

WORK COMP LAW AND ADMINISTRATIVE RULE

515A.4 RATE FILINGS.

19 34 1. a. Every insurer shall file with the commissioner,
~~19 35 except as to inland marine risks which by general custom of~~
~~20 1 the business are not written according to manual rates or~~
~~20 2 rating plans,~~ every manual, minimum, class rate, rating
20 3 schedule or rating plan and every other rating rule, and every
20 4 modification of any of the foregoing which it proposes to use.
20 5 Every such filing shall state the proposed effective date
20 6 thereof, and shall indicate the character and extent of the
20 7 coverage contemplated.

20 8 b. When a filing is not accompanied by the information
20 9 upon which the insurer supports such filing, and the
20 10 commissioner does not have sufficient information to determine
20 11 whether such filing meets the requirements of this chapter,
20 12 the commissioner shall require such insurer to furnish the
20 13 information upon which it supports such filing and in such
20 14 event the waiting period shall commence as of the date such
20 15 information is furnished. Until the required information is
20 16 furnished, the filing shall not be deemed complete or
20 17 available for use by the insurer.

20 18 c. The information furnished in support of a filing may
20 19 include the experience or judgment of the insurer or rating
20 20 organization making the filing, its interpretation of any
20 21 statistical data it relies upon, the experience of other
20 22 insurers or rating organizations, or any other relevant
20 23 factors. A When a filing is deemed complete, the filing and
20 24 any supporting information shall be open to public inspection
20 25 upon filing. Specific inland marine rates on risks specially
~~20 26 rated, made by a rating organization, shall be filed with the~~
~~20 27 commissioner.~~

20 28 2. An insurer may satisfy its obligation to make such
20 29 filings by becoming a member of, or a subscriber to, a
20 30 licensed rating organization which makes such filings, and by
20 31 authorizing the commissioner to accept such filings on its
20 32 behalf; provided that nothing contained in this chapter shall
20 33 be construed as requiring any insurer to become a member of or
20 34 a subscriber to any rating organization.

20 35 3. The commissioner shall review filings as soon as
21 1 reasonably possible after they have been made in order to
21 2 determine whether they meet the requirements of this chapter.

21 3 4. ~~Subject to the exception specified in subsection 5 of~~
~~21 4 this section, each~~ Each complete filing shall be on file for a
21 5 waiting period of thirty days before it becomes effective,
21 6 which period may be extended by the commissioner for an
21 7 additional period not to exceed fifteen days if the
21 8 commissioner gives written notice within the waiting period to
21 9 the insurer or rating organization which made the filing that
21 10 the commissioner needs additional time for the consideration
21 11 of the filing. Upon written application by the insurer or
21 12 rating organization, the commissioner may authorize a filing
21 13 which the commissioner has reviewed to become effective before
21 14 the expiration of the waiting period or any extension of the
21 15 period. A filing shall be deemed to meet the requirements of
21 16 this chapter unless disapproved by the commissioner ~~within~~
~~21 17 thirty days of receipt by the commissioner before the~~

21 18 expiration of the waiting period or an extension of the
21 19 waiting period.

~~21 20 5. Specific inland marine rates on risks specially rated
21 21 by a rating organization, or any specific filing with respect
21 22 to a surety or guaranty bond required by law or by court or
21 23 executive order, rule or regulation of a public body and not
21 24 covered by a previous filing, shall become effective when
21 25 filed and shall be deemed to meet the requirements of this
21 26 chapter until such time as the commissioner reviews the filing
21 27 and so long thereafter as the filing remains in effect.~~

21 28 6. 5. Under such rules and regulations as the
21 29 commissioner shall adopt the commissioner may, by written
21 30 order, suspend or modify the requirement of filing as to any
21 31 kind of insurance, subdivision or combination thereof, or as
21 32 to classes of risks, the rates for which cannot practicably be
21 33 filed before they are used. Such order, rules and regulations
21 34 shall be made known to insurers and rating organizations
21 35 affected thereby. The commissioner may make such examination
22 1 as the commissioner may deem advisable to ascertain whether
22 2 any rates affected by such order meet the standards set forth
22 3 in paragraph "b" of subsection 1 of section 515A.3.

22 4 7. 6. Upon the written application of the insured,
22 5 stating the insured's reasons therefor, filed with and
22 6 approved by the commissioner a rate in excess of that provided
22 7 by a filing otherwise applicable may be used on any specific
22 8 risk.

