

FLORIDA HOUSE OF REPRESENTATIVES

FINAL BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: [CS/HB 1195](#)

TITLE: Fentanyl Testing

SPONSOR(S): Harris

COMPANION BILL: [CS/CS/SB 1346](#) (Polsky)

LINKED BILLS: None

RELATED BILLS: None

FINAL HOUSE FLOOR ACTION: 114 Y's 0 N's

GOVERNOR'S ACTION: Approved

SUMMARY

Effect of the Bill:

CS/HB 1195 requires hospitals and hospital-based off-campus emergency departments to test for fentanyl when conducting a urine drug test to diagnose a possible drug overdose or poisoning. If the test is positive for fentanyl, the bill requires a confirmation test. The bill also requires the facility to retain the results of the urine test and the confirmation test in the patient's clinical record.

Fiscal or Economic Impact:

None

[JUMP TO](#)

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

ANALYSIS

EFFECT OF THE BILL:

Fentanyl Testing

[Fentanyl](#) is a potent synthetic [opioid](#) drug used for pain relief. Fentanyl can be prescribed and is also illicitly manufactured. Although most [drug panels](#) test for opioids, most commonly available drug screens do not readily detect semisynthetic and synthetic opioids, like fentanyl.

The bill requires [hospitals](#) and [hospital-based off-campus emergency departments](#) to test for fentanyl when conducting a urine drug tests to diagnose possible drug overdoses or poisonings. If the test is positive for fentanyl, the bill requires the hospital or hospital-based off-campus emergency department to perform a confirmation test as defined in [s. 440.102\(1\), F.S.](#)¹. Under the bill, the hospital or hospital-based off-campus emergency department must retain the results of the urine test and the confirmation test in the patient's clinical record for the period of time required by the facility's current practices. (Section [1](#))

The bill was approved by the Governor on April 29, 2025, ch. 2025-19, L.O.F., and will become effective on July 1, 2025. (Section [2](#))

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Opioids

Opioids are a class of medications that are derived from the opium poppy plant or mimic its naturally occurring substances.² There are four types of opioid drugs:³

¹ S. [440.102\(1\), F.S.](#), defines a confirmation test as a second analytical procedure used to identify the presence of a specific drug or metabolite in a specimen, which must be different in scientific principle from that of the initial test procedure and must be capable of providing requisite specificity, sensitivity, and quantitative accuracy.

² John Hopkins Medicine, *Opioid*, <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/opioids> (last visited March 18, 2025).

STORAGE NAME: h1195z

DATE: 5/30/2025

- **Natural opioids:** derives from the opium poppy plant and includes drugs like morphine and codeine;
- **Synthetic opioids:** made in a laboratory and includes drugs like tramadol and fentanyl;
- **Semisynthetic opioids:** made in a laboratory by chemically processing natural opioids and includes drugs like oxycodone and hydrocodone; and
- **Methadone:** a synthetic opioid that is used for pain reduction and as a medication for opioid use disorder.

Fentanyl

Fentanyl is a synthetic opioid drug approved by the Food and Drug Administration (FDA) for pain relief; fentanyl is approximately 100 times more potent than morphine and 50 times more potent than heroin.⁴ When prescribed by a physician, fentanyl is typically used to treat patients with severe pain or to manage pain after surgery and is administered via injection, transdermal patch, or in lozenges.⁵ Fentanyl produces effects such as relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.⁶ Although prescription fentanyl can be misused, most overdoses and related deaths have been linked to illicitly manufactured fentanyl, including fentanyl analogs.⁷

Illicit manufacturers frequently mix fentanyl with other illicit drugs, such as heroin, methamphetamine, and cocaine to increase the potency of the illicit drug and lower the cost of production.⁸ Fentanyl's molecular nature does not allow it to mix evenly into other powders without leaving behind undetectable clumps.⁹ To fully mix fentanyl with another powder, the mixture must be combined with a liquid and shaken before allowing the liquid to evaporate, returning the mixture to a powdered form.¹⁰ When fentanyl is not fully mixed with the other powdered substance, it leads to hot spots of pure fentanyl in the final product.¹¹

A lethal dose of fentanyl for a person can range depending on the person's body size, past usage, and tolerance, however, in general, 2 milligrams is considered a potentially lethal dose. The federal Drug Enforcement Administration has reported encountering counterfeit opioid pills ranging from .02 to 5.1 milligrams of fentanyl per tablet, with 42 percent of pills tested for fentanyl containing at least 2 milligrams.¹²

