

By the Appropriations Committee on Health and Human Services;
and Senators Sharief, Rouson, Grall, Bernard, and Garcia

603-02958-26

202642c1

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 that such allegations be immediately
8 forwarded to a law enforcement agency upon completion
9 of the department's investigation under certain
10 circumstances; requiring a child protective
11 investigator to inform the subject of an investigation
12 of a certain duty; requiring the department to request
13 relevant medical records from a licensed health care
14 professional for certain children who are the subject
15 of a central abuse hotline report; conforming a cross-
16 reference; amending s. 39.303, F.S.; requiring Child
17 Protection Teams to consult with a licensed physician
18 or advanced practice registered nurse with specified
19 pediatric experience when evaluating certain reports;
20 amending s. 39.304, F.S.; authorizing a parent or
21 legal custodian of a child who is the subject of
22 certain orders to request specified medical
23 examinations of the child within a specified
24 timeframe; requiring that such medical examinations be
25 paid for by the parent or legal custodian making the
26 request or as otherwise covered by insurance;
27 requiring the physician or advanced practice
28 registered nurse who performed certain medical
29 examinations to submit a written report to the

603-02958-26

202642c1

30 department and certain persons within a specified
31 timeframe; requiring the department to immediately
32 convene a case staffing with specified persons under
33 certain circumstances; amending s. 456.057, F.S.;
34 requiring that certain patient records be furnished to
35 the Department of Children and Families or its agent
36 or contracted entity within a specified timeframe;
37 providing an effective date.

38
39 Be It Enacted by the Legislature of the State of Florida:

40
41 Section 1. Paragraph (a) of subsection (2), paragraph (a)
42 of subsection (5), paragraph (a) of subsection (9), and
43 paragraph (c) of subsection (14) of section 39.301, Florida
44 Statutes, are amended to read:

45 39.301 Initiation of protective investigations.—

46 (2) (a) The department shall immediately forward allegations
47 of criminal conduct to the municipal or county law enforcement
48 agency of the municipality or county in which the alleged
49 conduct has occurred. However, the department may delay
50 forwarding allegations of criminal conduct to the appropriate
51 law enforcement agency if the parent or legal custodian:

52 1. Has alleged that the child has a preexisting medical
53 diagnosis specified in s. 39.303(4); or

54 2. Is requesting that the child have a medical examination
55 under s. 39.304(1)(c).

56
57 Allegations of criminal conduct which are not immediately
58 forwarded to the law enforcement agency pursuant to subparagraph

603-02958-26

202642c1

59 1. or subparagraph 2. must be immediately forwarded to the law
60 enforcement agency upon completion of the investigation under
61 this part if criminal conduct is still alleged.

62 (5) (a) Upon commencing an investigation under this part,
63 the child protective investigator shall inform any subject of
64 the investigation of the following:

65 1. The names of the investigators and identifying
66 credentials from the department.

67 2. The purpose of the investigation.

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

70 4. The possible outcomes and services of the department's
71 response.

72 5. The right of the parent or legal custodian to be engaged
73 to the fullest extent possible in determining the nature of the
74 allegation and the nature of any identified problem and the
75 remedy.

76 6. The duty of the parent or legal custodian to report any
77 change in the residence or location of the child to the
78 investigator and that the duty to report continues until the
79 investigation is closed.

80 7. The duty of the parent or legal custodian to immediately
81 report any preexisting medical diagnosis for the child specified
82 in s. 39.303(4) and to provide the name and contact information
83 of the practitioner who made such diagnosis or treated the child
84 for the diagnosed condition to the department within 10 days
85 after being informed of such duty.

