

By the Committee on Children, Families, and Elder Affairs; and
Senators Garcia and Broxson

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1 A bill to be entitled
2 An act relating to child protection; amending s.
3 39.303, F.S.; revising the entities responsible for
4 screening, employing, and terminating child protection
5 team medical directors to include the Statewide
6 Medical Director for Child Protection; revising the
7 term "district medical director" to "child protection
8 team medical director"; revising references to
9 subdivisions of the state from "districts" to
10 "circuits"; revising the required board certifications
11 for child protection team medical directors and
12 reviewing physicians; revising the timeframe in which
13 child protection team medical directors must obtain
14 certification; requiring Children's Medical Services
15 to convene a task force to develop a protocol for
16 forensic interviewing of children suspected of having
17 been abused; specifying membership of the task force;
18 requiring Children's Medical Services to develop,
19 maintain, and coordinate one or more sexual abuse
20 treatment programs; amending s. 39.3031, F.S.;
21 requiring the Department of Health, in consultation
22 with the Department of Children and Families, to adopt
23 rules regarding sexual abuse treatment programs;
24 amending ss. 458.3175, 459.0066, and 827.03, F.S.;
25 revising provisions regarding expert testimony
26 provided by certain entities to include criminal cases
27 involving child abuse and neglect, dependency cases,
28 and cases involving sexual abuse of a child; providing
29 an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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

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

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59 Pediatrics.

60 (b) Each child protection team ~~district~~ medical director
61 must be a physician licensed under chapter 458 or chapter 459
62 who is a board-certified physician in pediatrics or family
63 medicine ~~pediatrician~~ and, within 2 ~~4~~ years after the date of
64 ~~his or her~~ employment as a child protection team ~~district~~
65 medical director, obtains ~~either obtain~~ a subspecialty
66 certification in child abuse from the American Board of
67 Pediatrics or within 2 years meet the minimum requirements
68 established by a third-party credentialing entity recognizing a
69 demonstrated specialized competence in child abuse pediatrics
70 pursuant to paragraph (d). Each child protection team ~~district~~
71 medical director employed on July 1, 2015, must, by July 1, 2019
72 ~~within 4 years~~, either obtain a subspecialty certification in
73 child abuse from the American Board of Pediatrics or meet the
74 minimum requirements established by a third-party credentialing
75 entity recognizing a demonstrated specialized competence in
76 child abuse pediatrics pursuant to paragraph (d). Child
77 protection team medical directors shall be responsible for
78 oversight of the teams in the circuits ~~districts~~.

79 (c) All medical personnel participating on a child
80 protection team must successfully complete the required child
81 protection team training curriculum as set forth in protocols
82 determined by the Deputy Secretary for Children's Medical
83 Services and the Statewide Medical Director for Child
84 Protection.

85 (d) Contingent on appropriations, the Department of Health
86 shall approve one or more third-party credentialing entities for
87 the purpose of developing and administering a professional

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88 credentialing program for child protection team ~~district~~ medical
89 directors. Within 90 days after receiving documentation from a
90 third-party credentialing entity, the department shall approve a
91 third-party credentialing entity that demonstrates compliance
92 with the following minimum standards:

93 1. Establishment of child abuse pediatrics core
94 competencies, certification standards, testing instruments, and
95 recertification standards according to national psychometric
96 standards.

97 2. Establishment of a process to administer the
98 certification application, award, and maintenance processes
99 according to national psychometric standards.

100 3. Demonstrated ability to administer a professional code
101 of ethics and disciplinary process that applies to all certified
102 persons.

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

108 5. Demonstrated ability to administer biennial continuing
109 education and certification renewal requirements.

110 6. Demonstrated ability to administer an education provider
111 program to approve qualified training entities and to provide
112 precertification training to applicants and continuing education
113 opportunities to certified professionals.

114 (3) The Department of Health shall use and convene the
115 child protection teams to supplement the assessment and
116 protective supervision activities of the family safety and

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117 preservation program of the Department of Children and Families.
118 This section does not remove or reduce the duty and
119 responsibility of any person to report pursuant to this chapter
120 all suspected or actual cases of child abuse, abandonment, or
121 neglect or sexual abuse of a child. The role of the child
122 protection teams is ~~shall be~~ to support activities of the
123 program and to provide services deemed by the child protection
124 teams to be necessary and appropriate to abused, abandoned, and
125 neglected children upon referral. The specialized diagnostic
126 assessment, evaluation, coordination, consultation, and other
127 supportive services that a child protection team must ~~shall~~ be
128 capable of providing include, but are not limited to, the
129 following:

130 (a) Medical diagnosis and evaluation services, including
131 provision or interpretation of X rays and laboratory tests, and
132 related services, as needed, and documentation of related
133 findings.

