FLORIDA HOUSE OF REPRESENTATIVES
BILL ANALYSIS

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BILL #: CS/CS/HB 47	**COMPANION BILL:** SB 42 (Sharief)
TITLE: Specific Medical Diagnoses in Child Protective Investigations	**LINKED BILLS:** None
SPONSOR(S): Bartleman and Maney	**RELATED BILLS:** None

Committee References

Human Services	➤	Judiciary	➤	Health & Human Services
14 Y, 0 N, As CS		17 Y, 0 N		26 Y, 0 N, As CS

SUMMARY

Effect of the Bill:
CS/CS/HB 47 authorizes the parent or legal custodian of a child removed from the home by the Department of Children and Families (DCF) to request a second medical evaluation or examination, or a compilation of differential diagnoses, within five days of an initial medical evaluation or examination. The health care practitioner who performs the second medical evaluation or examination, or compiles a differential diagnosis, must submit a written report to DCF and the parent or legal custodian within 10 days. DCF must convene a case staffing to reach consensus in cases with conflicting diagnostic opinions.

The bill requires DCF to notify parents that they must report to DCF a child's preexisting diagnosis of Ehlers-Danlos syndrome, Osteogenesis imperfecta, Rickets, or Vitamin D deficiency, and must provide DCF with the name and contact information of the healthcare practitioner who rendered such diagnosis within 10 days after DCF notifies the parents. The bill establishes a 14-day interval in which a healthcare practitioner may furnish patient records to DCF after receiving a records request from DCF. In the instance of such a diagnosis, the Child Protection Team must consult with certain medical professionals when evaluating the child.

The bill authorizes DCF to delay forwarding allegations of criminal conduct to law enforcement pending the outcome of the child protection investigation if the parent or legal custodian alleges the child has a certain preexisting condition, or has requested a second examination of the child.

Fiscal or Economic Impact:
The bill may have an indeterminate, negative fiscal impact to the Department of Health CPT program.

JUMP TO SUMMARY ANALYSIS RELEVANT INFORMATION BILL HISTORY

ANALYSIS

EFFECT OF THE BILL:

Child Protection Investigations

Medical Evaluations and Examinations

CS/CS/HB 47 bill requires a responding Child Protection Investigator (CPI) from the Department of Children and Families (DCF) to inform the parent or legal custodian under a child protection investigation of the duty to inform, and provide supporting medical records to, DCF if the child has a preexisting medical diagnosis of Ehlers-Danlos Syndrome, Osteogenesis Imperfecta, Rickets, or a Vitamin D deficiency. The bill establishes a 10-day deadline for a parent or legal custodian, upon being notified of the duty to report these preexisting diagnoses, to provide DCF with the name and contact information of the healthcare practitioner who rendered such diagnosis. (Sections 1 and 2).

In the event DCF requests patient records from a child's healthcare practitioner during a child protection investigation, the bill establishes a 14-day interval in which the practitioner may furnish such records to DCF. (Section 4). Current law authorizes healthcare practitioners to furnish such records to DCF without written authorization by the parent, for a child protection investigation.

Initial Findings

The bill authorizes DCF to delay referring allegations of criminal conduct to law enforcement when a parent or legal guardian either a) alleges that his or her child has a preexisting diagnosis of a medical condition often misidentified as being caused by child maltreatment or b) requests an independent medical examination. For allegations that were not immediately forwarded to law enforcement, the bill requires DCF to refer allegations of criminal conduct that remain, after DCF's investigation is complete and preexisting medical conditions have been ruled out, to law enforcement. (Section 1).

The bill adds medical evaluation, in addition to the medical examination authorized by current law, as an option for a DCF Child Protection Investigator referring a child presenting with visible physical trauma to a licensed physician or emergency department to obtain a diagnosis. The bill similarly requires a Child Protection Team (CPT) to photograph visible areas of trauma on a child who is the subject of a report of abuse, abandonment, or neglect during such an evaluation, in addition to the current requirement to do so for examinations. (Section 3).

When DCF verifies a report of child maltreatment and refers such report to the CPT, who determines whether a face-to-face medical evaluation is necessary, the bill requires the responding CPT to consult with a licensed allopathic physician,[1] a licensed osteopathic physician,[2] or a licensed advanced practice registered nurse (APRN)[3] who has experience in, and routinely provides, medical care to pediatric patients. The CPT must consult with these medical professionals to evaluate reports of medical neglect, a child with one or more medically complex conditions, or a preexisting diagnosis of Ehlers-Danlos Syndrome, Osteogenesis Imperfecta, Rickets, or a Vitamin D deficiency. (Section 2).

Second Opinions

The bill authorizes the parent or legal custodian whose child is the subject of a DCF child protection investigation or a shelter order to request a second medical evaluation or examination of the child, except in cases of alleged child sexual abuse, within 10 days after the child was initially evaluated or examined by a licensed physician or a hospital emergency department.