In 2023, more than 107,000 people died from a drug overdose, with approximately 70 percent of those deaths being caused by opioids, including fentanyl.¹³ In Florida, between January and June 2023, 2,836 individuals died with drugs in their system that was identified as the cause of death, with 2,541 of those deaths being caused by fentanyl.¹⁴ Out of the fentanyl deaths, 94.3% of them were accidental.¹⁵

³ Center for Disease Control and Prevention, *Overdose Prevention*, <https://www.cdc.gov/overdose-prevention/glossary/index.html#:~:text=Natural%20opioids%2C%20these%20come%20from.%2C%20hydromorphone%2C%20and%20oxymorphone%3B%20and> (last visited March 18, 2025).

⁴ Department of Justice/Drug Enforcement Administration, *Drug Fact Sheet—Fentanyl*, <https://www.dea.gov/sites/default/files/2025-01/Fentanyl-Drug-Fact-Sheet.pdf> (last visited March 18, 2025).

⁵ National Institute on Drug Abuse, *Naloxone Drug Facts*, <https://nida.nih.gov/publications/drugfacts/naloxone> (last visited March 19, 2025).

⁶ U.S. Center for Disease Control and Prevention, *Increases in Fentanyl-Related Deaths-Florida and Ohio, 2013-2015*, <https://www.cdc.gov/mmwr/volumes/65/wr/mm6533a3.htm> (last visited March 20, 2025).

⁷ U.S. Center for Disease Control and Prevention, *Increases in Fentanyl-Related Deaths-Florida and Ohio, 2013-2015*, <https://www.cdc.gov/mmwr/volumes/65/wr/mm6533a3.htm> (last visited March 20, 2025).

⁸ Drug Enforcement Administration, *Facts About Fentanyl*, <https://www.dea.gov/resources/facts-about-fentanyl> (last visited March 20, 2025).

⁹ National Center for Drug Abuse Statistics, *Fentanyl Abuse Statistics*, <https://drugabusestatistics.org/fentanyl-abuse-statistics/> (last visited March 20, 2025).

¹⁰ *Id.*

¹¹ *Id.* A hot spot is a high concentration of fentanyl within a mix of other product(s).

¹² *Supra*, note 8.

¹³ Drug Enforcement Administration, *Overdose Deaths Decline, Fentanyl Threat Looms*, <https://www.dea.gov/press-releases/2024/12/16/overdose-deaths-decline-fentanyl-threat-looms#:~:text=More%20than%20107%2C000%20people%20lost,to%20opioids%20such%20as%20fentanyl> (last visited March 21, 2025).

¹⁴ Department of Law Enforcement, *Drugs Identified in Deceased Persons by Florida Medical Examiners—2023 Interim Report* (July 2024), <https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2023-Interim-Drug-Report-FINAL.aspx> (last visited March 20, 2025).

Opioid Antagonists

An opioid antagonist is a drug that rapidly reverses the effects of an opioid overdose. Opioid antagonists counteract the central nervous system depression which is the primary cause of opioid overdose deaths by attaching to opioid receptors and blocking the effects of other opioids. Opioid antagonists can quickly restore normal breathing to a person if their breathing has slowed, or even stopped due to an opioid overdose. This effect lasts only for a short period of time, with the narcotic effect of the opioids returning if still present in large quantities in the body. In this scenario, additional doses of an opioid antagonist would be required, which is why it is generally recommended that anyone who has experienced an overdose seek medical attention.¹⁶

Opioid antagonists can be safely given to people of all ages and will not cause harm if mistakenly administered to a person who is not overdosing on an opioid.¹⁷ Naloxone, an opioid antagonist, is effective in reversing fentanyl overdoses; however, overdoses involving fentanyl may require more doses of naloxone.¹⁸

Drug Screenings

There are two general types of drug testing: immunoassay (screening) and chromatography (confirmation):¹⁹

- **Immunoassay:** This is typically the first test used to identify the presence of drugs in the urine and are available in most community hospitals. Immunoassay drug screens use antibodies to detect the presence of certain drugs and/or their metabolites in a urine sample. Immunoassay drug screens are quick and inexpensive; however they can result in false positives and false negatives. Immunoassay drug screens are generally less specific; for example, it may detect opioids but not be able to determine the specific opioid drug.
- **Chromatography:** This is typically used to confirm a positive drug screen. Chromatography can detect the specific drugs and/or metabolites in a urine sample. Chromatography testing takes longer, is expensive and requires specialized training; as a result, it is not readily available in most community hospitals.

