The Florida Senate

PROFESSIONAL STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: Children, Families, and Elder Affairs Committee

BILL:	SB 2546
INTRODUCER:	Senator Storms
SUBJECT:	Child Sexual Abuse Reporting and Evidence Collection
DATE:	April 6, 2007 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Toman	Jameson	CF	**Unfavorable**
2.			HR	
3.			JU	
4.			HA	
5.				
6.				

I. Summary:

Senate Bill 2546 provides that health care practitioners, as well as employees or others acting on behalf of abortion clinics or referral agencies, who know or reasonably should know that a child under the age of 16 is pregnant, shall report the pregnancy to the appropriate law enforcement agency within 24 hours.

The bill further provides that a health care practitioner who performs an abortion on a child under the age of 16 shall collect a sample of DNA suitable for testing and immediately forward it to the Florida Department of Law Enforcement for testing to identify the "person responsible for impregnating the child." The bill states that any evidence collected can be used in a subsequent criminal or civil proceeding.

This bill creates an undesignated section of the Florida Statutes.

II. Present Situation:

Teenage Pregnancy and Abortion

In 1996, roughly ten percent of women aged 15-19 in the United States became pregnant and had a birth, abortion or miscarriage.[1] National studies indicate that almost two-thirds of adolescent mothers have partners older than 20 years of age. In some cases, teenage mothers with older partners are the victims of sexual abuse through guile or coercion.[2]

[1] http://www.guttmacher.org/pubs/journals/3227200.html
[2] http://pediatrics.aappublications.org/cgi/content/full.103/2/516

The Centers for Disease Control (CDC) began abortion surveillance in 1969 to document the number and characteristics of women obtaining legal, induced abortions. In its 2003 surveillance of the United States, the CDC found that adolescents younger than 15 years old obtained less than one percent of all abortions in the 48 areas that reported age, although abortion ratios were highest for that age group (830 per 1,000 live births). Abortion trends by age indicate that since 1973, abortion ratios have been higher for adolescents than for any other age group.[3]

Child Sexual Abuse

According to *Child Maltreatment 2004*, the most recent report of data from the National Child Abuse and Neglect Data System (NCANDS), approximately 872,000 children in the United States were found to be victims of child abuse or neglect in calendar year 2004. Of this number, almost ten percent were sexually abused.[4] Of those children who were sexually abused, almost 28 percent were between the ages of 8 and 15.[5]

The Department of Children and Families (DCF) reports that, in FY 2005-2006, 7,900 victims of child abuse were found to have been sexually abused. Of that number, 55 percent of the victims were between the ages of 10 and 17.[6] Statistics as to the number of sexually abused minors who become pregnant as a result of the abuse are not available.

"[A]uthorities agree that more than three fourths of physical examinations of children suspected of having been abused sexually are without definitive findings of sexual abuse."[7] A number of reasons account for this lack of findings, including the fact that sexual assaults on children are often perpetrated by someone they know, such that physical force is not used. In addition, genital structures heal quickly and often without scarring, so that even if trauma does occur, it may no longer be evident at the time of examination, particularly because disclosure is often delayed in these cases.[8] Even in adolescents who present with definitive evidence of sexual contact (i.e. pregnancy), only a small percentage have genital changes that are diagnostic of penetrating trauma.[9]

Applicable Florida Statutes

Section 39.01(2), F.S., defines "abuse" as follows:

> "Abuse" means any willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions.

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[3] http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5511a1.htm
[4] http://www.acf.hhs.gov/programs/cb/pubs/cm04/summary.htm
[5] http://www.acf.hhs.gov/programs/cb/pubs/cm04/table3_11.htm
[6] Correspondence with Keith A. Perlman, Data Reporting Administrator, Office of Family Safety, DCF (April 2, 2007). The other 45 percent of children who were sexually abused in FY 2005-2006 were under the typical age of puberty, from 0 to 9 years old.
[7] http://www.emedicine.com/PED/topic2649.htm
[8] Id.
[9] Nancy D. Kellogg, Shirley W. Menard & Annette Santos, Genital Anatomy in Pregnant Adolescents: "Normal" Does Not Mean "Nothing Happened", 113 Pediatrics 67 (2004)

