

**By** the Committee on Fiscal Policy; the Appropriations Committee on Health and Human Services; and Senators Sharief, Rouson, Grall, Bernard, and Garcia

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1                                   A bill to be entitled  
2       An act relating to specific medical diagnoses in child  
3       protective investigations; amending s. 39.301, F.S.;  
4       providing an exception to the requirement that the  
5       Department of Children and Families immediately  
6       forward certain allegations to a law enforcement  
7       agency; requiring that such allegations be immediately  
8       forwarded to a law enforcement agency upon completion  
9       of the department's investigation under certain  
10      circumstances; requiring a child protective  
11      investigator to inform the subject of an investigation  
12      of a certain duty; requiring the department to request  
13      relevant medical records from a licensed health care  
14      professional for certain children who are the subject  
15      of a central abuse hotline report; conforming a cross-  
16      reference; amending s. 39.303, F.S.; requiring Child  
17      Protection Teams to consult with a licensed physician  
18      or advanced practice registered nurse with specified  
19      experience when evaluating certain reports; amending  
20      s. 39.304, F.S.; authorizing a parent or legal  
21      custodian of a child who is the subject of certain  
22      orders to request specified medical examinations of  
23      the child within a specified timeframe; requiring that  
24      such medical examinations be paid for by the parent or  
25      legal custodian making the request or as otherwise  
26      covered by insurance; requiring the physician or  
27      advanced practice registered nurse who performed  
28      certain medical examinations to submit a written  
29      report to the department and certain persons within a

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30 specified timeframe; requiring the department to  
31 immediately convene a case staffing with specified  
32 persons under certain circumstances; amending s.  
33 456.057, F.S.; requiring that certain patient records  
34 be furnished to the Department of Children and  
35 Families within a specified timeframe; providing an  
36 effective date.

37  
38 Be It Enacted by the Legislature of the State of Florida:

39  
40 Section 1. Paragraph (a) of subsection (2), paragraph (a)  
41 of subsection (5), paragraph (a) of subsection (9), and  
42 paragraph (c) of subsection (14) of section 39.301, Florida  
43 Statutes, are amended to read:

44 39.301 Initiation of protective investigations.—

45 (2)(a) The department shall immediately forward allegations  
46 of criminal conduct to the municipal or county law enforcement  
47 agency of the municipality or county in which the alleged  
48 conduct has occurred. However, the department may delay  
49 forwarding allegations of criminal conduct to the appropriate  
50 law enforcement agency if the parent or legal custodian:

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

53 2. Is requesting that the child have a medical examination  
54 under s. 39.304(1)(c).

55  
56 Allegations of criminal conduct which are not immediately  
57 forwarded to the law enforcement agency pursuant to subparagraph  
58 1. or subparagraph 2. must be immediately forwarded to the law

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59 enforcement agency upon completion of the investigation under  
60 this part if criminal conduct is still alleged.

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

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

66 2. The purpose of the investigation.

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

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

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

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

79 7. The duty of the parent or legal custodian to immediately  
80 report any preexisting medical diagnosis for the child specified  
81 in s. 39.303(4) and to provide the name and contact information  
82 of the licensed health care professional who made such diagnosis  
83 or treated the child for the diagnosed condition to the  
84 department within 10 days after being informed of such duty.

85 (9) (a) For each report received from the central abuse  
86 hotline and accepted for investigation, the department shall  
87 perform the following child protective investigation activities

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88 to determine child safety:

89 1. Conduct a review of all relevant, available information  
90 specific to the child, family, and alleged maltreatment; family  
91 child welfare history; local, state, and federal criminal  
92 records checks; and requests for law enforcement assistance  
93 provided by the abuse hotline. Based on a review of available  
94 information, including the allegations in the current report, a  
95 determination must ~~shall~~ be made as to whether immediate  
96 consultation should occur with law enforcement, the Child  
97 Protection Team, a domestic violence shelter or advocate, or a  
98 substance abuse or mental health professional. Such  
99 consultations should include discussion as to whether a joint  
100 response is necessary and feasible. A determination must ~~shall~~  
101 be made as to whether the person making the report should be  
102 contacted before the face-to-face interviews with the child and  
103 family members.

104 2. Conduct face-to-face interviews with the child; other  
105 siblings, if any; and the parents, legal custodians, or  
106 caregivers.

107 3. Assess the child's residence, including a determination  
108 of the composition of the family and household, including the  
109 name, address, date of birth, social security number, sex, and  
110 race of each child named in the report; any siblings or other  
111 children in the same household or in the care of the same  
112 adults; the parents, legal custodians, or caregivers; and any  
113 other adults in the same household.

