

CS/HB 47

2026

A bill to be entitled
An act relating to specific medical diagnoses in child protective investigations; amending s. 39.301, F.S.; providing an exception to the requirement that the Department of Children and Families immediately forward certain allegations to a law enforcement agency; requiring such allegations to be immediately forwarded to a law enforcement agency upon completion of the department's investigation; requiring a child protective investigator to inform the subject of an investigation of a certain duty; conforming a cross-reference; amending s. 39.303, F.S.; requiring Child Protection Teams to consult with a licensed physician or advanced practice registered nurse with pediatric experience when evaluating certain reports; conforming cross-references; amending s. 39.304, F.S.; authorizing a parent or legal custodian of a child who is the subject of a protective investigation or shelter order to request specified examinations of the child within a specified timeframe; requiring that certain examinations be paid for by the parent or legal custodian making the request or as otherwise covered by insurance; requiring the physician or advanced practice registered nurse who performed certain medical examinations to submit a written

26 report to the department and certain persons within a
27 specified timeframe; requiring the department to
28 immediately convene a case staffing with specified
29 persons under certain circumstances; providing an
30 effective date.

31
32 Be It Enacted by the Legislature of the State of Florida:

33
34 **Section 1. Paragraph (a) of subsection (2), paragraph (a)**
35 of subsection (5), and paragraph (c) of subsection (14) of
36 section 39.301, Florida Statutes, are amended to read:

37 39.301 Initiation of protective investigations.—

38 (2) (a) The department shall immediately forward
39 allegations of criminal conduct to the municipal or county law
40 enforcement agency of the municipality or county in which the
41 alleged conduct has occurred. However, the department may delay
42 forwarding allegations of criminal conduct to the appropriate
43 law enforcement agency if the parent or legal custodian:

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

46 2. Is requesting that the child have an examination under
47 s. 39.304(1) (c).

48
49 Allegations of criminal conduct which are not immediately
50 forwarded to the law enforcement agency pursuant to subparagraph

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

54 (5) (a) Upon commencing an investigation under this part,
55 the child protective investigator shall inform any subject of
56 the investigation of the following:

57 1. The names of the investigators and identifying
58 credentials from the department.

59 2. The purpose of the investigation.

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

62 4. The possible outcomes and services of the department's
63 response.

64 5. The right of the parent or legal custodian to be
65 engaged to the fullest extent possible in determining the nature
66 of the allegation and the nature of any identified problem and
67 the remedy.

68 6. The duty of the parent or legal custodian to report any
69 change in the residence or location of the child to the
70 investigator and that the duty to report continues until the
71 investigation is closed.

72 7. The duty of the parent or legal custodian to
73 immediately report any preexisting diagnosis for the child
74 specified in s. 39.303(4) and to provide medical records that
75 support that diagnosis to the department within 15 days after

76 being informed of such duty.

77 (14)

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

80 1. Criteria that are factors requiring that the department
81 take the child into custody, petition the court as provided in
82 this chapter, or, if the child is not taken into custody or a
83 petition is not filed with the court, conduct an administrative
84 review. Such factors must include, but are not limited to,
85 noncompliance with a safety plan or the case plan developed by
86 the department, and the family under this chapter, and prior
87 abuse reports with findings that involve the child, the child's
88 sibling, or the child's caregiver.

89 2. Requirements that if after an administrative review the
90 department determines not to take the child into custody or
91 petition the court, the department shall document the reason for
92 its decision in writing and include it in the investigative
93 file. For all cases that were accepted by the local law
94 enforcement agency for criminal investigation pursuant to
95 subsection (2), the department must include in the file written
96 documentation that the administrative review included input from
97 law enforcement. In addition, for all cases that must be
98 referred to Child Protection Teams pursuant to s. 39.303(5) and
99 (6) s. 39.303(4) and (5), the file must include written
100 documentation that the administrative review included the

101 results of the team's evaluation.

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

107 39.303 Child Protection Teams and sexual abuse treatment
108 programs; services; eligible cases.—

109 (4) A Child Protection Team shall consult with a physician
110 licensed under chapter 458 or chapter 459 or an advanced
111 practice registered nurse licensed under chapter 464 who has
112 experience in and routinely provides medical care to pediatric
113 patients when evaluating a child with a reported preexisting
114 diagnosis of any of the following:

115 (a) Rickets.

116 (b) Ehlers-Danlos syndrome.

117 (c) Osteogenesis imperfecta.

118 (d) Vitamin D deficiency.