Sexual abuse of a child is specifically and broadly defined to include all sexual contact, as well as masturbation in the presence of, genital exposure to, and sexual exploitation of a child.[10]

Pursuant to s. 39.201(1)(a), F.S., "[a]ny person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare . . . shall report such knowledge or suspicion to the [Department of Children & Families] in the manner prescribed . . .." These mandatory reports are to made to the department's central abuse hotline and, in some circumstances (e.g., when suspected abuse is perpetrated by a non-family member), the hotline calls are to be immediately referred to law enforcement.

This bill conclusively presumes that a pregnant minor has been sexually abused. As such, it removes the ability of a health care provider to make a distinction between abusive and non-abusive relationships.

Section 39.201(2)(d), F.S., specifically provides that "[i]f the report is of an instance of known or suspected child abuse involving impregnation of a child under 16 years of age by a person 21 years of age or older solely under s. 827.04(3),[11] the report shall be made immediately to the appropriate county sheriff's office or other appropriate law enforcement agency." Health care professionals or other persons who provide medical or counseling services to pregnant children, however, are exempt from this provision when such reporting would interfere with the provision of medical services.[12] A person who is required to report child abuse and who knowingly and willingly fails to do so or prevents another from doing so, is guilty of a first degree misdemeanor.[13]

Section 39.04, F.S., recognizes that the evidentiary privilege for communications between a professional person and his patient or client, does not apply to communications involving known or suspected child abuse, and does not constitute grounds for failure to report, failure to cooperate, or failure to give evidence in any judicial proceeding.

Pursuant to s. 456.001, F.S., the term "health care practitioner" means any person licensed under the following chapters of the Florida Statutes:

- Chapter 457 (acupuncturists);
- Chapter 458 (medical doctors);
- Chapter 459 (osteopathic physicians);
- Chapter 460 (chiropractic physicians);
- Chapter 461 (podiatric physicians);
- Chapter 462 (doctors of naturopathy);
- Chapter 463 (optometrists);

[10] Section 39.01(66), F.S.
[11] Section 827.04(3), F.S., provides that "[a] person 21 years of age or older who impregnates a child under 16 years of age commits an act of child abuse which constitutes a felony of the third degree . . . Neither the victim's lack of chastity nor the victim's consent is a defense to the crime proscribed under this subsection."
[12] Id.
[13] Section 39.205(1), F.S.

- Chapter 464 (nurses);
- Chapter 465 (pharmacists);
- Chapter 466 (dentists);
- Chapter 467 (midwives);
- Chapter 468 (speech, occupational and respiratory therapists, nursing home administrators, dieticians, athletic trainers, orthotists);
- Chapter 478 (electrologists);
- Chapter 480 (massage therapists);
- Chapter 483 (clinical laboratory personnel, medical physicists);
- Chapter 484 (opticians);
- Chapter 486 (physical therapists);
- Chapter 490 (psychologists); and
- Chapter 491 (social workers).

Pursuant to s. 390.0112, F.S., the director of a medical facility in which any pregnancy is terminated or, if a pregnancy termination is not performed in a medical facility, the physician performing the procedure, is required to submit a monthly report to the Agency for Healthcare Administration (AHCA) which contains the number of procedures performed, the reason for same, and the period of gestation at the time of the procedure.[14] The statute provides that the reports are confidential and exempt from the provisions of s. 119.07(1), F.S., and that they shall not be revealed except upon the order of a court of competent jurisdiction in a civil or criminal proceeding.

