

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

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WITHDRAWN                                    (Y/N)  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

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1 Committee/Subcommittee hearing bill: Human Services  
2 Subcommittee

3 Representative Bartleman offered the following:

4  
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:

Amendment No. 1

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.

Amendment No. 1

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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Amendment No. 1

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,**  
77 **Florida Statutes, are renumbered as subsections (5) through**  
78 **(11), respectively, present subsections (5) and (6) of that**  
79 **section are amended, and a new subsection (4) is added to that**  
80 **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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Amendment No. 1

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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Published On: 2/9/2026 5:49:38 PM

Amendment No. 1

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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Published On: 2/9/2026 5:49:38 PM

Amendment No. 1

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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Published On: 2/9/2026 5:49:38 PM

Amendment No. 1

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

Amendment No. 1

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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Published On: 2/9/2026 5:49:38 PM

Amendment No. 1

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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Published On: 2/9/2026 5:49:38 PM

## Amendment No. 1

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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Published On: 2/9/2026 5:49:38 PM

Amendment No. 1

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.

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274

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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

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forward certain allegations to a law enforcement

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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

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Protection Teams to consult with a licensed physician

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or advanced practice registered nurse with pediatric

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Published On: 2/9/2026 5:49:38 PM

## Amendment No. 1

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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Published On: 2/9/2026 5:49:38 PM

Amendment No. 1

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.