

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health Quality
 2 Subcommittee

3 Representative Harrell offered the following:

4
 5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Section 39.303, Florida Statutes, is amended to
 8 read:

9 39.303 Child protection teams and sexual abuse treatment
 10 programs; services; eligible cases.-

11 (1) The Children's Medical Services Program in the
 12 Department of Health shall develop, maintain, and coordinate the
 13 services of one or more multidisciplinary child protection teams
 14 in each of the service circuits ~~districts~~ of the Department of
 15 Children and Families. Such teams may be composed of appropriate
 16 representatives of school districts and appropriate health,

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17 mental health, social service, legal service, and law
18 enforcement agencies. The Department of Health and the
19 Department of Children and Families shall maintain an
20 interagency agreement that establishes protocols for oversight
21 and operations of child protection teams and sexual abuse
22 treatment programs. The State Surgeon General and the Deputy
23 Secretary for Children's Medical Services, in consultation with
24 the Secretary of Children and Families and the Statewide Medical
25 Director for Child Protection, shall maintain the responsibility
26 for the screening, employment, and, if necessary, the
27 termination of child protection team medical directors, ~~at~~
28 ~~headquarters~~ and in the 15 circuits ~~districts~~.

29 (2) (a) The Statewide Medical Director for Child Protection
30 must be a physician licensed under chapter 458 or chapter 459
31 who is a board-certified pediatrician with a subspecialty
32 certification in child abuse from the American Board of
33 Pediatrics.

34 (b) Each child protection team ~~district~~ medical director
35 must be a physician licensed under chapter 458 or chapter 459
36 who is a board-certified physician in pediatrics or family
37 medicine ~~pediatrician~~ and, within 2 ~~4~~ years after the date of
38 ~~his or her~~ employment as a child protection team ~~district~~
39 medical director, obtains ~~either obtain~~ a subspecialty
40 certification in child abuse from the American Board of
41 Pediatrics or within 2 years meet the minimum requirements

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42 established by a third-party credentialing entity recognizing a
43 demonstrated specialized competence in child abuse pediatrics
44 pursuant to paragraph (d). Each child protection team ~~district~~
45 medical director employed on July 1, 2015, must, within 2 4
46 years, either obtain a subspecialty certification in child abuse
47 from the American Board of Pediatrics or meet the minimum
48 requirements established by a third-party credentialing entity
49 recognizing a demonstrated specialized competence in child abuse
50 pediatrics pursuant to paragraph (d). Child protection team
51 medical directors shall be responsible for oversight of the
52 teams in the circuits ~~districts~~.

53 (c) All medical personnel participating on a child
54 protection team must successfully complete the required child
55 protection team training curriculum as set forth in protocols
56 determined by the Deputy Secretary for Children's Medical
57 Services and the Statewide Medical Director for Child
58 Protection.

59 (d) Contingent on appropriations, the Department of Health
60 shall approve one or more third-party credentialing entities for
61 the purpose of developing and administering a professional
62 credentialing program for child protection team ~~district~~ medical
63 directors. Within 90 days after receiving documentation from a
64 third-party credentialing entity, the department shall approve a
65 third-party credentialing entity that demonstrates compliance
66 with the following minimum standards:

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67 1. Establishment of child abuse pediatrics core
68 competencies, certification standards, testing instruments, and
69 recertification standards according to national psychometric
70 standards.

71 2. Establishment of a process to administer the
72 certification application, award, and maintenance processes
73 according to national psychometric standards.

74 3. Demonstrated ability to administer a professional code
75 of ethics and disciplinary process that applies to all certified
76 persons.

77 4. Establishment of, and ability to maintain, a publicly
78 accessible Internet-based database that contains information on
79 each person who applies for and is awarded certification, such
80 as the person's first and last name, certification status, and
81 ethical or disciplinary history.

82 5. Demonstrated ability to administer biennial continuing
83 education and certification renewal requirements.

84 6. Demonstrated ability to administer an education
85 provider program to approve qualified training entities and to
86 provide precertification training to applicants and continuing
87 education opportunities to certified professionals.

88 (3) The Department of Health shall use and convene the
89 child protection teams to supplement the assessment and
90 protective supervision activities of the family safety and
91 preservation program of the Department of Children and Families.

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92 This section does not remove or reduce the duty and
93 responsibility of any person to report pursuant to this chapter
94 all suspected or actual cases of child abuse, abandonment, or
95 neglect or sexual abuse of a child. The role of the child
96 protection teams shall be to support activities of the program
97 and to provide services deemed by the child protection teams to
98 be necessary and appropriate to abused, abandoned, and neglected
99 children upon referral. The specialized diagnostic assessment,
100 evaluation, coordination, consultation, and other supportive
101 services that a child protection team shall be capable of
102 providing include, but are not limited to, the following:

103 (a) Medical diagnosis and evaluation services, including
104 provision or interpretation of X rays and laboratory tests, and
105 related services, as needed, and documentation of related
106 findings.

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

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

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

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

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

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

134 (h) Such training services for program and other employees
135 of the Department of Children and Families, employees of the
136 Department of Health, and other medical professionals as is
137 deemed appropriate to enable them to develop and maintain their
138 professional skills and abilities in handling child abuse,
139 abandonment, and neglect cases.

