

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WITHDRAWN	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: Children, Families &
 2 Seniors Subcommittee
 3 Representative Harrell offered the following:

Amendment (with title amendment)

6 Remove everything after the enacting clause and insert:

7 Section 1. Subsection (3) of section 39.2015, Florida
 8 Statutes, is amended to read:

9 39.2015 Critical incident rapid response team.—

10 (3) Each investigation shall be conducted by a multiagency
 11 team of at least five professionals with expertise in child
 12 protection, child welfare, and organizational management. The
 13 team may consist of employees of the department, community-based
 14 care lead agencies, Children's Medical Services, and community-
 15 based care provider organizations; faculty from the institute
 16 consisting of public and private universities offering degrees
 17 in social work established pursuant to s. 1004.615; or any other

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18 person with the required expertise. The team shall include, at a
19 minimum, the local child protection team medical director. The
20 majority of the team must reside in judicial circuits outside
21 the location of the incident. The secretary shall appoint a team
22 leader for each group assigned to an investigation.

23 Section 2. Section 39.303, Florida Statutes, is amended to
24 read:

25 39.303 Child protection teams; services; eligible cases.—
26 The Children's Medical Services Program in the Department of
27 Health shall develop, maintain, and coordinate the services of
28 one or more multidisciplinary child protection teams in each of
29 the service districts of the Department of Children and
30 Families. Such teams may be composed of appropriate
31 representatives of school districts and appropriate health,
32 mental health, social service, legal service, and law
33 enforcement agencies. The Department of Health and the
34 Department of Children and Families shall maintain an
35 interagency agreement that establishes protocols for oversight
36 and operations of child protection teams and sexual abuse
37 treatment programs. The State Surgeon General and the Deputy
38 Secretary for Children's Medical Services, in consultation with
39 the Secretary of Children and Families, shall maintain the
40 responsibility for the screening, employment, and, if necessary,
41 the termination of child protection team medical directors, at
42 headquarters and in the 15 districts.

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43 (1) (a) The Statewide Medical Director for Child Protection
44 must be a physician licensed under chapter 458 or chapter 459
45 who is a board-certified pediatrician with a subspecialty
46 certification in child abuse from the American Board of
47 Pediatrics.

48 (b) Each district medical director must be a physician
49 licensed under chapter 458 or chapter 459 who is a board-
50 certified pediatrician and, within 2 years after the date of his
51 or her employment as a district medical director, either obtains
52 a subspecialty certification in child abuse from the American
53 Board of Pediatrics or meets the minimum requirements
54 established by a third-party credentialing entity recognizing a
55 demonstrated specialized competence in child abuse pediatrics
56 pursuant to (d). Child protection team medical directors shall
57 be responsible for oversight of the teams in the districts.

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

64 (d) The department shall approve one or more third-party
65 credentialing entities for the purpose of developing and
66 administering a professional credentialing program for district
67 medical directors. Within 90 days after receiving documentation
68 from a third-party credentialing entity, the department shall

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69 approve a third-party credentialing entity that demonstrates
70 compliance with the following minimum standards:

71 (a) Establishment of child abuse pediatrics core
72 competencies, certification standards, testing instruments, and
73 recertification standards according to national psychometric
74 standards.

75 (b) Establishment of a process to administer the
76 certification application, award, and maintenance processes
77 according to national psychometric standards.

78 (c) Demonstrated ability to administer a professional code
79 of ethics and disciplinary process that applies to all certified
80 persons.

81 (d) Establishment of, and ability to maintain, a publicly
82 accessible Internet-based database that contains information on
83 each person who applies for and is awarded certification, such
84 as the person's first and last name, certification status, and
85 ethical or disciplinary history.

86 (e) Demonstrated ability to administer biannual continuing
87 education and certification renewal requirements.

88 (f) Demonstrated ability to administer an education
89 provider program to approve qualified training entities and to
90 provide precertification training to applicants and continuing
91 education opportunities to certified professionals.

92 (2)-(1) The Department of Health shall use and convene the
93 teams to supplement the assessment and protective supervision
94 activities of the family safety and preservation program of the

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

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

110 (b) Telephone consultation services in emergencies and in
111 other situations.

112 (c) Medical evaluation related to abuse, abandonment, or
113 neglect, as defined by policy or rule of the Department of
114 Health.

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

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120 (e) Expert medical, psychological, and related
121 professional testimony in court cases.

