

Oklahoma House of Representatives
AGENDA
Interim Study Fetal Protections – IS-11-126

October 25, 2011
Room 412C
2 PM

Host: Rep. Anastasia Pittman, District 99

I – Definitions

For the sake of interim study discussion of future fetal rights and protections, terms will be established
Rep. Anastasia Pittman

II - Fetal and Infant Mortality in Oklahoma

What % of the OK Population and Causation?

Barbara O'Brien, RN, MS

OU Program Director Office of Perinatal Quality Improvement

III - Unmarried and Teen Parent (maternal) Populations in Oklahoma

What medical issues face women during pregnancy to include the emotional toll?

What is the average cost involved in carrying a child to term?

What is the cost to the state in benefits for those without paternal assistance?

Bonnie Bellah

OK-AIMH

IV – The Statutory Rights of a Fetal Child

In Oklahoma, under what statutes is a fetus recognized as a child with rights to protection?

What Rights Do Parents Have?

Can a fetal child be adopted or cared for by a non-maternal or paternal contributor?

Rep. Anastasia Pittman

V – Child Support Collection Processes

Gary Dart

OKDHS Director of Child Support Services

VI – Encouraging the formation of a healthy unit of support for the fetal child via statutory changes

Education: maternal and paternal contributor awareness

Paternal identification: non-invasive methods for determination

Options for paternal contributors to provide pre-natal child support emotionally, physically and financially

Rep. Anastasia Pittman

Barry Levett, CEO, DNA Plus



HOUSE of REPRESENTATIVES

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State of Oklahoma

Definitions

Interim Study 11-126 Fetal Protections

Fetal Child – an unborn child

Child – a fetal child outside the womb

Age of Viability – 24 week old fetal child

Paternal Viability – 14 week old fetal child

Maternal Contributor – mother of fetal child/child

Paternal Contributor – father of fetal child/child



June 9, 2011

For Immediate Release

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Teen Childbearing in Oklahoma – Costs are Preventable

New data released today from the National Campaign to Prevent Teen & Unplanned Pregnancy reports that teen childbearing in Oklahoma cost taxpayers at least \$190 million in 2008, with the overall cost to all states reaching nearly \$11 billion. The total expenditures are based on a conservative analysis of major federal and state programs, including Medicaid, child welfare, increased incarceration rates, and lost tax revenue due to decreased earnings and spending. Of the total teen childbearing costs included in the Oklahoma report for 2008, 48 percent were federal costs and 52 percent were state costs.

“Our KIDS COUNT and other state data clearly shows health and education outcomes for the both the mother and child are vastly improved when childbearing is delayed until age 20 or later -- the need to rely on public funding assistance is vastly reduced,” said Linda Terrell, executive director of the Oklahoma Institute for Child Advocacy. “Reducing teen pregnancy is an important strategy for our state that not only improves the health status, education achievement and future earning potential of our children and youth, but it directly supports family economic stability and it saves taxpayer dollars.”

There were over 7,500 births to Oklahoma teens in 2008. Nearly one out of five (21%) of those births were to teens who were already mothers. Older teens, ages 18-19, comprise two-thirds of all births, with one in four of those births to a teen who is already a mother. There were 89 births to girls ages 10-14. Of all teen births in 2008, four out of five (82%) were to unmarried teens, many of the teen mothers had not yet even completed high school.

In recent years, Oklahoma’s teen birth rate for 15-19 year olds has been among the top five highest (worst) compared to all other states and the District of Columbia. Oklahoma’s birth rate for older teens jumped from 6th highest in 2006 to 2nd highest in 2007 – just behind Mississippi.

“Oklahoma has no teen pregnancy prevention plan. Other states have a clear plan built upon public and private partnerships and effective strategies that produce results,” said Sharon Rodine, Youth Initiatives Director at the Institute. “Soon, other states will be saying, ‘Thank goodness for Oklahoma’ -- meaning, they can count on us to be at the bottom of the rankings. This is not where we want to be.”

For more information on the report highlighting the costs of teen childbearing in the U.S. and Oklahoma, visit: www.TheNationalCampaign.org/costs. For information on teen pregnancy data for Oklahoma and programs that work, check: www.healthyteensok.org.

Number of births to Oklahoma teens:

<u>Ages</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
14 and younger	113	96	93	89
15 – 17	2,020	2,280	2,293	2,300
18 – 19	4,662	4,944	5,230	5,192
TOTAL	6,795	7,320	7,616	7,581

