## CHAMBER ACTION Senate House 1 2 3 4 5 6 7 8 9 10 11 Representative Ryan offered the following: 12 13 Amendment (with title amendment) 14 Between lines 770 and 771, insert: 15 Section 13. Paragraph (b) of subsection (3) of section 16 17 39.0015, Florida Statutes, is amended to read: 18 39.0015 Child abuse prevention training in the district 19 school system. --20 (3) DEFINITIONS. -- As used in this section: (b) "Child abuse" means those acts as defined in ss. 21 22 39.01(1), (2), (31), (44), (46), (53), and (64) $\frac{(30)$ , (43), 23 (45), (52), and (63), 827.04, and 984.03(1), (2), and (37). 24 Section 14. Subsection (10) of section 39.01, Florida 25 Statutes, is amended, subsections (14) through (72) are 26 renumbered as subsections (15) through (73), respectively, and a 27 new subsection (14) is added to said section, to read:

- 39.01 Definitions.--When used in this chapter, unless the context otherwise requires:
- (10) "Caregiver" means the parent, legal custodian, adult household member, or other person responsible for a child's welfare as defined in subsection (48) (47).
- (14) "Child resource record" means a standardized folder that contains copies of the basic legal, demographic, and known medical information pertaining to a specific child, as well as any documents necessary for the child to be provided medical treatment.
- Section 15. Subsection (5) of section 39.205, Florida Statutes, is amended to read:
- 39.205 Penalties relating to reporting of child abuse, abandonment, or neglect.--
- determined after its investigation that a report is false, the department shall, with the consent of the alleged perpetrator, refer the report to the local law enforcement agency having jurisdiction for an investigation to determine whether sufficient evidence exists to refer the case for prosecution for filing a false report as defined in s. 39.01(28)(27). During the pendency of the investigation by the local law enforcement agency, the department must notify the local law enforcement agency of, and the local law enforcement agency must respond to, all subsequent reports concerning children in that same family in accordance with s. 39.301. If the law enforcement agency believes that there are indicators of abuse, abandonment, or neglect, it must immediately notify the department, which must assure the safety of the children. If the law enforcement agency

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finds sufficient evidence for prosecution for filing a false report, it must refer the case to the appropriate state attorney for prosecution.

Section 16. Subsection (1) of section 39.302, Florida Statutes, is amended to read:

- 39.302 Protective investigations of institutional child abuse, abandonment, or neglect.--
- (1) The department shall conduct a child protective investigation of each report of institutional child abuse, abandonment, or neglect. Upon receipt of a report which alleges that an employee or agent of the department, or any other entity or person covered by s.  $39.01(32)\frac{(31)}{(31)}$  or  $(48)\frac{(47)}{(47)}$ , acting in an official capacity, has committed an act of child abuse, abandonment, or neglect, the department shall immediately initiate a child protective investigation and orally notify the appropriate state attorney, law enforcement agency, and licensing agency. These agencies shall immediately conduct a joint investigation, unless independent investigations are more feasible. When conducting investigations onsite or having faceto-face interviews with the child, such investigation visits shall be unannounced unless it is determined by the department or its agent that such unannounced visits would threaten the safety of the child. When a facility is exempt from licensing, the department shall inform the owner or operator of the facility of the report. Each agency conducting a joint investigation shall be entitled to full access to the information gathered by the department in the course of the investigation. A protective investigation must include an onsite visit of the child's place of residence. In all cases, the

department shall make a full written report to the state attorney within 3 working days after making the oral report. A criminal investigation shall be coordinated, whenever possible, with the child protective investigation of the department. Any interested person who has information regarding the offenses described in this subsection may forward a statement to the state attorney as to whether prosecution is warranted and appropriate. Within 15 days after the completion of the investigation, the state attorney shall report the findings to the department and shall include in such report a determination of whether or not prosecution is justified and appropriate in view of the circumstances of the specific case.

