

FLORIDA HOUSE OF REPRESENTATIVES FINAL BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: CS/CS/HB 47 TITLE: Specific Medical Diagnoses in Child Protective Investigations SPONSOR(S): Bartleman and Maney	COMPANION BILL: CS/CS/SB 42 (Sharief) LINKED BILLS: None RELATED BILLS: None
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FINAL HOUSE FLOOR ACTION: 109 Y's 0 N's **GOVERNOR'S ACTION:** Approved

SUMMARY

Effect of the Bill:

The bill requires a Department of Children and Families (DCF) child protective investigator, upon commencement of a child protection investigation, to notify the parent or legal custodian of the duty to immediately report certain preexisting medical diagnoses and to identify the licensed health care professional who made such diagnosis or treated the child for the diagnosed condition within 10 days of being informed of such duty. The bill requires DCF to request all medical records relating to the preexisting condition from the licensed health care professional who diagnosed or treated the child for that condition, which must be furnished to DCF within 14 days after its request.

The bill requires a Department of Health Child Protection Team (CPT) to consult with certain medical professionals when the CPT evaluates a child with a certain preexisting medical diagnosis. The bill authorizes the parent or legal custodian of a child removed from the home to request and pay for a second opinion or differential diagnosis within 10 days after the child's initial medical examination, except in cases of alleged sexual abuse. The practitioner who makes the second opinion or 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 opinions.

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 one of the four identified preexisting medical conditions or requests a second opinion or differential diagnosis.

Fiscal or Economic Impact:

The bill may have an indeterminate, negative fiscal impact to the Department of Health CPT program.

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ANALYSIS

EFFECT OF THE BILL:

Child Protection Investigations

The bill changes the requirements for medical examinations of children in a child welfare investigation who may be victims of maltreatment. The bill also establishes new standards for children with certain medical diagnoses, the effects of which may be mistaken for maltreatment.

Medical Examinations

Initial Diagnoses and Second Opinions

The bill authorizes the parent or legal custodian whose child is the subject of a [Department of Children and Families](#) (DCF) child protection investigation or a shelter order to request a second opinion of the child's medical condition within 10 days after the child was initially examined by a physician or a hospital emergency department.

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DATE: 7/7/2026

(Section 3). The bill authorizes DCF to delay referring allegations of criminal conduct to law enforcement when a parent or legal guardian requests a second opinion. (Section 1).

If a Department of Health [Child Protection Team](#) (CPT) did not perform the initial medical examination, the parent or legal guardian may request a CPT to examine the child. (Section 3). This second medical examination functions as the second opinion.

If a CPT performed the initial medical examination, the parent or legal guardian may request a physician¹ or an advanced practice registered nurse (APRN)² to examine the child to obtain a second opinion on the diagnosis or treatment. For the second opinion, the parent or legal guardian 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 (or as otherwise covered by insurance or Medicaid) for the second opinion. (Section 3).

The bill requires the physician, APRN, or CPT member who renders the second opinion to submit a written report detailing the findings and conclusions to DCF and the parent or legal guardian no later than 10 days after making the second opinion. The bill expressly authorizes the CPT member to disclose the written report to the parent or legal guardian notwithstanding a provision in current law which makes all [CPT records and reports](#) confidential and exempt from most public records requests.³ (Section 3).

If the findings and conclusions of the second opinion and the initial medical examination differ, the bill requires DCF to immediately convene a case staffing to reach consensus. The case staffing must include the responding DCF Child Protection Investigator (CPI), the CPI's supervisor, DCF legal staff, CPT representatives, and the community-based care lead agency. The case staffing must also include, if possible, the practitioner who made the second opinion, any prior health care practitioners who treated the child, and any health care practitioners currently treating the child. (Section 3).

As soon as DCF closes its child protection investigation, the bill requires DCF to immediately forward any allegations of criminal conduct that remain after the second opinion to law enforcement. (Section 1).

Under the bill, these procedures do not apply in cases of alleged sexual abuse. (Section 3).

Special Diagnoses: Differential Diagnoses and Second Opinions

The bill requires a DCF CPI to notify the parent or legal guardian under a child protection investigation of the duty to report to DCF when the child has one or more of four special diagnoses: [Ehlers-Danlos Syndrome](#), [Osteogenesis Imperfecta](#), [Rickets](#), or a [Vitamin D deficiency](#). The bill establishes a 10-day deadline for a parent or legal guardian, after being notified of the duty to report these special diagnoses, to both report such a diagnosis and provide DCF with the name and contact information of the health care professional who rendered such diagnosis or treated the child for that condition. The bill requires DCF to request all medical records relating to the special diagnosis from such professional, and requires practitioners to furnish the records to DCF within 14 days after its request as a licensure requirement.