86 (9) (a) For each report received from the central abuse
87 hotline and accepted for investigation, the department shall

603-02958-26

202642c1

88 perform the following child protective investigation activities
89 to determine child safety:

90 1. Conduct a review of all relevant, available information
91 specific to the child, family, and alleged maltreatment; family
92 child welfare history; local, state, and federal criminal
93 records checks; and requests for law enforcement assistance
94 provided by the abuse hotline. Based on a review of available
95 information, including the allegations in the current report, a
96 determination must ~~shall~~ be made as to whether immediate
97 consultation should occur with law enforcement, the Child
98 Protection Team, a domestic violence shelter or advocate, or a
99 substance abuse or mental health professional. Such
100 consultations should include discussion as to whether a joint
101 response is necessary and feasible. A determination must ~~shall~~
102 be made as to whether the person making the report should be
103 contacted before the face-to-face interviews with the child and
104 family members.

105 2. Conduct face-to-face interviews with the child; other
106 siblings, if any; and the parents, legal custodians, or
107 caregivers.

108 3. Assess the child's residence, including a determination
109 of the composition of the family and household, including the
110 name, address, date of birth, social security number, sex, and
111 race of each child named in the report; any siblings or other
112 children in the same household or in the care of the same
113 adults; the parents, legal custodians, or caregivers; and any
114 other adults in the same household.

115 4. Determine whether there is any indication that any child
116 in the family or household has been abused, abandoned, or

603-02958-26

202642c1

117 neglected; the nature and extent of present or prior injuries,
118 abuse, or neglect, and any evidence thereof; and a determination
119 as to the person or persons apparently responsible for the
120 abuse, abandonment, or neglect, including the name, address,
121 date of birth, social security number, sex, and race of each
122 such person.

123 5. Complete assessment of immediate child safety for each
124 child based on available records, interviews, and observations
125 with all persons named in subparagraph 2. and appropriate
126 collateral contacts, which may include other professionals, and
127 continually assess the child's safety throughout the
128 investigation. The department's child protection investigators
129 are hereby designated a criminal justice agency for the purpose
130 of accessing criminal justice information to be used for
131 enforcing this state's laws concerning the crimes of child
132 abuse, abandonment, and neglect. This information must ~~shall~~ be
133 used solely for purposes supporting the detection, apprehension,
134 prosecution, pretrial release, posttrial release, or
135 rehabilitation of criminal offenders or persons accused of the
136 crimes of child abuse, abandonment, or neglect and may not be
137 further disseminated or used for any other purpose.

138 6. For a child with a preexisting condition listed in s.
139 39.303(4), as reported by the parent or legal custodian, request
140 the relevant medical records from a licensed health care
141 professional who diagnosed or treated the child for that
142 condition.

143 7. Document the present and impending dangers to each child
144 based on the identification of inadequate protective capacity
145 through utilization of a standardized safety assessment

603-02958-26

202642c1

146 instrument. If present or impending danger is identified, the
147 child protective investigator must implement a safety plan or
148 take the child into custody. If present danger is identified and
149 the child is not removed, the child protective investigator must
150 ~~shall~~ create and implement a safety plan before leaving the home
151 or the location where there is present danger. If impending
152 danger is identified, the child protective investigator must
153 ~~shall~~ create and implement a safety plan as soon as necessary to
154 protect the safety of the child. The child protective
155 investigator may modify the safety plan if he or she identifies
156 additional impending danger.

157 a. If the child protective investigator implements a safety
158 plan, the plan must be specific, sufficient, feasible, and
159 sustainable in response to the realities of the present or
160 impending danger. A safety plan may be an in-home plan or an
161 out-of-home plan, or a combination of both. A safety plan may
162 include tasks or responsibilities for a parent, caregiver, or
163 legal custodian. However, a safety plan may not rely on
164 promissory commitments by the parent, caregiver, or legal
165 custodian who is currently not able to protect the child or on
166 services that are not available or will not result in the safety
167 of the child. A safety plan may not be implemented if for any
168 reason the parents, guardian, or legal custodian lacks the
169 capacity or ability to comply with the plan. If the department
170 is not able to develop a plan that is specific, sufficient,
171 feasible, and sustainable, the department must ~~shall~~ file a
172 shelter petition. A child protective investigator must ~~shall~~
173 implement separate safety plans for the perpetrator of domestic
174 violence, if the investigator, using reasonable efforts, can

