

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: SB 760

INTRODUCER: Senator Bradley

SUBJECT: Child Protection Teams

DATE: February 19, 2015

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Preston	Hendon	CF	Favorable
2.	_____	_____	HP	_____
3.	_____	_____	FP	_____

I. Summary:

SB 760 requires the Department of Health’s Statewide Medical Director for Child Protection to be a physician licensed under chapter 458 or chapter 459 who is board certified in pediatrics with a subspecialty certification in child abuse from the American Board of Pediatrics.

The bill also requires each district medical director to be a physician licensed under chapter 458 or chapter 459 who is board certified in pediatrics. In addition, within 2 years after the date of employment as district medical director, he or she must obtain a subspecialty certification in child abuse from the American Board of Pediatrics or a certificate issued by the Deputy Secretary for Children’s Medical Services in recognition of demonstrated specialized competence in child abuse.

The bill is anticipated to have no fiscal impact on state government.

The bill has an effective date of July 1, 2015.

II. Present Situation:

Child Protection Teams

A child protection team (CPT) is a medically directed, multidisciplinary team that works with local Sheriff’s offices and the Department of Children and Families (DCF or department) in cases of child abuse and neglect to supplement investigation activities.¹

¹ Florida Department of Health, Children’s Medical Services. *Child Protection Teams*
http://www.floridahealth.gov/AlternateSites/CMS-Kids/families/child_protection_safety/child_protection_teams.html (last visited Feb. 21, 2015).

Child protection teams provide expertise in evaluating alleged child abuse and neglect, assessing risk and protective factors, and providing recommendations for interventions to protect children and to enhance a caregiver's capacity to provide a safer environment when possible.²

Child abuse, abandonment and neglect reports to the Child Abuse Hotline that must be referred to child protection teams include cases involving:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
- Bruises anywhere on a child five years of age or younger.
- Any report alleging sexual abuse of a child.
- Any sexually transmitted disease in a prepubescent child.
- Reported malnutrition or failure of a child to thrive.
- Reported medical neglect of a child.
- A sibling or other child remaining in a home where one or more children have been pronounced dead on arrival or have been injured and later died as a result of suspected abuse, abandonment or neglect.
- Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.³

The State Surgeon General and the Deputy Secretary for Children's Medical Services, in consultation with the Secretary of Children and Families, have the responsibility for the screening, employment, and any necessary termination of child protection team medical directors, both at the state and district level.⁴ There is currently no statutory requirement related to the qualifications of either the Statewide Medical Director for Child Protection or the district team medical directors.

Specialty Certification for Child Abuse Pediatrics

Child abuse pediatricians are responsible for the diagnosis and treatment of children and adolescents who are suspected victims of child maltreatment. This includes physical abuse, sexual abuse, factitious illness (medical child abuse), neglect, and psychological/emotional abuse. These specialty pediatricians participate in multidisciplinary collaborative work within the medical, child welfare, and law enforcement systems. They are also often called to provide expert testimony in court proceedings.⁵

The American Board of Medical Specialties approved the child abuse pediatrics specialty in 2006 and the American Board of Pediatrics issued the first certification exams in late 2009. Dr. Ann S. Botash, MD,⁶ stated that "Board certification is really necessary in a field like this... it's helpful in the medical setting when I'm working with other pediatricians who are good

² *Id.*

³ Section 39.303, F.S.

⁴ *Id.*

⁵ Council of Pediatric Subspecialties. *Pediatric Child Abuse*, available at: <http://pedsubs.org/SubDes/ChildAbuse.cfm>. (last visited Feb. 21, 2015).

⁶ Professor of pediatrics at the State University of New York (SUNY) Upstate Medical University and Director of the University Hospital's Child Abuse Referral and Evaluation (CARE) program in Syracuse, NY.

practitioners, but don't have the same experience in child abuse treatment that I have.⁷ The certification may be a deciding factor in a disagreement between two practitioners, one a specialist and the other a generalist, about a diagnosis of child abuse...⁸

Three-year child abuse fellowships are in various stages of development at academic medical centers as a result of the new specialty designation. Most of them are housed within children's hospitals across the country, and similar to other pediatric specialty fellowships, there will be both clinical and research training and a requirement for a scholarly project, which will help advance the field.⁹ In 2012, there were 264 physicians nationwide who are certified in this specialty.¹⁰

III. Effect of Proposed Changes:

Section 1 amends s. 39.303, F.S., to require the Statewide Medical Director for Child Protection to be a physician licensed under chapter 458 or chapter 459 who is board certified in pediatrics with a subspecialty certification in child abuse from the American Board of Pediatrics.

This will ensure that the Statewide Director who is responsible for supervising other pediatricians on child protection teams will hold the same or similar credentials.

The bill also requires each district medical director to be a physician licensed under chapter 458 or chapter 459 who is board certified in pediatrics. In addition, within 2 years after the date of employment as district medical director, he or she must obtain a subspecialty certification in child abuse from the American Board of Pediatrics or a certificate issued by the Deputy Secretary for Children's Medical Services in recognition of demonstrated specialized competence in child abuse.

This will ensure that all district medical directors have a recognized degree of competence.

Section 2 reenacts s. 39.3031 and s. 391.026(2), F.S., to incorporate amendments to s. 39.303, F.S.

Section 3 provides an effective date of July 1, 2015.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

⁷ Emily Berry, *New Specialty Certification for Child Abuse Pediatrics* Nov. 6, 2009. Health Leaders Media, available at: <http://www.healthleadersmedia.com/content/PHY-241751/New-Specialty-Certification-for-Child-Abuse-Pediatrics.html>. (last visited Feb. 23, 2015).

⁸ *Id.*

⁹ Giardino, A., Hanson, N., Hill, K.S, and Leventhal, J.M. *Child Abuse Pediatrics: New Specialty, Renewed Mission. Pediatrics* 2011; 128(1):156-159.

¹⁰ University of Louisville Today. *UofL pediatrician joins elite group of board-certified child abuse specialists*. March 20, 2012, available at: <https://louisville.edu/uofltoday/facultystaff-news/uofl-pediatrician-joins-elite-group-of-board-certified-child-abuse-specialists>. (last visited Feb. 23, 2015).

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

The cost for pediatricians to obtain the required specialty certifications is indeterminate.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: s. 39.303.

This bill reenacts the following sections of the Florida Statutes: ss. 39.3031 and 391.026.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.