

House File 838 - Reprinted

HOUSE FILE 838
BY COMMITTEE ON APPROPRIATIONS

(SUCCESSOR TO HF 502)
(SUCCESSOR TO HSB 119)

(As Amended and Passed by the House March 25, 2021)

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:

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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 Notwithstanding any other provision of [this chapter](#), the registration of the agent shall be effective until withdrawn by the issuer or until the securities registered pursuant to the registration statement have all been sold, whichever occurs first.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

1 rule for a registration statement filed by an offeror. The fee
2 shall be deposited as provided in [section 505.7](#).

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

5 **502.410 Filing fees.**

6 1. *Broker-dealers.* A person shall pay a fee ~~of two hundred~~
7 ~~dollars established by the administrator by rule~~ when initially
8 filing an application for registration as a broker-dealer
9 and ~~a fee of two hundred dollars~~ when filing a renewal of
10 registration as a broker-dealer. If the filing results in a
11 denial or withdrawal, the administrator shall retain the fee.

12 2. *Agents.* The fee for an individual ~~is forty dollars~~
13 ~~when~~ filing an application for registration as an agent, a
14 ~~fee of forty dollars when~~ filing a renewal of registration
15 as an agent, and ~~a fee of forty dollars when~~ or filing for a
16 change of registration as an agent shall be established by the
17 administrator by rule. Of each ~~forty-dollar~~ fee collected, ~~ten~~
18 ~~dollars~~ twenty-five percent is appropriated to the securities
19 investor education and financial literacy training fund
20 established under [section 502.601, subsection 5](#). If the filing
21 results in a denial or withdrawal, the administrator shall
22 retain the fee.

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

30 4. *Investment adviser representatives.*

31 ~~a.~~ The fee for an individual ~~is thirty dollars~~ when filing
32 an application for registration as an investment adviser
33 representative, ~~a fee of thirty dollars~~ when filing a renewal
34 of registration as an investment adviser representative, and ~~a~~
35 ~~fee of thirty dollars~~ or when filing a change of registration

1 as an investment adviser representative shall be the amount
2 established by the administrator by rule. If the filing
3 results in a denial or withdrawal, the administrator shall
4 retain the fee.

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

10 5. *Federal covered investment advisers.* A federal covered
11 investment adviser required to file a notice under section
12 502.405 shall pay an initial fee ~~of one hundred dollars~~ and
13 an annual notice fee ~~of one hundred dollars~~ in an amount
14 established by the administrator by rule.

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

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

22 DIVISION II

23 INSURANCE

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

26 2. The commissioner may collect a reasonable fee,
27 established by the commissioner by rule, each time service of
28 process is made on the commissioner as set forth in subsection
29 1 or as otherwise allowed by law. A fee collected by the
30 commissioner under this subsection shall be used and is
31 appropriated to the insurance division to offset the costs
32 of the commissioner acting as agent or attorney for service
33 of process. The party to a proceeding requesting service of
34 process is entitled to recover the fee paid pursuant to this
35 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
7 Retirement Income Security Act of 1974, 29 U.S.C. §1002,
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

1 defined in [section 507B.2, subsection 1](#), if the person knew or
2 reasonably should have known the person was in violation of
3 this subtitle.

4 *c.* Payment of interest at the rate of ten percent per
5 annum if the commissioner finds that the insurer failed to
6 pay interest as required under [section 507B.4, subsection 3](#),
7 paragraph "p".

8 2. Until the expiration of the time allowed under section
9 507B.8 for filing a petition for review if no such petition has
10 been duly filed within such time, or, if a petition for review
11 has been filed within such time, then until the transcript of
12 the record in the proceeding has been filed in the district
13 court, the commissioner may at any time, upon such notice and
14 in such manner as the commissioner may deem proper, modify
15 or set aside in whole or in part any order issued by the
16 commissioner under [this section](#).

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

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

31 *a.* A monetary penalty of not more than ten thousand dollars
32 for each and every act or violation. A penalty collected
33 under this lettered paragraph shall be deposited as provided
34 in [section 505.7](#).

35 *b.* Suspension or revocation of such person's license.

1 Sec. 8. Section 507E.2A, subsection 2, Code 2021, is amended
2 to read as follows:

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

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

14 **507E.8 Law enforcement authority.**

15 1. An individual employed by the division and designated as
16 a peace officer shall be considered a law enforcement officer
17 as that term is defined in section 80B.3, and shall exercise
18 the powers of a law enforcement officer as follows:

19 a. For purposes of an arrest resulting from a criminal
20 violation of any provision of the Code subject to the
21 jurisdiction of the commissioner established as a result of
22 an investigation pursuant to this chapter, ~~an insurance fraud~~
23 ~~bureau investigator shall have the authority and status of a~~
24 ~~law enforcement officer pursuant to section 80B.3, subsection~~
25 3.

26 b. While conducting an investigation or engaged in an
27 assignment authorized by this chapter or ordered by the
28 commissioner.

29 c. To protect life if a public offense is committed in the
30 presence of the peace officer.

31 d. While providing assistance to a law enforcement agency or
32 another law enforcement officer.

33 e. While providing assistance at the request of a member of
34 the public.

35 2. ~~The laws~~ Laws applicable to an arrest of an individual

1 by a law enforcement officer of the state shall apply to an
 2 ~~insurance fraud bureau investigator~~ individual employed by
 3 the division and designated as a peace officer. An ~~insurance~~
 4 ~~fraud bureau investigator~~ individual employed by the division
 5 and designated as a peace officer shall have the power to
 6 execute arrest warrants and search warrants, serve subpoenas
 7 issued for the examination, investigation, and trial of all
 8 offenses identified through the course of an investigation
 9 conducted pursuant to [this section](#), and arrest upon probable
 10 cause without warrant a person found in the act of committing
 11 a violation of a ~~provision of~~ [this chapter](#) or a law of this
 12 state.

13 Sec. 10. Section 508.38, subsection 3, paragraph b,
 14 subparagraph (1), subparagraph division (c), Code 2021, is
 15 amended to read as follows:

16 (c) The resulting interest guarantee shall not be less than
 17 ~~one~~ fifteen hundredths percent.

18 Sec. 11. Section 508E.2, subsection 14, Code 2021, is
 19 amended to read as follows:

20 14. "*Viatical settlement broker*" means a person, including
 21 a life insurance producer ~~as provided for in~~ [section 508E.3](#),
 22 who, working exclusively on behalf of a viator and for a fee,
 23 commission, or other valuable consideration, offers or attempts
 24 to negotiate viatical settlement contracts between a viator
 25 and one or more viatical settlement providers or one or more
 26 viatical settlement brokers. Notwithstanding the manner in
 27 which the viatical settlement broker is compensated, a viatical
 28 settlement broker is deemed to represent only the viator,
 29 and not the insurer or the viatical settlement provider, and
 30 owes a fiduciary duty to the viator to act according to the
 31 viator's instructions and in the best interest of the viator.
 32 "*Viatical settlement broker*" does not include an attorney,
 33 certified public accountant, or a financial planner accredited
 34 by a nationally recognized accreditation agency who is retained
 35 to represent the viator and whose compensation is not paid

1 directly or indirectly by the viatical settlement provider or
2 purchaser.

3 Sec. 12. Section 508E.3, subsections 2 and 3, Code 2021, are
4 amended to read as follows:

5 2. An application for a viatical settlement provider
6 or viatical settlement broker license shall be made to the
7 commissioner by the applicant on a form prescribed by the
8 commissioner, and the application shall be accompanied by a
9 fee ~~of not more than one hundred dollars~~ as provided by rules
10 adopted by the commissioner.

