

# STATE OF NEW YORK

8743

2025-2026 Regular Sessions

## IN ASSEMBLY

June 2, 2025

Introduced by M. of A. COLTON -- read once and referred to the Committee on Social Services

AN ACT to amend the social services law, in relation to providing for certain procedures to be followed when there is a determination of suspected child abuse or neglect

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. This act shall be known and may be cited as "Clava's Law".  
2 § 2. Section 423 of the social services law is amended by adding three  
3 new subdivisions 7, 8 and 9 to read as follows:

4 7. No allegation of child abuse or neglect shall be made to the local  
5 law enforcement agency until the completion of an investigation  
6 conducted pursuant to this title which shall include, but not be limited  
7 to:

8 (a) inquiry into a thorough review of the medical history of the child  
9 and of the child's family, including whether the child has a reported  
10 preexisting diagnosis of any medical condition known to appear to be  
11 caused by or known to be misdiagnosed as abuse, including but not limit-  
12 ed to, rickets, Ehlers-Danlos syndrome, osteogenesis imperfecta or vita-  
13 min D deficiency;

14 (b) communication with all medical providers regularly involved with  
15 the child and the child's family;

16 (c) the collection of medical records from the child's birth, includ-  
17 ing NICU, prenatal clinic, developmental care, and any other relevant  
18 medical history;

19 (d) a review of the child's history with early intervention and CPSE  
20 services, including individual education plans and special services, if  
21 applicable;

22 (e) communication with all caregivers involved in the child's life,  
23 particularly if the child's parents lived separately or are undergoing  
24 legal proceedings;

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

LBD13257-01-5

1 (f) observation of the child's behavior with each parent separately  
2 and together to document the child's reactions in the event of suspected  
3 abuse;

4 (g) an evaluation of when the suspected incidents of abuse or neglect  
5 occurred and where and with whom the child was residing at the time; and

6 (h) an examination of the child's school records, including grades and  
7 incident reports.

8 8. Any physician, medical provider or mental health professional  
9 involved in an investigation conducted by a multidisciplinary team as  
10 provided in subdivision six of this section shall transparently communi-  
11 cate their role as part of the investigatory team to the parents or  
12 guardians of a child who is the subject of such investigation. It shall  
13 be made clear to the parents or guardians of the child that the physi-  
14 cian, medical provider or mental health professional is evaluating the  
15 child for purposes of the investigation as well as for purposes of  
16 treatment of the child.

17 9. (a) If an examination has been performed on the child by or on  
18 behalf of the multidisciplinary investigative team, the child's parent  
19 or guardian shall have the right to obtain an independent medical evalu-  
20 ation or pediatric specialty consultation of such child performed by a  
21 physician licensed under article one hundred thirty-one of the education  
22 law at their own expense or as otherwise covered by insurance or Medi-  
23 caid unless prohibited by court order. The multidisciplinary team shall  
24 cooperate as may reasonably be necessary to facilitate an independent  
25 medical evaluation or pediatric specialty consultation for such child.

26 (b) If an initial examination was not performed by or on behalf of the  
27 multidisciplinary investigative team, the child's parent or guardian may  
28 request that the child be examined by or on behalf of the multidiscipli-  
29 nary investigative team as soon as practicable.

30 (c) As used in this paragraph, the term "pediatric specialty consulta-  
31 tion" means a consultation with a physician licensed to practice medi-  
32 cine in this state and board certified in the relevant pediatric field  
33 or specialty, including radiology, genetics, orthopedics, endocrinology,  
34 neurosurgery, child abuse pediatrics, gastroenterology, surgery, or  
35 forensic pathology, and to diagnose and treat certain health conditions,  
36 including rickets, Ehlers-Danlos syndrome, osteogenesis imperfecta,  
37 vitamin D deficiency, or other medical conditions related to the differ-  
38 ential diagnosis of child abuse or neglect.

39 (d) At any hearing concerning a child before the court in a proceeding  
40 pursuant to this article, the court shall consider the results from an  
41 independent medical evaluation or pediatric specialty consultation of  
42 such child; provided that no hearing scheduled in accordance with this  
43 article shall be continued solely because the results from an independ-  
44 ent medical evaluation or pediatric specialty consultation of the child  
45 before the court are unavailable.

46 § 3. Subdivisions 13 and 14 of section 424 of the social services law,  
47 subdivision 13 as amended by chapter 220 of the laws of 1975 and renum-  
48 bered by chapter 477 of the laws of 1989 and subdivision 14 as added by  
49 chapter 317 of the laws of 1990, are amended to read as follows:

50 13. coordinate, provide or arrange for and monitor, as authorized by  
51 the social services law, the family court act and by this title, rehabi-  
52 litative services for children and their families on a voluntary basis  
53 or under a final or intermediate order of the family court[~~7~~];

54 14. comply with provisions of sections ten hundred thirty-nine-a and  
55 ten hundred fifty-two-a of the family court act; and

1 15. upon commencing an investigation under this title, inform any  
2 subject of the investigation of the following:

3 (a) the names of the investigators and identifying credentials from  
4 the department;

5 (b) the purpose of the investigation;

6 (c) the right to obtain their own attorney and ways that the informa-  
7 tion provided by the subject may be used;

8 (d) the possible outcomes and services of the department's response;

9 (e) the right of the parent or legal custodian to be engaged to the  
10 fullest extent possible in determining the nature of the allegation and  
11 the nature of any identified problem and the remedy;

12 (f) the duty of the parent or legal custodian to report any change in  
13 the residence or location of the child to the investigator and that the  
14 duty to report continues until the investigation is closed; and

15 (g) the duty of the parent or legal custodian to report any preexist-  
16 ing diagnosis for the child which is specified in paragraph three of  
17 subdivision nine of section four hundred twenty-three of this title and  
18 provide any medical records that support that diagnosis in a timely  
19 manner.

20 § 4. Subdivision 1 of section 413 of the social services law is  
21 amended by adding a new paragraph (e) to read as follows:

22 (e)(i) A physician or registered physician assistant shall not be  
23 deemed to have reasonable cause to suspect that a child coming before  
24 them in their professional or official capacity is an abused or  
25 maltreated child unless the physician or registered physician assistant  
26 has made a good faith attempt to:

27 (1) review the medical history of the child, including whether the  
28 child has a reported preexisting diagnosis of any medical condition  
29 known to appear to be caused by or known to be misdiagnosed as abuse,  
30 including rickets, Ehlers-Danlos syndrome, osteogenesis imperfecta or  
31 vitamin D deficiency.

32 (2) communicate with all medical providers regularly involved with the  
33 child;

34 (3) review available medical records from the child's birth, including  
35 NICU, prenatal clinic, developmental care, and any other relevant  
36 medical history;

37 (4) review any known history of the child with early intervention and  
38 CPSE services, including individual education plans and special  
39 services, if applicable; and

40 (5) communicate, to the extent permissible under HIPPA guidelines,  
41 with all caregivers involved in the child's life, particularly if the  
42 child's parents lived separately or are undergoing legal proceedings.

43 (ii) Any person who violates the requirements of this paragraph may  
44 be subject to the penalties set forth in subdivision fourteen of section  
45 four hundred twenty-two of this title.

46 § 5. This act shall take effect on January 1, 2026 and shall apply to  
47 any report or referral of suspected abuse or neglect of a child made on  
48 or after such effective date.