SENATE FILE 346
BY COMMITTEE ON COMMERCE

(SUCCESSOR TO SSB 1130)

A BILL FOR

1 An Act relating to various matters under the purview of
2 the insurance division of the department of commerce,
3 providing fees, making an appropriation, and resolving
4 inconsistencies.
5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
DIVISION I
UNIFORM SECURITIES
Section 1. Section 502.304A, subsection 3, paragraph g, Code 2021, is amended to read as follows:
g. The issuer must pay to the administrator a fee of one hundred dollars established by the administrator by rule and is not required to pay the filing fee set forth in section 502.305, subsection 2.
Sec. 2. Section 502.304A, subsection 5, Code 2021, is amended to read as follows:
5. Agent registration. In connection with an offering registered under this section, a person may be registered as an agent of the issuer under section 502.402 by the filing of an application by the issuer with the administrator for the registration of the person as an agent of the issuer and the paying of a fee of ten dollars established by the administrator by rule. Notwithstanding any other provision of this chapter, the registration of the agent shall be effective until withdrawn by the issuer or until the securities registered pursuant to the registration statement have all been sold, whichever occurs first. The registration of an agent shall become effective when ordered by the administrator or on the fifth business day after the agent’s application has been filed with the administrator, whichever occurs first, and the administrator shall not impose further conditions upon the registration of the agent. However, the administrator may deny, revoke, suspend, or withdraw the registration of the agent at any time as provided in section 502.412. An agent registered solely pursuant to this section is entitled to sell only securities registered under this section.
Sec. 3. Section 502.321G, Code 2021, is amended to read as follows:
502.321G Fees.
The administrator shall charge a nonrefundable filing fee of two hundred fifty dollars established by the administrator by rule.
rule for a registration statement filed by an offeror. The fee shall be deposited as provided in section 505.7.

Sec. 4. Section 502.410, Code 2021, is amended to read as follows:

502.410 Filing fees.
1. Broker-dealers. A person shall pay a fee of two hundred dollars established by the administrator by rule when initially filing an application for registration as a broker-dealer and a fee of two hundred dollars when filing a renewal of registration as a broker-dealer. If the filing results in a denial or withdrawal, the administrator shall retain the fee.

2. Agents. The fee for an individual is forty dollars when filing an application for registration as an agent, a fee of forty dollars when filing a renewal of registration as an agent, and a fee of forty dollars when or filing for a change of registration as an agent shall be established by the administrator by rule. Of each forty-dollar fee collected, ten dollars twenty-five percent is appropriated to the securities investor education and financial literacy training fund established under section 502.601, subsection 5. If the filing results in a denial or withdrawal, the administrator shall retain the fee.

3. Investment advisers. A person shall pay a fee of one hundred dollars established by the administrator by rule when filing an application for registration as an investment adviser and a fee of one hundred dollars when filing a renewal of registration as an investment adviser. If the filing results in a denial or withdrawal, the administrator shall retain the fee.

4. Investment adviser representatives.

a. The fee for an individual is thirty dollars when filing an application for registration as an investment adviser representative, a fee of thirty dollars when filing a renewal of registration as an investment adviser representative, and a fee of thirty dollars or when filing a change of registration
as an investment adviser representative shall be the amount established by the administrator by rule. If the filing results in a denial or withdrawal, the administrator shall retain the fee.

b. However, an investment adviser representative is shall not be required to pay a filing fee if the investment adviser is a sole proprietorship or the substantial equivalent, and the investment adviser representative is the same individual as the investment adviser.

5. Federal covered investment advisers. A federal covered investment adviser required to file a notice under section 502.405 shall pay an initial fee of one hundred dollars and an annual notice fee of one hundred dollars in an amount established by the administrator by rule.

6. Payment. A person required to pay a filing or notice fee under this section may transmit the fee through or to a designee as a permitted by the administrator by rule or by order provides issued by the administrator under this chapter.

7. Deposit of fees. Except as otherwise provided in subsection 2, fees collected under this section shall be deposited as provided in section 505.7.

DIVISION II

INSURANCE

Sec. 5. Section 505.30, subsection 2, Code 2021, is amended to read as follows:

2. The commissioner may collect a reasonable fee, established by the commissioner by rule, each time service of process is made on the commissioner as set forth in subsection 1 or as otherwise allowed by law. A fee collected by the commissioner under this subsection shall be used and is appropriated to the insurance division to offset the costs of the commissioner acting as agent or attorney for service of process. The party to a proceeding requesting service of process is entitled to recover the fee paid pursuant to this subsection and any rules adopted under this section as costs if
1 the party prevails in the proceeding.
2 Sec. 6. Section 507A.4, subsection 9, Code 2021, is amended
3 by striking the subsection and inserting in lieu thereof the
4 following:
5 9. Transactions involving a multiple employer welfare
6 arrangement as defined in section 3 of the federal Employee
8 paragraph 40, or a multiple employer welfare arrangement formed
9 as an association health plan pursuant to 29 C.F.R. pt. 2510
10 that complies with chapter 513D.
11 Sec. 7. Section 507B.7, Code 2021, is amended to read as
12 follows:
13 507B.7 Cease and desist orders Orders and penalties.
14 1. If, after hearing, the commissioner determines that a
15 person has engaged in an unfair method of competition or an
16 unfair or deceptive act or practice, the commissioner shall
17 reduce the findings to writing and shall issue and cause to
18 be served upon the person charged with the violation a copy
19 of such findings, an order requiring such person to cease
20 and desist from engaging in such method of competition, act,
21 or practice, and the commissioner may at the commissioner’s
22 discretion order any one or more of the following:
23 a. Payment of a civil penalty of not more than one thousand
24 dollars for each act or violation of this subtitle, but not
25 to exceed an aggregate of ten thousand dollars, unless the
26 person knew or reasonably should have known the person was in
27 violation of this subtitle, in which case the penalty shall be
28 not more than five thousand dollars for each act or violation,
29 but not to exceed an aggregate penalty of fifty thousand
30 dollars in any one six-month period. If the commissioner finds
31 that a violation of this subtitle was directed, encouraged,
32 condoned, ignored, or ratified by the employer of the person or
33 by an insurer, the commissioner shall also assess a penalty to
34 the employer or insurer.
35 b. Suspension or revocation of the license of a person as
defined in section 507B.2, subsection 1, if the person knew or
reasonably should have known the person was in violation of
this subtitle.

c. Payment of interest at the rate of ten percent per
annum if the commissioner finds that the insurer failed to
pay interest as required under section 507B.4, subsection 3,
paragraph "p".

2. Until the expiration of the time allowed under section
507B.8 for filing a petition for review if no such petition has
been duly filed within such time, or, if a petition for review
has been filed within such time, then until the transcript of
the record in the proceeding has been filed in the district
court, the commissioner may at any time, upon such notice and
in such manner as the commissioner may deem proper, modify
or set aside in whole or in part any order issued by the
commissioner under this section.

3. After the expiration of the time allowed for filing
such a petition for review if no such petition has been duly
filed within such time, the commissioner may at any time, after
notice and opportunity for hearing, reopen and alter, modify,
or set aside, in whole or in part, any order issued by the
commissioner under this section, whenever in the commissioner's
opinion conditions of fact or of law have so changed as
to require such action, or if the public interest shall so
require.

4. Any person who violates a cease and desist order
of the commissioner, and while such order is in effect, may,
after notice and hearing and upon order of the commissioner,
be subject at the discretion of the commissioner to any one or
more of the following:

a. A monetary penalty of not more than ten thousand dollars
for each and every act or violation. A penalty collected
under this lettered paragraph shall be deposited as provided
in section 505.7.

b. Suspension or revocation of such person's license.
Sec. 8. Section 507E.2A, subsection 2, Code 2021, is amended to read as follows:

2. "Insurer" includes an insurer means any corporation, association, partnership, or individual engaged in the business of insurance, including but not limited to a corporation, association, partnership, or individual that issues a policy of workers' compensation, a self-insured business for purposes of workers' compensation liability, or a group or self-insured plan as described in section 87.4. "Insurer" does not include a person required to be licensed to sell, solicit, or negotiate insurance pursuant to chapter 522B.

Sec. 9. Section 507E.8, Code 2021, is amended to read as follows:

507E.8 Law enforcement authority.
1. An individual employed by the division and designated as a peace officer shall be considered a law enforcement officer as that term is defined in section 80B.3, and shall exercise the powers of a law enforcement officer as follows:
   a. For purposes of an arrest resulting from a criminal violation of any provision of the Code subject to the jurisdiction of the commissioner established as a result of an investigation pursuant to this chapter, an insurance fraud bureau investigator shall have the authority and status of a law enforcement officer pursuant to section 80B.3, subsection 3.
   b. While conducting an investigation or engaged in an assignment authorized by this chapter or ordered by the commissioner.
   c. To protect life if a public offense is committed in the presence of the peace officer.
   d. While providing assistance to a law enforcement agency or another law enforcement officer.
   e. While providing assistance at the request of a member of the public.