The bill authorizes DCF to delay referring allegations of criminal conduct to law enforcement when a parent or legal guardian alleges that his or her child has a special diagnosis. (Sections 1 and 4). This allows for the time needed for DCF to request and obtain the medical records for consideration in the investigation.

¹ Allopathic or osteopathic physician, licensed under chapters 458 and 459, F.S., respectively.

² 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.](#)

³ [S. 39.202\(6\), F.S.](#)

The bill authorizes the parent or legal custodian whose child has a special diagnosis to request a differential diagnosis of the child. The parent must make this request within 10 days after the child was initially examined by a physician or a hospital emergency department. If a CPT member performed the initial medical examination, the parent or legal custodian may select a physician or APRN of his or her choosing to perform the differential diagnosis, as long as the physician or APRN routinely provides diagnosis of and medical care to pediatric patients with the child's special diagnosis. The bill requires the physician or APRN who makes the differential diagnosis to submit a written report detailing the findings and conclusions to DCF and the parent or legal custodian no later than 10 days after making the differential diagnosis. The person under investigation is required to pay (or as otherwise covered by insurance or Medicaid) for such differential diagnosis. (Section [3](#)).

If a CPT member did not perform the initial medical examination of the child with a reported special diagnosis, the bill authorizes the parent or legal custodian to request a CPT to perform a second medical examination. The bill requires the CPT to consult with a physician or an APRN who has experience treating children with the special diagnoses. The bill expressly authorizes the CPT to disclose the written report to the parent or legal custodian notwithstanding a provision in current law which makes all CPT records and reports confidential and exempt from most public records requests.⁴ (Sections [2](#) and [3](#)). The CPT bears the cost of such second medical examination.

If the findings and conclusions of the differential diagnosis or second medical examination and the initial medical examination differ, the bill requires DCF to immediately convene a case staffing to reach consensus. The case staffing must include the CPI, the CPI's supervisor, DCF legal staff, CPT representatives, and the community-based care lead agency. The case staffing must also include, if possible, the practitioner who made the differential diagnosis, any prior health care practitioners who treated the child, and any health care practitioners currently treating the child. (Section [3](#)).

The bill authorizes DCF to delay referring allegations of criminal conduct to law enforcement when a parent or legal guardian requests a differential diagnosis or second medical examination. (Sections [1](#) and [4](#)). This allows for the time needed to obtain the second medical examination or differential diagnosis, and conduct a case staffing (if needed). As soon as DCF closes its child protection investigation, the bill requires DCF to immediately forward any allegations of criminal conduct that remain after the special diagnosis review or second medical examination review to law enforcement. (Section [1](#)).

Under the bill, these procedures do not apply in cases of alleged sexual abuse. (Section [3](#)).

The bill was approved by the Governor on June 25, 2026, ch. 2026-165, L.O.F., and will become effective on July 1, 2026. (Section [5](#)).

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The bill has an insignificant, negative fiscal impact on the Department of Health (DOH) for CPT outside consultation services during CPT medical examinations of children with special diagnoses, and for CPT participation in case staffings to resolve conflicting medical diagnoses. These costs are absorbable by DOH within existing resources.

Special Diagnosis Consultations

According to DOH, CPTs consult with subspecialist medical professionals for an average of 472 medically complex children each year pursuant to [s. 39.303\(3\), F.S.](#) Such subspecialist consultations, which cost an average of

⁴ [S. 39.202\(6\), F.S.](#)

\$100/hr, occur as part of the initial medical examinations that CPTs conduct upon child protection case referrals from DCF under [s. 39.304\(1\)\(b\), F.S.](#)⁵

Under the bill, CPTs must also consult with medical professionals with experience in treating children with Ehlers-Danlos Syndrome, Osteogenesis Imperfecta, Rickets, and Vitamin D deficiency when a child protection case referral from DCF includes a reported special diagnosis of one of those conditions. According to DOH, CPTs may designate children with Ehlers-Danlos Syndrome, Osteogenesis Imperfecta, Rickets, and Vitamin D deficiency as medically complex if they are medically fragile and have intensive care needs that are not easily met.

To the extent some of 472 medically complex children on average each year have a reported preexisting special diagnosis (i.e., Ehlers-Danlos Syndrome, Osteogenesis Imperfecta, Rickets, or Vitamin D deficiency), the bill has no fiscal impact because CPTs already consult on these cases.

To the extent CPTs consult on cases involving one of the four special diagnoses in children who the CPTs do not designate as medically complex children, the bill has an insignificant, negative fiscal impact on DOH. For example, if DCF referred an average of 100 more children with a reported preexisting special diagnosis to the CPTs each year, and if consultations cost \$100/hr, the annual fiscal impact is \$10,000, which is absorbable by DOH within existing resources.

