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CS/CS/HB 47, Engrossed 1

2026 Legislature

1  
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; requiring the  
12 department to request medical records of certain  
13 children from certain licensed health care  
14 professionals; conforming a cross-reference; amending  
15 s. 39.303, F.S.; requiring Child Protection Teams to  
16 consult with a licensed physician or advanced practice  
17 registered nurse with certain experience when  
18 evaluating certain reports; conforming cross-  
19 references; amending s. 39.304, F.S.; authorizing a  
20 parent or legal custodian of a child who is the  
21 subject of a protective investigation or shelter order  
22 to request specified medical examinations of the child  
23 within a specified timeframe; requiring that certain  
24 medical examinations be paid for by the parent or  
25 legal custodian making the request or as otherwise

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

26 covered by insurance; requiring the physician or  
 27 advanced practice registered nurse who performed  
 28 certain medical examinations to submit a written  
 29 report to the department and certain persons within a  
 30 specified timeframe; requiring the department to  
 31 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), paragraph (a) of subsection (9), and  
 41 paragraph (c) of subsection (14) of section 39.301, Florida  
 42 Statutes, are amended to read:

43 39.301 Initiation of protective investigations.—

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

50 1. Has alleged that the child has a preexisting medical

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

51 diagnosis specified in s. 39.303(4); or

52 2. Is requesting that the child have a medical examination  
 53 under s. 39.304(1)(c).

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

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

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

65 2. The purpose of the investigation.

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

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

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

74 6. The duty of the parent or legal custodian to report any  
 75 change in the residence or location of the child to the

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

76 | investigator and that the duty to report continues until the  
 77 | investigation is closed.

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

85 |       (9) (a) For each report received from the central abuse  
 86 | hotline and accepted for investigation, the department shall  
 87 | perform the following child protective investigation activities  
 88 | to determine child safety:

89 |       1. Conduct a review of all relevant, available information  
 90 | specific to the child, family, and alleged maltreatment; family  
 91 | child welfare history; local, state, and federal criminal  
 92 | records checks; and requests for law enforcement assistance  
 93 | provided by the abuse hotline. Based on a review of available  
 94 | information, including the allegations in the current report, a  
 95 | determination must ~~shall~~ be made as to whether immediate  
 96 | consultation should occur with law enforcement, the Child  
 97 | Protection Team, a domestic violence shelter or advocate, or a  
 98 | substance abuse or mental health professional. Such  
 99 | consultations should include discussion as to whether a joint  
 100 | response is necessary and feasible. A determination must ~~shall~~

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

101 | be made as to whether the person making the report should be  
102 | contacted before the face-to-face interviews with the child and  
103 | family members.

104 |       2. Conduct face-to-face interviews with the child; other  
105 | siblings, if any; and the parents, legal custodians, or  
106 | caregivers.

107 |       3. Assess the child's residence, including a determination  
108 | of the composition of the family and household, including the  
109 | name, address, date of birth, social security number, sex, and  
110 | race of each child named in the report; any siblings or other  
111 | children in the same household or in the care of the same  
112 | adults; the parents, legal custodians, or caregivers; and any  
113 | other adults in the same household.

114 |       4. Determine whether there is any indication that any  
115 | child in the family or household has been abused, abandoned, or  
116 | neglected; the nature and extent of present or prior injuries,  
117 | abuse, or neglect, and any evidence thereof; and a determination  
118 | as to the person or persons apparently responsible for the  
119 | abuse, abandonment, or neglect, including the name, address,  
120 | date of birth, social security number, sex, and race of each  
121 | such person.

122 |       5. Complete assessment of immediate child safety for each  
123 | child based on available records, interviews, and observations  
124 | with all persons named in subparagraph 2. and appropriate  
125 | collateral contacts, which may include other professionals, and

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

126 continually assess the child's safety throughout the  
127 investigation. The department's child protection investigators  
128 are hereby designated a criminal justice agency for the purpose  
129 of accessing criminal justice information to be used for  
130 enforcing this state's laws concerning the crimes of child  
131 abuse, abandonment, and neglect. This information must ~~shall~~ be  
132 used solely for purposes supporting the detection, apprehension,  
133 prosecution, pretrial release, posttrial release, or  
134 rehabilitation of criminal offenders or persons accused of the  
135 crimes of child abuse, abandonment, or neglect and may not be  
136 further disseminated or used for any other purpose.

