Amendment No. ___ (for drafter's use only)

	CHAMBER ACTION Senate House
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5	ORIGINAL STAMP BELOW
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11	Representative(s) Ryan offered the following:
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13	Amendment (with title amendment)
14	Remove everything after the enacting clause
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16	and insert:
17	Section 1. Paragraph (b) of subsection (3) of section
18	39.0015, Florida Statutes, is amended to read:
19	39.0015 Child abuse prevention training in the district
20	school system
21	(3) DEFINITIONSAs used in this section:
22	(b) "Child abuse" means those acts as defined in ss.
23	39.01(1), (2), (30), $\frac{(43)}{(45)}$, (45), $\frac{(47)}{(54)}$, and $\frac{(65)}{(52)}$,
24	and (63), 827.04, and 984.03(1), (2), and (37).
25	Section 2. Present subsections (40) and (42) of
26	section 39.01, Florida Statutes, are renumbered as subsections
2728	(42) and (43), respectively, present subsection (41) is
28 29	renumbered as subsection (40), present subsection (72) is renumbered as subsection (41), present subsections (43)
30	through (71) are renumbered as subsections (45) through (73),
31	respectively, and a new subsection (44) is added to said
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section, to read:

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39.01 Definitions.--When used in this chapter, unless the context otherwise requires:

(44) "Medical passport" means a written health history of a child in shelter status or foster care, which is used to document health care, and is to be kept with the child's caregiver in the child's resource record and updated at each health care provider visit. The department is responsible for ensuring the medical passport is current, complete, and accurate.

Section 3. Subsection (1) of section 39.302, Florida Statutes, is amended to read:

39.302 Protective investigations of institutional child abuse, abandonment, or neglect.--

(1) The department shall conduct a child protective investigation of each report of institutional child abuse, abandonment, or neglect. Upon receipt of a report which alleges that an employee or agent of the department, or any other entity or person covered by s. 39.01(31) or $(49)\frac{(47)}{(47)}$, acting in an official capacity, has committed an act of child abuse, abandonment, or neglect, the department shall immediately initiate a child protective investigation and orally notify the appropriate state attorney, law enforcement agency, and licensing agency. These agencies shall immediately conduct a joint investigation, unless independent investigations are more feasible. When conducting investigations onsite or having face-to-face interviews with the child, such investigation visits shall be unannounced unless it is determined by the department or its agent that such unannounced visits would threaten the safety of the child. When a facility is exempt from licensing, the

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department shall inform the owner or operator of the facility 2 of the report. Each agency conducting a joint investigation 3 shall be entitled to full access to the information gathered by the department in the course of the investigation. A protective investigation must include an onsite visit of the child's place of residence. In all cases, the department shall make a full written report to the state attorney within working days after making the oral report. A criminal 8 investigation shall be coordinated, whenever possible, with 10 the child protective investigation of the department. Any 11 interested person who has information regarding the offenses 12 described in this subsection may forward a statement to the 13 state attorney as to whether prosecution is warranted and appropriate. Within 15 days after the completion of the 14 15 investigation, the state attorney shall report the findings to 16 the department and shall include in such report a 17 determination of whether or not prosecution is justified and appropriate in view of the circumstances of the specific case. 18 Section 4. Subsections (3) through (14) of section 19 39.407, Florida Statutes, are renumbered as subsections (4) 20 through (15), respectively, and a new subsection (3) is added 21 to said section, to read: 22 39.407 Medical, psychiatric, and psychological 23 24 examination and treatment of child; physical or mental 25 examination of parent or person requesting custody of child .--The provision of psychotropic medication to a 26 27 child in the legal custody of the department, and in compliance with this subsection, shall be deemed in compliance 28 29 with the restrictions in s. 743.0645(1)(b).