11 3. A viatical settlement provider or viatical settlement
12 broker license term shall be three years and the license
13 may be renewed upon payment of a renewal fee ~~of not more~~
14 ~~than one hundred dollars~~ as provided by rules adopted by the
15 commissioner. A failure to pay the fee by the renewal date
16 shall result in expiration of the license.

17 Sec. 13. Section 509.1, subsection 9, Code 2021, is amended
18 to read as follows:

19 9. A policy of group health insurance coverage issued to ~~an~~
20 ~~associated health plan~~ a multiple employer welfare arrangement
21 pursuant to section 513D.1 chapter 513D that is subject to
22 regulation by the commissioner.

23 Sec. 14. Section 509.19, subsection 2, paragraph d, Code
24 2021, is amended to read as follows:

25 *d.* A multiple employer welfare arrangement, as defined
26 in section 3 of the federal Employee Retirement Income
27 Security Act of 1974, 29 U.S.C. §1002(40), paragraph 40,
28 or a multiple employer welfare arrangement formed as an
29 association health plan pursuant to 29 C.F.R. pt. 2510,
30 that meets the requirements of section 507A.4, subsection 9,
31 paragraph "a" chapter 513D.

32 Sec. 15. Section 509A.15, subsection 1, paragraph a,
33 unnumbered paragraph 1, Code 2021, is amended to read as
34 follows:

35 Within ninety calendar days following the end of a fiscal

1 year, the governing body of a self-insurance plan of a
 2 political subdivision or a school corporation shall file with
 3 the commissioner of insurance a certificate of compliance,
 4 actuarial opinion, and an annual financial report. The
 5 filing shall be accompanied by a fee ~~of one hundred dollars~~
 6 established by the commissioner by rule. A ~~penalty of fifteen~~
 7 ~~dollars per day late fee~~ established by the commissioner
 8 by rule shall be assessed for failure to comply with the
 9 ~~ninety-day~~ ninety-calendar-day filing requirement, except that
 10 the commissioner may waive the ~~penalty~~ late fee upon a showing
 11 that special circumstances exist which justify the waiver. The
 12 certificate shall be signed and dated by the appropriate public
 13 official representing the governing body, and shall certify the
 14 following:

15 Sec. 16. Section 510.21, Code 2021, is amended to read as
 16 follows:

17 **510.21 ~~Certificate of registration required~~ Certificates —**
 18 **registration and renewal.**

19 A person shall not act as or represent oneself to be a
 20 third-party administrator in this state, other than an adjuster
 21 licensed in this state for the kinds of business for which
 22 the person is acting as a third-party administrator, unless
 23 the person holds a current certificate of registration as
 24 a third-party administrator issued by the commissioner of
 25 insurance. A certificate of registration as a third-party
 26 administrator ~~is renewable~~ shall be renewed every three
 27 years. Failure to hold a current certificate ~~subjects the~~
 28 of registration shall subject a third-party administrator to
 29 the sanctions set out in [section 507B.7](#). ~~The~~ An application
 30 for a certificate of registration shall be accompanied by a
 31 filing fee as established by the commissioner by rule. A
 32 certificate of registration shall be issued by the commissioner
 33 to a third-party administrator unless the commissioner,
 34 ~~after due notice and hearing,~~ determines that the third-party
 35 administrator is not competent, trustworthy, financially

1 responsible, ~~or~~ of good personal and business reputation, or
2 has had a ~~previous~~ an application for an insurance license
3 denied for cause within the preceding five years.

4 ~~An application for registration shall be accompanied by a~~
5 ~~filing fee of one hundred dollars. After notice and hearing,~~
6 ~~the commissioner may impose any or all of the sanctions set out~~
7 ~~in section 507B.7, upon finding that either the third-party~~
8 ~~administrator violated any of the requirements of sections~~
9 ~~510.12 through 510.20 and this section, or the third-party~~
10 ~~administrator is not competent, trustworthy, financially~~
11 ~~responsible, or of good personal and business reputation.~~
12 If the commissioner denies an application for registration
13 or renewal, a written notice that specifies the reasons for
14 the denial or nonrenewal shall be provided to the applicant.
15 Pursuant to chapter 17A, upon the applicant's request, the
16 commissioner shall grant the applicant a hearing on the denial
17 or nonrenewal.

18 Sec. 17. Section 510.23, Code 2021, is amended by striking
19 the section and inserting in lieu thereof the following:

20 **510.23 Violations and penalties.**

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

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

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

35 Sec. 18. Section 511.24, Code 2021, is amended to read as

1 follows:

2 **511.24 ~~Fees from domestic~~ Domestic and foreign companies —**
3 **fees.**

4 When not otherwise provided, a foreign or domestic life
5 insurance company doing business in this state shall pay ~~to the~~
6 ~~commissioner of insurance the following fees~~ a fee, established
7 by the commissioner by rule, for all of the following:

- 8 1. For filing an application to do business, or an
9 application to renew a certificate of authority, ~~fifty dollars.~~
- 10 2. For issuing a certificate of authority to do business in
11 this state, or for renewing a certificate, ~~fifty dollars.~~
- 12 3. For filing amended articles of incorporation, ~~fifty~~
13 ~~dollars.~~
- 14 4. For issuing an amended certificate of authority,
15 ~~twenty-five dollars.~~
- 16 5. For affixing the official seal to any paper filed with
17 the division, ~~ten dollars.~~

18 Sec. 19. Section 512B.24, Code 2021, is amended to read as
19 follows:

20 **512B.24 Reports Annual statement.**

21 ~~Reports shall be filed in accordance with this section.~~

- 22 1. A society transacting business in this state shall, on or
23 before March 1 annually, unless for cause shown the time has
24 been extended by the commissioner, ~~shall~~ annually file with the
25 commissioner a true statement of ~~its~~ the society's financial
26 condition, transactions, and affairs for the preceding calendar
27 year and shall pay a fee ~~of fifty dollars~~ established by the
28 commissioner by rule. The statement may be in general form and
29 content as approved by the national association of insurance
30 commissioners for fraternal benefit societies and shall be
31 supplemented by additional information as adopted by rule of
32 the commissioner.
- 33 2. As part of ~~the~~ a society's annual statement, a the
34 society shall, on or before March 1, file with the commissioner
35 ~~of insurance~~ a valuation of ~~its~~ the society's certificates

1 in force on the ~~last~~ preceding December 31. However, the
 2 commissioner may, for cause shown, extend the time for filing
 3 the valuation for not more than two consecutive calendar
 4 months. The valuation shall be ~~done~~ completed in ~~accordance~~
 5 compliance with the standards specified in section 512B.23.
 6 The valuation and underlying data shall be certified by a
 7 qualified actuary or, at the expense of the society, verified
 8 by the actuary of the department of insurance of the state of
 9 domicile of the society.