2. The laws applicable to an arrest of an individual
by a law enforcement officer of the state shall apply to an
insurance fraud bureau investigator individual employed by
the division and designated as a peace officer. An insurance
fraud bureau investigator individual employed by the division
and designated as a peace officer shall have the power to
execute arrest warrants and search warrants, serve subpoenas
issued for the examination, investigation, and trial of all
offenses identified through the course of an investigation
conducted pursuant to this section, and arrest upon probable
cause without warrant a person found in the act of committing
a violation of a provision of this chapter or a law of this
state.

Sec. 10. Section 508E.2, subsection 14, Code 2021, is
amended to read as follows:

14. “Viatical settlement broker” means a person, including
a life insurance producer as provided for in section 508E.3,
who, working exclusively on behalf of a viator and for a fee,
commission, or other valuable consideration, offers or attempts
to negotiate viatical settlement contracts between a viator
and one or more viatical settlement providers or one or more
viatical settlement brokers. Notwithstanding the manner in
which the viatical settlement broker is compensated, a viatical
settlement broker is deemed to represent only the viator,
and not the insurer or the viatical settlement provider, and
owes a fiduciary duty to the viator to act according to the
viator’s instructions and in the best interest of the viator.

“Viatical settlement broker” does not include an attorney,
certified public accountant, or a financial planner accredited
by a nationally recognized accreditation agency who is retained
to represent the viator and whose compensation is not paid
directly or indirectly by the viatical settlement provider or
purchaser.

Sec. 11. Section 508E.3, subsections 2 and 3, Code 2021, are
amended to read as follows:

2. An application for a viatical settlement provider
or viatical settlement broker license shall be made to the
commissioner by the applicant on a form prescribed by the
commissioner, and the application shall be accompanied by a
fee of not more than one hundred dollars as provided by rules
adopted by the commissioner.
3. A viatical settlement provider or viatical settlement
broker license term shall be three years and the license
may be renewed upon payment of a renewal fee of not more
than one hundred dollars as provided by rules adopted by the
commissioner. A failure to pay the fee by the renewal date
shall result in expiration of the license.
Sec. 12. Section 509.1, subsection 9, Code 2021, is amended
to read as follows:
9. A policy of group health insurance coverage issued to an
associated health plan a multiple employer welfare arrangement
pursuant to section 513D.1 chapter 513D that is subject to
regulation by the commissioner.
Sec. 13. Section 509.19, subsection 2, paragraph d, Code
2021, is amended to read as follows:
d. A multiple employer welfare arrangement, as defined
in section 3 of the federal Employee Retirement Income
Security Act of 1974, 29 U.S.C. §1002(40), paragraph 40,
or a multiple employer welfare arrangement formed as an
association health plan pursuant to 29 C.F.R. pt. 2510,
that meets the requirements of section 507A.4, subsection 9,
paragraph "a" chapter 513D.
Sec. 14. Section 509A.15, subsection 1, paragraph a,
unnumbered paragraph 1, Code 2021, is amended to read as
follows:
Within ninety calendar days following the end of a fiscal
year, the governing body of a self-insurance plan of a
political subdivision or a school corporation shall file with
the commissioner of insurance a certificate of compliance,
actuarial opinion, and an annual financial report. The
filing shall be accompanied by a fee of one hundred dollars

LSB 1333SV (4) 89
-8-
k/rn
8/49
established by the commissioner by rule. A penalty of fifteen dollars per day late fee established by the commissioner by rule shall be assessed for failure to comply with the ninety-day ninety-calendar-day filing requirement, except that the commissioner may waive the penalty late fee upon a showing that special circumstances exist which justify the waiver. The certificate shall be signed and dated by the appropriate public official representing the governing body, and shall certify the following:

Sec. 15. Section 510.21, Code 2021, is amended to read as follows:

510.21 Certificate of registration required Certificates — registration and renewal.

A person shall not act as or represent oneself to be a third-party administrator in this state, other than an adjuster licensed in this state for the kinds of business for which the person is acting as a third-party administrator, unless the person holds a current certificate of registration as a third-party administrator issued by the commissioner of insurance. A certificate of registration as a third-party administrator is renewable shall be renewed every three years. Failure to hold a current certificate subjects the certificate of registration shall subject a third-party administrator to the sanctions set out in section 507B.7. The An application for a certificate of registration shall be accompanied by a filing fee as established by the commissioner by rule. A certificate of registration shall be issued by the commissioner to a third-party administrator unless the commissioner, after due notice and hearing, determines that the third-party administrator is not competent, trustworthy, financially responsible, or of good personal and business reputation, or has had a previous an application for an insurance license denied for cause within the preceding five years.

An application for registration shall be accompanied by a filing fee of one hundred dollars. After notice and hearing,
the commissioner may impose any or all of the sanctions set out in section 507B.7, upon finding that either the third-party administrator violated any of the requirements of sections 510.12 through 510.20 and this section, or the third-party administrator is not competent, trustworthy, financially responsible, or of good personal and business reputation.

If the commissioner denies an application for registration or renewal, a written notice that specifies the reasons for the denial or nonrenewal shall be provided to the applicant.

Pursuant to chapter 17A, upon the applicant’s request, the commissioner shall grant the applicant a hearing on the denial or nonrenewal.

Sec. 16. Section 510.23, Code 2021, is amended by striking the section and inserting in lieu thereof the following:

510.23 Violations and penalties.

1. If, after hearing, the commissioner determines that a third-party administrator has violated this chapter, or chapter 507B, the commissioner may order any one or more of the sanctions or penalties set out in section 507B.7.

2. If, after hearing, the commissioner determines that a person has aided and abetted a third-party administrator in commission of a violation of this chapter, or chapter 507B, the commissioner may order any one or more of the sanctions or penalties set out in section 507B.7.

3. If, after hearing, the commissioner determines that a third-party administrator is not competent, trustworthy, financially responsible, or of good personal and business reputation, the commissioner may order any one or more of the sanctions and penalties set out in section 507B.7.

Sec. 17. Section 511.24, Code 2021, is amended to read as follows:

511.24 Fees from domestic Domestic and foreign companies — fees.

When not otherwise provided, a foreign or domestic life insurance company doing business in this state shall pay to the
S.F. 346

1 commissioner of insurance the following fees a fee, established
2 by the commissioner by rule, for all of the following:
3   1. For filing an application to do business, or an
4 application to renew a certificate of authority, fifty dollars.
5   2. For issuing a certificate of authority to do business in
6 this state, or for renewing a certificate, fifty dollars.
7   3. For filing amended articles of incorporation, fifty
8 dollars.
9   4. For issuing an amended certificate of authority, 
10 twenty-five dollars.
11   5. For affixing the official seal to any paper filed with
12 the division, ten dollars.
13 Sec. 18. Section 512B.24, Code 2021, is amended to read as
14 follows:
15   512B.24 Reports Annual statement.
16 Reports shall be filed in accordance with this section.
17   1. A society transacting business in this state shall, on or
18 before March 1 annually, unless for cause shown the time has
19 been extended by the commissioner, shall annually file with the
20 commissioner a true statement of the society’s financial
21 condition, transactions, and affairs for the preceding calendar
22 year and shall pay a fee of fifty dollars established by the
23 commissioner by rule. The statement may be in general form and
24 content as approved by the national association of insurance
25 commissioners for fraternal benefit societies and shall be
26 supplemented by additional information as adopted by rule of
27 the commissioner.
28   2. As part of the society’s annual statement, a the
29 society shall, on or before March 1, file with the commissioner
30 of insurance a valuation of the society’s certificates
31 in force on the last preceding December 31. However, the
32 commissioner may, for cause shown, extend the time for filing
33 the valuation for not more than two consecutive calendar
34 months. The valuation shall be done completed in accordance
35 compliance with the standards specified in section 512B.23.
The valuation and underlying data shall be certified by a qualified actuary or, at the expense of the society, verified by the actuary of the department of insurance of the state of domicile of the society.

3. A society failing to file the society’s annual statement in the form and within the time provided by compliance with this section shall forfeit one hundred dollars for each day during which the default continues, and, upon notice by the commissioner to that effect, the society’s authority to do business in this state shall cease while during the duration of the default continues.

Sec. 19. Section 512B.25, Code 2021, is amended to read as follows:

512B.25 Annual license — renewal.

The authority of a society to transact business in this state may be renewed annually. A society’s license terminates to transact business in this state shall terminate on the first day of June following the issuance or the renewal of the society’s license. A society shall submit annually on or before March 1 a completed application for renewal of its license. For each license or renewal the society shall pay the commissioner a fee of fifty dollars established by the commissioner by rule. A society that fails to timely file an application for renewal shall pay an administrative penalty of five hundred dollars to the treasurer of state for deposit as provided in section 505.7 a late fee as established by the commissioner by rule. A duly certified copy or duplicate of the a society’s license is prima facie evidence that the licensee is a fraternal benefit society within the meaning of this chapter.

Sec. 20. Section 513D.1, Code 2021, is amended by striking the section and inserting in lieu thereof the following:

513D.1 Multiple employer welfare arrangements and association health plans.

