

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 47 (2026)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u> (Y/N)
ADOPTED AS AMENDED	<u> </u> (Y/N)
ADOPTED W/O OBJECTION	<u> </u> (Y/N)
FAILED TO ADOPT	<u> </u> (Y/N)
WITHDRAWN	<u> </u> (Y/N)
OTHER	<u> </u>

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee

3 Representative Bartleman offered the following:

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 **Section 1. Paragraph (a) of subsection (2), paragraph (a)**
8 **of subsection (5), and paragraph (c) of subsection (14) of**
9 **section 39.301, Florida Statutes, are amended to read:**

10 39.301 Initiation of protective investigations.—

11 (2) (a) The department shall immediately forward
12 allegations of criminal conduct to the municipal or county law
13 enforcement agency of the municipality or county in which the
14 alleged conduct has occurred. However, the department may delay
15 forwarding allegations of criminal conduct to the appropriate
16 law enforcement agency if the parent or legal custodian:

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17 1. Has alleged that the child has a preexisting diagnosis
18 specified in s. 39.303(4); or
19 2. Is requesting that the child have an examination under
20 s. 39.304(1)(c).

21

22 Allegations of criminal conduct which are not immediately
23 forwarded to the law enforcement agency pursuant to subparagraph
24 1. or subparagraph 2. must be immediately forwarded to the law
25 enforcement agency upon completion of the investigation under
26 this part if criminal conduct is still alleged.

27 (5) (a) Upon commencing an investigation under this part,
28 the child protective investigator shall inform any subject of
29 the investigation of the following:

30 1. The names of the investigators and identifying
31 credentials from the department.

32 2. The purpose of the investigation.

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

35 4. The possible outcomes and services of the department's
36 response.

37 5. The right of the parent or legal custodian to be
38 engaged to the fullest extent possible in determining the nature
39 of the allegation and the nature of any identified problem and
40 the remedy.

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41 6. The duty of the parent or legal custodian to report any
42 change in the residence or location of the child to the
43 investigator and that the duty to report continues until the
44 investigation is closed.

45 7. The duty of the parent or legal custodian to
46 immediately report any preexisting diagnosis for the child
47 specified in s. 39.303(4) and to provide the name and contact
48 information of the practitioner who made that diagnosis or
49 treated the child for the diagnosed condition within 10 days
50 after being informed of such duty.

51 (14)

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

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

63 2. Requirements that if after an administrative review the
64 department determines not to take the child into custody or
65 petition the court, the department shall document the reason for

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66 its decision in writing and include it in the investigative
67 file. For all cases that were accepted by the local law
68 enforcement agency for criminal investigation pursuant to
69 subsection (2), the department must include in the file written
70 documentation that the administrative review included input from
71 law enforcement. In addition, for all cases that must be
72 referred to Child Protection Teams pursuant to s. 39.303(5) and
73 (6) ~~s. 39.303(4) and (5)~~, the file must include written
74 documentation that the administrative review included the
75 results of the team's evaluation.

76 **Section 2. Subsections (4) through (10) of section 39.303, Florida Statutes, are renumbered as subsections (5) through (11), respectively, present subsections (5) and (6) of that section are amended, and a new subsection (4) is added to that section, to read:**

81 39.303 Child Protection Teams and sexual abuse treatment
82 programs; services; eligible cases.—

83 (4) A Child Protection Team shall consult with a physician
84 licensed under chapter 458 or chapter 459 or an advanced
85 practice registered nurse licensed under chapter 464 who has
86 experience in and routinely provides medical care to pediatric
87 patients when evaluating a child with a reported preexisting
88 diagnosis of any of the following:

89 (a) Rickets.

90 (b) Ehlers-Danlos syndrome.

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91 (c) Osteogenesis imperfecta.

92 (d) Vitamin D deficiency.

93 (6) ~~(5)~~ All abuse and neglect cases transmitted for
94 investigation to a circuit by the hotline must be simultaneously
95 transmitted to the Child Protection Team for review. For the
96 purpose of determining whether a face-to-face medical evaluation
97 by a Child Protection Team is necessary, all cases transmitted
98 to the Child Protection Team which meet the criteria in
99 subsection (5) ~~(4)~~ must be timely reviewed by:

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

103 (b) A physician licensed under chapter 458 or chapter 459
104 who holds board certification in a specialty other than
105 pediatrics, who may complete the review only when working under
106 the direction of the Child Protection Team medical director or a
107 physician licensed under chapter 458 or chapter 459 who holds
108 board certification in pediatrics and is a member of a Child
109 Protection Team;

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

113 (d) A physician assistant licensed under chapter 458 or
114 chapter 459, who may complete the review only when working under
115 the supervision of the Child Protection Team medical director or

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116 a physician licensed under chapter 458 or chapter 459 who holds
117 board certification in pediatrics and is a member of a Child
118 Protection Team; or

119 (e) A registered nurse licensed under chapter 464, who may
120 complete the review only when working under the direct
121 supervision of the Child Protection Team medical director or a
122 physician licensed under chapter 458 or chapter 459 who holds
123 board certification in pediatrics and is a member of a Child
124 Protection Team.

