

**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.)

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Prepared By: The Professional Staff of the Committee on Fiscal Policy

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BILL: CS/CS/SB 42

INTRODUCER: Fiscal Policy Committee; Appropriations Committee on Health and Human Services Committee; and Senator Sharief and others

SUBJECT: Specific Medical Diagnoses in Child Protective Investigations

DATE: March 3, 2026

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Rao</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Favorable</u>
2.	<u>Sneed</u>	<u>McKnight</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	<u>Rao</u>	<u>Siples</u>	<u>FP</u>	<u>Fav/CS</u>

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/CS/SB 42 requires child abuse investigators to consider and rule out certain preexisting diseases and medical conditions that are often 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.

Under the bill, if a parent or legal custodian alleges the child has a preexisting condition known to be misdiagnosed as abuse, or requests an examination of the child, the Department of Children and Families (DCF or department) is not required to immediately forward allegations of criminal conduct to a law enforcement agency; rather, the DCF may wait to forward such allegations until the child abuse investigation is complete and the preexisting diagnoses have been ruled out as a potential cause of the alleged abuse. The bill requires child protective investigators to remind parents being investigated of their duty to report their child's preexisting medical conditions and the name and contact information of the health care practitioner that diagnosed or treated the child within ten days after being informed of such duty.

The bill expands the consultation requirements for the Child Protection Teams (CPTs) that operate within the Department of Health (DOH) to consult with licensed physicians or advanced practice registered nurses (APRNs) who have relevant experience when evaluating a child with certain preexisting medical conditions.

Additionally, the bill allows a parent or legal custodian from whom a child has been removed to request additional medical examinations in certain cases, provided the parent or legal custodian pay for such examinations. The bill requires the physician or APRN that conducted such additional examinations to submit a written report with their findings and conclusions within ten days after the examination. If the findings of the additional examination conflict with the initial examination, the DCF must convene a case staffing to reach a consensus regarding the differences in the medical opinions.

The bill requires patient records the DCF requests pursuant to a child protective investigation to be furnished by the health care practitioner, without written authorization from the patient, within 14 days of the request.

The bill has a significant, negative fiscal impact on state expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

## II. Present Situation:

Chapter 39, F.S., creates Florida's dependency system charged with protecting children who have been abused, abandoned, or neglected.<sup>1</sup> Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations.<sup>2</sup> The DCF and community-based care (CBC) lead agencies<sup>3</sup> work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.<sup>4</sup>

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.<sup>5</sup>

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<sup>1</sup> Chapter 39, F.S.

<sup>2</sup> See generally s. 39.101, F.S. (establishing the central abuse hotline and timeframes for initiating investigations).

<sup>3</sup> 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 CBC 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 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.*

<sup>4</sup> Chapter 39, F.S.

<sup>5</sup> 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/FLCSPPracticeModel\\_0.pdf](https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPPracticeModel_0.pdf) (last visited 11/6/25).

The department contracts with CBC lead agencies for case management, out-of-home services, and related services for children and families.<sup>6</sup> 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.<sup>7</sup> There are 18 lead agencies statewide that serve the state's 20 judicial circuits.<sup>8</sup> Ultimately, the DCF remains responsible for the operation of the central abuse hotline and investigations of abuse, abandonment, and neglect.<sup>9</sup> Additionally, the department is responsible for all program oversight and the overall performance of the child welfare system.<sup>10</sup>

### ***Dependency System Process***

In some instances, services may not be enough to maintain a safe environment for a child. When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place and temporarily maintain the child in an out-of-home placement, adjudicate the child dependent, and if necessary, terminate parental rights and free the child for adoption. This process is typically triggered by a report to the central abuse hotline and a child protective investigation that makes a safety determination as to whether the child should remain in his or her home, notwithstanding provided DCF services. Generally, the dependency process includes, but is not limited to:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- In-home services or a shelter of the child and an out-of-home placement.
- A court finding that the child is dependent.<sup>11</sup>
- Case planning to address the problems that resulted in the child's dependency.
- Reunification with the child's parent or other appropriate permanency option, such as adoption.<sup>12</sup>

### ***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

<sup>6</sup> Section 409.986(3)(e), F.S.; *see generally* Part V, Chapter 409, F.S. (regulating community-based child welfare).

