

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: CS/SB 304

INTRODUCER: Children, Families and Elder Affairs Committee and Senator Sharief

SUBJECT: Child Abuse Investigations

DATE: March 13, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Tuszynski	Tuszynski	CF	Fav/CS
2.	_____	_____	JU	_____
3.	_____	_____	RC	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 304 amends child welfare reporting and investigation law to require that investigations of abuse allegations of children with injuries alleged to be abuse by medical professionals are thoroughly reviewed and investigated to ensure that specific medical conditions that are known to increase the risk of a misdiagnosis of abuse are ruled out before involving law enforcement or petitioning to find the child dependent under Ch. 39, F.S.

The bill allows a parent or legal custodian from whom a child was removed to request additional medical examinations in certain circumstances related to the diagnosis of Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, or any other medical condition known to appear to be caused by suspected abuse or to increase the risk of a misdiagnosis of abuse.

The bill requires the parent or legal custodian pay for these requested medical examinations, or for them to be paid for as otherwise covered by insurance.

The bill requires any report of physical abuse made by a physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons in a medical setting to contain a summary of the analysis used to rule out a differential diagnosis of certain conditions

The bill delays the requirement of the Department of Children and Families (DCF) to immediately forward allegations of criminal conduct to law enforcement in the specific instance

when a parent from whom a child has been removed has alleged a pre-existing diagnosis of specific medical conditions or is requesting an additional medical examination. The bill requires that allegations of criminal conduct be immediately forwarded to law enforcement upon completion of the child protective investigation if criminal conduct is still alleged.

The bill also requires a child protective investigator that has commenced an investigation to inform the parent being investigated of the parent's duty to report a preexisting diagnosis for certain medical conditions.

The bill does not appear to have a fiscal impact. *See* Section V. Fiscal Impact Statement.

The bill provides an effective date of July 1, 2025.

II. Present Situation:

Florida's Child Welfare System

Chapter 39, F.S., creates Florida's dependency system, which is charged with protecting child welfare. This system identifies children and families in need of services through reports to a central child abuse hotline.¹ The Department of Children and Families (DCF) and Community-based Care Lead Agencies (CBC)² work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the system finds safe out-of-home placements for these children.

The DCF's practice model for child and family well-being is a safety-focused, family-centered, and trauma-informed approach. It is implemented to ensure:³

- Safety;
- The physical and emotional health of children;
- Strengthened families;
- Long-term secure relationships; and
- Community integration.

The DCF contracts for case management, out-of-home services, and related services with CBCs.⁴ The outsourced provision of child welfare services is intended to increase local community ownership of service provision and design. CBCs contract with many subcontractors for case management and direct-care services to children and their families. There are 16 CBCs statewide that serve the state's 20 judicial circuits. However, the DCF remains responsible for the operation of the central abuse hotline and investigations of abuse, abandonment, and neglect.

¹ Section 39. 101, F.S.

² Section 409.986, F.S.; a "community-based care lead agency" or "lead agency" means a single entity with which the DCF has a contract for the provision of care for children in the child protection and child welfare system in a community that is no smaller than a county and no larger than two contiguous judicial circuits. The secretary of the DCF may authorize more than one eligible lead agency within a single county if doing so will result in more effective delivery of services to children.

³ *See Generally*, Department of Children and Families, Florida's Child Welfare Practice Model, available at: https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPPracticeModel_0.pdf (last visited 3/5/25).

⁴ *See* Part V, Chapter 409, F.S.

Ultimately, the DCF is responsible for all program oversight and the overall performance of the child welfare system.

Dependency System Process

When a child is in danger of, or has suffered from, abuse, abandonment or neglect, the dependency system is set up to protect the child's welfare. The dependency process includes, among other things:⁵

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- The court finding the child dependent.
- Case planning to address the problems resulting in the child's dependency.
- Reunification with the child's parent or another option to establish permanency, such as adoption.

Mandatory Reporting

Florida law requires *any* person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected to report such knowledge or suspicion to the DCF central abuse hotline.⁶ A person from the general public, while a mandatory reporter, may make a report anonymously.⁷ However, a person with certain occupations such as a physician, nurse, teacher, law enforcement officer, or judge must provide his or her name to the central abuse hotline when making a report.⁸

Central Abuse Hotline and Investigations

The central abuse hotline (hotline) receives all reports or known or suspected child abuse, abandonment, or neglect.⁹ The hotline must receive reports 24 hours a day, 7 days a week via telephone, writing, or electronic reporting.¹⁰

A report to the hotline is the first step that must be taken to initiate a safety assessment and an investigation.¹¹ When allegations are made against a parent, legal custodian, caregiver,¹² or other person responsible for the child's welfare,¹³ the hotline counselor must assess whether the report

⁵ See generally, Chapter 39, F.S.

