

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1490
96TH GENERAL ASSEMBLY

5479L.03C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 191.332, 199.170, 199.180, 199.190, 199.200, 199.210, 199.240, 199.250, 199.260, and 199.270, RSMo, and to enact in lieu thereof nineteen new sections relating to health care, with penalty provisions.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 191.332, 199.170, 199.180, 199.190, 199.200, 199.210, 199.240, 199.250, 199.260, and 199.270, RSMo, are repealed and nineteen new sections enacted in lieu thereof, to be known as sections 188.033, 191.332, 199.170, 199.180, 199.190, 199.200, 199.210, 199.240, 199.250, 199.260, 199.270, 199.275, 199.280, 199.290, 199.300, 199.340, 376.1575, 376.1578, and 376.1580, to read as follows:

188.033. 1. This section shall be known and may be cited as the "Abortion-inducing Drugs Safety Act".

2. No person who is not a physician shall knowingly prescribe or administer RU-486 (mifepristone) or any other drug for the purpose of inducing an abortion.

3. RU-486 (mifepristone) or any other drug prescribed for the purpose of inducing an abortion shall only be prescribed by a physician who at least twenty-four hours prior to the administration of the drug:

(1) Complies with all other legal requirements prior to an abortion being performed or induced;

(2) Physically examines the patient;

(3) Documents in the patient's medical record the gestational age and whether there is an ectopic pregnancy; and

(4) Provides the patient with a copy of the United States Food and Drug Administration (FDA) approved label or labels for the drug or drugs that will be used to

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

15 induce the abortion, regardless of whether the drug or drugs have been approved by the
16 FDA or the drug manufacturer to induce an abortion.

17 4. RU-486 (mifepristone) or any other drug administered for the purpose of
18 inducing an abortion shall only be administered in a hospital or in an abortion facility.
19 The abortion facility shall also be licensed as an ambulatory surgical center under sections
20 197.200 to 197.240 if any second- or third-trimester abortions or five or more first-
21 trimester abortions per month are performed or induced at the facility.

22 5. RU-486 (mifepristone) or any other drug administered for the purpose of
23 inducing an abortion shall only be administered by:

24 (1) The physician who prescribed the initial dose of the drug or another physician
25 acting under the prescribing physician's authority, and who is in the physical presence of
26 the patient; or

27 (2) The patient to administer to herself, at the direction of the physician, any
28 subsequent dose or doses of the prescribed drug.

29 6. Due to a significant number of drug-induced abortions later requiring surgical
30 intervention and consistent with the provisions of section 188.080, no physician shall
31 prescribe or administer RU-486 (mifepristone) or any other drug administered for the
32 purpose of inducing an abortion unless the physician:

33 (1) Has clinical privileges at a hospital which offers obstetrical or gynecological
34 care located within thirty miles of the location at which the abortion is induced; and

35 (2) Has privileges at the hospital or at the abortion facility where the drug or drugs
36 were administered to perform surgical intervention, including but not limited to surgical
37 abortion.

38 7. If a patient who was administered RU-486 (mifepristone) or any other drug
39 administered for the purpose of inducing an abortion decides to carry her unborn child to
40 term before the abortion is completed, the patient shall be immediately referred to another
41 physician who did not prescribe or administer the drug or drugs so the patient can receive
42 medical assistance for herself and her unborn child.

43 8. Malformations or other birth defects can occur in a child who survives an
44 attempted abortion and is born alive after the administration of RU-486 (mifepristone) or
45 other drugs. The state may otherwise be obligated to provide significant medical, mental
46 health, rehabilitative, vocational, educational, or other care or assistance for such child
47 throughout his or her lifetime if the physician who attempted the abortion carried
48 inadequate insurance. Therefore, any physician who prescribes or administers RU-486
49 (mifepristone) or any other drug for the purpose of inducing an abortion shall, in addition
50 to complying with the medical malpractice requirements of section 188.043, obtain and

51 **maintain in force a tail or occurrence-based insurance policy of at least one million dollars**
52 **per occurrence and three million dollars in the aggregate per year for personal injury to**
53 **or death of a child born alive after an attempted abortion. Such policy shall be maintained**
54 **in force or be in effect until such child reaches his or her twenty-first birthday, or later,**
55 **under section 516.105.**