<sup>7</sup> Department of Children and Families, *About Community-Based Care (CBC)*, available at: <https://www.myflfamilies.com/services/child-and-family-well-being/community-based-care/about> (last visited 11/6/25).

<sup>8</sup> Department of Children and Families, *Lead Agency Information*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited 11/6/25).

<sup>9</sup> Section 39.101, F.S.

<sup>10</sup> *Id.*

<sup>11</sup> A "child who is found to be dependent" refers to a child who is found by the court: to have been abandoned, abused, or neglected by the child's parents or legal custodians; to have been surrendered to the DCF or licensed child-placing agency for adoption; to have parents or legal custodians that failed to substantially comply with the requirements of a case plan for reunification; to have been voluntarily placed with a licensed child-placing agency for subsequent adoption; to have no parent or legal custodians capable of providing supervision and care; to be at substantial risk of imminent abuse, abandonment, or neglect; or to have been sexually exploited and to have no parent, legal custodian, or responsible adult relative available to provide the necessary and appropriate supervision. Section 39.01(15), F.S.

<sup>12</sup> Office of the State Courts Administrator, The Office of Family Courts, *A Caregiver's Guide to Dependency Court*, available at: <https://flcourts-media.flcourts.gov/content/download/218185/file/Web-Caregivers-Guide-Final-09.pdf> (last visited 1/7/26); *see also* ch. 39, F.S.

central abuse hotline.<sup>13</sup> A person from the general public, while a mandatory reporter, may make a report anonymously.<sup>14</sup> 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.<sup>15</sup>

### ***Central Abuse Hotline and Investigations***

The department is statutorily required to operate and maintain a central abuse hotline to receive reports of known or suspected instances of child abuse,<sup>16</sup> abandonment,<sup>17</sup> or neglect,<sup>18</sup> or instances when a child does not have a parent, legal custodian, or adult relative available to provide supervision and care.<sup>19</sup> The hotline must operate 24 hours a day, 7 days a week, and accept reports through a single statewide toll-free telephone number or through electronic reporting.<sup>20</sup>

If the hotline counselor determines a report meets the definition of abuse, abandonment, or neglect, the report is accepted for a protective investigation.<sup>21</sup> Based on the report, the department makes a determination regarding when to initiate a protective investigation:

- An investigation must be immediately initiated 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 warrant; or
- An investigation must be initiated within 24 hours in all other cases of child abuse, abandonment, or neglect.<sup>22</sup>

If there is reason to believe criminal conduct<sup>23</sup> has occurred, the DCF is required to immediately forward allegations of criminal conduct to the municipal or county law enforcement agency of

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<sup>13</sup> Section 39.201(1)(a), F.S.

<sup>14</sup> Section 39.201(1)(b)1., F.S.

<sup>15</sup> Section 39.201(1)(b)2., F.S.

<sup>16</sup> Section 39.01(2), F.S., defines “abuse” as any willful or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired.

<sup>17</sup> Section 39.01(1), F.S., defines “abandoned” or “abandonment” as a situation in which the parent or legal custodian of a child of, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. “Establish or maintain a substantial and positive relationship” means, in part, frequent and regular contact with the child, and the exercise of parental rights and responsibilities.

<sup>18</sup> Section 39.01(53), F.S., states “neglect” occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired, except when such circumstances are caused primarily by financial inability unless services have been offered and rejected by such person.

<sup>19</sup> Section 39.201(1), F.S.

<sup>20</sup> *Id.*

<sup>21</sup> Section 39.201(4)(a), F.S.

<sup>22</sup> Section 39.101(2), F.S.