Specifically, if a CPT did not perform the initial medical evaluation or examination, the parent or legal custodian may request a CPT to evaluate or examine the child as soon as practicable. If a CPT did perform the initial medical evaluation or examination, the parent or legal custodian may request a licensed physician or APRN to evaluate or examine the child to obtain a second opinion on the diagnosis or treatment. The parent or legal custodian may select a physician or APRN of his or her choosing, as long as the physician or APRN routinely provides care to pediatric patients. The person under investigation is required to pay out-of-pocket (or as otherwise covered by insurance or Medicaid) for the requested evaluation or examination.

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[1] Pursuant to Chapter 458, the practice of allopathic medicine means the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition. *See also* Noreen Iftikhar, "What is Allopathic Medicine?" *Healthline Media*, (Sept. 30, 2024) https://www.healthline.com/health/allopathic-medicine (last visited Jan. 26, 2026).

[2] Pursuant to Chapter 459, the practice of osteopathic medicine means the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition, which practice is based in part upon educational standards and requirements which emphasize the importance of the musculoskeletal structure and manipulative therapy in the maintenance and restoration of health. s. 459.003, F.S.

[3] Pursuant to Chapter 464, an advanced practice registered nurse is any person licensed in Florida to practice professional nursing and who is licensed in an advanced nursing practice, including certified nurse midwives, certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and psychiatric nurses. s. 464.003, F.S.

Similarly, if the parent or legal custodian wants to rule out a differential diagnosis, he or she may request a licensed physician or APRN to evaluate or examine the child, as long as the physician or APRN routinely provides care to pediatric patients. The bill requires the person under investigation to pay out-of-pocket (or as otherwise covered by insurance or Medicaid) for the requested evaluation or examination.

The bill requires the physician or APRN who performs the second medical examination or evaluation or compiles a differential diagnosis to submit a written report detailing his or her findings and conclusions to DCF and the parent or legal custodian no later than five days after conducting such evaluation or examination.

The bill requires DCF to immediately convene a case staffing to reach consensus in cases where the findings and conclusions of between second medical evaluation or examination and the initial medical evaluation or examination differ. The case staffing must include the CPI, the CPI's supervisor, DCF legal staff, CPT representatives, the CBC Lead Agency. The case staffing must include, if possible, the practitioner who performed the second medical examination or evaluation or compiled a differential diagnosis, any prior health care practitioners who treated the child, and any health care practitioners currently treating the child. (Section 3).

The effective date of the bill is July 1, 2026. (Section 5).

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

To the extent that there this an increase in the number of reported preexisting diagnoses of Ehlers-Danlos syndrome, Osteogenesis imperfecta, Rickets, or Vitamin D deficiency per year, the bill may have an indeterminate, negative fiscal impact to the Department of Health (DOH) CPT program because the bill requires a CPT to consult with licensed physicians or APRNs who have experience in and routinely provides medical care to pediatric patients when the CPT is evaluating a child whose parent or legal custodian reports has a preexisting diagnosis of Ehlers-Danlos syndrome, Osteogenesis imperfecta, Rickets, or Vitamin D deficiency.

It is unclear how many of 42,399 total medical examinations and 11,076 total medical consultations provided by CPTs in 2022-2024 involved children with a reported preexisting diagnosis of Ehlers-Danlos syndrome, Osteogenesis imperfecta, Rickets, or Vitamin D deficiency. However, DOH reports that CPTs already regularly confer with geneticists and endocrinologists when it assesses the health care needs of medically complex children.[4]

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Florida's Child Welfare System

Administered by the Department of Children and Families (DCF), Florida's child welfare system seeks to:

- Provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development;
- Ensure secure and safe custody;
- Promote the health and well-being of all children under the state's care; and
- Prevent the occurrence of child abuse, neglect, and abandonment.[5]

[4] Department of Health, Agency Bill Analysis for SB 42 (2026), pp. 2-3 (Sept. 22, 2025), on file with the House Health & Human Services Committee. Note that SB 42 is the companion bill for HB 47 and both bills were identical at filing.
[5] S. 39.001(1)(a), F.S.

Community-Based Care Lead Agencies (CBCs)

DCF outsources some child protection and child welfare services to 15 community based-care lead agencies (CBCs).[6] CBCs organize services such as family preservation, mental health services, case management, emergency shelter, foster care, residential group care, postplacement supervision, independent living, and permanency.[7] CBCs may subcontract case management and direct care services to other provider groups under certain conditions.[8]

Meanwhile, DCF retains direct control over a number of child welfare functions, including operating the central abuse hotline, performing child protective investigations, and providing children's legal services.[9] Ultimately, DCF must ensure children receive appropriate, quality care.[10]

