

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.; providing for a medical evaluation of abused, abandoned, or neglected children under certain circumstances; authorizing a parent or legal custodian of a child who is the subject of a protective investigation or shelter order to request specified evaluations or examinations of the child within a specified timeframe; requiring that certain evaluations or examinations be paid for by the parent or legal custodian making the request or as otherwise covered

26 by insurance; requiring the physician or advanced  
27 practice registered nurse who performed certain  
28 medical evaluations or examinations to submit a  
29 written report to the department and certain persons  
30 within a specified timeframe; requiring the department  
31 to immediately convene a case staffing with specified  
32 persons under certain circumstances; amending s.  
33 456.057, F.S.; requiring certain records be provided  
34 to the department within a specified timeframe;  
35 providing an effective date.

36  
37 Be It Enacted by the Legislature of the State of Florida:

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

42 39.301 Initiation of protective investigations.—

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

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

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

53

54 Allegations of criminal conduct which are not immediately  
55 forwarded to the law enforcement agency pursuant to subparagraph  
56 1. or subparagraph 2. must be immediately forwarded to the law  
57 enforcement agency upon completion of the investigation under  
58 this part if criminal conduct is still alleged.

59       (5)(a) Upon commencing an investigation under this part,  
60 the child protective investigator shall inform any subject of  
61 the investigation of the following:

62       1. The names of the investigators and identifying  
63 credentials from the department.

64       2. The purpose of the investigation.

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

67       4. The possible outcomes and services of the department's  
68 response.

69       5. The right of the parent or legal custodian to be  
70 engaged to the fullest extent possible in determining the nature  
71 of the allegation and the nature of any identified problem and  
72 the remedy.

73       6. The duty of the parent or legal custodian to report any  
74 change in the residence or location of the child to the  
75 investigator and that the duty to report continues until the

76 investigation is closed.

77 7. The duty of the parent or legal custodian to  
78 immediately report any preexisting diagnosis for the child  
79 specified in s. 39.303(4) and to provide the name and contact  
80 information of the practitioner who made such diagnosis or  
81 treated the child for the diagnosed condition to the department  
82 within 10 days after being informed of such duty.

83 (14)

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

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

95 2. Requirements that if after an administrative review the  
96 department determines not to take the child into custody or  
97 petition the court, the department shall document the reason for  
98 its decision in writing and include it in the investigative  
99 file. For all cases that were accepted by the local law  
100 enforcement agency for criminal investigation pursuant to

101 subsection (2), the department must include in the file written  
102 documentation that the administrative review included input from  
103 law enforcement. In addition, for all cases that must be  
104 referred to Child Protection Teams pursuant to s. 39.303(5) and  
105 (6) s. 39.303(4) and (5), the file must include written  
106 documentation that the administrative review included the  
107 results of the team's evaluation.

108 **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:**

113 39.303 Child Protection Teams and sexual abuse treatment  
114 programs; services; eligible cases.—

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

- 121 (a) Rickets.
- 122 (b) Ehlers-Danlos syndrome.
- 123 (c) Osteogenesis imperfecta.
- 124 (d) Vitamin D deficiency.
- 125 (6)-(5) All abuse and neglect cases transmitted for

126 investigation to a circuit by the hotline must be simultaneously  
127 transmitted to the Child Protection Team for review. For the  
128 purpose of determining whether a face-to-face medical evaluation  
129 by a Child Protection Team is necessary, all cases transmitted  
130 to the Child Protection Team which meet the criteria in  
131 subsection (5) (4) must be timely reviewed by:

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

135 (b) A physician licensed under chapter 458 or chapter 459  
136 who holds board certification in a specialty other than  
137 pediatrics, who may complete the review only when working under  
138 the direction of the Child Protection Team medical director or a  
139 physician licensed under chapter 458 or chapter 459 who holds  
140 board certification in pediatrics and is a member of a Child  
141 Protection Team;

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

145 (d) A physician assistant licensed under chapter 458 or  
146 chapter 459, who may complete the review only when working under  
147 the supervision of the Child Protection Team medical director or  
148 a 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; or

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151 (e) A registered nurse licensed under chapter 464, who may  
152 complete the review only when working under the direct  
153 supervision of the Child Protection Team medical director or a  
154 physician licensed under chapter 458 or chapter 459 who holds  
155 board certification in pediatrics and is a member of a Child  
156 Protection Team.

