

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: [CS/HB 511](#)

TITLE: Specific Medical Diagnoses in Child Protective Investigations

SPONSOR(S): Bartleman, Maney

COMPANION BILL: [CS/CS/SB 304](#) (Sharief)

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Human Services](#)

17 Y, 0 N, As CS

[Judiciary](#)

[Health & Human Services](#)

SUMMARY

Effect of the Bill:

CS/HB 511 authorizes the parent or legal custodian of a child, after the Department of Children and Families (DCF) removes his or her child from the home, to request a medical examination by certain medical professionals for certain purposes. The bill requires DCF, when the department initiates a child protection investigation involving a parent or legal custodian, to inform him or her of his or her duty to report any preexisting medical condition at the initiation of an investigation and provide supporting records of that diagnosis in a timely manner.

The bill requires certain medical professionals, when they report allegations of child maltreatment to DCF, to disclose the summary analysis used to rule out certain medical diagnoses. The bill requires DCF, if medical professionals work to evaluate a child's diagnosis or treatment needs, to hold certain reports to law enforcement until the evaluation is complete and allegations of criminal conduct remain.

Fiscal or Economic Impact:

None

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ANALYSIS

EFFECT OF THE BILL:

When DCF removes a child from his or her home based on visible injuries, and the child simultaneously requires medically necessary treatment, DCF understandably correlates the child's injuries with some form of [child maltreatment](#) by the child's parent or legal custodian. However, correlation is not the same as causation. A mistaken [medical diagnosis](#) and explanation, especially when the stakes concern child removal and termination of parental rights, is of devastating consequence.

The bill requires DCF, if medical professionals work to evaluate a child's diagnosis or treatment needs, to hold off certain reports to law enforcement until the evaluation is complete and allegations of criminal conduct remain.

Child Protection Investigations

Medical Examinations

The bill imposes a parent or legal custodian under a child protection investigation by the [Department of Children and Families](#) (DCF) with the duty to inform, and timely provide supporting medical records to, DCF if his or her child has a preexisting diagnosis of [Ehlers-Danlos Syndrome](#), [Osteogenesis Imperfecta](#) (a.k.a brittle bone disease), [Rickets](#), a [Vitamin D deficiency](#), or any other medical condition known either to be confused with suspected abuse or to increase the risk of a misdiagnosis of abuse. The bill requires the responding DCF Child Protection Investigator to inform the person under investigation of this duty. (Sections 2 and 3).

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The bill requires the responding [Child Protection Team](#) (CPT) of the [Department of Health](#) (DOH) to consult with a licensed physician, a licensed osteopathic physician, or an advanced practice registered nurse (APRN) who has experience in, and routinely provides, medical care to pediatric patients. The CPT must consult with these medical professionals to evaluate reports of medical neglect, a child with one or more medically complex conditions, and preexisting diagnosis of medical conditions known to appear to be caused by, or misdiagnosed as, abuse. (Section 3).

The bill authorizes the parent or legal custodian who is the subject of a DCF child protection investigation to request, after DCF removed his or her child from the home, a medical examination of the child. The bill authorizes the parent or legal custodian to request a second medical examination of his or her child according to the following procedure:

- If a CPT did not perform the initial medical examination, the parent or legal custodian may request a CPT to examine his or her child as soon as practicable.
- If a CPT performed the initial medical examination, the parent or legal custodian may request a licensed physician, a licensed osteopathic physician, or an advanced practice registered nurse (APRN) to examine his or her child for the purpose of obtaining a second opinion on the diagnosis or treatment.
 - The parent or legal custodian is authorized to select a physician or APRN of his or her choosing, as long as the physician or APRN routinely provides care to pediatric patients.
 - The person under investigation is required to pay out-of-pocket (or as otherwise covered by insurance or Medicaid) for the requested examination.
- If the parent or legal custodian wants to rule out a differential diagnosis, he or she may request a licensed physician, a licensed osteopathic physician, or an advanced practice registered nurse (APRN) to examine his or her child, as long as the physician or APRN routinely provides care to pediatric patients. The bill requires the person under investigation to pay out-of-pocket (or as otherwise covered by insurance or Medicaid) for the requested examination.