<sup>23</sup> “Criminal conduct” refers to situations in which a child is known or suspected to be the victim of child abuse or neglect, is known or suspected to have died as a result of such abuse or neglect, known or suspected to be the victim of aggravated child abuse, sexual battery, sexual abuse, institutional child abuse or neglect, or human trafficking. *See* Section 39.301(2)(b), F.S.

the municipality or county in which the alleged conduct occurred.<sup>24</sup> Upon receiving the report of an allegation of criminal conduct, the law enforcement agency determines whether a criminal investigation is warranted. This criminal investigation is done concurrently with the child welfare investigation run by the DCF.

Once the DCF assigns a child protective investigator (CPI) to complete the child welfare investigation, the CPI assesses 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.<sup>25</sup>

### ***Medical Examination***

A child protective investigator (CPI) may refer a child to a licensed physician or a hospital's emergency department without the consent of the child's parent or legal custodian if the child has visible trauma 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.<sup>26</sup>

Consent for 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.<sup>27</sup> If the child's parent or legal custodian is unavailable and a court order cannot reasonably be obtained due to working hours, the department may consent to necessary medical treatment for the child.<sup>28</sup>

### **Florida Department of Health and Children's Medical Services (CMS)**

The Florida Department of Health (DOH) is responsible for administering the state's public health system designed to promote, protect, and improve the health of all people in the state.<sup>29</sup> The Division of Children's Medical Services (CMS) is housed within the DOH and provides a family-centered, comprehensive, and coordinated statewide managed system of care for children and youth with special health care needs.<sup>30</sup>

### ***Child Protection Teams***

Child Protection Teams (CPTs) are medically directed, multidisciplinary teams that have been utilized in Florida since 1984 as a mechanism to support children that have been abused, abandoned, or neglected.<sup>31</sup> CPTs provide expertise in evaluating alleged child abuse and neglect, assessing risk and protective factors, and providing recommendations for interventions.<sup>32</sup> The Statewide Medical Director for Child Protection oversees the CPT program, which aims to

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<sup>24</sup> Section 39.301(2)(a), F.S.

<sup>25</sup> *See generally* s. 39.301, F.S. and Part IV, Chapter 39, F.S. (regulating taking children into custody and shelter hearings).

<sup>26</sup> Section 39.304(1)(b), F.S.

<sup>27</sup> Section 39.304(2)(a), F.S.

<sup>28</sup> Section 39.304(2)(b), F.S.