1. As used in this chapter, unless the context otherwise
1 requires:
2   a. "Association health plan" or "AHP" means a multiple
3       employer welfare arrangement formed as an association health
4       plan pursuant to 29 C.F.R. pt. 2510.
5   b. "Commissioner" means the commissioner of insurance.
6   c. "Multiple employer welfare arrangement" or "MEWA" means a
7       multiple employer welfare arrangement as defined in section 3
8       of the federal Employee Retirement Income Security Act of 1974,
10  2. An AHP or MEWA that offers a plan to, or maintains a
11      group health plan for, any resident of this state shall be
12      subject to the jurisdiction of the commissioner and shall
13      comply with all of the following requirements:
14      a. The AHP or MEWA must be administered by an insurer
15         authorized to do the business of insurance in this state or
16         an authorized third-party administrator that holds a current
17         certificate of registration pursuant to section 510.21.
18      b. The AHP or MEWA must be established by a trade,
19         industry, or professional association of employers that has a
20         constitution or bylaws, is organized and maintained in good
21         faith, and has membership stability as defined by rules adopted
22         by the commissioner.
23      c. The AHP or MEWA must register with the commissioner and
24         obtain and maintain a certificate of registration issued by the
25         commissioner.
26      d. The AHP or MEWA shall comply with all rules and solvency
27         standards established by rules adopted by the commissioner.
28  3. An AHP or MEWA that does not meet the solvency standards
29      pursuant to subsection 2, paragraph "d", shall be subject to
30      chapter 507C.
31  4. An AHP or MEWA that meets all of the requirements of
32      subsection 2 shall not be considered any of the following:
33      a. An insurance company or association of whatever kind or
34         character under section 432.1.
35      b. A member of the Iowa individual health benefit
1 reinsurance association pursuant to section 513C.10, subsection 2 1.
3 c. A member insurer of the Iowa life and health insurance 4 guaranty association pursuant to section 508C.5.
5 5. An AHP or MEWA that is registered with the commissioner 6 pursuant to subsection 2, paragraph “c”, shall annually file 7 with the commissioner on or before March 1 a copy of the report 8 required to be filed by the AHP or MEWA with the United States 9 department of labor pursuant to 29 C.F.R. §2520.101-2.
10 6. An AHP or MEWA that is registered with the commissioner 11 pursuant to subsection 2, paragraph “c”, shall annually file 12 with the commissioner a report on or before March 1 for the 13 preceding calendar year. The annual report shall contain the 14 information and be in a form and manner as prescribed by the 15 commissioner.
16 7. A foreign or domestic AHP or MEWA doing business in the 17 state shall pay fees as prescribed by the commissioner unless 18 otherwise provided by law.
19 8. A MEWA that is recognized as tax-exempt under Internal 20 Revenue Code section 501(c)(9) and that is registered with the 21 commissioner prior to January 1, 2018, shall not be considered 22 an AHP unless the MEWA affirmatively elects to be treated as 23 an AHP.
24 Sec. 21. Section 513D.2, subsection 1, Code 2021, is amended 25 to read as follows:
26 1. The commissioner of insurance shall adopt rules as 27 necessary pursuant to chapter 17A to administer this chapter.
28 Sec. 22. Section 514G.103, subsection 10, Code 2021, is 29 amended to read as follows:
30 10. “Independent review entity organization” means a review 31 entity organization certified by the commissioner pursuant to 32 section 514G.110, subsection 4.
33 Sec. 23. Section 514G.110, subsections 4, 5, 6, 7, 8, and 9, 34 Code 2021, are amended to read as follows:
35 4. Qualifications of independent review entities
organizations. The commissioner shall maintain a list of qualified independent review entities that are certified by the commissioner. Independent review entities shall be recertified by the commissioner every two years in order to remain on the list. In order to be certified, an independent review entity shall meet all of the following criteria:

a. Have on staff, or contract with, a qualified, licensed health care professional in an appropriate field for determining an insured’s functional or cognitive impairment who can conduct an independent review.

(1) In order to be qualified, a licensed health care professional who is a physician shall hold a current certification by a recognized American medical specialty board in a specialty appropriate for determining an insured’s functional or cognitive impairment.

(2) In order to be qualified, a licensed health care professional who is not a physician shall hold a current certification in the specialty in which that person is licensed, by a recognized American specialty board in a specialty appropriate for determining an insured’s functional or cognitive impairment.

b. Ensure that any licensed health care professional who conducts an independent review has no history of disciplinary actions or sanctions, including but not limited to the loss of staff privileges or any participation restrictions taken or pending by any hospital or state or federal government regulatory agency.

c. Ensure that the independent review entity or any of its employees, agents, or licensed health care professionals utilized does not receive compensation of any type that is dependent on the outcome of a review.

d. Ensure that the independent review entity or any of its employees, agents, or licensed health care professionals utilized are not in any manner related to,
1 employed by, or affiliated with the insured or with a person
2 who previously provided medical care to the insured.
3 e. Ensure that an independent review entity organization
4 or any of its employees, agents, or licensed health care
5 professionals utilized is not a subsidiary of, or owned or
6 controlled by, an insurer or by a trade association of insurers
7 of which the insurer is a member.
8 f. Have a quality assurance program on file with the
9 commissioner that ensures the timeliness and quality of reviews
10 performed, the qualifications and independence of the licensed
11 health care professionals who perform the reviews, and the
12 confidentiality of the review process.
13 g. Have on staff or contract with a licensed health care
14 practitioner, as defined in section 514G.103, subsection 3, who
15 is qualified to certify that an individual is chronically ill
16 for purposes of a qualified long-term care insurance contract.
17 5. Independent review process. The independent review
18 process shall be conducted as follows:
19 a. Within three business days of receiving a notice from the
20 commissioner of the certification of a request for independent
21 review or receipt of a denial of an insurer’s appeal from such
22 a certification, the insurer shall do all of the following:
23 (1) Select an independent review entity organization from
24 the list certified by the commissioner and notify the insured
25 in writing of the name, address, and telephone number of the
26 selected independent review entity selected organization. The
27 selected independent review entity selected organization shall
28 utilize a licensed health care professional with qualifications
29 appropriate to the benefit trigger determination that is under
30 review.
31 (2) Notify the independent review entity organization
32 that it has been selected to conduct an independent review
33 of a benefit trigger determination and provide sufficient
34 descriptive information to enable the independent review entity
35 organization to provide licensed health care professionals who
1 will be qualified to conduct the review.
2  (3) Provide the commissioner with a copy of the notices sent
3 to the insured and to the selected independent review entity
4 selected organization.
5  b. Within three business days of receiving a notice from
6 an insurer that it has been selected to conduct an independent
7 review, the independent review entity organization shall do one
8 of the following:
9  (1) Accept its selection as the independent review entity
10 organization, designate a qualified licensed health care
11 professional to perform the independent review, and provide
12 notice of that designation to the insured and the insurer,
13 including a brief description of the health care professional’s
14 qualifications and the reasons that person is qualified to
15 determine whether the insured’s benefit trigger has been met.
16 A copy of this notice shall be sent to the commissioner via
17 facsimile. The independent review entity organization is not
18 required to disclose the name of the health care professional
19 selected.
20  (2) Decline its selection as the independent review entity
21 organization or, if the independent review entity organization
22 does not have a licensed health care professional who is
23 qualified to conduct the independent review available, request
24 additional time from the commissioner to have a qualified
25 licensed health care professional certified, and provide
26 notice to the insured, the insurer, and the commissioner.
27 The commissioner shall notify the independent review entity
28 organization, the insured, and the insurer of how to proceed
29 within three business days of receipt of such notice from the
30 independent review entity organization.
31  c. An insured may object to the independent review entity
32 organization selected by the insurer or to the licensed
33 health care professional designated by the independent review
34 entity organization to conduct the review by filing a notice
35 of objection along with reasons for the objection, with the
S.F. 346

1 commissioner within ten days of receipt of a notice sent by the
2 independent review entity organization pursuant to paragraph
3 "b". The commissioner shall consider the insured’s objection
4 and shall notify the insured, the insurer, and the independent
5 review entity organization of the commissioner’s decision to
6 sustain or deny the objection within two business days of
7 receipt of the objection.
8   d. Within five business days of receiving a notice from
9 the independent review entity organization accepting its
10 selection or within five business days of receiving a denial
11 of an objection to the independent review entity organization
12 selected, whichever is later, the insured may submit any
13 information or documentation in support of the insured’s claim
14 to both the independent review entity organization and the
15 insurer.
16   e. Within fifteen days of receiving a notice from the
17 independent review entity organization accepting its selection
18 or within three business days of receipt of a denial of
19 an objection to the independent review entity organization
20 selected, whichever is later, an insurer shall do all of the
21 following:
22   (1) Provide the independent review entity organization
23 with any information submitted to the insurer by the insured
24 in support of the insured’s internal appeal of the insurer’s
25 benefit trigger determination.
26   (2) Provide the independent review entity organization with
27 any other relevant documents used by the insurer in making its
28 benefit trigger determination.
29   (3) Provide the insured and the commissioner with
30 confirmation that the information required under subparagraphs
31 (1) and (2) has been provided to the independent review entity
32 organization, including the date the information was provided.
33   f. The independent review entity organization shall not
34 commence its review until fifteen days after the selection of
35 the independent review entity organization is final including
the resolution of any objection made pursuant to paragraph "c". During this time period, the insurer may consider any information provided by the insured pursuant to paragraph "d" and overturn or affirm the insurer's benefit trigger determination based on such information. If the insurer overturns its benefit trigger determination, the independent review process shall immediately cease.

g. In conducting a review, the independent review entity organization shall consider only the information and documentation provided to the independent review entity organization pursuant to paragraphs "d" and "e".

h. The independent review entity organization shall submit its decision as soon as possible, but not later than thirty days from the date the independent review entity organization receives the information required under paragraphs "d" and "e", whichever is received later. The decision shall include a description of the basis for the decision and the date of the benefit trigger determination to which the decision relates.