~~22 9 8. 7. No insurer shall make or issue a contract or policy
22 10 except in accordance with the filings which are in effect for
22 11 said the insurer as provided in this chapter or in accordance
22 12 with subsections 6 subsection 5 or 7 of this section 6. This
22 13 subsection shall not apply to contracts or policies for inland
22 14 marine risks as to which filings are not required.~~

22 15 9. 8. If a hearing is requested pursuant to section
22 16 515A.6, subsection 7, a filing shall not take effect until
22 17 thirty days after formal approval is given by the
22 18 commissioner.

22 19 Sec. 32. Section 515A.5, Code 2007, is amended to read as
22 20 follows:

22 21 515A.5 DISAPPROVAL OF FILINGS.

22 22 1. If within the waiting period or any extension thereof
22 23 as provided in subsection 4 of section 515A.4, the
22 24 commissioner finds that a filing does not meet the
22 25 requirements of this chapter, the commissioner shall send to
22 26 the insurer or rating organization which made such filing,
22 27 written notice in a printed or electronic format of
22 28 disapproval of such filing specifying therein in what respects
22 29 the commissioner finds such filing fails to meet the
22 30 requirements of this chapter and stating that such filing
22 31 shall not become effective.

~~22 32 2. If within thirty days after a specific inland marine
22 33 rate on a risk especially rated by a rating organization
22 34 subject to subsection 5 of section 515A.4 has become effective
22 35 or, if within thirty days after a special surety or guaranty
23 1 filing subject to subsection 5 of section 515A.4 has become
23 2 effective, the commissioner finds that such filing does not
23 3 meet the requirements of this chapter, the commissioner shall
23 4 send to the rating organization or insurer which made such~~

~~23 5 filing written notice of disapproval of such filing specifying~~
~~23 6 therein in what respects the commissioner finds that such~~
~~23 7 filing fails to meet the requirements of this chapter and~~
~~23 8 stating when, within a reasonable period thereafter, such~~
~~23 9 filing shall be deemed no longer effective. Said disapproval~~
~~23 10 shall not affect any contract made or issued prior to the~~
~~23 11 expiration of the period set forth in said notice.~~

23 12 ~~3.~~ 2. If ~~at~~ At any time subsequent to the applicable
23 13 review period provided for in subsection 1 ~~or 2 of this~~
~~23 14 section, the commissioner finds that a filing does not meet~~
~~23 15 the requirements of this chapter, the~~ may hold a hearing to
23 16 determine whether a filing meets the requirements of this
23 17 chapter. The commissioner shall, ~~after~~ provide notice of a
23 18 hearing held upon not less than ten days' written notice,
~~23 19 specifying the matters to be considered at such hearing, days~~
23 20 prior to the hearing to every insurer and rating organization
23 21 which made ~~such~~ the filing, specifying the matters to be
23 22 considered at the hearing. If the commissioner finds that a
23 23 filing does not meet the requirements of this chapter, the
23 24 commissioner shall issue an order specifying in what respects
23 25 the commissioner finds that ~~such~~ the filing fails to meet the
23 26 requirements of this chapter, and stating when, within a
23 27 reasonable period thereafter, ~~such~~ the filing shall be deemed
23 28 no longer effective. Copies of ~~said~~ the order shall be sent
23 29 to every ~~such~~ insurer and rating organization which made the
23 30 filing. ~~Said~~ The order shall not affect any contract or
23 31 policy made or issued prior to the expiration of the period
23 32 set forth in ~~said~~ the order.

23 33 ~~4.~~ 3. a. Any person or organization aggrieved with
23 34 respect to any filing which is in effect may make written
23 35 application to the commissioner for a hearing thereon,
24 1 provided, however, that the insurer or rating organization
24 2 that made ~~or~~ uses the filing shall not be authorized to
24 3 proceed under this subsection. Such application shall specify
24 4 the grounds to be relied upon by the applicant and such
24 5 application must show that the person or organization making
24 6 such application has a specific economic interest affected by
24 7 the filing. If the commissioner ~~shall find~~ finds that the
24 8 application is made in good faith, that the applicant has a
24 9 specific economic interest, that the applicant would be so
24 10 aggrieved if the applicant's grounds are established, and that
24 11 such grounds otherwise justify holding such a hearing, the
24 12 commissioner shall within thirty days after receipt of such
24 13 application hold a hearing, upon not less than ten days'
24 14 written notice to the applicant and to every insurer and
24 15 rating organization which made ~~such~~ the filing. No rating or
24 16 advisory organization shall have any status under this chapter
24 17 to make application for a hearing on any filing made by an
24 18 insurer with the commissioner.