Section 17. Subsections (3) through (14) of section 39.407, Florida Statutes, are renumbered as subsections (4) through (15), respectively, a new subsection (3) is added to said section, and present subsection (4) of said section is amended, to read:

39.407 Medical, psychiatric, and psychological examination and treatment of child; physical or mental examination of parent or person requesting custody of child.--

(3)(a) If a child in out of home placement with the department was taking prescribed psychotropic medication at the time the child was removed from the home, the department may take possession of the remaining medication when the department takes the child and may provide consent for the dispensing of that medication on a temporary basis until the next regularly scheduled court hearing required under this chapter, other than the shelter hearing, if such hearing occurs within 60 days after the time the child was removed.

- medical report required in paragraph (d) that delay in dispensing the prescribed psychotropic medication would more likely than not cause significant harm to the child, the medication may be dispensed in advance of issuance of a court order. In such event, the physician's medical report shall be submitted to the court, the child's guardian ad litem, and all other parties within 3 business days after the commencement of dispensing the medication to the child. The order required under this subsection shall be sought by the department at the next regularly scheduled court hearing required under this chapter, or within 30 days after the date of the prescription, whichever is sooner.
  - (c) Psychotropic medications may be dispensed in an acute care setting.
  - (d) A motion seeking court authority to dispense psychotropic medication to a child in the legal custody of the department must be supported by the prescribing physician's signed medical report indicating:
  - 1. The name of the child and the name and range of the dosage of the psychotropic medication and indicating that there is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which such medication is indicated and that there is a plan of treatment that addresses treatment alternatives that are or are not available or desirable.
  - 2. That the psychotropic medication at its prescribed dosage is appropriate for the treatment of the child's diagnosed medical condition, as well as the behaviors and symptoms the

- 144 medication at its prescribed dosage level is expected to 145 address.
  - 3. That the prescribing physician has provided to the child, if age-appropriate, the department, and any person responsible for the child in his or her residential setting a clinically appropriate explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; and drug interaction precautions.
  - 4. Whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, counseling, or other services that the prescribing physician believes are necessary or would be beneficial for the treatment of the child's medical condition and that the physician expects or advises to be provided to the child in concert with the medication.

The department has the burden of compliance with and proof of compliance with the provisions of this paragraph.

(e) At a hearing to determine whether to initially allow dispensing of psychotropic medication to a child in the legal custody of the department, or at a hearing for continuation of such medication, the medical report described in paragraph (d) is admissible in evidence. The prescribing physician is not required to attend the hearing or testify unless the court specifically orders such attendance or testimony. If the medical report, the child resource record, and other evidence are in

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accord with the requirements of this subsection, the court may order the dispensing or continuation of psychotropic medication without further testimony or evidence. The court shall further inquire of the department as to whether additional medical, counseling, or other services that the prescribing physician believes are necessary or would be beneficial for the treatment of the child's medical condition, and that the physician expects or advises to be provided to the child in concert with the medication, are being provided to the child by the department. The court may order further medical consultation, including obtaining a second opinion within 5 working days after such order, based upon considerations of the best interests of the child, and the court may not order the discontinuation of prescribed psychotropic medication contrary to the decision of the prescribing physician without first obtaining a second opinion from a licensed psychiatrist, if available, or, if not available, a physician licensed under chapter 458 or chapter 459 that the psychotropic medication should be discontinued.

- (f) The court shall review the child resource record and the status of the child's progress on psychotropic medication at least every 6 months, which may be accomplished during timely scheduled judicial review hearings pursuant to s. 39.701. On its own motion or on good cause shown by any party, including any guardian ad litem, attorney, or attorney ad litem who has been appointed to represent the child or his or her interests, the court may review the status more frequently than required in this paragraph.
- (g) If at any time the court determines that the statutory requirements for continued use of the psychotropic medication

are not being met, the court may, in the best interests of the child, order the department to either produce evidence of compliance with the requirements of this section or obtain a medical opinion that continued use of the medication under the circumstances is safe and medically appropriate. If at any time the court determines that the additional medical, counseling, or other services that the prescribing physician believes are necessary or would be beneficial for the treatment of the child's medical condition and that the physician expects or advises to be provided to the child in concert with the medication are not being provided, the court may, in the best interests of the child, order the department to either produce evidence of compliance with the requirement of providing those services or obtain a medical opinion that such services are not medically appropriate.