The role of the Florida Department of Law Enforcement (FDLE) in forensic investigations is limited, by s. 943.04, F.S., to investigations involving violations of criminal law.[15] According to FDLE, because this bill requires the submission of evidence which is not "predicated" on a violation of criminal law, the submission falls outside the scope of FDLE's current authority to investigate.[16]

The Florida Evidence Code defines a presumption as an assumption of fact which the law makes from the existence of another fact or group of facts found or otherwise established. Except for presumptions that are conclusive under the law from which they arise, all presumptions are rebuttable.[17]

Every rebuttable presumption is either:

- A presumption affecting the burden of producing evidence and requiring the trier of fact to assume the existence of the presumed fact, unless credible evidence sufficient to sustain a finding of the nonexistence of the presumed fact is introduced, in which event, the existence or nonexistence of the presumed fact shall be determined from the evidence without regard to the presumption; or

[14] According to the Florida Department of Law Enforcement, the age of the mother is not included in these statistics, so there is no accurate data as to the number of abortions performed on patients under 16 years of age in Florida.
[15] Pursuant to s. 943.04, F.S., FDLE is authorized to investigate "violations of any of the criminal laws of the state . . ."
[16] FDLE Analysis SB 2546 (March 19, 2007).
[17] Section 90.301(1) and (2), F.S.

- A presumption affecting the burden of proof that imposes upon the party against whom it operates the burden of proof concerning the nonexistence of the presumed fact. [18]

In *Straughn v. K&K Land Mgmt., Inc*., the Florida Supreme Court articulated the test for determining whether a statutory presumption violates the due process clause as follows:

The test for the constitutionality of statutory presumptions is twofold. First, there must be a rational connection between the fact proved and the ultimate fact presumed . . . Second, there must be a right to rebut in a fair manner . . . [citations omitted].[19]

For purposes of the bill, this test would require there to be a rational connection between the fact proved (i.e., the pregnancy of a minor) and the ultimate fact presumed (i.e., the minor was sexually abused), and a right to rebuttal.

Right to Privacy in Florida

In *Roe v. Wade*, the United States Supreme Court recognized a right to privacy that protected an individual's autonomy in matters concerning marriage, procreation, contraception, family relationships, and child rearing. The Supreme Court made it clear, however, that States, not the federal government, were to be the final guarantors of personal privacy. [20]

In 1980, Florida voters amended the Florida Constitution to expressly provide for an independent right to privacy:

> Every natural person has the right to be let alone and free from governmental intrusion into the person's private life except as otherwise provided herein. This section shall not be construed to limit the public's right of access to public records and meetings as provided by law.[21]

This constitutional provision is implicated in a woman's decision to have an abortion. In 1989, in a plurality opinion, the Florida Supreme Court held that the right of privacy extends to minors. Acknowledging that a minor's right to privacy is not absolute, the Court nonetheless held that it did encompass the right to terminate a pregnancy. The Court found that the parental notification statute at issue in the case was unconstitutional.[22]

In subsequent cases, however, the Florida Supreme Court upheld the constitutionality of other statutes limiting a minor's right to privacy, finding in each that the state had a compelling interest in protecting children from sexual exploitation: *Jones v. State*, 640 So.2d 1084 (Fla. 1994) (statutory rape law making it unlawful to have consensual sexual intercourse with a child under 16 years old found constitutional as applied in the adult/minor context); and *J.A.S. v. State*, 705 So.2d 1381 (Fla. 1998) (statutory rape law found constitutional as applied in the minor/minor context). In both cases, the Court noted that "whatever the extent of a minor's

[18] Section 90.302 (1) and (2), F.S.
[19] 326 So.2d 421, 424 (Fla. 1976). *See also*, Parikh v. Cunningham, 493 So.2d 999 (Fla. 1986).
[20] Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705 (1973)
[21] Fla. Const. art. I, s. 23
[22] In re: T.W., 551 So.2d 1186 (1989)

privacy rights, those rights 'do not vitiate the legislature's efforts and authority to protect [minors] from the conduct of others.'"[23]

Similar Statutes
Two states in the United States (Tennessee and Kansas) have laws that require health care providers to preserve and submit to law enforcement a fetal tissue sample from every minor's abortion.[24]

Tennessee's law was enacted in 2006 and provides in relevant part:

> When a physician has reasonable cause to report the sexual abuse of a minor. . . *because the physician has been requested to perform an abortion on a minor who is less than thirteen (13) years of age*, the physician shall, at the time of the report, also notify the official to whom the report is made of the date and time of the scheduled abortion and that a sample of the embryonic or fetal tissue extracted during the abortion will be preserved and available to be turned over to the appropriate law enforcement officer conducting the investigation into the rape of the minor (emphasis added).[25]

The Tennessee statute provides that all identifying information concerning the minor shall be treated as confidential and shall not be released to anyone other than the investigating and prosecuting authorities directly involved in the case of the particular minor. The statute provides for civil penalties to be assessed on providers who fail to comply with the statute by the provider's health related board.[26] In addition, a physician who fails to comply may be further disciplined for unprofessional conduct.

