Adopted COMMITTEE AMENDMENT NO 1 PROPOSED TO

House Bill No. 1213

BY: Committee

Amend by striking all after the enacting clause and inserting in lieu thereof the following:

- 7 **SECTION 1.** Section 71-9-3, Mississippi Code of 1972, is
- 8 amended as follows:
- 9 71-9-3. As used in this chapter:
- 10 (a) "Account administrator" means a state chartered
- 11 bank, savings and loan association, credit union or trust company
- 12 authorized to act as a fiduciary and under the supervision of the
- 13 Department of Banking and Consumer Finance or the Department of
- 14 Savings Associations, as appropriate; a national bank, national
- 15 lending association or federal savings and loan association or
- 16 credit union authorized to act as a fiduciary in this state; an
- 17 insurer licensed and admitted to do business in this state; a
- 18 third party administrator licensed by the Mississippi Commissioner
- 19 of Insurance; or an employer, if the employer has a self-insured
- 20 health plan meeting federal ERISA requirements.
- 21 (b) "Account holder" means a resident individual or an
- 22 employee for whose benefit a medical savings account is
- 23 established.
- 24 (c) "Dependent" means the spouse of an account holder
- 25 or the child of an account holder if the child is:

26 (i) Legally entitled to the provision of prop	er or
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- 27 necessary subsistence, education, medical care, or other care
- 28 necessary for his or her health, guidance or well-being and not
- 29 otherwise emancipated, self-supporting, married or a member of the
- 30 Armed Forces of the United States; or
- 31 (ii) Mentally or physically incapacitated to the
- 32 extent that he or she is not self-sufficient.
- 33 (d) "Domicile" means a place where an individual has
- 34 his or her true, fixed and permanent home and principal
- 35 establishment, to which, whenever absent, he or she intends to
- 36 return.
- 37 (e) "Eligible medical expense" means an expense paid by
- 38 a taxpayer for medical care described in Section 213(d) of the
- 39 Internal Revenue Code.
- 40 (f) "Health savings account" means a trust or custodian
- 41 established in this state pursuant to Section 233 of the Internal
- 42 Revenue Code of 1986 and rules or guidance thereunder issued by
- 43 the U.S. Department of the Treasury or Internal Revenue Service.
- (g) "High deductible health plan" means a health
- 45 coverage policy, certificate or contract that provides for
- 46 payments for covered benefits that exceed the higher deductible.
- 47 (h) "Higher deductible" means a deductible of not less
- 48 than One Thousand Five Hundred Dollars (\$1,500.00) but not more
- 49 than Two Thousand Two Hundred Fifty Dollars (\$2,250.00) for
- 50 individual health coverage, and not less than Three Thousand
- 51 Dollars (\$3,000.00) but not more than Four Thousand Five Hundred
- 52 Dollars (\$4,500.00) for health coverage provided to an individual
- 53 and his or her dependents, in tax year 1994. Beginning after
- 54 1998, such deductible limits thereafter shall be adjusted annually
- 55 in fifty-dollar increments for increases in the cost of living, as
- 56 measured by the medical costs component of the Consumer Price
- 57 Index.

- 58 (i) "Medical savings account" means an account
- 59 established to pay eligible medical expense of the account holder
- 60 and his or her dependents and, for purposes of state income tax
- 61 deductions, includes the term "health savings account" as defined
- 62 in paragraph (f) of this section.
- (j) "Medical savings account program" means a program
- 64 that includes all of the following:
- (i) The purchase by an employer of a qualified
- 66 higher deductible health plan for the benefit of an employee and
- 67 his or her dependents or the purchase by a resident individual of
- 68 a qualified higher deductible health plan for his or her benefit
- or for the benefit of his or her dependents, or both;
- 70 (ii) The payment on behalf of an employee into a
- 71 medical savings account by his or her employer or payment into a
- 72 medical savings account by a resident individual on his or her
- 73 behalf of at least sixty-six and two-thirds percent (66-2/3%) of
- 74 the premium reduction realized by the purchase of a qualified
- 75 higher deductible health plan; and
- 76 (iii) An account administrator to administer the
- 77 medical savings account and the reimbursement of eligible medical
- 78 expenses therefrom.
- 79 (k) "Qualified higher deductible health plan" means an
- 80 accident and health insurance policy, certificate or contract
- 81 that:
- 82 (i) Is purchased by an employer for the benefit of
- 83 an employee or by a resident individual for his or her benefit;
- 84 and
- 85 (ii) Provides for payment of covered expenses that
- 86 exceed the higher deductible, but shall not exceed the maximum
- 87 out-of-pocket expenses of Three Thousand Dollars (\$3,000.00) for
- 88 individual coverage and Five Thousand Five Hundred Dollars
- 89 (\$5,500.00) for family coverage.

- 90 (1) "Resident individual" means an individual who has a
- domicile in this state. 91
- 92 SECTION 2. This act shall take effect and be in force from
- 93 and after its passage.

Further, amend by striking the title in its entirety and inserting in lieu thereof the following:

- AN ACT TO AMEND SECTION 71-9-3, MISSISSIPPI CODE OF 1972, TO
- DEFINE THE TERM "HEALTH SAVINGS ACCOUNT," AND TO PROVIDE THAT THE TERM "MEDICAL SAVINGS ACCOUNT" INCLUDES THE TERM "HEALTH SAVINGS ACCOUNT" FOR PURPOSES OF STATE INCOME TAX DEDUCTIONS; AND FOR 2
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- RELATED PURPOSES.