

CHAPTER 2017-153

Committee Substitute for House Bill No. 1269

An act relating to child protection; amending s. 39.303, F.S.; revising the entities responsible for screening, employing, and terminating child protection team medical directors to include the Statewide Medical Director for Child Protection; revising the term “district medical director” to “child protection team medical director”; revising references to subdivisions of the state from “districts” to “circuits”; revising the required board certifications for child protection team medical directors and reviewing physicians; revising the timeframe in which child protection team medical directors must obtain certification; requiring Children’s Medical Services to convene a task force to develop a protocol for forensic interviewing of children suspected of having been abused; specifying membership of the task force; requiring Children’s Medical Services to develop, maintain, and coordinate one or more sexual abuse treatment programs; amending s. 39.3031, F.S.; requiring the Department of Health in consultation with the Department of Children and Families to adopt rules regarding sexual abuse treatment programs; amending ss. 458.3175, 459.0066, and 827.03, F.S.; revising provisions regarding expert testimony provided by certain entities to include criminal cases involving child abuse and neglect, dependency cases, and cases involving sexual abuse of a child; providing an effective date.

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

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

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

(1) The Children’s Medical Services Program in the Department of Health shall develop, maintain, and coordinate the services of one or more multidisciplinary child protection teams in each of the service circuits ~~districts~~ of the Department of Children and Families. Such teams may be composed of appropriate representatives of school districts and appropriate health, mental health, social service, legal service, and law enforcement agencies. The Department of Health and the Department of Children and Families shall maintain an interagency agreement that establishes protocols for oversight and operations of child protection teams and sexual abuse treatment programs. The State Surgeon General and the Deputy Secretary for Children’s Medical Services, in consultation with the Secretary of Children and Families and the Statewide Medical Director for Child Protection, shall maintain the responsibility for the screening, employment, and, if necessary, the termination of child protection team medical directors; ~~at headquarters and in the 15 circuits districts~~.

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

(b) Each child protection team ~~district~~ medical director must be a physician licensed under chapter 458 or chapter 459 who is a board-certified physician in pediatrics or family medicine ~~pediatrician~~ and, within 2 4 years after the date of his or her employment as a child protection team ~~district~~ medical director, obtains either ~~obtain~~ a subspecialty certification in child abuse from the American Board of Pediatrics or within 2 years meet the minimum requirements established by a third-party credentialing entity recognizing a demonstrated specialized competence in child abuse pediatrics pursuant to paragraph (d). Each child protection team ~~district~~ medical director employed on July 1, 2015, must, by July 1, 2019, ~~within 4 years,~~ either obtain a subspecialty certification in child abuse from the American Board of Pediatrics or meet the minimum requirements established by a third-party credentialing entity recognizing a demonstrated specialized competence in child abuse pediatrics pursuant to paragraph (d). Child protection team medical directors shall be responsible for oversight of the teams in the circuits ~~districts~~.

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

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

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

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

3. Demonstrated ability to administer a professional code of ethics and disciplinary process that applies to all certified persons.

4. Establishment of, and ability to maintain, a publicly accessible Internet-based database that contains information on each person who

applies for and is awarded certification, such as the person's first and last name, certification status, and ethical or disciplinary history.

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

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

(3) The Department of Health shall use and convene the child protection teams to supplement the assessment and protective supervision activities of the family safety and preservation program of the Department of Children and Families. This section does not remove or reduce the duty and responsibility of any person to report pursuant to this chapter all suspected or actual cases of child abuse, abandonment, or neglect or sexual abuse of a child. The role of the child protection teams ~~is shall be~~ to support activities of the program and to provide services deemed by the child protection teams to be necessary and appropriate to abused, abandoned, and neglected children upon referral. The specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services that a child protection team ~~must shall~~ be capable of providing include, but are not limited to, the following:

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

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

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

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

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

(f) Case staffings to develop treatment plans for children whose cases have been referred to the team. A child protection team may provide consultation with respect to a child who is alleged or is shown to be abused, abandoned, or neglected, which consultation shall be provided at the request of a representative of the family safety and preservation program or at the request of any other professional involved with a child or the child's parent or parents, legal custodian or custodians, or other caregivers. In every such child protection team case staffing, consultation, or staff activity involving a

child, a family safety and preservation program representative shall attend and participate.

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

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

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

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

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

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

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

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

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

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

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

(f) Reported medical neglect of a child.

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

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

(5) All abuse and neglect cases transmitted for investigation to a circuit district by the hotline must be simultaneously transmitted to the ~~Department of Health~~ 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 (4) must be timely reviewed by:

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

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

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

(d) A physician assistant licensed under chapter 458 or chapter 459, who may complete the review only when working under the supervision of the child protection team medical director or a physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a child protection team; or

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

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

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

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

(c) The child protection team medical director or a child protection team board-certified pediatrician, as authorized in subsection (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 (5), may determine that a face-to-face medical evaluation is necessary.

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

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

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

1. A representative from the Florida Prosecuting Attorneys Association.
2. A representative from the Florida Psychological Association.
3. The Statewide Medical Director for Child Protection.
4. A representative from the Florida Public Defender Association.
5. The executive director of the Statewide Guardian Ad Litem Office.
6. A representative from a community-based care lead agency.
7. A representative from Children's Medical Services.
8. A representative from the Florida Sheriffs Association.
9. A representative from the Florida Chapter of the American Academy of Pediatrics.
10. A representative from the Florida Network of Children's Advocacy Centers.
11. Other representatives designated by Children's Medical Services.

(b) Children’s Medical Services must provide the standardized protocol to the President of the Senate and the Speaker of the House of Representatives by July 1, 2018.

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

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

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

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

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

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

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

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

458.3175 Expert witness certificate.—

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

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

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

459.0066 Expert witness certificate.—

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

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

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

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

(3) EXPERT TESTIMONY.—

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

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

Approved by the Governor June 23, 2017.

Filed in Office Secretary of State June 23, 2017.