

By Senator Sharief

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A bill to be entitled

An act relating to specific medical diagnoses in child protective investigations; amending s. 39.301, F.S.; providing an exception to the requirement that the Department of Children and Families immediately forward certain allegations to a law enforcement agency; requiring a child protective investigator to inform the subject of an investigation of a certain duty; conforming a cross-reference; amending s. 39.303, F.S.; requiring Child Protection Teams to consult with a licensed physician or advanced practice registered nurse when evaluating certain reports; conforming provisions to changes made by the act; amending s. 39.304, F.S.; authorizing, under a certain circumstance, a parent or legal custodian from whom a child was removed to request specified examinations of the child; requiring that certain examinations be paid for by the parent or legal custodian making the request or as otherwise covered by insurance or Medicaid; prohibiting the request of an examination for a specified purpose; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (a) of subsection (2), paragraph (a) of subsection (5), and paragraph (c) of subsection (14) of section 39.301, Florida Statutes, are amended to read:

39.301 Initiation of protective investigations.—

(2)(a) The department shall immediately forward allegations

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of criminal conduct to the municipal or county law enforcement agency of the municipality or county in which the alleged conduct has occurred. However, the department need not immediately forward allegations of criminal conduct to the appropriate law enforcement agency if the parent or legal custodian:

1. Has alleged that the child has a preexisting diagnosis specified in s. 39.303(4)(b); or

2. Is requesting that the child have an examination under s. 39.304(1)(c).

Allegations of criminal conduct which are not immediately forwarded to the law enforcement agency pursuant to subparagraph 1. or subparagraph 2. must be immediately forwarded to the law enforcement agency upon completion of the investigation under this part if criminal conduct is still alleged.

(5)(a) Upon commencing an investigation under this part, the child protective investigator shall inform any subject of the investigation of the following:

1. The names of the investigators and identifying credentials from the department.

2. The purpose of the investigation.

3. The right to obtain his or her own attorney and ways that the information provided by the subject may be used.

4. The possible outcomes and services of the department's response.

5. The right of the parent or legal custodian to be engaged to the fullest extent possible in determining the nature of the allegation and the nature of any identified problem and the

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remedy.

6. The duty of the parent or legal custodian to report any change in the residence or location of the child to the investigator and that the duty to report continues until the investigation is closed.

7. The duty of the parent or legal custodian to report any preexisting diagnosis for the child which is specified in s. 39.303(4)(b) and provide any medical records that support that diagnosis in a timely manner.

(14)

(c) The department, in consultation with the judiciary, shall adopt by rule:

1. Criteria that are factors requiring that the department take the child into custody, petition the court as provided in this chapter, or, if the child is not taken into custody or a petition is not filed with the court, conduct an administrative review. Such factors must include, but are not limited to, noncompliance with a safety plan or the case plan developed by the department, and the family under this chapter, and prior abuse reports with findings that involve the child, the child's sibling, or the child's caregiver.

2. Requirements that if after an administrative review the department determines not to take the child into custody or petition the court, the department shall document the reason for its decision in writing and include it in the investigative file. For all cases that were accepted by the local law enforcement agency for criminal investigation pursuant to subsection (2), the department must include in the file written documentation that the administrative review included input from

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law enforcement. In addition, for all cases that must be referred to Child Protection Teams pursuant to s. 39.303(5) and (6) ~~s. 39.303(4) and (5)~~, the file must include written documentation that the administrative review included the results of the team's evaluation.

Section 2. Present subsections (4) through (10) of section 39.303, Florida Statutes, are redesignated as subsections (5) through (11), respectively, a new subsection (4) is added to that section, and subsection (3) and present subsections (5) and (6) of that section are amended, to read:

39.303 Child Protection Teams and sexual abuse treatment programs; services; eligible cases.—

(3) The Department of Health shall use and convene the Child Protection Teams to supplement the assessment and protective supervision activities of the family safety and preservation program of the Department of Children and Families. This section does not remove or reduce the duty and responsibility of any person to report pursuant to this chapter all suspected or actual cases of child abuse, abandonment, or neglect or sexual abuse of a child. The role of the Child Protection Teams is to support activities of the program and to provide services deemed by the Child Protection Teams to be necessary and appropriate to abused, abandoned, and neglected children upon referral. The specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services that a Child Protection Team must be capable of providing include, but are not limited to, the following:

(a) Medical diagnosis and evaluation services, including provision or interpretation of X rays and laboratory tests, and

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related services, as needed, and documentation of related findings.

(b) Telephone consultation services in emergencies and in other situations.

(c) Medical evaluation related to abuse, abandonment, or neglect, as defined by policy or rule of the Department of Health.

(d) Such psychological and psychiatric diagnosis and evaluation services for the child or the child's parent or parents, legal custodian or custodians, or other caregivers, or any other individual involved in a child abuse, abandonment, or neglect case, as the team may determine to be needed.

(e) Expert medical, psychological, and related professional testimony in court cases.

(f) Case staffings to develop treatment plans for children whose cases have been referred to the team. A Child Protection Team may provide consultation with respect to a child who is alleged or is shown to be abused, abandoned, or neglected, which consultation shall be provided at the request of a representative of the family safety and preservation program or at the request of any other professional involved with a child or the child's parent or parents, legal custodian or custodians, or other caregivers. In every such Child Protection Team case staffing, consultation, or staff activity involving a child, a family safety and preservation program representative shall attend and participate.

(g) Case service coordination and assistance, including the location of services available from other public and private agencies in the community.