134 (b) Telephone consultation services in emergencies and in
135 other situations.

136 (c) Medical evaluation related to abuse, abandonment, or
137 neglect, as defined by policy or rule of the Department of
138 Health.

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

144 (e) Expert medical, psychological, and related professional
145 testimony in court cases.

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146 (f) Case staffings to develop treatment plans for children
147 whose cases have been referred to the team. A child protection
148 team may provide consultation with respect to a child who is
149 alleged or is shown to be abused, abandoned, or neglected, which
150 consultation shall be provided at the request of a
151 representative of the family safety and preservation program or
152 at the request of any other professional involved with a child
153 or the child's parent or parents, legal custodian or custodians,
154 or other caregivers. In every such child protection team case
155 staffing, consultation, or staff activity involving a child, a
156 family safety and preservation program representative shall
157 attend and participate.

158 (g) Case service coordination and assistance, including the
159 location of services available from other public and private
160 agencies in the community.

161 (h) Such training services for program and other employees
162 of the Department of Children and Families, employees of the
163 Department of Health, and other medical professionals as is
164 deemed appropriate to enable them to develop and maintain their
165 professional skills and abilities in handling child abuse,
166 abandonment, and neglect cases.

167 (i) Educational and community awareness campaigns on child
168 abuse, abandonment, and neglect in an effort to enable citizens
169 more successfully to prevent, identify, and treat child abuse,
170 abandonment, and neglect in the community.

171 (j) Child protection team assessments that include, as
172 appropriate, medical evaluations, medical consultations, family
173 psychosocial interviews, specialized clinical interviews, or
174 forensic interviews.

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176 A child protection team that is evaluating a report of medical
177 neglect and assessing the health care needs of a medically
178 complex child shall consult with a physician who has experience
179 in treating children with the same condition.

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

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

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

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

189 (d) Any sexually transmitted disease in a prepubescent
190 child.

191 (e) Reported malnutrition of a child and failure of a child
192 to thrive.

193 (f) Reported medical neglect of a child.

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

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

201 (5) All abuse and neglect cases transmitted for
202 investigation to a circuit ~~district~~ by the hotline must be
203 simultaneously transmitted to the ~~Department of Health~~ child

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204 protection team for review. For the purpose of determining
205 whether a face-to-face medical evaluation by a child protection
206 team is necessary, all cases transmitted to the child protection
207 team which meet the criteria in subsection (4) must be timely
208 reviewed by:

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

212 (b) A physician licensed under chapter 458 or chapter 459
213 who holds board certification in a specialty other than
214 pediatrics, who may complete the review only when working under
215 the direction of the child protection team medical director or a
216 physician licensed under chapter 458 or chapter 459 who holds
217 board certification in pediatrics and is a member of a child
218 protection team;

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

222 (d) A physician assistant licensed under chapter 458 or
223 chapter 459, who may complete the review only when working under
224 the supervision of the child protection team medical director or
225 a physician licensed under chapter 458 or chapter 459 who holds
226 board certification in pediatrics and is a member of a child
227 protection team; or

228 (e) A registered nurse licensed under chapter 464, who may
229 complete the review only when working under the direct
230 supervision of the child protection team medical director or a
231 physician licensed under chapter 458 or chapter 459 who holds
232 board certification in pediatrics and is a member of a child

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233 protection team.

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

236 (a) The child was examined for the alleged abuse or neglect
237 by a physician who is not a member of the child protection team,
238 and a consultation between the child protection team medical
239 director or a child protection team board-certified
240 pediatrician, advanced registered nurse practitioner, physician
241 assistant working under the supervision of a child protection
242 team medical director or a child protection team board-certified
243 pediatrician, or registered nurse working under the direct
244 supervision of a child protection team medical director or a
245 child protection team board-certified pediatrician, and the
246 examining physician concludes that a further medical evaluation
247 is unnecessary;

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

252 (c) The child protection team medical director or a child
253 protection team board-certified pediatrician, as authorized in
254 subsection (5), determines that a medical evaluation is not
255 required.

256

257 Notwithstanding paragraphs (a), (b), and (c), a child protection
258 team medical director or a child protection team pediatrician,
259 as authorized in subsection (5), may determine that a face-to-
260 face medical evaluation is necessary.

261 (7) In all instances in which a child protection team is

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262 providing certain services to abused, abandoned, or neglected
263 children, other offices and units of the Department of Health,
264 and offices and units of the Department of Children and
265 Families, shall avoid duplicating the provision of those
266 services.

