

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 Judiciary

BILL: CS/SB 304

INTRODUCER: Children, Families and Elder Affairs Committee and Senators Sharief, Garcia, and Rouson

SUBJECT: Child Abuse Investigations

DATE: March 24, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Tuszynski</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Collazo</u>	<u>Cibula</u>	<u>JU</u>	<u>Pre-meeting</u>
3.	_____	_____	<u>RC</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 304 requires certain medical professionals to rule out certain diseases and medical conditions which can be mistaken as evidence of child abuse or neglect before involving law enforcement agencies or filing a petition to find the child dependent under state law.

The main provisions of the bill:

- Require 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 pre-existing medical conditions identified in the bill.
- Give the Department of Children and Families additional time to forward allegations of criminal conduct to a law enforcement agency, if the parent has alleged the existence of certain pre-existing medical conditions identified in the bill or has requested an examination.
- Require child protective investigators, at the commencement of an investigation, to remind parents being investigated that they have a duty to report their child's pre-existing medical conditions and provide supporting records in a timely manner.
- Require child protection teams to consult with licensed physicians or APRNs having relevant experience when evaluating a child having certain pre-existing medical conditions.
- Allow a parent from whom a child has been removed to request additional medical examinations in certain cases, provided the parent custodian pays for them.

The bill takes effect 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 and child protective investigations.¹ The Department of Children and Families and community-based care lead agencies² then work with those families to address the problems endangering children. If identified problems cannot be addressed, the system finds safe out-of-home placements for these children.

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

- Permanency. Florida's children should enjoy long-term, secure relationships within strong families and communities.
- Child Well-Being. Florida's children should be physically and emotionally healthy and socially competent.
- Safety. Florida's children should live free from maltreatment.
- Family Well-Being. Florida's families should nurture, protect, and meet the needs of their children, and should be well integrated into their communities.³

The department contracts for case management, out-of-home services, and related services with community-based care lead agencies.⁴ The outsourced provision of child welfare services is intended to increase local community ownership of the services provided and their design. Lead agencies contract with many subcontractors for case management and direct-care services to children and their families.⁵ There are 16 lead agencies statewide that serve the state's 20 judicial circuits.⁶ However, the department remains responsible for the operation of the central abuse hotline and investigations of abuse, abandonment, and neglect.⁷ The department is also responsible for all program oversight and the overall performance of the child welfare system.⁸

¹ See generally s. 39.101, F.S. (establishing the central abuse hotline and timeframes for initiating investigations).

² See s. 409.986(1)(a), F.S. (finding that it is the intent of the Legislature that the Department of Children and Families "provide child protection and child welfare services to children through contracting with community-based care lead agencies"). 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. Section 409.986(3)(d), F.S. 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. *Id.*

³ See generally Department of Children and Families (DCF), *Florida's Child Welfare Practice Model*, available at: https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPracticeModel_0.pdf (last visited Mar. 17, 2025).

⁴ Section 409.986(3)(e), F.S.; see generally Part V, Chapter 409, F.S. (regulating community-based child welfare).

⁵ DCF, *About Community-Based Care (CBC)*, <https://www.myflfamilies.com/services/child-and-family-well-being/community-based-care/about> (last visited Mar. 17, 2025).

⁶ DCF, *Lead Agency Information*, <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited Mar. 17, 2025).

⁷ Section 39.101, F.S.

⁸ Section 409.986(1)(b), F.S.

Dependency System Process

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

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- A court finding that the child is dependent.
- Case planning to address the problems that resulted in the child's dependency.
- Reunification with the child's parent or another option, such as adoption, to establish permanency.⁹

Mandatory Reporting

Florida law requires *any* person who knows, or has reasonable cause to suspect, that a child is being abused, abandoned, or neglected to report the knowledge or suspicion to the department's central abuse hotline.¹⁰ A person from the general public, while a mandatory reporter, may make a report anonymously.¹¹ However, persons having certain occupations such as physician, nurse, teacher, law enforcement officer, or judge must provide their name to the central abuse hotline when making the report.¹²

Central Abuse Hotline and Investigations

The central abuse hotline is the first step in the safety assessment and investigation process. Accordingly, by statute it must be available to receive all reports of known or suspected child abuse, abandonment, or neglect 24 hours a day, 7 days a week, via telephone, writing, or electronic reporting.¹³

When allegations have been made against a parent, legal custodian, caregiver,¹⁴ or other person responsible for the child's welfare,¹⁵ the hotline counselor must assess whether the report meets the statutory definition of abuse, abandonment, or neglect.¹⁶ If it does, the report is accepted for a protective investigation.¹⁷ At the same time, the department makes a determination regarding when to initiate a protective investigation:

- Immediately if:

⁹ Office of the State Courts Administrator, The Office of Family Courts, *A Caregiver's Guide to Dependency Court*, 2 (Jan. 2024), available at [https://www.flcourts.gov/content/download/787836/file/A%20Caregiver's%20Guide%20to%20Dependency%20Court%20\(Oct%202020\).pdf](https://www.flcourts.gov/content/download/787836/file/A%20Caregiver's%20Guide%20to%20Dependency%20Court%20(Oct%202020).pdf); *see also* ch. 39, F.S.

