

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

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

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

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

39.301 Initiation of protective investigations.—

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

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

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

Allegations of criminal conduct which are not immediately 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

results of the team's evaluation.

**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:**

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

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

(a) Rickets.

(b) Ehlers-Danlos syndrome.

(c) Osteogenesis imperfecta.

(d) Vitamin D deficiency.

(6)~~(5)~~ All abuse and neglect cases transmitted for investigation to a circuit by the hotline must be simultaneously transmitted to the Child Protection Team for review. For the purpose of determining whether a face-to-face medical evaluation by a Child Protection Team is necessary, all cases transmitted to the Child Protection Team which meet the criteria in 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,

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

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

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

(1)

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

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

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

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

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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.