

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

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1                   A bill to be entitled  
2           An act relating to specific medical diagnoses in child  
3           protective investigations; amending s. 39.201, F.S.;  
4           requiring that reports made by certain persons contain  
5           a summary of a specified analysis; amending s. 39.301,  
6           F.S.; providing an exception to the requirement that  
7           the Department of Children and Families immediately  
8           forward certain allegations to a law enforcement  
9           agency; requiring a child protective investigator to  
10          inform the subject of an investigation of a certain  
11          duty; conforming a cross-reference; amending s.  
12          39.303, F.S.; requiring Child Protection Teams to  
13          consult with a licensed physician or advanced practice  
14          registered nurse when evaluating certain reports;  
15          conforming provisions to changes made by the act;  
16          amending s. 39.304, F.S.; authorizing, under a certain  
17          circumstance, a parent or legal custodian from whom a  
18          child was removed to request specified examinations of  
19          the child; requiring that certain examinations be paid  
20          for by the parent or legal custodian making the  
21          request or as otherwise covered by insurance or  
22          Medicaid; prohibiting the request of an examination  
23          for a specified purpose; providing an effective date.

24  
25 Be It Enacted by the Legislature of the State of Florida:

26  
27           Section 1. Paragraph (d) is added to subsection (1) of  
28           section 39.201, Florida Statutes, to read:

29           39.201 Required reports of child abuse, abandonment, or

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30 neglect, sexual abuse of a child, and juvenile sexual abuse;  
31 required reports of death; reports involving a child who has  
32 exhibited inappropriate sexual behavior.—

33 (1) MANDATORY REPORTING.—

34 (d) Any report made by a person whose occupation is listed  
35 in sub-subparagraph (b)2.a. must contain a summary of the  
36 analysis used to rule out a differential diagnosis of the  
37 conditions specified in s. 39.303(4)(b).

38 Section 2. Paragraph (a) of subsection (2), paragraph (a)  
39 of subsection (5), and paragraph (c) of subsection (14) of  
40 section 39.301, Florida Statutes, are amended to read:

41 39.301 Initiation of protective investigations.—

42 (2)(a) The department shall immediately forward allegations  
43 of criminal conduct to the municipal or county law enforcement  
44 agency of the municipality or county in which the alleged  
45 conduct has occurred, unless the parent or legal custodian:

46 1. Has alleged that the child has a preexisting diagnosis  
47 specified in s. 39.303(4)(b); or

48 2. Is requesting that the child have an examination under  
49 s. 39.304(1)(c).

50  
51 Allegations of criminal conduct that are not immediately  
52 forwarded to the law enforcement agency pursuant to subparagraph  
53 1. or subparagraph 2. must be immediately forwarded to the law  
54 enforcement agency upon completion of the investigation under  
55 this part if criminal conduct is still alleged.

56 (5)(a) Upon commencing an investigation under this part,  
57 the child protective investigator shall inform any subject of  
58 the investigation of the following:

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- 59           1. The names of the investigators and identifying  
60 credentials from the department.
- 61           2. The purpose of the investigation.
- 62           3. The right to obtain his or her own attorney and ways  
63 that the information provided by the subject may be used.
- 64           4. The possible outcomes and services of the department's  
65 response.
- 66           5. The right of the parent or legal custodian to be engaged  
67 to the fullest extent possible in determining the nature of the  
68 allegation and the nature of any identified problem and the  
69 remedy.
- 70           6. The duty of the parent or legal custodian to report any  
71 change in the residence or location of the child to the  
72 investigator and that the duty to report continues until the  
73 investigation is closed.
- 74           7. The duty of the parent or legal custodian to report any  
75 preexisting diagnosis for the child which is specified in s.  
76 39.303(4) (b) and provide any medical records that support that  
77 diagnosis in a timely manner.
- 78           (14)
- 79           (c) The department, in consultation with the judiciary,  
80 shall adopt by rule:
- 81           1. Criteria that are factors requiring that the department  
82 take the child into custody, petition the court as provided in  
83 this chapter, or, if the child is not taken into custody or a  
84 petition is not filed with the court, conduct an administrative  
85 review. Such factors must include, but are not limited to,  
86 noncompliance with a safety plan or the case plan developed by  
87 the department, and the family under this chapter, and prior

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88 abuse reports with findings that involve the child, the child's  
89 sibling, or the child's caregiver.