The independent review entity organization, for good cause, may request an extension of time from the commissioner to file its decision. A copy of the decision shall be mailed to the insured, the insurer, and the commissioner.

i. All medical records submitted for use by the independent review entity organization shall be maintained as confidential records as required by applicable state and federal laws. The commissioner shall keep all information obtained during the independent review process confidential pursuant to section 505.8, subsection 8, except that the commissioner may share some information obtained as provided under section 505.8, subsection 8, and as required by this chapter and rules adopted pursuant to this chapter.

j. If an insured dies before completion of the independent review, the review shall continue to completion if there is potential liability of an insurer to the estate of the insured or to a provider for rendering qualified long-term care
6. **Costs.** All reasonable fees and costs of the independent review entity organization in conducting an independent review under this section shall be paid by the insurer.

7. **Immunity.** An independent review entity organization that conducts a review under this section is not liable for damages arising from determinations made during the review. Immunity does not apply to any act or omission made by an independent review entity organization in bad faith or that involves gross negligence.

8. **Effect of independent review decision.**

   a. The review decision by the independent review entity organization conducting the review is binding on the insurer.

   b. The independent review process set forth in this section shall not be considered a contested case under chapter 17A.

   c. An insured may appeal the review decision by the independent review entity organization conducting the review by filing a petition for judicial review in the district court in the county in which the insured resides. The petition for judicial review shall be filed within fifteen business days after the issuance of the review decision by the independent review organization. The petition shall name the insured as the petitioner and the insurer as the respondent. The petitioner shall not name the independent review entity organization as a party. The commissioner shall not be named as a respondent unless the insured alleges action or inaction by the commissioner under the standards articulated under section 17A.19, subsection 10. Allegations made against the commissioner under section 17A.19, subsection 10, must be stated with particularity. The commissioner may, upon motion, intervene in a judicial review proceeding brought pursuant to this paragraph. The findings of fact by the independent review entity organization conducting the review are conclusive and binding on appeal.
d. An insurer shall not be subject to any penalties, sanctions, or damages for complying in good faith with a review decision rendered by an independent review entity organization pursuant to this section.

e. Nothing contained in this section or in section 514G.109 shall be construed to limit the right of an insurer to assert any rights an insurer may have under a long-term care insurance policy related to:

(1) An insured’s misrepresentation.
(2) Changes in the insured’s benefit eligibility.
(3) Terms, conditions, and exclusions contained in the policy, other than failure to meet the benefit trigger.

f. The requirements of this section and section 514G.109 are not applicable to a group long-term care insurance policy that is governed by the federal Employee Retirement Income Security Act of 1974, as codified at 29 U.S.C. §1001 et seq.

g. The provisions of this section and section 514G.109 are in lieu of and supersede any other third-party review requirement contained in chapter 514J or in any other provision of law.

h. The insured may bring an action in the district court in the county in which the insured resides to enforce the review decision of the independent review entity organization conducting the review or the decision of the court on appeal.

9. Receipt of notice. Notice required by this section shall be deemed received within five days after the date of mailing.

Sec. 24. Section 515.147, Code 2021, is amended to read as follows:

515.147 Fees.

Fees, established by the commissioner of insurance by rule, shall be paid to the commissioner of insurance for deposit as provided in section 505.7 as follows for all of the following:

1. For filing an application to do business, including all documents submitted in connection with the application, by a foreign or domestic company, or for filing an application for
renewed authority, fifty dollars.

2. For issuing to a foreign or domestic company a certificate of authority to do business or a renewed certificate of authority, fifty dollars.

3. For filing amended articles of incorporation, fifty dollars.

4. For issuing an amended certificate of authority, twenty-five dollars.

5. For affixing the official seal to any paper filed with the division, ten dollars.

Sec. 25. Section 515A.2, subsection 1, Code 2021, is amended by adding the following new paragraph:

NEW PARAGRAPH. 0a. "Commissioner" means the commissioner of insurance.

Sec. 26. Section 515A.6, subsection 1, paragraph c, Code 2021, is amended to read as follows:

c. Licenses issued pursuant to this section shall remain in effect for three years unless sooner suspended or revoked by the commissioner. The fee for the license fee shall be one hundred dollars established by the commissioner by rule.

Sec. 27. Section 515A.6, subsection 7, Code 2021, is amended to read as follows:

7. Notwithstanding any other provision of the Code law to the contrary, the commissioner of insurance shall provide for a hearing in a proceeding involving a workers' compensation insurance rate filing by a licensed rating organization in accordance with the provisions of this subsection and rules promulgated by the commissioner of insurance pursuant to chapter 17A. Except as otherwise provided herein, the provisions of this subsection shall not be subject to the requirements of chapter 17A. The procedures for such hearing shall be as follows:

a. The commissioner shall provide notice of the filing of the proposed rates at least thirty days before the effective date of the proposed rates by publishing a notice on the
1 internet site of the insurance division of the department of commerce.
2
3 b. A public hearing shall be held on the proposed rates by the commissioner of insurance if within fifteen days of the date of publication a workers' compensation policyholder or an established organization with one or more workers' compensation policyholders among its members files a written demand with the commissioner of insurance for a hearing on the proposed rates.
4
5 c. The commissioner of insurance shall hold the hearing within twenty days after receipt of the written demand for a hearing and shall give not less than ten days written notice of the time and place of the hearing to the person or association filing the demand, to the rating organization, and to any other person requesting such notice.
6
7 d. At any such hearing, the rating organization shall bear the burden of proof to support the proposed rates by a preponderance of the evidence. The person or association requesting the hearing, and any other person admitted as a party to the proceeding, shall be given the opportunity to respond and introduce evidence and arguments on all the issues involved.
8
9 e. Within fifteen days after the start of the hearing, the commissioner of insurance shall approve or disapprove the proposed rates and specify the reasons therefor. The commissioner of insurance may suspend or postpone the effective date of the proposed rates pending the hearing and written decision thereon.
10
11 f. Judicial review of the decision of the commissioner of insurance on such rates may be sought in accordance with the provisions of chapter 17A.
12
13 g. Absent a request for a hearing as provided in paragraph "b", the commissioner shall issue an order approving or disapproving the proposed rates.
14
15 h. The waiting period for a workers' compensation insurance rate filing shall commence no earlier than the date that notice...
1 of the insurance rate filing is published.

Sec. 28. Section 515A.10, Code 2021, is amended to read as follows:

515A.10 Advisory organizations.

1. Every group, association or other organization of
insurers, whether located within or outside of this state,
which assists insurers which make their own filings or rating
organizations in rate making, by the collection and furnishing
of loss or expense statistics, or by the submission of
recommendations, but which does not make filings under this
chapter, shall be known as an advisory organization.

2. An advisory organization shall not provide a service
relating to this chapter, and an insurer shall not utilize
the services of an advisory organization for such purposes
unless the advisory organization has obtained a license under
subsection 3.

3. Every advisory organization applying for a license
shall include with its application to the commissioner all
of the following:

a. A copy of its constitution, its articles of agreement
or association or its certificate of incorporation and of its
bylaws, rules and regulations governing its activities.

b. A list of its members.

c. The name and address of a resident of this state upon
whom notices or orders of the commissioner or process issued at
the commissioner’s direction may be served.

d. An agreement that the commissioner may examine such
advisory organization in accordance with the provisions of
section 515A.12.

e. A fee established by the commissioner by rule.

4. If, after a hearing, the commissioner finds that
the furnishing of such information or assistance involves an
advisory organization has engaged in any act or practice which
is unfair, or unreasonable, or otherwise inconsistent with the
provisions in violation of this chapter, the commissioner may
issue a written order specifying in what respects such act or practice is unfair or unreasonable or otherwise inconsistent with the provisions of this chapter, and requiring the discontinuance of such act or practice. The commissioner may, at any time after hearing, revoke or suspend the license of an advisory organization which does not comply with this chapter.

4. No insurer which makes its own filings nor any rating organization shall support its filings by statistics or adopt rate making recommendations, furnished to it by an advisory organization which has not complied with this section or with an order of the commissioner involving such statistics or recommendations issued under subsection 3 4 of this section. If the commissioner finds such insurer or rating organization to be in violation of this subsection the commissioner may issue an order requiring the discontinuance of such violation.

5. A license issued under this section shall remain in effect for three years unless sooner suspended or revoked by the commissioner.

Sec. 29. Section 515D.4, subsection 2, paragraph a, Code 2021, is amended to read as follows:

a. The named insured or any operator who either resides in the same household or customarily operates an automobile insured under the policy has that person's driver's license suspended or revoked during the policy term or, if the policy is a renewal, during its term or the one hundred eighty days immediately preceding its effective date, any of the following:

(1) The term of the policy.
(2) The term of a renewal policy.
(3) Within one hundred eighty calendar days immediately preceding the effective date of a renewal of the policy.