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

17 Sec. 20. Section 512B.25, Code 2021, is amended to read as
 18 follows:

19 **512B.25 Annual license — renewal.**

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

1 Sec. 21. Section 513D.1, Code 2021, is amended by striking
2 the section and inserting in lieu thereof the following:

3 **513D.1 Multiple employer welfare arrangements and association**
4 **health plans.**

5 1. As used in this chapter, unless the context otherwise
6 requires:

7 *a. "Association health plan" or "AHP" means a multiple*
8 *employer welfare arrangement formed as an association health*
9 *plan pursuant to 29 C.F.R. pt. 2510.*

10 *b. "Commissioner" means the commissioner of insurance.*

11 *c. "Multiple employer welfare arrangement" or "MEWA" means a*
12 *multiple employer welfare arrangement as defined in section 3*
13 *of the federal Employee Retirement Income Security Act of 1974,*
14 *29 U.S.C. §1002, paragraph 40.*

15 2. An AHP or MEWA that offers a plan to, or maintains a
16 group health plan for, any resident of this state shall be
17 subject to the jurisdiction of the commissioner and shall
18 comply with all of the following requirements:

19 *a. The AHP or MEWA must be administered by an insurer*
20 *authorized to do the business of insurance in this state or*
21 *an authorized third-party administrator that holds a current*
22 *certificate of registration pursuant to section 510.21.*

23 *b. The AHP or MEWA must be established by a trade,*
24 *industry, or professional association of employers that has a*
25 *constitution or bylaws, is organized and maintained in good*
26 *faith, and has membership stability as defined by rules adopted*
27 *by the commissioner.*

28 *c. The AHP or MEWA must register with the commissioner and*
29 *obtain and maintain a certificate of registration issued by the*
30 *commissioner.*

31 *d. The AHP or MEWA shall comply with all rules and solvency*
32 *standards established by rules adopted by the commissioner.*

33 3. An AHP or MEWA that does not meet the solvency standards
34 pursuant to subsection 2, paragraph "d", shall be subject to
35 chapter 507C.

1 4. An AHP or MEWA that meets all of the requirements of
2 subsection 2 shall not be considered any of the following:

3 a. An insurance company or association of whatever kind or
4 character under section 432.1.

5 b. A member of the Iowa individual health benefit
6 reinsurance association pursuant to section 513C.10, subsection
7 1.

8 c. A member insurer of the Iowa life and health insurance
9 guaranty association pursuant to section 508C.5.

10 5. An AHP or MEWA that is registered with the commissioner
11 pursuant to subsection 2, paragraph "c", shall annually file
12 with the commissioner on or before March 1 a copy of the report
13 required to be filed by the AHP or MEWA with the United States
14 department of labor pursuant to 29 C.F.R. §2520.101-2.

15 6. An AHP or MEWA that is registered with the commissioner
16 pursuant to subsection 2, paragraph "c", shall annually file
17 with the commissioner a report on or before March 1 for the
18 preceding calendar year. The annual report shall contain the
19 information and be in a form and manner as prescribed by the
20 commissioner.

21 7. A foreign or domestic AHP or MEWA doing business in the
22 state shall pay fees as prescribed by the commissioner unless
23 otherwise provided by law.

24 8. A MEWA that is recognized as tax-exempt under Internal
25 Revenue Code section 501(c)(9) and that is registered with the
26 commissioner prior to January 1, 2018, shall not be considered
27 an AHP unless the MEWA affirmatively elects to be treated as
28 an AHP.

29 Sec. 22. Section 513D.2, subsection 1, Code 2021, is amended
30 to read as follows:

31 1. The commissioner of insurance shall adopt rules₇ as
32 necessary₇ pursuant to [chapter 17A](#) to administer [this chapter](#).

33 Sec. 23. Section 514G.103, subsection 10, Code 2021, is
34 amended to read as follows:

35 10. "Independent review entity organization" means a review

1 entity organization certified by the commissioner pursuant to
2 section 514G.110, subsection 4.

3 Sec. 24. Section 514G.110, subsections 4, 5, 6, 7, 8, and 9,
4 Code 2021, are amended to read as follows:

5 4. *Qualifications of independent review entities*
6 *organizations*. The commissioner shall maintain a list of
7 qualified independent review entities organizations that are
8 certified by the commissioner. Independent review entities
9 organizations shall be recertified by the commissioner every
10 two years in order to remain on the list. In order to be
11 certified, an independent review entity organization shall meet
12 all of the following criteria:

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

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

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

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

34 c. Ensure that the independent review entity organization
35 or any of its employees, agents, or licensed health care

1 professionals utilized does not receive compensation of any
2 type that is dependent on the outcome of a review.

3 *d.* Ensure that the independent review entity organization
4 or any of its employees, agents, or licensed health care
5 professionals utilized are not in any manner related to,
6 employed by, or affiliated with the insured or with a person
7 who previously provided medical care to the insured.

8 *e.* Ensure that an independent review entity organization
9 or any of its employees, agents, or licensed health care
10 professionals utilized is not a subsidiary of, or owned or
11 controlled by, an insurer or by a trade association of insurers
12 of which the insurer is a member.

13 *f.* Have a quality assurance program on file with the
14 commissioner that ensures the timeliness and quality of reviews
15 performed, the qualifications and independence of the licensed
16 health care professionals who perform the reviews, and the
17 confidentiality of the review process.

18 *g.* Have on staff or contract with a licensed health care
19 practitioner, as defined in [section 514G.103, subsection 3](#), who
20 is qualified to certify that an individual is chronically ill
21 for purposes of a qualified long-term care insurance contract.

22 *5. Independent review process.* The independent review
23 process shall be conducted as follows:

24 *a.* Within three business days of receiving a notice from the
25 commissioner of the certification of a request for independent
26 review or receipt of a denial of an insurer's appeal from such
27 a certification, the insurer shall do all of the following:

28 (1) Select an independent review entity organization from
29 the list certified by the commissioner and notify the insured
30 in writing of the name, address, and telephone number of the
31 selected independent review ~~entity-selected~~ organization. The
32 selected independent review ~~entity-selected~~ organization shall
33 utilize a licensed health care professional with qualifications
34 appropriate to the benefit trigger determination that is under
35 review.

1 (2) Notify the independent review entity organization
2 that it has been selected to conduct an independent review
3 of a benefit trigger determination and provide sufficient
4 descriptive information to enable the independent review entity
5 organization to provide licensed health care professionals who
6 will be qualified to conduct the review.

7 (3) Provide the commissioner with a copy of the notices sent
8 to the insured and to the selected independent review entity
9 selected organization.

10 b. Within three business days of receiving a notice from
11 an insurer that it has been selected to conduct an independent
12 review, the independent review entity organization shall do one
13 of the following:

14 (1) Accept its selection as the independent review entity
15 organization, designate a qualified licensed health care
16 professional to perform the independent review, and provide
17 notice of that designation to the insured and the insurer,
18 including a brief description of the health care professional's
19 qualifications and the reasons that person is qualified to
20 determine whether the insured's benefit trigger has been met.
21 A copy of this notice shall be sent to the commissioner via
22 facsimile. The independent review entity organization is not
23 required to disclose the name of the health care professional
24 selected.

25 (2) Decline its selection as the independent review entity
26 organization or, if the independent review entity organization
27 does not have a licensed health care professional who is
28 qualified to conduct the independent review available, request
29 additional time from the commissioner to have a qualified
30 licensed health care professional certified, and provide
31 notice to the insured, the insurer, and the commissioner.
32 The commissioner shall notify the independent review entity
33 organization, the insured, and the insurer of how to proceed
34 within three business days of receipt of such notice from the
35 independent review entity organization.

1 *c.* An insured may object to the independent review ~~entity~~
2 organization selected by the insurer or to the licensed
3 health care professional designated by the independent review
4 ~~entity~~ organization to conduct the review by filing a notice
5 of objection along with reasons for the objection, with the
6 commissioner within ten days of receipt of a notice sent by the
7 independent review ~~entity~~ organization pursuant to paragraph
8 "*b*". The commissioner shall consider the insured's objection
9 and shall notify the insured, the insurer, and the independent
10 review ~~entity~~ organization of the commissioner's decision to
11 sustain or deny the objection within two business days of
12 receipt of the objection.