56 **9. (1) Any person who violates the provisions of subsection 2 of this section is guilty**
57 **of a class C felony; except that, any person who prescribes or administers any drug for the**
58 **purpose of inducing an abortion on another person without the other person's knowledge**
59 **or consent is guilty of a class B felony.**

60 **(2) Any person who violates any provision of subsections 3 to 8 of this section is**
61 **guilty of a class A misdemeanor.**

191.332. 1. By January 1, 2002, the department of health and senior services shall,
2 subject to appropriations, expand the newborn screening requirements in section 191.331 to
3 include potentially treatable or manageable disorders, which may include but are not limited to
4 cystic fibrosis, galactosemia, biotinidase deficiency, congenital adrenal hyperplasia, maple syrup
5 urine disease (MSUD) and other amino acid disorders, glucose-6-phosphate dehydrogenase
6 deficiency (G-6-PD), MCAD and other fatty acid oxidation disorders, methylmalonic acidemia,
7 propionic acidemia, isovaleric acidemia and glutaric acidemia Type I.

8 **2. By January 1, 2013, the department of health and senior services shall, subject**
9 **to appropriations, expand the newborn screening requirements in section 191.331 to**
10 **include severe combined immune deficiency disease (SCID), also known as bubble boy**
11 **disease.**

12 **3.** The department of health and senior services may promulgate rules to implement the
13 provisions of this section. No rule or portion of a rule promulgated pursuant to the authority of
14 this section shall become effective unless it has been promulgated pursuant to chapter 536.

199.170. The following terms, as used in sections 199.170 to [199.270] **199.350**, mean:

2 (1) "Active tuberculosis", tuberculosis disease **caused by the mycobacterium**
3 **tuberculosis complex** that is demonstrated to be contagious by clinical, bacteriological, or
4 radiological evidence. Tuberculosis is considered active until cured;

5 (2) "Cure" or "treatment to cure", the completion of a recommended course of therapy
6 as defined in subdivision [(5)] **(11)** of this section and as determined by the [attending physician]
7 **local public health authority or the department of health and senior services;**

8 (3) "Department", the department of health and senior services;

9 (4) "Directly observed therapy" or "DOT", a strategy in which a health care
10 **provider or other trained person watches a patient swallow each dose of prescribed**
11 **antituberculosis medication;**

12 **(5) "Facility", any hospital licensed under chapter 197, any public nonlicensed**
13 **hospital, any long-term care facility licensed under chapter 198, any health care institution,**
14 **any correctional or detention facility, or any mental health facility approved by the local**
15 **public health authority or the department;**

16 **(6) "Immediate threat", a rebuttable presumption that a person has active**
17 **tuberculosis and:**

18 **(a) Is not taking medications as prescribed;**

19 **(b) Is not following the recommendations of the treating physician, local public**
20 **health authority, or the department;**

21 **(c) Is not seeking treatment for signs and symptoms compatible with tuberculosis;**
22 **or**

23 **(d) Evidences a disregard for the health of the public;**

24 **(7) "Isolation", the physical separation in a single-occupancy room to isolate**
25 **persons with suspected or confirmed infectious TB disease. An isolation should provide**
26 **negative pressure in the room, an airflow rate of six to twelve air changes per hour, and**
27 **direct exhaust of air from the room to the outside of the building or recirculation of the air**
28 **through a high efficiency particulate air (HEPA) filter;**

29 **(8) "Latent tuberculosis infection", infection with mycobacterium tuberculosis**
30 **without symptoms or signs of disease. Patients with such infection do not have TB disease,**
31 **and are not infectious and cannot spread TB infection to others;**

32 **(9) "Local [board] public health authority", any legally constituted local city or county**
33 **board of health or health center board of trustees or the director of health of the city of Kansas**
34 **City, the director of the Springfield-Greene County health department, the director of health of**
35 **St. Louis County or the commissioner of health of the City of St. Louis, or in the absence of such**
36 **board, the county commission or the county board of tuberculosis hospital commissioners of any**
37 **county;**

38 **[(4)] (10) "Potential transmitter", any person who has the diagnosis of pulmonary **or****
39 **laryngeal tuberculosis but has not begun a recommended course of therapy, or who has the**
40 **diagnosis of pulmonary tuberculosis and has started a recommended course of therapy but has**
41 **not completed the therapy. This status applies to any individual with tuberculosis, regardless of**
42 **his or her current bacteriologic status;**