The bill expressly prohibits a parent or legal custodian from requesting a medical examination of his or her child for the purpose of obtaining a second opinion as to whether his or her child has been sexually abused. (Section 4).

Central Abuse Hotline

The bill requires the following medical professionals, when they make a report alleging child maltreatment to the [central abuse hotline](#), to provide a summary analysis that rules out alternative diagnoses of medical conditions often misidentified as being caused by child maltreatment: physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons. (Section 1).

Verification

The bill requires DCF to delay referring allegations of criminal conduct to law enforcement when a parent or legal guardian either a) alleges that his or her child has a preexisting diagnosis of a medical condition often misidentified as being caused by child maltreatment or b) requests an independent medical examination to compare against the CPT-led examination. The bill requires DCF to refer allegations of criminal conduct that remain after further investigation to law enforcement. (Section 2).

The effective date of the bill is July 1, 2025. (Section 5).

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Florida's Child Welfare System

Administered by the Department of Children and Families (DCF), Florida's child welfare system seeks to:

- Provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development;
- Ensure secure and safe custody;
- Promote the health and well-being of all children under the state’s care; and
- Prevent the occurrence of child abuse, neglect, and abandonment.¹

Community-Based Care Lead Agencies (CBCs)

DCF outsources some child protection and child welfare services to 16 community based-care lead agencies (CBCs).² CBCs organize services such as family preservation, mental health services, case management, emergency shelter, foster care, residential group care, postplacement supervision, independent living, and permanency.³ CBCs may subcontract case management and direct care services to other provider groups under certain conditions.⁴

Meanwhile, DCF retains direct control over a number of child welfare functions, including operating the central abuse hotline, performing child protective investigations, and providing children’s legal services.⁵ Ultimately, DCF must ensure children receive appropriate, quality care.⁶ For Fiscal Year 2023-2024, the child welfare system served 55,092 children with family support services, in-home child protective services, or out-of-home care.⁷

Child Protection Investigations

Child Abuse Hotline

The [Department of Children and Families](#) (DCF) operates a 24/7 [central abuse hotline](#) to receive reports of known or suspected child abuse, abandonment, or neglect and of situations where the child needs supervision and care in the absence of an immediately known and available parent, legal custodian, or responsible adult relative.⁸ Florida is a mandatory reporter state, and a knowledgeable and willful failure to report constitutes a third-degree felony.⁹ Notwithstanding mandatory reporting, members of the general public may make reports anonymously. However, if the reporter’s occupation is a physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons, he or she must disclose their identity to the central abuse hotline operator.¹⁰ For Fiscal Year 2023-2024, DCF received 323,182 total hotline reports and special conditions contacts.^{11,12}

Verification

¹ S. [39.001\(1\)\(a\), F.S.](#)

² S. [409.986, F.S.](#)

³ S. [409.986\(3\), F.S.](#)

⁴ S. [409.988\(1\)\(j\), F.S.](#) Current law requires a CBC to recruit other provider groups when the CBC seeks DCF’s approval for an exemption to exceed the 35% cap on the direct provision of child welfare services. Current law conditions the exemption upon a showing that the CBC’s geographic service area still lacks a qualified provider after the CBC’s good faith recruitment efforts. s. [409.988\(1\)\(j\), F.S.](#)

⁵ S. [409.996, F.S.](#)

⁶ S. [409.986\(1\)\(b\), F.S.](#), [409.996, F.S.](#), [409.997, F.S.](#)

⁷ Department of Children and Families, “A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Position of All Community-Based Care Lead Agencies with System of Care Analysis: State Fiscal Years 2022-2023 and 2023-2024”, p. 12 (Dec. 1, 2024) <https://www.myflfamilies.com/sites/default/files/2024-12/2024%20Multi-Year%20Review%20of%20Financial%20Position%20for%20Lead%20Agencies%20Report.pdf> (last visited Feb. 2, 2025).