The Kansas statute, enacted in 2005, is similar:[27]

> Any physician who performs an abortion on a minor who was less than 14 years of age at the time of the abortion procedure shall preserve, in accordance with rules and regulations adopted by the attorney general pursuant to this section, fetal tissue extracted during such abortion. The physician shall submit such tissue to

[23] J.A.S. v. State, 705 So.2d 1381 (Fla. 1998), citing Jones v. State, 640 So.2d at 1087 (Fla. 1994)
[24] According to the National Conference of State Legislatures (NCSL), in addition to Florida, Texas (HB 859) and West Virginia (HB 3128) introduced similar legislation this session. Correspondence with Megan Foreman, Research Analyst, Health Program, NCSL (April 2, 2007)
[25] Tenn. Code Ann. s. 39-15-210(b) (2007)
[26] Tenn. Code Ann. s. 39-15-210 (2007)
[27] Prior to the enactment of this law, the Attorney General in Kansas issued an opinion that the Kansas child abuse reporting statute required health care providers to report all cases of underage sexual activity (including that evidenced by pregnancy, a sexually transmitted disease or a request for birth control) as sexual abuse. After protracted litigation, the federal court held that the obligation of a mandatory reporter to report sexual child abuse was not triggered unless the provider had reason to suspect both injury and illegal sexual activity. Aid for Women v. Foulston, 427 F.Supp.2d 1093 (D. Kan. 2006). A similar Attorney General opinion was struck down in California. The California decision turned on the privacy rights of minors, but noted also that the reporting statute evidenced the Legislature's reliance on the "judgment and experience of the trained professional to distinguish between abusive and nonabusive situations." Planned Parenthood Affiliates v. Van de Kamp, 181 Cal. App.3d 245, 226 Cal. Rptr. 361, 365 (Cal. Ct. App. 1986)

> the Kansas bureau of investigation or to a laboratory designated by the director of the Kansas bureau of investigation.[28]

Failure of a physician to comply with the law is considered unprofessional conduct and is subject to criminal penalties.[29]

According to the National Conference of State Legislatures (NCSL), it is difficult to specifically identify which states (if any) have reporting requirements similar to those provided by this bill, because reporting issues arise across a wide range of laws (e.g., statutory rape, child abuse, doctor-patient privilege).[30] However, thirty-two states (including Florida) and the District of Columbia explicitly allow all minors to consent to prenatal care. Twelve of these states allow, but do not require, a physician to inform parents that their minor daughter is seeking or receiving prenatal care when the doctor deems it in the minor's best interests. Fifteen states have no relevant policy or case law.[31]

Title X of the Public Health Service Act

The Family Planning program, authorized under Title X of the Public Services Act, is the only federal program devoted solely to the provision of family planning and reproductive health care. The program supports a nationwide network of approximately 4,600 clinics, providing reproductive health services to 5 million persons each year.[32] The rules applicable to Title X funded programs include the following rule as to confidentiality:

> All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.[33]

Florida receives Title X funding pursuant to the Comprehensive Family Planning Act, codified at s. 381.0051, F.S. According to the Department of Health (DOH), the mandatory reporting requirement of this bill may jeopardize Title X funding for the departments' family planning program.[34]

HIPAA

The Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) establishes a set of national standards for the protection of certain health information. The U.S.