43 **[(5)] (11) "Recommended course of therapy", a regimen of antituberculosis**
44 **chemotherapy in accordance with medical standards of the American Thoracic Society [and] ,**
45 **the Centers for Disease Control and Prevention, the **Infectious Diseases Society of America,****
46 **or the **American Academy of Pediatrics;****

47 **(12) "Targeted testing program", a program that screens all faculty and students**
48 **to identify those at high risk for latent TB infection and person at high risk for developing**
49 **TB disease, and includes testing of identified high risk populations to determine those that**
50 **would benefit from treatment. Screening shall require the completion of a TB risk**
51 **assessment questionnaire form recommended by the American College of Health**
52 **Association or the Centers for Disease Control and Prevention. High risk populations**
53 **include students from countries where TB epidemic or students with other risk factors for**
54 **TB as identified by the Centers for Disease Control and Prevention.**

199.180. 1. A person found to have tuberculosis shall follow the instructions of the local
2 [board] **public health authority or the department**, shall obtain the required treatment, and
3 shall minimize the risk of infecting others with tuberculosis.

4 2. When a person with active tuberculosis, or a person who is a potential transmitter,
5 violates the rules, regulations, instructions, or orders promulgated by the department of health
6 and senior services or the local [board] **public health authority**, and is thereby conducting
7 himself or herself so as to expose other persons to danger of [infection] **tuberculosis**, after
8 having been directed by the local [board] **public health authority** to comply with such rules,
9 regulations, instructions, or orders, the local [board] **public health authority** may institute
10 proceedings by petition for **DOT or** commitment, returnable to the circuit court of the county
11 in which such person resides, or if the person be a nonresident or has no fixed place of abode,
12 then in the county in which the person is found. Strictness of pleading shall not be required and
13 a general allegation that the public health requires **DOT or** commitment of the person named
14 therein shall be sufficient.

15 3. If the [board] **public health authority** determines that a person with active
16 tuberculosis, or a person who is a potential transmitter, poses an immediate threat by conducting
17 himself or herself so as to expose other persons to an immediate danger of [infection]
18 **tuberculosis**, the [board] **public health authority** may file an ex parte petition for emergency
19 temporary commitment pursuant to subsection 5 of section 199.200.

199.190. No potential transmitter who in his **or her** home or other place obeys the rules
2 and regulations of the **public health authority or the** department of health and senior services,
3 **and the policies of the treating facility**, for the control of tuberculosis or who voluntarily
4 accepts care in a tuberculosis institution, [sanatorium,] hospital, [his] home, or other place and
5 obeys the rules and regulations of the **public health authority or the** department of health and
6 senior services for the control of contagious tuberculosis shall be committed under the provisions
7 of sections 199.170 to [199.270] **199.350**.

199.200. 1. Upon filing of the petition, the court shall set the matter down for a hearing
2 either during term time or in vacation, which time shall be not less than five days nor more than

3 fifteen days subsequent to filing. A copy of the petition together with summons stating the time
4 and place of hearing shall be served upon the person three days or more prior to the time set for
5 the hearing. Any X-ray picture and report of any written report relating to sputum examinations
6 certified by the department of health and senior services or local [board] **public health authority**
7 shall be admissible in evidence without the necessity of the personal testimony of the person or
8 persons making the examination and report.

9 2. The prosecuting attorney or the city attorney shall act as legal counsel for their
10 respective local [boards] **public health authorities** in this proceeding and such authority is
11 hereby granted. The court shall appoint legal counsel for the individual named in the petition
12 if requested to do so if such individual is unable to employ counsel.

13 3. All court costs incurred in proceedings under sections 199.170 to [199.270] **199.350**,
14 including examinations required by order of the court but excluding examinations procured by
15 the person named in the petition, shall be borne by the county in which the proceedings are
16 brought.

17 4. Summons shall be served by the sheriff of the county in which proceedings under
18 sections 199.170 to [199.270] **199.350** are initiated and return thereof shall be made as in other
19 civil cases.