603-02958-26

202642c1

175 locate the perpetrator to implement a safety plan, and for the
176 parent who is a victim of domestic violence as defined in s.
177 741.28. Reasonable efforts to locate a perpetrator include, but
178 are not limited to, a diligent search pursuant to the same
179 requirements as in s. 39.503. If the perpetrator of domestic
180 violence is not the parent, guardian, or legal custodian of any
181 child in the home and if the department does not intend to file
182 a shelter petition or dependency petition that will assert
183 allegations against the perpetrator as a parent of a child in
184 the home, the child protective investigator must ~~shall~~ seek
185 issuance of an injunction authorized by s. 39.504 to implement a
186 safety plan for the perpetrator and impose any other conditions
187 to protect the child. The safety plan for the parent who is a
188 victim of domestic violence may not be shared with the
189 perpetrator. If any party to a safety plan fails to comply with
190 the safety plan resulting in the child being unsafe, the
191 department must ~~shall~~ file a shelter petition.

192 b. The child protective investigator shall collaborate with
193 the community-based care lead agency in the development of the
194 safety plan as necessary to ensure that the safety plan is
195 specific, sufficient, feasible, and sustainable. The child
196 protective investigator shall identify services necessary for
197 the successful implementation of the safety plan. The child
198 protective investigator and the community-based care lead agency
199 shall mobilize service resources to assist all parties in
200 complying with the safety plan. The community-based care lead
201 agency shall prioritize safety plan services to families who
202 have multiple risk factors, including, but not limited to, two
203 or more of the following:

603-02958-26

202642c1

- 204 (I) The parent or legal custodian is of young age;
- 205 (II) The parent or legal custodian, or an adult currently
206 living in or frequently visiting the home, has a history of
207 substance abuse, mental illness, or domestic violence;
- 208 (III) The parent or legal custodian, or an adult currently
209 living in or frequently visiting the home, has been previously
210 found to have physically or sexually abused a child;
- 211 (IV) The parent or legal custodian, or an adult currently
212 living in or frequently visiting the home, has been the subject
213 of multiple allegations by reputable reports of abuse or
214 neglect;
- 215 (V) The child is physically or developmentally disabled; or
216 (VI) The child is 3 years of age or younger.
- 217 c. The child protective investigator shall monitor the
218 implementation of the plan to ensure the child's safety until
219 the case is transferred to the lead agency at which time the
220 lead agency shall monitor the implementation.
- 221 d. The department may file a petition for shelter or
222 dependency without a new child protective investigation or the
223 concurrence of the child protective investigator if the child is
224 unsafe but for the use of a safety plan and the parent or
225 caregiver has not sufficiently increased protective capacities
226 within 90 days after the transfer of the safety plan to the lead
227 agency.
- 228 (14)
- 229 (c) The department, in consultation with the judiciary,
230 shall adopt by rule:
- 231 1. Criteria that are factors requiring that the department
232 take the child into custody, petition the court as provided in

603-02958-26

202642c1

233 this chapter, or, if the child is not taken into custody or a
234 petition is not filed with the court, conduct an administrative
235 review. Such factors must include, but are not limited to,
236 noncompliance with a safety plan or the case plan developed by
237 the department, and the family under this chapter, and prior
238 abuse reports with findings that involve the child, the child's
239 sibling, or the child's caregiver.

240 2. Requirements that if after an administrative review the
241 department determines not to take the child into custody or
242 petition the court, the department shall document the reason for
243 its decision in writing and include it in the investigative
244 file. For all cases that were accepted by the local law
245 enforcement agency for criminal investigation pursuant to
246 subsection (2), the department shall ~~must~~ include in the file
247 written documentation that the administrative review included
248 input from law enforcement. In addition, for all cases that must
249 be referred to Child Protection Teams pursuant to s. 39.303(5)
250 and (6) ~~s. 39.303(4) and (5)~~, the file must include written
251 documentation that the administrative review included the
252 results of the team's evaluation.