(h) The department shall adopt rules to ensure that children receive timely access to clinically appropriate psychotropic medications. These rules must, at a minimum, describe a uniform process for obtaining informed consent and procedures for obtaining court authorization, including adoption of uniform forms to be used in requesting court authorization for use of psychotropic medication.

(5)(4) A judge may order a child in an out-of-home placement to be treated by a licensed health care professional based on evidence that the child should receive treatment. The judge may also order such child to receive mental health or developmental disabilities services from a psychiatrist, psychologist, or other appropriate service provider. Except as provided in subsection (6) (5), if it is necessary to place the

child in a residential facility for such services, the procedures and criteria established in s. 394.467 or chapter 393 shall be used, whichever is applicable. A child may be provided developmental disabilities or mental health services in emergency situations, pursuant to the procedures and criteria contained in s. 394.463(1) or chapter 393, whichever is applicable.

Section 18. Paragraph (a) of subsection (1) of section 39.828, Florida Statutes, is amended to read:

- 39.828 Grounds for appointment of a guardian advocate. --
- (1) The court shall appoint the person named in the petition as a guardian advocate with all the powers and duties specified in s. 39.829 for an initial term of 1 year upon a finding that:
- (a) The child named in the petition is or was a drug dependent newborn as described in s.  $39.01(31)\frac{(30)}{(9)}$ ;

Section 19. Paragraph (d) of subsection (1) of section 419.001, Florida Statutes, is amended to read:

- 419.001 Site selection of community residential homes. --
- (1) For the purposes of this section, the following definitions shall apply:
- (d) "Resident" means any of the following: a frail elder as defined in s. 400.618; a physically disabled or handicapped person as defined in s. 760.22(7)(a); a developmentally disabled person as defined in s. 393.063(12); a nondangerous mentally ill person as defined in s. 394.455(18); or a child as defined in s.  $39.01(15)\frac{(14)}{(14)}$ , s. 984.03(9) or (12), or s. 985.03(8).
- Section 20. Paragraph (b) of subsection (1) of section 743.0645, Florida Statutes, is amended to read:

743.0645 Other persons who may consent to medical care or treatment of a minor.--

- (1) As used in this section, the term:
- (b) "Medical care and treatment" includes ordinary and necessary medical and dental examination and treatment, including blood testing, preventive care including ordinary immunizations, tuberculin testing, and well-child care, but does not include surgery, general anesthesia, provision of psychotropic medications, or other extraordinary procedures for which a separate court order, power of attorney, or informed consent as provided by law is required, except as provided in s. 39.407(3)(a).

Between lines 76 and 77, insert:

amending s. 39.01, F.S.; defining the term "child resource record"; amending ss. 39.0015, 39.205, 39.302, 39.828, and 419.001, F.S.; conforming cross references; amending s. 39.407, F.S.; specifying conditions under which the Department of Children and Family Services may consent to the dispensing of psychotropic medication to a child in out of home placement with the department prior to a court order; providing requirements for a petition to the court for authority to dispense psychotropic medication to such a child; providing for prior review of the child's medical history and evidence demonstrating that the treatment is appropriate for the child's condition; providing for the burden of proof; providing for further medical

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consultation, including second opinions, under certain circumstances; providing conditions for discontinuation of prescribed psychotropic medication or for the provision of other services; providing for periodic court review of the child's progress; directing the department to adopt rules; amending s. 743.0645, F.S.; providing an exception to the limitations on the dispensing of psychotropic medications;

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