¹⁰ Section 39.201(1)(a), F.S.

¹¹ Section 39.201(1)(b)1., F.S.

¹² Section 39.201(1)(b)2., F.S.

¹³ Section 39.101(1)(a), F.S.

¹⁴ "Caregiver" means the parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child's welfare. Section 39.01(10), F.S.

¹⁵ "Other person responsible for a child's welfare" means 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 39.01(57), F.S. Reports of known or suspected institutional child abuse or neglect must be made in the same manner as other reports. Section 39.201(3)(d), F.S.

¹⁶ Section 39.201(4)(a), F.S.

¹⁷ *Id.*

- 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 warrant; or
- Within 24 hours in all other child abuse, abandonment, or neglect cases.¹⁸

For reports requiring an immediate onsite protective investigation, the central abuse hotline must immediately notify the department’s designated district staff responsible for protective investigations to ensure that an investigation is promptly initiated. For reports not requiring an immediate onsite protective investigation, the central abuse hotline must only notify the department’s designated district staff in sufficient time to allow for an investigation.¹⁹

Once assigned, a child protective investigator must assess the safety and perceived needs of the child and family; whether in-home services are needed to stabilize the family; and whether the safety of the child necessitates removal and the provision of out-of-home services.²⁰

Medical Examination

A child protective investigator may refer a child to a licensed physician or a hospital’s emergency department without the consent of the child’s parents or legal custodian if the child has bruises indicating a need for medical examination, or if the child verbally complains or appears to be in distress due to injuries caused by suspected child abuse, abandonment, or neglect. The 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; otherwise, the department must obtain a court order for medical treatment.²²

Child Protection Teams

A child protection team is a medically directed, multidisciplinary team that supplements the child protective investigation efforts of the department and local sheriffs’ offices in cases of child abuse and neglect.²³ Child protection teams are independent community-based programs contracted by the Department of Health Children’s Medical Services program which provide expertise in evaluating alleged child abuse and neglect, assessing risk and protective factors, and providing recommendations for interventions. The objective is to protect children and enhance caregivers’ capacity to provide safer environments whenever possible.²⁴

¹⁸ Section 39.101(2), F.S.

¹⁹ Section 39.301(1)(a), F.S.

²⁰ See generally s. 39.301, F.S. and Part IV, Chapter 39, F.S. (regulating taking children into custody and shelter hearings).

²¹ Section 39.304(1)(b), F.S.

²² Section 39.304(2)(a), F.S.

²³ Florida Department of Health, *Child Protection*, available at <https://www.floridahealth.gov/%5C/programs-and-services/childrens-health/cms-specialty-programs/Child-Protection/index.html> (last visited Mar. 17, 2025).

²⁴ UF Health, Child Protection Team, <https://cpt.pediatrics.med.ufl.edu/about-us/> (last visited Mar. 17, 2025).

Certain reports of child abuse, abandonment, and neglect to the hotline must be referred to a child protection team, including:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
- Bruises anywhere on a child 5 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 at a health care facility or have been injured and later died because of suspected abuse, abandonment, or neglect.
- Symptoms of serious emotional problems in a child if emotional or other abuse, abandonment, or neglect is suspected.
- A child who does not live in this state and is currently being evaluated in a medical facility in this state.²⁵

When the child protection team accepts a referral from the department or a law enforcement agency, it may provide one or more of the following services:

- Medical diagnosis and evaluation.
- Child forensic interviews.
- Child and family assessments.
- Psychological and psychiatric evaluations.
- Expert court testimony.²⁶

III. Effect of Proposed Changes:

The bill requires certain medical professionals to rule out certain diseases and medical conditions which can be mistaken as evidence of child abuse or neglect before involving law enforcement agencies or filing a petition to find the child dependent under state law.