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

134 (g) Case service coordination and assistance, including
135 the location of services available from other public and private
136 agencies in the community.

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

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

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

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

151

152 ~~All medical personnel participating on a child protection team~~
153 ~~must successfully complete the required child protection team~~
154 ~~training curriculum as set forth in protocols determined by the~~
155 ~~Deputy Secretary for Children's Medical Services and the~~
156 ~~Statewide Medical Director for Child Protection.~~ A child
157 protection team that is evaluating a report of medical neglect
158 and assessing the health care needs of a medically complex child
159 shall consult with a physician who has experience in treating
160 children with the same condition.

161 ~~(3)(2)~~ The child abuse, abandonment, and neglect reports
162 that must be referred by the department to child protection
163 teams of the Department of Health for an assessment and other
164 appropriate available support services as set forth in
165 subsection (1) must include cases involving:

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

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

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

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170 (d) Any sexually transmitted disease in a prepubescent
171 child.

172 (e) Reported malnutrition of a child and failure of a
173 child to thrive.

174 (f) Reported medical neglect of a child.

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

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

182 ~~(4)~~(3) All abuse and neglect cases transmitted for
183 investigation to a district by the hotline must be
184 simultaneously transmitted to the Department of Health child
185 protection team for review. For the purpose of determining
186 whether face-to-face medical evaluation by a child protection
187 team is necessary, all cases transmitted to the child protection
188 team which meet the criteria in subsection (2) must be timely
189 reviewed by:

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

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

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196 the direction of a physician licensed under chapter 458 or
197 chapter 459 who holds board certification in pediatrics and is a
198 member of a child protection team;

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

202 (d) A physician assistant licensed under chapter 458 or
203 chapter 459, who may complete the review only when working under
204 the supervision of a physician licensed under chapter 458 or
205 chapter 459 who holds board certification in pediatrics and is a
206 member of a child protection team; or

207 (e) A registered nurse licensed under chapter 464, who may
208 complete the review only when working under the direct
209 supervision of a physician licensed under chapter 458 or chapter
210 459 who holds certification in pediatrics and is a member of a
211 child protection team.

212 ~~(5)-(4)~~ A face-to-face medical evaluation by a child
213 protection team is not necessary when:

214 (a) The child was examined for the alleged abuse or
215 neglect by a physician who is not a member of the child
216 protection team, and a consultation between the child protection
217 team board-certified pediatrician, advanced registered nurse
218 practitioner, physician assistant working under the supervision
219 of a child protection team board-certified pediatrician, or
220 registered nurse working under the direct supervision of a child
221 protection team board-certified pediatrician, and the examining

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222 physician concludes that a further medical evaluation is
223 unnecessary;

224 (b) The child protective investigator, with supervisory
225 approval, has determined, after conducting a child safety
226 assessment, that there are no indications of injuries as
227 described in paragraphs (2) (a)-(h) as reported; or

228 (c) The child protection team board-certified
229 pediatrician, as authorized in subsection (3), determines that a
230 medical evaluation is not required.

231

232 Notwithstanding paragraphs (a), (b), and (c), a child protection
233 team pediatrician, as authorized in subsection (3), may
234 determine that a face-to-face medical evaluation is necessary.

235 ~~(6)-(5)~~ In all instances in which a child protection team
236 is providing certain services to abused, abandoned, or neglected
237 children, other offices and units of the Department of Health,
238 and offices and units of the Department of Children and
239 Families, shall avoid duplicating the provision of those
240 services.

241 ~~(7)-(6)~~ The Department of Health child protection team
242 quality assurance program and the Family Safety Program Office
243 of the Department of Children and Families shall collaborate to
244 ensure referrals and responses to child abuse, abandonment, and
245 neglect reports are appropriate. Each quality assurance program
246 shall include a review of records in which there are no findings
247 of abuse, abandonment, or neglect, and the findings of these

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248 reviews shall be included in each department's quality assurance
249 reports.