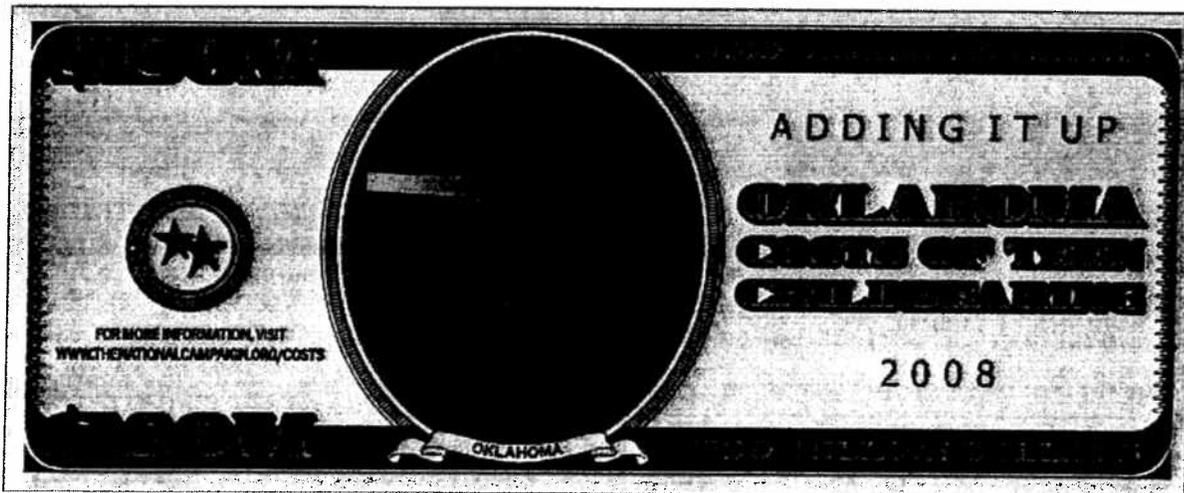
<u>2008 teen birth rates to 15-19 year olds:</u> (Number per 1,000 births to the same age range)	U.S. total	41.5
	Oklahoma	61.6

Source: Oklahoma State Department of Health, Vital Statistics

Oklahoma cost summary:

- \$ 36 million** for public health care (Medicaid and CHIP)
- \$ 27 million** for child welfare expenditures (primarily foster care)
- \$ 29 million** for increased rates of incarceration (primarily male children of teen parents)
- \$ 56 million** in lost tax revenue due to decreased earnings and spending, estimated for the children of teen parents as they become of working age
- \$ 42 million** in loss of potential earnings, related tax revenue and expenditures on public assistance related to the parents

\$ 190 million total costs



Source: The National Campaign to Prevent Teen and Unplanned Pregnancy

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Fast Facts

Men in the United States: Unplanned Pregnancy, Sexual Activity, and Contraceptive Use *(Data as of 2002)*

Unplanned Pregnancy As Reported By Men

Among all men (age 15-44), 33% of births were reported to be the result of an unplanned pregnancy.^{a,1}

By Age²

- More than half of births (53%) fathered by teen boys under age 18 are unplanned.
- Half of births (50%) fathered by teen boys age 18-19 are unplanned.
- Nearly half of births (49%) fathered by men age 20-24 are unplanned.
- Approximately one-third of births (35%) fathered by men age 25-29 are unplanned.

By Race/Ethnicity³

- Among Latino men (age 15-44) four in ten births (40%) are unplanned.
- Among non-Hispanic white men (age 15-44) nearly one-third (32%) of births are unplanned.
- Among non-Hispanic black men (age 15-44) 42% of births are unplanned.

By Living Arrangement⁴

- Among all men, the proportion of births that are unplanned differs according to the father's living arrangement with the mother of their child:
 - 50% of births are unplanned among those men who live alone or apart from the mother of their child. (Note: 14% of men were not asked about pregnancy intentionality because they did not know about the child before birth.)
 - 39% of births are unplanned among those men who cohabit with the child's mother.
 - 30% of births are unplanned among those men who are married to the child's mother.
- Among Latino men, the proportion of births that are unplanned differs slightly according to the living arrangement with the mother of their child:
 - 38% of births are unplanned among those men who live alone or apart from mother of their child. (Note: 18% of men in this group were not asked about pregnancy intentionality because they did not know about the child before birth.)
 - 41% of births are unplanned among those men who cohabit with the child's mother.
 - 40% of births are unplanned among those men who are married to the child's mother.

^a The National Campaign defines unplanned (also known as "unintended") pregnancies as those pregnancies which resulted in a birth (in the five years before the interview) and were reported by the father to be mistimed or unwanted. Mistimed and unwanted pregnancies are based on men's self-report and are defined by the National Survey of Family Growth. Mistimed is defined as a pregnancy resulting in a birth which at conception occurred earlier than desired. Unwanted is defined as a pregnancy resulting in a birth which at conception was reported by the father as not wanted then or at any time in the future.

- Among non-Hispanic white men, there are marked differences in planning status depending on the men's living arrangement with the child's mother:
 - 77% of births are unplanned among those men who live alone or apart from mother of child. (Note: 3% of men in this group were not asked about pregnancy intentionality because they did not know about the child before birth.)
 - 55% of births are unplanned among those men who cohabit with the child's mother.
 - 28% of births are unplanned among those men who are married to the child's mother.
- Among non-Hispanic black men, there are no clear patterns to pregnancy planning status and living arrangement with the child's mother:
 - 55% of births are unplanned among those men who live alone or apart from mother of the child. (Note: 11% of men in this group were not asked about pregnancy intentionality because they did not know about the child before birth.)
 - 59% of births are unplanned among those men who cohabit with the child's mother.
 - 42% of births are unplanned among those men who are married to the child's mother.