13 *d.* Within five business days of receiving a notice from
14 the independent review ~~entity~~ organization accepting its
15 selection or within five business days of receiving a denial
16 of an objection to the independent review ~~entity~~ organization
17 selected, whichever is later, the insured may submit any
18 information or documentation in support of the insured's claim
19 to both the independent review ~~entity~~ organization and the
20 insurer.

21 *e.* Within fifteen days of receiving a notice from the
22 independent review ~~entity~~ organization accepting its selection
23 or within three business days of receipt of a denial of
24 an objection to the independent review ~~entity~~ organization
25 selected, whichever is later, an insurer shall do all of the
26 following:

27 (1) Provide the independent review ~~entity~~ organization
28 with any information submitted to the insurer by the insured
29 in support of the insured's internal appeal of the insurer's
30 benefit trigger determination.

31 (2) Provide the independent review ~~entity~~ organization with
32 any other relevant documents used by the insurer in making its
33 benefit trigger determination.

34 (3) Provide the insured and the commissioner with
35 confirmation that the information required under subparagraphs

1 (1) and (2) has been provided to the independent review entity
2 organization, including the date the information was provided.

3 *f.* The independent review entity organization shall not
4 commence its review until fifteen days after the selection of
5 the independent review entity organization is final including
6 the resolution of any objection made pursuant to paragraph
7 "c". During this time period, the insurer may consider any
8 information provided by the insured pursuant to paragraph
9 "d" and overturn or affirm the insurer's benefit trigger
10 determination based on such information. If the insurer
11 overturns its benefit trigger determination, the independent
12 review process shall immediately cease.

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

17 *h.* The independent review entity organization shall submit
18 its decision as soon as possible, but not later than thirty
19 days from the date the independent review entity organization
20 receives the information required under paragraphs "d" and "e",
21 whichever is received later. The decision shall include a
22 description of the basis for the decision and the date of the
23 benefit trigger determination to which the decision relates.
24 The independent review entity organization, for good cause,
25 may request an extension of time from the commissioner to file
26 its decision. A copy of the decision shall be mailed to the
27 insured, the insurer, and the commissioner.

28 *i.* All medical records submitted for use by the independent
29 review entity organization shall be maintained as confidential
30 records as required by applicable state and federal laws. The
31 commissioner shall keep all information obtained during the
32 independent review process confidential pursuant to section
33 505.8, subsection 8, except that the commissioner may share
34 some information obtained as provided under section 505.8,
35 subsection 8, and as required by [this chapter](#) and rules adopted

1 pursuant to [this chapter](#).

2 *j.* If an insured dies before completion of the independent
3 review, the review shall continue to completion if there
4 is potential liability of an insurer to the estate of the
5 insured or to a provider for rendering qualified long-term care
6 services to the insured.

7 6. *Costs.* All reasonable fees and costs of the independent
8 review ~~entity incurred~~ organization in conducting an
9 independent review under [this section](#) shall be paid by the
10 insurer.

11 7. *Immunity.* An independent review ~~entity~~ organization that
12 conducts a review under [this section](#) is not liable for damages
13 arising from determinations made during the review. Immunity
14 does not apply to any act or omission made by an independent
15 review ~~entity~~ organization in bad faith or that involves gross
16 negligence.

17 8. *Effect of independent review decision.*

18 *a.* The review decision by the independent review ~~entity~~
19 organization conducting the review is binding on the insurer.

20 *b.* The independent review process set forth in [this section](#)
21 shall not be considered a contested case under [chapter 17A](#).

22 *c.* An insured may appeal the review decision by the
23 independent review ~~entity~~ organization conducting the review
24 by filing a petition for judicial review in the district court
25 in the county in which the insured resides. The petition for
26 judicial review shall be filed within fifteen business days
27 after the issuance of the review decision by the independent
28 review organization. The petition shall name the insured
29 as the petitioner and the insurer as the respondent. The
30 petitioner shall not name the independent review ~~entity~~
31 organization as a party. The commissioner shall not be named
32 as a respondent unless the insured alleges action or inaction
33 by the commissioner under the standards articulated under
34 section 17A.19, subsection 10. Allegations made against the
35 commissioner under [section 17A.19, subsection 10](#), must be

1 stated with particularity. The commissioner may, upon motion,
2 intervene in a judicial review proceeding brought pursuant to
3 this paragraph. The findings of fact by the independent review
4 entity organization conducting the review are conclusive and
5 binding on appeal.

6 *d.* An insurer shall not be subject to any penalties,
7 sanctions, or damages for complying in good faith with a review
8 decision rendered by an independent review entity organization
9 pursuant to [this section](#).

10 *e.* Nothing contained in [this section](#) or in [section 514G.109](#)
11 shall be construed to limit the right of an insurer to assert
12 any rights an insurer may have under a long-term care insurance
13 policy related to:

14 (1) An insured's misrepresentation.

15 (2) Changes in the insured's benefit eligibility.

16 (3) Terms, conditions, and exclusions contained in the
17 policy, other than failure to meet the benefit trigger.

18 *f.* The requirements of [this section](#) and [section 514G.109](#) are
19 not applicable to a group long-term care insurance policy that
20 is governed by the federal Employee Retirement Income Security
21 Act of 1974, as codified at 29 U.S.C. ~~§100~~ §1001 et seq.

22 *g.* The provisions of [this section](#) and [section 514G.109](#)
23 are in lieu of and supersede any other third-party review
24 requirement contained in [chapter 514J](#) or in any other provision
25 of law.

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

30 9. *Receipt of notice.* Notice required by [this section](#) shall
31 be deemed received within five days after the date of mailing.

32 Sec. 25. Section 515.147, Code 2021, is amended to read as
33 follows:

34 **515.147 Fees.**

35 Fees, established by the commissioner of insurance by rule,

1 shall be paid to the commissioner of insurance for deposit as
2 provided in [section 505.7](#) ~~as follows~~ for all of the following:

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

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

10 3. For filing amended articles of incorporation, ~~fifty~~
11 ~~dollars.~~

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

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

16 Sec. 26. Section 515A.2, subsection 1, Code 2021, is amended
17 by adding the following new paragraph:

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

20 Sec. 27. Section 515A.6, subsection 1, paragraph c, Code
21 2021, is amended to read as follows:

22 *c.* Licenses issued pursuant to [this section](#) shall remain
23 in effect for three years unless sooner suspended or revoked
24 by the commissioner. The ~~fee for the license~~ fee shall be ~~one~~
25 ~~hundred dollars~~ established by the commissioner by rule.

26 Sec. 28. Section 515A.6, subsection 7, Code 2021, is amended
27 to read as follows:

28 7. Notwithstanding any ~~other provision of the Code law to~~
29 the contrary, the commissioner ~~of insurance~~ shall provide for
30 a hearing in a proceeding involving a workers' compensation
31 insurance rate filing by a licensed rating organization
32 in accordance with the provisions of [this subsection](#) and
33 rules promulgated by the commissioner ~~of insurance~~ pursuant
34 to [chapter 17A](#). Except as otherwise provided herein, the
35 provisions of [this subsection](#) shall not be subject to the

1 requirements of [chapter 17A](#). The procedures for such hearing
2 shall be as follows:

3 *a.* The commissioner shall provide notice of the filing of
4 the proposed rates at least thirty days before the effective
5 date of the proposed rates by publishing a notice on the
6 internet site of the insurance division of the department of
7 commerce.