⁶ Section 39.201(1)(a), F.S.

⁷ Section 39.201(1)(b)1., F.S.

⁸ Section 39.201(1)(b)2., F.S.

⁹ Section 39.101(1)(a), F.S.

¹⁰ *Id.*

¹¹ Section 39.101, F.S.

¹² Section 39.01(10), F.S., defines "caregiver" as the parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child's welfare as defined in subsection (57).

¹³ Section 39.01(57), F.S., defines "other person responsible for a child's welfare" to include the child's legal guardian or foster parent; an employee of any school, public or private child day care center, residential home, institution, facility, or agency; a law enforcement officer employed in any facility, service, or program for children that is operated or contracted by the Department of Juvenile Justice, with exceptions of specified personnel working in their official capacity.

Section 39.201(2)(f), F.S., requires reports of known or suspected institutional child abuse or neglect to be made in the same manner as other reports under s. 39.201, F.S.

meets the statutory definition of abuse, abandonment, or neglect.¹⁴ If they do, the report is accepted for a protective investigation.¹⁵ At the same time, the DCF makes a determination regarding the timeline for which a protective investigation must be initiated including, in part:

- Immediately if:
 - It appears the child's immediate safety or well-being is endangered;
 - The family may flee or the child will be unavailable for purposes of conducting a child protective investigation; or
 - The facts otherwise so warrant; or
- Within 24 hours in all other child abuse, abandonment, or neglect cases.¹⁶

For reports requiring an immediate onsite protective investigation, the central abuse hotline shall immediately notify the department's designated district staff responsible for protective investigations to ensure that an onsite investigation is promptly initiated.¹⁷ For reports not requiring an immediate onsite protective investigation, the central abuse hotline shall notify the department's designated district staff responsible for protective investigations in sufficient time to allow for an investigation.¹⁸

Once assigned, a child protective investigator must assess the safety and perceived needs of the child and family, if in-home services are needed to stabilize the family, or if the safety of the child necessitates removal and the provision of out-of-home services.¹⁹

Medical Examination

A child protective investigator may refer a child to a licensed physician or an emergency department in a hospital without the consent of the child's parents or legal custodian if that child has visible areas of trauma that indicate a need for a medical examination, or if the child verbally complains or appears in distress as a result of injury through suspected child abuse, abandonment, or neglect.²⁰ Such examination may be performed by any licensed physician or an advanced practice registered nurse.²¹

Consent for non-emergency medical treatment must be obtained from a parent or legal custodian of the child, if available, or the DCF must obtain a court order for medical treatment.²²

Child Protection Teams

A child protection team (CPT) is a medically directed, multidisciplinary team that supplements the child protective investigation efforts of DCF and local sheriffs' offices in cases of child abuse

¹⁴ Section 39.201(4), F.S.

¹⁵ *Id.*

¹⁶ Section 39.101(2), F.S.

¹⁷ Section 39.301(1), F.S.

¹⁸ *Id.*

¹⁹ Section 39.301, F.S.; Part IV, Chapter 39, F.S.

²⁰ Section 39.304(1)(b), F.S.

²¹ *Id.*

²² Section 39.304(2)(a), F.S.

and neglect.²³ CPTs are independent community-based programs contracted by the Department of Health Children's Medical Services (CMS) program that provide expertise in evaluating alleged child abuse and neglect, assess risk and protective factors, and provide recommendations for interventions to protect children and enhance a caregiver's capacity to provide a safer environment when possible.²⁴

Certain reports of child abuse, abandonment, and neglect to the hotline must be referred to CPTs, including:²⁵

- 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; and
- Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment or neglect is suspected.
- A child who does not live in this state who is currently being evaluated in a medical facility in this state.

When the CPT accepts a referral from DCF or law enforcement, it may provide one or more of the following services:²⁶

- Medical diagnosis and evaluation;
- Child forensic interviews;
- Child and family assessments;
- Psychological and psychiatric evaluations; and
- Expert court testimony.

III. Effect of Proposed Changes:

CS/SB 304 amends child welfare reporting and investigation law to require that investigations of abuse allegations of children with injuries alleged to be abuse by medical professionals are thoroughly reviewed and investigated to ensure that specific medical conditions that are known to increase the risk of a misdiagnosis of abuse are ruled out before involving law enforcement or petitioning to find the child dependent under Ch. 39, F.S.