24 19 b. If, after such hearing, the commissioner finds that the
24 20 filing does not meet the requirements of this chapter, the
24 21 commissioner shall issue an order specifying in what respects
24 22 the commissioner finds that such filing fails to meet the
24 23 requirements of this chapter, and stating when, within a
24 24 reasonable period thereafter, such filing shall be deemed no
24 25 longer effective. Copies of said the order shall be sent to
24 26 the applicant and to every such insurer and rating

24 27 organization. ~~Said~~ The order shall not affect any contract or
24 28 policy made or issued prior to the expiration of the period
24 29 set forth in ~~said~~ the order.

24 30 ~~5-~~ 4. No filing shall be disapproved if the rates thereby
24 31 produced meet the requirements of this chapter.

24 32 Sec. 33. Section 515A.6, subsection 1, paragraph c, Code
24 33 Supplement 2007, is amended to read as follows:

24 34 c. Licenses issued pursuant to this section shall remain
24 35 in effect for three years unless sooner suspended or revoked
25 1 by the commissioner. The fee for ~~said~~ the license shall be
25 2 ~~twenty-five~~ one hundred dollars.

25 3 Sec. 34. Section 515A.6, subsection 7, paragraph a, Code
25 4 Supplement 2007, is amended to read as follows:

25 5 a. The commissioner shall provide notice of the filing of
25 6 the proposed rates at least thirty days before the effective
25 7 date of the proposed rates by publishing a notice ~~in the Iowa~~
~~25 8 administrative bulletin on the internet web site of the~~
25 9 insurance division of the department of commerce.

25 10 Sec. 35. Section 515A.6, subsection 7, Code Supplement
25 11 2007, is amended by adding the following new paragraphs:

25 12 NEW PARAGRAPH. g. Absent a request for a hearing as
25 13 provided in paragraph "b", the commissioner shall issue an
25 14 order approving or disapproving the proposed rates.

25 15 NEW PARAGRAPH. h. The waiting period for a workers'
25 16 compensation insurance rate filing shall commence no earlier
25 17 than the date that notice of the insurance rate filing is
25 18 published.

25 19 Sec. 36. Section 515A.7, Code 2007, is amended to read as
25 20 follows:

25 21 515A.7 UNIFORM RATING PLANS AND DEVIATIONS.

25 22 1. a. ~~Every member of or subscriber to a rating~~
~~25 23 organization insurer shall adhere to the filings made on its~~
25 24 behalf by ~~such~~ a rating organization except that any such
25 25 insurer may ~~make written application to the commissioner to~~
25 26 file a deviation from the class rates, schedules, rating
25 27 plans, or rules ~~respecting any kind of insurance, or class of~~
~~25 28 risk within a kind of insurance, or a combination thereof for~~
25 29 approval by the commissioner. ~~Such application~~ The deviation
25 30 filed shall specify the basis for the modification and a copy
25 31 shall also be sent simultaneously to such rating organization.
25 32 In considering the ~~application to file such~~ deviation filed,
25 33 the commissioner shall give consideration to the available
25 34 statistics and the principles for rate making as provided in
25 35 section 515A.3. The commissioner shall ~~issue an order~~
~~26 1 permitting approve the deviation filed for such insurer to be~~
~~26 2 filed if the commissioner finds it to be justified and it~~
26 3 shall thereupon become effective. The commissioner shall
26 4 issue an order ~~denying such application~~ disapprove the
26 5 deviation filed if the commissioner finds that the deviation
26 6 applied for does not meet the requirements of this chapter.

26 7 ~~Each deviation permitted to be filed shall remain in effect~~
~~26 8 for a period of not less than one year from the effective date~~
~~26 9 unless sooner withdrawn by the insurer with the approval of~~
~~26 10 the commissioner or until terminated in accordance with the~~
~~26 11 provisions of section 515A.5-~~

26 12 b. A deviation may be filed for approval by the
26 13 commissioner as follows:

26 14 (1) An insurer may file for approval by the commissioner
26 15 of a uniform percentage rate deviation to be applied to the
26 16 class rates of the rating organization's filing subject to
26 17 limitations as set forth by the commissioner by rule. A rate
26 18 deviation from the approved class rates of a rating
26 19 organization shall not cause the rate charged a policyholder
26 20 to exceed the approved assigned risk rates.