Case Staffing Attendance

According to DOH, DCF refers 14,105 cases of suspected neglect and physical abuse on average each year to DOH CPTs for an initial medical examination. DOH CPTs substantiate allegations in 5,304 cases on average each year, which is a 37.6% positive finding rate. Under the bill, parents and legal custodians may seek a second opinion or differential diagnosis after the initial medical examination, regardless of whether the CPT did the initial medical examination. When the first and second medical examinations yield conflicting diagnoses, the bill requires CPTs to attend a case staffing to resolve the conflict. According to DOH, a CPT member's attendance at the case staffing would cost an average of \$100/hr.⁶ The analysis below estimates the fiscal impact of case staffings to resolve conflicting medical opinions under the bill.

% of Conflicting Opinion Cases	# of Staffings	Hourly CPT Rate	Fiscal Estimate
10%	530	\$100/hr	\$53,000/yr
18%	954	\$100/hr	\$95,472/yr
20%	1,060	\$100/hr	\$106,000/yr
50%	2,652	\$100/hr	\$265,200/yr
100%	5,304	\$100/hr	\$530,400/yr

It is unknown how many cases would receive a case staffing to resolve conflicting opinions. Costs under \$100,000 per year, approximately 18% of cases, are absorbable by DOH within existing resources. DOH may make legislative budget requests or request budget amendments to address any future need.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Florida's Child Welfare System

⁵ Email from JP Bell, Director, Office of Legislative Planning, Department of Health on February 12, 2026, on file with the Health and Human Services Committee.

⁶ *Id.*

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.⁷

Community-Based Care Lead Agencies (CBCs)

DCF outsources some child protection and child welfare services to 15 community based-care lead agencies (CBCs).⁸ 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.⁹ CBCs may subcontract case management and direct care services to other provider groups under certain conditions.¹⁰

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.¹¹ Ultimately, DCF must ensure children receive appropriate, quality care.¹²

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.¹³ Florida is a mandatory reporter state, and a knowledgeable and willful failure to report constitutes a third-degree felony.¹⁴ 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 of patients, he or she must disclose their identity to the central abuse hotline operator.¹⁵ In Fiscal Year 2024-2025, DCF received 319,775 total hotline reports.^{16,17}

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.¹⁸

⁷ [S. 39.001\(1\)\(a\), F.S.](#)

⁸ [S. 409.986, F.S.](#)

⁹ [S. 409.986\(3\), F.S.](#)

¹⁰ [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.](#)

¹¹ [S. 409.996, F.S.](#)

¹² [S. 409.986\(1\)\(b\), F.S.](#), [s. 409.996, F.S.](#), [s. 409.997, F.S.](#)

¹³ [S. 39.101\(1\)\(a\), F.S.](#)

¹⁴ [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.](#)

¹⁵ [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.

¹⁶ 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 Mar. 6, 2026).

¹⁷ 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.

¹⁸ [S. 39.01\(1\), F.S.](#), [s. 39.01\(2\), F.S.](#), [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: <ul style="list-style-type: none"> - Results in physical injury,¹⁹ mental injury,²⁰ or sexual injury;²¹ or - Results in harm²² 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: <ul style="list-style-type: none"> - 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. Does not include financial inability (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 file²³ for the child, and refers the report for investigation by a DCF Child Protection Investigator (CPI).²⁴ In FY 2024-25, DCF verified 179,246 reports resulting in investigations.²⁵

Current law also requires DCF to immediately route allegations of criminal conduct to the appropriate law enforcement agency.²⁶

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,²⁷ and prior law enforcement contact. The CPI must then conduct face-to-face interviews with the child and other family members, document contemporaneous

¹⁹ Physical injury means the death, permanent or temporary disfigurement, or impairment of any bodily part. [s. 39.01\(66\), F.S.](#)

²⁰ 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.](#)

²¹ While sexual injury lacks a chapter-wide definition, sexual abuse of a child covers the offenses listed under [s. 39.01\(80\), F.S.](#)

²² [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 producing certain injuries; leaving the child without adult supervision; furnishing poison, alcohol, or drugs; 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 or 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 showing wanton disregard for a child's presence 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.

²³ 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.](#)

²⁴ [S. 39.201\(4\), F.S.](#)

²⁵ *Supra*, FN 16.