Father's Relationship Status At Time Of Birth Of First Child⁵

- Nearly two-thirds of all men (66%) were married when their first child was born (among those who reported they ever fathered a child).
- More than one-third of all men (34%) were unmarried when their first child was born.
 - 62% of teen boys age 15-19 were unmarried when their first child was born.
 - 48% of men age 20-24 were unmarried when their first child was born.
 - 18% of men age 25-29 were unmarried when their first child was born.
- 18% of all men were unmarried and cohabiting when their first child was born.
- 16% of all men were unmarried and not cohabiting when their first child was born.
- Nearly 1 in 5 men (19%) report ever having had a non-marital birth (among men age 15-44).⁸
 - 13% of men (age 20-24) report ever having had a non-marital birth.
 - 25% of men (age 25-29) report ever having had a non-marital birth.
 - 24% of men (age 30-44) report ever having had a non-marital birth.

Father's Age At Time of Birth Of First Child

- The mean age of men at the birth of their first biological child was 25.1 years (among men reporting they had ever fathered a child).⁶
- Among all men who have fathered a child, 15% fathered their first child during their teen years (before 20 years of age).⁷
- The greatest proportion of first births occur to men in their 20s:
 - Among fathers, 35% fathered their first child at age 20-24 and 29% fathered their first child at age 25-29.
 - 21% of men with children fathered their first child at age 30-44.

Sexual Activity

- The mean age at which men (age 15-44) report first having had sexual intercourse was 17 years.⁹
- Nearly 9 in 10 men (age 15-44) have ever had sexual intercourse (87%).¹⁰

- Three-quarters of never-married men (age 15-44) have had sexual intercourse (74%).
 - By Age Group:
 - 46% of teen boys (age 15-19) have had sexual intercourse.
 - 87% of men (age 20-24) have had sexual intercourse.
 - 96% of men age 25-29 have had sexual intercourse.
 - By Race/Ethnicity:
 - 83% of Latino men (age 15-44) have had sexual intercourse.
 - 75% of non-Hispanic white men (age 15-44) have had sexual intercourse.
 - 86% of non-Hispanic black men (age 15-44) have had sexual intercourse.
- One in ten men (age 15-44) report having had 3 or more female sexual partners in the last 12 months (10%).¹¹ [This includes partners with whom the respondent had any type of sexual contact (anal sex, oral sex, or vaginal intercourse).]
- Among men age 20-24, the mean number of female sexual partners is 6.8, and among men age 25-29 the mean number of female sexual partners is 10.¹²
- Among men 20-24, 19% report having had 10 or more female sexual partners.
- Among men 25-29, 30% report having had 10 or more female sexual partners.
- Among teen boys 15-19, 4% report having had 10 or more female sexual partners.

Condom Use

- Nearly half (48%) of sexually experienced men (age 15-44) report using a condom the first time they had sex.¹³
 - 71% of sexually experienced teen boys (age 15-19) report using a condom the first time they have sex.¹⁴
- Among unmarried men (age 15-44) who had sex in the past 4 weeks, more than half (52%) report using a condom *none* of the time. Among unmarried men who are cohabiting, more than three-quarters (78%) report using a condom *none* of the time.¹⁵
 - By Age Group:
 - 26% of unmarried teens (age 15-19) report using a condom *none* of the time.
 - 44% of unmarried young men (age 20-24) report using a condom *none* of the time.
 - 55% of unmarried men age 25-29 report using a condom *none* of the time.
 - By Race/Ethnicity:
 - 56% of unmarried Latino men (age 15-44) report using a condom *none* of the time.
 - 55% of unmarried non-Hispanic white men (age 15-44) report using a condom *none* of the time.
 - 38% of unmarried non-Hispanic black men (age 15-44) report using a condom *none* of the time.
- Among unmarried men (age 15-44) who had sex in the past 12 months, less than half (48%) used a condom the last time they had sex.¹⁶
 - By Age Group:
 - 73% of unmarried teens (age 15-19) used a condom the last time they had sex.
 - 55% of unmarried young men (age 20-24) used a condom the last time they had sex.
 - 44% of unmarried men age 25-29 used a condom the last time they had sex.
 - By Race/Ethnicity:
 - 44% of unmarried Latino men (age 15-44) used a condom the last time they had sex.
 - 45% of unmarried non-Hispanic white men (age 15-44) used a condom the last time they had sex.
 - 59% of unmarried non-Hispanic black men (age 15-44) used a condom the last time they had sex.

Sources

1. Martinez, GM, Chandra, A, Abma, JC, Jones, J, and Mosher, WD (2006). Fertility, Contraception, and Fatherhood: Data on Men and Women from Cycle 6 (2002) of the National Survey of Family Growth. National Center for Health Statistics, *Vital Health Stat* 23, (26); Table 8
2. Ibid; Table 8
3. Ibid; Table 8
4. Ibid; Table 8
5. Ibid; Table 7
6. Ibid; Table 6
7. Ibid; Table 5
8. Ibid; Table 62
9. Ibid; Table 14
10. Ibid; Table 13
11. Mosher, WD, Chandra, A, and Jones, J (2005). Sexual Behavior and Selected Health Measures: Men and Women 15-44 Year of Age, United States, 2002, *Advance Data from Vital and Health Statistics*, 362, Table 1
12. See opt. cit 1; Table 24
13. Ibid; Table 43
14. Abma, JC, Martinez, GM, Mosher, WD, and Dawson, BS (2006). Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2002. National Center for Health Statistics, *Vital Health Stat* 23, (24); Table 16
15. See opt. cit 1; Table 48
16. Ibid; Table 50



§§ 1-714 to 1-718. Repealed by Laws 1999, c. 93, § 10, eff. Nov. 1, 1999

From:

Laws 1945, p. 231, § 4.
Laws 1945, pp. 232, 233, §§ 1 to 4.
63 O.S.1961, §§ 327.4, 329.1 to 329.4.
Laws 1963, c. 325, art. 7, §§ 714 to 718.
Laws 1965, c. 36, §§ 5 to 8.