Sec. 30. Section 515D.4, subsection 3, Code 2021, is amended to read as follows:

3. This section shall not apply to any policy or coverage which has been in effect less than sixty calendar days at the
time notice of cancellation is mailed or delivered by the
insurer unless it is a renewal policy. This section shall not
apply to the nonrenewal of a policy.

Sec. 31. Section 515D.5, Code 2021, is amended to read as
follows:

515D.5 Delivery of notice.

1. a. Notwithstanding the provisions of section 515.129A,
a notice of cancellation of a policy shall not be effective
unless mailed or delivered by the insurer to the named insured
at least thirty calendar days prior to the effective date of
cancellation, or, where the cancellation is for nonpayment of
premium notwithstanding the provisions of section 515.129A,
at least ten calendar days prior to the date of cancellation.
A post office department certificate of mailing to the named
insured at the address shown in the policy shall be proof
of receipt of such mailing. Unless the reason accompanies
the notice of cancellation, the notice shall state that upon
written request of the named insured, mailed or delivered to
the insurer not less than fifteen calendar days prior to the
date of cancellation, the insurer will state the reason for
cancellation together with notification of the right to a
hearing before the commissioner within fifteen calendar days as
provided in this chapter.

b. When the reason does not accompany the notice of
cancellation, the insurer shall, upon receipt of a timely
request by the named insured, state in writing the reason
for cancellation. A statement of reason shall be mailed or
delivered to the named insured within five calendar days after
receipt of a request.

2. A notice of exclusion of a person under a policy pursuant
to section 515D.4, is not effective unless written notice
is mailed or delivered to the named insured at least twenty
calendar days prior to the effective date of the exclusion.
The written notice shall state the reason for the exclusion,
together with notification of the right to a hearing before
the commissioner pursuant to section 515D.10 within fifteen calendar days of receipt or delivery of a statement of reason as provided in this section.

Sec. 32. Section 515D.6, Code 2021, is amended to read as follows:

515D.6 Prohibited reasons for nonrenewal.

1. No insurer shall refuse to renew a policy solely because of age, residence, sex, race, color, creed, or occupation of an insured.

2. No insurer shall require a physical examination of a policyholder as a condition for renewal solely on the basis of age or other arbitrary reason. In the event that an insurer requires a physical examination of a policyholder, the burden of proof in establishing reasonable and sufficient grounds for such requirement shall rest with the insurer and the expenses incident to such examination shall be borne by the insurer.

Sec. 33. Section 515D.7, Code 2021, is amended to read as follows:

515D.7 Notice of intent.

1. Notwithstanding the provisions of sections 515.125, 515.128, 515.129B, and 515.129C, an insurer shall not fail to renew a policy except by notice to the insured as provided in this chapter. A notice of intention not to renew shall not be effective unless mailed or delivered by the insurer to the named insured at least thirty calendar days prior to the expiration date of the policy. A post office department certificate of mailing to the named insured at the address shown in the policy shall be proof of receipt of such mailing. Unless the reason accompanies the notice of intent not to renew, the notice shall state that, upon written request of the named insured, mailed or delivered to the insurer not less than thirty calendar days prior to the expiration date of the policy, the insurer will state the reason for nonrenewal.

2. When the reason does not accompany the notice of intent not to renew, the insurer shall, upon receipt of a timely
request by the named insured, state in writing the reason
for nonrenewal, together with notification of the right to a
hearing before the commissioner within fifteen calendar days
as provided herein. A statement of reason shall be mailed or
delivered to the named insured within ten days after receipt
of a request.

3. This section shall not apply:
   a. If the insurer has manifested its willingness to renew.
   b. If the insured fails to pay any premium due or any
      advance premium required by the insurer for renewal.
   c. If the insured is transferred from an insurer to
      an affiliate for future coverage as a result of a merger,
      acquisition, or company restructuring and if the transfer
      results in the same or broader coverage.

Sec. 34. Section 515D.10, Code 2021, is amended to read as
follows:

515D.10 Hearing before commissioner.

Any named insured who has received a statement of reason
for cancellation, or of reason for an insurer’s intent not
to renew a policy, may, within fifteen calendar days of the
receipt or delivery of a statement of reason, request a hearing
before the commissioner of insurance. The purpose of this
hearing shall be limited to establishing the existence of the
proof or evidence used stated by the insurer in as its reason
for cancellation or intent not to renew. The burden of proof
of the reason for cancellation or intent not to renew shall
be upon the insurer. Other than the sharing of information
required by this chapter and the rules adopted pursuant to
the provisions of this chapter, the commissioner shall keep
confidential the information obtained from the insured or in
the hearing process, pursuant to section 505.8, subsection 8.
The commissioner of insurance shall adopt rules for carrying
pursuant to chapter 17A to implement the provisions of this
section.

Sec. 35. Section 515F.2, Code 2021, is amended by adding the
following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. As used in this chapter, unless the context otherwise requires:

Sec. 36. Section 515F.2, Code 2021, is amended by adding the following new subsection:

NEW SUBSECTION. 2A. "Commissioner" means the commissioner of insurance.

Sec. 37. Section 515F.8, subsection 3, paragraph a, Code 2021, is amended by adding the following new subparagraph:

NEW SUBPARAGRAPH. (7) A license fee as established by the commissioner by rule.

Sec. 38. Section 515F.8, subsection 3, paragraph d, Code 2021, is amended to read as follows:

d. Duration. A license issued under this section shall remain in effect for one year three years unless the license is suspended or revoked. The commissioner may, at any time after hearing, revoke or suspend the license of an advisory organization which does not comply with the requirements and standards of this chapter.

Sec. 39. Section 515F.32, Code 2021, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. As used in this subchapter, unless the context otherwise requires:

Sec. 40. Section 515F.32, subsection 3, Code 2021, is amended to read as follows:

3. "Insurer" includes all companies or associations licensed to transact insurance business in this state under chapters 515, 518, and 518A, reciprocal insurers issued a certificate of authority pursuant to chapter 520, and companies or associations admitted or seeking to be admitted to do business in this state under any of those chapters, notwithstanding any provision of the Code to the contrary.

Sec. 41. Section 515F.36, subsection 2, paragraph a, subparagraphs (1) and (2), Code 2021, are amended to read as follows:
American property casualty insurance association.

(2) Property casualty insurers association of America National association of mutual insurance companies.

Sec. 42. NEW SECTION. 515F.39 Cancellation or nonrenewal — FAIR notice.

If basic property insurance coverage is canceled or not renewed other than for nonpayment of a premium pursuant to section 515.125, 515.126, 515.127, 515.128, 518.23, or 518A.29, the insurer shall notify the named insured that the named insured may be eligible for basic property insurance through the FAIR plan. The notice shall accompany the notice of cancellation or the intent not to renew.

Sec. 43. Section 515I.4, subsection 1, paragraph a, Code 2021, is amended to read as follows:

a. Capital and surplus or its equivalent under the laws of the insurer’s domiciliary jurisdiction which equals the greater of either greatest of the following:

(1) The minimum capital and surplus requirements under the laws of this state.

(2) Fifteen million dollars.

(3) The risk-based capital level requirements pursuant to chapter 521E.

Sec. 44. Section 520.12, subsection 2, Code 2021, is amended to read as follows:

2. A reciprocal or interinsurance insurer shall submit annually, on or before March 1, a completed application for renewal of the insurer’s certificate of authority. An insurer that fails to timely file an application for renewal shall pay an administrative fee of five hundred dollars to the treasurer of state for deposit as provided in section 505.7 to the commissioner of insurance as established by the commissioner of insurance by rule.

Sec. 45. Section 521.18, Code 2021, is amended to read as follows:

521.18 Articles of merger or consolidation — filing fees
and approval.

A company filing a plan to merge or consolidate under the provisions of this chapter shall file its articles of merger or consolidation with the commission for its approval. The fee for filing articles of merger or consolidation with the commission is fifty dollars shall be established by the commissioner by rule.

Sec. 46. Section 522.9, subsection 1, Code 2021, is amended to read as follows:

1. If an insurer fails, without just cause, to file an own risk and solvency assessment summary report by the filing date stipulated to the commissioner pursuant to section 522.5, subsection 1, paragraph “c”, the commissioner shall, after notice and hearing, impose a penalty of five hundred dollars for each calendar day after the stipulated date that the summary report is not filed. The penalties shall be collected by the commissioner and deposited in the general fund of the state pursuant to section 505.7. The maximum penalty which may be imposed under this section is fifty thousand dollars.

Sec. 47. Section 522A.5, Code 2021, is amended to read as follows:

522A.5 Fees Counter employee — license fee.

The fee for a counter employee license shall be fifty dollars per counter employee established by the commissioner by rule. In no case shall any combined fees exceed one thousand dollars in any calendar year for any one rental company or limited license or licensee or renewal license. The fees collected under this section shall be deposited as provided in section 505.7.

Sec. 48. Section 522B.5, subsection 1, paragraph c, Code 2021, is amended to read as follows:

c. The individual has paid the license fee of fifty dollars established by the commissioner by rule.

