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2017 Legislature

1
2 An act relating to child protection; amending s.
3 39.303, F.S.; revising the entities responsible for
4 screening, employing, and terminating child protection
5 team medical directors to include the Statewide
6 Medical Director for Child Protection; revising the
7 term "district medical director" to "child protection
8 team medical director"; revising references to
9 subdivisions of the state from "districts" to
10 "circuits"; revising the required board certifications
11 for child protection team medical directors and
12 reviewing physicians; revising the timeframe in which
13 child protection team medical directors must obtain
14 certification; requiring Children's Medical Services
15 to convene a task force to develop a protocol for
16 forensic interviewing of children suspected of having
17 been abused; specifying membership of the task force;
18 requiring Children's Medical Services to develop,
19 maintain, and coordinate one or more sexual abuse
20 treatment programs; amending s. 39.3031, F.S.;
21 requiring the Department of Health in consultation
22 with the Department of Children and Families to adopt
23 rules regarding sexual abuse treatment programs;
24 amending ss. 458.3175, 459.0066, and 827.03, F.S.;
25 revising provisions regarding expert testimony

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26 provided by certain entities to include criminal cases
 27 involving child abuse and neglect, dependency cases,
 28 and cases involving sexual abuse of a child; providing
 29 an effective date.

30

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

32

33 Section 1. Section 39.303, Florida Statutes, is amended to
 34 read:

35 39.303 Child protection teams and sexual abuse treatment
 36 programs; services; eligible cases.—

37 (1) The Children's Medical Services Program in the
 38 Department of Health shall develop, maintain, and coordinate the
 39 services of one or more multidisciplinary child protection teams
 40 in each of the service circuits ~~districts~~ of the Department of
 41 Children and Families. Such teams may be composed of appropriate
 42 representatives of school districts and appropriate health,
 43 mental health, social service, legal service, and law
 44 enforcement agencies. The Department of Health and the
 45 Department of Children and Families shall maintain an
 46 interagency agreement that establishes protocols for oversight
 47 and operations of child protection teams and sexual abuse
 48 treatment programs. The State Surgeon General and the Deputy
 49 Secretary for Children's Medical Services, in consultation with
 50 the Secretary of Children and Families and the Statewide Medical

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51 Director for Child Protection, shall maintain the responsibility
 52 for the screening, employment, and, if necessary, the
 53 termination of child protection team medical directors, ~~at~~
 54 ~~headquarters and~~ in the 15 circuits ~~districts~~.

55 (2) (a) The Statewide Medical Director for Child Protection
 56 must be a physician licensed under chapter 458 or chapter 459
 57 who is a board-certified pediatrician with a subspecialty
 58 certification in child abuse from the American Board of
 59 Pediatrics.

60 (b) Each child protection team ~~district~~ medical director
 61 must be a physician licensed under chapter 458 or chapter 459
 62 who is a board-certified physician in pediatrics or family
 63 medicine ~~pediatrician~~ and, within 2 ~~4~~ years after the date of
 64 ~~his or her~~ employment as a child protection team ~~district~~
 65 medical director, obtains ~~either obtain~~ a subspecialty
 66 certification in child abuse from the American Board of
 67 Pediatrics or within 2 years meet the minimum requirements
 68 established by a third-party credentialing entity recognizing a
 69 demonstrated specialized competence in child abuse pediatrics
 70 pursuant to paragraph (d). Each child protection team ~~district~~
 71 medical director employed on July 1, 2015, must, by July 1,
 72 2019, ~~within 4 years,~~ either obtain a subspecialty certification
 73 in child abuse from the American Board of Pediatrics or meet the
 74 minimum requirements established by a third-party credentialing
 75 entity recognizing a demonstrated specialized competence in

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76 | child abuse pediatrics pursuant to paragraph (d). Child
77 | protection team medical directors shall be responsible for
78 | oversight of the teams in the circuits ~~districts~~.

79 | (c) All medical personnel participating on a child
80 | protection team must successfully complete the required child
81 | protection team training curriculum as set forth in protocols
82 | determined by the Deputy Secretary for Children's Medical
83 | Services and the Statewide Medical Director for Child
84 | Protection.