26 21 (2) A rating organization or insurer may offer
26 22 retrospective plans in policies which generate at least one
26 23 hundred thousand dollars in annual countrywide premiums on
26 24 workers' compensation liability insurance.

26 25 (3) An insurer may offer large deductible programs on
26 26 policies which generate at least one hundred thousand dollars
26 27 in annual countrywide premiums on workers' compensation
26 28 liability insurance. The minimum large deductible which may
26 29 be offered is twenty-five thousand dollars, which may be
26 30 applied to indemnity and medical losses.

26 31 (4) An insurer may offer small deductible programs with
26 32 deductibles in a range of up to ten thousand dollars and which
26 33 apply only to medical losses. Losses shall be reported on a
26 34 net basis in accordance with the statistical plan filed by a
26 35 rating organization.

27 1 (5) An insurer may adopt a scheduled or rating plan
27 2 providing for credits or debits in an amount not exceeding the
27 3 maximum modification allowed as set forth by the commissioner
27 4 by rule. This amount shall be in addition to the permitted
27 5 deviations set forth in subparagraphs (1) through (4).

27 6 (6) The commissioner may authorize other types of
27 7 deviations by rule when there is no approved rate, schedule,
27 8 rating plan, or rule applicable to the deviation filed, on
27 9 file with the insurance division for a rating organization.

27 10 2. The commissioner may adopt rules pursuant to chapter
27 11 17A to limit deviations and maximum schedule or rating plan
27 12 modifications.

27 13 **3. All dividends shall be paid based upon loss**
27 14 **sensitivity. Dividends are deemed a return of profit to**
27 15 **insureds. Accordingly, dividends shall not be guaranteed by**
27 16 **an insurer without regard to profits. Dividends may be**
27 17 **offered in conjunction with deviated rates or with scheduled**
27 18 **rates or in combination therewith. For the purposes of this**
27 19 **subsection, "loss sensitivity" means the profitability of the**
27 20 **policyholder individually or as a member of a homogenous**
27 21 **group.**

27 22 Sec. 37. Section 515A.8, Code 2007, is amended to read as
27 23 follows:

27 24 515A.8 APPEAL BY ~~MINORITY MEMBER OR~~ SUBSCRIBER.

27 25 1. Any member or subscriber to a rating organization may
27 26 appeal to the commissioner from the action or decision of such
27 27 rating organization in approving or rejecting any proposed
27 28 change in or addition to the filings of such rating
27 29 organization and the commissioner shall, after a hearing held
27 30 upon not less than ten days' written notice to the appellant,
27 31 and to such rating organization, issue an order approving the
27 32 action or decision of such rating organization or directing it
27 33 to give further consideration to such proposal, or, if such
27 34 appeal is from the action or decision of the rating
27 35 organization in rejecting a proposed addition to its filings,

28 1 the commissioner may, in the event the commissioner finds that
28 2 such action or decision was unreasonable, issue an order
28 3 directing the rating organization to make an addition to its
28 4 filings, on behalf of its members and subscribers, in a manner
28 5 consistent with the findings, within a reasonable time after
28 6 the issuance of such order.

28 7 2. If such appeal is based upon the failure of the rating
28 8 organization to make a filing on behalf of such member or
28 9 subscriber, which is based on a system of expense provisions
28 10 which differs, in accordance with the right granted in
28 11 paragraph "c" of subsection 1 of section 515A.3, from the
28 12 system of expense provisions included in a filing made by the
28 13 rating organization, the commissioner shall, if the
28 14 commissioner grants the appeal, order the rating organization
28 15 to make the requested filing for use by the appellant. In
28 16 deciding such appeal the commissioner shall apply the
28 17 standards set forth in section 515A.3.

28 18 Sec. 38. Section 515A.13, Code 2007, is amended to read as
28 19 follows:

28 20 515A.13 RATE ADMINISTRATION.