⁸ S. [39.101\(1\)\(a\), F.S.](#)

⁹ S. [39.205\(1\), F.S.](#) However, the court exempts a victim of domestic violence or persons experiencing other mitigating circumstances from the mandatory reporting requirements. s. [39.205\(2\), F.S.](#)

¹⁰ S. [39.201\(1\), F.S.](#) Current law also requires school personnel, social workers, professional child care workers, law enforcement officers, judges, animal control officers to identify themselves. However, their identities are kept confidential and exempt from public records disclosure.

¹¹ Department of Children and Families, “A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Position of All Community-Based Care Lead Agencies with System of Care Analysis: State Fiscal Years 2022-2023 and 2023-2024”, p. 12 (Dec. 1, 2024) <https://www.myflfamilies.com/sites/default/files/2024-12/2024%20Multi-Year%20Review%20of%20Financial%20Position%20for%20Lead%20Agencies%20Report.pdf> (last visited Mar. 5, 2025).

¹² Special condition referrals do not constitute willful abuse, neglect, or abandonment. Instead, special conditions referrals arise when a caregiver experiences incarceration, hospitalization, or death and there is no plan of immediate care for the child. Special condition referrals also include caregiver difficulty in caring for the child to a degree that makes impending danger likely. DCF also treats foster care referrals and reports of child-on-child abuse as special condition referrals. R. 65C-30.001(115), F.A.C.

Once DCF's Child Abuse Hotline receives a report, the Hotline operator must determine if the report meets the statutory criteria for [child maltreatment](#) (i.e., abuse, abandonment, or neglect), which the table below depicts.¹³

Offense	Statutory Criteria (For Dependency Proceedings – Not Criminal Proceedings)
Child Abuse	Any willful act or threatened act that: <ul style="list-style-type: none"> - Results in physical injury,¹⁴ mental injury,¹⁵ or sexual injury;¹⁶ or - Results in harm¹⁷ that causes or is likely to cause significant impairment of the child's physical, mental, or emotional health.
Child Abandonment	While being able to do so, the caregiver: <ul style="list-style-type: none"> - Fails to make a significant contribution to the child's care and maintenance; or - Fails to establish or maintain a substantial and positive relationship with the child. <p>Includes infrequent/irregular visitation or communication with the child.</p> <p>Includes the failure to exercise parental rights and responsibilities.</p>
Child Neglect	The active or passive deprivation of necessary food, clothing, shelter, or medical treatment; or the child's living environment causes significant impairment, or creates a danger of significant impairment, to the child's physical, mental, or emotional health.
	Financial inability does not count (unless the parent rejected an offer of relief).

If the report meets one or more of these statutory criteria, then the Hotline operator accepts the report as a verified maltreatment event, opens a new (or reopens an existing case file)¹⁸ for the child, and refers the report for investigation by a DCF Child Protection Investigator (CPI).¹⁹ For FY 2023-24, DCF verified 185,390 reports.²⁰

Current law also requires DCF to immediately route verification allegations of criminal conduct to the appropriate law enforcement agency.²¹

Investigations

¹³ [Ss. 39.01\(1\), F.S. 39.01\(2\), F.S. 39.01\(53\), F.S.; s. 39.201\(4\), F.S.](#) Child abuse includes acts or omissions.

¹⁴ Physical injury means the death, permanent or temporary disfigurement, or impairment of any bodily part. [s. 39.01\(66\), F.S.](#)

¹⁵ Mental injury means an injury to the intellectual or psychological capacity of a child as evidenced by a discernable and substantial impairment in the ability to function within the normal range of performance and behavior. [s. 39.01\(51\), F.S.](#)

¹⁶ While sexual injury lacks a chapter-wide definition, sexual abuse of a child covers the offenses listed under [s. 39.01\(80\), F.S.](#)

¹⁷ [S. 39.01\(37\), F.S.](#) Harm to a child's health or welfare can occur when any person:

