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 such allegations to be immediately forwarded to a law enforcement agency upon completion of the department's investigation; requiring a child protective investigator to inform the subject of an investigation of a certain duty; requiring the department to request medical records of certain children from certain licensed health care professionals; 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 with certain experience when evaluating certain reports; conforming cross-references; amending s. 39.304, F.S.; authorizing a parent or legal custodian of a child who is the subject of a protective investigation or shelter order to request specified medical examinations of the child within a specified timeframe; requiring that certain medical examinations be paid for by the parent or legal custodian making the request or as otherwise

covered by insurance; requiring the physician or advanced practice registered nurse who performed certain medical examinations to submit a written report to the department and certain persons within a specified timeframe; requiring the department to immediately convene a case staffing with specified persons under certain circumstances; amending s. 456.057, F.S.; requiring certain records be provided to the department within a specified timeframe; 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), paragraph (a) of subsection (9), 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 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 may delay forwarding 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 medical

diagnosis specified in s. 39.303(4); or

2. Is requesting that the child have a medical 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 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 immediately report any preexisting medical diagnosis for the child specified in s. 39.303(4) and to provide the name and contact information of the licensed health care professional who made such diagnosis or treated the child for the diagnosed condition to the department within 10 days after being informed of such duty.

(9)(a) For each report received from the central abuse hotline and accepted for investigation, the department shall perform the following child protective investigation activities to determine child safety:

1. Conduct a review of all relevant, available information specific to the child, family, and alleged maltreatment; family child welfare history; local, state, and federal criminal records checks; and requests for law enforcement assistance provided by the abuse hotline. Based on a review of available information, including the allegations in the current report, a determination must ~~shall~~ be made as to whether immediate consultation should occur with law enforcement, the Child Protection Team, a domestic violence shelter or advocate, or a substance abuse or mental health professional. Such consultations should include discussion as to whether a joint response is necessary and feasible. A determination must ~~shall~~

be made as to whether the person making the report should be contacted before the face-to-face interviews with the child and family members.

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

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

4. Determine whether there is any indication that any child in the family or household has been abused, abandoned, or neglected; the nature and extent of present or prior injuries, abuse, or neglect, and any evidence thereof; and a determination as to the person or persons apparently responsible for the abuse, abandonment, or neglect, including the name, address, date of birth, social security number, sex, and race of each such person.

5. Complete assessment of immediate child safety for each child based on available records, interviews, and observations with all persons named in subparagraph 2. and appropriate collateral contacts, which may include other professionals, and

continually assess the child's safety throughout the investigation. The department's child protection investigators are hereby designated a criminal justice agency for the purpose of accessing criminal justice information to be used for enforcing this state's laws concerning the crimes of child abuse, abandonment, and neglect. This information must ~~shall~~ be used solely for purposes supporting 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 and may not be further disseminated or used for any other purpose.

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

7.~~6.~~ Document the present and impending dangers to each child based on the identification of inadequate protective capacity through utilization of a standardized safety assessment instrument. If present or impending danger is identified, the child protective investigator must implement a safety plan or take the child into custody. If present danger is identified and the child is not removed, the child protective investigator must ~~shall~~ create and implement a safety plan before leaving the home or the location where there is present danger. If impending

danger is identified, the child protective investigator must ~~shall~~ create and implement a safety plan as soon as necessary to protect the safety of the child. The child protective investigator may modify the safety plan if he or she identifies additional impending danger.

a. If the child protective investigator implements a safety plan, the plan must be specific, sufficient, feasible, and sustainable in response to the realities of the present or impending danger. A safety plan may be an in-home plan or an out-of-home plan, or a combination of both. A safety plan may include tasks or responsibilities for a parent, caregiver, or legal custodian. However, a safety plan may not rely on promissory commitments by the parent, caregiver, or legal custodian who is currently not able to protect the child or on services that are not available or will not result in the safety of the child. A safety plan may not be implemented if for any reason the parents, guardian, or legal custodian lacks the capacity or ability to comply with the plan. If the department is not able to develop a plan that is specific, sufficient, feasible, and sustainable, the department must ~~shall~~ file a shelter petition. A child protective investigator must ~~shall~~ implement separate safety plans for the perpetrator of domestic violence, if the investigator, using reasonable efforts, can locate the perpetrator to implement a safety plan, and for the parent who is a victim of domestic violence as defined in s.

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

b. The child protective investigator shall collaborate with the community-based care lead agency in the development of the safety plan as necessary to ensure that the safety plan is specific, sufficient, feasible, and sustainable. The child protective investigator shall identify services necessary for the successful implementation of the safety plan. The child protective investigator and the community-based care lead agency shall mobilize service resources to assist all parties in complying with the safety plan. The community-based care lead agency shall prioritize safety plan services to families who

have multiple risk factors, including, but not limited to, two or more of the following:

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

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

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

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

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

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

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

d. The department may file a petition for shelter or dependency without a new child protective investigation or the concurrence of the child protective investigator if the child is unsafe but for the use of a safety plan and the parent or caregiver has not sufficiently increased protective capacities

within 90 days after the transfer of the safety plan to the lead agency.

(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 must ~~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 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. Subsections (4) through (10) of section 39.303, Florida Statutes, are renumbered as subsections (5) through (11), respectively, present subsections (5) and (6) of that section are amended, and a new subsection (4) is added to that section, to read:

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

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

(a) Rickets.

(b) Ehlers-Danlos syndrome.

(c) Osteogenesis imperfecta.

(d) Vitamin D deficiency.

(6)~~(5)~~ All abuse and neglect cases transmitted for investigation to a circuit by the hotline must be simultaneously transmitted to the Child Protection Team for review. For the purpose of determining whether a face-to-face medical evaluation by a Child Protection Team is necessary, all cases transmitted to the Child Protection Team which meet the criteria in

subsection (5) ~~(4)~~ must be timely reviewed by:

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

(b) A physician licensed under chapter 458 or chapter 459 who holds board certification in a specialty other than pediatrics, who may complete the review only when working under the direction 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;

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

(d) A physician assistant licensed under chapter 458 or 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

(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. Paragraphs (c), (d), and (e) are 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 a medical examination is performed on a child under paragraph (b), other than a medical examination for purposes of determining whether a child has been sexually abused, the parent or legal custodian of the child who is the subject of a protective investigation or shelter order may request of the department, no later than 10 days after such medical examination, that the child be examined by:

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

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

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

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

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

(e) If the findings and conclusions of the medical examination conducted under paragraph (b) and the medical examination conducted under paragraph (c) differ, the department must immediately convene a case staffing to reach a consensus regarding the differences in the medical opinions. The case staffing must include the child protective investigator, the investigator's supervisor, legal staff of the department, representatives from a Child Protection Team, and the community-

based care lead agency. If possible, the case staffing must also include any health care practitioners who previously treated the child, any health care practitioners who are currently treating the child, and the physician or advanced practice registered nurse who conducted the medical examination under paragraph (c).

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

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

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

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

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

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

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

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

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

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