The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL:	SB 1346
INTRODUCER:	Senator Polsky
SUBJECT:	Fentanyl Testing
DATE:	March 24, 2025
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	**Pre-meeting**
2.			JU	
3.			RC	

I. Summary:

SB 1346 creates s. 395.1042, F.S., entitled "Gage's Law"[1] to require a hospital or hospital-based off-campus emergency department (stand-alone ED) to test a patient for fentanyl if the patient is receiving emergency services and care[2] for a possible drug overdose or poisoning and the hospital or stand-alone ED conducts a urine test to assist in diagnosing the individual. The bill specifies that if the urine test comes back positive for fentanyl, the hospital must perform laboratory and toxicology screenings and maintain the results of the urine test and the screenings as part of the patient's clinical record.

The bill provides an effective date of July 1, 2025.

II. Present Situation:

Fentanyl

Fentanyl is a synthetic opioid typically used to treat patients with chronic severe pain or severe pain following surgery. Fentanyl is a Schedule II controlled substance that is similar to morphine but about 100 times more potent. Under the supervision of a licensed medical professional, fentanyl has a legitimate medical use. Patients prescribed fentanyl should be monitored for potential misuse or abuse.

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[1] Gage's Law is named after Gage Austin Taylor, an Orlando resident who died at 29 from an accidental fentanyl overdose on September 26, 2022. *See* Tina Scott Polsky, Rita Harris file 'Gage's Law' to mandate fentanyl tests in suspected overdose cases, (last visited Mar. 20, 2025).

[2] Section 395.002(9), F.S., defines "emergency services and care" to mean medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition exists and, if it does, the care, treatment, or surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the service capability of the facility.

Illicit fentanyl, primarily manufactured in foreign, clandestine labs and smuggled into the United States through Mexico, is being distributed across the country and sold on the illegal drug market. Fentanyl is being mixed with other illicit drugs to increase the potency of the drug, sold as powders and nasal sprays, and increasingly pressed into pills made to look like legitimate prescription opioids. Because there is no official oversight or quality control, these counterfeit pills often contain lethal doses of fentanyl, with none of the promised drug.

There is significant risk that illegal drugs have been intentionally contaminated with fentanyl. Because of its potency and low cost, drug dealers have been mixing fentanyl with other drugs including heroin, methamphetamine, and cocaine, increasing the likelihood of a fatal interaction.

According to the CDC, synthetic opioids (like fentanyl) are the primary driver of overdose deaths in the United States.[3]

Toxicology Screening

Toxicology screenings have changed markedly over the years. Screening methods such as gas chromatography and radioimmunoassays have given way in everyday use to enzyme-linked sorbent immunoassay and cloned enzyme donor immunoassay. This migration is largely due to speed and ease of use. However, these new generation immunoassays carry with them limitations in the form of reduced sensitivity and specificity. The calibration of these screenings can detect specific substances rather than an entire class of drugs and also suffer from cross-reactivity to structurally similar compounds. Comprehensive drug screenings utilizing other methods tend to be prohibitive in terms of expense and typically can take weeks to result, making them impractical for clinical use.

Drug testing is possible using samples from urine, serum, breath, sweat, or saliva. Breath testing is used nearly entirely on estimating alcohol concentrations, and urine and serum tests remain the most commonly used for medical professionals.[4]

Urine Testing

Illicit drugs of abuse are a common area of interest in screening and utilize urine testing. Five drugs commonly tested in the United States in a urine screening are:

- Cocaine.
- Amphetamines.
- Marijuana.
- Phencyclidine (PCP).
- Opioids.

Many assays include benzodiazepines as well. In addition to issues with false positives or negatives of the test, the standard urine assay will not screen for some existing illicit drugs. The

[3] Facts About Fentanyl, United States Drug Enforcement Administration, *available at* https://www.dea.gov/resources/facts-about-fentanyl, (last visited Mar. 20, 2025).
[4] Mukherji P, Azhar Y, Sharma S. Toxicology Screening. [Updated 2023 Aug 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. *Available* from: https://www.ncbi.nlm.nih.gov/books/NBK499901/, (last visited Mar. 20, 2025).

epidemiology of drug use has shifted over the past 10 years, and there is a higher prevalence of substances such as synthetic cannabinoid, MDMA (ecstasy), and chemical variants of opioids and PCP, which may not be detected by many urine screenings. Other drugs of misuse that are generally unscreened include ketamine, chloral hydrate, gamma-hydroxybutyrate (GHB), psilocybin, and "bath salts" (cathinones).

Most urine drug screenings do not provide quantitative testing, so a simple "positive" or "negative" result is given if the assay detects substrate.[5]

Serum Testing

Serum tests screen for common, over-the-counter drugs which are likely sources for intended overdoses. These tests commonly obtain acetaminophen, aspirin, salicylates, and ethanol. Some extended serum screens include tricyclic antidepressants or barbiturates. Unlike urine screens, these tests are often quantitative and are useful in measuring blood concentrations. Concentrations require interpretation as to the reported times and amounts of ingestion, and often serial concentrations are necessary when the history is lacking or unreliable. While ethanol is detectable in the alcohol screen, other toxic alcohols like methanol, ethylene glycol, and isopropyl alcohol are not detectable.[6]

III. Effect of Proposed Changes:

SB 1346 creates s. 395.1042, F.S., entitled "Gage's Law." The bill requires that any hospital or stand-alone ED must include fentanyl when testing a patient's urine to assist in diagnosing a suspected overdose or poisoning and while providing emergency service and care. If the results are positive for fentanyl, the hospital is required to perform laboratory and toxicology screenings. The bill specifies that the results of the urine test as well as the screenings must be preserved in the patient's clinical record for the timeframe required by the hospital's or stand-alone ED's clinical recordkeeping practices.

The bill provides an effective date of July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

[5] *Supra*, note 3.
[6] *Id.*

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

SB 1346 requires a hospital to conduct "laboratory and toxicology screenings" if a patient tests positive for fentanyl under certain circumstances. However, many laboratory or toxicology screening types exist for many different conditions. It is unclear which screenings a hospital would be required to conduct under the bill.

Additionally, the bill requires the hospital to conduct the screenings but does not provide a hospital with an exception if the patient refuses the screenings and does not provide a timeframe for the screenings to be conducted. As such, it may be advisable to clarify in the bill which screenings must be conducted and under what time frame, as well as the hospital's responsibility should a patient refuse the screenings.

Lastly, it may be advisable to provide the Agency for Health Care Administration (AHCA) with specific rulemaking authority to implement the new section of law in order to provide the AHCA with flexibility to address issues with implementation of the new requirement as necessary.

VIII. Statutes Affected:

This bill creates section 395.1042 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.