85 | (d) Contingent on appropriations, the Department of Health
86 | shall approve one or more third-party credentialing entities for
87 | the purpose of developing and administering a professional
88 | credentialing program for child protection team ~~district~~ medical
89 | directors. Within 90 days after receiving documentation from a
90 | third-party credentialing entity, the department shall approve a
91 | third-party credentialing entity that demonstrates compliance
92 | with the following minimum standards:

93 | 1. Establishment of child abuse pediatrics core
94 | competencies, certification standards, testing instruments, and
95 | recertification standards according to national psychometric
96 | standards.

97 | 2. Establishment of a process to administer the
98 | certification application, award, and maintenance processes
99 | according to national psychometric standards.

100 | 3. Demonstrated ability to administer a professional code

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101 of ethics and disciplinary process that applies to all certified
 102 persons.

103 4. Establishment of, and ability to maintain, a publicly
 104 accessible Internet-based database that contains information on
 105 each person who applies for and is awarded certification, such
 106 as the person's first and last name, certification status, and
 107 ethical or disciplinary history.

108 5. Demonstrated ability to administer biennial continuing
 109 education and certification renewal requirements.

110 6. Demonstrated ability to administer an education
 111 provider program to approve qualified training entities and to
 112 provide precertification training to applicants and continuing
 113 education opportunities to certified professionals.

114 (3) The Department of Health shall use and convene the
 115 child protection teams to supplement the assessment and
 116 protective supervision activities of the family safety and
 117 preservation program of the Department of Children and Families.
 118 This section does not remove or reduce the duty and
 119 responsibility of any person to report pursuant to this chapter
 120 all suspected or actual cases of child abuse, abandonment, or
 121 neglect or sexual abuse of a child. The role of the child
 122 protection teams is ~~shall be~~ to support activities of the
 123 program and to provide services deemed by the child protection
 124 teams to be necessary and appropriate to abused, abandoned, and
 125 neglected children upon referral. The specialized diagnostic

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126 assessment, evaluation, coordination, consultation, and other
127 supportive services that a child protection team must ~~shall~~ be
128 capable of providing include, but are not limited to, the
129 following:

130 (a) Medical diagnosis and evaluation services, including
131 provision or interpretation of X rays and laboratory tests, and
132 related services, as needed, and documentation of related
133 findings.

134 (b) Telephone consultation services in emergencies and in
135 other situations.

136 (c) Medical evaluation related to abuse, abandonment, or
137 neglect, as defined by policy or rule of the Department of
138 Health.

139 (d) Such psychological and psychiatric diagnosis and
140 evaluation services for the child or the child's parent or
141 parents, legal custodian or custodians, or other caregivers, or
142 any other individual involved in a child abuse, abandonment, or
143 neglect case, as the team may determine to be needed.

144 (e) Expert medical, psychological, and related
145 professional testimony in court cases.

146 (f) Case staffings to develop treatment plans for children
147 whose cases have been referred to the team. A child protection
148 team may provide consultation with respect to a child who is
149 alleged or is shown to be abused, abandoned, or neglected, which
150 consultation shall be provided at the request of a

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151 representative of the family safety and preservation program or
152 at the request of any other professional involved with a child
153 or the child's parent or parents, legal custodian or custodians,
154 or other caregivers. In every such child protection team case
155 staffing, consultation, or staff activity involving a child, a
156 family safety and preservation program representative shall
157 attend and participate.

158 (g) Case service coordination and assistance, including
159 the location of services available from other public and private
160 agencies in the community.

161 (h) Such training services for program and other employees
162 of the Department of Children and Families, employees of the
163 Department of Health, and other medical professionals as is
164 deemed appropriate to enable them to develop and maintain their
165 professional skills and abilities in handling child abuse,
166 abandonment, and neglect cases.

167 (i) Educational and community awareness campaigns on child
168 abuse, abandonment, and neglect in an effort to enable citizens
169 more successfully to prevent, identify, and treat child abuse,
170 abandonment, and neglect in the community.

171 (j) Child protection team assessments that include, as
172 appropriate, medical evaluations, medical consultations, family
173 psychosocial interviews, specialized clinical interviews, or
174 forensic interviews.

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176 | A child protection team that is evaluating a report of medical
177 | neglect and assessing the health care needs of a medically
178 | complex child shall consult with a physician who has experience
179 | in treating children with the same condition.

180 | (4) The child abuse, abandonment, and neglect reports that
181 | must be referred by the department to child protection teams of
182 | the Department of Health for an assessment and other appropriate
183 | available support services as set forth in subsection (3) must
184 | include cases involving:

185 | (a) Injuries to the head, bruises to the neck or head,
186 | burns, or fractures in a child of any age.