Section 1 of the bill amends s. 39.201(1), F.S., regarding mandatory reporting. These changes require reports of abuse made by a physician, osteopathic physician, medical examiner, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons to contain a short explanation of how certain diseases or medical conditions were ruled out as the cause of the child's injury or condition. This process of ruling out diseases or medical conditions as the cause of a child's injury or condition is described in formal terms in the bill as a "differential diagnosis." The differential diagnosis described by the bill must address the following diseases or conditions:

- Rickets.²⁷

²⁵ Section 39.303(4), F.S.

²⁶ See generally s. 39.303(3), F.S.

²⁷ A child born with this disorder may have weak or softened bones due to a lack of sufficient calcium or phosphorus. John Hopkins Medicine, *Metabolic Bone Disease: Osteomalacia*, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/metabolic-bone-disease> (last visited Mar. 17, 2025).

- Ehlers-Danlos syndrome.²⁸
- Osteogenesis imperfecta (also known as brittle bone disease).²⁹
- Vitamin D deficiency.³⁰
- Any other medical condition known to appear to be caused by, or known to be misdiagnosed as, abuse.

Section 2 of the bill amends s. 39.301(2)(a), F.S., regarding the initiation of protective investigations, to give the department additional time to forward an allegation of criminal conduct to a law enforcement agency.

Under the bill, the department does not need to immediately forward an allegation of criminal conduct if the parent or legal custodian 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, or known to be misdiagnosed as, abuse.
- Has requested that the child have an examination for a second opinion or a differential diagnosis under s. 39.304(1)(c), F.S., as provided in Section 4 of the bill and described in more detail below.

Allegations of criminal conduct that have not been immediately forwarded to a law enforcement agency for the above reasons must be immediately forwarded upon completion of the investigation if criminal conduct is still alleged.

The bill also amends s. 39.301(5)(a), F.S., regarding the duties of child protective investigators, to require a child protective investigator who has commenced an investigation to inform the parent or legal custodian being investigated of his or her 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, or known to be misdiagnosed as, abuse.
- Provide any medical records that support that diagnosis to the department in a timely manner.

Section 3 of the bill amends s. 39.303, F.S., regarding child protection teams and sexual abuse treatment programs, to expand existing consultation requirements.

Under current law, child protection teams evaluating a report of medical neglect and assessing the health care needs of a medically complex child must consult with a physician who has experience in treating children with the same condition.

²⁸ A child born with this disorder may have overly flexible joints and stretchy, fragile skin. Mayo Clinic, *Ehlers-Danlos syndrome*, <https://www.mayoclinic.org/diseases-conditions/ehlers-danlos-syndrome/symptoms-causes/syc-20362125> (last visited Mar. 17, 2025).

²⁹ A child born with this disorder may have soft bones that break easily, bones that are not formed normally, and other problems. Johns Hopkins Medicine, *Health: Osteogenesis Imperfecta*, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/osteogenesis-imperfecta> (last visited Mar. 17, 2025).

³⁰ Having inadequate amounts of Vitamin D in your body may cause health problems like brittle bones and muscle weakness. Yale Medicine, *Vitamin D Deficiency*, <https://www.yalemedicine.org/conditions/vitamin-d-deficiency> (last visited Mar. 17, 2025).

Under the bill, child protection teams must consult with a licensed physician³¹ or a licensed advanced practice registered nurse (APRN)³² having experience in, and routinely providing medical care to, pediatric patients when evaluating a report of:

- Medical neglect and assessing the needs of a medically complex child; or
- A child having a reported preexisting diagnosis of Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, or any other medical condition known to appear to be caused by, or known to be misdiagnosed as, abuse.

Section 4 of the bill amends s. 39.304(1), F.S., regarding photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected children, to allow a parent or legal custodian from whom a child was removed to request additional medical examinations in certain cases.

Under the bill, if an examination is performed on a child under existing law, the parent or legal custodian from whom the child was removed may:

- Request an examination by the child protection team as soon as practicable, if the team did not perform the initial examination that led to the allegations of abuse, abandonment, or neglect.
- Request that the child be examined by a licensed physician or a licensed APRN of the parent or legal custodian's choosing who routinely provides medical care to pediatric patients, if the initial examination was performed by the child protection team and the parent or legal custodian would like a second opinion on diagnosis or treatment; or
- Request that the child be examined by a licensed physician or a licensed APRN who routinely provides diagnosis of, and medical care to, pediatric patients, 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, or known to be misdiagnosed as, abuse.

The bill also requires the requesting parent or legal custodian to pay for these 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.

³¹ See chs. 458 and 459, F.S. (regulating medical practice and osteopathic medicine).

³² See ch. 464, F.S. (regulating nursing).

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department of Children and Families may incur additional costs to evaluate whether a child's injury or condition is the result of a disease or medical condition.

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 diagnosis 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.