§ 1-719. Bonds of counties, cities and towns

Any county, city, or town is hereby authorized to issue bonds for constructing and equipping a hospital, community mental health facility, public health center, or related health facility, to be owned and operated by such county, city, or town in accordance with standards approved by the State Commissioner of Health; provided, that such bonds may be issued to construct a jointly owned and operated hospital, community mental health facility, public health center, or related health facility, by two or more counties, or by one or more counties and a city or cities, or by two or more cities. Such bonds shall be issued upon the assent thereto of three-fifths ($\frac{3}{5}$) of the voters of the subdivision issuing the bonds, voting at an election held for that purpose. The proposition voted on shall state specifically the type of hospital facility to be constructed. Such election shall be called by the governing board or managing body of such subdivision. Notice of the election shall be published for two (2) successive weeks in a weekly or daily newspaper, having a general circulation in the subdivision. The bonds shall be made to mature serially as now provided by law, and shall be sold at an advertised sale under existing laws. The rate of interest shall not exceed eight percent (8%) per annum. The bonds shall be submitted to the Attorney General for his approval as ex officio Bond Commissioner of the state.

Laws 1963, c. 325, art. 7, § 719, operative July 1, 1963; Laws 1965, c. 36, § 9, emerg. eff. March 8, 1965; Laws 1970, c. 286, § 10, emerg. eff. April 27, 1970.

Hospitals ⇐2.

§§ 1-720, 1-721. Repealed by Laws 1999, c. 93, § 10, eff. Nov. 1, 1999

From:

Laws 1963, c. 325, art. 7, § 720.
Laws 1976, c. 216, § 2.

§ 1-722. Electronic or computer-generated signatures of physician

Electronic or computer-generated signatures of a physician are acceptable as authentication and may be used in any place in the medical record where a physician's signature is required, including, but not limited to, all medical orders, if the signature is generated by a confidential code which only the user possesses and the following safeguards are adhered to:

1. The physician signs and then files a statement in the hospital administrator's office which states that:

- a. the physician will use an electronic or computer-generated signature to authenticate his entries in the medical record,
- b. the signature will be generated by a confidential code which only the physician possesses, and
- c. no person other than the physician will be permitted to use the signature;

2. The physician's use of an electronic or computer-generated signature is approved in writing by the hospital's administrator and medical record committee;

3. The electronic or computer-generated signature is the full, legal name of the physician and includes the physician's professional title; and

4. Rules and regulations pertaining to electronic generated signatures as provided in this act¹ shall be promulgated by the State Board of Health.

Laws 1993, c. 124, § 1, eff. Sept. 1, 1993.

¹ This section.

C. ABORTIONS

§ 1-730. Definitions

As used in this article:

1. "Abortion" means the purposeful termination of a human pregnancy, by any person with an intention other than to produce a live birth or to remove a dead unborn child;

2. "Unborn child" means the unborn offspring of human beings from the moment of conception, through pregnancy, and until live birth including the human conceptus, zygote, morula, blastocyst, embryo and fetus;

3. "Viable" means potentially able to live outside of the womb of the mother upon premature birth, whether resulting from natural causes or an abortion;

4. "Conception" means the fertilization of the ovum of a female individual by the sperm of a male individual;

5. "Health" means physical or mental health;

6. "Department" means the State Department of Health;

7. "Inducing an abortion" means the administration by any person, including the pregnant woman, of any substance designed or intended to cause an expulsion of the unborn child, effecting an abortion as defined above; and

8. Nothing contained herein shall be construed in any manner to include any birth control device or medication or sterilization procedure.

Laws 1978, c. 207, § 2, eff. Oct. 1, 1978.

§ 1-731. Persons who may perform abortions—Violations—Penalty

A. No person shall perform or induce an abortion upon a pregnant woman unless that person is a physician licensed to practice medicine in the State of

Oklahoma. Any person violating this section shall be guilty of a felony punishable by imprisonment for not less than one (1) year nor more than three (3) years in the State Penitentiary.

B. No person shall perform or induce an abortion upon a pregnant woman subsequent to the end of the first trimester of her pregnancy, unless such abortion is performed or induced in a general hospital.

Laws 1978, c. 207, § 3, eff. Oct. 1, 1978; Laws 1997, c. 133, § 523, eff. July 1, 1999; Laws 1999, 1st Ex.Sess., c. 5, § 379, eff. July 1, 1999.

Validity

Reproductive Services v. Keating, N.D.Okla.1998, 35 F.Supp.2d 1332.

§ 1-732. Viable fetus—Grounds to abort—Procedure

A. No person shall perform or induce an abortion upon a pregnant woman after such time as her unborn child has become viable unless such abortion is necessary to prevent the death of the pregnant woman or to prevent impairment to her health.

