

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
30 allegations of criminal conduct to the municipal or county law
31 enforcement agency of the municipality or county in which the
32 alleged conduct has occurred. However, the department need not
33 immediately forward allegations of criminal conduct to the
34 appropriate law enforcement agency if the parent or legal
35 custodian:

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

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

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

46 (5)(a) Upon commencing an investigation under this part,
47 the child protective investigator shall inform any subject of
48 the investigation of the following:

49 1. The names of the investigators and identifying
50 credentials from the department.

51 2. The purpose of the investigation.

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

54 4. The possible outcomes and services of the department's
55 response.

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

60 6. The duty of the parent or legal custodian to report any
61 change in the residence or location of the child to the
62 investigator and that the duty to report continues until the
63 investigation is closed.

64 7. The duty of the parent or legal custodian to report any
65 preexisting diagnosis for the child which is specified in s.
66 39.303(4) (b) and provide any medical records that support that
67 diagnosis in a timely manner.

68 (14)

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

71 1. Criteria that are factors requiring that the department
72 take the child into custody, petition the court as provided in
73 this chapter, or, if the child is not taken into custody or a
74 petition is not filed with the court, conduct an administrative
75 review. Such factors must include, but are not limited to,

76 noncompliance with a safety plan or the case plan developed by
77 the department, and the family under this chapter, and prior
78 abuse reports with findings that involve the child, the child's
79 sibling, or the child's caregiver.

80 2. Requirements that if after an administrative review the
81 department determines not to take the child into custody or
82 petition the court, the department shall document the reason for
83 its decision in writing and include it in the investigative
84 file. For all cases that were accepted by the local law
85 enforcement agency for criminal investigation pursuant to
86 subsection (2), the department must include in the file written
87 documentation that the administrative review included input from
88 law enforcement. In addition, for all cases that must be
89 referred to Child Protection Teams pursuant to s. 39.303(5) and
90 (6) ~~s. 39.303(4) and (5)~~, the file must include written
91 documentation that the administrative review included the
92 results of the team's evaluation.

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

98 39.303 Child Protection Teams and sexual abuse treatment
99 programs; services; eligible cases.—

100 (3) The Department of Health shall use and convene the

101 Child Protection Teams to supplement the assessment and
102 protective supervision activities of the family safety and
103 preservation program of the Department of Children and Families.

104 This section does not remove or reduce the duty and
105 responsibility of any person to report pursuant to this chapter
106 all suspected or actual cases of child abuse, abandonment, or
107 neglect or sexual abuse of a child. The role of the Child
108 Protection Teams is to support activities of the program and to
109 provide services deemed by the Child Protection Teams to be
110 necessary and appropriate to abused, abandoned, and neglected
111 children upon referral. The specialized diagnostic assessment,
112 evaluation, coordination, consultation, and other supportive
113 services that a Child Protection Team must be capable of
114 providing include, but are not limited to, the following:

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

119 (b) Telephone consultation services in emergencies and in
120 other situations.

121 (c) Medical evaluation related to abuse, abandonment, or
122 neglect, as defined by policy or rule of the Department of
123 Health.

124 (d) Such psychological and psychiatric diagnosis and
125 evaluation services for the child or the child's parent or

126 parents, legal custodian or custodians, or other caregivers, or
127 any other individual involved in a child abuse, abandonment, or
128 neglect case, as the team may determine to be needed.

129 (e) Expert medical, psychological, and related
130 professional testimony in court cases.

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

143 (g) Case service coordination and assistance, including
144 the location of services available from other public and private
145 agencies in the community.

146 (h) Such training services for program and other employees
147 of the Department of Children and Families, employees of the
148 Department of Health, and other medical professionals as is
149 deemed appropriate to enable them to develop and maintain their
150 professional skills and abilities in handling child abuse,

151 abandonment, and neglect cases. The training service must
152 include training in the recognition of and appropriate responses
153 to head trauma and brain injury in a child under 6 years of age
154 as required by ss. 402.402(2) and 409.988.

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

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

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

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

173 (a) Medical neglect and assessing the needs of a medically
174 complex child; or

175 (b) A child with a reported preexisting diagnosis of any
176 of the following:

177 1. Rickets.

178 2. Ehlers-Danlos syndrome.

179 3. Osteogenesis imperfecta.

180 4. Vitamin D deficiency.

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

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

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

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

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

203 (d) A physician assistant licensed under chapter 458 or
204 chapter 459, who may complete the review only when working under
205 the supervision of the Child Protection Team medical director or
206 a physician licensed under chapter 458 or chapter 459 who holds
207 board certification in pediatrics and is a member of a Child
208 Protection Team; or

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

215 (7) ~~(6)~~ A face-to-face medical evaluation by a Child
216 Protection Team is not necessary when:

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

supervision of a Child Protection Team medical director or a Child Protection Team board-certified pediatrician, and the examining physician concludes that a further medical evaluation is unnecessary;

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

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

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

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

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

(1)

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

250 1. If the initial examination was not performed by the
251 Child Protection Team, request that the child be examined by the
252 Child Protection Team as soon as practicable;

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

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

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

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