157        (7)(6) A face-to-face medical evaluation by a Child  
158        Protection Team is not necessary when:

159 (a) The child was examined for the alleged abuse or  
160 neglect by a physician who is not a member of the Child  
161 Protection Team, and a consultation between the Child Protection  
162 Team medical director or a Child Protection Team board-certified  
163 pediatrician, advanced practice registered nurse, physician  
164 assistant working under the supervision of a Child Protection  
165 Team medical director or a Child Protection Team board-certified  
166 pediatrician, or registered nurse working under the direct  
167 supervision of a Child Protection Team medical director or a  
168 Child Protection Team board-certified pediatrician, and the  
169 examining physician concludes that a further medical evaluation  
170 is unnecessary;

171 (b) The child protective investigator, with supervisory  
172 approval, has determined, after conducting a child safety  
173 assessment, that there are no indications of injuries as  
174 described in paragraphs (5)(a)-(h) ~~(4)(a)-(h)~~ as reported; or

175 (c) The Child Protection Team medical director or a Child

176 Protection Team board-certified pediatrician, as authorized in  
177 subsection (6) ~~(5)~~, determines that a medical evaluation is not  
178 required.

179

180 Notwithstanding paragraphs (a), (b), and (c), a Child Protection  
181 Team medical director or a Child Protection Team pediatrician,  
182 as authorized in subsection (6) ~~(5)~~, may determine that a face-  
183 to-face medical evaluation is necessary.

184 **Section 3. Subsection (1) of section 39.304, Florida**

185 **Statutes, is amended to read:**

186 39.304 Photographs, medical evaluations or examinations, X  
187 rays, and medical treatment of abused, abandoned, or neglected  
188 child.—

189 (1) (a) Any person required to investigate cases of  
190 suspected child abuse, abandonment, or neglect may take or cause  
191 to be taken photographs of the areas of trauma visible on a  
192 child who is the subject of a report. Any Child Protection Team  
193 that evaluates or examines a child who is the subject of a  
194 report must take, or cause to be taken, photographs of any areas  
195 of trauma visible on the child. Photographs of physical abuse  
196 injuries, or duplicates thereof, shall be provided to the  
197 department for inclusion in the investigative file and shall  
198 become part of that file. Photographs of sexual abuse trauma  
199 shall be made part of the Child Protection Team medical record.

200 (b) If the areas of trauma visible on a child indicate a

201 need for a medical evaluation or examination, or if the child  
202 verbally complains or otherwise exhibits distress as a result of  
203 injury through suspected child abuse, abandonment, or neglect,  
204 or is alleged to have been sexually abused, the person required  
205 to investigate may cause the child to be referred for diagnosis  
206 to a licensed physician or an emergency department in a hospital  
207 without the consent of the child's parents or legal custodian.  
208 Such evaluation or examination may be performed by any licensed  
209 physician or an advanced practice registered nurse licensed  
210 pursuant to part I of chapter 464. Any licensed physician or  
211 advanced practice registered nurse licensed pursuant to part I  
212 of chapter 464 who has reasonable cause to suspect that an  
213 injury was the result of child abuse, abandonment, or neglect  
214 may authorize a radiological examination to be performed on the  
215 child without the consent of the child's parent or legal  
216 custodian.