140 (i) Educational and community awareness campaigns on child
141 abuse, abandonment, and neglect in an effort to enable citizens

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142 more successfully to prevent, identify, and treat child abuse,
143 abandonment, and neglect in the community.

144 (j) Child protection team assessments that include, as
145 appropriate, medical evaluations, medical consultations, family
146 psychosocial interviews, specialized clinical interviews, or
147 forensic interviews.

148

149 A child protection team that is evaluating a report of medical
150 neglect and assessing the health care needs of a medically
151 complex child shall consult with a physician who has experience
152 in treating children with the same condition.

153 (4) The child abuse, abandonment, and neglect reports that
154 must be referred by the department to child protection teams of
155 the Department of Health for an assessment and other appropriate
156 available support services as set forth in subsection (3) must
157 include cases involving:

158 (a) Injuries to the head, bruises to the neck or head,
159 burns, or fractures in a child of any age.

160 (b) Bruises anywhere on a child 5 years of age or under.

161 (c) Any report alleging sexual abuse of a child.

162 (d) Any sexually transmitted disease in a prepubescent
163 child.

164 (e) Reported malnutrition of a child and failure of a
165 child to thrive.

166 (f) Reported medical neglect of a child.

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167 (g) Any family in which one or more children have been
168 pronounced dead on arrival at a hospital or other health care
169 facility, or have been injured and later died, as a result of
170 suspected abuse, abandonment, or neglect, when any sibling or
171 other child remains in the home.

172 (h) Symptoms of serious emotional problems in a child when
173 emotional or other abuse, abandonment, or neglect is suspected.

174 (5) All abuse and neglect cases transmitted for
175 investigation to a circuit district by the hotline must be
176 simultaneously transmitted to the Department of Health child
177 protection team for review. For the purpose of determining
178 whether face-to-face medical evaluation by a child protection
179 team is necessary, all cases transmitted to the child protection
180 team which meet the criteria in subsection (4) must be timely
181 reviewed by:

182 (a) A physician licensed under chapter 458 or chapter 459
183 who holds board certification in pediatrics and is a member of a
184 child protection team;

185 (b) A physician licensed under chapter 458 or chapter 459
186 who holds board certification in a specialty other than
187 pediatrics, who may complete the review only when working under
188 the direction of the child protection team medical director or a
189 physician licensed under chapter 458 or chapter 459 who holds
190 board certification in pediatrics and is a member of a child
191 protection team;

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192 (c) An advanced registered nurse practitioner licensed
193 under chapter 464 who has a specialty in pediatrics or family
194 medicine and is a member of a child protection team;

195 (d) A physician assistant licensed under chapter 458 or
196 chapter 459, who may complete the review only when working under
197 the supervision of the child protection team medical director or
198 a physician licensed under chapter 458 or chapter 459 who holds
199 board certification in pediatrics and is a member of a child
200 protection team; or

201 (e) A registered nurse licensed under chapter 464, who may
202 complete the review only when working under the direct
203 supervision of the child protection team medical director or a
204 physician licensed under chapter 458 or chapter 459 who holds
205 board certification in pediatrics and is a member of a child
206 protection team.

207 (6) A face-to-face medical evaluation by a child
208 protection team is not necessary when:

209 (a) The child was examined for the alleged abuse or
210 neglect by a physician who is not a member of the child
211 protection team, and a consultation between the child protection
212 team medical director or a child protection team board-certified
213 pediatrician, advanced registered nurse practitioner, physician
214 assistant working under the supervision of a child protection
215 team medical director or a child protection team board-certified
216 pediatrician, or registered nurse working under the direct

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217 supervision of a child protection team medical director or a
218 child protection team board-certified pediatrician, and the
219 examining physician concludes that a further medical evaluation
220 is unnecessary;

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

225 (c) The child protection team medical director or a child
226 protection team board-certified pediatrician, as authorized in
227 subsection (5), determines that a medical evaluation is not
228 required.

229
230 Notwithstanding paragraphs (a), (b), and (c), a child protection
231 team medical director or a child protection team pediatrician,
232 as authorized in subsection (5), may determine that a face-to-
233 face medical evaluation is necessary.

234 (7) In all instances in which a child protection team is
235 providing certain services to abused, abandoned, or neglected
236 children, other offices and units of the Department of Health,
237 and offices and units of the Department of Children and
238 Families, shall avoid duplicating the provision of those
239 services.

240 (8) The Department of Health child protection team quality
241 assurance program and the Family Safety Program Office of the

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242 Department of Children and Families shall collaborate to ensure
243 referrals and responses to child abuse, abandonment, and neglect
244 reports are appropriate. Each quality assurance program shall
245 include a review of records in which there are no findings of
246 abuse, abandonment, or neglect, and the findings of these
247 reviews shall be included in each department's quality assurance
248 reports.

249 (9) Children's Medical Services shall convene a task force
250 to develop a standardized protocol for forensic interviewing of
251 children suspected of having been abused. The Department of
252 Health shall provide staff to the task force as necessary. The
253 task force shall include:

254 1. A representative from the Florida Prosecuting Attorneys
255 Association.