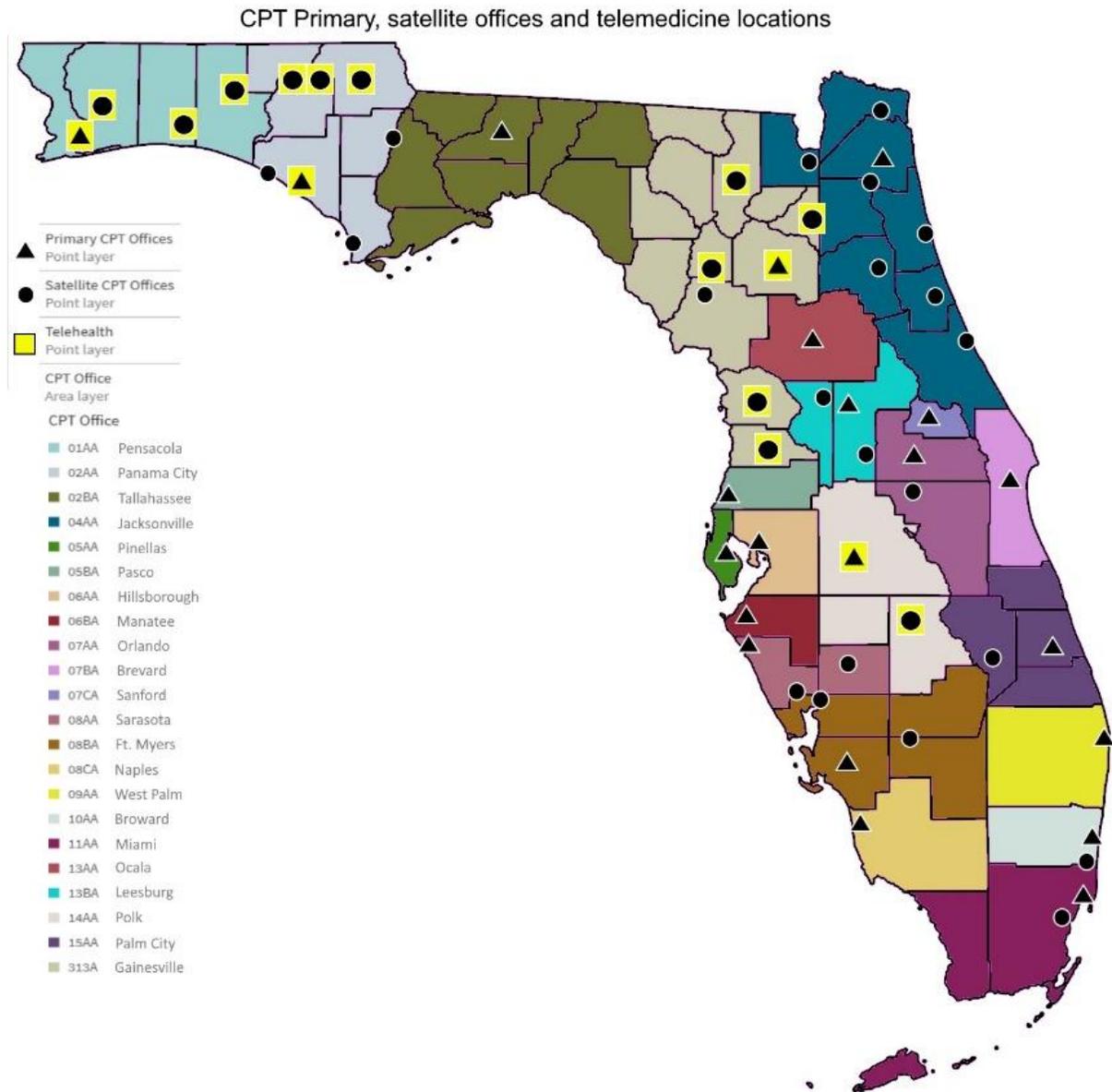
<sup>29</sup> Section 381.001, F.S.

<sup>30</sup> Section 391.016, F.S.

<sup>31</sup> Chapter 84-226, L.O.F.

<sup>32</sup> Florida Department of Health, Child Abuse Protection, available at: <https://www.floridahealth.gov/individual-family-health/child-infant-youth/child-protection/> (last visited 1/6/26).

protect children and enhance caregivers’ capacity to provide safer environments whenever possible.<sup>33</sup> Currently, there are 22 local CPTs, displayed on the map below.<sup>34</sup>



Each local CPT is under the direction of a Medical Director that must be a Child Abuse Pediatrician (CAP) certified by the American Board of Pediatrics, or has passed the Florida Certification Board’s Child Abuse and Neglect Examination (CAAN).<sup>35</sup> CPT personnel must complete preliminary training curriculum determined by the CMS Deputy Secretary and the

<sup>33</sup> Florida Department of Health, *2026 Agency Analysis, SB 42 – Specific Medical Diagnoses in Child protective Investigations*, pg. 2 (on file with the Senate Committee on Children, Families, and Elder Affairs).

<sup>34</sup> E-mail with Jessica Costello, Department of Health Deputy Legislative Affairs Director (on file with the Senate Committee on Children, Families, and Elder Affairs).

<sup>35</sup> *Supra note 33.*

Statewide Medical Director, as well as complete eight hours of continuing education on child abuse and neglect annually.<sup>36</sup>

CPTs supplement a CPI's efforts by reviewing all abuse and neglect cases screened in by the Florida abuse hotline.<sup>37</sup> CPTs take photographs of visible trauma of the subject of the report and may refer the child to a medical professional for treatment.<sup>38</sup> In cases where medical neglect is reported, the DCF assigns CPIs with specialized training in medical neglect/medically complex children, and the CPI works with the CPT; if the CPT deems that medical neglect is substantiated, the DCF convenes a case staffing<sup>39</sup> to determine what services will address the child's needs.

