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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/09/2015	.	
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The Committee on Fiscal Policy (Bradley) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

39.2015 Critical incident rapid response team.—

(3) Each investigation shall be conducted by a multiagency
team of at least five professionals with expertise in child
protection, child welfare, and organizational management. The



11 team may consist of employees of the department, community-based
12 care lead agencies, Children's Medical Services, and community-
13 based care provider organizations; faculty from the institute
14 consisting of public and private universities offering degrees
15 in social work established pursuant to s. 1004.615; or any other
16 person with the required expertise. The team shall include, at a
17 minimum, a child protection team medical director. The majority
18 of the team must reside in judicial circuits outside the
19 location of the incident. The secretary shall appoint a team
20 leader for each group assigned to an investigation.

21 Section 2. Section 39.303, Florida Statutes, is amended to
22 read:

23 39.303 Child protection teams; services; eligible cases.—

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



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40 headquarters and in the 15 districts.

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

46 (b) Each medical director must be a physician licensed
47 under chapter 458 or chapter 459 who is a board-certified
48 pedsiatrician and, within 4 years after the date of his or her
49 employment as a medical director, either obtain a subspecialty
50 certification in child abuse from the American Board of
51 Pediatrics or meets the minimum requirements established by a
52 third-party credentialing entity recognizing a demonstrated
53 specialized competence in child abuse pedsiatrics pursuant to
54 paragraph (d). Child protection team medical directors shall be
55 responsible for oversight of the teams in the districts.

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

62 (d) Subject to specific appropriation, the Department of
63 Health shall approve one or more third-party credentialing
64 entities for the purpose of developing and administering a
65 professional credentialing program for medical directors. Within
66 90 days after receiving documentation from a third-party
67 credentialing entity, the department shall approve a third-party
68 credentialing entity that demonstrates compliance with the



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69 following minimum standards:

70 1. Establishment of child abuse pediatrics core
71 competencies, certification standards, testing instruments, and
72 recertification standards according to national psychometric
73 standards.

74 2. Establishment of a process to administer the
75 certification application, award, and maintenance processes
76 according to national psychometric standards.

77 3. Demonstrated ability to administer a professional code
78 of ethics and disciplinary process that applies to all certified
79 persons.

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

85 5. Demonstrated ability to administer biennial continuing
86 education and certification renewal requirements.

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

91 (3)~~(1)~~ The Department of Health shall use and convene the
92 teams to supplement the assessment and protective supervision
93 activities of the family safety and preservation program of the
94 Department of Children and Families. This section does not
95 remove or reduce the duty and responsibility of any person to
96 report pursuant to this chapter all suspected or actual cases of
97 child abuse, abandonment, or neglect or sexual abuse of a child.



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98 The role of the teams shall be to support activities of the
99 program and to provide services deemed by the teams to be
100 necessary and appropriate to abused, abandoned, and neglected
101 children upon referral. The specialized diagnostic assessment,
102 evaluation, coordination, consultation, and other supportive
103 services that a child protection team shall be capable of
104 providing include, but are not limited to, the following:

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

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

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

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

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

121 (f) Case staffings to develop treatment plans for children
122 whose cases have been referred to the team. A child protection
123 team may provide consultation with respect to a child who is
124 alleged or is shown to be abused, abandoned, or neglected, which
125 consultation shall be provided at the request of a
126 representative of the family safety and preservation program or



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127 at the request of any other professional involved with a child
128 or the child's parent or parents, legal custodian or custodians,
129 or other caregivers. In every such child protection team case
130 staffing, consultation, or staff activity involving a child, a
131 family safety and preservation program representative shall
132 attend and participate.

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

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

142 (i) Educational and community awareness campaigns on child
143 abuse, abandonment, and neglect in an effort to enable citizens
144 more successfully to prevent, identify, and treat child abuse,
145 abandonment, and neglect in the community.

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

150
151 ~~All medical personnel participating on a child protection team~~
152 ~~must successfully complete the required child protection team~~
153 ~~training curriculum as set forth in protocols determined by the~~
154 ~~Deputy Secretary for Children's Medical Services and the~~
155 ~~Statewide Medical Director for Child Protection. A child~~



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156 protection team that is evaluating a report of medical neglect
157 and assessing the health care needs of a medically complex child
158 shall consult with a physician who has experience in treating
159 children with the same condition.