²⁶ [S. 39.301\(2\)\(a\), F.S.](#)

²⁷ 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.](#)

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,²⁸ 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.²⁹

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:³⁰

- 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 or 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 continuing 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 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 danger³¹ or present danger³² to the child, he or she must implement a specific, sufficient, feasible, and sustainable safety plan, in collaboration with a CBC case manager.³³

While a child protection investigation remains open, DCF may 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.³⁴

[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).³⁵ CPTs supplement DCF investigations by providing 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.³⁶ CMS manages a network of 22 local CPTs, each

²⁸ 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.](#)

²⁹ [S. 39.301\(9\)\(a\), F.S.](#) See [s. 39.01\(72\), F.S.](#), [s. 39.01\(73\), F.S.](#)

³⁰ [S. 39.301\(5\), F.S.](#)

³¹ "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.](#)

³² "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.](#)

³³ [S. 39.301\(9\)\(a\), F.S.](#)

³⁴ [S. 456.057\(7\)\(a\), F.S.](#)

³⁵ DCF and DOH maintain a CPT interagency agreement. [s. 39.303\(1\), F.S.](#); see [s. 39.01\(13\), F.S.](#)

³⁶ [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.](#)

of which is helmed by a Medical Director. Each CPT Medical Director must be certified by the American Board of Pediatrics as a Child Abuse Pediatrician.³⁷

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:³⁸

- 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:³⁹

- A licensed allopathic physician 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 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 nurse⁴⁰ (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.

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

³⁷ Department of Health, Agency Bill Analysis for SB 42 (2026), pp. 2 (Sept. 22, 2025), on file with the House Health & Human Services Committee. Note that SB 42 was the companion bill for HB 47 and both bills were identical at filing when DOH submitted its analysis.. 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 Mar. 6, 2026).

³⁸ [S. 39.303\(4\), F.S.](#), [s. 39.303\(5\), F.S.](#)

³⁹ [S. 39.303\(5\), F.S.](#)

⁴⁰ *Supra*, FN 2.

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.

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	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 approach⁵⁰ that assesses the capacity of the child's caregivers to meet those needs. Current law 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

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 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 was the companion bill for HB 47 and both bills were identical at filing when DOH submitted its analysis.

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.](#)

⁵¹ [S. 39.3068, F.S.](#)

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

Special 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

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, “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 Mar. 6, 2026).

As recently publicized by local media outlet investigative journalists, certain pre-existing medical conditions can complicate child welfare system determinations of abuse and neglect: 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 requires the CPI elevate the matter further up the DCF organizational chart and to the DOH Statewide Medical Director.⁶¹

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 Mar. 6, 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/7U6OLSIOVBZBDFZFG6JKZL7FQ/> (last visited Mar. 6, 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 Mar. 6, 2026).

⁵⁷ "Ehlers-Danlos Syndrome", *Cleveland Clinic*, (last reviewed Nov. 3, 2025) <https://my.clevelandclinic.org/health/diseases/17813-ehlers-danlos-syndrome> (last visited Mar. 6, 2026).

⁵⁸ "Osteogenesis Imperfecta (Brittle Bone Disease)", *Cleveland Clinic*, (last reviewed Jun. 19, 2025) <https://my.clevelandclinic.org/health/diseases/osteogenesis-imperfecta-brittle-bone-disease> (last visited Mar. 6, 2026).

⁵⁹ "Rickets", *Cleveland Clinic*, (last reviewed May 8, 2025) <https://my.clevelandclinic.org/health/diseases/22459-rickets> (last visited Mar. 6, 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 Mar. 6, 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%20Child%20Protective%20Investigations.pdf> (last visited Mar. 6, 2026).

CPT Records and Reports

Current law makes all CPT records and reports confidential and exempt from disclosure under public records law and under patient records disclosure law unless an exception applies.⁶² However, a CPT may disclose such records and reports, upon request, to:

- The state attorney;
- Law enforcement;
- DCF;
- Necessary professionals, in furtherance of the treatment or additional evaluative needs of the child pursuant to court order; or
- Health plan payors, provided that disclosure is limited to information used for insurance reimbursement purposes.⁶³

Additionally, current law authorizes a health care practitioner who generates a medical record respecting his or her patient to furnish such record or discuss the patient's medical condition with a person other than the patient, the patient's legal representative, or other providers involved in the patient's care or treatment when the patient authorizes such disclosure or discussion in writing.⁶⁴ Existing law authorizes covered health care practitioners to furnish a patient's medical records to DCF without patient authorization for the purpose of investigations of, or services for, cases of abuse, neglect, or exploitation of children.⁶⁵

RECENT LEGISLATION:

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

⁶² Ch. 1990-306, ss. 53-54, L.O.F. There is a legal distinction between public records that the Legislature exempts from mandatory disclosure and those that it designates confidential and exempt. If a statute designates a record as exempt from public disclosure, it means the agency is not required to release it to the public. The exemption waives the agency's mandatory duty to disclose. In contrast, a record designated as confidential and exempt is not subject to inspection by the public as the agency is legally forbidden from voluntarily disclosing it. Confidential and exempt information may only be released to certain person and entities designated in statute. *WFTV, Inc. v. Sch. Bd. of Seminole Co.*, 874 So.2d 48, 53-54 (5th DCA 2004).

⁶³ [S. 39.202\(6\), F.S.](#)

⁶⁴ [S. 456.057\(7\)\(a\), F.S.](#)

⁶⁵ [S. 456.057\(7\)\(a\), F.S.](#)