B. An unborn child shall be presumed to be viable if more than twenty-four (24) weeks have elapsed since the probable beginning of the last menstrual period of the pregnant woman, based upon either information provided by her or by an examination by her attending physician. If it is the judgment of the attending physician that a particular unborn child is not viable where the presumption of viability exists as to that particular unborn child, then he shall certify in writing the precise medical criteria upon which he has determined that the particular unborn child is not viable, before an abortion may be performed or induced.

C. No abortion of a viable unborn child shall be performed or induced except after written certification by the attending physician that in his best medical judgment the abortion is necessary to prevent the death of the pregnant woman or to prevent an impairment to her health. The physician shall further certify in writing the medical indications for such abortion and the probable health consequences if the abortion is not performed or induced.

D. The physician who shall perform or induce an abortion upon a pregnant woman after such time as her unborn child has become viable shall utilize the available method or technique of abortion most likely to preserve the life and health of the unborn child, unless he shall first certify in writing that in his best medical judgment such method or technique shall present a significantly greater danger to the life or health of the pregnant woman than another available method or technique.

E. An abortion of a viable unborn child shall be performed or induced only when there is in attendance a physician other than the physician performing or inducing the abortion who shall take control of and provide immediate medical care for the child. During the performance or inducing of the abortion, the phy-

sician performing it, and subsequent to it, the physician required by this section to be in attendance, shall take all reasonable steps in keeping with good medical practice, consistent with the procedure used, to preserve the life and health of the child, in the same manner as if the child had been born naturally or spontaneously. The requirement of the attendance of a second physician may be waived when in the best judgment of the attending physician a medical emergency exists and further delay would result in a serious threat to the life or physical health of the pregnant woman. Provided that, under such emergency circumstances and waiver, the attending physician shall have the duty to take all reasonable steps to preserve the life and health of the child before, during and after the abortion procedure, unless such steps shall, in the best medical judgment of the physician, present a significantly greater danger to the life or health of the pregnant woman.

F. Any person violating subsection A of this section shall be guilty of homicide.

Laws 1978, c. 207, § 4, eff. Oct. 1, 1978; Laws 1997, c. 133, § 524, eff. July 1, 1999.

§ 1-733. Self-induced abortions

No woman shall perform or induce an abortion upon herself, except under the supervision of a duly licensed physician. Any physician who supervises a woman in performing or inducing an abortion upon herself shall fulfill all the requirements of this article which apply to a physician performing or inducing an abortion.

Laws 1978, c. 207, § 5, eff. Oct. 1, 1978; Laws 1997, c. 133, § 525, eff. July 1, 1999.

§ 1-734. Live-born fetus—Care and treatment

A. No person shall purposely take the life of a child born as a result of an abortion or attempted abortion which is alive when partially or totally removed from the uterus of the pregnant woman.

B. No person shall purposely take the life of a viable child who is alive while inside the uterus of the pregnant woman and may be removed alive therefrom without creating any significant danger to her life or health.

C. Any person who performs, induces, or participates in the performance or inducing of an abortion shall take all reasonable measures to preserve the life of a child who is alive when partially or totally removed from the uterus of the pregnant woman, so long as the measures do not create any significant danger to her life or health.

D. Any person violating this section shall be guilty of homicide.

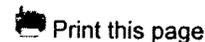
Laws 1978, c. 207, § 6, eff. Oct. 1, 1978; Laws 1997, c. 133, § 526, eff. July 1, 1999.

Oklahoma	<p>Okla. Stat. Ann. tit. 21 § 691 (2006) defines unborn child as a human being. Homicide does not include legal abortion or instances of death during normal medical, therapeutic or diagnostic testing. A mother shall not be prosecuted for the death of an unborn child unless the death was a result of criminal behavior.</p> <p>Okla. Stat. Ann. tit. 21 § 714 and § 652 (2005) revises civil wrongful death statutes to include the death of an unborn child; revises the provisions governing the intentional shooting with intent to kill another and any assault and battery upon another to add an unborn child; provides the penalty reference for anyone who willfully kills an unborn child; provides an exemption for a legal abortion, or the usual and customary diagnostic testing or therapeutic treatment.</p> <p>Okla. Stat. Ann. tit. 21 § 723 (2005) specifies that any offense committed pursuant to the provisions of Section 652 and 713 of Title 21, does not require proof that the person engaging in the conduct had knowledge or should have had the knowledge that the victim of the underlying offense was pregnant or that the offender intended to cause the death or bodily injury to the unborn child.</p> <p>Okla. Stat. Ann. tit. 20 § 644 (2008) states that any person convicted of domestic abuse committed against a pregnant woman with knowledge of the pregnancy is guilty of a misdemeanor and any person convicted of domestic abuse committed against a pregnant woman with knowledge of the pregnancy and a miscarriage or injury to the unborn child occurs is guilty of a felony, punishable by imprisonment for not less than 20 years. (2008 Okla. Sess. Laws, Chap 318, HB 1897)</p>
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HB1888: Section 1-745.1 of title 63 also known as the “Pain-Capable Unborn Child Protection Act.