160 ~~(4)~~ (2) The child abuse, abandonment, and neglect reports
161 that must be referred by the department to child protection
162 teams of the Department of Health for an assessment and other
163 appropriate available support services as set forth in
164 subsection (3) ~~(1)~~ must include cases involving:

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

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

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

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

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

173 (f) Reported medical neglect of a child.

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

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

181 ~~(5)~~ (3) All abuse and neglect cases transmitted for
182 investigation to a district by the hotline must be
183 simultaneously transmitted to the Department of Health child
184 protection team for review. For the purpose of determining



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185 whether face-to-face medical evaluation by a child protection
186 team is necessary, all cases transmitted to the child protection
187 team which meet the criteria in subsection (4) ~~(2)~~ must be
188 timely reviewed by:

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

192 (b) A physician licensed under chapter 458 or chapter 459
193 who holds board certification in a specialty other than
194 pediatrics, who may complete the review only when working under
195 the direction of a physician licensed under chapter 458 or
196 chapter 459 who holds board certification in pediatrics and is a
197 member of a child protection team;

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

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

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

211 (6)~~(4)~~ A face-to-face medical evaluation by a child
212 protection team is not necessary when:

213 (a) The child was examined for the alleged abuse or neglect



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214 by a physician who is not a member of the child protection team,
215 and a consultation between the child protection team board-
216 certified pediatrician, advanced registered nurse practitioner,
217 physician assistant working under the supervision of a child
218 protection team board-certified pediatrician, or registered
219 nurse working under the direct supervision of a child protection
220 team board-certified pediatrician, and the examining physician
221 concludes that a further medical evaluation is unnecessary;

222 (b) The child protective investigator, with supervisory
223 approval, has determined, after conducting a child safety
224 assessment, that there are no indications of injuries as
225 described in paragraphs (4) (a)-(h) ~~(2) (a)-(h)~~ as reported; or

226 (c) The child protection team board-certified pediatrician,
227 as authorized in subsection (5) ~~(3)~~, determines that a medical
228 evaluation is not required.

229
230 Notwithstanding paragraphs (a), (b), and (c), a child protection
231 team pediatrician, as authorized in subsection (5) ~~(3)~~, may
232 determine that a face-to-face medical evaluation is necessary.

233 (7) ~~(5)~~ In all instances in which a child protection team is
234 providing certain services to abused, abandoned, or neglected
235 children, other offices and units of the Department of Health,
236 and offices and units of the Department of Children and
237 Families, shall avoid duplicating the provision of those
238 services.

239 (8) ~~(6)~~ The Department of Health child protection team
240 quality assurance program and the Family Safety Program Office
241 of the Department of Children and Families shall collaborate to
242 ensure referrals and responses to child abuse, abandonment, and



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243 neglect reports are appropriate. Each quality assurance program
244 shall include a review of records in which there are no findings
245 of abuse, abandonment, or neglect, and the findings of these
246 reviews shall be included in each department's quality assurance
247 reports.

248 Section 3. Each child protection team medical director
249 employed on July 1, 2015, must, within 4 years, either obtain a
250 subspecialty certification in child abuse from the American
251 Board of Pediatrics or meet the minimum requirements established
252 by a third-party credentialing entity recognizing a demonstrated
253 specialized competence in child abuse pediatrics pursuant to s.
254 39.2015(2)(d).

255 Section 4. Paragraph (c) is added to subsection (2) of
256 section 458.3175, Florida Statutes, to read:

257 458.3175 Expert witness certificate.—

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

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

262 Section 5. Paragraph (c) is added to subsection (2) of
263 section 459.0066, Florida Statutes, to read:

264 459.0066 Expert witness certificate.—

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

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

269 Section 6. Paragraph (c) of subsection (14) of section
270 39.301, Florida Statutes, is amended to read:

271 39.301 Initiation of protective investigations.—



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272 (14)

273 (c) The department, in consultation with the judiciary,
274 shall adopt by rule:

275 1. Criteria that are factors requiring that the department
276 take the child into custody, petition the court as provided in
277 this chapter, or, if the child is not taken into custody or a
278 petition is not filed with the court, conduct an administrative
279 review. Such factors must include, but are not limited to,
280 noncompliance with a safety plan or the case plan developed by
281 the department, and the family under this chapter, and prior
282 abuse reports with findings that involve the child, the child's
283 sibling, or the child's caregiver.