Child Protection Investigations

Child Abuse Hotline

The DCF operates a 24/7 central abuse hotline to receive reports of known or suspected child abuse, abandonment, or neglect and of situations where the child needs supervision and care in the absence of an immediately known and available parent, legal custodian, or responsible adult relative.[11] Florida is a mandatory reporter state, and a knowledgeable and willful failure to report constitutes a third-degree felony.[12] Members of the general public may make reports anonymously. However, if the reporter is an allopathic physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment, he or she must disclose their identity to the central abuse hotline operator.[13] In Fiscal Year 2024-2025, DCF received 319,775 total hotline reports.[14,15]

Once DCF's Child Abuse Hotline receives a report, the hotline operator must determine if the report meets the statutory criteria for child maltreatment (i.e., abuse, abandonment, or neglect), which the table below depicts.[16]

[6] S. 409.986, F.S.
[7] S. 409.986(3), F.S.
[8] S. 409.988(1)(j), F.S. Current law requires a CBC to recruit other provider groups when the CBC seeks DCF's approval for an exemption to exceed the 35% cap on the direct provision of child welfare services. Current law conditions the exemption upon a showing that the CBC's geographic service area still lacks a qualified provider after the CBC's good faith recruitment efforts. s. 409.988(1)(j). F.S.
[9] S. 409.996, F.S.
[10] Ss. 409.986(1)(b), F.S., 409.996, F.S., 409.997, F.S.
[11] S. 39.101(1)(a), F.S.
[12] S. 39.205(1), F.S. However, the court exempts a victim of domestic violence or persons experiencing other mitigating circumstances from the mandatory reporting requirements. s. 39.205(2), F.S.
[13] S. 39.201(1), F.S. Current law also requires school personnel, social workers, professional child care workers, law enforcement officers, judges, animal control officers to identify themselves. However, their identities are kept confidential and exempt from public records disclosure.
[14] Office of Quality and Innovation, "Results-Oriented Accountability: 2025 Annual Performance Report," *Department of Children and Families*, pp. 7 (Nov. 26, 2025) https://www.myflfamilies.com/sites/default/files/2025-12/2024-25%20ROA%20Report.pdf (last visited Jan. 14, 2026).
[15] These include special condition contacts, which do not constitute willful abuse, neglect, or abandonment. Rather, special conditions referrals arise when a caregiver experiences incarceration, hospitalization, or death and there is no plan of immediate care for the child. Special condition referrals also include caregiver difficulty in caring for the child to a degree that makes impending danger likely. DCF also treats foster care referrals and reports of child-on-child abuse as special condition referrals. R. 65C-30.001(115), F.A.C.
[16] Ss. 39.01(1), F.S. 39.01(2), F.S., 39.01(53), F.S.; s. 39.201(4), F.S. Child abuse includes acts or omissions.

Offense	Statutory Criteria for Dependency Proceedings (Noncriminal Proceedings)
Child Abuse	Any willful act or threatened act that: - Results in physical injury,[17] mental injury,[18] or sexual injury;[19] or - Results in harm[20] that causes or is likely to cause significant impairment of the child's physical, mental, or emotional health.
Child Abandonment	While being able to do so, the caregiver: - Fails to make a significant contribution to the child's care and maintenance; or - Fails to establish or maintain a substantial and positive relationship with the child. Includes infrequent/irregular visitation or communication with the child. Includes the failure to exercise parental rights and responsibilities.
Child Neglect	The active or passive deprivation of necessary food, clothing, shelter, or medical treatment; or the child's living environment causes significant impairment, or creates a danger of significant impairment, to the child's physical, mental, or emotional health. Financial inability does not count (unless the parent rejected an offer of relief).

If the report meets one or more of these statutory criteria, then the hotline operator accepts the report as a verified maltreatment event, opens a new (or reopens an existing) case file[21] for the child, and refers the report for investigation by a DCF Child Protection Investigator (CPI).[22] In FY 2024-25, DCF verified 179,246 reports resulting in investigations.[23]

Current law also requires DCF to immediately route allegations of criminal conduct to the appropriate law enforcement agency.[24]

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[17] Physical injury means the death, permanent or temporary disfigurement, or impairment of any bodily part. s. 39.01(66), F.S.
[18] Mental injury means an injury to the intellectual or psychological capacity of a child as evidenced by a discernable and substantial impairment in the ability to function within the normal range of performance and behavior. s. 39.01(51), F.S.
[19] While sexual injury lacks a chapter-wide definition, sexual abuse of a child covers the offenses listed under s. 39.01(80), F.S.
[20] S. 39.01(37), F.S. Harm to a child's health or welfare can occur when any person:
- Inflicts or allows to be inflicted upon the child physical mental or emotional injury (e.g., willful acts that produce statutorily enumerated injuries; purposefully furnishing poison, alcohol, drugs, or related substances; leaving the child without adult supervision or an appropriate arrangement; inappropriate or excessively harsh disciplinary action).
- Commits or allows to be committed sexual battery or lewd/lascivious acts against the child.
- Allows, encourages, or forces the sexual exploitation of a child.
- Exploits, or allows to be exploited, the child's labor so that the child unjustifiably suffers or is endangered.
- Abandons the child.
- Neglects the child.
- Exposes the child to a controlled substance or alcohol.
- Uses mechanical devices, unreasonable restraints, or extended periods of isolation to control a child.
- Engages in violent behavior that demonstrates wanton disregard for the presence of a child and could reasonably result in serious injury to the child.
- Negligently fails to protect a child in his or her care from inflicted physical, mental, or sexual injury caused by the acts of another.
- Allowed a child's sibling to die as a result of abuse, abandonment, or neglect.
- Makes the child unavailable for the purpose of impeding or avoiding a protective investigation unless the court determines that the parent, legal custodian, or caregiver was fleeing from a situation involving domestic violence.

