NEW SECTION. Sec. 3. There is added to chapter 48.46 RCW a new section to read as follows:

(1) Each group health maintenance agreement which is issued, delivered, or renewed in this state on or after July 1, 1983, shall offer optional supplemental coverage for mental health treatment to the enrolled participant and the enrolled participant's covered dependents. Treatment shall be covered under the optional supplemental coverage if treatment is rendered by the health maintenance organization or if the health maintenance organization refers the enrolled participant or the enrolled participant's covered dependents for treatment to: (a) A physician licensed under chapter 18.71 or 18.57 RCW; (b) a psychologist licensed under chapter 18.83 RCW; or (c) a community mental health agency licensed by the department of social and health services pursuant to chapter 71.24 RCW. The treatment shall be covered at the usual and customary rates for such treatment. However, the treatment may be subject to contract provisions with respect to reasonable deductible amounts or copayments. In order to qualify for coverage under this section, a licensed community mental health agency shall have in effect a plan for quality assurance and peer review, and the treatment shall be supervised by a physician licensed under chapter 18.71 or 18.57 RCW or by a psychologist licensed under chapter 18.83 RCW.

(2) The group health maintenance agreement may provide that the coverage for mental health treatment is waived for all covered members if the contract holder so states in advance in writing to the health maintenance organization.

NEW SECTION. Sec. 4. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

NEW SECTION. Sec. 5. This act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state government and its existing public institutions, and shall take effect July 1, 1983.

Passed the Senate March 22, 1983.
Passed the House April 12, 1983.
Approved by the Governor April 19, 1983.
Filed in Office of Secretary of State April 19, 1983.
NEW SECTION. Sec. 1. Notwithstanding any other provision of law, and except as provided in this chapter, any person or other entity which provides coverage in this state for medical, surgical, chiropractic, physical therapy, speech pathology, audiology, professional mental health, dental, hospital, or optometric expenses, whether the coverage is by direct payment, reimbursement, the providing of services, or otherwise, shall be subject to the authority of the state insurance commissioner, unless the person or other entity shows that while providing the services it is subject to the jurisdiction and regulation of another agency of this state, any subdivisions thereof, or the federal government.

NEW SECTION. Sec. 2. A person or entity may show that it is subject to the jurisdiction and regulation of another agency of this state, any subdivision thereof, or the federal government, by providing to the insurance commissioner the appropriate certificate, license, or other document issued by the other governmental agency which permits or qualifies it to provide the coverage as defined in section 1 of this act.

NEW SECTION. Sec. 3. Any person or entity which is unable to show under section 2 of this act that it is subject to the jurisdiction and regulation of another agency of this state, any subdivision thereof, or the federal government, shall submit to an examination by the insurance commissioner to determine the organization and solvency of the person or the entity, and to determine whether or not such person or entity complies with the applicable provisions of this title.

NEW SECTION. Sec. 4. Any person or entity unable to show that it is subject to the jurisdiction and regulation of another agency of this state, any subdivision thereof, or the federal government, shall be subject to all appropriate provisions of this title regarding the conduct of its business.

NEW SECTION. Sec. 5. Any production agency or administrator which advertises, sells, transacts, or administers the coverage in this state described in section 1 of this act and which is required to submit to an examination by the insurance commissioner under section 3 of this act, shall, if the coverage is not fully insured or otherwise fully covered by an admitted life or disability insurer or health care service contractor or health maintenance organization agreement, advise every purchaser, prospective purchaser, and covered person of the lack of insurance or other coverage.

Any administrator which advertises or administers the coverage in this state described in section 1 of this act and which is subject to an examination by the insurance commissioner under section 3 of this act shall advise any production agency of the elements of the coverage, including the amount of "stop-loss" insurance in effect.
NEW SECTION. Sec. 6. Sections 1 through 5 of this act shall constitute a new chapter in Title 48 RCW.

Passed the Senate March 21, 1983.
Passed the House April 12, 1983.
Approved by the Governor April 19, 1983.
Filed in Office of Secretary of State April 19, 1983.

CHAPTER 37
[Engrossed House Bill No. 32]
CREDIT UNIONS—CORPORATIONS—PROCEDURES—DISTRESSED CREDIT UNIONS—POWERS OF SUPERVISORS


Be it enacted by the Legislature of the State of Washington:

Sec. 1. Section 12, chapter 173, Laws of 1933 as last amended by section 2, chapter 8, Laws of 1973 1st ex. sess. and RCW 31.12.160 are each amended to read as follows:

The annual meeting of the corporation shall be held at such time and place as the bylaws prescribe, but not later than ninety days after the close of the fiscal year. Special meetings may be called at any time by a majority of the directors, and shall be called by the secretary upon written application of ten percent or more of the voting members of the corporation. Notice of all meetings of the corporation and of all meetings of the directors and of committees shall be given as provided in the bylaws. No member may vote by proxy or have more than one vote, and after a credit union has been incorporated for one year, no member may vote until he has been a member for three months. Ballot voting by mail may be authorized by the board of directors as prescribed in the bylaws. To be eligible to vote a member must have not less than one fully paid share. A fraternal organization, voluntary association, partnership, or corporation having a membership in a credit union may cast one vote at any of its meetings by its authorized agent who shall be an officer of that voting organization.

Sec. 2. Section 14, chapter 173, Laws of 1933 as last amended by section 3, chapter 8, Laws of 1973 1st ex. sess. and RCW 31.12.180 are each amended to read as follows:

The directors at their first meeting after the annual meeting shall elect from their own number a president((, one or more vice presidents)) or