

CERTIFICATION REGARDING ABORTION

I. CERTIFICATION BY PHYSICIAN

CERTIFY TO ONE OF THE FOLLOWING:

I certify that on the basis of my professional judgment:

⊖ **Life of the Mother (Federal Funding).** _____ suffers from _____ (Name and address of the mother) a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused or arising from the pregnancy itself, that would place her in danger of death unless an abortion is performed.

⊖ **Life of the Mother (State Funding).** The life of _____ (Name and address of the mother) would be endangered if the fetus were carried to term.

⊖ **Fetus Deformed.** The fetus carried by _____ (Name and address of the mother) is physically deformed, mentally deficient, or afflicted with a congenital illness based on: _____

(Medical indications)

_____ MD/DO (Signature) _____ Date _____

II. CERTIFICATION BY AGENCY

1. Rape

I, _____, of _____ received a signed form from _____ (Name of Official) (Name of Agency) (Name and address of person reporting)

stating that _____ was the victim of an incident of rape. (Name and address of the mother)

The incident took place on _____ and the incident was reported on _____ (Date) (Date)

The report included the name, address and signature of the person making the report.

_____ Date _____ (Signature of official of law enforcement, public or private health agency which may include a family physician)

2. Incest

I, _____, of _____ received a signed form from _____ (Name of Official) (Name of Agency) (Name and address of person reporting)

stating that _____ was the victim of an incest incident. (Name and address of the mother)

The incident took place on _____ and the incident was reported on _____ (Date) (Date)

The report included the name, address and signature of the person making the report.

_____ Date _____ (Signature of official of law enforcement, public or private health agency which may include a family physician)

CONDITIONS FOR MEDICAID PAYMENT FOR ABORTIONS

Legislation enacted by the Iowa General Assembly restricts payment for abortions through the Medicaid program to the following situations:

1. Where the attending physician certifies in writing that continuing the pregnancy would endanger the life of the pregnant woman. Federal funding is only available in these situations if the woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion is performed.
2. Where the attending physician certifies in writing on the basis of his/her professional judgment that the fetus is physically deformed, mentally deficient or afflicted with a congenital illness and states the medical indications for determining the fetal condition.
3. If the pregnancy is the result of rape, and that incident was reported to a law enforcement agency or public or private health agency, which may include a family physician, within 45 days of the date of the incident, and that report contains the name, address and signature of the person making the report. An official of the agency must so certify in writing.
4. If the pregnancy is the result of incest and that incident was reported to a law enforcement agency or public or private health agency, which may include a family physician, within 150 days of the incident, and that report contains the name, address and signature of the person making the report. An official of the agency or physician must so certify in writing.

A copy of the form, *Certification Regarding Abortion* (470-0836), must be attached to any Medicaid claim associated with the abortion. **Payment will not be made to the attending physician or to other physicians assisting in the abortion or to the hospital if the required certification is not submitted by the provider with the claim for payment.** It is the responsibility of the attending physician to make a copy of the certification available to the hospital and other physicians billing for the services associated with the abortion.

In the case of pregnancy resulting from rape or incest, a certification from a law enforcement agency, public or private health agency, or family physician is required as set forth above. The recipient, someone acting in her behalf, or the attending physician is responsible for obtaining the necessary certification from the agency involved. The form, *Certification Regarding Abortion* (470-0836), is to be used for this purpose. It is also the responsibility of the physician to make a copy of the certification available to the hospital and any other physician billing for the service. This will facilitate payment to the hospitals and other physicians on abortion claims.