253 Section 2. Present subsections (4) through (10) of section
254 39.303, Florida Statutes, are redesignated as subsections (5)
255 through (11), respectively, a new subsection (4) is added to
256 that section, and present subsections (5) and (6) of that
257 section are amended, to read:

258 39.303 Child Protection Teams and sexual abuse treatment
259 programs; services; eligible cases.—

260 (4) When evaluating a child with a reported preexisting
261 medical diagnosis of any of the following conditions, a Child

603-02958-26

202642c1

262 Protection Team shall consult with a physician licensed under
263 chapter 458 or chapter 459 or an advanced practice registered
264 nurse licensed under chapter 464 who has experience treating
265 children with such condition:

- 266 (a) Rickets.
267 (b) Ehlers-Danlos syndrome.
268 (c) Osteogenesis imperfecta.
269 (d) Vitamin D deficiency.

270 (6)~~(5)~~ All abuse and neglect cases transmitted for
271 investigation to a circuit by the hotline must be simultaneously
272 transmitted to the Child Protection Team for review. For the
273 purpose of determining whether a face-to-face medical evaluation
274 by a Child Protection Team is necessary, all cases transmitted
275 to the Child Protection Team which meet the criteria in
276 subsection (5) ~~(4)~~ must be timely reviewed by:

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

280 (b) A physician licensed under chapter 458 or chapter 459
281 who holds board certification in a specialty other than
282 pediatrics, who may complete the review only when working under
283 the direction of the Child Protection Team medical director or a
284 physician licensed under chapter 458 or chapter 459 who holds
285 board certification in pediatrics and is a member of a Child
286 Protection Team;

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

290 (d) A physician assistant licensed under chapter 458 or

603-02958-26

202642c1

291 chapter 459, who may complete the review only when working under
292 the supervision of the Child Protection Team medical director or
293 a physician licensed under chapter 458 or chapter 459 who holds
294 board certification in pediatrics and is a member of a Child
295 Protection Team; or

296 (e) A registered nurse licensed under chapter 464, who may
297 complete the review only when working under the direct
298 supervision of the Child Protection Team medical director or a
299 physician licensed under chapter 458 or chapter 459 who holds
300 board certification in pediatrics and is a member of a Child
301 Protection Team.

302 ~~(7)~~~~(6)~~ A face-to-face medical evaluation by a Child
303 Protection Team is not necessary when:

304 (a) The child was examined for the alleged abuse or neglect
305 by a physician who is not a member of the Child Protection Team,
306 and a consultation between the Child Protection Team medical
307 director or a Child Protection Team board-certified
308 pediatrician, advanced practice registered nurse, physician
309 assistant working under the supervision of a Child Protection
310 Team medical director or a Child Protection Team board-certified
311 pediatrician, or registered nurse working under the direct
312 supervision of a Child Protection Team medical director or a
313 Child Protection Team board-certified pediatrician, and the
314 examining physician concludes that a further medical evaluation
315 is unnecessary;

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

603-02958-26

202642c1

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

324

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

329 Section 3. Paragraphs (c), (d), and (e) are added to
330 subsection (1) of section 39.304, Florida Statutes, to read:

331 39.304 Photographs, medical examinations, X rays, and
332 medical treatment of abused, abandoned, or neglected child.—

333 (1)

334 (c) If a medical examination is performed on a child under
335 paragraph (b), other than an examination for purposes of
336 determining whether a child has been sexually abused, the parent
337 or legal custodian of the child who is the subject of a
338 protective investigation or shelter order may request of the
339 department, no later than 10 days after such medical
340 examination, that the child be examined by:

341 1. A Child Protection Team if the medical examination under
342 paragraph (b) was not performed by a Child Protection Team;