[21] DCF maintains single, standard electronic child welfare case file for each child whose report is accepted by the central abuse hotline for investigation. s. 39.301(3), F.S.
[22] s. 39.201(4), F.S.
[23] Office of Quality and Innovation, "Results-Oriented Accountability: 2025 Annual Performance Report," *Department of Children and Families*, pp. 7 (Nov. 26, 2025) https://www.myflfamilies.com/sites/default/files/2025-12/2024-25%20ROA%20Report.pdf (last visited Jan. 14, 2026).
[24] S. 39.301(2)(a), F.S.

Child Protection Investigations

A CPI determines the child's safety. To this end, a CPI first creates a dossier of the child that documents familial history, child welfare history, household criminal records checks,[25] and prior law enforcement contact. The CPI must then conduct face-to-face interviews with the child and other family members, document contemporaneous observations, and solicit opinions from collateral contacts in the child's life. In addition, a CPI may consult, as applicable, with law enforcement, the Department of Health's Child Protection Team,[26] a domestic violence shelter or advocate, or a substance abuse/mental health professional about the necessity and feasibility of a joint response to the verified report of maltreatment.[27]

When the CPI encounters an individual who may be responsible for child maltreatment, the CPI must make certain disclosures to him or her, as follows:[28]

- The name of the investigator and his or her DCF credentials.
- The purpose of the investigation.
- The right to legal counsel, the right to remain silent, the right to know how anything that the individual shares with the CPI may be used against them.
- The possible outcomes and services relating to DCF's response.
- The right, if the individual is a parent of legal custodian of the child, to be engaged, to the fullest extent possible, in determining the nature of the allegation, the nature of any identified problem, and the remedy.
- The duty, if the individual is a parent or legal custodian of the child, to report any change in the residence or location of the child to the CPI, and that this duty to report continues until DCF closes the investigation.
- The right, if the individual is a parent or legal custodian of the child, to the audio and video recordings of the CPI's interviews with parents, legal custodians, or children.

If the CPI discovers impending danger[29] or present danger[30] to the child, he or she must implement a specific, sufficient, feasible, and sustainable safety plan, in collaboration with a CBC case manager.[31]

While a child protection investigation remains open, DCF can request the child's patient records from a child's healthcare practitioner. Current law authorizes the healthcare practitioner to furnish such records without the written authorization of the child's parent for the purpose of a child protection investigation into suspected abuse, neglect, or exploitation of the child.[32]

Child Protection Teams

The Children's Medical Services (CMS) Division within Department of Health oversees a statewide network of physician-led multidisciplinary Child Protection Teams (CPTs).[33] CPTs supplement DCF investigations by providing

[25] DCF CPIs hold the designation of "a criminal justice agency" for the purpose of accessing criminal justice information to be used for enforcing Florida law concerning the crimes of child abuse, abandonment, and neglect. CPIs may not use or distribute such information for any purpose other than to support the detection, apprehension, prosecution, pretrial release, posttrial release, or rehabilitation of criminal offenders or persons accused of the crimes of child abuse, abandonment, or neglect. s. 39.301(9)(a), F.S.

[26] A Child Protection Team is a team of professionals established by the Department of Health to receive referrals from the protective investigators and protective supervision staff of the department and to provide specialized and supportive services to the program in processing child abuse, abandonment, or neglect cases. A Child Protection Team shall provide consultation to other programs of the department and other persons regarding child abuse, abandonment, or neglect cases. s. 39.01(13), F.S.

[27] S. 39.301(9)(a), F.S. *See* Ss. 39.01(72), F.S., 39.01(73), F.S.

[28] S. 39.301(5), F.S.

[29] "Impending danger" means a situation in which family behaviors, attitudes, motives, emotions, or situations pose a threat that may not be currently active but that can be anticipated to become active and to have severe effects on a child at any time. s. 39.01(38), F.S.

[30] "Present danger" means a significant and clearly observable family condition that is occurring at the current moment and is already endangering or threatening to endanger the child. Present danger threats are conspicuous and require that an immediate protective action be taken to ensure the child's safety. s. 39.01(69), F.S.

[31] S. 39.301(9)(a), F.S.

[32] S. 456.057(7)(a), F.S.