- Inflicts or allows to be inflicted upon the child physical mental or emotional injury (e.g., willful acts that produce statutorily enumerated injuries; purposefully furnishing poison, alcohol, drugs, or related substances; leaving the child without adult supervision or an appropriate arrangement; inappropriate or excessively harsh disciplinary action).
- Commits or allows to be committed sexual battery or lewd/lascivious acts against the child.
- Allows, encourages, or forces the sexual exploitation of a child.
- Exploits, or allows to be exploited, the child's labor so that the child unjustifiably suffers or is endangered.
- Abandons the child.
- Neglects the child.
- Exposes the child to a controlled substance or alcohol.
- Uses mechanical devices, unreasonable restraints, or extended periods of isolation to control a child.
- Engages in violent behavior that demonstrates wanton disregard for the presence of a child and could reasonably result in serious injury to the child.
- Negligently fails to protect a child in his or her care from inflicted physical, mental, or sexual injury caused by the acts of another.
- Allowed a child's sibling to die as a result of abuse, abandonment, or neglect.
- Makes the child unavailable for the purpose of impeding or avoiding a protective investigation unless the court determines that the parent, legal custodian, or caregiver was fleeing from a situation involving domestic violence.

¹⁸ DCF maintains single, standard electronic child welfare case file for each child whose report is accepted by the central abuse hotline for investigation. [s. 39.301\(3\), F.S.](#)

¹⁹ [s. 39.201\(4\), F.S.](#)

²⁰ Department of Children and Families, "A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Position of All Community-Based Care Lead Agencies with System of Care Analysis: State Fiscal Years 2022-2023 and 2023-2024", p. 13 (Dec. 1, 2024) <https://www.myflfamilies.com/sites/default/files/2024-12/2024%20Multi-Year%20Review%20of%20Financial%20Position%20for%20Lead%20Agencies%20Report.pdf> (last visited Mar. 5, 2025).

²¹ [S. 39.301\(2\)\(a\), F.S.](#)

A CPI determines the child's safety. To this end, a CPI first creates a dossier of the child that documents familial history, child welfare history, household criminal records checks,²² and prior law enforcement contact. The CPI must then conduct face-to-face interviews with the child and other family members, document contemporaneous observations, and solicit opinions from collateral contacts in the child's life. In addition, a CPI may consult, as applicable, with law enforcement, the Department of Health's Child Protection Team,²³ a domestic violence shelter or advocate, or a substance abuse/mental health professional about the necessity and feasibility of a joint response to the verified report of maltreatment.²⁴

When the CPI encounters an individual who may be responsible for child maltreatment, the CPI must make certain disclosures to him or her. These disclosures are as follows:²⁵

- The name of the investigator and his or her DCF credentials.
- The purpose of the investigation.
- The right to legal counsel, the right to remain silent, the right to know how anything that the individual shares with the CPI may be used against them.
- The possible outcomes and services relating to DCF's response.
- The right, if the individual is a parent or legal custodian of the child, to be engaged to the fullest extent possible in determining the nature of the allegation and the nature of any identified problem and the remedy.
- The duty, if the individual is a parent or legal custodian of the child, to report any change in the residence or location of the child to the CPI, and that this duty to report continues until DCF closes the investigation.
- The right, if the individual is a parent or legal custodian of the child, to the audio and video recordings of the CPI's interviews with parents, legal custodians, or children.

If the CPI discovers impending danger²⁶ or present danger²⁷ to the child, he or she must implement a specific, sufficient, feasible, and sustainable safety plan, in collaboration with a CBC case manager.²⁸

Children's Medical Services

As a CPI investigation begins, DCF must refer the verified child maltreatment report to the Children's Medical Services (CMS) Division at the [Department of Health](#) (DOH).²⁹ The DOH CMS Division deploys [Child Protection Teams](#) (CPTs), which are multidisciplinary medical teams located within each judicial circuit, to supplement the DCF CPI's investigation into a verified report of child maltreatment.³⁰ CPTs provide specialized diagnostic assessments, medical evaluations, expert testimony in court cases, and case managers to develop treatment plans for children referred by CPIs.³¹

