

ROUGH DRAFT NO. 1

AN ACT

To repeal section 105.711, RSMo, and to enact in lieu thereof two new sections relating to a MO HealthNet benefits pilot project, with penalty provisions.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

Section A. Section 105.711, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 105.711 and 208.188, to read as follows:

105.711. 1. There is hereby created a "State Legal Expense Fund" which shall consist of moneys appropriated to the fund by the general assembly and moneys otherwise credited to such fund pursuant to section 105.716.

2. Moneys in the state legal expense fund shall be available for the payment of any claim or any amount required by any final judgment rendered by a court of competent jurisdiction against:

(1) The state of Missouri, or any agency of the state, pursuant to section 536.050 [or] ~~536.087~~ or [section] 537.600;

(2) Any officer or employee of the state of Missouri or any agency of the state, including, without limitation, elected officials, appointees, members of state boards or commissions, and members of the Missouri National Guard upon conduct of such officer or employee arising out of and performed in connection with his or her official duties on behalf of the state, or any agency of the state, provided that moneys in this fund shall not be available for payment of claims made under chapter 287;

(3) (a) Any physician, psychiatrist, pharmacist, podiatrist, dentist, nurse, or other health care provider licensed to practice in Missouri under the provisions of chapter 330, 332, 334, 335, 336, 337 or 338 who is employed by the state of Missouri or any agency of the state under formal contract to conduct disability reviews on behalf of the department of elementary and secondary education or provide services to patients or inmates of state correctional facilities on a part-time basis, and any physician, psychiatrist, pharmacist, podiatrist, dentist, nurse, or other health care provider licensed to practice in Missouri under the provisions of chapter 330, 332, 334, 335, 336, 337, or 338 who is under formal contract to provide services to patients or inmates at a county jail on a part-time basis;

(b) Any physician licensed to practice medicine in Missouri under the provisions of chapter 334 and his or her professional corporation organized pursuant to chapter 356 who is employed by or under contract with a city or county health department organized under chapter 192 or chapter 205, or a city health department operating under a city charter, or a combined city-county health department to provide services to patients for medical care caused by pregnancy, delivery, and child care, if such medical services are provided by the physician pursuant to the contract without compensation or the physician is paid from no other source than a governmental agency except for patient co-payments required by federal or state law or local ordinance;

(c) Any physician licensed to practice medicine in Missouri under the provisions of chapter 334 who is employed by or under

contract with a federally funded community health center organized under Section 315, 329, 330 or 340 of the Public Health Services Act (42 U.S.C. 216, 254c) to provide services to patients for medical care caused by pregnancy, delivery, and child care, if such medical services are provided by the physician pursuant to the contract or employment agreement without compensation or the physician is paid from no other source than a governmental agency or such a federally funded community health center except for patient co-payments required by federal or state law or local ordinance. In the case of any claim or judgment that arises under this paragraph, the aggregate of payments from the state legal expense fund shall be limited to a maximum of one million dollars for all claims arising out of and judgments based upon the same act or acts alleged in a single cause against any such physician, and shall not exceed one million dollars for any one claimant;

(d) Any physician licensed pursuant to chapter 334 who is affiliated with and receives no compensation from a nonprofit entity qualified as exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, which offers a free health screening in any setting or any physician, chiropractor, nurse, physician assistant, dental hygienist, dentist, or other health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 who provides health care services within the scope of his or her license or registration at a city or county health department organized under chapter 192 or chapter 205, a city health department operating under a city charter, or a combined

city-county health department, or a nonprofit community health center qualified as exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, if such services are restricted to primary care and preventive health services, provided that such services shall not include the performance of an abortion, and if such health services are provided by the health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 without compensation. MO HealthNet or Medicare payments for primary care and preventive health services provided by a health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 who volunteers at a free health clinic is not compensation for the purpose of this section if the total payment is assigned to the free health clinic. For the purposes of the section, "free health clinic" means a nonprofit community health center qualified as exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code of 1987, as amended, that provides primary care and preventive health services to people without health insurance coverage for the services provided without charge. In the case of any claim or judgment that arises under this paragraph, the aggregate of payments from the state legal expense fund shall be limited to a maximum of five hundred thousand dollars, for all claims arising out of and judgments based upon the same act or acts alleged in a single cause and shall not exceed five hundred thousand dollars for any one claimant, and insurance policies purchased pursuant to the provisions of section 105.721 shall be limited to five hundred thousand dollars. Liability or malpractice insurance