267 (8) The Department of Health child protection team quality
268 assurance program and the Family Safety Program Office of the
269 Department of Children and Families shall collaborate to ensure
270 referrals and responses to child abuse, abandonment, and neglect
271 reports are appropriate. Each quality assurance program shall
272 include a review of records in which there are no findings of
273 abuse, abandonment, or neglect, and the findings of these
274 reviews shall be included in each department's quality assurance
275 reports.

276 (9) (a) Children's Medical Services shall convene a task
277 force to develop a standardized protocol for forensic
278 interviewing of children suspected of having been abused. The
279 Department of Health shall provide staff to the task force as
280 necessary. The task force must include:

281 1. A representative from the Florida Prosecuting Attorneys
282 Association.

283 2. A representative from the Florida Psychological
284 Association.

285 3. The Statewide Medical Director for Child Protection.

286 4. A representative from the Florida Public Defender
287 Association.

288 5. The executive director of the Statewide Guardian Ad
289 Lite Office.

290 6. A representative from a community-based care lead

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291 agency.

292 7. A representative from Children's Medical Services.

293 8. A representative from the Florida Sheriffs Association.

294 9. A representative from the Florida Chapter of the
295 American Academy of Pediatrics.

296 10. A representative from the Florida Network of Children's
297 Advocacy Centers.

298 11. Other representatives designated by Children's Medical
299 Services.

300 (b) Children's Medical Services must provide the
301 standardized protocol to the President of the Senate and the
302 Speaker of the House of Representatives by July 1, 2018.

303 (c) Members of the task force are not entitled to per diem
304 or other payment for service on the task force.

305 (10) The Children's Medical Services program in the
306 Department of Health shall develop, maintain, and coordinate the
307 services of one or more sexual abuse treatment programs.

308 (a) A child under the age of 18 who is alleged to be a
309 victim of sexual abuse, his or her siblings, non-offending
310 caregivers, and family members who have been impacted by sexual
311 abuse are eligible for services.

312 (b) Sexual abuse treatment programs must provide
313 specialized therapeutic treatment to victims of child sexual
314 abuse, their siblings, nonoffending caregivers, and family
315 members to assist in recovery from sexual abuse, to prevent
316 developmental impairment, to restore the children's pre-abuse
317 level of developmental functioning, and to promote healthy, non-
318 abusive relationships. Therapeutic intervention services must
319 include crisis intervention, clinical treatment, and individual,

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320 family, and group therapy.

321 (c) The sexual abuse treatment programs and child
322 protection teams must provide referrals for victims of child
323 sexual abuse and their families, as appropriate.

324 Section 2. Section 39.3031, Florida Statutes, is amended to
325 read:

326 39.3031 Rules for implementation of s. 39.303.—The
327 Department of Health, in consultation with the Department of
328 Children and Families, shall adopt rules governing the child
329 protection teams and sexual abuse treatment programs pursuant to
330 s. 39.303, including definitions, organization, roles and
331 responsibilities, eligibility, services and their availability,
332 qualifications of staff, and a waiver-request process.

333 Section 3. Paragraph (c) of subsection (2) of section
334 458.3175, Florida Statutes, is amended to read:

335 458.3175 Expert witness certificate.—

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

338 (c) Provide expert testimony in criminal child abuse and
339 neglect cases pursuant to chapter 827, dependency cases pursuant
340 to chapter 39, and cases involving sexual battery of a child
341 pursuant to chapter 794 in this state.

342 Section 4. Paragraph (c) of subsection (2) of section
343 459.0066, Florida Statutes, is amended to read:

344 459.0066 Expert witness certificate.—

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

347 (c) Provide expert testimony in criminal child abuse and
348 neglect cases pursuant to chapter 827, dependency cases pursuant

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349 to chapter 39, and cases involving sexual battery of a child
350 pursuant to chapter 794 in this state.

351 Section 5. Paragraph (d) of subsection (3) of section
352 827.03, Florida Statutes, is amended to read:

353 827.03 Abuse, aggravated abuse, and neglect of a child;
354 penalties.—

355 (3) EXPERT TESTIMONY.—

356 (d) The expert testimony requirements of this subsection
357 apply only to criminal child abuse and neglect cases pursuant to
358 chapter 827, dependency cases pursuant to chapter 39, and cases
359 involving sexual battery of a child pursuant to chapter 794 and
360 not to family court ~~or dependency court~~ cases.

361 Section 6. This act shall take effect July 1, 2017.