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[28] Kan. Stat. Ann. s. 65-67a09(c) (2007)
[29] Kan. Stat. Ann. s. 65-67a09 (2007)
[30] According to NCSL, in addition to Florida, Mississippi (SB 2209) and Connecticut (HB 5680) have introduced legislation this year that would require health care providers to report the pregnancies of minors. Correspondence with Megan Foreman, Research Analyst, Health Program, NCSL (April 2, 2007)
[31] State Policies in Brief, An Overview of Minors' Consent Law, Guttmacher Institute (March 11, 2007)
[32] http://opa.osophs.dhhs.gov/titlex/ofp.html
[33] 42 C.F.R. § 59.11 (2000).
[34] DOH Bill Analysis, Economic Statement and Fiscal Note, SB 2546 (March 19, 2007)

Department of Health and Human Services (HHS) issued the Privacy Rule to implement the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).[35] A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being.[36]

The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)."

A covered entity may not use or disclose PHI, except either: (1) as the Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing.[37]

State laws that are contrary to the Privacy Rule are preempted by the Federal requirements, unless a specific exception applies. These exceptions include if the State law (1) relates to the privacy of individually identifiable health information and provides greater privacy protections or privacy rights with respect to such information, (2) provides for the reporting of disease or injury, **child abuse**, birth, or death, or for public health surveillance, investigation, or intervention, or (3) requires certain health plan reporting, such as for management or financial audits. In these circumstances, a covered entity is not required to comply with a contrary provision of the Privacy Rule.[38]

The Privacy Rule is balanced to protect an individual's privacy while allowing important law enforcement functions to continue. The Rule permits covered entities to disclose PHI to law enforcement officials, without the individual's written authorization, under specific circumstances:

- Child abuse or neglect may be reported to any law enforcement official authorized by law to receive such reports and the agreement of the individual is not required (45 CFR 164.512(b)(1)(ii)); and
- To report PHI to law enforcement when required by law to do so (45 CFR 164.512(f)(1)(i)). For example, state laws commonly require health care providers to report incidents of gunshot or stab wounds, or other violent injuries; and the Rule permits disclosures of PHI as necessary to comply with these laws.[39]

Section 456.057, F.S., prohibits health care practitioners from discussing the medical condition of a patient with "any person other than the patient or the patient's legal representative or other health care practitioners and providers involved in the care or treatment of the patient, except upon written authorization of the patient."[40] The statute provides exceptions, allowing disclosure in the following circumstances:

[35] Pub. L. 104-191 (1996)
[36] http://www.hhs.gov/ocr/privacysummary.pdf
[37] http://www.hhs.gov/ocr/privacysummary.pdf
[38] http://www.hhs.gov/hipaafaq/state/399.html
[39] http://www.hhs.gov/hipaafaq/permitted/law/505.html
[40] Section 456.057(7)(a), F.S.

- To any person, firm, or corporation that has procured or furnished such examination or treatment with the patient's consent;
- When compulsory physical examination is made pursuant to Rule 1.360, Florida Rules of Civil Procedure;
- 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;
- For statistical and scientific research, provided the information is abstracted in such a way as to protect the identity of the patient; and
- To a regional poison control center for purposes of treating a poison episode.[41]

III. Effect of Proposed Changes:

The bill states that the Legislature finds that there is a compelling state interest in prosecuting violations of ss. 794.011 (sexual battery), 800.04 (lewd and lascivious acts), and 827.04 (contributing to the delinquency of minors), F.S.

The bill states that the Legislature agrees with the Florida Supreme Court's holding in *J.A.S. v. State of Florida*, and specifically agrees with the Court's conclusion that any type of sexual conduct involving a child constitutes an intrusion upon the rights of the child, and that society has a compelling interest in intervening to stop such misconduct.

The bill states that the Legislature finds that a child under the age of 16 who is pregnant "embodies evidence that a crime has been committed," that successful criminal prosecution of sexual offenders "who prey on and impregnate children under 16 years of age" is in the best interests of the children and furthers a compelling state interest in public safety, and that successful criminal prosecution may depend on the preservation of DNA evidence.

The bill provides that health care practitioners, as well as employees or others acting on behalf of abortion clinics or referral agencies, who know or reasonably should know that a child under the age of 16 is pregnant, shall report the pregnancy to the appropriate law enforcement agency within 24 hours.