Sec. 49. Section 522E.4, subsection 1, paragraph c, Code 2021, is amended to read as follows:
c. An application fee of the lesser of fifty dollars per each endorsee at a location of the vendor or five hundred dollars per location valid for a three-year period and, for each three-year period thereafter, a renewal fee in the same amount. A maximum fee of five thousand dollars shall apply for licensure of a portable electronics vendor with multiple locations established by the commissioner by rule. The fees collected shall be deposited as provided in section 505.7.

DIVISION III
CEMETERY AND FUNERAL MERCHANDISE AND FUNERAL SALES

Sec. 50. Section 523A.204, subsections 1 and 2, Code 2021, are amended to read as follows:
1. A preneed seller shall file an annual report with the commissioner not later than April 1 of each year an annual report on a form prescribed by the commissioner.
2. A preneed seller filing an annual report shall pay a filing fee of ten dollars established by the commissioner by rule per purchase agreement sold during the year covered by the report. Duplicate filing fees are not required for the same purchase agreement. If a purchase agreement has multiple sellers, the filing fee shall be paid by the preneed seller actually providing the merchandise and services.

Sec. 51. Section 523A.204, Code 2021, is amended by adding the following new subsection:
NEW SUBSECTION. 4. The commissioner may impose a late fee, established by the commissioner by rule, for each day after April 15 that a preneed seller fails to file the preneed seller’s annual report. The maximum late fee that may be imposed under this subsection is five hundred dollars. The fee shall be collected by the commissioner and deposited pursuant to section 505.7.

Sec. 52. Section 523A.501, subsections 7 and 8, Code 2021, are amended to read as follows:
7. A preneed seller’s license expires shall expire annually on April 15. If the a preneed seller has filed a complete
an annual report pursuant to section 523A.204, subsection 1,
and paid the required fees as required in section 523A.204, the
commissioner shall renew the preneed seller’s license until
April 15 30 of the following year.
8. The commissioner may by rule create or accept a
multijurisdiction preneed seller’s license. If the preneed
seller’s license is issued by another jurisdiction, the rules
shall require the filing of an application or notice form and
payment of the applicable filing fee of fifty dollars for an
application established by the commissioner by rule. The
application or notice form utilized and the effective dates and
terms of the license may vary from the provisions set forth in
this section.
Sec. 53. Section 523A.502, subsection 5, Code 2021, is
amended to read as follows:
5. A sales license shall expire annually on April 15 30. If
the a sales agent has filed a substantially complete an annual
report as required in pursuant to section 523A.502A, subsection
1, and has fulfilled the continuing education requirements
pursuant to subsection 6, the commissioner shall renew the
sales agent’s sales license until April 15 30 of the following
year.
Sec. 54. Section 523A.502A, subsection 1, Code 2021, is
amended to read as follows:
1. A No later than April 15, a sales agent shall file an
annual report with the commissioner not later than April 1
of each year an annual report on a form prescribed by the
commissioner describing each purchase agreement sold by the
sales agent during the year. An annual report must be filed
whether or not sales were made a sales agent sold any purchase
agreements during the year and even if the whether or not a
sales agent is no longer still an agent of a preneed seller or
is still licensed by the commissioner.
Sec. 55. Section 523A.502A, Code 2021, is amended by adding
the following new subsection:
NEW SUBSECTION. 3. The commissioner may impose a late fee, established by the commissioner by rule, for each day after April 15 that a sales agent fails to file the sales agent’s annual report. The maximum late fee that may be imposed pursuant to this section is five hundred dollars. The fee shall be collected by the commissioner and deposited pursuant to section 505.7.

Sec. 56. Section 523A.601, subsection 4, Code 2021, is amended by striking the subsection and inserting in lieu thereof the following:

4. All purchase agreements, including a purchase agreement delivered or executed by electronic means, must have a sales agent identified. A purchase agreement, including a purchase agreement delivered or executed by electronic means, shall be reviewed by the sales agent identified and named in the purchase agreement pursuant to subsection 1, paragraph “a”, and signed by the purchaser and seller. If the purchase agreement is for mortuary science services as “mortuary science” is defined in section 156.1, the purchase agreement must also be signed by a person licensed to deliver funeral services.

Sec. 57. Section 523A.807, subsection 3, unnumbered paragraph 1, Code 2021, is amended to read as follows:

If the commissioner finds that a person has violated section 523A.201, 523A.202, 523A.203, 523A.204, 523A.207, 523A.401, 523A.402, 523A.403, 523A.404, 523A.405, 523A.501, or 523A.502, or 523A.502A, or any rule adopted pursuant thereto, the commissioner may order any or all of the following:

Sec. 58. Section 523A.812, Code 2021, is amended to read as follows:

523A.812 Insurance division regulatory fund.

The insurance division may authorize the creation of a special revenue fund in the state treasury, to be known as the insurance division regulatory fund. The commissioner shall allocate annually from the filing fees paid pursuant to section 523A.204, two dollars an amount established by the commissioner.
by rule for each purchase agreement reported on a preneed seller's annual report filed pursuant to section 523A.204 for deposit to the regulatory fund. The remainder of the fees collected pursuant to section 523A.204 shall be deposited as provided in section 505.7. The commissioner shall also allocate annually the examination fees paid pursuant to section 523A.814 and any examination expense reimbursement for deposit to the regulatory fund. The moneys in the regulatory fund shall be retained in the fund. The moneys are appropriated and, subject to authorization by the commissioner, may be used to pay examiners, examination expenses, investigative expenses, the expenses of mediation ordered by the commissioner, consumer education expenses, the expenses of a toll-free telephone line to receive consumer complaints, and the expenses of receiverships established under section 523A.811. If the commissioner determines that funding is not otherwise available to reimburse the expenses of a person who receives title to a cemetery subject to chapter 523I, pursuant to such a receivership, the commissioner shall use moneys in the regulatory fund as necessary to preserve, protect, restore, and maintain the physical integrity of that cemetery and to satisfy claims or demands for cemetery merchandise, funeral merchandise, and funeral services based on purchase agreements which the commissioner determines are just and outstanding. An annual allocation to the regulatory fund shall not be imposed if the current balance of the fund exceeds five hundred thousand dollars.

Sec. 59. Section 523A.814, Code 2021, is amended to read as follows:

523A.814 Examination fee.

In addition to the filing fee paid pursuant to section 523A.204, subsection 2, a seller filing an annual report shall pay an examination fee in the amount of five dollars established by the commissioner by rule for each purchase agreement subject to a filing fee that is sold between July 1,
2005, and December 31, 2007, and in the amount of ten dollars
for each purchase agreement subject to a filing fee that is

DIVISION IV
RESIDENTIAL AND MOTOR VEHICLE SERVICE CONTRACTS
Sec. 60. Section 523C.3, subsection 2, Code 2021, is amended
to read as follows:
2. The application shall be accompanied by all of the
following:
   a. A license fee in the amount of five hundred dollars
      established by the commissioner by rule.
   b. If applicable, a fee in the amount of fifty dollars
      established by the commissioner by rule for each motor vehicle
service contract form submitted in an application as provided
in subsection 1, paragraph "f".
Sec. 61. Section 523C.4, subsection 3, paragraphs a, b, and
   c, Code 2021, are amended to read as follows:
   a. A license renewal fee in the amount of five hundred
dollars established by the commissioner by rule.
   b. If applicable, a fee in the amount of three percent
      percentage established by the commissioner by rule of the
aggregate amount of payments the licensee received for the sale
or issuance of residential service contracts in this state
during the preceding fiscal year, provided that such fee shall
be no less than one hundred dollars and no greater than fifty
thousand dollars.
   c. If applicable, a fee in the amount of fifty dollars
      established by the commissioner by rule for each motor
vehicle service contract form submitted in a with the renewal
application pursuant to subsection 2, and as provided in
section 523C.3, subsection 1, paragraph "f".
Sec. 62. Section 523C.24, subsection 2, Code 2021, is
amended to read as follows:
2. The commissioner shall deposit in the service company
oversight fund an amount equal to one-third of all licensing,
examination, renewal, and inspection fees collected under this chapter, provided that the maximum amount of fees deposited in the fund each fiscal year shall not exceed five hundred thousand dollars an amount established by the commissioner by rule. Any remaining fees collected under this chapter and not deposited in the service company oversight fund shall be deposited as provided in section 505.7.

DIVISION V

RETIREMENT FACILITIES

Sec. 63. Section 523D.2A, unnumbered paragraph 1, Code 2021, is amended to read as follows:

On or before March 1 of each year, a provider shall file a certification with the commissioner in a manner and according to in compliance with requirements established by the commissioner by rule. The certification shall be accompanied by a one hundred dollar administrative fee which fee in an amount established by the commissioner by rule and shall be deposited as provided in section 505.7. The certification shall attest that according to the best knowledge and belief of the attesting party, the facility administered by the provider is in compliance with the provisions of this chapter, including rules adopted by the commissioner and orders issued by the commissioner as authorized under this chapter. The attesting person may be any of the following:

DIVISION VI

IOWA CEMETERY ACT

Sec. 64. Section 523I.102, subsection 6, Code 2021, is amended by adding the following new paragraph:

NEW PARAGRAPH. d. A cemetery under the jurisdiction and control of a cemetery commission pursuant to section 331.325, subsection 3, paragraph “c”.