THE ABOVE OKLAHOMA STATUTES ARE BUT A FEW THAT CURRENTLY PROVIDE FOR FETAL PROTECTIONS

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DHS cuts services, sets higher co-pays for child-care subsidies

by: GINNIE GRAHAM World Staff Writer
Wednesday, June 15, 2011
6/15/2011 8:09:07 AM

OKLAHOMA CITY - Child-care subsidy co-payments are increasing, and various contracts for social services will be reduced under next year's budget for the state Department of Human Services.

Despite a state appropriation increase, cuts are being made because of rising costs in areas such as federal Medicaid mandates, employee retirement costs and additional child welfare background checks, DHS Director Howard Hendrick said during a budget presentation Tuesday.

To make up the difference, the agency has proposed a series of trims from personnel to child-care subsidies for low-income families.

"We have to make cuts because program costs are going up," Hendrick said.

The Rev. George Young, commission member, said the budget makes him anxious because he heads a church where at least 60 percent of the congregation receives a DHS benefit.

"These are numbers we are talking about, but I know the faces that go with them. And the decisions we make - I don't take any of them lightly. This is a tough moment, this is a tough time, this is a tough budget."

After Young made a motion to adopt the budget, Commissioners Steven Dow and Anne Roberts said they had questions and wanted more discussion.

Dow wanted information on how the agency projects a lower number of children in foster care and what the cuts will do to child welfare caseloads.

Commissioner Jay Dee Chase then seconded the motion for budget approval and pressed for a vote.

"What's the rush? We have questions," Roberts said.

During a pause, Dow continued with his comments.

"I have concerns in a number of aspects in child welfare and a very big concern about the child-care co-pays increasing by 30 percent, given what's going on with wage stagnation and increased costs of goods," Dow said.

"We just don't begin to understand the dynamics at work on struggling families and we're asked to do this with little discussion. Whether or not we should make such drastic changes and enact destructive things to our nationally renowned early childhood system is an enormous problem."

The budget assumes a carryover of about \$15 million in the grant from Temporary Assistance for Needy Families, which Dow asked about applying to child-care and child-welfare areas.

Chase then continued to push for a vote.

"For a third time, I second this," Chase said.

The budget was approved by a 7-2 vote, with Dow and Roberts voting no.

DHS has a total budget of about \$2.2 billion, with \$559,000 of that coming from the state and federal

carryover funds and other one-time funding.

In child care, the budget is being reduced from about \$182 million to \$171 million. Of that, \$132 million is for child-care subsidies, which are given to low-income families as they work or seek education. Other areas impacted will be licensing and quality initiatives.

DHS figures show an estimated \$5.8 million in savings by increasing co-payments and another \$2.5 million savings by changing income eligibility.

After the monthly presentation of child welfare referrals and investigations, Dow said all the commissioners have given depositions in the federal lawsuit filed by Children's Rights against DHS, alleging abuses in the foster care system.

The trial is set for October in Tulsa's U.S. Northern District Court.

Dow said he was asked by Children's Rights attorneys if the commissioners were given specific types of information regarding the child welfare and foster care systems.

Young said the nonprofit's attorneys asked questions too specific for him to answer.

"I don't want any more paper or information," Young said. "I should pay more attention to what I've been given. From what they asked me, I wouldn't have remembered. They couldn't give me enough information to answer what they wanted."

DHS budget changes

Cuts will be made in contracts for social services in areas including positive youth development, food bank, marriage initiative, Court Appointed Special Advocates (CASA), Smart Start, family formation, adult day health care, volunteer programs, homeless services pass through to other agencies and various interagency services. Cuts will also be made for contracts related to computer services and training.

The cost that DHS clients pay to child-care providers as a co-payment will increase. The increase will range from 48 cents per child per week to \$13.60 per child per week. On the higher end, for a family with one child, the increase will go from \$189 a month to \$246 monthly. For poorer families with one child, the increase will range between \$6 to \$8 more a month. Subsidy is based on income.

Child care subsidy eligibility will be changed on new applicants. For a family with two children, the limit will be \$29,100 annual income, down from the present \$35,100. No one presently receiving child care benefits will lose their benefit.

Field staff is being reduced through voluntary buyouts and attrition, but furloughs are being avoided.

Areas untouched by budget cuts include senior nutrition, social service contracts primarily for child welfare and rates to ADvantage Waiver providers, child care providers, foster care, developmental disabilities services division and adoption subsidies.

Source: DHS

Original Print Headline: DHS cuts services, co-pay costs rise

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 Return to Story

AGE, EDUCATION AND RACE PLAY PART IN PATERNAL RELATIONSHIPS

Roles of American fathers have shifted, study shows

AT A GLANCE

Other findings from the Pew Research Center's study:

• **BORN OUT OF WEDLOCK:** In all, about 46 percent of fathers ages 15 to 44 say they had at least one of their children born outside of marriage. That figure tracks closely with government data showing the share of babies born to unwed mothers jumping eightfold, from 5 percent in 1960 to 41 percent in 2008.

• **INVOLVEMENT:** The public is divided over whether fathers are more involved in their children's lives than 20 or 30 years ago. About 46 percent say dads today play a bigger role, while 45 percent say they are less involved.