137 6. For a child who has a preexisting medical diagnosis  
138 specified in s. 39.303(4), as reported by the parent or legal  
139 custodian of the child, request the relevant medical records  
140 from the licensed health care professional who diagnosed or  
141 treated the child for such medical diagnosis.

142 7.6. Document the present and impending dangers to each  
143 child based on the identification of inadequate protective  
144 capacity through utilization of a standardized safety assessment  
145 instrument. If present or impending danger is identified, the  
146 child protective investigator must implement a safety plan or  
147 take the child into custody. If present danger is identified and  
148 the child is not removed, the child protective investigator must  
149 ~~shall~~ create and implement a safety plan before leaving the home  
150 or the location where there is present danger. If impending

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

151 danger is identified, the child protective investigator must  
152 ~~shall~~ create and implement a safety plan as soon as necessary to  
153 protect the safety of the child. The child protective  
154 investigator may modify the safety plan if he or she identifies  
155 additional impending danger.

156 a. If the child protective investigator implements a  
157 safety plan, the plan must be specific, sufficient, feasible,  
158 and sustainable in response to the realities of the present or  
159 impending danger. A safety plan may be an in-home plan or an  
160 out-of-home plan, or a combination of both. A safety plan may  
161 include tasks or responsibilities for a parent, caregiver, or  
162 legal custodian. However, a safety plan may not rely on  
163 promissory commitments by the parent, caregiver, or legal  
164 custodian who is currently not able to protect the child or on  
165 services that are not available or will not result in the safety  
166 of the child. A safety plan may not be implemented if for any  
167 reason the parents, guardian, or legal custodian lacks the  
168 capacity or ability to comply with the plan. If the department  
169 is not able to develop a plan that is specific, sufficient,  
170 feasible, and sustainable, the department must ~~shall~~ file a  
171 shelter petition. A child protective investigator must ~~shall~~  
172 implement separate safety plans for the perpetrator of domestic  
173 violence, if the investigator, using reasonable efforts, can  
174 locate the perpetrator to implement a safety plan, and for the  
175 parent who is a victim of domestic violence as defined in s.

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

176 741.28. Reasonable efforts to locate a perpetrator include, but  
177 are not limited to, a diligent search pursuant to the same  
178 requirements as in s. 39.503. If the perpetrator of domestic  
179 violence is not the parent, guardian, or legal custodian of any  
180 child in the home and if the department does not intend to file  
181 a shelter petition or dependency petition that will assert  
182 allegations against the perpetrator as a parent of a child in  
183 the home, the child protective investigator must ~~shall~~ seek  
184 issuance of an injunction authorized by s. 39.504 to implement a  
185 safety plan for the perpetrator and impose any other conditions  
186 to protect the child. The safety plan for the parent who is a  
187 victim of domestic violence may not be shared with the  
188 perpetrator. If any party to a safety plan fails to comply with  
189 the safety plan resulting in the child being unsafe, the  
190 department must ~~shall~~ file a shelter petition.

191 b. The child protective investigator shall collaborate  
192 with the community-based care lead agency in the development of  
193 the safety plan as necessary to ensure that the safety plan is  
194 specific, sufficient, feasible, and sustainable. The child  
195 protective investigator shall identify services necessary for  
196 the successful implementation of the safety plan. The child  
197 protective investigator and the community-based care lead agency  
198 shall mobilize service resources to assist all parties in  
199 complying with the safety plan. The community-based care lead  
200 agency shall prioritize safety plan services to families who

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

201 have multiple risk factors, including, but not limited to, two  
 202 or more of the following:

203 (I) The parent or legal custodian is of young age;

204 (II) The parent or legal custodian, or an adult currently  
 205 living in or frequently visiting the home, has a history of  
 206 substance abuse, mental illness, or domestic violence;

207 (III) The parent or legal custodian, or an adult currently  
 208 living in or frequently visiting the home, has been previously  
 209 found to have physically or sexually abused a child;

210 (IV) The parent or legal custodian, or an adult currently  
 211 living in or frequently visiting the home, has been the subject  
 212 of multiple allegations by reputable reports of abuse or  
 213 neglect;

214 (V) The child is physically or developmentally disabled;  
 215 or

216 (VI) The child is 3 years of age or younger.

217 c. The child protective investigator shall monitor the  
 218 implementation of the plan to ensure the child's safety until  
 219 the case is transferred to the lead agency at which time the  
 220 lead agency shall monitor the implementation.