8 *b.* A public hearing shall be held on the proposed rates by
9 the commissioner ~~of insurance~~ if within fifteen days of the
10 date of publication a workers' compensation policyholder or an
11 established organization with one or more workers' compensation
12 policyholders among its members files a written demand with the
13 commissioner ~~of insurance~~ for a hearing on the proposed rates.

14 *c.* The commissioner ~~of insurance~~ shall hold the hearing
15 within twenty days after receipt of the written demand for a
16 hearing and shall give not less than ten days written notice of
17 the time and place of the hearing to the person or association
18 filing the demand, to the rating organization, and to any other
19 person requesting such notice.

20 *d.* At any such hearing, the rating organization shall
21 bear the burden of proof to support the proposed rates by a
22 preponderance of the evidence. The person or association
23 requesting the hearing, and any other person admitted as a
24 party to the proceeding, shall be given the opportunity to
25 respond and introduce evidence and arguments on all the issues
26 involved.

27 *e.* Within fifteen days after the start of the hearing, the
28 commissioner ~~of insurance will~~ shall approve or disapprove
29 the proposed rates and specify the reasons therefor. The
30 commissioner ~~of insurance~~ may suspend or postpone the effective
31 date of the proposed rates pending the hearing and written
32 decision thereon.

33 *f.* Judicial review of the decision of the commissioner ~~of~~
34 ~~insurance~~ on such rates may be sought in accordance with the
35 provisions of [chapter 17A](#).

1 *g.* Absent a request for a hearing as provided in paragraph
2 "*b*", the commissioner shall issue an order approving or
3 disapproving the proposed rates.

4 *h.* The waiting period for a workers' compensation insurance
5 rate filing shall commence no earlier than the date that notice
6 of the insurance rate filing is published.

7 Sec. 29. Section 515A.10, Code 2021, is amended to read as
8 follows:

9 **515A.10 Advisory organizations.**

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

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

22 ~~2.~~ 3. Every An advisory organization applying for a license
23 shall file include with its application to the commissioner all
24 of the following:

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

28 *b.* A list of its members.

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

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

35 *e.* A fee established by the commissioner by rule.

1 ~~3.~~ 4. If, after a hearing, the commissioner finds that
2 ~~the furnishing of such information or assistance involves an~~
3 advisory organization has engaged in any act or practice which
4 ~~is unfair, or unreasonable, or otherwise inconsistent with the~~
5 provisions in violation of this chapter, the commissioner may
6 ~~issue a written an order specifying in what respects such act~~
7 ~~or practice is unfair or unreasonable or otherwise inconsistent~~
8 ~~with the provisions of this chapter,~~ and requiring the
9 ~~discontinuance of such act or practice~~ advisory organization to
10 cease and desist such act or practice. The commissioner may,
11 at any time after hearing, revoke or suspend the license of an
12 advisory organization which does not comply with this chapter.

13 ~~4.~~ 5. No insurer which makes its own filings nor any rating
14 organization shall support its filings by statistics or adopt
15 rate making recommendations, furnished to it by an advisory
16 organization which has not complied with this section or with
17 an order of the commissioner involving such statistics or
18 recommendations issued under subsection ~~3~~ 4 of this section.
19 If the commissioner finds such insurer or rating organization
20 to be in violation of this subsection the commissioner may
21 issue an order requiring the discontinuance of such violation.

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

25 Sec. 30. Section 515D.4, subsection 2, paragraph a, Code
26 2021, is amended to read as follows:

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

- 33 (1) The term of the policy.
34 (2) The term of a renewal policy.
35 (3) Within one hundred eighty calendar days immediately

1 preceding the effective date of a renewal of the policy.

2 Sec. 31. Section 515D.4, subsection 3, Code 2021, is amended
3 to read as follows:

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

9 Sec. 32. Section 515D.5, Code 2021, is amended to read as
10 follows:

11 **515D.5 Delivery of notice.**

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

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

35 2. A notice of exclusion of a person under a policy pursuant

1 to [section 515D.4](#), is not effective unless written notice
2 is mailed or delivered to the named insured at least twenty
3 calendar days prior to the effective date of the exclusion.
4 The written notice shall state the reason for the exclusion,
5 together with notification of the right to a hearing before
6 the commissioner pursuant to [section 515D.10](#) within fifteen
7 calendar days of receipt or delivery of a statement of reason
8 as provided in [this section](#).

9 Sec. 33. Section 515D.6, Code 2021, is amended to read as
10 follows:

11 **515D.6 Prohibited reasons for nonrenewal.**

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

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

22 Sec. 34. Section 515D.7, Code 2021, is amended to read as
23 follows:

24 **515D.7 Notice of intent.**

25 1. Notwithstanding the provisions of [sections 515.125](#),
26 [515.128](#), [515.129B](#), and [515.129C](#), an insurer shall not fail to
27 renew a policy except by notice to the insured as provided
28 in [this chapter](#). A notice of intention not to renew shall
29 not be effective unless mailed or delivered by the insurer
30 to the named insured at least thirty calendar days prior to
31 the expiration date of the policy. A post office department
32 certificate of mailing to the named insured at the address
33 shown in the policy shall be proof of receipt of such mailing.
34 Unless the reason accompanies the notice of intent not to
35 renew, the notice shall state that, upon written request of

1 the named insured, mailed or delivered to the insurer not less
2 than thirty calendar days prior to the expiration date of the
3 policy, the insurer will state the reason for nonrenewal.

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

12 3. **This section** shall not apply:

13 a. If the insurer has manifested its willingness to renew.

14 b. If the insured fails to pay any premium due or any
15 advance premium required by the insurer for renewal.

16 c. If the insured is transferred from an insurer to
17 an affiliate for future coverage as a result of a merger,
18 acquisition, or company restructuring and if the transfer
19 results in the same or broader coverage.

20 Sec. 35. Section 515D.10, Code 2021, is amended to read as
21 follows:

22 **515D.10 Hearing before commissioner.**

23 Any named insured who has received a statement of reason
24 for cancellation, or of reason for an insurer's intent not
25 to renew a policy, may, within fifteen calendar days of the
26 receipt or delivery of a statement of reason, request a hearing
27 before the commissioner of insurance. The purpose of this
28 hearing shall be limited to establishing the existence of the
29 proof or evidence ~~used~~ stated by the insurer ~~in~~ as its reason
30 for cancellation or intent not to renew. The burden of proof
31 of the reason for cancellation or intent not to renew shall
32 be upon the insurer. Other than the sharing of information
33 required by **this chapter** and the rules adopted pursuant to
34 the provisions of **this chapter**, the commissioner shall keep
35 confidential the information obtained from the insured or in

1 the hearing process, pursuant to [section 505.8, subsection 8.](#)
2 The commissioner of insurance shall adopt rules ~~for carrying~~
3 ~~out~~ pursuant to chapter 17A to implement the provisions of this
4 section.

5 Sec. 36. Section 515F.2, Code 2021, is amended by adding the
6 following new unnumbered paragraph:

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

9 Sec. 37. Section 515F.2, Code 2021, is amended by adding the
10 following new subsection:

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

13 Sec. 38. Section 515F.8, subsection 3, paragraph a, Code
14 2021, is amended by adding the following new subparagraph:

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

17 Sec. 39. Section 515F.8, subsection 3, paragraph d, Code
18 2021, is amended to read as follows:

19 *d. Duration.* A license issued under [this section](#) shall
20 remain in effect for ~~one year~~ three years unless the license
21 is suspended or revoked. The commissioner may, at any time
22 after hearing, revoke or suspend the license of an advisory
23 organization which does not comply with ~~the requirements and~~
24 ~~standards of~~ [this chapter](#).

