

AMENDMENT NO._____

Calendar No._____

Purpose: In the nature of a substitute.

IN THE SENATE OF THE UNITED STATES—119th Cong., 2d Sess.**S.921**

To direct the Secretary of Health and Human Services to issue guidance on whether hospital emergency departments should implement fentanyl testing as a routine procedure for patients experiencing an overdose, and for other purposes.

Referred to the Committee on _____ and
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended
to be proposed by _____

Viz:

1 Strike all after the enacting clause and insert the fol-
2 lowing:

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as “Tyler’s Law”.

5 **SEC. 2. TESTING FOR FENTANYL IN HOSPITAL EMERGENCY
6 DEPARTMENTS.**

7 (a) STUDY.—Not later than 3 years after the date
8 of enactment of this Act, the Secretary of Health and
9 Human Services, acting through the Assistant Secretary
10 for Mental Health and Substance Use and in coordination

1 with other Federal departments, agencies, or stakeholders,
2 as appropriate, shall complete a study to determine—

3 (1) how frequently hospital emergency depart-
4 ments test for fentanyl or fentanyl-related sub-
5 stances when a patient is experiencing an overdose,
6 and testing for other controlled substances related to
7 such an overdose;

8 (2) scenarios in which hospital emergency de-
9 partments do not administer tests for fentanyl or
10 fentanyl-related substances when a patient is experi-
11 encing an overdose, or for other controlled sub-
12 stances related to such an overdose;

13 (3) the costs associated with such testing for
14 fentanyl or fentanyl-related substances;

15 (4) the potential benefits and risks for patients
16 receiving such testing for fentanyl or fentanyl-re-
17 lated substances;

18 (5) potential staff training needs to support
19 testing for fentanyl or fentanyl-related substances;

20 (6) how testing for fentanyl or fentanyl-related
21 substances in hospital emergency departments may
22 impact the experience of the patient, including—

23 (A) protections for the privacy and security
24 of the patient's protected health information (as
25 defined in section 160.103 of title 45, Code of

1 Federal Regulations (or any successor regula-
2 tions)) under part 160 of title 45, Code of Fed-
3 eral Regulations, and subparts C and E of part
4 164 of title 45, Code of Federal Regulations (or
5 any successor regulations); and

6 (B) the patient-health care professional re-
7 lationship; and

8 (7) barriers that hospital emergency depart-
9 ments may encounter when trying to implement test-
10 ing for fentanyl or fentanyl-related substances and
11 recommendations and how best to address those bar-
12 riers.

13 (b) GUIDANCE.—Not later than 9 months after com-
14 pletion of the study under subsection (a), based on the
15 results of such study, the Secretary of Health and Human
16 Services, acting through the Assistant Secretary for Men-
17 tal Health and Substance Use and in coordination with
18 other Federal departments, agencies, or stakeholders, as
19 appropriate, shall issue guidance on the following:

20 (1) Whether hospital emergency departments
21 should implement testing for fentanyl or fentanyl-re-
22 lated substances as a routine procedure for patients
23 experiencing an overdose.

24 (2) How hospitals can ensure that health care
25 professionals in their hospital emergency depart-

1 ments are aware of which substances are being test-
2 ed for in their routinely-administered drug tests, re-
3 gardless of whether those tests screen for fentanyl or
4 fentanyl-related substances.

5 (3) How the administration of fentanyl testing
6 in hospital emergency departments may affect the
7 future risk of overdose and health outcomes.

8 (4) Available Federal resources that can assist
9 hospital emergency departments implement testing
10 for fentanyl or fentanyl-related substances.

11 (c) DEFINITIONS.—In this section, the term “hospital
12 emergency department” means an emergency department
13 of a hospital or an independent freestanding emergency
14 department (as such terms are defined in section 2799A–
15 1(a)(3) of the Public Health Service Act (42 U.S.C.
16 300gg–111(a)(3)).