28 21 1. ~~RECORDING AND REPORTING OF LOSS AND EXPENSE EXPERIENCE.~~

28 22 The commissioner shall promulgate reasonable rules and
28 23 statistical plans, reasonably adapted to each of the rating
28 24 systems on file with the commissioner, which may be modified
28 25 from time to time and which shall be used thereafter by each
28 26 insurer in the recording and reporting of its loss and
28 27 countrywide expense experience, in order that the experience
28 28 of all insurers may be made available at least annually in
28 29 such form and detail as may be necessary to aid the
28 30 commissioner in determining whether rating systems comply with
28 31 the standards set forth in section 515A.3. Such rules and
28 32 plans may also provide for the recording and reporting of
28 33 expense experience items which are specially applicable to
28 34 this state and are not susceptible of determination by a
28 35 prorating of countywide expense experience. In promulgating
29 1 such rules and plans, the commissioner shall give due
29 2 consideration to the rating systems on file and, in order that
29 3 such rules and plans may be as uniform as is practicable among
29 4 the several states, to the rules and to the form of the plans
29 5 used for such rating systems in other states. No insurer
29 6 shall be required to record or report its loss experience on a
29 7 classification basis that is inconsistent with the rating
29 8 system filed by it. The commissioner may designate one or
29 9 more rating organizations or other agencies to assist in
29 10 gathering such experience and making compilations thereof, and
29 11 such compilations shall be made available, subject to
29 12 reasonable rules promulgated by the commissioner, to insurers
29 13 and rating organizations.

29 14 2. ~~INTERCHANGE OF RATING PLAN DATA.~~ Reasonable rules and
29 15 plans may be promulgated by the commissioner for the
29 16 interchange of data necessary for the application of rating
29 17 plans.

29 18 3. ~~CONSULTATION WITH OTHER STATES.~~ In order to further
29 19 uniform administration of rate regulatory laws, the
29 20 commissioner and every insurer and rating organization may
29 21 exchange information and experience data with insurance
29 22 supervisory officials, insurers and rating organizations in

29 23 other states and may consult with them with respect to rate
29 24 making and the application of rating systems.

29 25 4. ~~RULES AND REGULATIONS.~~ The commissioner may make
29 26 reasonable rules necessary to effect the purposes of this
29 27 chapter.

29 28 5. ~~PROHIBITED RELEASE.~~ A person other than the
29 29 commissioner or the commissioner's designee shall not release
29 30 to another person, other than to the servicing insurer of the
29 31 policy or to the commissioner or the commissioner's designee,
29 32 experience, payroll, loss data, expiration date of a policy,
29 33 or classification information without the prior written
29 34 approval of the policyholder. A violation of this section
29 35 shall be considered an unfair trade practice pursuant to
30 1 chapter 507B.

30 2 Sec. 39. Section 515A.17, Code 2007, is amended to read as
30 3 follows:

30 4 515A.17 PENALTIES.

30 5 1. The commissioner may, if the commissioner finds that
30 6 any person or organization has violated any provision of this
30 7 chapter, impose a penalty of not more than fifty one thousand
30 8 dollars for each such violation, but if the commissioner finds
30 9 such violation to be willful the commissioner may impose a
30 10 penalty of not more than five ~~hundred~~ thousand dollars for
30 11 each such violation. Such penalties may be in addition to any
30 12 other penalty provided by law.

30 13 2. The commissioner may suspend the license of any rating
30 14 organization or insurer which fails to comply with an order of
30 15 the commissioner within the time limited by such order, or any
30 16 extension thereof which the commissioner may grant. The
30 17 commissioner shall not suspend the license of any rating
30 18 organization or insurer for failure to comply with an order
30 19 until the time prescribed for an appeal therefrom has expired
30 20 or if an appeal has been taken, until such order has been
30 21 affirmed. The commissioner may determine when a suspension of
30 22 license shall become effective and it shall remain in effect
30 23 for the period fixed by the commissioner, unless the
30 24 commissioner modifies or rescinds such suspension, or until
30 25 the order upon which such suspension is based is modified,
30 26 rescinded, or reversed.

30 27 3. ~~No~~ A penalty shall not be imposed and ~~no~~ a license
30 28 shall not be suspended or revoked except upon a written order
30 29 of the commissioner, stating the commissioner's findings, made
30 30 after a hearing held upon not less than ten days' written
30 31 notice to such person or organization specifying the alleged
30 32 violation.

30 33 Sec. 40. NEW SECTION. 515A.19A RULES.