25 Sec. 40. Section 515F.32, Code 2021, is amended by adding
26 the following new unnumbered paragraph:

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

29 Sec. 41. Section 515F.32, subsection 3, Code 2021, is
30 amended to read as follows:

31 3. "*Insurer*" includes all companies or associations licensed
32 to transact insurance business in this state under chapters
33 515, [518](#), and [518A](#), reciprocal insurers issued a certificate
34 of authority pursuant to chapter 520, and companies or
35 associations admitted or seeking to be admitted to do business

1 in this state under any of those chapters, notwithstanding any
2 provision of the Code to the contrary.

3 Sec. 42. Section 515F.36, subsection 2, paragraph a,
4 subparagraphs (1) and (2), Code 2021, are amended to read as
5 follows:

6 (1) American property casualty insurance association.

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

9 Sec. 43. NEW SECTION. 515F.39 Cancellation or nonrenewal
10 — FAIR notice.

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

18 Sec. 44. Section 515I.4, subsection 1, paragraph a, Code
19 2021, is amended to read as follows:

20 a. Capital and surplus or its equivalent under the laws of
21 the insurer's domiciliary jurisdiction which equals the ~~greater~~
22 ~~of either~~ greatest of the following:

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

25 (2) Fifteen million dollars.

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

28 Sec. 45. Section 520.12, subsection 2, Code 2021, is amended
29 to read as follows:

30 2. A reciprocal or interinsurance insurer shall submit
31 annually, on or before March 1, a completed application for
32 renewal of the insurer's certificate of authority. An insurer
33 that fails to timely file an application for renewal shall pay
34 an administrative fee ~~of five hundred dollars to the treasurer~~
35 ~~of state for deposit as provided in~~ section 505.7 to the

1 commissioner of insurance as established by the commissioner of
2 insurance by rule.

3 Sec. 46. Section 521.18, Code 2021, is amended to read as
4 follows:

5 **521.18 Articles of merger or consolidation — filing fees**
6 **and approval.**

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

13 Sec. 47. Section 522.9, subsection 1, Code 2021, is amended
14 to read as follows:

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

25 Sec. 48. Section 522A.5, Code 2021, is amended to read as
26 follows:

27 **522A.5 Fees Counter employee — license fee.**

28 The fee for a counter employee license shall be ~~fifty dollars~~
29 ~~per counter employee~~ established by the commissioner by rule.
30 ~~In no case shall any combined fees exceed one thousand dollars~~
31 ~~in any calendar year for any one rental company or limited~~
32 ~~license or licensee or renewal license.~~ The fees collected
33 under **this section** shall be deposited as provided in section
34 505.7.

35 Sec. 49. Section 522B.5, subsection 1, paragraph c, Code

1 2021, is amended to read as follows:

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

4 Sec. 50. Section 522E.4, subsection 1, paragraph c, Code
5 2021, is amended to read as follows:

6 c. An application fee ~~of the lesser of fifty dollars per~~
7 ~~each endorsee at a location of the vendor or five hundred~~
8 ~~dollars per location valid for a three-year period and, for~~
9 ~~each three-year period thereafter, a renewal fee in the same~~
10 ~~amount. A maximum fee of five thousand dollars shall apply~~
11 ~~for licensure of a portable electronics vendor with multiple~~
12 locations established by the commissioner by rule. The fees
13 collected shall be deposited as provided in [section 505.7](#).

14 DIVISION III

15 CEMETERY AND FUNERAL MERCHANDISE AND FUNERAL SALES

16 Sec. 51. Section 523A.204, subsections 1 and 2, Code 2021,
17 are amended to read as follows:

18 1. A preneed seller shall file an annual report with the
19 commissioner not later than April 1 ~~of each year an annual~~
20 ~~report~~ 15 on a form prescribed by the commissioner.

21 2. A preneed seller filing an annual report shall pay a
22 ~~filing fee of ten dollars~~ established by the commissioner by
23 rule per purchase agreement sold during the year covered by
24 the report. Duplicate filing fees are not required for the
25 same purchase agreement. If a purchase agreement has multiple
26 sellers, the filing fee shall be paid by the preneed seller
27 actually providing the merchandise and services.

28 Sec. 52. Section 523A.204, Code 2021, is amended by adding
29 the following new subsection:

30 NEW SUBSECTION. 4. The commissioner may impose a late
31 fee, established by the commissioner by rule, for each day
32 after April 15 that a preneed seller fails to file the preneed
33 seller's annual report. The maximum late fee that may be
34 imposed under this subsection is five hundred dollars. The fee
35 shall be collected by the commissioner and deposited pursuant

1 to section 505.7.

2 Sec. 53. Section 523A.501, subsections 7 and 8, Code 2021,
3 are amended to read as follows:

4 7. A preneed seller's license ~~expires~~ shall expire annually
5 on April ~~15~~ 30. If ~~the~~ a preneed seller has filed ~~a complete~~
6 an annual report pursuant to section 523A.204, subsection 1,
7 and paid the required fees ~~as required in section 523A.204,~~ the
8 commissioner shall renew the preneed seller's license until
9 April ~~15~~ 30 of the following year.

10 8. The commissioner may by rule create or accept a
11 multijurisdiction preneed seller's license. If the preneed
12 seller's license is issued by another jurisdiction, the rules
13 shall require the filing of an application or notice form and
14 payment of the applicable filing fee ~~of fifty dollars for an~~
15 application established by the commissioner by rule. The
16 application or notice form utilized and the effective dates and
17 terms of the license may vary from the provisions set forth in
18 this section.

19 Sec. 54. Section 523A.502, subsection 5, Code 2021, is
20 amended to read as follows:

21 5. A sales license shall expire annually on April ~~15~~ 30. If
22 ~~the~~ a sales agent has filed ~~a substantially complete~~ an annual
23 report as required in pursuant to section 523A.502A, subsection
24 1, and has fulfilled the continuing education requirements
25 pursuant to subsection 6, the commissioner shall renew the
26 sales agent's sales license until April 15 30 of the following
27 year.

28 Sec. 55. Section 523A.502A, subsection 1, Code 2021, is
29 amended to read as follows:

30 1. A No later than April 15, a sales agent shall file an
31 annual report with the commissioner ~~not later than April 1~~
32 ~~of each year an annual report~~ on a form prescribed by the
33 commissioner describing each purchase agreement sold by the
34 sales agent during the year. An annual report must be filed
35 whether or not ~~sales were made~~ a sales agent sold any purchase

1 agreements during the year and ~~even if the~~ whether or not a
2 sales agent is ~~no longer~~ still an agent of a preneed seller or
3 is still licensed by the commissioner.

4 Sec. 56. Section 523A.502A, Code 2021, is amended by adding
5 the following new subsection:

6 NEW SUBSECTION. 3. The commissioner may impose a late fee,
7 established by the commissioner by rule, for each day after
8 April 15 that a sales agent fails to file the sales agent's
9 annual report. The maximum late fee that may be imposed
10 pursuant to this section is five hundred dollars. The fee
11 shall be collected by the commissioner and deposited pursuant
12 to section 505.7.

13 Sec. 57. Section 523A.601, subsection 4, Code 2021, is
14 amended by striking the subsection and inserting in lieu
15 thereof the following:

16 4. All purchase agreements, including a purchase agreement
17 delivered or executed by electronic means, must have a sales
18 agent identified. A purchase agreement, including a purchase
19 agreement delivered or executed by electronic means, shall
20 be reviewed by the sales agent identified and named in the
21 purchase agreement pursuant to subsection 1, paragraph "a", and
22 signed by the purchaser and seller. If the purchase agreement
23 is for mortuary science services as "*mortuary science*" is
24 defined in section 156.1, the purchase agreement must also be
25 signed by a person licensed to deliver funeral services.