²² DCF CPIs hold the designation of "a criminal justice agency" for the purpose of accessing criminal justice information to be used for enforcing Florida law concerning the crimes of child abuse, abandonment, and neglect. CPIs may not use or distribute such information for any purpose other than to support the detection, apprehension, prosecution, pretrial release, posttrial release, or rehabilitation of criminal offenders or persons accused of the crimes of child abuse, abandonment, or neglect. [s. 39.301\(9\)\(a\), F.S.](#)

²³ A Child Protection Team is a team of professionals established by the Department of Health to receive referrals from the protective investigators and protective supervision staff of the department and to provide specialized and supportive services to the program in processing child abuse, abandonment, or neglect cases. A Child Protection Team shall provide consultation to other programs of the department and other persons regarding child abuse, abandonment, or neglect cases. [s. 39.01\(13\), F.S.](#)

²⁴ [s. 39.301\(9\)\(a\), F.S.](#) See [s. 39.01\(72\), F.S.](#), [39.01\(73\), F.S.](#)

²⁵ [s. 39.301\(5\), F.S.](#)

²⁶ "Impending danger" means a situation in which family behaviors, attitudes, motives, emotions, or situations pose a threat that may not be currently active but that can be anticipated to become active and to have severe effects on a child at any time. [s. 39.01\(38\), F.S.](#)

²⁷ "Present danger" means a significant and clearly observable family condition that is occurring at the current moment and is already endangering or threatening to endanger the child. Present danger threats are conspicuous and require that an immediate protective action be taken to ensure the child's safety. [s. 39.01\(69\), F.S.](#)

²⁸ [s. 39.301\(9\)\(a\), F.S.](#)

²⁹ [s. 39.303\(5\), F.S.](#)

³⁰ [s. 39.01\(13\), F.S.](#) Florida Department of Health, Child Protection, (last updated Feb. 4, 2025) <https://www.floridahealth.gov/programs-and-services/childrens-health/cms-specialty-programs/Child-Protection/index.html> (last visited Mar. 16, 2025). DCF and DOH maintain a CPT interagency agreement. [s. 39.303\(1\), F.S.](#)

³¹ [s. 39.303\(3\), F.S.](#) In addition, the CMS Division develops, maintains, and coordinates sexual abuse treatment programs for victims. Specifically, specialized therapeutic treatment (i.e., crisis intervention, clinical treatment, and therapy) must assist the victim's recovery from

CPTs handle every child maltreatment case that involves at least one of the following criteria:³²

- Head injuries (including, but not limited to, bruises to the neck or head).
- Burn injuries.
- Bone fractures.
- Bruises (for children 5 years of age or under).
- Sexually transmitted disease (in a prepubescent child).
- Symptoms of serious emotional problems.
- Any report alleging sexual abuse.
- Any report of malnutrition (including, but not limited to, the failure of a child to thrive).
- Any report of medical neglect.
- Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.
- Any child who does not live in this state who is currently being evaluated in a medical facility in this state.

In addition, the table below describes the nuances of cases involving medical neglect.³³

Allegations of Medical Neglect	
Presumption of Medical Neglect	Any failure to provide, or allow, needed care as recommended by a health care practitioner for a physical injury, illness, medical condition, or impairment; OR Any failure to seek timely and appropriate medical care for a serious health problem that a reasonable person would have recognized as requiring professional medical attention.
Rebuttal	#1: Medical neglect does not occur if the parent or legal guardian of the child made reasonable attempts to obtain necessary health care services. #2: Medical neglect does not occur if the immediate health condition giving rise to the allegation of neglect is a known and expected complication of the child's diagnosis or treatment, and if one of the following two conditions are also true. <ul style="list-style-type: none"> - The recommended care offers limited net benefit to the child and the morbidity or other side effects of the treatment may be considered to be greater than the anticipated benefit; or - The parent or legal guardian received conflicting medical recommendations for treatment from multiple practitioners and did not follow all recommendations.