[33] DCF and DOH maintain a CPT interagency agreement. s. 39.303(1), F.S.; *see* s. 39.01(13), F.S.

specialized diagnostic assessments (e.g., medical evaluations medical consultations, family psychosocial interviews, specialized clinical interviews, and forensic interviews), expert testimony in court cases, and case staffings to develop treatment plans for children referred by CPIs.[34] CMS manages a network of 22 local CPTs, each of which is helmed by a Medical Director. CPT Medical Directors must be certified by the American Board of Pediatrics as a Child Abuse Pediatrician.[35]

At the same time that the DCF central abuse hotline refers a verified report of child treatment to a CPI, current law requires the hotline to also refer the same report to a CPT when the report involves at least one of the following criteria:[36]

- Head injuries (including, but not limited to, bruises to the neck or head).
- Burn injuries.
- Bone fractures.
- Bruises (for children 5 years of age or under).
- Sexually transmitted disease (in a prepubescent child).
- Symptoms of serious emotional problems.
- Any report alleging sexual abuse.
- Any report of malnutrition (including, but not limited to, the failure of a child to thrive).
- Any report of medical neglect.
- 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, when any sibling or other child remains in the home.
- Any child who does not live in this state who is currently being evaluated in a medical facility in this state.

Upon receipt of hotline referrals, current law requires a CPT to determine whether it needs to conduct a face-to-face medical evaluation of the child. To make this determination, at least one of the following licensed medical professionals must timely review the hotline referral:[37]

- A licensed allopathic physician[38] who is:
  - board-certified in pediatrics and a CPT member; or
  - board-certified in another specialty and who acts under the direction of either a CPT Medical Director or another physician board-certified in pediatrics who is also a CPT member.
- A licensed osteopathic physician[39] who is:
  - board-certified in pediatrics and a CPT member; or
  - board-certified in another specialty and who acts under the direction of either a CPT Medical Director or another physician board-certified in pediatrics who is also a CPT member.
- A licensed advanced practice registered nurse[40] (APRN) who specializes in either pediatrics or family medicine and is a CPT member.
- A physician assistant (PA) supervised by either a CPT Medical Director or an allopathic/osteopathic physician board-certified in pediatrics who is also a CPT member.
- A registered nurse (RN) supervised by either a CPT Medical Director or an allopathic/osteopathic physician board-certified in pediatrics who is also a CPT member.

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[34] S. 39.303(3), F.S. In addition, the CMS Division develops, maintains, and coordinates sexual abuse treatment programs for victims. Specifically, specialized therapeutic treatment (i.e., crisis intervention, clinical treatment, and therapy) must assist the victim's recovery from sexual abuse, prevent developmental impairment, restore the child's developmental functioning, and promote healthy, non-abusive relationships. s. 39.303(10), F.S.

[35] *Supra*, FN 4 at 2. *See* "Child Abuse Pediatrics Certification," *The American Board of Pediatrics* (last updated Nov. 25, 2025) https://www.abp.org/content/child-abuse-pediatrics-certification (last visited Jan. 22, 2026).

[36] S. 39.303(4), F.S., s. 39.303(5), F.S.

[37] S. 39.303(5), F.S.

[38] *Supra*, FN 1.

[39] *Supra*, FN 2.

[40] *Supra*, FN 3.

Current law requires the CPT to document any areas of trauma visible on the child with photographic evidence, for inclusion in DCF's investigative file for the child.[41] The CPT may refer the child, without parental consent, for an official examination (including radiological examinations) and diagnosis by a licensed physician or by a hospital emergency department.[42] CPIs and CPTs must receive the resulting evidentiary photographs, X-ray imagery, and X-ray reports.[43] The health provider bills the county in which the child resides, and the county bills the child's parent or legal custodian for the costs of examinations (other than the initial forensic physical examination); a health provider may not bill a child victim, directly or indirectly, for the cost of the initial forensic physical examination.[44]

Current law renders a face-to-face medical evaluation by a CPT unnecessary in certain cases, including cases when an examining physician who lacks CPT membership consults with the CPT Medical Director, a board-certified pediatrician on the CPT, a CPT APRN, a CPT-supervised PA, or a CPT-supervised RN, and they jointly conclude that a further medical evaluation is unnecessary.[45] Similarly, the CPT Medical Director or a board-certified pediatrician on the CPT may independently determine that a medical evaluation is not required.[46] Finally, a CPI may acquire supervisory approval to determine, pursuant to the results of a child safety assessment, that there are no indications of injuries from child maltreatment.[47]

In cases where a face-to-face medical evaluation is not required by statute, a CPT Medical Director or a CPT pediatric physician may choose to provide a medical evaluation if he or she believes one is necessary according to his or her professional judgment.[48] The table below records the volume of CPT-led medical consultations and medical exams.

