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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
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
Department of Health shall develop, maintain, and coordinate the



720470

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 15 circuits ~~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 a board-certified physician in pediatrics or family
35 medicine ~~pediatrician~~ and, within 2 ~~4~~ years after the date of
36 ~~his or her~~ employment as a child protection team ~~district~~
37 medical director, obtains ~~either obtain~~ a subspecialty
38 certification in child abuse from the American Board of
39 Pediatrics or within 2 years meet the minimum requirements



720470

40 established by a third-party credentialing entity recognizing a
41 demonstrated specialized competence in child abuse pediatrics
42 pursuant to paragraph (d). Each child protection team district
43 medical director employed on July 1, 2015, must, by July 1, 2019
44 ~~within 4 years~~, either obtain a subspecialty certification in
45 child abuse from the American Board of Pediatrics or meet the
46 minimum requirements established by a third-party credentialing
47 entity recognizing a demonstrated specialized competence in
48 child abuse pediatrics pursuant to paragraph (d). Child
49 protection team medical directors shall be responsible for
50 oversight of the teams in the circuits ~~districts~~.

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

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

65 1. Establishment of child abuse pediatrics core
66 competencies, certification standards, testing instruments, and
67 recertification standards according to national psychometric
68 standards.



720470

69 2. Establishment of a process to administer the
70 certification application, award, and maintenance processes
71 according to national psychometric standards.

72 3. Demonstrated ability to administer a professional code
73 of ethics and disciplinary process that applies to all certified
74 persons.

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

80 5. Demonstrated ability to administer biennial continuing
81 education and certification renewal requirements.

82 6. Demonstrated ability to administer an education provider
83 program to approve qualified training entities and to provide
84 precertification training to applicants and continuing education
85 opportunities to certified professionals.

86 (3) The Department of Health shall use and convene the
87 child protection teams to supplement the assessment and
88 protective supervision activities of the family safety and
89 preservation program of the Department of Children and Families.
90 This section does not remove or reduce the duty and
91 responsibility of any person to report pursuant to this chapter
92 all suspected or actual cases of child abuse, abandonment, or
93 neglect or sexual abuse of a child. The role of the child
94 protection teams is ~~shall be~~ to support activities of the
95 program and to provide services deemed by the child protection
96 teams to be necessary and appropriate to abused, abandoned, and
97 neglected children upon referral. The specialized diagnostic



720470

98 assessment, evaluation, coordination, consultation, and other
99 supportive services that a child protection team must ~~shall~~ be
100 capable of providing include, but are not limited to, the
101 following:

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

106 (b) Telephone consultation services in emergencies and in
107 other situations.

108 (c) Medical evaluation related to abuse, abandonment, or
109 neglect, as defined by policy or rule of the Department of
110 Health.

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

116 (e) Expert medical, psychological, and related professional
117 testimony in court cases.

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



720470

127 staffing, consultation, or staff activity involving a child, a
128 family safety and preservation program representative shall
129 attend and participate.

130 (g) Case service coordination and assistance, including the
131 location of services available from other public and private
132 agencies in the community.

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

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

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

147
148 A child protection team that is evaluating a report of medical
149 neglect and assessing the health care needs of a medically
150 complex child shall consult with a physician who has experience
151 in treating children with the same condition.

152 (4) The child abuse, abandonment, and neglect reports that
153 must be referred by the department to child protection teams of
154 the Department of Health for an assessment and other appropriate
155 available support services as set forth in subsection (3) must



720470

156 include cases involving:

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

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

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

161 (d) Any sexually transmitted disease in a prepubescent
162 child.

163 (e) Reported malnutrition of a child and failure of a child
164 to thrive.

165 (f) Reported medical neglect of a child.

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

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

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

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

184 (b) A physician licensed under chapter 458 or chapter 459



720470

185 who holds board certification in a specialty other than
186 pediatrics, who may complete the review only when working under
187 the direction of the child protection team medical director or a
188 physician licensed under chapter 458 or chapter 459 who holds
189 board certification in pediatrics and is a member of a child
190 protection team;

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

194 (d) A physician assistant licensed under chapter 458 or
195 chapter 459, who may complete the review only when working under
196 the supervision of the child protection team medical director or
197 a physician licensed under chapter 458 or chapter 459 who holds
198 board certification in pediatrics and is a member of a child
199 protection team; or

200 (e) A registered nurse licensed under chapter 464, who may
201 complete the review only when working under the direct
202 supervision of the child protection team medical director or a
203 physician licensed under chapter 458 or chapter 459 who holds
204 board certification in pediatrics and is a member of a child
205 protection team.