256 2. A representative from the Florida Psychological
257 Association.

258 3. The Statewide Medical Director for Child Protection.

259 4. A representative from the Florida Public Defender
260 Association.

261 5. The executive director of the Statewide Guardian Ad
262 Lite Office.

263 6. A representative from a community-based care lead
264 agency.

265 7. A representative from Children's Medical Services.

266 8. A representative from the Florida Sheriffs Association.

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267 9. A representative from the Florida Chapter American
268 Academy of Pediatrics.

269 10. A representative from the Florida Network of Children's
270 Advocacy Centers.

271 11. Others designated by Children's Medical Services.

272 (b) Children's Medical Services must provide the
273 standardized protocol to the President of the Senate and the
274 Speaker of the House of Representatives by July 1, 2018.

275 (c) Members of the task force are not entitled to per diem
276 or other payment for service on the task force.

277 (10) The Department of Health Children's Medical Services
278 Program shall develop, maintain, and coordinate the services of
279 one or more sexual abuse treatment programs.

280 (a) A child under the age of 18, who is alleged to be a
281 victim of sexual abuse, his or her siblings, non-offending
282 caregivers, and family members who have been impacted by sexual
283 abuse are eligible for services.

284 (b) Sexual abuse treatment programs must provide
285 specialized therapeutic treatment to child sexual abuse victims,
286 his or her siblings, non-offending caregivers, and family
287 members to assist in recovery from sexual abuse, to prevent
288 developmental impairment, to restore the child's pre-abuse level
289 of developmental functioning, and to promote healthy, non-
290 abusive relationships. Therapeutic intervention services
291 include crisis intervention, clinical treatment, and individual,

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292 family, and group therapy.

293 (c) The sexual abuse treatment programs and child
294 protection teams must provide referrals for child victims of
295 sexual abuse and their families, as appropriate.

296 Section 2. Section 39.3031, Florida Statutes, is amended
297 to read:

298 39.3031 Rules for implementation of s. 39.303.—The
299 Department of Health, in consultation with the Department of
300 Children and Families, shall adopt rules governing the child
301 protection teams and sexual abuse treatment programs pursuant to
302 s. 39.303, including definitions, organization, roles and
303 responsibilities, eligibility, services and their availability,
304 qualifications of staff, and a waiver-request process.

305 Section 3. Paragraph (c) of subsection (2) of section
306 458.3175, Florida Statutes, is amended to read:

307 458.3175 Expert witness certificate.—

308 (2) An expert witness certificate authorizes the physician
309 to whom the certificate is issued to do only the following:

310 (c) Provide expert testimony in criminal child abuse and
311 neglect cases pursuant to ch. 827, dependency cases pursuant to
312 ch. 39, and cases involving sexual battery of a child pursuant
313 to ch. 794 in this state.

314 Section 4. Paragraph (c) of subsection (2) of section
315 459.0066, Florida Statutes, is amended to read:

316 459.0066 Expert witness certificate.—

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317 (2) An expert witness certificate authorizes the physician
 318 to whom the certificate is issued to do only the following:

319 (c) Provide expert testimony in criminal child abuse and
 320 neglect cases pursuant to ch. 827, dependency cases pursuant to
 321 ch. 39, and cases involving sexual battery of a child pursuant
 322 to ch. 794 in this state.

323 Section 5. Paragraph (d) of subsection (3) of section
 324 827.03, Florida Statutes, is amended to read:

325 827.03 Abuse, aggravated abuse, and neglect of a child;
 326 penalties.—

327 (3) EXPERT TESTIMONY.—

328 (d) The expert testimony requirements of this subsection
 329 apply only to criminal child abuse and neglect cases pursuant to
 330 ch. 827, dependency cases pursuant to ch. 39, and cases
 331 involving sexual battery of a child pursuant to ch. 794 and not
 332 to family court ~~or dependency court~~ cases.

333 Section 6. This act shall take effect July 1, 2017.

334

335 -----

336 **T I T L E A M E N D M E N T**

337 Remove everything before the enacting clause and insert:
 338 An act relating to child protection; amending s. 39.303, F.S.;
 339 revising the title; revising the title of the district medical
 340 directors to child protection team medical directors; revising
 341 the subdivision of the state from districts to circuits for the

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342 purpose of child protection teams; revising the required board
343 certifications for child protection team medical directors and
344 reviewing physicians; revising the time in which a child
345 protection team medical director must obtain certification;
346 revising the entities responsible for screening, employing, and
347 terminating child protection team medical directors to include
348 the Statewide Medical Director for Child Protection; requiring
349 Children's Medical Services to convene a task force to develop a
350 protocol for forensic interviewing of children suspected of
351 having been abused; requiring Children's Medical Services to
352 develop, maintain, and coordinate one or more sexual abuse
353 treatment programs; amending ss. 458.3175, 459.0066, and 827.03,
354 F.S.; revising provisions regarding expert testimony provided by
355 certain entities to include criminal cases involving abuse and
356 neglect, dependency cases, and cases involving sexual abuse of a
357 child; providing an effective date.