90 2. Requirements that if after an administrative review the  
91 department determines not to take the child into custody or  
92 petition the court, the department shall document the reason for  
93 its decision in writing and include it in the investigative  
94 file. For all cases that were accepted by the local law  
95 enforcement agency for criminal investigation pursuant to  
96 subsection (2), the department must include in the file written  
97 documentation that the administrative review included input from  
98 law enforcement. In addition, for all cases that must be  
99 referred to Child Protection Teams pursuant to s. 39.303(5) and  
100 (6) ~~s. 39.303(4) and (5)~~, the file must include written  
101 documentation that the administrative review included the  
102 results of the team's evaluation.

103 Section 3. Present subsections (4) through (10) of section  
104 39.303, Florida Statutes, are redesignated as subsections (5)  
105 through (11), respectively, a new subsection (4) is added to  
106 that section, and subsection (3) and present subsections (5) and  
107 (6) of that section are amended, to read:

108 39.303 Child Protection Teams and sexual abuse treatment  
109 programs; services; eligible cases.—

110 (3) The Department of Health shall use and convene the  
111 Child Protection Teams to supplement the assessment and  
112 protective supervision activities of the family safety and  
113 preservation program of the Department of Children and Families.  
114 This section does not remove or reduce the duty and  
115 responsibility of any person to report pursuant to this chapter  
116 all suspected or actual cases of child abuse, abandonment, or

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117 neglect or sexual abuse of a child. The role of the Child  
118 Protection Teams is to support activities of the program and to  
119 provide services deemed by the Child Protection Teams to be  
120 necessary and appropriate to abused, abandoned, and neglected  
121 children upon referral. The specialized diagnostic assessment,  
122 evaluation, coordination, consultation, and other supportive  
123 services that a Child Protection Team must be capable of  
124 providing include, but are not limited to, the following:

125 (a) Medical diagnosis and evaluation services, including  
126 provision or interpretation of X rays and laboratory tests, and  
127 related services, as needed, and documentation of related  
128 findings.

129 (b) Telephone consultation services in emergencies and in  
130 other situations.

131 (c) Medical evaluation related to abuse, abandonment, or  
132 neglect, as defined by policy or rule of the Department of  
133 Health.

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

139 (e) Expert medical, psychological, and related professional  
140 testimony in court cases.

141 (f) Case staffings to develop treatment plans for children  
142 whose cases have been referred to the team. A Child Protection  
143 Team may provide consultation with respect to a child who is  
144 alleged or is shown to be abused, abandoned, or neglected, which  
145 consultation shall be provided at the request of a

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146 representative of the family safety and preservation program or  
147 at the request of any other professional involved with a child  
148 or the child's parent or parents, legal custodian or custodians,  
149 or other caregivers. In every such Child Protection Team case  
150 staffing, consultation, or staff activity involving a child, a  
151 family safety and preservation program representative shall  
152 attend and participate.

153 (g) Case service coordination and assistance, including the  
154 location of services available from other public and private  
155 agencies in the community.

156 (h) Such training services for program and other employees  
157 of the Department of Children and Families, employees of the  
158 Department of Health, and other medical professionals as is  
159 deemed appropriate to enable them to develop and maintain their  
160 professional skills and abilities in handling child abuse,  
161 abandonment, and neglect cases. The training service must  
162 include training in the recognition of and appropriate responses  
163 to head trauma and brain injury in a child under 6 years of age  
164 as required by ss. 402.402(2) and 409.988.

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

169 (j) Child Protection Team assessments that include, as  
170 appropriate, medical evaluations, medical consultations, family  
171 psychosocial interviews, specialized clinical interviews, or  
172 forensic interviews.

173  
174 ~~A Child Protection Team that is evaluating a report of medical~~

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175 ~~neglect and assessing the health care needs of a medically~~  
176 ~~complex child shall consult with a physician who has experience~~  
177 ~~in treating children with the same condition.~~

178 (4) A Child Protection Team shall consult with a physician  
179 licensed under chapter 458 or chapter 459 or an advanced  
180 practice registered nurse licensed under chapter 464 who has  
181 experience in and routinely provides medical care to pediatric  
182 patients when evaluating a report of:

183 (a) Medical neglect and assessing the needs of a medically  
184 complex child; or

185 (b) A child with a reported preexisting diagnosis of any of  
186 the following:

187 1. Rickets.

188 2. Ehlers-Danlos syndrome.

189 3. Osteogenesis imperfecta.

190 4. Vitamin D deficiency.

191 5. Any other medical condition known to appear to be caused  
192 by, or known to be misdiagnosed as, abuse.