284 2. Requirements that if after an administrative review the
285 department determines not to take the child into custody or
286 petition the court, the department shall document the reason for
287 its decision in writing and include it in the investigative
288 file. For all cases that were accepted by the local law
289 enforcement agency for criminal investigation pursuant to
290 subsection (2), the department must include in the file written
291 documentation that the administrative review included input from
292 law enforcement. In addition, for all cases that must be
293 referred to child protection teams pursuant to s. 39.303(4) and
294 (5) ~~39.303(2) and (3)~~, the file must include written
295 documentation that the administrative review included the
296 results of the team's evaluation.

297 Section 7. Paragraphs (a) and (b) of subsection (3) of
298 section 827.03, Florida Statutes, are amended to read:

299 827.03 Abuse, aggravated abuse, and neglect of a child;
300 penalties.—



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301 (3) EXPERT TESTIMONY.—

302 (a) Except as provided in paragraph (b), a physician may
303 not provide expert testimony in a criminal child abuse case
304 unless the physician is a physician licensed under chapter 458
305 or chapter 459 or has obtained certification as an expert
306 witness pursuant to s. 458.3175 or s. 459.0066.

307 (b) A physician may not provide expert testimony in a
308 criminal child abuse case regarding mental injury unless the
309 physician is a physician licensed under chapter 458 or chapter
310 459 who has completed an accredited residency in psychiatry or
311 has obtained certification as an expert witness pursuant to s.
312 458.3175 or s. 459.0066.

313 Section 8. For the purpose of incorporating the amendments
314 made by this act to section 39.303, Florida Statutes, in a
315 reference thereto, section 39.3031, Florida Statutes, is
316 reenacted to read:

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

324 Section 9. For the purpose of incorporating the amendments
325 made by this act to section 39.303, Florida Statutes, in a
326 reference thereto, subsection (2) of section 391.026, Florida
327 Statutes, is reenacted to read:

328 391.026 Powers and duties of the department.—The department
329 shall have the following powers, duties, and responsibilities:



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

332 Section 10. This act shall take effect July 1, 2015.

333 ===== T I T L E A M E N D M E N T =====

334 And the title is amended as follows:

335 Delete everything before the enacting clause
336 and insert:

337 A bill to be entitled
338 An act relating to child protection; amending s.
339 39.2015, F.S.; providing requirements for the
340 representation of Children's Medical Services on
341 multiagency teams investigating certain child deaths
342 or other serious incidents; amending s. 39.303, F.S.;
343 requiring the Statewide Medical Director for Child
344 Protection and the medical directors to hold certain
345 qualifications; requiring the Department of Health to
346 approve a third-party credentialing entity to
347 administer a credentialing program for medical
348 directors; specifying minimum standards that the
349 third-party credentialing entity must meet; deleting a
350 provision requiring all medical personnel on a child
351 protection team to complete specified training
352 curriculum; requiring each child protection team
353 medical director employed after a certain date to meet
354 specified requirements; amending s. 458.3175, F.S.;
355 providing that a physician who holds an expert witness
356 certificate may provide expert testimony in criminal
357 child abuse and neglect cases; amending s. 459.0066,
358 F.S.; providing that an osteopathic physician who



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359 holds an expert witness certificate may provide expert
360 testimony in criminal child abuse and neglect cases;
361 amending ss. 39.301 and 827.03, F.S.; conforming
362 cross-references; conforming provisions to changes
363 made by the act; reenacting ss. 39.3031 and
364 391.026(2), F.S., relating to child protection teams,
365 to incorporate the amendments made by the act to s.
366 39.303, F.S., in references thereto; providing an
367 effective date.