Select CPT Services Rendered (2022-2024)					
Calendar Year	**2022**	**2023**	**2024**	**Total**	**Annual Average**
Medical Consultations	4,060	3,563	3,453	11,076	**3,692**
Medical Exams	14,113	13,966	14,320	42,399	**14,133**

According to DOH, CPT-led medical evaluations conducted between 2022 and 2024 resulted in positive findings of abuse in 44% of cases reviewed.[49]

Medical Neglect

For cases where a reporter to the DCF central abuse hotline alleges medical neglect, current law requires the responding CPI, after he or she interacts with the child and the child's caregivers, to notify the CPT serving the area. The CPT must assist the CPI in identifying immediate responses to address the medical needs of the child by using a family-centered approach[50] that assesses the capacity of the child's caregivers to meet those needs. Current law

[41] S. 39.304(1), F.S. Current law requires photographs of sexual abuse trauma to be part of the DOH CMS Division's CPT medical record.
[42] S. 39.304(1), F.S. These referrals follow a CPT's conclusion that the areas of trauma visible on a child indicate a need for a medical examination, or if the child verbally complains or otherwise exhibits distress as a result of injury through suspected child abuse, abandonment, or neglect, or is alleged to have been sexually abused.
[43] S. 39.304(3), F.S., s. 39.304(4), F.S.
[44] S. 39.304(5), F.S.
[45] S. 39.303(6)(a), F.S.
[46] S. 39.303(6)(c), F.S.
[47] S. 39.303(6)(b), F.S.
[48] S. 39.303(6), F.S.
[49] *Supra*, FN 4 at 3.
[50] A family-centered approach aims to increase independence on the part of the family, accessibility to programs and services within the community, and collaboration between families and their service providers. s. 39.3068(2), F.S.

requires the CPT to evaluate the child as soon as practicable and to substantiate whether medical neglect is occurring.[51]

Under current law, medical neglect occurs when a health care practitioner recommends that a child needs medical care for a physical injury, illness, medical condition, or impairment and the child's parent or legal guardian fails to provide or allow the recommended medical care. Medical neglect also occurs when a parent or legal guardian fails to seek timely and appropriate medical care for a serious health problem that a reasonable person would recognize as requiring professional medical attention.[52]

However, medical neglect does not occur under current law when:

- The parent or legal guardian of the child made reasonable attempts to obtain necessary health care services, provided that:
    - the health care practitioner's recommended treatment offers a limited net benefit to the child and the morbidity or other side effects of the recommended treatment is arguably greater than the anticipated benefit; or
    - the parent or legal guardian received conflicting medical recommendations for treatment from multiple practitioners and did not follow all recommendations; or
- The immediate health condition giving rise to the allegation of neglect is a known and expected complication of the child's diagnosis or treatment, provided that:
    - the health care practitioner's recommended treatment offers a limited net benefit to the child and the morbidity or other side effects of the recommended treatment is arguably greater than the anticipated benefit; or
    - the parent or legal guardian received conflicting medical recommendations for treatment from multiple practitioners and did not follow all recommendations.

If a CPT substantiates a report of medical neglect, current law requires DCF to convene a medical neglect case staffing with the responding CPI, the responding CPT, DCF legal counsel, the DOH CMS Division, the circuit CBC, and any service providers of whom the child is a client. AHCA must attend if the child is Medicaid-eligible. The medical neglect case staffing considers, at a minimum, the preventative and remedial service array that would allow the child to remain safety at home.[53] Current law also requires the CPT, in medical neglect cases involving a medically complex child, to consult with a physician who has experience in treating pediatric patients with medically complex conditions.[54]

Certain Medical Diagnoses

When DCF removes a child from his or her home, and the child simultaneously requires medically necessary treatment, DCF may sometimes correlate the child's injuries with some form of child maltreatment. However, correlation is not the same as causation. A mistaken medical diagnosis and explanation, especially when the stakes concern child removal and termination of parental rights, is of devastating consequence.

A 2025 clinical report published by the American Academy of Pediatrics asserts that the correlation between a child's injuries and suspected abuse is heightened for fractures in a nonambulatory child, fractures which are not consistent with the disclosed medical history, and fractures that have a high or moderate specificity for abuse. However, the report cautions that racial and ethnic bias may influence both the initial reports of child abuse referred to medical professionals by child protection services and the diagnoses of child abuse by medical professionals.[55]

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[51] S. 39.3068, F.S.
[52] S. 39.01(50), F.S.
[53] S. 39.3068(3), F.S.
[54] S. 39.303(3), F.S.
[55] Suzanne Haney, Susan Scherl, Linda DiMeglio, Jeannette Perez-Rosello, Sabah Servaes, Nadia Merchant, and the Council on Child Abuse and Neglect; Section on Orthopaedics; Section on Radiology; and Section on Endocrinology; and the Society for Pediatric Radiology,

As recently publicized by local media outlet investigative journalists, certain pre-existing medical conditions can complicate the child welfare system's administration of justice: Ehlers-Danlos Syndrome, Rickets, Osteogenesis Imperfecta, and Vitamin D deficiency, to name a few.[56]

