

**By** the Committees on Judiciary; and Children, Families, and Elder Affairs; and Senators Sharief, Garcia, Rouson, Gaetz, and Collins

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

22  
23   Be It Enacted by the Legislature of the State of Florida:

24  
25       Section 1. Paragraph (a) of subsection (2), paragraph (a)  
26      of subsection (5), and paragraph (c) of subsection (14) of  
27      section 39.301, Florida Statutes, are amended to read:

28       39.301   Initiation of protective investigations.—

29       (2)(a)   The department shall immediately forward allegations

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30 of criminal conduct to the municipal or county law enforcement  
31 agency of the municipality or county in which the alleged  
32 conduct has occurred, unless the parent or legal custodian:

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

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

37  
38 Allegations of criminal conduct that are not immediately  
39 forwarded to the law enforcement agency pursuant to subparagraph  
40 1. or subparagraph 2. must be immediately forwarded to the law  
41 enforcement agency upon completion of the investigation under  
42 this part if criminal conduct is still alleged.

43 (5)(a) Upon commencing an investigation under this part,  
44 the child protective investigator shall inform any subject of  
45 the investigation of the following:

46 1. The names of the investigators and identifying  
47 credentials from the department.

48 2. The purpose of the investigation.

49 3. The right to obtain his or her own attorney and ways  
50 that the information provided by the subject may be used.

51 4. The possible outcomes and services of the department's  
52 response.

53 5. The right of the parent or legal custodian to be engaged  
54 to the fullest extent possible in determining the nature of the  
55 allegation and the nature of any identified problem and the  
56 remedy.

57 6. The duty of the parent or legal custodian to report any  
58 change in the residence or location of the child to the

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investigator and that the duty to report continues until the investigation is closed.

7. The duty of the parent or legal custodian to report any preexisting diagnosis for the child which is specified in s. 39.303(4) (b) and provide any medical records that support that diagnosis in a timely manner.

(14)

(c) The department, in consultation with the judiciary, shall adopt by rule:

1. Criteria that are factors requiring that the department take the child into custody, petition the court as provided in this chapter, or, if the child is not taken into custody or a petition is not filed with the court, conduct an administrative review. Such factors must include, but are not limited to, noncompliance with a safety plan or the case plan developed by the department, and the family under this chapter, and prior abuse reports with findings that involve the child, the child's sibling, or the child's caregiver.

2. Requirements that if after an administrative review the department determines not to take the child into custody or petition the court, the department shall document the reason for its decision in writing and include it in the investigative file. For all cases that were accepted by the local law enforcement agency for criminal investigation pursuant to subsection (2), the department must include in the file written documentation that the administrative review included input from law enforcement. In addition, for all cases that must be referred to Child Protection Teams pursuant to s. 39.303(5) and (6) ~~s. 39.303(4) and (5)~~, the file must include written

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88 documentation that the administrative review included the  
89 results of the team's evaluation.

90 Section 2. Present subsections (4) through (10) of section  
91 39.303, Florida Statutes, are redesignated as subsections (5)  
92 through (11), respectively, a new subsection (4) is added to  
93 that section, and subsection (3) and present subsections (5) and  
94 (6) of that section are amended, to read:

95 39.303 Child Protection Teams and sexual abuse treatment  
96 programs; services; eligible cases.—

97 (3) The Department of Health shall use and convene the  
98 Child Protection Teams to supplement the assessment and  
99 protective supervision activities of the family safety and  
100 preservation program of the Department of Children and Families.  
101 This section does not remove or reduce the duty and  
102 responsibility of any person to report pursuant to this chapter  
103 all suspected or actual cases of child abuse, abandonment, or  
104 neglect or sexual abuse of a child. The role of the Child  
105 Protection Teams is to support activities of the program and to  
106 provide services deemed by the Child Protection Teams to be  
107 necessary and appropriate to abused, abandoned, and neglected  
108 children upon referral. The specialized diagnostic assessment,  
109 evaluation, coordination, consultation, and other supportive  
110 services that a Child Protection Team must be capable of  
111 providing include, but are not limited to, the following:

112 (a) Medical diagnosis and evaluation services, including  
113 provision or interpretation of X rays and laboratory tests, and  
114 related services, as needed, and documentation of related  
115 findings.

116 (b) Telephone consultation services in emergencies and in

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117 other situations.

118 (c) Medical evaluation related to abuse, abandonment, or  
119 neglect, as defined by policy or rule of the Department of  
120 Health.

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

126 (e) Expert medical, psychological, and related professional  
127 testimony in court cases.

128 (f) Case staffings to develop treatment plans for children  
129 whose cases have been referred to the team. A Child Protection  
130 Team may provide consultation with respect to a child who is  
131 alleged or is shown to be abused, abandoned, or neglected, which  
132 consultation shall be provided at the request of a  
133 representative of the family safety and preservation program or  
134 at the request of any other professional involved with a child  
135 or the child's parent or parents, legal custodian or custodians,  
136 or other caregivers. In every such Child Protection Team case  
137 staffing, consultation, or staff activity involving a child, a  
138 family safety and preservation program representative shall  
139 attend and participate.

140 (g) Case service coordination and assistance, including the  
141 location of services available from other public and private  
142 agencies in the community.