20 5. Upon the filing of an ex parte petition for emergency temporary commitment pursuant
21 to subsection 3 of section 199.180, the court shall hear the matter within ninety-six hours of such
22 filing. The local [board] **public health authority** shall have the authority to detain the
23 individual named in the petition pending the court's ruling on the ex parte petition for emergency
24 temporary commitment. If the petition is granted, the individual named in the petition shall be
25 confined in a facility designated by the department of health and senior services in accordance
26 with section 199.230 until a full hearing pursuant to subsections 1 to 4 of this section is held.

199.210. 1. Upon the hearing set in the order, the individual named in the order shall
2 have a right to be represented by counsel, to confront and cross-examine witnesses against him
3 **or her**, and to have compulsory process for the securing of witnesses and evidence in his **or her**
4 own behalf. The court may in its discretion call and examine witnesses and secure the
5 production of evidence in addition to that adduced by the parties; such additional witnesses being
6 subject to cross-examination by either or both parties.

7 2. Upon a consideration of the petition and evidence, if the court finds that the person
8 named in the petition is a potential transmitter and conducts himself **or herself** so as to be a
9 danger to the public health, an order shall be issued committing the individual named in the
10 petition to a facility designated by the department of health and senior services and directing the
11 sheriff to take [him] **such individual** into custody and deliver him **or her** to the facility **or**
12 **designated pickup location**. If the court does not so find, the petition shall be dismissed. The

13 cost of transporting the person to the facility **or pickup location** designated by the department
14 of health and senior services shall be paid out of general county funds.

15 **3. The department may contract for the care of any tuberculosis patient. Such**
16 **contracts shall provide that state payment shall be available for the treatment and care of**
17 **such patients only after benefits from all third-party payers have been exhausted.**

199.240. No person committed to a facility designated by the department of health and
2 senior services under sections 199.170 to [199.270] **199.350** shall be required to submit to
3 medical or surgical treatment without [his] **such person's** consent, or, if incapacitated, without
4 the consent of his **or her** legal guardian, or, if a minor, without the consent of a parent or next
5 of kin, **unless authorized by a written order of the circuit court under section 199.200 or**
6 **as otherwise permitted by law.**

199.250. 1. The department of health and senior services may contract for such facilities
2 [at the Missouri rehabilitation center] as are necessary to carry out the functions of sections
3 199.010 to 199.350. Such contracts shall be exempt from the competitive bidding requirements
4 of chapter 34.

5 2. State payment shall be available for the treatment and care of individuals committed
6 under section 199.210 only after benefits from all third-party payers have been exhausted.

199.260. Any person committed under the provisions of sections 199.170 to [199.270]
2 **199.350** who leaves the facility designated by the department of health and senior services
3 without having been discharged by the director of the facility or other officer in charge or by
4 order of court shall be taken into custody and returned thereto by the sheriff of any county where
5 such person may be found, upon an affidavit being filed with the sheriff by the director of the
6 facility, or duly authorized officer in charge thereof, to which the person had been committed.
7 **The action may be prosecuted under section 199.275 if appropriate.**

199.270. Any time after commitment, the patient [or any friend or relative] **or, if**
2 **incapacitated, the patient's legal guardian, or if a minor, a parent or next of kin** having
3 reason to believe that such patient no longer has contagious tuberculosis or that his **or her**
4 discharge will not endanger public health, may institute proceedings by petition, in the circuit
5 court of the county [wherein the confinement exists] **that originally issued the order for**
6 **commitment**, whereupon the court shall set the matter down for a hearing before [him] **the**
7 **court** within fifteen days requiring the [person or persons to whose care the patient was
8 committed] **local public health authority** to show cause on a day certain why the patient should
9 not be released. The court shall also require that the patient be allowed the right to be examined
10 prior to the hearing by a licensed physician of [his] **the patient's** own choice, if so desired, and
11 at [his] **the patient's** own personal expense. Thereafter all proceedings shall be conducted the
12 same as on the proceedings for commitment with the right of appeal by either party as herein

13 provided; provided, however, such petition for discharge shall not be brought or renewed oftener
14 than once every six months.