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(h) Such training services for program and other employees of the Department of Children and Families, employees of the Department of Health, and other medical professionals as is deemed appropriate to enable them to develop and maintain their professional skills and abilities in handling child abuse, abandonment, and neglect cases. The training service must include training in the recognition of and appropriate responses to head trauma and brain injury in a child under 6 years of age as required by ss. 402.402(2) and 409.988.

(i) Educational and community awareness campaigns on child abuse, abandonment, and neglect in an effort to enable citizens more successfully to prevent, identify, and treat child abuse, abandonment, and neglect in the community.

(j) Child Protection Team assessments that include, as appropriate, medical evaluations, medical consultations, family psychosocial interviews, specialized clinical interviews, or forensic interviews.

~~A Child Protection Team that is evaluating a report of medical neglect and assessing the health care needs of a medically complex child shall consult with a physician who has experience in treating children with the same condition.~~

(4) A Child Protection Team shall consult with a physician licensed under chapter 458 or chapter 459 or an advanced practice registered nurse licensed under chapter 464 who has experience in and routinely provides medical care to pediatric patients when evaluating:

(a) A report of medical neglect and assessing the needs of a medically complex child; or

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175 (b) A child with a reported preexisting diagnosis of any of
176 the following:

177 1. Rickets.

178 2. Ehlers-Danlos syndrome.

179 3. Osteogenesis imperfecta.

180 4. Vitamin D deficiency.

181 5. Any other medical condition known to appear to be caused
182 by, or known to be misdiagnosed as, abuse.

183 (6)~~(5)~~ All abuse and neglect cases transmitted for
184 investigation to a circuit by the hotline must be simultaneously
185 transmitted to the Child Protection Team for review. For the
186 purpose of determining whether a face-to-face medical evaluation
187 by a Child Protection Team is necessary, all cases transmitted
188 to the Child Protection Team which meet the criteria in
189 subsection (5) ~~(4)~~ must be timely reviewed by:

190 (a) A physician licensed under chapter 458 or chapter 459
191 who holds board certification in pediatrics and is a member of a
192 Child Protection Team;

193 (b) A physician licensed under chapter 458 or chapter 459
194 who holds board certification in a specialty other than
195 pediatrics, who may complete the review only when working under
196 the direction of the Child Protection Team medical director or a
197 physician licensed under chapter 458 or chapter 459 who holds
198 board certification in pediatrics and is a member of a Child
199 Protection Team;

200 (c) An advanced practice registered nurse licensed under
201 chapter 464 who has a specialty in pediatrics or family medicine
202 and is a member of a Child Protection Team;

203 (d) A physician assistant licensed under chapter 458 or

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chapter 459, who may complete the review only when working under the supervision of the Child Protection Team medical director or a physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a Child Protection Team; or

(e) A registered nurse licensed under chapter 464, who may complete the review only when working under the direct supervision of the Child Protection Team medical director or a physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a Child Protection Team.

(7)~~(6)~~ A face-to-face medical evaluation by a Child Protection Team is not necessary when:

(a) The child was examined for the alleged abuse or neglect by a physician who is not a member of the Child Protection Team, and a consultation between the Child Protection Team medical director or a Child Protection Team board-certified pediatrician, advanced practice registered nurse, physician assistant working under the supervision of a Child Protection Team medical director or a Child Protection Team board-certified pediatrician, or registered nurse working under the direct supervision of a Child Protection Team medical director or a Child Protection Team board-certified pediatrician, and the examining physician concludes that a further medical evaluation is unnecessary;

(b) The child protective investigator, with supervisory approval, has determined, after conducting a child safety assessment, that there are no indications of injuries as described in paragraphs (5) (a) - (h) ~~(4) (a) - (h)~~ as reported; or

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(c) The Child Protection Team medical director or a Child Protection Team board-certified pediatrician, as authorized in subsection (6) ~~(5)~~, determines that a medical evaluation is not required.

Notwithstanding paragraphs (a), (b), and (c), a Child Protection Team medical director or a Child Protection Team pediatrician, as authorized in subsection (6) ~~(5)~~, may determine that a face-to-face medical evaluation is necessary.

Section 3. Paragraph (c) is added to subsection (1) of section 39.304, Florida Statutes, to read:

39.304 Photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected child.—

(1)

(c) If an examination is performed on a child under paragraph (b), the parent or legal custodian from whom the child was removed pursuant to s. 39.401 may:

1. If the initial examination was not performed by the Child Protection Team, request that the child be examined by the Child Protection Team as soon as practicable;

2. If the initial examination was performed by the Child Protection Team, for the purpose of obtaining a second opinion on diagnosis or treatment, request that the child be examined by a physician licensed under chapter 458 or chapter 459 or an advanced practice registered nurse licensed under chapter 464 of his or her choosing who routinely provides medical care to pediatric patients; or

3. For the purpose of ruling out a differential diagnosis, request that the child be examined by a physician licensed under

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chapter 458 or chapter 459 or an advanced practice registered
nurse licensed under chapter 464 who routinely provides
diagnosis of and medical care to pediatric patients for the
conditions specified in s. 39.303(4) (b) .

An examination requested under subparagraph 2. or subparagraph
3. must be paid for by the parent or legal custodian making such
request or as otherwise covered by insurance or Medicaid. An
examination may not be requested under this paragraph for the
purpose of obtaining a second opinion as to whether a child has
been sexually abused.

Section 4. This act shall take effect July 1, 2026.