• **CHILD CARE:** Despite greater involvement of some married fathers, the number of hours mothers spent per week taking care of children at home rose modestly from 10.6 hours in 1965 to 12.9 hours in 2000. Some sociologists say that may be due to fathers seeing themselves as secondary caregivers, more apt to play with children while the mothers change diapers or manage schedules.

• **CHANGING TIMES:** Among all adults, 57 percent say it is more difficult to be a father today than it was 20 or 30 years ago. About 9 percent say being a father is now easier, while 32 percent say it is about the same.

BY HOPE YEN
Associated Press

WASHINGTON — Nearly half of American dads under 45 this Father's Day say they have at least one kid who was born out of wedlock. And the share of fathers living apart from children is more than double what it was not so long ago.

In encouraging news, though, among married fathers, children are said to be getting more attention from both parents at home than ever before.

A Pew Research Center report highlights the changing roles of parents as U.S. marriage rates and traditional family households fall to historic lows.

For example, college-educated men who tend to marry and get better jobs are more involved with their children than lesser-skilled men struggling to get by.

"When a father can't provide monetarily for his offspring, he often becomes estranged," said Beth Latsch, an assistant sociology professor at Appalachian State University, who researches changing paternal roles. She pointed to an economic advantage for college graduates hired at companies with better benefits and family-friendly policies, contrasted with the situation for the larger ranks of low-wage workers.

Living apart

Pew's survey and analysis of government data, released Wednesday, found that more than one in four fathers — or 27 percent — with kids 18 or younger live away from at least one of their children. That number is more than double the share of fathers who lived apart from their kids in 1960.

On the other hand, married fathers who live with their children are devoting more time helping their wives with caregiving

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at home, a task once seen almost exclusively as a woman's duty. Such fathers on average now spend about 6.5 hours a week on child care, which include playing, helping kids with homework or taking them to activities. That's up from 2.6 hours in the 1960s.

The 6.5 hours is still just half the amount of time mothers spend per week. Still, it is a gap that is narrowing; in the 1960s, fathers put in one-fourth the time mothers did.

Urging involvement

"Father's Day reminds us parents that we have no more solemn obligation than to care for our children. But far too many young people in America grow up without their dads, and our families and communities are challenged as a result," President Barack Obama said Wednesday in calling for fathers to be more involved. Next Sunday is Father's Day.

Obama has often reminded Americans how his father left his family when the future president was a small child, describing a "hole in a child's life that no government can fill."

The Health and Human Services Department in conjunction with the Ad Council is now running public service advertisements this week urging fathers to "Take Time to Be a Dad Today," and the administration next week is expected to announce new support for local fatherhood programs.

The ads this year focus

on Hispanic fathers and military dads sharing small moments with their children.

The Pew study, entitled "A Tale of Two Fathers," found sharp differences based on race and education. Black and Hispanic fathers were much more likely to have children out of wedlock, at 72 percent and 59 percent, respectively, compared to 37 percent for whites men. Among fathers with at least a bachelor's degree, only 13 percent had children outside marriage, compared to 51 percent of those with high school diplomas and 65 percent of those who didn't finish high school.

Age, too, was a factor. Three-fourths of fathers who were 20 to 24 had children out of wedlock, compared to 36 percent for fathers 35 to 44.

Gretchen Livingston, a senior Pew researcher who co-authored the report, noted that fathers who live away from their children are not always absent from their kids' lives. More than 20 percent of such dads said they saw their children several times a week, and even more — 41 percent — kept in touch regularly through phone calls or email.

Still, 27 percent of fathers who live away from their children reported that they didn't see them at all in the past year, and almost one-third communicated by phone or email with their children less than once a month.

"Overall, we can't say whether kids are better off or not," she said.

Couple will be guardians of unborn grandchild

COURTS | GRANDPARENTS OF SLAIN GIRL, 5, GRANTED CUSTODY OF CHILD, DUE FRIDAY

BY ANN KELLEY
Staff Writer
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SHAWNEE — A pair of Chandler grandparents have been granted temporary guardianship of their unborn grandchild.

A Pottawatomie County judge Thursday granted Chuck and Annette Deal temporary guardianship of the baby, which is scheduled to be born Friday to their daughter, Samantha Anne Deal, 21, said their attorney, Joe Vorndran.

Samantha Deal is the mother of Serenity Deal, 5, who died less than a month after child welfare

workers recommended she live with her father, Sean Devon Brooks, 32. Brooks is accused of beating his daughter, and faces a first-degree murder charge in Oklahoma County District Court in connection with Serenity's June 4 death.

Serenity had been living with Chuck and Annette Deal until the state Department of Human Services removed her from their home, claiming the Deals were allowing Serenity to visit with her mother unsupervised. The Deals deny any wrongdoing.

Four child welfare workers from Pottawatomie and

Lincoln counties were placed on administrative leave pending the outcome of an internal DHS investigation.

The grandparents were caring for Serenity and her younger sibling because Samantha Deal is accused of sexually assaulting a 10-year-old boy. Samantha Deal is scheduled to enter a blind plea Tuesday in Lincoln County District Court. Prosecutors have recommended she receive a 15-year prison sentence.

Her sentencing had been postponed because she is pregnant with her third child. Brooks is not the father of that child.

Vorndran said DHS officials Thursday argued vehemently against placing the unborn child with Chuck and Annette Deal. Since the child will be born in Oklahoma County, DHS may try to have an Oklahoma County judge issue a different order and take the child anyway.

