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LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
03/28/2017	.	
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The Committee on Children, Families, and Elder Affairs (Broxson) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 39.303, Florida Statutes, is amended to
read:

39.303 Child protection teams and sexual abuse treatment
programs; services; eligible cases.—

(1) The Children's Medical Services program in the



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10 Department of Health shall develop, maintain, and coordinate the
11 services of one or more multidisciplinary child protection teams
12 in each of the service circuits ~~districts~~ of the Department of
13 Children and Families. Such teams may be composed of appropriate
14 representatives of school districts and appropriate health,
15 mental health, social service, legal service, and law
16 enforcement agencies. The Department of Health and the
17 Department of Children and Families shall maintain an
18 interagency agreement that establishes protocols for oversight
19 and operations of child protection teams and sexual abuse
20 treatment programs. The State Surgeon General and the Deputy
21 Secretary for Children's Medical Services, in consultation with
22 the Secretary of Children and Families and the Statewide Medical
23 Director for Child Protection, shall maintain the responsibility
24 for the screening, employment, and, if necessary, the
25 termination of child protection team medical directors, ~~at~~
26 ~~headquarters and in the~~ circuits ~~15 districts~~.

27 (2) (a) The Statewide Medical Director for Child Protection
28 must be a physician licensed under chapter 458 or chapter 459
29 who is a board-certified pediatrician with a subspecialty
30 certification in child abuse from the American Board of
31 Pediatrics.

32 (b) Each child protection team ~~district~~ medical director
33 must be a physician licensed under chapter 458 or chapter 459
34 who is board certified in pediatrics, family medicine, emergency
35 medicine, internal medicine, or another specialty recognized by
36 the American Board of Medical Specialties and has 3 or more
37 years of experience working in the area of child abuse or
38 neglect. ~~a board-certified pediatrician and,~~ Within 4 years



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39 after the date of his or her employment in that capacity, ~~as~~ a
40 child protection team district medical director must, either
41 obtain a subspecialty certification in child abuse from the
42 American Board of Pediatrics or meet the minimum requirements
43 established by a third-party credentialing entity recognizing a
44 demonstrated specialized competence in child abuse pediatrics
45 pursuant to paragraph (d). Each child protection team district
46 medical director employed on July 1, 2015, must, within 4 years,
47 either obtain a subspecialty certification in child abuse from
48 the American Board of Pediatrics or meet the minimum
49 requirements established by a third-party credentialing entity
50 recognizing a demonstrated specialized competence in child abuse
51 pediatrics pursuant to paragraph (d). Child protection team
52 medical directors are ~~shall be~~ responsible for oversight of the
53 teams in the circuits ~~districts~~.

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

60 (d) Contingent on appropriations, the Department of Health
61 shall approve one or more third-party credentialing entities for
62 the purpose of developing and administering a professional
63 credentialing program for child protection team district medical
64 directors. Within 90 days after receiving documentation from a
65 third-party credentialing entity, the department shall approve a
66 third-party credentialing entity that demonstrates compliance
67 with the following minimum standards:



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

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

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

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

83 5. Demonstrated ability to administer biennial continuing
84 education and certification renewal requirements.

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

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



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

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

122 (f) Case staffings to develop treatment plans for children
123 whose cases have been referred to the child protection team. A
124 child protection team may provide consultation with respect to a
125 child who is alleged or is shown to be abused, abandoned, or



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

134 (g) Case service coordination and assistance, including the
135 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
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 A child protection team that is evaluating a report of medical
153 neglect and assessing the health care needs of a medically
154 complex child shall consult with a physician who has experience



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155 in treating children with the same condition.

156 (4) The child abuse, abandonment, and neglect reports that
157 must be referred by the department to child protection teams of
158 the Department of Health for an assessment and other appropriate
159 available support services as set forth in subsection (3) must
160 include cases involving:

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

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

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

165 (d) Any sexually transmitted disease in a prepubescent
166 child.

167 (e) Reported malnutrition of a child and failure of a child
168 to thrive.

169 (f) Reported medical neglect of a child.

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

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

177 (5) All abuse and neglect cases transmitted for
178 investigation to a circuit ~~district~~ by the hotline must be
179 simultaneously transmitted to the ~~Department of Health~~ child
180 protection team for review. For the purpose of determining
181 whether a face-to-face medical evaluation by a child protection
182 team is necessary, all cases transmitted to the child protection
183 team which meet the criteria in subsection (4) must be timely



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184 reviewed by:

185 (a) A physician licensed under chapter 458 or chapter 459
186 who holds board certification in pediatrics, family medicine,
187 emergency medicine, internal medicine, or another specialty
188 recognized by the American Board of Medical Specialties, who has
189 3 or more years of experience working in the area of child abuse
190 or neglect, and who ~~and~~ is a member of a child protection team;

191 (b) A physician licensed under chapter 458 or chapter 459
192 who holds board certification but does not meet the criteria for
193 a child protection team medical director specified in paragraph
194 (2) (b) ~~in a specialty other than pediatrics,~~ who may complete
195 the review only when working under the direction of a physician
196 licensed under chapter 458 or chapter 459 who meets the criteria
197 for a child protection team medical director under paragraph
198 (2) (b) ~~holds board certification in pediatrics~~ and is a member
199 of a child protection team;