obtained and maintained in force by or on behalf of any health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 shall not be considered available to pay that portion of a judgment or claim for which the state legal expense fund is liable under this paragraph;

(e) Any physician, nurse, physician assistant, dental hygienist, or dentist licensed or registered to practice medicine, nursing, or dentistry or to act as a physician assistant or dental hygienist in Missouri under the provisions of chapter 332, 334, or 335, or lawfully practicing, who provides medical, nursing, or dental treatment within the scope of his license or registration to students of a school whether a public, private, or parochial elementary or secondary school or summer camp, if such physician's treatment is restricted to primary care and preventive health services and if such medical, dental, or nursing services are provided by the physician, dentist, physician assistant, dental hygienist, or nurse without compensation. In the case of any claim or judgment that arises under this paragraph, the aggregate of payments from the state legal expense fund shall be limited to a maximum of five hundred thousand dollars, for all claims arising out of and judgments based upon the same act or acts alleged in a single cause and shall not exceed five hundred thousand dollars for any one claimant, and insurance policies purchased pursuant to the provisions of section 105.721 shall be limited to five hundred thousand dollars; [or]

(f) Any physician licensed under chapter 334, or dentist licensed under chapter 332, providing medical care without

compensation to an individual referred to his or her care by a city or county health department organized under chapter 192 or 205, a city health department operating under a city charter, or a combined city-county health department, or nonprofit health center qualified as exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or a federally funded community health center organized under Section 315, 329, 330, or 340 of the Public Health Services Act, 42 U.S.C. Section 216, 254c; provided that such treatment shall not include the performance of an abortion. In the case of any claim or judgment that arises under this paragraph, the aggregate of payments from the state legal expense fund shall be limited to a maximum of one million dollars for all claims arising out of and judgments based upon the same act or acts alleged in a single cause and shall not exceed one million dollars for any one claimant, and insurance policies purchased under the provisions of section 105.721 shall be limited to one million dollars. Liability or malpractice insurance obtained and maintained in force by or on behalf of any physician licensed under chapter 334, or any dentist licensed under chapter 332, shall not be considered available to pay that portion of a judgment or claim for which the state legal expense fund is liable under this paragraph;

(g) Any physician licensed under chapter 334 who is under contract to provide medical care to participants in the MO HealthNet pilot project established under section 208.188. In the case of any claim or judgment that arises under this paragraph, the aggregate of payments from the state legal expense

fund shall be limited to a maximum of five hundred thousand dollars for all claims arising out of and judgments based upon the same act or acts alleged in a single cause and shall not exceed five hundred thousand dollars for any one claimant, and insurance policies purchased under the provisions of section 105.721 shall be limited to five hundred thousand dollars.
Liability or malpractice insurance obtained and maintained in force by or on behalf of any physician licensed under chapter 334 shall not be considered available to pay that portion of a judgment or claim for which the state legal expense fund is liable under this paragraph;

(4) Staff employed by the juvenile division of any judicial circuit;

(5) Any attorney licensed to practice law in the state of Missouri who practices law at or through a nonprofit community social services center qualified as exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or through any agency of any federal, state, or local government, if such legal practice is provided by the attorney without compensation. In the case of any claim or judgment that arises under this subdivision, the aggregate of payments from the state legal expense fund shall be limited to a maximum of five hundred thousand dollars for all claims arising out of and judgments based upon the same act or acts alleged in a single cause and shall not exceed five hundred thousand dollars for any one claimant, and insurance policies purchased pursuant to the provisions of section 105.721 shall be limited to five hundred thousand dollars;

