

Calendar No. 307

119TH CONGRESS
2D SESSION

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.

IN THE SENATE OF THE UNITED STATES

MARCH 10, 2025

Mr. BANKS (for himself, Mr. PADILLA, Mr. GRASSLEY, Mr. WARNER, Mr. YOUNG, Mr. SCOTT of Florida, Mr. MULLIN, Mr. KIM, Ms. KLOBUCHAR, Mr. WARNOCK, Ms. HASSAN, Mrs. MOODY, and Mr. TUBERVILLE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

JANUARY 28, 2026

Reported by Mr. CASSIDY, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italie*]

A BILL

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.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

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

3 **SEC. 2. TESTING FOR FENTANYL IN HOSPITAL EMERGENCY**

4 **DEPARTMENTS.**

5 (a) **STUDY.**—Not later than 1 year after the date of
6 enactment of this Act, the Secretary of Health and
7 Human Services shall complete a study to determine—

8 (1) how frequently hospital emergency depart-
9 ments test for fentanyl (in addition to testing for
10 other substances such as amphetamines,
11 phenylelidine, cocaine, opiates, and marijuana) when
12 a patient is experiencing an overdose;

13 (2) the costs associated with such testing for
14 fentanyl;

15 (3) the potential benefits and risks for patients
16 receiving such testing for fentanyl; and

17 (4) how fentanyl testing in hospital emergency
18 departments may impact the experience of the pa-
19 tient, including—

20 (A) protections for the confidentiality and
21 privacy of the patient’s personal health informa-
22 tion; and

23 (B) the patient-physician relationship.

24 (b) **GUIDANCE.**—Not later than 6 months after com-
25 pletion of the study under subsection (a), based on the

1 results of such study, the Secretary of Health and Human
 2 Services shall issue guidance on the following:

3 (1) Whether hospital emergency departments
 4 should implement fentanyl testing as a routine pro-
 5 cedure for patients experiencing an overdose.

6 (2) How hospitals can ensure that clinicians in
 7 their hospital emergency departments are aware of
 8 which substances are being tested for in their rou-
 9 tinely-administered drug tests, regardless of whether
 10 those tests screen for fentanyl.

11 (3) How the administration of fentanyl testing
 12 in hospital emergency departments may affect the
 13 future risk of overdose and general health outcomes.

14 (e) DEFINITION.—In this section, the term “hospital
 15 emergency department” means a hospital emergency de-
 16 partment as such term is used in section 1867(a) of the
 17 Social Security Act (42 U.S.C. 1395dd(a)).

18 **SECTION 1. SHORT TITLE.**

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

20 **SEC. 2. TESTING FOR FENTANYL IN HOSPITAL EMERGENCY**
 21 **DEPARTMENTS.**

22 (a) STUDY.—Not later than 3 years after the date of
 23 enactment of this Act, the Secretary of Health and Human
 24 Services, acting through the Assistant Secretary for Mental
 25 Health and Substance Use and in coordination with other

1 *Federal departments, agencies, or stakeholders, as appro-*
2 *priate, shall complete a study to determine—*

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

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 substances*
12 *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-related*
17 *substances;*

18 (5) *potential staff training needs to support test-*
19 *ing 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 departments*
9 *may encounter when trying to implement testing for*
10 *fentanyl or fentanyl-related substances and rec-*
11 *ommendations on how best to address those barriers.*

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

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

23 *(2) How hospitals can ensure that health care*
24 *professionals in their hospital emergency departments*
25 *are aware of which substances are being tested for in*

1 *their routinely-administered drug tests, regardless of*
2 *whether those tests screen for fentanyl or fentanyl-re-*
3 *lated substances.*

4 (3) *How the administration of testing for*
5 *fentanyl or fentanyl-related substances in hospital*
6 *emergency departments may affect the future risk of*
7 *overdose and health outcomes.*

8 (4) *Available Federal resources that can assist*
9 *hospital emergency departments in implementing test-*
10 *ing for fentanyl or fentanyl-related substances.*

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

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