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

203 (d) A physician assistant licensed under chapter 458 or
204 chapter 459, who may complete the review only when working under
205 the supervision of a physician licensed under chapter 458 or
206 chapter 459 who meets the criteria for a child protection team
207 medical director under paragraph (2) (b) ~~holds board~~
208 ~~certification in pediatrics~~ and is a member of a child
209 protection team; or

210 (e) A registered nurse licensed under chapter 464, who may
211 complete the review only when working under the direct
212 supervision of a physician licensed under chapter 458 or chapter



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213 459 who meets the criteria for a child protection team medical
214 director under paragraph (2) (b) ~~holds certification in~~
215 ~~pediatrics~~ and is a member of a child protection team.

216 (6) A face-to-face medical evaluation by a child protection
217 team is not necessary when:

218 (a) The child was examined for the alleged abuse or neglect
219 by a physician who is not a member of the child protection team,
220 and a consultation between the child protection team board-
221 certified physician ~~pediatrician~~, advanced registered nurse
222 practitioner, physician assistant working under the supervision
223 of a child protection team board-certified physician
224 ~~pediatrician~~, or registered nurse working under the direct
225 supervision of a child protection team board-certified physician
226 ~~pediatrician~~, and the examining physician concludes that a
227 further medical evaluation is unnecessary;

228 (b) The child protective investigator, with supervisory
229 approval, has determined, after conducting a child safety
230 assessment, that there are no indications of injuries as
231 described in paragraphs (4) (a)-(h) as reported; or

232 (c) The child protection team board-certified physician
233 ~~pediatrician~~, as authorized in subsection (5), determines that a
234 medical evaluation is not required.

235
236 Notwithstanding paragraphs (a), (b), and (c), a child protection
237 team physician ~~pediatrician~~, as authorized in subsection (5),
238 may determine that a face-to-face medical evaluation is
239 necessary.

240 (7) In all instances in which a child protection team is
241 providing certain services to abused, abandoned, or neglected



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242 children, other offices and units of the Department of Health,
243 and offices and units of the Department of Children and
244 Families, must ~~shall~~ avoid duplicating ~~the provision of~~ those
245 services.

246 (8) The Department of Health child protection team quality
247 assurance program and the Family Safety Program Office of the
248 Department of Children and Families shall collaborate to ensure
249 referrals and responses to child abuse, abandonment, and neglect
250 reports are appropriate. Each quality assurance program shall
251 include a review of records in which there are no findings of
252 abuse, abandonment, or neglect, and the findings of these
253 reviews shall be included in each department's quality assurance
254 reports.

255 (9) (a) The Department of Health Children's Medical Services
256 program shall convene a task force to develop a standardized
257 protocol for forensic interviewing of children suspected of
258 having been abused. The Department of Health shall provide staff
259 to the task force as necessary. The task force must include:

260 1. A representative from the Florida Prosecuting Attorneys
261 Association.

262 2. A representative from the Florida Psychological
263 Association.

264 3. The Statewide Medical Director for Child Protection.

265 4. A representative from the Florida Public Defender
266 Association, Inc.

267 5. The executive director of the Statewide Guardian Ad
268 Litem Office.

269 6. A representative from a community-based care lead
270 agency.



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271 7. A representative from Children's Medical Services.
272 8. A representative from the Florida Sheriffs Association.
273 9. A representative from the Florida Chapter of the
274 American Academy of Pediatrics.
275 10. A representative from the Florida Network of Children's
276 Advocacy Centers.
277 11. Other representatives designated by Children's Medical
278 Services.
279 (b) Children's Medical Services must provide the
280 standardized protocol to the President of the Senate and the
281 Speaker of the House of Representatives by July 1, 2018.
282 (c) Members of the task force are not entitled to per diem
283 or other payment for service on the task force.
284 (10) The Children's Medical Services program shall develop,
285 maintain, and coordinate the services of one or more sexual
286 abuse treatment programs.
287 (a) A child under the age of 18 who is alleged to be a
288 victim of sexual abuse and his or her siblings, nonoffending
289 caregivers, and family members who have been impacted by sexual
290 abuse are eligible for services under such sexual abuse
291 treatment programs.
292 (b) Sexual abuse treatment programs must provide or, as
293 appropriate, must provide referrals to, specialized therapeutic
294 intervention services, including crisis intervention, clinical
295 treatment, and individual, family, and group therapy, to
296 eligible persons to assist them in recovering from sexual abuse,
297 to prevent developmental impairment of the child, to restore the
298 child to his or her level of developmental functioning before
299 the abuse occurred, and to promote healthy, nonabusive



300 relationships.

301 Section 2. Paragraph (c) of subsection (2) of section
302 458.3175, Florida Statutes, is amended to read:

303 458.3175 Expert witness certificate.—

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

306 (c) Provide expert testimony in criminal child abuse and
307 neglect cases pursuant to chapter 827, dependency cases pursuant
308 to chapter 39, and cases involving sexual battery of a child
309 pursuant to chapter 794 in this state.