(6) Any social welfare board created under section 205.770 and the members and officers thereof upon conduct of such officer or employee while acting in his or her capacity as a board member or officer, and any physician, chiropractor, nurse, physician assistant, dental hygienist, dentist, or other health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 who is referred to provide medical care without compensation by the board and who provides health care services within the scope of his or her license or registration as prescribed by the board; or

(7) Any person who is selected or appointed by the state director of revenue under subsection 2 of section 136.055 to act as an agent of the department of revenue, to the extent that such agent's actions or inactions upon which such claim or judgment is based were performed in the course of the person's official duties as an agent of the department of revenue and in the manner required by state law or department of revenue rules.

3. The department of health and senior services shall promulgate rules regarding contract procedures and the documentation of care provided under paragraphs (b), (c), (d), (e), [and] (f), and (g) of subdivision (3) of subsection 2 of this section. The limitation on payments from the state legal expense fund or any policy of insurance procured pursuant to the provisions of section 105.721, provided in subsection 7 of this section, shall not apply to any claim or judgment arising under paragraph (a), (b), (c), (d), (e), [or] (f), or (g) of subdivision (3) of subsection 2 of this section. Any claim or judgment arising under paragraph (a), (b), (c), (d), (e), [or]

(f), or (g) of subdivision (3) of subsection 2 of this section shall be paid by the state legal expense fund or any policy of insurance procured pursuant to section 105.721, to the extent damages are allowed under sections 538.205 to 538.235. Liability or malpractice insurance obtained and maintained in force by any health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 for coverage concerning his or her private practice and assets shall not be considered available under subsection 7 of this section to pay that portion of a judgment or claim for which the state legal expense fund is liable under paragraph (a), (b), (c), (d), (e), **[or]** (f), or (g) of subdivision (3) of subsection 2 of this section. However, a health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 may purchase liability or malpractice insurance for coverage of liability claims or judgments based upon care rendered under paragraphs (c), (d), (e), **[and]** (f), and (g) of subdivision (3) of subsection 2 of this section which exceed the amount of liability coverage provided by the state legal expense fund under those paragraphs. Even if paragraph (a), (b), (c), (d), (e), **[or]** (f), or (g) of subdivision (3) of subsection 2 of this section is repealed or modified, the state legal expense fund shall be available for damages which occur while the pertinent paragraph (a), (b), (c), (d), (e), **[or]** (f), or (g) of subdivision (3) of subsection 2 of this section is in effect.

4. The attorney general shall promulgate rules regarding contract procedures and the documentation of legal practice provided under subdivision (5) of subsection 2 of this section.

The limitation on payments from the state legal expense fund or any policy of insurance procured pursuant to section 105.721 as provided in subsection 7 of this section shall not apply to any claim or judgment arising under subdivision (5) of subsection 2 of this section. Any claim or judgment arising under subdivision (5) of subsection 2 of this section shall be paid by the state legal expense fund or any policy of insurance procured pursuant to section 105.721 to the extent damages are allowed under sections 538.205 to 538.235. Liability or malpractice insurance otherwise obtained and maintained in force shall not be considered available under subsection 7 of this section to pay that portion of a judgment or claim for which the state legal expense fund is liable under subdivision (5) of subsection 2 of this section. However, an attorney may obtain liability or malpractice insurance for coverage of liability claims or judgments based upon legal practice rendered under subdivision (5) of subsection 2 of this section that exceed the amount of liability coverage provided by the state legal expense fund under subdivision (5) of subsection 2 of this section. Even if subdivision (5) of subsection 2 of this section is repealed or amended, the state legal expense fund shall be available for damages that occur while the pertinent subdivision (5) of subsection 2 of this section is in effect.

