIDING  
7 EFFECTIVE DATES."

8  
9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

10  
11 NEW SECTION. **Section 1. Health carrier and patient access to health information.** (1) A health  
12 carrier shall establish and maintain the following application programming interfaces for the benefit of the  
13 carrier's insureds and contracted providers:

14 (a) a patient access application programming interface, pursuant to 42 CFR 422.119(a) through  
15 422.119(e);

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

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

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

19 and

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

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

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

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27 NEW SECTION. **Section 2. Privacy of electronic health records.**

28 (1) Except as provided in subsection (2) of this section, a health care provider requesting that a

1 medical laboratory test for a patient is performed may not engage in information blocking as that term is defined  
2 in 42 U.S.C. 300jj-52.

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

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

8 (b) tests that could reveal genetic markers;

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

10 (d) the presence of antigens indicating a hepatitis infection.  
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12 NEW SECTION. Section 3. Codification instruction. (1) [Section 1] is intended to be codified as an  
13 integral part of Title 33, and the provisions of Title 33 apply to [section 1].

14 (2) [Section 2] is intended to be codified as an integral part of Title 50, chapter 16, part 8, and the  
15 provisions of Title 50, chapter 16, part 8, apply to [section 2].  
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17 NEW SECTION. Section 4. Severability. If a part of [this act] is invalid, all valid parts that are  
18 severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications,  
19 the part remains in effect in all valid applications that are severable from the invalid applications.  
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21 NEW SECTION. Section 5. Effective dates. (1) Except as provided in subsection (2), [this act] is  
22 effective January 1, 2026.

23 (2) [Section 1] is effective on passage and approval.  
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