114 4. Determine whether there is any indication that any child  
115 in the family or household has been abused, abandoned, or  
116 neglected; the nature and extent of present or prior injuries,

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117 abuse, or neglect, and any evidence thereof; and a determination  
118 as to the person or persons apparently responsible for the  
119 abuse, abandonment, or neglect, including the name, address,  
120 date of birth, social security number, sex, and race of each  
121 such person.

122 5. Complete assessment of immediate child safety for each  
123 child based on available records, interviews, and observations  
124 with all persons named in subparagraph 2. and appropriate  
125 collateral contacts, which may include other professionals, and  
126 continually assess the child's safety throughout the  
127 investigation. The department's child protection investigators  
128 are hereby designated a criminal justice agency for the purpose  
129 of accessing criminal justice information to be used for  
130 enforcing this state's laws concerning the crimes of child  
131 abuse, abandonment, and neglect. This information must ~~shall~~ be  
132 used solely for purposes supporting the detection, apprehension,  
133 prosecution, pretrial release, posttrial release, or  
134 rehabilitation of criminal offenders or persons accused of the  
135 crimes of child abuse, abandonment, or neglect and may not be  
136 further disseminated or used for any other purpose.

137 6. For a child who has a preexisting medical diagnosis  
138 specified in s. 39.303(4), as reported by the parent or legal  
139 custodian of the child, request the relevant medical records  
140 from the licensed health care professional who diagnosed or  
141 treated the child for such medical diagnosis.

142 ~~7.6.~~ Document the present and impending dangers to each  
143 child based on the identification of inadequate protective  
144 capacity through utilization of a standardized safety assessment  
145 instrument. If present or impending danger is identified, the

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146 child protective investigator must implement a safety plan or  
147 take the child into custody. If present danger is identified and  
148 the child is not removed, the child protective investigator must  
149 ~~shall~~ create and implement a safety plan before leaving the home  
150 or the location where there is present danger. If impending  
151 danger is identified, the child protective investigator must  
152 ~~shall~~ create and implement a safety plan as soon as necessary to  
153 protect the safety of the child. The child protective  
154 investigator may modify the safety plan if he or she identifies  
155 additional impending danger.

156 a. If the child protective investigator implements a safety  
157 plan, the plan must be specific, sufficient, feasible, and  
158 sustainable in response to the realities of the present or  
159 impending danger. A safety plan may be an in-home plan or an  
160 out-of-home plan, or a combination of both. A safety plan may  
161 include tasks or responsibilities for a parent, caregiver, or  
162 legal custodian. However, a safety plan may not rely on  
163 promissory commitments by the parent, caregiver, or legal  
164 custodian who is currently not able to protect the child or on  
165 services that are not available or will not result in the safety  
166 of the child. A safety plan may not be implemented if for any  
167 reason the parents, guardian, or legal custodian lacks the  
168 capacity or ability to comply with the plan. If the department  
169 is not able to develop a plan that is specific, sufficient,  
170 feasible, and sustainable, the department must ~~shall~~ file a  
171 shelter petition. A child protective investigator must ~~shall~~  
172 implement separate safety plans for the perpetrator of domestic  
173 violence, if the investigator, using reasonable efforts, can  
174 locate the perpetrator to implement a safety plan, and for the

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175 parent who is a victim of domestic violence as defined in s.  
176 741.28. Reasonable efforts to locate a perpetrator include, but  
177 are not limited to, a diligent search pursuant to the same  
178 requirements as in s. 39.503. If the perpetrator of domestic  
179 violence is not the parent, guardian, or legal custodian of any  
180 child in the home and if the department does not intend to file  
181 a shelter petition or dependency petition that will assert  
182 allegations against the perpetrator as a parent of a child in  
183 the home, the child protective investigator must ~~shall~~ seek  
184 issuance of an injunction authorized by s. 39.504 to implement a  
185 safety plan for the perpetrator and impose any other conditions  
186 to protect the child. The safety plan for the parent who is a  
187 victim of domestic violence may not be shared with the  
188 perpetrator. If any party to a safety plan fails to comply with  
189 the safety plan resulting in the child being unsafe, the  
190 department must ~~shall~~ file a shelter petition.

191 b. The child protective investigator shall collaborate with  
192 the community-based care lead agency in the development of the  
193 safety plan as necessary to ensure that the safety plan is  
194 specific, sufficient, feasible, and sustainable. The child  
195 protective investigator shall identify services necessary for  
196 the successful implementation of the safety plan. The child  
197 protective investigator and the community-based care lead agency  
198 shall mobilize service resources to assist all parties in  
199 complying with the safety plan. The community-based care lead  
200 agency shall prioritize safety plan services to families who  
201 have multiple risk factors, including, but not limited to, two  
202 or more of the following:

203 (I) The parent or legal custodian is of young age;

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204 (II) The parent or legal custodian, or an adult currently  
205 living in or frequently visiting the home, has a history of  
206 substance abuse, mental illness, or domestic violence;

207 (III) The parent or legal custodian, or an adult currently  
208 living in or frequently visiting the home, has been previously  
209 found to have physically or sexually abused a child;

210 (IV) The parent or legal custodian, or an adult currently  
211 living in or frequently visiting the home, has been the subject  
212 of multiple allegations by reputable reports of abuse or  
213 neglect;

214 (V) The child is physically or developmentally disabled; or

215 (VI) The child is 3 years of age or younger.