Certain reports of child abuse, abandonment, and neglect to the hotline must be referred to a CPT, 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 under.
- Any report alleging sexual abuse of a child.
- Any sexually transmitted disease in a prepubescent child.
- Reported malnutrition of a child and failure of a child to thrive.
- Reported medical neglect of a child.
- Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect.
- 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.<sup>40</sup>

CPTs are required to have the capacity to provide services that include, but are not limited to, the following:

- Medical diagnosis and evaluation.
- Telephone consultation services in emergencies or other situations.
- Medical evaluation related to abuse, abandonment, or neglect.
- Psychological and psychiatric diagnoses and evaluations.
- Expert court testimony.<sup>41</sup>

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<sup>36</sup> Florida Department of Health, *2026 Agency Analysis, SB 42 – Specific Medical Diagnoses in Child protective Investigations*, pg. 2.

<sup>37</sup> Rule 64C-8.003, F.A.C.

<sup>38</sup> Section 39.304, F.S.

<sup>39</sup> Case staffing must include, at a minimum: the CPI; DCF legal staff; representatives from the CPT that evaluated the child; Children's Medical Services; AHCA (if the child is Medicaid eligible); and the CBC lead agency. *See* Section 39.3068(3), F.S.

<sup>40</sup> Section 39.303(4), F.S.

<sup>41</sup> Section 39.303(3), F.S.

The following chart demonstrates the number of medical consultations and examinations conducted between 2022 and 2024.<sup>42</sup>

<b>Child Protection Team Consultations and Examinations</b>					
	<b>2024</b>	<b>2023</b>	<b>2022</b>	<b>Total</b>	<b>Average</b>
<b>Medical Consultations</b>	3,453	3,563	4,060	11,076	3,692
<b>Medical Exams</b>	14,320	13,966	14,113	42,399	14,133

**Confidentiality of Medical Records**

*CPT Records and Reports*

Current law establishes that all records and reports of the CPT are confidential and exempt from the provisions of ss. 119.07(1)<sup>43</sup> and 456.057, F.S.<sup>44</sup> Records and reports of the CPT shall not be disclosed, except to the following entities:<sup>45</sup>

- The state attorney;
- Law enforcement;
- The DCF;
- Necessary professionals that require such records and reports in furtherance of the treatment or additional evaluative needs of the child;
- By order of the court; or
- To health plan payors, limited to the information used for insurance reimbursement purposes.

Thus, under current law, if a parent or legal custodian who has had a child removed from his or her care wishes to view the CPT’s findings, they must file a court order for the release of such reports and records.

*Patient Records*

Health care practitioners that generate medical records after examining an individual are prohibited from furnishing records to any person other than the patient, the patient’s legal representative, or other health care practitioners involved in the patient’s care or treatment without written authorization from the patient.<sup>46</sup> However, current law allows a health care practitioner to furnish records without written authorization of the patient to the DCF, its agent, or its contracted entity for the purpose of investigations of or services for cases of abuse, neglect, or exploitation of children or vulnerable adults.

<sup>42</sup> Florida Department of Health, *2026 Agency Analysis, SB 42 – Specific Medical Diagnoses in Child protective Investigations*, pg. 2.

<sup>43</sup> See Section 119.07, F.S. (inspection and copying of public records)

<sup>44</sup> See Section 456.057, F.S. (ownership and control of patient records)

<sup>45</sup> Section 39.202(6), F.S.

<sup>46</sup> Section 456.057(7)(a), F.S.

### III. Effect of Proposed Changes:

**Section 1** amends s. 39.301, F.S., regarding child protective investigations, to allow the Department of Children and Families (DCF) to delay forwarding allegations of criminal conduct to law enforcement pending the outcome of the child protective investigation if the parent or legal custodian of the child:

- Has alleged that the child has a preexisting diagnosis of Rickets,<sup>47</sup> Ehlers-Danlos syndrome,<sup>48</sup> Osteogenesis imperfecta,<sup>49</sup> or Vitamin D deficiency;<sup>50</sup> or
- Requests the child have an examination under s. 39.304(1)(c), F.S.