Current law requires the CPT to document any areas of trauma visible on the child with photographic evidence, for inclusion in DCF's investigative file for the child.³⁴ The CPT may refer the child, without parental consent, for an official examination (including radiological examinations) and diagnosis by a licensed physician or by a hospital emergency department.³⁵ CPIs and CPTs must receive the resulting evidentiary photographs, X-ray imagery, and X-ray reports.³⁶ The health provider bills the county in which the child resides, and the county bills the child's parent

sexual abuse, prevent developmental impairment, restore the child's developmental functioning, and promote healthy, non-abusive relationships. [s. 39.303\(10\), F.S.](#)

³² S. [39.303\(4\), F.S.](#)

³³ S. [39.01\(50\), F.S.](#)

³⁴ S. [39.304\(1\), F.S.](#) Current law requires photographs of sexual abuse trauma to be part of the DOH CMS Division's CPT medical record.

³⁵ S. [39.304\(1\), F.S.](#) These referrals follow a CPT's conclusion that the areas of trauma visible on a child indicate a need for a medical examination, or if the child verbally complains or otherwise exhibits distress as a result of injury through suspected child abuse, abandonment, or neglect, or is alleged to have been sexually abused.

³⁶ S. [39.304\(3\), F.S.](#), [s. 39.304\(4\), F.S.](#)

or legal custodian for the costs of examinations (other than the initial forensic physical examination); a health provider may not bill a child victim, directly or indirectly, for the cost of the initial forensic physical examination.³⁷

For medical neglect cases, DCF convenes a case staffing with the responding CPI, the responding CPT, DCF legal counsel, the DOH CMS Division, the circuit CBC, and any service providers of whom the child is a client; AHCA must attend if the child is Medicaid-eligible. The medical neglect case staffing considers, at a minimum, the preventative and remedial service array that would allow the child to remain safety at home.³⁸ Current law also requires the CPT, in medical neglect cases involving a medically complex child, to consult with a physician who has experience in treating pediatric patients with medically complex conditions.³⁹

Consent for Medically Necessary Treatment

Current law establishes the means by which DCF can obtain consent for medically necessary treatment. The table below depicts several scenarios that DCF can face when seeking medically necessary treatment on a child's behalf.⁴⁰

#	Question	Answer
1.	What if the parent or legal custodian is unavailable (or his or her whereabouts are unknown) and the courthouse closed for the day?	DCF has the limited authority to consent to medically necessary treatment for the child, and that limited authority expires at the time it becomes reasonable to obtain court authorization.
2.	What if the parent or legal custodian refuses to consent to medically necessary treatment for the child?	DCF must get a court order authorizing the medically necessary treatment.
3.	What if the parent or legal custodian refuses to consent to medically necessary treatment for the child, and the child is experiencing a medical emergency?	DCF has the limited authority to consent to the medically necessary treatment, and that limited authority expires at the time it becomes reasonable to obtain court authorization.
4.	What if the parent or legal custodian refuses to consent to medically necessary treatment for the child, and the treatment needed relates to suspected child abuse, abandonment, or neglect of the child by the parent or legal custodian?	DCF has the limited authority to consent to the medically necessary treatment, and that limited authority expires at the time it becomes reasonable to obtain court authorization.
5.	Does DCF ever have the authority to consent to sterilization, abortion, or termination of life support?	No.

Certain Medical Diagnoses

When DCF removes a child from his or her home, and the child simultaneously requires medically necessary treatment, DCF understandably correlates the child's injuries with some form of child maltreatment by the child's parent or legal custodian. However, correlation is not the same as causation. A mistaken [medical diagnosis](#) and explanation, especially when the stakes concern child removal and termination of parental rights, is of devastating consequence.