²³ Florida Department of Health, Children's Medical Services, *Child Protection Teams*, available at: <https://www.floridahealth.gov/%5C/programs-and-services/childrens-health/cms-specialty-programs/Child-Protection/index.html> (last visited 3/6/25).

²⁴ *Id.*

²⁵ Section 39.303(4), F.S.

²⁶ *See generally*, s. 39.303(3), F.S.

Section 1 of the bill amends s. 39.201(1), F.S., to require any report of physical abuse made by a physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons in a medical setting to contain a summary of the analysis used to rule out a differential diagnosis of:

- Rickets.
- Ehlers-Danlos syndrome.
- Osteogenesis imperfecta, or brittle bone disease.
- Any other medical condition known to appear to be caused by suspected abuse or to increase the risk of a misdiagnosis of abuse.

Section 2 of the bill amends s. 39.301(2)(a), F.S., to delay the requirement of the DCF to immediately forward an allegation of criminal conduct to law enforcement in the specific instance when a parent from whom a child has been removed has alleged a pre-existing diagnosis of Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, or any other medical condition known to appear to be caused by suspected abuse or to increase the risk of a misdiagnosis of abuse.

The bill also delays the requirement of an immediate forward of criminal conduct allegations if the parent from whom the child has been removed seeks an examination of the child for a second opinion or to rule out a differential diagnosis of Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, or any other medical condition known to appear to be caused by suspected abuse or to increase the risk of a misdiagnosis of abuse.

The bill requires that allegations of criminal conduct to be immediately forwarded to law enforcement upon completion of the child protective investigation if criminal conduct is still alleged.

The bill amends s. 39.301(5)(a), F.S., to require a child protective investigator that has commenced an investigation to inform the parent being investigated of the parent's duty to report a preexisting diagnosis for the child of Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, or any other medical condition known to appear to be caused by suspected abuse or to increase the risk of a misdiagnosis of abuse and provide any medical records that support that diagnosis to the DCF in a timely manner.

The bill makes conforming cross reference changes in s. 39.301, F.S.

Section 3 of the bill amends s. 39.303, F.S., to require the child protection team to consult with a licensed physician or advanced practice registered nurse (APRN) with experience in and routinely provides medical care to pediatric patients when evaluating a report of a child with a reported preexisting diagnosis of Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, or any other medical condition known to appear to be caused by suspected abuse or to increase the risk of a misdiagnosis of abuse.

The bill makes conforming cross reference changes in s. 39.303, F.S.

Section 4 of the bill amends s. 39.304(1) to allow a parent or legal custodian from whom a child was removed to request additional medical examinations in certain circumstances. The parent or

legal custodian may request an examination by the CPT as soon as practicable if the CPT did not perform the initial examination that led to the allegations of abuse, abandonment, or neglect. Furthermore, the bill allows a parent or legal custodian to request an additional medical examination if the initial examination was performed by the CPT and the parent or legal custodian would like:

- A second opinion on diagnosis or treatment; or
- To rule out a differential diagnosis of Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, or any other medical condition known to appear to be caused by suspected abuse or to increase the risk of a misdiagnosis of abuse.

If the parent or legal custodian is seeking a second opinion on diagnosis or treatment, the additional medical exam must be completed by a licensed physician or APRN of his or her choice. If they are seeking to rule out a specific differential diagnosis, the additional medical exam must be performed by a licensed physician or APRN who routinely provides diagnosis of and care to pediatric patients for Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, or any other medical condition known to appear to be caused by suspected abuse or to increase the risk of misdiagnosis of abuse.

The bill also requires the parent pay for these requested medical examinations, or for them to be paid for as otherwise covered by insurance. The bill does not allow a request for a second opinion examination for a child alleged to have been sexually abused.

Section 5 of the bill provides an effective date of July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

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

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill amends the following sections of the Florida Statutes: 39.201, 39.301, 39.303, and 39.304.

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)**CS by Children, Families, and Elder Affairs on March 12, 2025:**

- Requires certain mandatory reporters of child abuse, abandonment, or neglect to include a summary of the analysis used to rule out a differential diagnosis of certain conditions.
- Stops the requirement of an immediate report of allegations to law enforcement in the instances related to these diagnoses and requires the report only after an investigation is complete and criminal conduct is still alleged.
- Creates a requirement for a parent to be informed of the duty to report any pre-existing medical condition at the initiation of an investigation and provide supporting records of that Dx in a timely manner.
- Requires the Child Protection Team to consult with an experienced physician or APRN when evaluating reports that contain pre-existing diagnoses of certain medical conditions.
- Allows a parent to request examinations in certain instances to get a second opinion on diagnosis or treatment or to rule out differential diagnosis of certain conditions.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