The bill requires allegations of criminal conduct that have not been immediately forwarded to law enforcement for the above reasons to 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 (CPIs), to require a CPI 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 Vitamin D deficiency; and
- Provide the name and contact information of the licensed health care professional who made such diagnosis or treated the child for the diagnosed condition to the DCF within ten days after being informed of such duty.

The bill requires the DCF to request the relevant medical records of a child with a preexisting condition listed in s. 39.303(4), F.S., from a licensed health care professional who diagnosed or treated the child for that condition as part of the child protective investigation.

**Section 2** amends s. 39.303, F.S., regarding Child Protection Teams (CPTs) and sexual abuse treatment programs, to expand existing consultation requirements.

Under current law, CPTs 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.

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<sup>47</sup> A child born with rickets may have weak or softened bones due to a lack of sufficient calcium or phosphorous. John Hopkins Medicine, *Metabolic Bone Disease: Osteomalacia*, available at:

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/metabolic-bone-disease> (last visited 11/5/25).

<sup>48</sup> A child born with Ehlers-Danlos syndrome may have overly flexible joints and stretchy, fragile skin. Mayo Clinic, *Ehlers-Danlos syndrome*, available at: <https://www.mayoclinic.org/diseases-conditions/ehlers-danlos-syndrome/symptoms-causes/syc-20362125> (last visited 11/5/25).

<sup>49</sup> A child born with Osteogenesis imperfecta (also referred to as brittle bone disease) may have soft bones that fracture easily or bones that are not formed normally. Johns Hopkins Medicine, *Osteogenesis Imperfecta*, available at: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/osteogenesis-imperfecta> (last visited 11/5/25).

<sup>50</sup> Having inadequate amounts of Vitamin D in your body may cause health problems like brittle bones and muscle weakness. Yale Medicine, *Vitamin D Deficiency*, available at: <https://www.yalemedicine.org/conditions/vitamin-d-deficiency> (last visited 11/5/25).

The bill requires CPTs to consult with a licensed physician<sup>51</sup> or a licensed advanced practice registered nurse (APRN)<sup>52</sup> having experience in treating children with the following conditions:

- Rickets
- Ehlers-Danlos syndrome
- Osteogenesis imperfecta; or
- Vitamin D deficiency.

**Section 3** amends s. 39.304, F.S., to allow a parent or legal custodian from whom a child was removed to request additional medical examinations of the child in certain cases.

Under the bill, if an examination is performed on a child under existing law, other than for purposes of determining whether a child has been sexually abused, the parent or legal custodian of the child who is the subject of a protective investigation or shelter order may request an examination by:

- A CPT if the team did not perform the initial examination that led to the allegations of abuse, abandonment, or neglect;
- A licensed physician or 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 CPT and the parent or legal custodian would like a second opinion on diagnosis or treatment; or
- A licensed physician or a licensed APRN of the parent or legal custodian's choosing who routinely provides a diagnosis of, and medical care to pediatric patients, to rule out a differential diagnosis of Rickets, Ehlers-Danlos syndrome, Osteogenesis imperfecta, or Vitamin D deficiency.

The bill requires a parent or legal custodian to request such additional examinations no later than ten days after the initial examination that led to allegations of abuse, abandonment, or neglect.

The bill requires the requesting parent or legal custodian to pay for medical examinations that are intended to procure a second opinion or differential diagnosis. Examinations may also be paid through the requesting parent or legal custodian's health care coverage, if applicable.

The bill requires the physician or APRN that conducted the additional examination to submit a written report that details the findings and conclusions of the examination to the parent or legal custodian within ten days of the examination. The bill exempts the provisions in s. 39.202(6), F.S. that requires CPT records be confidential, allowing parents and legal custodians to receive the physician or APRN's written report without having to file a court order to view the records and reports.

The bill requires the DCF to immediately convene a case staffing if the findings and conclusions of the initial examination and the additional examination differ for the purpose of reaching a consensus. The bill requires the case staffing to include the following individuals:

- The CPI;
- The CPI's supervisor;

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<sup>51</sup> See chs. 458 and 459, F.S. (regulating medical practice and osteopathic medicine).

