

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.; providing
17 for a medical evaluation of abused, abandoned, or
18 neglected children under certain circumstances;
19 authorizing a parent or legal custodian of a child who
20 is the subject of a protective investigation or
21 shelter order to request specified evaluations or
22 examinations of the child within a specified
23 timeframe; requiring that certain evaluations or
24 examinations be paid for by the parent or legal
25 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:
38

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

subsection (2), the department must include in the file written documentation that the administrative review included input from law enforcement. In addition, for all cases that must be referred to Child Protection Teams pursuant to s. 39.303(5) and (6) ~~s. 39.303(4) and (5)~~, the file must include written 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

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

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

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

Notwithstanding paragraphs (a), (b), and (c), a Child Protection 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. Subsection (1) of section 39.304, Florida Statutes, is amended to read:

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

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

(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

department and the parent or legal custodian.

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

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

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

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

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

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

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

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

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

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