Ehlers-Danlos Syndrome (EDS) is a genetic condition that can compromise the strength of the body's connective tissue, which may manifest through symptoms like loose or unstable joints and fragile skin that easily bruises or tears. Dislocations are the most common complication of EDS. EDS can occur through inheritable mutation or random mutation.[57]

Osteogenesis imperfecta (a.k.a. brittle bone disease) is a genetic connective tissue disease that makes the bones thin and brittle, which can easily break without much force.[58]

Rickets is a childhood disease that is characterized by soft bones, which are prone to warp, bend, and break. Inherited rickets means several genetic abnormalities interfere with the body's absorption of Vitamin D and, or phosphorous. Nutritional rickets is caused by a Vitamin D deficiency.[59]

Vitamin D is an essential vitamin that the body uses for normal bone development and maintenance, contributing to the health of the nervous system, the musculoskeletal system, and the immune system. Vitamin D can be absorbed by the body through sun exposure, food, and nutritional supplement. Since Vitamin D helps regulate healthy levels of calcium in the blood, the body offsets a Vitamin D deficiency by withdrawing calcium from the bones, which leads to bone demineralization. For children, a Vitamin D deficiency may cause nutritional rickets.[60]

Diagnostic Conflict Resolution

Current DCF policy provides conflict resolution instructions to CPIs who disagree with CPT's medical findings and recommendations. The CPI must elevate the disagreement to the supervisor level and initiate a follow-up discussion with a CPT case coordinator in an attempt to reach consensus regarding the differences in professional opinion. Should that fail, current DCF policy recommends that a case staffing convene within 5 business days to resolve differences. The case staffing includes the CPI, the CPI's supervisor, the CPT case coordinator, the CPT team coordinator, and the local CPT Medical Director. If the case staffing does not resolve differences in opinion, current DCF policy recommends the CPI elevate the matter further up the DCF organizational chart and to the DOH Statewide Medical Director.[61]

"Evaluating Young Children with Fractures for Child Abuse: Clinical Report," *American Academy of Pediatrics*, Vol. 155, Iss. 2, pp. 2, 5 (Feb. 2, 2025) https://publications.aap.org/pediatrics/article/155/2/e2024070074/200638/Evaluating-Young-Children-With-Fractures-for-Child (last visited Jan. 19, 2026).

[56] Heather Walker, Darcelle Hall, "I didn't abuse my babies': South Florida mother who lost custody of infant twins claims they have genetic condition," 7 News Miami, (Dec. 3, 2024) https://wsvn.com/news/investigations/i-didnt-abuse-my-babies-south-florida-mother-who-lost-custody-of-infant-twins-claims-they-have-genetic-condition/ (last visited Jan. 19, 2026); Sabrina Maggiore, "It's a nightmare': Volusia family claims child's medical condition led to child abuse accusations," WFTV9, (Jun. 7, 2024) https://www.wftv.com/news/local/its-nightmare-volusia-family-claims-childs-medical-condition-led-child-abuse-accusations/7U6OLSOIOVBZBDFZFG6JKZL7FQ/ (last visited Jan. 19, 2026). Marcela Camargo, "It ruined my life': Jacksonville mom calls for change after losing custody of daughter over medical abuse allegations," News4 Jax, (Mar. 11, 2024) https://www.news4jax.com/news/local/2024/03/11/it-ruined-my-life-jacksonville-mother-calls-for-change-after-losing-daughters-custody-over-medical-abuse-allegations/ (last visited Jan. 19, 2026).

[57] "Ehlers-Danlos Syndrome", Cleveland Clinic, (last reviewed Nov. 3, 2025) https://my.clevelandclinic.org/health/diseases/17813-ehlers-danlos-syndrome (last visited Jan. 19, 2026).

[58] "Osteogenesis Imperfecta (Brittle Bone Disease)", Cleveland Clinic, (last reviewed Aug. 18, 2024) https://my.clevelandclinic.org/health/diseases/osteogenesis-imperfecta-brittle-bone-disease (last visited Jan. 19, 2026).

[59] "Rickets", Cleveland Clinic (last reviewed Jun. 6, 2025) https://my.clevelandclinic.org/health/diseases/22459-rickets (last visited Jan. 19, 2026).

[60] "Vitamin D Deficiency", Cleveland Clinic, (last reviewed Aug. 2, 2022) https://my.clevelandclinic.org/health/diseases/15050-vitamin-d-vitamin-d-deficiency (last visited Jan. 19, 2026).

[61] Office of Child and Family Well-Being, "CF Operating Procedure No. 170-5: Child Protective Investigations," *Department of Children and Families*, pp. 9-2 (Mar. 26, 2025) https://resourcelibrary.myflfamilies.com/cfop170/CFOP%20170-05,%20%20%20%20Child%20Protective%20Investigations.pdf (last visited Jan. 19, 2026).