Sec. 65. Section 523I.213, Code 2021, is amended to read as follows:

523I.213 Insurance division’s enforcement fund.

A special revenue fund in the state treasury, to be known as
the insurance division’s enforcement fund, is created under the authority of the commissioner. The commissioner shall allocate annually from the examination fees paid pursuant to section 523I.808, an amount not exceeding fifty thousand dollars, for deposit to all examination fees collected pursuant to section 523I.808 in the insurance division’s enforcement fund. The moneys in the enforcement fund shall be retained in the fund. The moneys are appropriated and, subject to authorization by the commissioner, shall be used to pay examiners, examination expenses, investigative expenses, the expenses of consumer education, compliance, and educational or compliance programs, the expenses of a toll-free telephone line for consumer complaints, and the expenses of receiverships of perpetual care cemeteries established under section 523I.212.

Sec. 66. Section 523I.301, subsections 1 and 2, Code 2021, are amended to read as follows:

1. A cemetery shall disclose, prior to the sale of interment rights, whether opening and closing of the interment space is included in the purchase of the interment rights. If opening and closing services are not included in the sale of interment rights and the cemetery offers opening and closing services, the cemetery must disclose that the price for these services opening and closing services is subject to change and must disclose the current prices for opening and closing services provided by the cemetery.

2. The cemetery shall fully disclose all fees required for interment, entombment, or inurnment, or disinterment of human remains.

Sec. 67. Section 523I.309, subsection 6, Code 2021, is amended to read as follows:

6. A cemetery may disinter and relocate remains interred in the cemetery for the purpose of correcting an error made by the cemetery after obtaining a disinterment permit as required by section 144.34, unless the interested parties...
have a written agreement directing otherwise. The cemetery
shall bear the costs of the disinterment and relocation. The
cemetery shall provide written notice describing the error
to the commissioner and to the person who has the right to
control the interment, relocation, or disinterment of the
remains erroneously interred, by restricted certified mail at
the person’s last known address and sixty days prior to the
disinterment. The notice shall include the location where the
disinterment will occur and the location of the new interment
space. A cemetery is not civilly or criminally liable for an
erroneously made interment that is corrected in compliance
with this subsection unless the error was the result of gross
negligence or intentional misconduct.

Sec. 68. Section 523I.808, Code 2021, is amended to read as
follows:

523I.808 Examination Annual report — examination fee.
An examination fee, established by the commissioner by rule,
for each certificate of internment rights issued during the
time period covered by the report shall be submitted with the a
perpetual care cemetery’s annual report in an amount equal to
five dollars for each certificate of internment rights issued
during the time period covered by the report filed pursuant to
section 523I.813. The cemetery may charge the examination fee
directly to the purchaser of the interment rights.

Sec. 69. Section 523I.813, subsection 3, Code 2021, is
amended by striking the subsection and inserting in lieu
thereof the following:

3. The commissioner may assess a late fee, established
by the commissioner by rule, for each day after the date on
which a perpetual care cemetery’s annual report is due that the
perpetual care cemetery fails to file the report. The late fee
shall be collected by the commissioner and deposited pursuant
to section 505.7.

DIVISION VII
STATE INNOVATION WAIVER
Sec. 70. NEW SECTION. 505.18A State innovation waivers.

1. The commissioner of insurance may develop by rule a state innovation waiver pursuant to section 1332 of the federal Patient Protection and Affordable Care Act, Pub. L. No. 111-148.

2. The commissioner of insurance may submit an application on behalf of the state to the United States secretary of health and human services and the United States secretary of the treasury for the state innovation waiver developed pursuant to subsection 1.

3. If a state innovation waiver submitted pursuant to subsection 2 is approved by the United States secretary of health and human services and the United States secretary of the treasury, the commissioner of insurance may implement the state innovation waiver in a manner consistent with applicable state and federal law.

4. The commissioner of insurance may adopt emergency rules under section 17A.4, subsection 3, and section 17A.5, subsection 2, paragraph "b", to implement the provisions of this section and the rules shall be effective immediately upon filing unless a later date is specified in the rules. Any rules adopted in accordance with this section shall also be published as a notice of intended action as provided in section 17A.4.

EXPLANATION

The inclusion of this explanation does not constitute agreement with the explanation's substance by the members of the general assembly.

This bill relates to various matters under the purview of the insurance division of the department of commerce. The bill is organized into seven divisions.

DIVISION I — UNIFORM SECURITIES. Code section 502.304A (expedited registration by filing for small issuers) is amended to provide that an issuer, and a person registering as an agent of the issuer, must pay the administrator a registration fee established by the administrator, rather than the set...
fee amounts of $100 (issuer) and $10 (person registering as an agent) required by current law. Code section 502.321G (fees) is amended to change the nonrefundable fee for a registration statement filed by an offeror from $250 to an amount established by the administrator.

Code section 502.410 (filing fees) is amended to change the broker-dealer filing fee for an application or renewal registration from $200 to an amount established by the administrator. In addition, the filing fee for registration or renewal as an agent is amended from $40 to an amount established by the administrator. Of the agent registration fees collected, 25 percent are appropriated to the securities investor education and financial literacy training fund. Current law provides that $10 of every $40 fee collected goes to the fund. The filing fee for an investment adviser application or renewal registration is amended from $100 to an amount established by the administrator. The bill also amends the filing fees for an investment adviser representative application, renewal registration, and change of registration from $30 to an amount established by the administrator. A federal covered investment adviser must pay an initial fee and an annual notice fee in an amount established by the administrator, rather than the $100 fee required under current law.

DIVISION II — INSURANCE. The bill amends Code section 505.30 (service of process on the commissioner) to specify that the commissioner of insurance (commissioner) may set a reasonable fee for service made on the commissioner. The bill amends Code section 507A.4 (transactions where law not applicable) and provides that Code chapter 507A does not apply to a multiple employer welfare arrangement (MEWA) or a MEWA formed as an association health plan (AHP) that meets the requirements of Code chapter 513D. The bill strikes current Code section 513D.1 (association health plans) and replaces it with new provisions which detail the requirements for MEWAs and
AHPs that offer a plan to, or that maintain a group health plan for, any resident of Iowa. "AHP" and "MEWA" are defined in the bill. The bill details the requirements of the annual filings with the commissioner required of registered AHPs and MEWAs. The bill provides that a MEWA that is recognized as tax-exempt under Internal Revenue Code section 501(c)(9), and that is registered with the commissioner prior to January 1, 2018, shall not be considered an AHP unless the MEWA affirmatively elects to be treated as an AHP. The bill makes conforming changes to Code section 513D.2 (rules and enforcement). Code section 507B.7 (cease and desist orders) is amended to provide that a person who violates any order of the commissioner, rather than just a cease and desist order as is in current law, may, after notice and hearing be subject to a monetary penalty and suspension or revocation of the person's license.

The bill broadens the definition of "insurer" in Code section 507E.2A (definitions) to include any corporation, association, partnership, or individual engaged in the business of insurance, including but not limited to a corporation, association, partnership, or individual that issues a policy of workers' compensation, a self-insured business for purposes of workers' compensation liability, or a group or self-insured plan. The bill specifically excludes a person required to be licensed to sell, solicit, or negotiate insurance pursuant to Code chapter 522B from the definition.

Code section 507E.8 (law enforcement authority) is amended by the bill to specify that an individual who is employed by the insurance division and is designated as a peace officer shall be considered a law enforcement officer and shall exercise the powers of a law enforcement officer as detailed in the bill.

The bill amends Code section 508E.3 (license requirements) to change the application and renewal fees for a viatical...
settlement provider and a viatical settlement broker from $100 to an amount established by the administrator.

Code section 509A.15 (certification of self-insurance plans — exemption) is amended to change the filing fee for the end of fiscal year filing of a governing body of a self-insurance plan of a political subdivision or a school corporation from $100 to an amount established by the commissioner. The current $15 per day penalty for late filings is changed to a late fee established by the commissioner.

The bill makes conforming changes to Code section 510.21 (certificate of registration) and also requires that an application for registration as a third-party administrator be accompanied by a filing fee as established by the commissioner. Current law does not require submission of a filing fee.

The bill strikes and replaces Code section 510.23 (unfair competition or unfair and deceptive acts or practices prohibited) and makes third-party administrators that violate Code chapter 507B or 510 subject to the sanctions and penalties set out in Code section 507B.7. Third-party administrators are subject to Code chapter 507B under current law.

Code section 511.24 (fees from domestic and foreign companies) is amended to change specific dollar amounts for certain filing fees for foreign or domestic life insurance companies to fee amounts determined by the commissioner.

The bill makes conforming changes to Code section 512B.24 (reports) and requires that the annual filing by fraternal benefit societies be accompanied by a fee established by the commissioner, rather than $50 as required by current law.

The bill makes conforming changes to Code section 512B.25 (annual license — renewal) and requires that for each license or renewal application a fraternal benefit society submit a fee established by the commissioner, rather than $50 as required by current law. The bill also changes the current administrative penalty of $500 for a late renewal filing to a late fee as established by the commissioner.
The bill makes conforming changes to Code chapter 514G (long-term care insurance) and amends the Code chapter to change the terminology throughout the Code chapter from “independent review entity” to “independent review organization”.