143 (h) Such training services for program and other employees  
144 of the Department of Children and Families, employees of the  
145 Department of Health, and other medical professionals as is

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146 deemed appropriate to enable them to develop and maintain their  
147 professional skills and abilities in handling child abuse,  
148 abandonment, and neglect cases. The training service must  
149 include training in the recognition of and appropriate responses  
150 to head trauma and brain injury in a child under 6 years of age  
151 as required by ss. 402.402(2) and 409.988.

152 (i) Educational and community awareness campaigns on child  
153 abuse, abandonment, and neglect in an effort to enable citizens  
154 more successfully to prevent, identify, and treat child abuse,  
155 abandonment, and neglect in the community.

156 (j) Child Protection Team assessments that include, as  
157 appropriate, medical evaluations, medical consultations, family  
158 psychosocial interviews, specialized clinical interviews, or  
159 forensic interviews.

160  
161 ~~A Child Protection Team that is evaluating a report of medical~~  
162 ~~neglect and assessing the health care needs of a medically~~  
163 ~~complex child shall consult with a physician who has experience~~  
164 ~~in treating children with the same condition.~~

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

170 (a) Medical neglect and assessing the needs of a medically  
171 complex child; or

172 (b) A child with a reported preexisting diagnosis of any of  
173 the following:

174 1. Rickets.

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175       2. Ehlers-Danlos syndrome.

176       3. Osteogenesis imperfecta.

177       4. Vitamin D deficiency.

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

180       (6)~~(5)~~ All abuse and neglect cases transmitted for  
181 investigation to a circuit by the hotline must be simultaneously  
182 transmitted to the Child Protection Team for review. For the  
183 purpose of determining whether a face-to-face medical evaluation  
184 by a Child Protection Team is necessary, all cases transmitted  
185 to the Child Protection Team which meet the criteria in  
186 subsection (5) ~~(4)~~ must be timely reviewed by:

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

190       (b) A physician licensed under chapter 458 or chapter 459  
191 who holds board certification in a specialty other than  
192 pediatrics, who may complete the review only when working under  
193 the direction of the Child Protection Team medical director or a  
194 physician licensed under chapter 458 or chapter 459 who holds  
195 board certification in pediatrics and is a member of a Child  
196 Protection Team;

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

200       (d) A physician assistant licensed under chapter 458 or  
201 chapter 459, who may complete the review only when working under  
202 the supervision of the Child Protection Team medical director or  
203 a physician licensed under chapter 458 or chapter 459 who holds

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204 board certification in pediatrics and is a member of a Child  
205 Protection Team; or

206 (e) A registered nurse licensed under chapter 464, who may  
207 complete the review only when working under the direct  
208 supervision of the Child Protection Team medical director or a  
209 physician licensed under chapter 458 or chapter 459 who holds  
210 board certification in pediatrics and is a member of a Child  
211 Protection Team.

212 (7)~~(6)~~ A face-to-face medical evaluation by a Child  
213 Protection Team is not necessary when:

214 (a) The child was examined for the alleged abuse or neglect  
215 by a physician who is not a member of the Child Protection Team,  
216 and a consultation between the Child Protection Team medical  
217 director or a Child Protection Team board-certified  
218 pediatrician, advanced practice registered nurse, physician  
219 assistant working under the supervision of a Child Protection  
220 Team medical director or a Child Protection Team board-certified  
221 pediatrician, or registered nurse working under the direct  
222 supervision of a Child Protection Team medical director or a  
223 Child Protection Team board-certified pediatrician, and the  
224 examining physician concludes that a further medical evaluation  
225 is unnecessary;

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

230 (c) The Child Protection Team medical director or a Child  
231 Protection Team board-certified pediatrician, as authorized in  
232 subsection (6) ~~(5)~~, determines that a medical evaluation is not



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233 required.

234

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

239 Section 3. Paragraph (c) is added to subsection (1) of  
240 section 39.304, Florida Statutes, to read:

241 39.304 Photographs, medical examinations, X rays, and  
242 medical treatment of abused, abandoned, or neglected child.—

243 (1)

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

247 1. If the initial examination was not performed by the  
248 Child Protection Team, request that the child be examined by the  
249 Child Protection Team as soon as practicable;

250 2. If the initial examination was performed by the Child  
251 Protection Team, for the purpose of obtaining a second opinion  
252 on diagnosis or treatment, request that the child be examined by  
253 a physician licensed under chapter 458 or chapter 459 or an  
254 advanced practice registered nurse licensed under chapter 464 of  
255 his or her choosing who routinely provides medical care to  
256 pediatric patients; or

257 3. For the purpose of ruling out a differential diagnosis,  
258 request that the child be examined by a physician licensed under  
259 chapter 458 or chapter 459 or an advanced practice registered  
260 nurse licensed under chapter 464 who routinely provides  
261 diagnosis of and medical care to pediatric patients for the

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262 conditions specified in s. 39.303(4)(b).

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264 An examination requested under subparagraph 2. or subparagraph  
265 3. must be paid for by the parent or legal custodian making such  
266 request or as otherwise covered by insurance or Medicaid. An  
267 examination may not be requested under this paragraph for the  
268 purpose of obtaining a second opinion as to whether a child has  
269 been sexually abused.

270 Section 4. This act shall take effect July 1, 2025.