187 | (b) Bruises anywhere on a child 5 years of age or under.

188 | (c) Any report alleging sexual abuse of a child.

189 | (d) Any sexually transmitted disease in a prepubescent
190 | child.

191 | (e) Reported malnutrition of a child and failure of a
192 | child to thrive.

193 | (f) Reported medical neglect of a child.

194 | (g) Any family in which one or more children have been
195 | pronounced dead on arrival at a hospital or other health care
196 | facility, or have been injured and later died, as a result of
197 | suspected abuse, abandonment, or neglect, when any sibling or
198 | other child remains in the home.

199 | (h) Symptoms of serious emotional problems in a child when
200 | emotional or other abuse, abandonment, or neglect is suspected.

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201 (5) All abuse and neglect cases transmitted for
202 investigation to a circuit ~~district~~ by the hotline must be
203 simultaneously transmitted to the ~~Department of Health~~ child
204 protection team for review. For the purpose of determining
205 whether a face-to-face medical evaluation by a child protection
206 team is necessary, all cases transmitted to the child protection
207 team which meet the criteria in subsection (4) must be timely
208 reviewed by:

209 (a) A physician licensed under chapter 458 or chapter 459
210 who holds board certification in pediatrics and is a member of a
211 child protection team;

212 (b) A physician licensed under chapter 458 or chapter 459
213 who holds board certification in a specialty other than
214 pediatrics, who may complete the review only when working under
215 the direction of the child protection team medical director or a
216 physician licensed under chapter 458 or chapter 459 who holds
217 board certification in pediatrics and is a member of a child
218 protection team;

219 (c) An advanced registered nurse practitioner licensed
220 under chapter 464 who has a specialty in pediatrics or family
221 medicine and is a member of a child protection team;

222 (d) A physician assistant licensed under chapter 458 or
223 chapter 459, who may complete the review only when working under
224 the supervision of the child protection team medical director or
225 a physician licensed under chapter 458 or chapter 459 who holds

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226 board certification in pediatrics and is a member of a child
 227 protection team; or

228 (e) A registered nurse licensed under chapter 464, who may
 229 complete the review only when working under the direct
 230 supervision of the child protection team medical director or a
 231 physician licensed under chapter 458 or chapter 459 who holds
 232 board certification in pediatrics and is a member of a child
 233 protection team.

234 (6) A face-to-face medical evaluation by a child
 235 protection team is not necessary when:

236 (a) The child was examined for the alleged abuse or
 237 neglect by a physician who is not a member of the child
 238 protection team, and a consultation between the child protection
 239 team medical director or a child protection team board-certified
 240 pediatrician, advanced registered nurse practitioner, physician
 241 assistant working under the supervision of a child protection
 242 team medical director or a child protection team board-certified
 243 pediatrician, or registered nurse working under the direct
 244 supervision of a child protection team medical director or a
 245 child protection team board-certified pediatrician, and the
 246 examining physician concludes that a further medical evaluation
 247 is unnecessary;

248 (b) The child protective investigator, with supervisory
 249 approval, has determined, after conducting a child safety
 250 assessment, that there are no indications of injuries as

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251 | described in paragraphs (4) (a)-(h) as reported; or

252 | (c) The child protection team medical director or a child
 253 | protection team board-certified pediatrician, as authorized in
 254 | subsection (5), determines that a medical evaluation is not
 255 | required.

256 |
 257 | Notwithstanding paragraphs (a), (b), and (c), a child protection
 258 | team medical director or a child protection team pediatrician,
 259 | as authorized in subsection (5), may determine that a face-to-
 260 | face medical evaluation is necessary.

261 | (7) In all instances in which a child protection team is
 262 | providing certain services to abused, abandoned, or neglected
 263 | children, other offices and units of the Department of Health,
 264 | and offices and units of the Department of Children and
 265 | Families, shall avoid duplicating the provision of those
 266 | services.

267 | (8) The Department of Health child protection team quality
 268 | assurance program and the Family Safety Program Office of the
 269 | Department of Children and Families shall collaborate to ensure
 270 | referrals and responses to child abuse, abandonment, and neglect
 271 | reports are appropriate. Each quality assurance program shall
 272 | include a review of records in which there are no findings of
 273 | abuse, abandonment, or neglect, and the findings of these
 274 | reviews shall be included in each department's quality assurance
 275 | reports.