"We're hoping that doesn't happen," Vorndran said. "My clients want to be able to take their grandchild home and care for it this time without any disruptions."

Vorndran said there will be a hearing next week to review the temporary placement of the infant.

Fetal Cell Prenatal Paternity Test: How It Works

This test uses both fetal cells and fetal DNA isolation from maternal blood. During pregnancy, a variety of cell types of fetal origin, as well as fetal DNA, cross the placenta and circulate within maternal peripheral blood. This fetal material is a source of information about the gender and **genetic** makeup of the developing fetus. Fetal genetic material can be detected in maternal blood early in gestation.

To determine paternity, scientists at our laboratory prepare DNA profiles for: (1) the mother; (2) alleged father(s); and (3) fetal cell population.

Fetal cells (fetal DNA) extracted from the maternal blood, represent the population of cells that arrive from the fetus, as well as, a small amount of fetal cells from previous pregnancies (if applicable).

The DNA profile of the fetal cells is first compared with that of the mother. The DNA markers in the profile of the fetal cell population, which are not present in that of the mother, must have been inherited from the true biological father.

The true biological father of the fetus should have all of the paternal DNA markers inherited. The paternal DNA markers are unique to the fetus, and are unlikely to have similar matches with a random man within a specific human population.

If the alleged father(s) lacks several of the fetal's paternal markers, he cannot be the true biological father, and can therefore be excluded from paternity of the fetus.

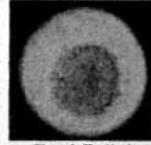
The rarity of fetal nucleated cells in maternal blood has made their isolation particularly challenging. To obtain quantities sufficient for analysis, the use of enrichment techniques is required. The investigators begin with a 30 ml maternal venous blood sample.

An initial enrichment step facilitates removal of many maternal non-nucleated cells through density gradient centrifugation. Subsequent "purification" of fetal cells is performed by:

1. efficient magnetic cell separation technology and;
2. cultivation of fetal progenitor cells.

The detection of fetal cells in maternal plasma is much simpler and more robust than the detection of fetal nucleated cells in maternal blood, and does not require prior enrichment. In fact, the concentration of fetal DNA in maternal plasma expressed as a percentage of total DNA has been measured from 0.39% (the lowest concentration measured in early pregnancy), to as high as 11.4% (in late pregnancy).

This approach has been shown to have application in the prenatal diagnosis of fetal rhesus D status, sex-linked disorders, fetal sex determination, and paternally inherited genotyping. In addition to maternal plasma, fetal DNA can also be detected in maternal urine; however, the sensitivity of detection is lower.



Fetal Cells*
[Click here to enlarge](#)

**Fetal cells and DNA are
in the mother's blood.**

"...fetal DNA is...plentiful in a future mom's bloodstream..."

--Kaiser, Jocelyn (2005) from [PRENATAL DIAGNOSIS:
An Earlier Look At Baby's Genes](#)

"...fetal DNA [is] present in the maternal circulation and can be recovered for noninvasive prenatal genetic diagnosis."

--Farideh et al. (2002) from [Cell-free fetal DNA and intact fetal cells in maternal blood circulation: implications for first and second trimester noninvasive prenatal diagnosis.](#)

[View More Scientific Research on Prenatal DNA Testing on Maternal Blood](#)

*Taken with microscope during actual testing

Blood (Non Invasive) vs. Invasive Prenatal Paternity DNA Tests

	Non Invasive Prenatal Paternity Test on Blood	Invasive Prenatal Paternity Tests
Sample	Simple blood sample collection from the mother. Blood collection requires less than 20 minutes.	<p>1. Amniocentesis: collecting the amniotic fluid that surrounds the fetus. Guided by ultrasound, an OB-GYN uses a long needle through the abdomen to collect fluid.</p> <p>2. CVS: collecting the chorionic villi that make up the placenta. Guided by ultrasound, an OB-GYN uses a catheter through the vagina or a long, hollow needle through the abdomen (depending on the position of the fetus) to collect cells.</p>
Time for testing	After the 14th week of pregnancy.	<p>1. Amniocentesis: between 14th and 22nd week of pregnancy.</p> <p>2. CVS: between 10th and 14th week of pregnancy.</p>
Tested parties	Mother and all alleged fathers.	Mother and all alleged fathers.
Accuracy	99% for inclusions (the alleged father is the biological father of the fetus) and 99% for exclusions (the alleged father is not the biological father of the fetus).	99.9% for inclusions (the alleged father is the biological father of the fetus) and 100% for exclusions (the alleged father is not the biological father of the fetus).
Results	In 12 business days.	In 5 to 12 business days (depending on the company).
Health risk associated with procedure	NO HEALTH RISK FOR THE MOTHER OR THE FETUS.	Studies have indicated that the chances for fetal loss are increased by 0.5% for amniocentesis and 1% for chorionic villus sampling comparing to the normal pregnancy without the procedures.
Sample collection fee	Blood collection charges range between \$15.00 and \$50.00 .	Mother is required to pay a separate physician fee for prenatal sampling (CVS or amniotic fluid) that ranges

International Scientific Research on Noninvasive Prenatal DNA Testing on Maternal Blood

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