221 d. The department may file a petition for shelter or  
 222 dependency without a new child protective investigation or the  
 223 concurrence of the child protective investigator if the child is  
 224 unsafe but for the use of a safety plan and the parent or  
 225 caregiver has not sufficiently increased protective capacities

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

226 | within 90 days after the transfer of the safety plan to the lead  
 227 | agency.

228 | (14)

229 | (c) The department, in consultation with the judiciary,  
 230 | shall adopt by rule:

231 | 1. Criteria that are factors requiring that the department  
 232 | take the child into custody, petition the court as provided in  
 233 | this chapter, or, if the child is not taken into custody or a  
 234 | petition is not filed with the court, conduct an administrative  
 235 | review. Such factors must include, but are not limited to,  
 236 | noncompliance with a safety plan or the case plan developed by  
 237 | the department, and the family under this chapter, and prior  
 238 | abuse reports with findings that involve the child, the child's  
 239 | sibling, or the child's caregiver.

240 | 2. Requirements that if after an administrative review the  
 241 | department determines not to take the child into custody or  
 242 | petition the court, the department must ~~shall~~ document the  
 243 | reason for its decision in writing and include it in the  
 244 | investigative file. For all cases that were accepted by the  
 245 | local law enforcement agency for criminal investigation pursuant  
 246 | to subsection (2), the department must include in the file  
 247 | written documentation that the administrative review included  
 248 | input from law enforcement. In addition, for all cases that must  
 249 | be referred to Child Protection Teams pursuant to s. 39.303(5)  
 250 | and (6) ~~s. 39.303(4) and (5)~~, the file must include written

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

251 | documentation that the administrative review included the  
 252 | results of the team's evaluation.

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

258 |       39.303 Child Protection Teams and sexual abuse treatment  
 259 | programs; services; eligible cases.—

260 |       (4) A Child Protection Team shall consult with a physician  
 261 | licensed under chapter 458 or chapter 459 or an advanced  
 262 | practice registered nurse licensed under chapter 464 who has  
 263 | experience treating children with the medical conditions  
 264 | specified in this subsection when evaluating a child with a  
 265 | reported preexisting medical diagnosis of any of the following:

- 266 |       (a) Rickets.
- 267 |       (b) Ehlers-Danlos syndrome.
- 268 |       (c) Osteogenesis imperfecta.
- 269 |       (d) Vitamin D deficiency.

270 |       (6)~~(5)~~ All abuse and neglect cases transmitted for  
 271 | investigation to a circuit by the hotline must be simultaneously  
 272 | transmitted to the Child Protection Team for review. For the  
 273 | purpose of determining whether a face-to-face medical evaluation  
 274 | by a Child Protection Team is necessary, all cases transmitted  
 275 | to the Child Protection Team which meet the criteria in

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

276 subsection (5) ~~(4)~~ must be timely reviewed by:

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

280 (b) A physician licensed under chapter 458 or chapter 459  
 281 who holds board certification in a specialty other than  
 282 pediatrics, who may complete the review only when working under  
 283 the direction of the Child Protection Team medical director or a  
 284 physician licensed under chapter 458 or chapter 459 who holds  
 285 board certification in pediatrics and is a member of a Child  
 286 Protection Team;

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

290 (d) A physician assistant licensed under chapter 458 or  
 291 chapter 459, who may complete the review only when working under  
 292 the supervision of the Child Protection Team medical director or  
 293 a physician licensed under chapter 458 or chapter 459 who holds  
 294 board certification in pediatrics and is a member of a Child  
 295 Protection Team; or

296 (e) A registered nurse licensed under chapter 464, who may  
 297 complete the review only when working under the direct  
 298 supervision of the Child Protection Team medical director or a  
 299 physician licensed under chapter 458 or chapter 459 who holds  
 300 board certification in pediatrics and is a member of a Child

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

301 Protection Team.

302 (7)~~(6)~~ A face-to-face medical evaluation by a Child  
 303 Protection Team is not necessary when:

304 (a) The child was examined for the alleged abuse or  
 305 neglect by a physician who is not a member of the Child  
 306 Protection Team, and a consultation between the Child Protection  
 307 Team medical director or a Child Protection Team board-certified  
 308 pediatrician, advanced practice registered nurse, physician  
 309 assistant working under the supervision of a Child Protection  
 310 Team medical director or a Child Protection Team board-certified  
 311 pediatrician, or registered nurse working under the direct  
 312 supervision of a Child Protection Team medical director or a  
 313 Child Protection Team board-certified pediatrician, and the  
 314 examining physician concludes that a further medical evaluation  
 315 is unnecessary;

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

320 (c) The Child Protection Team medical director or a Child  
 321 Protection Team board-certified pediatrician, as authorized in  
 322 subsection (6) ~~(5)~~, determines that a medical evaluation is not  
 323 required.