193 (6) ~~(5)~~ All abuse and neglect cases transmitted for  
194 investigation to a circuit by the hotline must be simultaneously  
195 transmitted to the Child Protection Team for review. For the  
196 purpose of determining whether a face-to-face medical evaluation  
197 by a Child Protection Team is necessary, all cases transmitted  
198 to the Child Protection Team which meet the criteria in  
199 subsection (5) ~~(4)~~ must be timely reviewed by:

200 (a) A physician licensed under chapter 458 or chapter 459  
201 who holds board certification in pediatrics and is a member of a  
202 Child Protection Team;

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

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204 who holds board certification in a specialty other than  
205 pediatrics, who may complete the review only when working under  
206 the direction of the Child Protection Team medical director or a  
207 physician licensed under chapter 458 or chapter 459 who holds  
208 board certification in pediatrics and is a member of a Child  
209 Protection Team;

210 (c) An advanced practice registered nurse licensed under  
211 chapter 464 who has a specialty in pediatrics or family medicine  
212 and is a member of a Child Protection Team;

213 (d) A physician assistant licensed under chapter 458 or  
214 chapter 459, who may complete the review only when working under  
215 the supervision of the Child Protection Team medical director or  
216 a 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; or

219 (e) A registered nurse licensed under chapter 464, who may  
220 complete the review only when working under the direct  
221 supervision of the Child Protection Team medical director or a  
222 physician licensed under chapter 458 or chapter 459 who holds  
223 board certification in pediatrics and is a member of a Child  
224 Protection Team.

225 (7)~~(6)~~ A face-to-face medical evaluation by a Child  
226 Protection Team is not necessary when:

227 (a) The child was examined for the alleged abuse or neglect  
228 by a physician who is not a member of the Child Protection Team,  
229 and a consultation between the Child Protection Team medical  
230 director or a Child Protection Team board-certified  
231 pediatrician, advanced practice registered nurse, physician  
232 assistant working under the supervision of a Child Protection

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233 Team medical director or a Child Protection Team board-certified  
234 pediatrician, or registered nurse working under the direct  
235 supervision of a Child Protection Team medical director or a  
236 Child Protection Team board-certified pediatrician, and the  
237 examining physician concludes that a further medical evaluation  
238 is unnecessary;

239 (b) The child protective investigator, with supervisory  
240 approval, has determined, after conducting a child safety  
241 assessment, that there are no indications of injuries as  
242 described in paragraphs (5) (a)-(h) ~~(4)(a)-(h)~~ as reported; or

243 (c) The Child Protection Team medical director or a Child  
244 Protection Team board-certified pediatrician, as authorized in  
245 subsection (6) ~~(5)~~, determines that a medical evaluation is not  
246 required.

247

248 Notwithstanding paragraphs (a), (b), and (c), a Child Protection  
249 Team medical director or a Child Protection Team pediatrician,  
250 as authorized in subsection (6) ~~(5)~~, may determine that a face-  
251 to-face medical evaluation is necessary.

252 Section 4. Paragraph (c) is added to subsection (1) of  
253 section 39.304, Florida Statutes, to read:

254 39.304 Photographs, medical examinations, X rays, and  
255 medical treatment of abused, abandoned, or neglected child.—

256 (1)

257 (c) If an examination is performed on a child under  
258 paragraph (b), the parent or legal custodian from whom the child  
259 was removed pursuant to s. 39.401 may:

260 1. If the initial examination was not performed by the  
261 Child Protection Team, request that the child be examined by the

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262 Child Protection Team as soon as practicable;

263 2. If the initial examination was performed by the Child  
264 Protection Team, for the purpose of obtaining a second opinion  
265 on diagnosis or treatment, request that the child be examined by  
266 a physician licensed under chapter 458 or chapter 459 or an  
267 advanced practice registered nurse licensed under chapter 464 of  
268 his or her choosing who routinely provides medical care to  
269 pediatric patients; or

270 3. For the purpose of ruling out a differential diagnosis,  
271 request that the child be examined by a physician licensed under  
272 chapter 458 or chapter 459 or an advanced practice registered  
273 nurse licensed under chapter 464 who routinely provides  
274 diagnosis of and medical care to pediatric patients for the  
275 conditions specified in s. 39.303(4)(b).

276

277 An examination requested under subparagraph 2. or subparagraph  
278 3. must be paid for by the parent or legal custodian making such  
279 request or as otherwise covered by insurance or Medicaid. An  
280 examination may not be requested under this paragraph for the  
281 purpose of obtaining a second opinion as to whether a child has  
282 been sexually abused.

283 Section 5. This act shall take effect July 1, 2025.