5. All payments shall be made from the state legal expense fund by the commissioner of administration with the approval of the attorney general. Payment from the state legal expense fund of a claim or final judgment award against a health care professional licensed or registered under chapter 330, 331, 332,

334, 335, 336, 337, or 338, described in paragraph (a), (b), (c), (d), (e), [or] (f), or (g) of subdivision (3) of subsection 2 of this section, or against an attorney in subdivision (5) of subsection 2 of this section, shall only be made for services rendered in accordance with the conditions of such paragraphs. In the case of any claim or judgment against an officer or employee of the state or any agency of the state based upon conduct of such officer or employee arising out of and performed in connection with his or her official duties on behalf of the state or any agency of the state that would give rise to a cause of action under section 537.600, the state legal expense fund shall be liable, excluding punitive damages, for:

- (1) Economic damages to any one claimant; and
- (2) Up to three hundred fifty thousand dollars for noneconomic damages.

The state legal expense fund shall be the exclusive remedy and shall preclude any other civil actions or proceedings for money damages arising out of or relating to the same subject matter against the state officer or employee, or the officer's or employee's estate. No officer or employee of the state or any agency of the state shall be individually liable in his or her personal capacity for conduct of such officer or employee arising out of and performed in connection with his or her official duties on behalf of the state or any agency of the state. The provisions of this subsection shall not apply to any defendant who is not an officer or employee of the state or any agency of the state in any proceeding against an officer or employee of the

state or any agency of the state. Nothing in this subsection shall limit the rights and remedies otherwise available to a claimant under state law or common law in proceedings where one or more defendants is not an officer or employee of the state or any agency of the state.

6. The limitation on awards for noneconomic damages provided for in this subsection shall be increased or decreased on an annual basis effective January first of each year in accordance with the Implicit Price Deflator for Personal Consumption Expenditures as published by the Bureau of Economic Analysis of the United States Department of Commerce. The current value of the limitation shall be calculated by the director of the department of insurance, financial institutions and professional registration, who shall furnish that value to the secretary of state, who shall publish such value in the Missouri Register as soon after each January first as practicable, but it shall otherwise be exempt from the provisions of section 536.021.

7. Except as provided in subsection 3 of this section, in the case of any claim or judgment that arises under sections 537.600 and 537.610 against the state of Missouri, or an agency of the state, the aggregate of payments from the state legal expense fund and from any policy of insurance procured pursuant to the provisions of section 105.721 shall not exceed the limits of liability as provided in sections 537.600 to 537.610. No payment shall be made from the state legal expense fund or any policy of insurance procured with state funds pursuant to section 105.721 unless and until the benefits provided to pay the claim

by any other policy of liability insurance have been exhausted.

8. The provisions of section 33.080 notwithstanding, any moneys remaining to the credit of the state legal expense fund at the end of an appropriation period shall not be transferred to general revenue.

9. Any rule or portion of a rule, as that term is defined in section 536.010, that is promulgated under the authority delegated in sections 105.711 to 105.726 shall become effective only if it has been promulgated pursuant to the provisions of chapter 536. Nothing in this section shall be interpreted to repeal or affect the validity of any rule filed or adopted prior to August 28, 1999, if it fully complied with the provisions of chapter 536. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 1999, shall be invalid and void.

208.188. 1. Beginning July 1, 2015, subject to appropriations and receipt of waivers from the Department of Health and Human Services, the MO HealthNet division shall establish a pilot project which implements an electronic benefit transfer (EBT) payment system for receipt of MO HealthNet services by participating recipients. Such system shall:

(1) Allow participating recipients to receive MO HealthNet services from providers selected by the recipients through direct pay to the provider, a health insurance plan, managed care plan,

health services plan, health savings account, or any other available health care product providing benefits and payment for services approved by the division;

(2) Require the use of electronic benefit transfer (EBT) cards issued to participating recipients to pay for MO HealthNet services;

(3) Require recipients to receive minimum health care services each year as determined by the department by rule, such as annual examinations and preventive health care screenings, dental care, and eye care;

(4) Provide educational opportunities for recipients relating to budgeting, planning, and appropriate use of health care options;

(5) Provide incentives for recipients to seek health care services as needed, while retaining a portion of any savings achieved from efficient use of their EBT cards;

(6) Provide additional assistance to recipients for health savings accounts, payment of health insurance premiums, and other health-related costs to recipients not covered under the MO HealthNet program;

(7) Provide reimbursement of all willing providers at a rate of one hundred percent of the Medicare reimbursement rate for the same or similar services provided;

(8) Provide demographic and cost efficiency information to determine feasibility of statewide implementation of the EBT payment system; and

(9) Provide an incentive, as determined by the department, for recipients who engage in healthy behaviors.