(a) A court order is not required to dispense

department under any of the following conditions:

- 1. If a child was taking prescribed psychotropic medications at the time the child was removed from the home, the department may take possession of the remaining medications when the department takes the child, and may dispense those medications on a temporary basis until the next regularly scheduled court hearing required under this chapter, other than the shelter hearing, if such hearing occurs within 60 days of the time the child was removed.
- 2. Psychotropic medications may be dispensed in advance of issuance of a court order if the prescribing physician indicates in writing that delay in dispensing the medication could be detrimental to the child. The order required under this subsection shall be sought by the department at the next regularly scheduled court hearing required under this chapter, or within 60 days of the prescription, whichever is sooner; or
 - 3. In an acute care setting.
- (b) A motion seeking court authority to dispense psychotropic medication to a child in the legal custody of the department must be supported by the prescribing physician's signed medical report or, if not available, an affidavit from the prescribing physician indicating:
- 1. The name of the child and the name and dosage of the psychotropic medication, and indicating that there is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which such medication is indicated and that there is a plan of treatment that addresses treatment alternatives that are or are not available or desirable.
 - 2. That the psychotropic medication at its prescribed

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dosage is appropriate for the treatment of the child's diagnosed medical condition, as well as the behaviors and symptoms the medication at its prescribed dosage level is expected to address.

- 3. That the prescribing physician has provided to the child, if age-appropriate, the department and any person responsible for the child in his or her residential setting, a clinically appropriate explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; and drug interaction precautions.
- 4. Whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, counseling, or other services that the prescribing physician believes are necessary or would be beneficial for the treatment of the child's medical condition and that the physician expects or advises to be provided to the child in concert with the medication.

The department shall have the burden of compliance with and proof of the provisions of this paragraph.

(c) At a hearing to determine whether to initially allow dispensing of psychotropic medication to a child in the legal custody of the department, or at a hearing for continuation of such medication, the medical report or affidavit described in paragraph (b) are admissible in evidence. The prescribing physician is not required to attend the hearing or testify unless the court specifically orders such attendance or testimony. If the medical report or

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affidavit, the medical passport, and other evidence are in
accord with the requirements of this subsection, the court
shall order the dispensing or continuation of psychotropic
medication without further testimony or evidence. The court
shall further inquire of the department as to whether the
additional medical, counseling, or other services that the
prescribing physician believes are necessary or would be
beneficial for the treatment of the child's medical condition
and that the physician expects or advises to be provided to
the child in concert with the medication are being provided to
the child by the department. The court may require further
medical consultation, including obtaining a second opinion,
based upon considerations of the best interests of the child,
and the court may not order the discontinuation of prescribed
psychotropic medication contrary to the decision of the
prescribing physician without first obtaining a second opinion
from a licensed physician that the psychotropic medication
should be discontinued.
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- (d) The court shall review the medical passport and the status of the child's progress on psychotropic medication at least every 6 months, which may be accomplished during timely scheduled judicial review hearings pursuant to s.

 39.701. On its own motion or on good cause shown by any party, including any guardian ad litem, attorney, or attorney ad litem who has been appointed to represent the child or his or her interests, the court may review the status more frequently than required in this paragraph.
- (e) If at any time the court determines that the statutory requirements for continued use of the psychotropic medication are not being met, the court may, in the best interests of the child, order the department to either produce

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evidence of compliance with the requirements of this section
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    or obtain a medical opinion that continued use of the
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    medication under the circumstances is safe and medically
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    appropriate. If at any time the court determines that the
    additional medical, counseling, or other services that the
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    prescribing physician believes are necessary or would be
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    beneficial for the treatment of the child's medical condition
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    and that the physician expects or advises to be provided to
    the child in concert with the medication are not being
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    provided, the court may, in the best interests of the child,
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    order the department to either produce evidence of compliance
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    with the requirement of providing those services or obtain a
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    medical opinion that such services are not medically
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    appropriate.
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           Section 5. This act shall take effect July 1, 2002.
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    ======== T I T L E A M E N D M E N T =========
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   And the title is amended as follows:
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   remove: the entire title
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    and insert:
                    A bill to be entitled
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           An act relating to dependent children; amending
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           s. 39.01, F.S.; providing a definition;
           amending ss. 39.0015 and 39.302, F.S.;
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           correcting cross references; amending s.
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           39.407, F.S.; specifying conditions under which
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           a court order is not required for dispensing
           psychotropic medication to a child in the legal
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           custody of the Department of Children and
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1 Family Services; providing requirements for a 2 petition to the court for authority to dispense 3 psychotropic medication to such a child; 4 providing for prior review of the child's 5 medical history and evidence demonstrating that 6 the treatment is appropriate for the child's 7 condition; providing for the burden of proof; providing for further medical consultation, 8 9 including second opinions, under certain circumstances; providing conditions for 10 discontinuation of prescribed psychotropic 11 12 medication or for the provision of other services; providing for periodic court review 13 of the child's progress; providing an effective 14 15 date. 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

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