

**WOMEN'S PREVENTATIVE HEALTH SERVICES ACT**

**Act of Apr. 22, 1994, P.L. 136, No. 20**

**CL. 40**

AN ACT

Mandating health insurance coverage of annual gynecological examinations and routine pap smears; and making repeals.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Short title.

This act shall be known and may be cited as the Women's Preventative Health Services Act.

Section 2. Declaration of policy.

The General Assembly finds and declares as follows:

(1) As the issue of universal health care is debated at the Federal and State levels, the special health care needs of women must be addressed.

(2) If women had access to quality preventative health care, many diseases could be prevented or treated in their early stages when it is less expensive and there is a much better chance of recovery.

(3) Less than 60% of women 40 years of age or older and 70 years of age or younger have pap smears at least once every three years.

(4) Nearly 7,000 women die each year from cervical cancer nationwide.

(5) In 1989 there were 212 cervical cancer deaths in this Commonwealth.

(6) Nine out of ten deaths from cervical cancer could be prevented if more women had regular pap smears.

(7) In 1989, 658 cases of cervical cancer were diagnosed and reported in this Commonwealth. The number of cases reported have increased consistently since 1985.

Section 3. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Health insurance policy." Any individual or group health, sickness or accident policy or subscriber contract or certificate issued by an entity subject to any one of the following:

(1) The act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921.

(2) The act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.

(3) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations), 63 (relating to professional health services plan corporations) or 65 (relating to fraternal benefit societies).

(4) The act of May 18, 1976 (P.L.123, No.54), known as the Individual Accident and Sickness Insurance Minimum Standards Act.

(5) Medical assistance.

Section 4. Mandated coverage.

A health insurance policy which is delivered, issued for delivery, renewed, extended or modified in this Commonwealth by a health care insurer shall provide that the health insurance benefits applicable under the policy include coverage for periodic health maintenance to include:

(1) Annual gynecological examination, including a pelvic examination and clinical breast examination.

(2) Routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists.

Section 5. Delivery of policy.

If a health insurance policy provides coverage or benefits to a resident of this Commonwealth, it shall be deemed to be delivered in this Commonwealth within the meaning of this act, regardless of whether the health care insurer issuing or delivering the policy is located within or outside of this Commonwealth.

Section 6. Repeals.

All acts and parts of acts are repealed insofar as they are inconsistent with this act.

Section 7. Applicability.

This act shall apply to all insurance policies, subscriber contracts and group insurance certificates issued under any group master policy delivered or issued for delivery on or after the effective date of this act. This act shall also apply to all renewals of contracts on any renewal date which is on or after the effective date of this act.

Section 8. Effective date.

This act shall take effect in 60 days.