**199.275. 1. It shall be unlawful for any person knowingly infected with active
2 pulmonary or laryngeal TB to:**

3 **(1) Act in a reckless manner by exposing another person to TB without the**
4 **knowledge and consent of such person to be exposed to TB; or**

5 **(2) Report to work with active contagious tuberculosis. The person may report to**
6 **work if adhering to his or her prescribed treatment regimen and is deemed noninfectious**
7 **by the department or the local public health authority; or**

8 **(3) Violate the requirements of a commitment order.**

9 **2. Any person who violates subdivisions (1), (2), or (3) of subsection 1 of this section**
10 **is guilty of a class D felony unless the victim contracts TB from such contact, in which case**
11 **it is a class C felony.**

**199.280. The department retains all powers granted under section 192.020 in
2 responding to tuberculosis cases, outbreaks, and tuberculosis disease investigations.**

**199.290. The department or local public health authority shall have the authority
2 to:**

3 **(1) Investigate and examine suspected tuberculosis cases, including persons who**
4 **have had contact with a person who is suspected of having tuberculosis;**

5 **(2) Require the administration of antituberculosis chemotherapy for the treatment**
6 **of a latent tuberculosis infection or active TB; and**

7 **(3) Make the necessary contractual arrangements with hospitals or other health**
8 **care providers for the care and treatment of patients with active tuberculosis patients as**
9 **necessary and as resources permit.**

**199.300. 1. When the local public health authority or the department is notified
2 that a person with active TB is within its jurisdiction, the local public health authority or
3 the department shall immediately initiate an investigation.**

4 **2. In performance of the duty to prevent or control tuberculosis, the local public**
5 **health authority or the department, at reasonable times and within reasonable limits, may**
6 **enter and inspect:**

7 **(1) A public place in the performance of its duty to prevent or control tuberculosis.**
8 **For purposes of this subdivision, "public place" means all or any portion of an area, lands,**
9 **building, or other structure that is generally open to the public or to which the public has**
10 **access and is not used primarily for private residential purposes;**

11 **(2) Any public or commercial means of transportation or common carrier,**
12 **including a vehicle, watercraft, aircraft, in the performance of its duty to prevent or**
13 **control tuberculosis;**

14 **(3) Private property and premises to locate and inspect persons who may have**
15 **active tuberculosis. The department shall first seek the consent of an adult occupant to**
16 **enter the building or premises to enforce the provisions of this section. If consent is not**
17 **granted or if it is not possible to reasonably obtain, the department or designated**
18 **representative may petition the circuit court in which the property is located for an ex**
19 **parte order which would allow entry into the building or onto the premises to locate the**
20 **person who may have active tuberculosis and to inspect the building or premises for other**
21 **persons who may be at risk of exposure to active tuberculosis. The scope of the search**
22 **shall be limited to those areas in which the case or other persons who may be at risk of**
23 **exposure to active tuberculosis may reasonably be found.**

199.340. 1. All employees and volunteers of a health care facility shall receive a
2 **tuberculin skin test or interferon gamma release assay (IGRA) test upon employment as**
3 **recommended in the most recent version of the Centers for Disease Control and Prevention**
4 **(CDC) Guidelines for Preventing Transmission of Mycobacterium Tuberculosis in Health**
5 **Care Settings. If the screening test is positive, appropriate evaluation and follow-up shall**
6 **be done in accordance with such CDC guidelines. This provision shall not be construed**
7 **to prohibit any institution from establishing requirements for employees or volunteers that**
8 **exceed those stated in the CDC guidelines.**

9 **2. All college and university campuses in Missouri shall implement a targeted**
10 **testing program on their campuses for all on-campus students upon matriculation.**

11 **3. Any entering student of a college or university in Missouri who does not comply**
12 **with the targeted testing program shall not be permitted to maintain enrollment in the**
13 **subsequent semester at such college or university.**

376.1575. As used in sections 376.1575 to 376.1580, the following terms shall mean:

2 **(1) "Completed application", a practitioner's application to a health carrier that**
3 **seeks the health carrier's authorization for the practitioner to provide patient care services**
4 **as a member of the health carrier's network and does not omit any information which is**
5 **clearly required by the application form or the accompanying instructions;**

6 **(2) "Credentialing", a health carrier's process of assessing and validating the**
7 **qualifications of a practitioner to provide patient care services and act as a member of the**
8 **health carrier's provider network;**

9 **(3) "Health carrier", the same meaning as such term is defined in section 376.1350;**