30 34 The commissioner may adopt rules pursuant to chapter 17A as
30 35 necessary and convenient to administer this chapter.

31 1 Sec. 41. Section 521.16, Code 2007, is amended to read as
31 2 follows:

31 3 521.16 APPLICABILITY OF SECTION 521A.3.

31 4 ~~The~~ For an insurer subject to chapter 521A, the provisions
31 5 of section 521A.3 shall also be applicable to a merger or
31 6 consolidation subject to this chapter. As used in this
31 7 section, "insurer" means the same as defined in section
31 8 521A.1.

CHAPTER 60

WORKERS' COMPENSATION INSURANCE RATE FILING PROCEDURES

191—60.1(515A) Purpose.

60.1(1) The purpose of this chapter is to set forth filing procedures and parameters for rates as required by Iowa Code chapter 515A.

60.1(2) Nothing herein shall be construed to create or imply a private cause of action for a violation of this chapter.

191—60.2(515A) Definitions, scope, authority.

60.2(1) The definitions of Iowa Code section 515A.2 are incorporated into this chapter by this reference.

In addition, the following definitions shall apply:

“*Division*” means the Iowa insurance division.

“*SERFF*” means the National Association of Insurance Commissioners’ System for Electronic Rate and Form Filing.

60.2(2) This chapter shall apply only to workers’ compensation liability insurance.

60.2(3) This chapter is issued under the authority of Iowa Code section 505.8 and chapter 515A.

191—60.3(515A) General filing requirements.

60.3(1) Insurers required to file rates with the division shall submit required rate filings and any fees required for the filings electronically using SERFF. Insurers must comply with the division’s requirements, including both the Iowa general instructions and the specific submission requirements for the type of IAB 7/2/08 **NOTICES 31**

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insurance for which the companies are submitting forms or rates, as set out on the SERFF Web site at www.serff.org.

60.3(2) No rate filing shall include any adjustment designed to recover underwriting or operating losses incurred out of state. Upon request by the division, insurers doing business in Iowa shall segregate in their rate filings data from any state identified by the division, and the filings shall include a certification that no portion of any rate increase is designed to recover underwriting or operating losses incurred in another state.

191—60.4(515A) Rate or manual rule filing.

60.4(1) Every insurer shall file with the division, pursuant to provisions of Iowa Code chapter 515A, every manual, minimum, class rate, rating schedule or rating plan and every other rating rule, and every modification of any of the foregoing which it proposes to use.

a. An insurer may satisfy its obligation to make such filings by becoming a member of, or a subscriber to, a licensed rating organization which makes such filings on its behalf.

b. Every insurer shall adhere to the filings made on its behalf by a rating organization except that any such insurer may file a deviation from the class rates, schedules, rating plans, or rules, or a combination thereof for approval by the division.

c. Deviations may be filed at any time during the year and, once approved, need only be refiled to propose changes to the approved deviations filing.

60.4(2) An insurer may file for approval by the division a uniform percentage rate deviation to be applied to the class rates of the rating organization’s filing.

***a.* A rate deviation from the approved class rates of a rating organization shall not exceed 15 percent nor shall it cause the rate charged a policyholder to exceed the approved assigned risk rates.**

b. In the event that an insurer has an existing approved filing for which the deviation results in rates above those approved for the assigned risk, the insurer must use the same deviation as approved for the assigned risk effective the same date as the approval of the assigned risk rates. A filing must be made confirming use of the new deviation on that date.

c. A filing must specify whether or not the proposed deviation is to be applied to minimum premiums.

60.4(3) Schedule rating may be used by any company, regardless of whether that company has an approved

deviation. The maximum modification allowed for schedule rating is 15 percent for individual policies.

191—60.5(515A) Violation and penalties. Any insurer found after hearing to have violated a provision of this chapter shall be deemed to have committed an unfair trade practice under Iowa Code chapter 507B and shall

be subject to the penalties set forth in Iowa Code chapter 507B.

191—60.6(515A) Severability. If any provision of this chapter or the application thereof to any person or circumstance is held invalid for any reason, the invalidity shall not affect the other provisions or any other application of these rules which can be given effect without the invalid provisions or application. To this end, all provisions of these rules are declared to be severable.

191—60.7(515A) Effective date. This chapter shall become effective January 1, 2009, and shall apply to acts or practices committed on or after that date.

These rules are intended to implement Iowa Code section 515A.7.