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276 (9) Children's Medical Services shall convene a task force
 277 to develop a standardized protocol for forensic interviewing of
 278 children suspected of having been abused. The Department of
 279 Health shall provide staff to the task force as necessary. The
 280 task force shall include:

281 1. A representative from the Florida Prosecuting Attorneys
 282 Association.

283 2. A representative from the Florida Psychological
 284 Association.

285 3. The Statewide Medical Director for Child Protection.

286 4. A representative from the Florida Public Defender
 287 Association.

288 5. The executive director of the Statewide Guardian Ad
 289 Litem Office.

290 6. A representative from a community-based care lead
 291 agency.

292 7. A representative from Children's Medical Services.

293 8. A representative from the Florida Sheriffs Association.

294 9. A representative from the Florida Chapter of the
 295 American Academy of Pediatrics.

296 10. A representative from the Florida Network of Children's
 297 Advocacy Centers.

298 11. Other representatives designated by Children's Medical
 299 Services.

300 (b) Children's Medical Services must provide the

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301 standardized protocol to the President of the Senate and the
 302 Speaker of the House of Representatives by July 1, 2018.

303 (c) Members of the task force are not entitled to per diem
 304 or other payment for service on the task force.

305 (10) The Children's Medical Services program in the
 306 Department of Health shall develop, maintain, and coordinate the
 307 services of one or more sexual abuse treatment programs.

308 (a) A child under the age of 18 who is alleged to be a
 309 victim of sexual abuse, his or her siblings, non-offending
 310 caregivers, and family members who have been impacted by sexual
 311 abuse are eligible for services.

312 (b) Sexual abuse treatment programs must provide
 313 specialized therapeutic treatment to victims of child sexual
 314 abuse, their siblings, non-offending caregivers, and family
 315 members to assist in recovery from sexual abuse, to prevent
 316 developmental impairment, to restore the children's pre-abuse
 317 level of developmental functioning, and to promote healthy, non-
 318 abusive relationships. Therapeutic intervention services must
 319 include crisis intervention, clinical treatment, and individual,
 320 family, and group therapy.

321 (c) The sexual abuse treatment programs and child
 322 protection teams must provide referrals for victims of child
 323 sexual abuse and their families, as appropriate.

324 Section 2. Section 39.3031, Florida Statutes, is amended
 325 to read:

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326 39.3031 Rules for implementation of s. 39.303.—The
 327 Department of Health, in consultation with the Department of
 328 Children and Families, shall adopt rules governing the child
 329 protection teams and sexual abuse treatment programs pursuant to
 330 s. 39.303, including definitions, organization, roles and
 331 responsibilities, eligibility, services and their availability,
 332 qualifications of staff, and a waiver-request process.

333 Section 3. Paragraph (c) of subsection (2) of section
 334 458.3175, Florida Statutes, is amended to read:

335 458.3175 Expert witness certificate.—

336 (2) An expert witness certificate authorizes the physician
 337 to whom the certificate is issued to do only the following:

338 (c) Provide expert testimony in criminal child abuse and
 339 neglect cases pursuant to chapter 827, dependency cases pursuant
 340 to chapter 39, and cases involving sexual battery of a child
 341 pursuant to chapter 794 in this state.

342 Section 4. Paragraph (c) of subsection (2) of section
 343 459.0066, Florida Statutes, is amended to read:

344 459.0066 Expert witness certificate.—

345 (2) An expert witness certificate authorizes the physician
 346 to whom the certificate is issued to do only the following:

347 (c) Provide expert testimony in criminal child abuse and
 348 neglect cases pursuant to chapter 827, dependency cases pursuant
 349 to chapter 39, and cases involving sexual battery of a child
 350 pursuant to chapter 794 in this state.

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351 Section 5. Paragraph (d) of subsection (3) of section
352 827.03, Florida Statutes, is amended to read:

353 827.03 Abuse, aggravated abuse, and neglect of a child;
354 penalties.—

355 (3) EXPERT TESTIMONY.—

356 (d) The expert testimony requirements of this subsection
357 apply only to criminal child abuse and neglect cases pursuant to
358 chapter 827, dependency cases pursuant to chapter 39, and cases
359 involving sexual battery of a child pursuant to chapter 794 and
360 not to family court ~~or dependency court~~ cases.

361 Section 6. This act shall take effect July 1, 2017.

362