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

208 (a) The child was examined for the alleged abuse or neglect
209 by a physician who is not a member of the child protection team,
210 and a consultation between the child protection team medical
211 director or a child protection team board-certified
212 pediatrician, advanced registered nurse practitioner, physician
213 assistant working under the supervision of a child protection



720470

214 team medical director or a child protection team board-certified
215 pediatrician, or registered nurse working under the direct
216 supervision of a child protection team medical director or a
217 child protection team board-certified pediatrician, and the
218 examining physician concludes that a further medical evaluation
219 is unnecessary;

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

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

228
229 Notwithstanding paragraphs (a), (b), and (c), a child protection
230 team medical director or a child protection team pediatrician,
231 as authorized in subsection (5), may determine that a face-to-
232 face medical evaluation is necessary.

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



720470

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

248 (9) (a) Children's Medical Services shall convene a task
249 force to develop a standardized protocol for forensic
250 interviewing of children suspected of having been abused. The
251 Department of Health shall provide staff to the task force as
252 necessary. The task force must include:

253 1. A representative from the Florida Prosecuting Attorneys
254 Association.

255 2. A representative from the Florida Psychological
256 Association.

257 3. The Statewide Medical Director for Child Protection.

258 4. A representative from the Florida Public Defender
259 Association.

260 5. The executive director of the Statewide Guardian Ad
261 Litem Office.

262 6. A representative from a community-based care lead
263 agency.

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

265 8. A representative from the Florida Sheriffs Association.

266 9. A representative from the Florida Chapter of the
267 American Academy of Pediatrics.

268 10. A representative from the Florida Network of Children's
269 Advocacy Centers.

270 11. Other representatives designated by Children's Medical
271 Services.



720470

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

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

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

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

284 (b) Sexual abuse treatment programs must provide
285 specialized therapeutic treatment to victims of child sexual
286 abuse, their siblings, nonoffending caregivers, and family
287 members to assist in recovery from sexual abuse, to prevent
288 developmental impairment, to restore the children's pre-abuse
289 level of developmental functioning, and to promote healthy, non-
290 abusive relationships. Therapeutic intervention services must
291 include crisis intervention, clinical treatment, and individual,
292 family, and group therapy.

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

296 Section 2. Section 39.3031, Florida Statutes, is amended to
297 read:

298 39.3031 Rules for implementation of s. 39.303.—The
299 Department of Health, in consultation with the Department of
300 Children and Families, shall adopt rules governing the child



720470

301 protection teams and sexual abuse treatment programs pursuant to
302 s. 39.303, including definitions, organization, roles and
303 responsibilities, eligibility, services and their availability,
304 qualifications of staff, and a waiver-request process.

305 Section 3. Paragraph (c) of subsection (2) of section
306 458.3175, Florida Statutes, is amended to read:

307 458.3175 Expert witness certificate.—

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

310 (c) Provide expert testimony in criminal child abuse and
311 neglect cases pursuant to chapter 827, dependency cases pursuant
312 to chapter 39, and cases involving sexual battery of a child
313 pursuant to chapter 794 in this state.

314 Section 4. Paragraph (c) of subsection (2) of section
315 459.0066, Florida Statutes, is amended to read:

316 459.0066 Expert witness certificate.—

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

319 (c) Provide expert testimony in criminal child abuse and
320 neglect cases pursuant to chapter 827, dependency cases pursuant
321 to chapter 39, and cases involving sexual battery of a child
322 pursuant to chapter 794 in this state.

323 Section 5. Paragraph (d) of subsection (3) of section
324 827.03, Florida Statutes, is amended to read:

325 827.03 Abuse, aggravated abuse, and neglect of a child;
326 penalties.—

327 (3) EXPERT TESTIMONY.—

328 (d) The expert testimony requirements of this subsection
329 apply only to criminal child abuse and neglect cases pursuant to



720470

330 chapter 827, dependency cases pursuant to chapter 39, and cases
331 involving sexual battery of a child pursuant to chapter 794 and
332 not to family court or ~~dependency court~~ cases.

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

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

336 And the title is amended as follows:

337 Delete everything before the enacting clause
338 and insert:

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A bill to be entitled

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An act relating to child protection; amending s.

341

39.303, F.S.; revising the entities responsible for

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screening, employing, and terminating child protection

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team medical directors to include the Statewide

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Medical Director for Child Protection; revising the

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term "district medical director" to "child protection

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team medical director"; revising references to

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subdivisions of the state from "districts" to

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"circuits"; revising the required board certifications

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for child protection team medical directors and

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reviewing physicians; revising the timeframe in which

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child protection team medical directors must obtain

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certification; requiring Children's Medical Services

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to convene a task force to develop a protocol for

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forensic interviewing of children suspected of having

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been abused; specifying membership of the task force;

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requiring Children's Medical Services to develop,

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maintain, and coordinate one or more sexual abuse

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treatment programs; amending s. 39.3031, F.S.;



720470

359 requiring the Department of Health, in consultation
360 with the Department of Children and Families, to adopt
361 rules regarding sexual abuse treatment programs;
362 amending ss. 458.3175, 459.0066, and 827.03, F.S.;;
363 revising provisions regarding expert testimony
364 provided by certain entities to include criminal cases
365 involving child abuse and neglect, dependency cases,
366 and cases involving sexual abuse of a child; providing
367 an effective date.