125 (7)-(6) A face-to-face medical evaluation by a Child
126 Protection Team is not necessary when:

127 (a) The child was examined for the alleged abuse or
128 neglect by a physician who is not a member of the Child
129 Protection Team, and a consultation between the Child Protection
130 Team medical director or a Child Protection Team board-certified
131 pediatrician, advanced practice registered nurse, physician
132 assistant working under the supervision of a Child Protection
133 Team medical director or a Child Protection Team board-certified
134 pediatrician, or registered nurse working under the direct
135 supervision of a Child Protection Team medical director or a
136 Child Protection Team board-certified pediatrician, and the
137 examining physician concludes that a further medical evaluation
138 is unnecessary;

139 (b) The child protective investigator, with supervisory
140 approval, has determined, after conducting a child safety

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141 assessment, that there are no indications of injuries as
142 described in paragraphs (5) (a) - (h) ~~(4) (a) - (h)~~ as reported; or
143 (c) The Child Protection Team medical director or a Child
144 Protection Team board-certified pediatrician, as authorized in
145 subsection (6) ~~(5)~~, determines that a medical evaluation is not
146 required.

147
148 Notwithstanding paragraphs (a), (b), and (c), a Child Protection
149 Team medical director or a Child Protection Team pediatrician,
150 as authorized in subsection (6) ~~(5)~~, may determine that a face-
151 to-face medical evaluation is necessary.

152 **Section 3. Paragraphs (a) and (b) are amended, (c), (d),
153 and (e) are added to subsection (1) of section 39.304, Florida
154 Statutes, to read:**

155 39.304 Photographs, medical examinations, X rays, and
156 medical treatment of abused, abandoned, or neglected child.—

157 (1) (a) Any person required to investigate cases of
158 suspected child abuse, abandonment, or neglect may take or cause
159 to be taken photographs of the areas of trauma visible on a
160 child who is the subject of a report. Any Child Protection Team
161 that evaluates or examines a child who is the subject of a
162 report must take, or cause to be taken, photographs of any areas
163 of trauma visible on the child. Photographs of physical abuse
164 injuries, or duplicates thereof, shall be provided to the
165 department for inclusion in the investigative file and shall

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166 become part of that file. Photographs of sexual abuse trauma
167 shall be made part of the Child Protection Team medical record.

168 (b) If the areas of trauma visible on a child indicate a
169 need for a medical evaluation or examination, or if the child
170 verbally complains or otherwise exhibits distress as a result of
171 injury through suspected child abuse, abandonment, or neglect,
172 or is alleged to have been sexually abused, the person required
173 to investigate may cause the child to be referred for diagnosis
174 to a licensed physician or an emergency department in a hospital
175 without the consent of the child's parents or legal custodian.
176 Such evaluation or examination may be performed by any licensed
177 physician or an advanced practice registered nurse licensed
178 pursuant to part I of chapter 464. Any licensed physician or
179 advanced practice registered nurse licensed pursuant to part I
180 of chapter 464 who has reasonable cause to suspect that an
181 injury was the result of child abuse, abandonment, or neglect
182 may authorize a radiological examination to be performed on the
183 child without the consent of the child's parent or legal
184 custodian.

185 (c) If an evaluation or examination is performed on a
186 child under paragraph (b), other than an evaluation or
187 examination for purposes of determining whether a child has been
188 sexually abused, the parent or legal custodian of the child who
189 is the subject of a protective investigation or shelter order

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190 may request of the department, no later than 10 days after such
191 medical evaluation or examination, that the child be examined:

192 1. By a Child Protection Team if the medical evaluation or
193 examination under paragraph (b) was not performed by a Child
194 Protection Team;

195 2. By a physician licensed under chapter 458 or chapter
196 459 or an advanced practice registered nurse licensed under
197 chapter 464 of the parent's or legal custodian's choosing who
198 routinely provides medical care to pediatric patients, if the
199 medical evaluation or examination pursuant to paragraph (b) was
200 performed by a Child Protection Team, for the purpose of
201 obtaining a second opinion on diagnosis or treatment; or

202 3. By a physician licensed under chapter 458 or chapter
203 459 or an advanced practice registered nurse licensed under
204 chapter 464 of the parent's or legal custodian's choosing who
205 routinely provides diagnosis of and medical care to pediatric
206 patients for the conditions specified in s. 39.303(4) to compile
207 a different diagnosis.

