

Iowa Department of Human Services
Certification Regarding Abortion



CERTIFY TO ONE OF THE FOLLOWING:

I certify that on the basis of my professional judgment:

Life of the Mother.

 (Name and address of the mother)
 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 her in danger of death unless an abortion is performed, or,

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)

Rape

I, _____, of _____
 (Name of official) (Name of agency)
 received a signed form from _____
 (Name and address of person reporting)
 stating that _____
 (Name and address of the mother)
 was the victim of an incident of rape. The incident took place on _____
 (Date)
 and the incident was reported on _____. The report included the name,
 (Date)
 address and signature of the person making the report.

Incest

I, _____, of _____
 (Name of official) (Name of agency)
 received a signed form from _____
 (Name and address of person reporting)
 stating that _____
 (Name and address of the mother)
 was the victim of an incest incident. The incident took place on _____
 (Date)
 and the incident was reported on _____. The report included the name,
 (Date)
 address and signature of the person making the report.

I further certify that the mother has been given the opportunity to view an ultrasound image of the fetus as part of the standard care before an abortion is performed, and the mother has been provided information regarding the options relative to a pregnancy including continuing the pregnancy to term and retaining parental rights following the child's birth, continuing the pregnancy to term and placing the child for adoption, and terminating the pregnancy.

Signature of attending provider	Date
Signature of official of law enforcement, public or private health agency which may include a family physician	Date

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. The attending provider certifies in writing that continuing the pregnancy would endanger the life of the pregnant woman. Federal funding is available in these situations only 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. The attending provider certifies in writing on the basis of the provider's 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. The pregnancy is the result of rape, 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. The pregnancy is the result of incest, 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 provider or to other providers 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 provider to make a copy of the certification available to the hospital and other providers 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 member, someone acting in her behalf, or the attending provider 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 provider to make a copy of the certification available to the hospital and any other provider billing for the service. This will facilitate payment to the hospitals and other providers on abortion claims.