343 2. A physician licensed under chapter 458 or chapter 459 or
344 an advanced practice registered nurse licensed under chapter 464
345 of the parent's or legal custodian's choosing who routinely
346 provides medical care to pediatric patients, if the medical
347 examination pursuant to paragraph (b) was performed by a Child
348 Protection Team, for the purpose of obtaining a second opinion

603-02958-26

202642c1

349 on diagnosis or treatment; or

350 3. A physician licensed under chapter 458 or chapter 459 or
351 an advanced practice registered nurse licensed under chapter 464
352 of the parent's or legal custodian's choosing who routinely
353 provides diagnosis of and medical care to pediatric patients for
354 the conditions specified in s. 39.303(4) to consider a
355 differential diagnosis.

356
357 The cost of a medical examination under subparagraph 2. or
358 subparagraph 3. must be borne by the parent or legal custodian,
359 including through his or her health care coverage, if
360 applicable.

361 (d) Notwithstanding s. 39.202(6), for all medical
362 examinations performed pursuant to paragraph (c), the physician
363 or advanced practice registered nurse must submit within 10 days
364 after the medical examination a written report that details the
365 findings and conclusions of the medical examination to the
366 department and the parent or legal custodian.

367 (e) If the findings and conclusions of the medical
368 examination conducted under paragraph (b) and the medical
369 examination conducted under paragraph (c) differ, the department
370 must immediately convene a case staffing to reach a consensus
371 regarding the differences in the medical opinions. The case
372 staffing must include the child protective investigator, the
373 investigator's supervisor, legal staff of the department,
374 representatives from a Child Protection Team, and the community-
375 based care lead agency. If possible, the case staffing must also
376 include any health care practitioners who previously treated the
377 child, any health care practitioners who are currently treating

603-02958-26

202642c1

378 the child, and the physician or advanced practice registered
379 nurse who conducted the medical examination under paragraph (c).

380 Section 4. Paragraph (a) of subsection (7) of section
381 456.057, Florida Statutes, is amended to read:

382 456.057 Ownership and control of patient records; report or
383 copies of records to be furnished; disclosure of information.—

384 (7) (a) Except as otherwise provided in this section and in
385 s. 440.13(4) (c), such records may not be furnished to, and the
386 medical condition of a patient may not be discussed with, any
387 person other than the patient, the patient's legal
388 representative, or other health care practitioners and providers
389 involved in the patient's care or treatment, except upon written
390 authorization from the patient. However, such records may be
391 furnished without written authorization under the following
392 circumstances:

393 1. To any person, firm, or corporation that has procured or
394 furnished such care or treatment with the patient's consent.

395 2. When compulsory physical examination is made pursuant to
396 Rule 1.360, Florida Rules of Civil Procedure, in which case
397 copies of the medical records shall be furnished to both the
398 defendant and the plaintiff.

399 3. In any civil or criminal action, unless otherwise
400 prohibited by law, upon the issuance of a subpoena from a court
401 of competent jurisdiction and proper notice to the patient or
402 the patient's legal representative by the party seeking such
403 records.

404 4. For statistical and scientific research, provided the
405 information is abstracted in such a way as to protect the
406 identity of the patient or provided written permission is

603-02958-26

202642c1

407 received from the patient or the patient's legal representative.

408 5. To a regional poison control center for purposes of
409 treating a poison episode under evaluation, case management of
410 poison cases, or compliance with data collection and reporting
411 requirements of s. 395.1027 and the professional organization
412 that certifies poison control centers in accordance with federal
413 law.

414 6. To the Department of Children and Families, its agent,
415 or its contracted entity, for the purpose of investigations of
416 or services for cases of abuse, neglect, or exploitation of
417 children or vulnerable adults. Records requested by the
418 Department of Children and Families pursuant to s. 39.301(9)(a)
419 must be furnished within 14 days after receipt of the request.

420 Section 5. This act shall take effect July 1, 2026.