250 Section 3. Paragraph (b) of subsection (9) of section
251 768.28, Florida Statutes, is amended to read:

252 768.28 Waiver of sovereign immunity in tort actions;
253 recovery limits; limitation on attorney fees; statute of
254 limitations; exclusions; indemnification; risk management
255 programs.—

256 (9) (a) No officer, employee, or agent of the state or of
257 any of its subdivisions shall be held personally liable in tort
258 or named as a party defendant in any action for any injury or
259 damage suffered as a result of any act, event, or omission of
260 action in the scope of her or his employment or function, unless
261 such officer, employee, or agent acted in bad faith or with
262 malicious purpose or in a manner exhibiting wanton and willful
263 disregard of human rights, safety, or property. However, such
264 officer, employee, or agent shall be considered an adverse
265 witness in a tort action for any injury or damage suffered as a
266 result of any act, event, or omission of action in the scope of
267 her or his employment or function. The exclusive remedy for
268 injury or damage suffered as a result of an act, event, or
269 omission of an officer, employee, or agent of the state or any
270 of its subdivisions or constitutional officers shall be by
271 action against the governmental entity, or the head of such
272 entity in her or his official capacity, or the constitutional
273 officer of which the officer, employee, or agent is an employee,

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274 unless such act or omission was committed in bad faith or with
275 malicious purpose or in a manner exhibiting wanton and willful
276 disregard of human rights, safety, or property. The state or its
277 subdivisions shall not be liable in tort for the acts or
278 omissions of an officer, employee, or agent committed while
279 acting outside the course and scope of her or his employment or
280 committed in bad faith or with malicious purpose or in a manner
281 exhibiting wanton and willful disregard of human rights, safety,
282 or property.

283 (b) As used in this subsection, the term:

284 1. "Employee" includes any volunteer firefighter.

285 2. "Officer, employee, or agent" includes, but is not
286 limited to, any health care provider when providing services
287 pursuant to s. 766.1115; any nonprofit independent college or
288 university located and chartered in this state which owns or
289 operates an accredited medical school, and its employees or
290 agents, when providing patient services pursuant to paragraph
291 (10) (f); ~~and~~ any public defender or her or his employee or
292 agent, including, among others, an assistant public defender and
293 an investigator; and any member of a child protection team, as
294 defined in s. 39.01(13), when carrying out his or her duties as
295 a team member.

296 Section 4. Subsection (2) of section 458.3175, Florida
297 Statutes, is amended to read:

298 458.3175 Expert witness certificate.-

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

301 (a) Provide a verified written medical expert opinion as
302 provided in s. 766.203.

303 (b) Provide expert testimony about the prevailing
304 professional standard of care in connection with medical
305 negligence litigation pending in this state against a physician
306 licensed under this chapter or chapter 459.

307 (c) Provide expert testimony in criminal child abuse and
308 neglect cases in this state.

309 Section 5. For the purpose of incorporating the amendments
310 made by this act to section 39.303, Florida Statutes, in a
311 reference thereto, section 39.3031, Florida Statutes, is
312 reenacted to read:

313 39.3031 Rules for implementation of s. 39.303.—The
314 Department of Health, in consultation with the Department of
315 Children and Families, shall adopt rules governing the child
316 protection teams pursuant to s. 39.303, including definitions,
317 organization, roles and responsibilities, eligibility, services
318 and their availability, qualifications of staff, and a waiver-
319 request process.

320 Section 6. For the purpose of incorporating the amendments
321 made by this act to section 39.303, Florida Statutes, in a
322 reference thereto, subsection (2) of section 391.026, Florida
323 Statutes, is reenacted to read:

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324 391.026 Powers and duties of the department.—The
325 department shall have the following powers, duties, and
326 responsibilities:

327 (2) To provide services to abused and neglected children
328 through child protection teams pursuant to s. 39.303.

329 Section 7. This act shall take effect July 1, 2015.
330

331 -----

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

333 Remove everything before the enacting clause and insert:

334 A bill to be entitled

335 An act relating to child protection; amending s. 39.2015, F.S.;
336 providing requirements for the representation of Children's
337 Medical Services on multiagency teams investigating certain
338 child deaths or other serious incidents; amending s. 39.303,
339 F.S.; requiring the Statewide Medical Director for Child
340 Protection and the district medical directors to hold certain
341 qualifications; requiring the Department of Health to approve a
342 third-party credentialing entity; amending s. 768.28, F.S.;
343 specifying that that child protection team members are covered
344 by state sovereign immunity provisions when carrying out their
345 duties; amending s. 458.3175, F.S.; adding expert testimony in
346 child abuse and neglect cases; reenacting ss. 39.3031 and
347 391.026(2), F.S., relating to child protection teams, to
348 incorporate the amendments made by the act to s. 39.303, F.S.,
349 in references thereto; providing an effective date.