10 **(4) "Practitioner":**

- 11 **(a) A physician or physician assistant eligible to provide treatment services under**
12 **chapter 334;**
- 13 **(b) A pharmacist eligible to provide services under chapter 338;**
- 14 **(c) A dentist eligible to provide services under chapter 332;**
- 15 **(d) A chiropractor eligible to provide services under chapter 331;**
- 16 **(e) An optometrist eligible to provide services under chapter 336;**
- 17 **(f) A podiatrist eligible to provide services under chapter 330;**
- 18 **(g) A psychologist or licensed clinical social worker eligible to provide services**
19 **under chapter 337; or**
- 20 **(h) An advanced practice nurse eligible to provide services under chapter 335.**

376.1578. 1. (1) Within forty-eight hours after receipt of an electronically filed
2 **credentialing application by a health carrier, the carrier shall send an electronic notice of**
3 **receipt to the practitioner.**

4 **(2) Within five calendar days after receipt of a paper credentialing application by**
5 **a health carrier, the carrier shall send a notice of receipt to the practitioner.**

6 **2. A health carrier shall assess a health care practitioner's credentialing**
7 **information and make a decision as to whether to approve or deny the practitioner's**
8 **credentialing application within sixty calendar days of the date of receipt of the completed**
9 **application. The sixty-day deadline established in this section shall not apply if the**
10 **application or subsequent verification of information indicates that the practitioner has:**

11 **(1) A history of behavioral disorders or other impairments affecting the**
12 **practitioner's ability to practice, including but not limited to substance abuse;**

13 **(2) Licensure disciplinary actions against the practitioner's license to practice**
14 **imposed by any state or territory or foreign jurisdiction;**

15 **(3) Had the practitioner's hospital admitting or surgical privileges or other**
16 **organizational credentials or authority to practice revoked, restricted, or suspended based**
17 **on the practitioner's clinical performance; or**

18 **(4) A judgment or judicial award against the practitioner arising from a medical**
19 **malpractice liability lawsuit.**

20 **3. The department of insurance, financial institutions and professional registration**
21 **shall establish a mechanism for reporting alleged violations of this section to the**
22 **department. Repeated violations of this section by a health carrier shall constitute an**
23 **unfair trade practice in the business of insurance, as defined in sections 375.394 and**
24 **375.396, by limiting the insured's full freedom of choice in the selection of licensed**
25 **providers as described in paragraph (b) of subdivision (11) of section 375.396.**

376.1580. 1. Within ten business days of receiving a completed application from a practitioner, a health carrier shall permit a practitioner to bill and be paid directly by the insurer for providing treatment services as of the date of receipt of the credentialing application to the enrollees of the health carrier while the credentialing application is under review, subject to the following limitations:

(1) The health carrier may limit the payment rate to the fee schedule or other reimbursement mechanism applicable to practitioners who are not included in the health carrier's network of contracted providers;

(2) The health carrier may refuse to allow a practitioner the capacity to bill and be directly paid if the practitioner is not affiliated with an entity that has a current contractual relationship with the health carrier to provide treatment services to the health carrier's enrollees as part of the carrier's provider network;

(3) The health carrier may refuse to list the practitioner in a directory or other list of providers made available to the health carrier's enrollees as part of the health carrier's provider network;

(4) The health carrier may refuse to allow the practitioner to be designated as an enrollee's designated primary care or care coordinating practitioner while the credentialing application is pending; and

(5) Any obligation to allow a practitioner to bill and be directly paid under this section shall cease upon the health carrier's providing notice to the practitioner that the practitioner's credentialing application has been denied, provided that treatment services rendered prior to the date of receipt of the denial shall be eligible to be billed and directly paid.

2. Nothing in this section shall require a health carrier to pay for treatment services which are excluded from the health carrier's benefit plan.

3. The provisions of this section shall not apply:

(1) To any practitioner who fails to sign, complete and return to the health carrier within ten business days a contract offered by the carrier in response to the practitioner's application for credentialing. Any claim made by such provider prior to the ten business days after a contract is offered by the carrier shall be covered under the provision of sections 376.1575 to 376.1580.

(2) At any such time the contractual relationship between the entity with whom the providers is affiliated and the health carrier is not in force or effect.

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