

Certificate to Request Funds for Abortion

The Hyde Amendment allows federal funds to be expended for an abortion only “(1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.” *Section 508(a) of Public Law 111–8.*

In accordance with a 2001 order of the Supreme Court of the State of Alaska, the Alaska Medicaid program must, under certain circumstances, provide funding for abortions for women who receive Alaska Medicaid but for whom the abortion is not covered by the federal Medicaid program. If the abortion is medically necessary and not elective, the Alaska Medicaid program may pay some or all of the costs. This form will permit the program to determine the proper source of funds for such payment.

(Recipient's Full Name PRINT OR TYPE)

(Recipient's Medicaid Identification Number)

had an abortion procedure performed on ____/____/____ (month /day/ year).

I certify based upon all of the information available to me that before performing the abortion procedure on the above patient her pregnancy was the result of an act of rape or incest, or the abortion procedure on the above patient was performed due to physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion was performed.

I certify based upon all of the information available to me that the above does not apply, but in my professional medical judgment the abortion procedure was medically necessary to avoid a threat of serious risk to the physical health of the woman from continuation of her pregnancy due to the impairment of a major bodily function including but not limited to one of the following:

___ diabetes with acute metabolic derangement or severe end organ damage

___ renal disease that requires dialysis treatment

___ severe preeclampsia

___ eclampsia

___ convulsions

___ status epilepticus

___ sickle cell anemia

___ severe congenital or acquired heart disease class IV

___ pulmonary hypertension

___ malignancy where pregnancy would prevent or limit treatment

___ severe kidney infection

___ congestive heart failure

___ epilepsy

___ seizures

___ coma

___ severe infection exacerbated by the pregnancy

___ rupture of amniotic membranes

___ advanced cervical dialation of more than six centimeters at less than 22 weeks gestation

___ cervical or cesarean section scar ectopic implantation

___ pregnancy not implanted in the uterine cavity

___ amniotic fluid embolus

___ another physical disorder, physical injury, physical illness, including a physical condition arising from the pregnancy, or a psychiatric disorder that places the woman in imminent danger of medical impairment of a major bodily function if an abortion is not performed.

This certificate must be signed and dated by the recipient's attending physician and must be submitted to the Division of Health Care Services at the address below. The original is to be kept in the provider's file for the patient with all supporting documentation. No payment will be made for an abortion without a signed certificate on file.

Printed Name of Recipient's Attending Physician M.D. or D.O.

Signature of Recipient's Attending Physician M.D. or D.O.

____/____/____
Date of Physician's Signature

Submit a copy of the completed and signed certificate by mail or fax to:

**Alaska Division of Health Care Services
Attention: Medical Review
4501 Business Park Blvd., Bldg. L Suite 24
Anchorage, AK 99503-7167**

Fax: 907.269.8868