208
209 The cost of an evaluation or examination under subparagraph 2.
210 or subparagraph 3. must be borne by the parent or legal
211 custodian, including through his or her health care coverage, if
212 applicable.

213 (d) For all medical evaluation or examinations performed
214 pursuant to paragraph (c), the physician or advanced practice

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215 registered nurse must submit within 5 days after the evaluation
216 or examination a written report that details the findings and
217 conclusions of the medical evaluation or examination to the
218 department and the parent or legal custodian.

219 (e) If the findings and conclusions of the medical
220 evaluation or examination conducted under paragraph (b) and the
221 evaluation or examination conducted under paragraph (c) differ,
222 the department must immediately convene a case staffing to reach
223 a consensus regarding the differences in the medical opinions.
224 The case staffing must include the child protective
225 investigator, the investigator's supervisor, legal staff of the
226 department, representatives from a Child Protection Team, and
227 the community-based care lead agency. If possible, the case
228 staffing shall also include any health care practitioners who
229 previously treated the child, any health care practitioners who
230 are currently treating the child, and the physician or advanced
231 practice registered nurse who conducted the evaluation or
232 examination under paragraph(c).

233 **Section 4. Paragraph (a) of subsection (7) of section
234 456.057, Florida Statutes, is amended to read:**

235 456.057 Ownership and control of patient records; report
236 or copies of records to be furnished; disclosure of
237 information.—

238 (7) (a) Except as otherwise provided in this section and in
239 s. 440.13(4) (c), such records may not be furnished to, and the

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240 medical condition of a patient may not be discussed with, any
241 person other than the patient, the patient's legal
242 representative, or other health care practitioners and providers
243 involved in the patient's care or treatment, except upon written
244 authorization from the patient. However, such records may be
245 furnished without written authorization under the following
246 circumstances:

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

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

253 3. In any civil or criminal action, unless otherwise
254 prohibited by law, upon the issuance of a subpoena from a court
255 of competent jurisdiction and proper notice to the patient or
256 the patient's legal representative by the party seeking such
257 records.

258 4. For statistical and scientific research, provided the
259 information is abstracted in such a way as to protect the
260 identity of the patient or provided written permission is
261 received from the patient or the patient's legal representative.

262 5. To a regional poison control center for purposes of
263 treating a poison episode under evaluation, case management of
264 poison cases, or compliance with data collection and reporting

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265 requirements of s. 395.1027 and the professional organization
266 that certifies poison control centers in accordance with federal
267 law.

268 6. To the Department of Children and Families, its agent,
269 or its contracted entity, within 14 days, for the purpose of
270 investigations of or services for cases of abuse, neglect, or
271 exploitation of children or vulnerable adults.

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

273

274 -----

275 **T I T L E A M E N D M E N T**

276 Remove everything before the enacting clause and insert:
277 An act relating to specific medical diagnoses in child
278 protective investigations; amending s. 39.301, F.S.;
279 providing an exception to the requirement that the
280 Department of Children and Families immediately
281 forward certain allegations to a law enforcement
282 agency; requiring such allegations to be immediately
283 forwarded to a law enforcement agency upon completion
284 of the department's investigation; requiring a child
285 protective investigator to inform the subject of an
286 investigation of a certain duty; conforming a cross-
287 reference; amending s. 39.303, F.S.; requiring Child
288 Protection Teams to consult with a licensed physician
289 or advanced practice registered nurse with pediatric

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290 experience when evaluating certain reports; conforming
291 cross-references; amending s. 39.304, F.S.; requiring
292 any Child Protection Team that evaluates or examines a
293 child who is the subject of a report to take, or cause
294 to be taken, photographs of any areas of trauma
295 visible on the child; authorizing the person required
296 to investigate areas of trauma visible on a child
297 which indicate a need for a medical evaluation to
298 refer the child to diagnosis to a licensed physician
299 or an emergency department in a hospital without the
300 consent of the child's parents or legal custodian;
301 authorizing licensed physicians or certain advanced
302 practice registered nurses to perform such
303 evaluations; authorizing a parent or legal custodian
304 of a child who is the subject of a protective
305 investigation or shelter order to request specified
306 examinations of the child within a specified
307 timeframe; requiring that certain examinations be paid
308 for by the parent or legal custodian making the
309 request or as otherwise covered by insurance;
310 requiring the physician or advanced practice
311 registered nurse who performed certain medical
312 examinations to submit a written report to the
313 department and certain persons within a specified
314 timeframe; requiring the department to immediately

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315 convene a case staffing with specified persons under
316 certain circumstances; amending s. 456.057, F.S.;
317 requiring records be provided to the Department of
318 Children and Families within 14 days; providing an
319 effective date.