Consent for Medically Necessary Treatment

Current law requires DCF to obtain consent for medically necessary treatment on behalf of the child from either the parent or legal custodian of the child or by court order.[62] However, sometimes the parent or legal custodian of the child is unavailable and DCF cannot reasonably ascertain the parent or legal custodian's whereabouts. When this situation happens after normal working hours (meaning that DCF cannot reasonably obtain a court order), current law does authorize DCF to give consent to necessary medical treatment of the child, but current law temporally limits such authorization to the time reasonably necessary for DCF to obtain a court order.[63]

In some cases, the parent or legal custodian is available to consent to medically necessary treatment for the child, but the parent or legal custodian refuses to give consent. When this situation happens, current law requires DCF to obtain a court order first before consenting to medically necessary treatment on behalf of the child unless it is an emergency[64] or the treatment relates to suspected child maltreatment by the parent or legal custodian. In case of emergency or suspected child maltreatment, current law authorizes DCF to consent to medically necessary treatment, limited to the time reasonably necessary for DCF to obtain a court order.[65]

Current law prohibits DCF from consenting to sterilization, abortion, or termination of life support.[66]

RECENT LEGISLATION:

YEAR	BILL #/SUBJECT	HOUSE/*SENATE* SPONSOR(S)	OTHER INFORMATION
2025	CS/CS/SB 304 - Specific Medical Diagnoses in Child Protective Investigations	Bartleman/ *Sharief*	The bill passed in the Senate, but died in the House.

OTHER RESOURCES:

Ann & Robert H. Lurie Children's Hospital of Chicago: "TEN-4-FACESp" Screening Tool" (Published in *Pediatrics*)
Arnold Palmer Hospital for Children, The Howard Phillips Center for Children & Families: Child Protection Team
Florida Department of Health – Child Abuse Protection
University of Florida, College of Medicine, Department of Pediatrics: Child Protection Team
University of Miami, Miller School of Medicine, Mailman Center for Child Development: Child Protection Team
University of South Florida, USF Health: Child Protection Team

[62] S. 39.304(2)(a), F.S.
[63] S. 39.304(2)(b), F.S.
[64] By cross-referring s. 743.064, F.S., an emergency situation under s. 39.304(2), F.S. occurs when a child is injured in an accident or is suffering from an acute illness, disease, or condition that if, within a reasonable degree of medical certainty, delay in initiation or provision of emergency medical care or treatment would endanger the health or physical well-being of the minor. *See* S. 743.064(1), F.S.
[65] S. 39.304(2)(c), F.S.
[66] S. 39.304(2), F.S.

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Human Services Subcommittee	14 Y, 0 N, As CS	1/28/2026	Mitz	DesRochers
THE CHANGES ADOPTED BY THE COMMITTEE:	• Authorized DCF to delay forwarding allegations of criminal conduct to law enforcement pending the outcome of the child protection investigation if the parent or legal custodian alleges the child has a preexisting condition or is requested an examination of the child. • Established a 15-day deadline for a parent or legal custodian, upon being notified of the duty to report preexisting diagnoses, to provide medical records that support that diagnosis to DCF. • Established a five-day deadline for a parent or legal custodian who child who is the subject of a child protective investigation or a shelter order to request a second medical examination or a compilation of differential diagnoses following the initial medical examination by a licensed physician or a hospital emergency department. • Removed the specific medical diagnosis catch-all in the bill. • Required the health care practitioner who performed the second medical examination or compiled a differential diagnosis to submit a written report detailing his or her findings and conclusions to DCF and the parent or legal custodian no later than five days after conducting the examination. • Required DCF to convene a case staffing to reach consensus in cases where the findings and conclusions of between second medical opinion and the initial medical examination differ.			
Judiciary Committee	17 Y, 0 N	2/3/2026	Kramer	Mathews
Health & Human Services Committee	26 Y, 0 N, As CS	2/10/2026	Calamas	DesRochers

THE CHANGES ADOPTED BY THE COMMITTEE:	• Required parents to provide DCF with the name and contact information of the practitioner who made a certain medical diagnosis within 10 days of being told that they have a duty to report certain preexisting diagnoses concerning the child. • Required a DOH Child Protection Team that evaluates a child who is the subject of a report of abuse, abandonment, or neglect to photograph any areas of trauma visible on the child. • Authorized a DCF Child Protection Investigator to refer the child to a licensed physician or emergency department in a hospital without parental consent if the areas of trauma visible on a child indicate a need for a medical evaluation. • Authorized parents to request that DCF arrange a second examination of the child no later than 10 days after an initial medical evaluation or examination. • Required the physician or advanced practice registered nurse who performed the second medical evaluation or examination to submit a written report detailing the findings of such medical evaluation or examination to DCF and the parent within five days after the second medical evaluation or examination. • Required DCF to convene a case staffing when the findings and conclusions of the second medical evaluation conflicts with the initial medical evaluation. • Authorized a 14-day period for a healthcare practitioner to furnish a child's patient records without parental authorization if DCF requests such records pursuant to a child protection investigation.

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