2. The department of social services shall seek all waivers from the Department of Health and Human Services necessary to implement the provisions of this section. If such waivers are not granted by the Department of Health and Human Services, the department shall not be required to implement the provisions of this section.

3. (1) The MO HealthNet division shall establish a minimum of three, but not more than six, pilot project areas in this state which shall include at least ten percent of the total MO HealthNet recipient population in the first two years of the pilot project. In the third year of the pilot project, the division may increase the total number of pilot project areas to not more than ten and shall increase the number of participants to at least twenty percent of the total MO HealthNet recipient population. If the pilot project is automatically implemented on a statewide basis in accordance with subsection 14 of this section, the EBT payment system shall apply to every MO HealthNet recipient. To ensure an accurate sampling of MO HealthNet recipients, the demographics of the pilot project population shall reflect, to the extent practicable, the current percentages of recipients in the MO HealthNet program population regarding age, gender, socioeconomic status, healthy versus chronically ill populations, urban versus rural populations, and other relevant demographics as determined by the division. Nothing in this subsection shall be construed as requiring the division to obtain the exact and precise demographics of the current MO HealthNet recipient population in the pilot project or to include or exclude recipients based solely on the pilot project demographic

requirements contained in this subsection.

(2) The division shall compile and include a summary of the demographic information for the pilot project and the current MO HealthNet program in the reports required under subsection 9 of this section.

4. The division shall permit MO HealthNet recipients in the pilot project areas to volunteer to participate in the pilot project. In order to obtain the necessary demographics of the pilot project, the division may require all or a portion of recipients in a pilot project area to participate.

5. Any willing provider for the pilot project shall be reimbursed for services provided to pilot project recipients at a rate of one hundred percent of the Medicare reimbursement rate for the same or similar services provided. Physicians participating in the pilot project shall have moneys available from the legal expense fund under section 105.711 for payment of any claim or final judgment rendered against such physician for services provided under the pilot program.

6. (1) Pilot project recipients shall receive a prepaid EBT card to pay for MO HealthNet services received, whether through direct pay to the provider, a health insurance plan, managed care plan, health services plan, health savings account, or any other available health care product providing benefits and payment for services approved by the division. The division shall determine the amount credited to such EBT card for each recipient based on an assessment of the estimated health care costs for services required and the method selected for delivery of such services. For current MO HealthNet recipients, the

division shall determine such amount based on prior history of health care usage of recipients. For new MO HealthNet recipients, the division shall determine such amount based on available information obtained in the application process regarding medical history, lifestyle choices, age, preexisting conditions, and other relevant factors as determined by the division by rule.

(2) Participating recipients shall not be eligible for reimbursement for health care services necessitated as a direct result of alcohol, tobacco, or illegal drug use.

(3) Participating recipients shall be permitted to designate a third party to act on behalf of the participating recipient in case of incapacity, incompetence, or other physical or mental condition as determined by rule of the division which necessitates a designee to act on behalf of the participating recipient. If no designee is selected by a participating recipient, the division shall act on behalf of the participating recipient.

7. Providers in the MO HealthNet pilot project shall be required to swipe a recipient's EBT card for every visit or service received, regardless of the balance on the recipient's EBT card. Subject to any federal and state laws, the division shall maintain a record of every visit or service received by a recipient, regardless of whether payment was obtained from a recipient's EBT card. Participating recipients shall be required to permit, and if required, sign a waiver for, disclosure of the information required in this subsection to the division. Nothing in this subsection shall be construed as requiring the division

to maintain specific medical records of recipients. The disclosure required under this section shall be limited to the name of the provider, date, and general nature of the visit or service.