The bill further provides that a health care practitioner who performs an abortion on a child under the age of 16 shall collect a sample of DNA suitable for testing and immediately forward it to the Florida Department of Law Enforcement for testing to identify the "person responsible for impregnating the child." The bill states that any evidence collected can be used in subsequent criminal or civil proceeding.

The bill authorizes DOH to revoke or suspend, for up to two years, the license of any person or entity who fails to comply with the provisions of the bill.

[41] Id.

The bill provides an exemption for a child who is married or has had the disability of nonage removed by court order.

The bill authorizes FDLE to adopt rules for the administration and implementation of the section.

The bill states that that privileged quality of communication between a professional person and his patient under the age of 16 is abrogated to facilitate compliance.

The bill provides an effective date of July 1, 2007.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

The bill may be challenged on the basis of a minor's constitutional right to privacy. *See supra* pp. 5-6.

The bill may be vulnerable to a challenge based on the due process clause, to the extent it makes a nonrebuttable, statutory presumption that a minor's pregnancy is conclusively presumed to be the result of sexual abuse. *See supra* pp. 4-5.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

There may be an indeterminate cost to abortion providers to collect DNA samples and facilitate reporting to law enforcement. [42]

[42] FDLE Analysis SB 2546 (March 19, 2007)

C. Government Sector Impact:

The FDLE anticipates that the bill will have significant fiscal impact, but states that, because accurate data regarding the number of abortions performed on patients under 16 years of age in Florida are not available, it is not possible to estimate the total cost of collecting, analyzing and storing the samples mandated by the bill.[43] The FDLE advises that the current cost for doing a fetal tissue sample and known samples from a mother and father is $800.00 per sample ($2,400.00 per case).[44]

VI. Technical Deficiencies:

None.

VII. Related Issues:

Most health care practitioners are disciplined by the licensing boards, not the Department of Health. The bill may result in an increase of DOH enforcement and disciplinary actions for violations of the provisions of the bill. The number of such actions is indeterminate. In addition, the boards could be subject to litigation involving the disparate disciplinary standards created by the bill.[45]

According to DOH, the notice provisions of the bill may have significant impact on the Title X family planning programs, which encourage parental participation in family planning issues involving minors. The bill may discourage minors from seeking family planning services and prenatal care, and it may provide increased incentive for male partners of these girls to coerce their partners into not seeking prenatal care for fear of being involved in the legal system. The bill may also endanger federal Title X funding for family planning services as reporting would be in direct violation of the federal regulations. [46]

This bill gives FDLE rather than DOH, rulemaking authority. According to DOH, if this language is construed broadly by FDLE, FDLE could promulgate rules regulating healthcare practitioner's standard of conduct, in conflict with the various boards' authority to regulate their own licensees.[47]

According to FDLE, as part of an overall plan to reduce forensic backlogs and improve forensic services for contributors, FDLE has recently implemented case acceptance guidelines which limit the submission of potential DNA evidence, and targets the most critical cases requiring DNA analysis. If the bill passes, the requirement to submit two samples from every abortion performed on a person under the age of 16 will dramatically increase the volume of submissions to DNA sections statewide, with little potential for solving crime.[48]

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[43] FDLE Analysis SB 2546 (March 19, 2007)
[44] Correspondence with Dave Coffman, Chief of Forensic Services, Tallahassee Regional Operations Center, FDLE (April 2, 2007)
[45] DOH Bill Analysis, Economic Statement and Fiscal Note, SB 2546 (March 19, 2007)
[46] Id.
[47] Id.
[48] FDLE Analysis SB 2546 (March 19, 2007)

It is not clear how the DNA sample will be used to "identify or confirm the identity of the person responsible for impregnating the child." The only way to find the father in a case where DNA is available from the mother and fetus is to find a match in a databank or to get a sample (with probable cause) from an alleged father. There is no direction in the bill for storing the tissue samples.

This bill will be difficult to implement by July 1, 2007, due to the need to train a variety of providers on their responsibilities.

This Senate Professional Staff Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

VIII. Summary of Amendments:

None.

This Senate Professional Staff Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.