<sup>52</sup> See ch. 464, F.S. (regulating nursing).

- DCF legal staff;
- CPT representatives; and
- The CBC lead agency.

The bill requires the following individuals to attend the case staffing, if possible:

- Any health care practitioners who previously treated the child;
- Any health care practitioners who are currently treating the child; and
- The physician or APRN who conducted the additional examination.

**Section 4** amends s. 456.057, F.S., to require records requested by the DCF pursuant to s. 39.301(9)(a), F.S. to be furnished to the DCF within 14 days after the request. Such records may be furnished without written authorization.

The bill takes effect July 1, 2026.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

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:**

The bill is anticipated to have a significant negative fiscal impact on state expenditures. According to the Department of Health (DOH), based on data from 2022-2024, Child Protection Teams (CPTs) provided an average of 14,133 medical examinations and 3,692 medical consultations annually.<sup>53</sup> The DOH anticipates the provisions of this bill would require CPTs to provide additional medical specialist consultative services for up to 472 additional cases annually. Thus, applying an average physician rate of \$100 per case, the DOH projects the provisions of the bill will cost \$577,600 annually. This includes \$530,400 for an additional 5,304 CPT case staffings and \$47,200 for an estimated 472 additional medical consultations.<sup>54</sup>

Additionally, the DOH anticipates implementation of the bill would require revisions to the CPT Information System, but estimates such costs can be absorbed within existing resources.<sup>55</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 39.301, 39.303, 39.304, and 456.057.

**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 Fiscal Policy Committee on March 2, 2026:**

The committee substitute makes technical changes that do not change the substantive policy addressed by the bill.

**CS by Appropriations Committee on Health and Human Services on February 18, 2026:**

The committee substitute

- Removes the requirement for the Department of Children and Families (DCF) to delay forwarding allegations of criminal conduct to law enforcement if the parent or legal custodian alleges the child has a preexisting medical condition that is “known to

<sup>53</sup> Florida Department of Health, *2026 Agency Analysis, SB 42 – Specific Medical Diagnoses in Child protective Investigations*, pg. 5.

<sup>54</sup> *Id.*

<sup>55</sup> *Id.*

appear to be caused by, or known to be misdiagnosed as, abuse.” The DCF may only delay forwarding allegations of criminal conduct to law enforcement if the parent or legal custodian alleges the child has Rickets, Ehlers-Danlos syndrome, Osteogenesis imperfecta, or Vitamin D deficiency.

- Requires the parent or legal custodian to provide the name and contact information of the practitioner who diagnosed or treated the child with one of the specified conditions to the DCF within ten days of being informed of such duty.
- Requires the DCF to request the relevant medical records from a licensed health care professional who diagnosed or treated the child with a specified preexisting condition.
- Narrows the focus of Child Protection Teams (CPT) by requiring a CPT to consult with a physician or licensed advanced practice registered nurse (APRN) when evaluating a child with Rickets, Ehlers-Danlos syndrome, Osteogenesis imperfecta, or Vitamin D deficiency. Removes the catch-all that requires CPTs to consult with a physician or APRN for “any other medical condition known to appear to be caused by, or known to be misdiagnosed as, abuse.”
- Requires the physician or APRN who conducted the additional examinations pursuant to s. 39.304(1)(c), F.S. to submit a written report with their findings and conclusions to the DCF and the parent or legal custodian within ten days of such examination. Exempts s. 39.202(6), F.S., relating to the confidentiality of records and reports of the CPTs, to allow parents and legal custodians to receive the written reports of the physician or APRN without obtaining a court order.
- Requires the DCF to immediately convene a case staffing to reach a consensus if the initial examination and additional examination findings and conclusions contradict one another. Establishes the required case staffing members, and members who should attend the case staffing, if possible.
- Requires health care practitioners to furnish records to the DCF, its agent, or its contracted entity without written authorization from the patient within 14 days after the request, if the request was made as part of a child protective investigation.

**B. Amendments:**

None.