216 c. The child protective investigator shall monitor the  
217 implementation of the plan to ensure the child's safety until  
218 the case is transferred to the lead agency at which time the  
219 lead agency shall monitor the implementation.

220 d. The department may file a petition for shelter or  
221 dependency without a new child protective investigation or the  
222 concurrence of the child protective investigator if the child is  
223 unsafe but for the use of a safety plan and the parent or  
224 caregiver has not sufficiently increased protective capacities  
225 within 90 days after the transfer of the safety plan to the lead  
226 agency.

227 (14)

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

230 1. Criteria that are factors requiring that the department  
231 take the child into custody, petition the court as provided in  
232 this chapter, or, if the child is not taken into custody or a

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233 petition is not filed with the court, conduct an administrative  
234 review. Such factors must include, but are not limited to,  
235 noncompliance with a safety plan or the case plan developed by  
236 the department, and the family under this chapter, and prior  
237 abuse reports with findings that involve the child, the child's  
238 sibling, or the child's caregiver.

239 2. Requirements that if after an administrative review the  
240 department determines not to take the child into custody or  
241 petition the court, the department must ~~shall~~ document the  
242 reason for its decision in writing and include it in the  
243 investigative file. For all cases that were accepted by the  
244 local law enforcement agency for criminal investigation pursuant  
245 to subsection (2), the department must include in the file  
246 written documentation that the administrative review included  
247 input from law enforcement. In addition, for all cases that must  
248 be referred to Child Protection Teams pursuant to s. 39.303(5)  
249 and (6) ~~s. 39.303(4) and (5)~~, the file must include written  
250 documentation that the administrative review included the  
251 results of the team's evaluation.

252 Section 2. Present subsections (4) through (10) of section  
253 39.303, Florida Statutes, are redesignated as subsections (5)  
254 through (11), respectively, a new subsection (4) is added to  
255 that section, and present subsections (5) and (6) of that  
256 section are amended, to read:

257 39.303 Child Protection Teams and sexual abuse treatment  
258 programs; services; eligible cases.—

259 (4) A Child Protection Team shall consult with a physician  
260 licensed under chapter 458 or chapter 459 or an advanced  
261 practice registered nurse licensed under chapter 464 who has

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262 experience treating children with the medical conditions  
263 specified in this subsection when evaluating a child with a  
264 reported preexisting medical diagnosis of any of the following:

265 (a) Rickets.

266 (b) Ehlers-Danlos syndrome.

267 (c) Osteogenesis imperfecta.

268 (d) Vitamin D deficiency.

269 (6)~~(5)~~ All abuse and neglect cases transmitted for  
270 investigation to a circuit by the hotline must be simultaneously  
271 transmitted to the Child Protection Team for review. For the  
272 purpose of determining whether a face-to-face medical evaluation  
273 by a Child Protection Team is necessary, all cases transmitted  
274 to the Child Protection Team which meet the criteria in  
275 subsection (5) ~~(4)~~ must be timely reviewed by:

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

279 (b) A physician licensed under chapter 458 or chapter 459  
280 who holds board certification in a specialty other than  
281 pediatrics, who may complete the review only when working under  
282 the direction of the Child Protection Team medical director or a  
283 physician licensed under chapter 458 or chapter 459 who holds  
284 board certification in pediatrics and is a member of a Child  
285 Protection Team;

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

289 (d) A physician assistant licensed under chapter 458 or  
290 chapter 459, who may complete the review only when working under

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291 the supervision of the Child Protection Team medical director or  
292 a physician licensed under chapter 458 or chapter 459 who holds  
293 board certification in pediatrics and is a member of a Child  
294 Protection Team; or

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

301 (7)~~(6)~~ A face-to-face medical evaluation by a Child  
302 Protection Team is not necessary when:

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

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

319 (c) The Child Protection Team medical director or a Child

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320 Protection Team board-certified pediatrician, as authorized in  
321 subsection (6) ~~(5)~~, determines that a medical evaluation is not  
322 required.

323  
324 Notwithstanding paragraphs (a), (b), and (c), a Child Protection  
325 Team medical director or a Child Protection Team pediatrician,  
326 as authorized in subsection (6) ~~(5)~~, may determine that a face-  
327 to-face medical evaluation is necessary.