As recently publicized by local media outlet investigative journalists, certain pre-existing medical conditions can complicate the child welfare system's administration of justice: Ehlers-Danlos Syndrome, Rickets, Osteogenesis Imperfecta, and Vitamin D deficiency, to name a few.⁴¹

³⁷ S. [39.304\(5\), F.S.](#)

³⁸ S. [39.3068\(3\), F.S.](#)

³⁹ S. [39.303\(3\), F.S.](#)

⁴⁰ S. [39.304\(2\), F.S.](#)

Ehlers-Danlos Syndrome

[Ehlers-Danlos Syndrome](#) (EDS) is a genetic condition that can compromise the strength of the body's connective tissue, which may manifest through symptoms like loose or unstable joints and fragile skin that easily bruises or tears. Dislocations are the most common complication of EDS. EDS can occur through inheritable mutation or random mutation.⁴²

Osteogenesis Imperfecta

[Osteogenesis imperfecta](#) (a.k.a. brittle bone disease) is a genetic connective tissue disease that makes the bones thin and brittle, which can easily break without much force.⁴³

Rickets

[Rickets](#) is a childhood disease that is characterized by soft bones, which are prone to warp, bend, and break. Inherited rickets means several genetic abnormalities interfere with the body's absorption of Vitamin D and, or phosphorous. Nutritional rickets is caused by a [Vitamin D deficiency](#).⁴⁴

Vitamin D Deficiency

Vitamin D is an essential vitamin that the body uses for normal bone development and maintenance, contributing to the health of the nervous system, the musculoskeletal system, and the immune system. Vitamin D can be absorbed by the body through sun exposure, food, and nutritional supplement. Since Vitamin D helps regulate healthy levels of calcium in the blood, the body offsets a Vitamin D deficiency by withdrawing calcium from the bones, which leads to bone demineralization. For children, a Vitamin D deficiency may cause nutritional rickets.⁴⁵

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Human Services Subcommittee	17 Y, 0 N, As CS	3/25/2025	Mitz	DesRochers

THE CHANGES ADOPTED BY THE
COMMITTEE:

[Judiciary Committee](#)

[Health & Human Services
Committee](#)

⁴¹ Heather Walker, Darcelle Hall, "I didn't abuse my babies': South Florida mother who lost custody of infant twins claims they have genetic condition," 7 News Miami, (Dec. 3, 2024) <https://wsvn.com/news/investigations/i-didnt-abuse-my-babies-south-florida-mother-who-lost-custody-of-infant-twins-claims-they-have-genetic-condition/> (last visited Mar. 18, 2025); Sabrina Maggiore, "It's a nightmare': Volusia family claims child's medical condition led to child abuse accusations," WFTV9, (Jun. 7, 2024) <https://www.wftv.com/news/local/its-nightmare-volusia-family-claims-childrens-medical-condition-led-child-abuse-accusations/7U6OLSOIOVBZBDFZFG6JKZL7FQ/> (last visited Mar. 18, 2025). Marcela Camargo, "It ruined my life': Jacksonville mom calls for change after losing custody of daughter over medical abuse allegations," News4 Jax, (Mar. 11, 2024) <https://www.news4jax.com/news/local/2024/03/11/it-ruined-my-life-jacksonville-mother-calls-for-change-after-losing-daughters-custody-over-medical-abuse-allegations/> (last visited Mar. 18, 2025).

⁴² "Ehlers-Danlos Syndrome", Cleveland Clinic, (last reviewed Jun 16, 2023) <https://my.clevelandclinic.org/health/diseases/17813-ehlers-danlos-syndrome> (last visited Mar. 18, 2025).

⁴³ "Osteogenesis Imperfecta (Brittle Bone Disease)", Cleveland Clinic, (last reviewed Aug. 18, 2024)

<https://my.clevelandclinic.org/health/diseases/osteogenesis-imperfecta-brittle-bone-disease> (last visited Mar. 18, 2025).

⁴⁴ "Rickets", Cleveland Clinic (last reviewed Mar. 8, 2022) <https://my.clevelandclinic.org/health/diseases/22459-rickets> (last visited Mar. 18, 2025).

⁴⁵ "Vitamin D Deficiency", Cleveland Clinic, (last reviewed Aug. 2, 2022) <https://my.clevelandclinic.org/health/diseases/15050-vitamin-d-vitamin-d-deficiency> (last visited Mar. 18, 2025).

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