26 Sec. 58. Section 523A.807, subsection 3, unnumbered
27 paragraph 1, Code 2021, is amended to read as follows:

28 If the commissioner finds that a person has violated section
29 523A.201, [523A.202](#), [523A.203](#), [523A.204](#), [523A.207](#), [523A.401](#),
30 [523A.402](#), [523A.403](#), [523A.404](#), [523A.405](#), [523A.501](#), ~~or 523A.502~~,
31 or 523A.502A, or any rule adopted pursuant thereto, the
32 commissioner may order any or all of the following:

33 Sec. 59. Section 523A.812, Code 2021, is amended to read as
34 follows:

35 **523A.812 Insurance division regulatory fund.**

1 The insurance division may authorize the creation of a
 2 special revenue fund in the state treasury, to be known as the
 3 insurance division regulatory fund. The commissioner shall
 4 allocate annually from the filing fees paid pursuant to section
 5 523A.204, ~~two dollars~~ an amount established by the commissioner
 6 by rule for each purchase agreement reported on a preneed
 7 seller's annual report filed pursuant to [section 523A.204](#) for
 8 deposit to the regulatory fund. The remainder of the fees
 9 collected pursuant to [section 523A.204](#) shall be deposited
 10 as provided in [section 505.7](#). The commissioner shall also
 11 allocate annually the examination fees paid pursuant to section
 12 523A.814 and any examination expense reimbursement for deposit
 13 to the regulatory fund. The moneys in the regulatory fund
 14 shall be retained in the fund. The moneys are appropriated
 15 and, subject to authorization by the commissioner, may be used
 16 to pay examiners, examination expenses, investigative expenses,
 17 the expenses of mediation ordered by the commissioner, consumer
 18 education expenses, the expenses of a toll-free telephone
 19 line to receive consumer complaints, and the expenses of
 20 receiverships established under [section 523A.811](#). If the
 21 commissioner determines that funding is not otherwise available
 22 to reimburse the expenses of a person who receives title
 23 to a cemetery subject to [chapter 523I](#), pursuant to such
 24 a receivership, the commissioner shall use moneys in the
 25 regulatory fund as necessary to preserve, protect, restore,
 26 and maintain the physical integrity of that cemetery and to
 27 satisfy claims or demands for cemetery merchandise, funeral
 28 merchandise, and funeral services based on purchase agreements
 29 which the commissioner determines are just and outstanding.
 30 ~~An annual allocation to the regulatory fund shall not be~~
 31 ~~imposed if the current balance of the fund exceeds five hundred~~
 32 ~~thousand dollars.~~

33 Sec. 60. Section 523A.814, Code 2021, is amended to read as
 34 follows:

35 **523A.814 Examination fee.**

1 In addition to the filing fee paid pursuant to section
2 523A.204, subsection 2, a seller filing an annual report
3 shall pay an examination fee in the amount ~~of five dollars~~
4 established by the commissioner by rule for each purchase
5 agreement subject to a filing fee ~~that is sold between July 1,~~
6 ~~2005, and December 31, 2007, and in the amount of ten dollars~~
7 ~~for each purchase agreement subject to a filing fee that is~~
8 ~~sold after December 31, 2007.~~

9

DIVISION IV

10

RESIDENTIAL AND MOTOR VEHICLE SERVICE CONTRACTS

11 Sec. 61. Section 523C.3, subsection 2, Code 2021, is amended
12 to read as follows:

13 2. The application shall be accompanied by all of the
14 following:

15 a. A license fee in the amount ~~of five hundred dollars~~
16 established by the commissioner by rule.

17 b. If applicable, a fee in the amount ~~of fifty dollars~~
18 established by the commissioner by rule for each motor vehicle
19 service contract form submitted in an application as provided
20 in [subsection 1](#), paragraph "f".

21 Sec. 62. Section 523C.4, subsection 3, paragraphs a, b, and
22 c, Code 2021, are amended to read as follows:

23 a. A license renewal fee in the amount ~~of five hundred~~
24 ~~dollars~~ established by the commissioner by rule.

25 b. If applicable, a fee ~~in the amount of three percent~~
26 percentage established by the commissioner by rule of the
27 aggregate amount of payments the licensee received for the sale
28 or issuance of residential service contracts in this state
29 during the preceding fiscal year, ~~provided that such fee shall~~
30 ~~be no less than one hundred dollars and no greater than fifty~~
31 ~~thousand dollars.~~

32 c. If applicable, a fee in the amount ~~of fifty dollars~~
33 established by the commissioner by rule for each motor
34 vehicle service contract form submitted ~~in a~~ with the renewal
35 application pursuant to subsection 2, and as provided in

1 section 523C.3, subsection 1, paragraph "f".

2 Sec. 63. Section 523C.24, subsection 2, Code 2021, is
3 amended to read as follows:

4 2. The commissioner shall deposit in the service company
5 oversight fund an amount equal to one-third of all licensing,
6 examination, renewal, and inspection fees collected under this
7 chapter, provided that the maximum amount of fees deposited
8 in the fund each fiscal year shall not exceed ~~five hundred~~
9 ~~thousand dollars~~ an amount established by the commissioner by
10 rule. Any remaining fees collected under this chapter and
11 not deposited in the service company oversight fund shall be
12 deposited as provided in section 505.7.

13 DIVISION V

14 RETIREMENT FACILITIES

15 Sec. 64. Section 523D.2A, unnumbered paragraph 1, Code
16 2021, is amended to read as follows:

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

30 DIVISION VI

31 IOWA CEMETERY ACT

32 Sec. 65. Section 523I.102, subsection 6, Code 2021, is
33 amended by adding the following new paragraph:

34 NEW PARAGRAPH. d. A cemetery under the jurisdiction and
35 control of a cemetery commission pursuant to section 331.325,

1 subsection 3, paragraph "c".

2 Sec. 66. Section 523I.213, Code 2021, is amended to read as
3 follows:

4 **523I.213 Insurance division's enforcement fund.**

5 A special revenue fund in the state treasury, to be known as
6 the insurance division's enforcement fund, is created under the
7 authority of the commissioner. The commissioner shall allocate
8 ~~annually from the examination fees paid pursuant to section~~
9 ~~523I.808, an amount not exceeding fifty thousand dollars, for~~
10 deposit to all examination fees collected pursuant to section
11 523I.808 in the insurance division's enforcement fund. The
12 moneys in the enforcement fund shall be retained in the fund.
13 The moneys are appropriated and, subject to authorization by
14 the commissioner, shall be used to pay examiners, examination
15 expenses, investigative expenses, the expenses of consumer
16 education, compliance, and education programs for filers and
17 other regulated persons, and educational or compliance program
18 materials, the expenses of a toll-free telephone line for
19 consumer complaints, and the expenses of receiverships of
20 perpetual care cemeteries established under [section 523I.212](#).

21 Sec. 67. Section 523I.301, subsections 1 and 2, Code 2021,
22 are amended to read as follows:

23 1. A cemetery shall disclose, prior to the sale of interment
24 rights, whether opening and closing ~~of the interment space is~~
25 services are included in the purchase of the interment rights.
26 If opening and closing services are not included in the sale of
27 interment rights and the cemetery offers opening and closing
28 services, the cemetery must disclose that the price for ~~this~~
29 service opening and closing services is subject to change
30 and must disclose the current prices for opening and closing
31 services provided by the cemetery.