8. Any remaining balance on a recipient's EBT card at the end of the benefit year shall be apportioned as follows:

(1) To the recipient:

(a) For a recipient who does not receive the mandatory health services under subdivision (3) of subsection 1 of this section, no apportionment to the recipient of the remaining amount and the remaining balance shall revert to the division in accordance with subdivision (2) of this subsection;

(b) For a recipient who receives the mandatory health services under subdivision (3) of subsection 1 of this section, the recipient shall receive any remaining EBT card balance not to exceed twenty-five percent of the total amount credited to the EBT card at the beginning of the benefit year;

(c) Any remaining balance apportioned to a recipient shall only be carried over to the following benefit year or credited as a benefit under another public assistance program for which the recipient is eligible, including but not limited to temporary assistance for needy families (TANF), women, infants and children (WIC), early periodic screening diagnosis and treatment (EPSDT), supplemental nutrition assistance program (SNAP), supplemental security income (SSI), child care subsidies, and other public assistance programs as determined by the division;

(2) Any balance not apportioned to the recipient under subdivision (1) of this subsection shall revert to the division.

The division shall apportion any amounts reverting to the division as follows:

(a) Any reverted amounts which, in the aggregate, total twenty-five percent or less of the total amounts credited on all EBT cards under the pilot project shall be deposited in the MO HealthNet EBT payment system fund created under subsection 12 of this section;

(b) All remaining reverted amounts shall be used in the MO HealthNet program for recipients not participating in the pilot project. The division shall reassess the amount of the MO HealthNet moneys allocated for the pilot project based on the amounts reverting to the division under this subsection.

9. The division shall prepare and submit the following reports to the governor and general assembly:

(1) Beginning with the first calendar quarter of the pilot project, a report detailing the number of participants, amount of MO HealthNet moneys allocated to the pilot project, provider participation, and any information relating to recipient usage. Such reports shall be submitted until termination of the pilot project;

(2) No later than September first of each year, an annual report specifically detailing the demographics, provider participation, recipient participation, costs of the pilot project, and recommendations of the division regarding the feasibility of statewide implementation. Such report shall also include any additional information the division deems relevant.

10. Except as authorized under the MO HealthNet program, the disclosure of any information provided to or obtained by a

provider, business, or vendor under the pilot project within the MO HealthNet program as established in this section is prohibited. Such provider, business, or vendor shall not use or sell such information and shall not divulge the information without a court order. Violation of this subsection is a class A misdemeanor.

11. The MO HealthNet division shall promulgate rules necessary to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2014, shall be invalid and void.

12. (1) There is hereby created in the state treasury the "MO HealthNet EBT Payment System Fund", which shall consist of moneys reverting to the division under paragraph (a) of subdivision (2) of subsection 8 of this section and any moneys received under subsection 13 of this section. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, money in the fund shall be used to provide pilot project MO HealthNet recipients with:

(a) Additional benefits for health services costs incurred by recipients due to unanticipated health conditions, such as a diagnosis of cancer or other serious medical condition, heart attack, or stroke. The department shall by rule determine the unanticipated health conditions which are eligible for fund expenditures; and

(b) Additional assistance for health savings accounts, health insurance premiums, and other health-related costs not covered under the MO HealthNet program.

(2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

(3) The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

13. The division shall seek additional moneys from sources including but not limited to foundations, corporations, and federal and other governmental funding programs. The division shall also seek technical assistance from foundations and other nongovernmental resources to search and apply for available grant and funding opportunities.

14. Beginning July 1, 2018, unless the provisions of this section are repealed by an act of the general assembly, the pilot project described in this section shall automatically be implemented on a statewide basis for all MO HealthNet recipients.

15. For purposes of this section, the pilot project established and implemented under this section includes the EBT

payment system implemented from July 1, 2015, to June 30, 2018,
and the EBT payment system automatically implemented on a
statewide basis under subsection 14 of this section on and after
July 1, 2018.