310 Section 3. Paragraph (c) of subsection (2) of section
311 459.0066, Florida Statutes, is amended to read:

312 459.0066 Expert witness certificate.—

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

315 (c) Provide expert testimony in criminal child abuse and
316 neglect cases pursuant to chapter 827, dependency cases pursuant
317 to chapter 39, and cases involving sexual battery of a child
318 pursuant to chapter 794 in this state.

319 Section 4. Paragraph (d) of subsection (3) of section
320 827.03, Florida Statutes, is amended to read:

321 827.03 Abuse, aggravated abuse, and neglect of a child;
322 penalties.—

323 (3) EXPERT TESTIMONY.—

324 (d) The expert testimony requirements of this subsection
325 apply only to criminal child abuse and neglect cases pursuant to
326 chapter 827, dependency cases pursuant to chapter 39, and cases
327 involving sexual battery of a child pursuant to chapter 794 and
328 not to family court ~~or dependency court~~ cases.



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329 Section 5. Section 39.3031, Florida Statutes, is amended to
330 read:

331 39.3031 Rules for implementation of s. 39.303.—The
332 Department of Health, in consultation with the Department of
333 Children and Families, shall adopt rules governing the child
334 protection teams and sexual abuse treatment programs pursuant to
335 s. 39.303, including definitions, organization, roles and
336 responsibilities, eligibility, services and their availability,
337 qualifications of staff, and a waiver-request process.

338 Section 6. Subsection (2) of section 391.026, Florida
339 Statutes, is amended to read:

340 391.026 Powers and duties of the department.—The department
341 shall have the following powers, duties, and responsibilities:

342 (2) To provide services to abused and neglected children
343 through child protection teams and sexual abuse treatment
344 programs pursuant to s. 39.303.

345 Section 7. For the purpose of incorporating the amendment
346 made by this act to section 39.303, Florida Statutes, in a
347 reference thereto, paragraph (c) of subsection (14) of section
348 39.301, Florida Statutes, is reenacted to read:

349 39.301 Initiation of protective investigations.—

350 (14)

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

353 1. Criteria that are factors requiring that the department
354 take the child into custody, petition the court as provided in
355 this chapter, or, if the child is not taken into custody or a
356 petition is not filed with the court, conduct an administrative
357 review. Such factors must include, but are not limited to,



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358 noncompliance with a safety plan or the case plan developed by
359 the department, and the family under this chapter, and prior
360 abuse reports with findings that involve the child, the child's
361 sibling, or the child's caregiver.

362 2. Requirements that if after an administrative review the
363 department determines not to take the child into custody or
364 petition the court, the department shall document the reason for
365 its decision in writing and include it in the investigative
366 file. For all cases that were accepted by the local law
367 enforcement agency for criminal investigation pursuant to
368 subsection (2), the department must include in the file written
369 documentation that the administrative review included input from
370 law enforcement. In addition, for all cases that must be
371 referred to child protection teams pursuant to s. 39.303(4) and
372 (5), the file must include written documentation that the
373 administrative review included the results of the team's
374 evaluation.

375 Section 8. This act shall take effect July 1, 2017.

376
377 ===== T I T L E A M E N D M E N T =====

378 And the title is amended as follows:

379 Delete everything before the enacting clause
380 and insert:

381 A bill to be entitled
382 An act relating to child safety; amending s. 39.303,
383 F.S.; renaming service districts as service circuits
384 and district medical directors as child protection
385 team medical directors; requiring that each child
386 protection team medical director be board certified in



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387 specified specialty areas; revising the list of
388 persons who must timely review all abuse and neglect
389 cases transmitted to the child protection team to
390 determine whether a face-to-face medical evaluation by
391 a child protection team is necessary; requiring the
392 department's Children's Medical Services program to
393 convene a task force to develop a protocol for
394 forensic interviewing of children suspected of having
395 been abused; requiring the department to provide staff
396 to the task force as necessary; specifying membership
397 of the task force; requiring Children's Medical
398 Services to provide the protocol to the Legislature;
399 requiring the Children's Medical Services program to
400 develop, maintain, and coordinate the services of one
401 or more sexual abuse treatment programs; specifying
402 eligibility requirements; requiring the sexual abuse
403 treatment programs to provide, or to provide referrals
404 to, specialized therapeutic treatment to eligible
405 persons; conforming provisions to changes made by the
406 act; amending ss. 458.3175, 459.0066, and 827.03,
407 F.S.; revising provisions regarding expert testimony
408 provided by certain entities to include criminal cases
409 involving child abuse and neglect, dependency cases,
410 and cases involving sexual abuse of a child; amending
411 ss. 39.3031 and 391.026, F.S.; conforming provisions
412 to changes made by the act; reenacting s.
413 39.301(14)(c), F.S., relating to the initiation of
414 protective investigations, to incorporate the
415 amendment made to s. 39.303, F.S., in a reference



416

thereto; providing an effective date.