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

35 Sec. 68. Section 523I.309, subsection 6, Code 2021, is

1 amended to read as follows:

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

19 Sec. 69. Section 523I.808, Code 2021, is amended to read as
20 follows:

21 **523I.808 ~~Examination~~ Annual report — examination fee.**

22 An examination fee, established by the commissioner by rule,
23 for each certificate of internment rights issued during the
24 time period covered by the report shall be submitted with the a
25 perpetual care cemetery's annual report ~~in an amount equal to~~
26 ~~five dollars for each certificate of interment rights issued~~
27 ~~during the time period covered by the report~~ filed pursuant to
28 section 523I.813. The cemetery may charge the examination fee
29 directly to the purchaser of the interment rights.

30 Sec. 70. Section 523I.813, subsection 3, Code 2021, is
31 amended by striking the subsection and inserting in lieu
32 thereof the following:

33 3. The commissioner may assess a late fee, established
34 by the commissioner by rule, for each day after the date on
35 which a perpetual care cemetery's annual report is due that the

1 perpetual care cemetery fails to file the report. The late fee
2 shall be collected by the commissioner and deposited pursuant
3 to section 505.7.

4 DIVISION VII

5 STATE INNOVATION WAIVER

6 Sec. 71. NEW SECTION. 505.18A State innovation waivers.

7 1. The commissioner of insurance may develop by rule
8 a state innovation waiver pursuant to section 1332 of the
9 federal Patient Protection and Affordable Care Act, Pub. L. No.
10 111-148.

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

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

22 4. The commissioner of insurance may adopt emergency
23 rules under section 17A.4, subsection 3, and section 17A.5,
24 subsection 2, paragraph "b", to implement the provisions of
25 this section and the rules shall be effective immediately upon
26 filing unless a later date is specified in the rules. Any
27 rules adopted in accordance with this section shall also be
28 published as a notice of intended action as provided in section
29 17A.4.

30 DIVISION VIII

31 STUDY COMMITTEE — HEALTH INSURANCE MANDATES

32 Sec. 72. HEALTH INSURANCE MANDATES — STUDY.

33 1. The legislative council is requested to establish a
34 study committee to meet during the 2021 legislative interim to
35 accomplish the following:

1 a. Identify each health insurance mandate contained in
2 chapter 514C, and in any other provision of the 2021 Iowa Code,
3 and identify all of the following:

4 (1) The specific health insurance coverage required to be
5 provided by each health insurance mandate.

6 (2) Each class of contract, policy, plan, and agreement
7 that provides for third-party payment or prepayment of health
8 or medical expenses that is subject to each health insurance
9 mandate.

10 (3) Each class of contract, policy, plan, and agreement that
11 provides for third-party payment or prepayment of health or
12 medical expenses that is excluded from each health insurance
13 mandate.

14 (4) Each type of health carrier that is subject to each
15 health insurance mandate. For purposes of this section,
16 "health carrier" means an entity subject to the insurance laws
17 and regulations of this state, or subject to the jurisdiction
18 of the insurance commissioner, including an insurance company
19 offering sickness and accident plans, a health maintenance
20 organization, a nonprofit health service corporation, a plan
21 established pursuant to chapter 509A for public employees, or
22 any other entity providing a plan of health insurance, health
23 care benefits, or health care services. "Health carrier"
24 includes the department of human services, or a managed care
25 organization acting pursuant to a contract with the department
26 of human services to administer the medical assistance program
27 under chapter 249A or the healthy and well kids in Iowa
28 (hawk-i) program under chapter 514I.

29 (5) Each type of health carrier that is excluded from each
30 health insurance mandate.

31 b. For each health insurance mandate identified in
32 paragraph "a", analyze all of the following:

33 (1) The fiscal impact to the state.

34 (2) The fiscal impact to each health carrier subject to each
35 health insurance mandate.

1 (3) The impact to the premiums for individuals covered by a
2 contract, policy, plan, or agreement of a health carrier under
3 subparagraph (2).

4 c. For a possible future health insurance mandate related
5 to continuity of care and nonmedical switching, analyze all of
6 the following:

7 (1) The potential fiscal impact to the state.

8 (2) The potential fiscal impact to each health carrier that
9 may be subject to the health insurance mandate.

10 (3) The potential impact to the premiums for individuals
11 covered by a contract, policy, plan, or agreement of a health
12 carrier under subparagraph (2).

13 d. For a possible future health insurance mandate related to
14 the diagnosis and treatment of infertility, analyze all of the
15 following:

16 (1) The potential fiscal impact to the state.

17 (2) The potential fiscal impact to each health carrier that
18 may be subject to the health insurance mandate.

19 (3) The potential impact to the premiums for individuals
20 covered by a contract, policy, plan, or agreement of a health
21 carrier under subparagraph (2).

22 e. For a possible future health insurance mandate related
23 to pediatric acute-onset neuropsychiatric syndrome (PANS) and
24 pediatric autoimmune neuropsychiatric disorders associated
25 with streptococcal infections (PANDAS), analyze all of the
26 following:

27 (1) The potential fiscal impact to the state.

28 (2) The potential fiscal impact to each health carrier that
29 may be subject to the health insurance mandate.

30 (3) The potential impact to the premiums for individuals
31 covered by a contract, policy, plan, or agreement of a health
32 carrier under subparagraph (2).

33 f. For a possible future health insurance mandate related to
34 medically necessary food and low protein modified food product
35 for individuals with certain inherited metabolic disorders,

1 analyze all of the following:

2 (1) The potential fiscal impact to the state.

3 (2) The potential fiscal impact to each health carrier that
4 may be subject to the health insurance mandate.

5 (3) The potential impact to the premiums for individuals
6 covered by a contract, policy, plan, or agreement of a health
7 carrier under subparagraph (2).

8 g. Identify the approximate number of Iowa residents that
9 are covered by each of the following types of insurance:

10 (1) Individual health insurance.

11 (2) Small group health insurance.

12 (3) Large group health insurance.

13 (4) The medical assistance program under chapter 249A.

14 (5) The healthy and well kids in Iowa (hawk-i) program under
15 chapter 514I.

16 2. The study committee shall have no more than fifteen
17 members and shall be composed of the following members:

18 a. Two members of the senate, one to be appointed by the
19 president of the senate and one to be appointed by the minority
20 leader of the senate.

21 b. Two members of the house of representatives, one to be
22 appointed by the speaker of the house of representatives and
23 one to be appointed by the minority leader of the house of
24 representatives.

25 c. The director of the insurance division of the department
26 of commerce, or the director's designee.

27 d. The director of the department of human services, or the
28 director's designee.

29 e. The consumer advocate of the consumer advocate bureau of
30 the insurance division of the department of commerce, or the
31 consumer advocate's designee.

32 f. At least one representative from each of the following:

33 (1) One or more trade organizations based in Iowa whose
34 membership is comprised of independent insurance agents that
35 sell health insurance.

1 (2) One or more health insurance trade organizations
2 based in Iowa whose membership is comprised of companies or
3 individuals engaged in the business of health insurance.

4 3. The study committee shall submit a report with its
5 findings to the general assembly no later than December 31,
6 2021. The report shall not directly or indirectly disclose any
7 of the following:

8 a. The identity of a specific health carrier.

9 b. The identity of a specific contract, policy, plan, or
10 agreement that provides for third-party payment or prepayment
11 of health or medical expenses.