324  
 325 Notwithstanding paragraphs (a), (b), and (c), a Child Protection

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

326 Team medical director or a Child Protection Team pediatrician,  
327 as authorized in subsection (6) ~~(5)~~, may determine that a face-  
328 to-face medical evaluation is necessary.

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

331 39.304 Photographs, medical examinations, X rays, and  
332 medical treatment of abused, abandoned, or neglected child.—

333 (1)

334 (c) If a medical examination is performed on a child under  
335 paragraph (b), other than a medical examination for purposes of  
336 determining whether a child has been sexually abused, the parent  
337 or legal custodian of the child who is the subject of a  
338 protective investigation or shelter order may request of the  
339 department, no later than 10 days after such medical  
340 examination, that the child be examined by:

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

344 2. A physician licensed under chapter 458 or chapter 459  
345 or an advanced practice registered nurse licensed under chapter  
346 464 of the parent's or legal custodian's choosing who routinely  
347 provides medical care to pediatric patients, if the medical  
348 examination under paragraph (b) was performed by a Child  
349 Protection Team, for the purpose of obtaining a second opinion  
350 on diagnosis or treatment; or

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

351       3. A physician licensed under chapter 458 or chapter 459  
352 or an advanced practice registered nurse licensed under chapter  
353 464 of the parent's or legal custodian's choosing who routinely  
354 provides diagnosis of and medical care to pediatric patients for  
355 the conditions specified in s. 39.303(4) to consider a  
356 differential diagnosis.

357  
358 The cost of a medical examination under subparagraph 2. or  
359 subparagraph 3. must be borne by the parent or legal custodian,  
360 including through his or her health care coverage, if  
361 applicable.

362       (d) Notwithstanding s. 39.202(6), for all medical  
363 examinations performed pursuant to paragraph (c), the physician  
364 or advanced practice registered nurse must submit within 10 days  
365 after the medical examination a written report that details the  
366 findings and conclusions of the medical examination to the  
367 department and the parent or legal custodian.

368       (e) If the findings and conclusions of the medical  
369 examination conducted under paragraph (b) and the medical  
370 examination conducted under paragraph (c) differ, the department  
371 must immediately convene a case staffing to reach a consensus  
372 regarding the differences in the medical opinions. The case  
373 staffing must include the child protective investigator, the  
374 investigator's supervisor, legal staff of the department,  
375 representatives from a Child Protection Team, and the community-

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

376 based care lead agency. If possible, the case staffing must also  
377 include any health care practitioners who previously treated the  
378 child, any health care practitioners who are currently treating  
379 the child, and the physician or advanced practice registered  
380 nurse who conducted the medical examination under paragraph (c).

381 Section 4. Paragraph (a) of subsection (7) of section  
382 456.057, Florida Statutes, is amended to read:

383 456.057 Ownership and control of patient records; report  
384 or copies of records to be furnished; disclosure of  
385 information.—

386 (7) (a) Except as otherwise provided in this section and in  
387 s. 440.13(4) (c), such records may not be furnished to, and the  
388 medical condition of a patient may not be discussed with, any  
389 person other than the patient, the patient's legal  
390 representative, or other health care practitioners and providers  
391 involved in the patient's care or treatment, except upon written  
392 authorization from the patient. However, such records may be  
393 furnished without written authorization under the following  
394 circumstances:

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

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

ENROLLED

CS/CS/HB 47, Engrossed 1

2026 Legislature

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

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

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

416           6. To the Department of Children and Families, its agent,  
417 or its contracted entity, for the purpose of investigations of  
418 or services for cases of abuse, neglect, or exploitation of  
419 children or vulnerable adults. Records requested by the  
420 Department of Children and Families pursuant to s. 39.301(9)(a)  
421 must be furnished to the Department of Children and Families  
422 within 14 days after such request.

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