217 (c) If an evaluation or examination is performed on a  
218 child under paragraph (b), other than an evaluation or  
219 examination for purposes of determining whether a child has been  
220 sexually abused, the parent or legal custodian of the child who  
221 is the subject of a protective investigation or shelter order  
222 may request of the department, no later than 10 days after such  
223 medical evaluation or examination, that the child be evaluated  
224 or examined by:

225 1. A Child Protection Team if the medical evaluation or

226 examination under paragraph (b) was not performed by a Child  
227 Protection Team;

228 2. A physician licensed under chapter 458 or chapter 459  
229 or an advanced practice registered nurse licensed under chapter  
230 464 of the parent's or legal custodian's choosing who routinely  
231 provides medical care to pediatric patients, if the medical  
232 evaluation or examination pursuant to paragraph (b) was  
233 performed by a Child Protection Team, for the purpose of  
234 obtaining a second opinion on diagnosis or treatment; or

235 3. A physician licensed under chapter 458 or chapter 459  
236 or an advanced practice registered nurse licensed under chapter  
237 464 of the parent's or legal custodian's choosing who routinely  
238 provides diagnosis of and medical care to pediatric patients for  
239 the conditions specified in s. 39.303(4) to compile a different  
240 diagnosis.

241  
242 The cost of an evaluation or examination under subparagraph 2.  
243 or subparagraph 3. must be borne by the parent or legal  
244 custodian, including through his or her health care coverage, if  
245 applicable.

246 (d) For all medical evaluations or examinations performed  
247 pursuant to paragraph (c), the physician or advanced practice  
248 registered nurse must submit within 5 days after the evaluation  
249 or examination a written report that details the findings and  
250 conclusions of the medical evaluation or examination to the

251 department and the parent or legal custodian.

252 (e) If the findings and conclusions of the medical  
253 evaluation or examination conducted under paragraph (b) and the  
254 evaluation or examination conducted under paragraph (c) differ,  
255 the department must immediately convene a case staffing to reach  
256 a consensus regarding the differences in the medical opinions.  
257 The case staffing must include the child protective  
258 investigator, the investigator's supervisor, legal staff of the  
259 department, representatives from a Child Protection Team, and  
260 the community-based care lead agency. If possible, the case  
261 staffing shall also include any health care practitioners who  
262 previously treated the child, any health care practitioners who  
263 are currently treating the child, and the physician or advanced  
264 practice registered nurse who conducted the evaluation or  
265 examination under paragraph (c).

266 **Section 4. Paragraph (a) of subsection (7) of section**  
267 **456.057, Florida Statutes, is amended to read:**

268 456.057 Ownership and control of patient records; report  
269 or copies of records to be furnished; disclosure of  
270 information.—

271 (7) (a) Except as otherwise provided in this section and in  
272 s. 440.13(4) (c), such records may not be furnished to, and the  
273 medical condition of a patient may not be discussed with, any  
274 person other than the patient, the patient's legal  
275 representative, or other health care practitioners and providers

276 involved in the patient's care or treatment, except upon written  
277 authorization from the patient. However, such records may be  
278 furnished without written authorization under the following  
279 circumstances:

280 1. To any person, firm, or corporation that has procured  
281 or furnished such care or treatment with the patient's consent.

282 2. When compulsory physical examination is made pursuant  
283 to Rule 1.360, Florida Rules of Civil Procedure, in which case  
284 copies of the medical records shall be furnished to both the  
285 defendant and the plaintiff.

286 3. In any civil or criminal action, unless otherwise  
287 prohibited by law, upon the issuance of a subpoena from a court  
288 of competent jurisdiction and proper notice to the patient or  
289 the patient's legal representative by the party seeking such  
290 records.

291 4. For statistical and scientific research, provided the  
292 information is abstracted in such a way as to protect the  
293 identity of the patient or provided written permission is  
294 received from the patient or the patient's legal representative.

295 5. To a regional poison control center for purposes of  
296 treating a poison episode under evaluation, case management of  
297 poison cases, or compliance with data collection and reporting  
298 requirements of s. 395.1027 and the professional organization  
299 that certifies poison control centers in accordance with federal  
300 law.

301        6. To the Department of Children and Families, its agent,  
302 or its contracted entity, within 14 days after receipt of a  
303 request for such records, for the purpose of investigations of  
304 or services for cases of abuse, neglect, or exploitation of  
305 children or vulnerable adults.

306        **Section 5.** This act shall take effect July 1, 2026.