

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 304

INTRODUCER: Senator Sharief

SUBJECT: Child Abuse Investigations

DATE: March 11, 2025

REVISED: _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|-----------|----------------|-----------|--------------------|
| 1. | Tuszynski | Tuszynski | CF | Pre-meeting |
| 2. | _____ | _____ | JU | _____ |
| 3. | _____ | _____ | RC | _____ |

I. Summary:

SB 304 amends child welfare law to allow an alleged perpetrator of abuse, abandonment, or neglect of a child to request a medical examination of an alleged child victim by a licensed physician or advanced practice registered nurse that routinely provides medical care to pediatric patients. The requested medical examinations are to obtain a second opinion and rule out certain medical conditions that are known to appear to be caused by suspected abuse or to increase the risk of a misdiagnosis of abuse.

The bill requires the requested examination to be paid for by the alleged perpetrator or as otherwise covered by insurance.

The bill also requires a child protective investigator that has commenced an investigation into a report of alleged child abuse to inform the parent being investigated of the right to request a medical examination for these purposes.

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.

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

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.

⁵ See *generally*, Chapter 39, F.S.

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 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

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.

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.*

Once assigned, a child protective investigator must assesses 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 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

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.

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.

- 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 a 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:

SB 304 amends s. 39.304, F.S., to allow an alleged perpetrator of child abuse, abandonment, or neglect (parent) to request a medical examination of the alleged victim (child) by a licensed physician or advanced practice registered nurse. The physician or APRN must not have performed the initial medical examination and must also routinely provide medical care to pediatric patients.

These examinations can only be requested to obtain a second opinion and rule out a differential diagnosis to determine whether the child has one or more of the following medical conditions:

- 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.

The bill 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.

The bill also amends s. 39.301, F.S., to require a child protective investigator that has commenced an investigation to inform the parent being investigated of the right to request a medical examination for a second opinion or differential diagnoses rule out.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

²⁶ See generally, s. 39.303(3), F.S.

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: 39.301, 39.304

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.

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