Code chapter 515.147 (fees) is amended to change filing fees for certain filings from specific dollar amounts to fees determined by the commissioner. The bill makes conforming changes to and amends Code section 515A.10 to provide more specific requirements related to licensing requirements, fees, and penalties for advisory organizations.

The bill amends Code section 515F.8 (licensing advisory organizations) to require licensing advisory organizations to submit a fee, determined by the commissioner, with their application for a license, and makes the license effective for three years, rather than the one year under current law.

Code section 515F.32 is amended to add reciprocal insurers to the definition of “insurer”. Code section 515F.36 is amended to change the makeup of the membership of the governing committee that administers the FAIR plan. The bill creates a new requirement that if basic property insurance coverage is canceled or not renewed other than for nonpayment of a premium pursuant to Code section 515.125, 515.126, 515.127, 515.128, 518.23, or 518A.29, the insurer must notify the named insured that they may be eligible for basic property insurance through the FAIR plan, and the notice must accompany the notice of cancellation or the intent not to renew.

The bill amends Code section 515I.4 (requirements for eligible surplus lines insurers) to allow a nonadmitted insurer seeking to qualify as an eligible surplus line insurer the option of demonstrating that the nonadmitted insurer has capital and surplus under the laws of the nonadmitted insurer’s domiciliary that equal the risk-based capital level requirements required by Iowa law. Current law requires the nonadmitted insurer to demonstrate that the nonadmitted insurer...
has capital and surplus under the laws of the nonadmitted insurer's domiciliary that equal the greater of the minimum capital and surplus required under the laws of this state, or $15 million.

Code section 520.12 (certificate of authority — renewal — penalties) is amended to change the annual renewal fee for a reciprocal or interinsurance insurer from $500 to be submitted to the treasurer of state, to an administrative fee as established by the commissioner to be paid to the commissioner.

The bill amends Code section 521.18 (articles of merger or consolidation) to change the fee for specific companies to file a plan to merge or consolidate from $50 to an amount established by the commissioner.

Code section 522.9 (penalties) is amended to allow the commissioner to deposit penalties that have been collected due to insurers' failure to file a timely own risk and solvency assessment summary report pursuant to Code section 505.7. Current law requires the commissioner to deposit the penalties into the general fund of the state.

Code section 522A.5 (counter employee — license fee) is amended to change the license fee for a counter employee from $50 to an amount established by the commissioner, and removes the cap of $1,000 per calendar year for all combined fees paid by any one rental company.

The bill amends Code section 522B.5 (application for license) to change the application fee for a resident insurance producer license from $50 to an amount established by the commissioner.

Code section 522E.4 (application and fees) is amended to change the application fee for a portable electronics insurance license from a variable dollar amount to an amount established by the commissioner. The bill also removes the $5,000 cap on the total application fees that can be charged for the licensure of a portable electronics vendor with multiple locations.
The bill makes conforming changes to Code sections 508E.2 (definitions), 509.1(9) (form of policy), 509.19(2) (claims and premium disclosures), 515A.2 (definitions), 515A.6 (rating organizations), 515A.10 (advisory organizations), 515D.4 (notice of cancellation — reasons), 515D.5 (delivery of notice), 515D.6 (prohibited reasons), 515D.7 (notice of intent), 515D.10 (hearing before commissioner), and 515F.2 (definitions).

DIVISION III — CEMETERY AND FUNERAL MERCHANDISE AND FUNERAL SALES. The bill amends Code section 523A.204 (preneed seller annual reporting requirements) to require preneed sellers to file an annual report by April 15 rather than the current date of April 1. The bill changes the filing fee for the report from $10 to an amount established by the commissioner. The bill allows the commissioner to impose a late fee for each day the report is late, up to a maximum of $500. The fee is to be collected by the commissioner and deposited pursuant to Code section 505.7. Code section 523A.501 (preneed sellers — licenses) is amended to specify that preneed sellers' licenses expire annually on April 30, rather than the current expiration date of April 15. The bill changes the filing fee for a multijurisdictional preneed seller’s license that is issued by another jurisdiction from $50 to an amount established by the commissioner.

The bill amends Code section 523A.502 (sales agents — licenses) to specify that sales agents' licenses expire annually on April 30, rather than the current expiration date of April 15, and an agent must have fulfilled continuing education requirements to qualify for renewal. Code section 523A.502A (sales agent annual reporting requirements) is amended to require sales agents to file an annual report by April 15, rather than the current date of April 1. The bill allows the commissioner to impose a late fee for each day that the annual report is late, up to a maximum of $500. The fee is to be collected by the commissioner and deposited pursuant to
The bill strikes and replaces Code section 523A.601 (disclosures) and requires that all purchase agreements, including those delivered or executed by electronic means, identify a sales agent. Purchase agreements must also be reviewed by the sales agent and signed by the purchaser and seller. If a purchase agreement is for mortuary science services, the purchase agreement must also be signed by a person licensed to deliver funeral services.

The bill amends Code section 523A.812 (insurance division regulatory fund) to allocate an amount established by the commissioner to the regulatory fund from the filing fees for each purchase agreement reported on a preneed seller's annual report. Current law requires the commissioner to allocate $2 from each filing fee to the regulatory fund. The bill also removes the prohibition on an annual allocation to the regulatory fund if the current balance exceeds $500,000.

Code section 523A.814 (examination fee) is amended to change the examination fee for a seller's annual report from $5, or other set dollar amount, to an amount established by the commissioner.

The bill makes conforming changes to Code section 523A.807 (prosecutions for violations of law).

DIVISION IV — RESIDENTIAL AND MOTOR VEHICLE SERVICE CONTRACTS. Code section 523C.3 (application for license) is amended to change the $500 fee for an application for a service company license to a fee established by the commissioner. The current fee of $50 for each motor vehicle service contract form submitted with an application is also changed to a fee as established by the commissioner. Code section 523C.4 (license expiration and renewal) is amended to change the license renewal fee of $500 to a fee established by the commissioner. The bill amends the fee, based on the aggregate amount of payments a licensee received for the sale or issuance of residential service contracts in this state.
during the preceding fiscal year, from 3 percent per contract to a percentage established by the commissioner by rule, and also removes the minimum and maximum dollar amount of fees that a licensee is required to submit. In addition, the bill amends the fee for each motor vehicle service contract form submitted with an application from $50 to a fee established by the commissioner.

Code section 523C.24 (service company oversight fund) is amended to allow the commissioner to establish the amount deposited in the service company oversight fund from all licensing, examination, renewal, and inspection fees collected under Code chapter 523C. The bill also removes the current $500,000 maximum cap on fees that may be deposited in the fund each fiscal year.

DIVISION V — RETIREMENT FACILITIES. Code section 523D.2A is amended to change the administrative fee submitted by a provider with its certification filing from $100 to an amount established by the commissioner.

DIVISION VI — IOWA CEMETARY ACT. Code section 523I.102 (definitions) is amended to exclude specific cemeteries, under the jurisdiction and control of a cemetery commission that has jurisdiction and control over pioneer cemeteries, from the definition of “cemetary” for purposes of Code chapter 523I. Code section 523I.213 (insurance division’s enforcement fund) is amended to remove the cap on the allocation to the insurance division’s enforcement fund of examination fees paid by perpetual cemeteries with their annual report. The bill requires the commissioner to deposit all of the examination fees in the enforcement fund.

Code section 523I.301 (disclosure requirements — prices and fees) is amended to require cemeteries to disclose, prior to the sale of interment rights, whether opening and closing services are included in the purchase price. The bill also requires cemeteries to disclose all fees associated with disinterment services.
Code section 523I.309 (interment, relocation, or
disinterment of remains) is amended to require cemeteries
to disinter and relocate remains interred in a cemetery for
the purpose of correcting an error made by the cemetery,
unless the interested parties have a written agreement
directing otherwise. The cemetery must bear all costs of the
disinterment and relocation. Current law permits, but does not
require, a cemetery to disinter and relocate such remains, and
the cemetery is not required to bear the cost of disinterment
and relocation.

The bill amends Code section 523I.808 (examination fee) to
require an examination fee, established by the commissioner,
for each certificate of interment rights issued during the
period covered by a perpetual care cemetery's annual report.
Under current law, the fee is $5 per certificate.

The bill amends Code section 523I.813 (annual report by
perpetual care cemeteries) to allow, rather than to require,
the commissioner to impose a late penalty on a perpetual care
cemetery that fails to timely file its annual report.

DIVISION VII — STATE INNOVATION WAIVER. The bill
authorizes the commissioner to develop by rule a state
innovation waiver (waiver) pursuant to section 1332 of the
federal Patient Protection and Affordable Care Act, Pub. L. No.
111-148, and to submit an application on behalf of the state
to the United States secretary of health and human services
and the United States secretary of the treasury (secretaries)
for the waiver. If a waiver is approved by the secretaries,
the commissioner is authorized to implement the waiver in a
manner consistent with applicable state and federal law. The
bill authorizes the commissioner to adopt emergency rules
to implement the waiver and the rules are to be effective
immediately upon filing unless a later date is specified in the
rules. Any rules that are adopted must also be published as a
notice of intended action.