119 (6) (5) All abuse and neglect cases transmitted for
120 investigation to a circuit by the hotline must be simultaneously
121 transmitted to the Child Protection Team for review. For the
122 purpose of determining whether a face-to-face medical evaluation
123 by a Child Protection Team is necessary, all cases transmitted
124 to the Child Protection Team which meet the criteria in
125 subsection (5) (4) must be timely reviewed by:

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

129 (b) A physician licensed under chapter 458 or chapter 459
130 who holds board certification in a specialty other than
131 pediatrics, who may complete the review only when working under
132 the direction of the Child Protection Team medical director or a
133 physician licensed under chapter 458 or chapter 459 who holds
134 board certification in pediatrics and is a member of a Child
135 Protection Team;

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

139 (d) A physician assistant licensed under chapter 458 or
140 chapter 459, who may complete the review only when working under
141 the supervision of the Child Protection Team medical director or
142 a physician licensed under chapter 458 or chapter 459 who holds
143 board certification in pediatrics and is a member of a Child
144 Protection Team; or

145 (e) A registered nurse licensed under chapter 464, who may
146 complete the review only when working under the direct
147 supervision of the Child Protection Team medical director or a
148 physician licensed under chapter 458 or chapter 459 who holds
149 board certification in pediatrics and is a member of a Child
150 Protection Team.

151 (7)-(6) A face-to-face medical evaluation by a Child
152 Protection Team is not necessary when:
153 (a) The child was examined for the alleged abuse or
154 neglect by a physician who is not a member of the Child
155 Protection Team, and a consultation between the Child Protection
156 Team medical director or a Child Protection Team board-certified
157 pediatrician, advanced practice registered nurse, physician
158 assistant working under the supervision of a Child Protection
159 Team medical director or a Child Protection Team board-certified
160 pediatrician, or registered nurse working under the direct
161 supervision of a Child Protection Team medical director or a
162 Child Protection Team board-certified pediatrician, and the
163 examining physician concludes that a further medical evaluation
164 is unnecessary;
165 (b) The child protective investigator, with supervisory
166 approval, has determined, after conducting a child safety
167 assessment, that there are no indications of injuries as
168 described in paragraphs (5) (a)-(h) -(4)-(a)-(h) as reported; or
169 (c) The Child Protection Team medical director or a Child
170 Protection Team board-certified pediatrician, as authorized in
171 subsection (6) -(5), determines that a medical evaluation is not
172 required.
173
174 Notwithstanding paragraphs (a), (b), and (c), a Child Protection
175 Team medical director or a Child Protection Team pediatrician,

176 as authorized in subsection (6) ~~(5)~~, may determine that a face-
177 to-face medical evaluation is necessary.

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

180 39.304 Photographs, medical examinations, X rays, and
181 medical treatment of abused, abandoned, or neglected child.—

182 (1)

183 (c) If an examination is performed on a child under
184 paragraph (b), other than an examination for purposes of
185 determining whether a child has been sexually abused, the parent
186 or legal custodian of the child who is the subject of a
187 protective investigation or shelter order may request of the
188 department, no later than 5 days after such medical examination,
189 that the child be examined:

190 1. By a Child Protection Team if the medical examination
191 under paragraph (b) was not performed by a Child Protection
192 Team;

193 2. By a physician licensed under chapter 458 or chapter
194 459 or an advanced practice registered nurse licensed under
195 chapter 464 of the parent's or legal custodian's choosing who
196 routinely provides medical care to pediatric patients, if the
197 medical examination pursuant to paragraph (b) was performed by a
198 Child Protection Team, for the purpose of obtaining a second
199 opinion on diagnosis or treatment; or

200 3. By a physician licensed under chapter 458 or chapter

201 459 or an advanced practice registered nurse licensed under
202 chapter 464 of the parent's or legal custodian's choosing who
203 routinely provides diagnosis of and medical care to pediatric
204 patients for the conditions specified in s. 39.303(4) to compile
205 a different diagnosis.

206

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

210 (d) For all medical examinations performed pursuant to
211 paragraph (c), the physician or advanced practice registered
212 nurse must submit within 5 days after the examination a written
213 report that details the findings and conclusions of the medical
214 examination to the department and the parent or legal custodian.

215 (e) If the findings and conclusions of the medical
216 examination conducted under paragraph (b) and the examination
217 conducted under paragraph (c) differ, the department must
218 immediately convene a case staffing to reach a consensus
219 regarding the differences in the medical opinions. The case
220 staffing must include the child protective investigator, the
221 investigator's supervisor, legal staff of the department,
222 representatives from a Child Protection Team, and the community-
223 based care lead agency. If possible, the case staffing shall
224 also include any health care practitioners who previously
225 treated the child, any health care practitioners who are

CS/HB 47

2026

226 currently treating the child, and the physician or advanced
227 practice registered nurse who conducted the examination under
228 paragraph (c) .

229 **Section 4.** This act shall take effect July 1, 2026.