328 Section 3. Paragraphs (c), (d), and (e) are added to  
329 subsection (1) of section 39.304, Florida Statutes, to read:

330 39.304 Photographs, medical examinations, X rays, and  
331 medical treatment of abused, abandoned, or neglected child.—

332 (1)

333 (c) If a medical examination is performed on a child under  
334 paragraph (b), other than a medical examination for purposes of  
335 determining whether a child has been sexually abused, the parent  
336 or legal custodian of the child who is the subject of a  
337 protective investigation or shelter order may request of the  
338 department, no later than 10 days after such medical  
339 examination, that the child be examined by:

340 1. A Child Protection Team if the medical examination under  
341 paragraph (b) was not performed by a Child Protection Team;

342 2. A physician licensed under chapter 458 or chapter 459 or  
343 an advanced practice registered nurse licensed under chapter 464  
344 of the parent's or legal custodian's choosing who routinely  
345 provides medical care to pediatric patients, if the medical  
346 examination under paragraph (b) was performed by a Child  
347 Protection Team, for the purpose of obtaining a second opinion  
348 on diagnosis or treatment; or

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349 3. A physician licensed under chapter 458 or chapter 459 or  
350 an advanced practice registered nurse licensed under chapter 464  
351 of the parent's or legal custodian's choosing who routinely  
352 provides diagnosis of and medical care to pediatric patients for  
353 the conditions specified in s. 39.303(4) to consider a  
354 differential diagnosis.

355  
356 The cost of a medical examination under subparagraph 2. or  
357 subparagraph 3. must be borne by the parent or legal custodian,  
358 including through his or her health care coverage, if  
359 applicable.

360 (d) Notwithstanding s. 39.202(6), for all medical  
361 examinations performed pursuant to paragraph (c), the physician  
362 or advanced practice registered nurse must submit within 10 days  
363 after the medical examination a written report that details the  
364 findings and conclusions of the medical examination to the  
365 department and the parent or legal custodian.

366 (e) If the findings and conclusions of the medical  
367 examination conducted under paragraph (b) and the medical  
368 examination conducted under paragraph (c) differ, the department  
369 must immediately convene a case staffing to reach a consensus  
370 regarding the differences in the medical opinions. The case  
371 staffing must include the child protective investigator, the  
372 investigator's supervisor, legal staff of the department,  
373 representatives from a Child Protection Team, and the community-  
374 based care lead agency. If possible, the case staffing must also  
375 include any health care practitioners who previously treated the  
376 child, any health care practitioners who are currently treating  
377 the child, and the physician or advanced practice registered

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378 nurse who conducted the medical examination under paragraph (c).

379 Section 4. Paragraph (a) of subsection (7) of section  
380 456.057, Florida Statutes, is amended to read:

381 456.057 Ownership and control of patient records; report or  
382 copies of records to be furnished; disclosure of information.—

383 (7) (a) Except as otherwise provided in this section and in  
384 s. 440.13(4) (c), such records may not be furnished to, and the  
385 medical condition of a patient may not be discussed with, any  
386 person other than the patient, the patient's legal  
387 representative, or other health care practitioners and providers  
388 involved in the patient's care or treatment, except upon written  
389 authorization from the patient. However, such records may be  
390 furnished without written authorization under the following  
391 circumstances:

392 1. To any person, firm, or corporation that has procured or  
393 furnished such care or treatment with the patient's consent.

394 2. When compulsory physical examination is made pursuant to  
395 Rule 1.360, Florida Rules of Civil Procedure, in which case  
396 copies of the medical records shall be furnished to both the  
397 defendant and the plaintiff.

398 3. In any civil or criminal action, unless otherwise  
399 prohibited by law, upon the issuance of a subpoena from a court  
400 of competent jurisdiction and proper notice to the patient or  
401 the patient's legal representative by the party seeking such  
402 records.

403 4. For statistical and scientific research, provided the  
404 information is abstracted in such a way as to protect the  
405 identity of the patient or provided written permission is  
406 received from the patient or the patient's legal representative.

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407           5. To a regional poison control center for purposes of  
408 treating a poison episode under evaluation, case management of  
409 poison cases, or compliance with data collection and reporting  
410 requirements of s. 395.1027 and the professional organization  
411 that certifies poison control centers in accordance with federal  
412 law.

413           6. To the Department of Children and Families, its agent,  
414 or its contracted entity, for the purpose of investigations of  
415 or services for cases of abuse, neglect, or exploitation of  
416 children or vulnerable adults. Records requested by the  
417 Department of Children and Families pursuant to s. 39.301(9)(a)  
418 must be furnished to the Department of Children and Families  
419 within 14 days after such request.

420           Section 5. This act shall take effect July 1, 2026.