Immunoassay drug screens can result in false negatives when the drug panel used does not include the specific drug.²⁰ There are various types of drug panels. Many drug panels, especially those used in hospitals, test for five drugs, known as the “federal five”: cannabis, cocaine, opioids, amphetamines, and phencyclidine.²¹ All drug panels test for opioids; however, most commonly available drug screens do not readily detect semisynthetic and synthetic opioids. As a result, opioids such as oxycodone, hydrocodone, tramadol, and fentanyl may go undetected.²² The vast majority of hospitals do not test for fentanyl; as of June 2023, approximately 14% of hospital emergency departments tested for fentanyl.²³

Hospital Emergency Departments

¹⁵ *Id.*

¹⁶ National Institute on Drug Abuse, *What is Naloxone?* (2022), <https://nida.nih.gov/publications/drugfacts/naloxone> (last visited March 23, 2025). See also, Harm Reduction Coalition, *Understanding Naloxone* (2020), <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/> (last visited March 23, 2025).

¹⁷ U.S. Centers for Disease Control and Prevention, *5 Things to Know About Naloxone* (2022). Available at <https://www.cdc.gov/overdose-prevention/reversing-overdose/about-naloxone.html> (last visited March 23, 2025).

¹⁸ Substance Abuse and Mental Health Services Administration, *Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders*, <https://library.samhsa.gov/sites/default/files/five-essential-steps-for-first-responders.pdf> (last visited March 19, 2025).

¹⁹ Legislative Analysis and Public Policy Association, *Fentanyl Screening in Hospitals*, <https://legislativeanalysis.org/wp-content/uploads/2024/01/Fentanyl-Screening-in-Hospitals.pdf> (last visited March 18, 2025).

²⁰ *Id.*

²¹ *Id.*

²² *Id.*

²³ Epic Research, *Fentanyl Toxicology Screenings for Overdoses on the Rise*, <https://www.epicresearch.org/articles/field-note-fentanyl-toxicology-screenings-for-overdoses-on-the-rise> (last visited March 19, 2024).

Hospitals in Florida are regulated by the Agency for Health Care Administration under chapter [395, F.S.](#) and Part II of chapter [408, F.S.](#). A hospital is any establishment that:²⁴

- Offers services more intensive than those required for room, board, personal services, and general nursing care, and offers facilities and beds for use beyond 24 hours by individuals requiring diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality, disease, or pregnancy; and
- Regularly makes available at least clinical laboratory services, diagnostic X-ray services, and treatment facilities for surgery or obstetrical care, or other definitive medical treatment of similar extent.

A [hospital-based off-campus emergency department](#) is a separately located facility owned and operated by a licensed hospital that provides emergency services and care.²⁵

Hospitals and Drug Overdoses

Current law requires hospitals with an emergency department to develop a best practices policy to promote the prevention of unintentional drug overdoses. The policy may include, but is not limited to:²⁶

- A process to obtain a patient's consent to notify next of kin, and each physician or health care practitioner who prescribed a controlled substance to the patient, regarding the patient's overdose, the patient's location, and the nature of the substance or controlled substance involved in the overdose.
- A process for providing the patient or the patient's next of kin with information about licensed substance abuse treatment services.
- Guidelines for emergency department health care practitioners authorized to prescribe controlled substances to reduce the risk of opioid use, misuse, and addiction.
- The use of licensed or certified behavioral health professionals or peer specialists in the emergency department to encourage the patient to seek substance abuse treatment.
- The use of screening, brief intervention, and referral to treatment protocols in the emergency department.

Current law requires hospital emergency departments and urgent care centers that treats and releases a person with a suspected or actual overdose of a controlled substance to report such information to the Department of Health (DOH), if that person was not transported by an emergency medical technician or a paramedic.²⁷ When making such report, hospital emergency departments and urgent care centers must use best efforts to make the report to DOH within 120 hours after discovering the incident. The reports must be made using an appropriate method with secure access, including, but not limited to, the Washington/Baltimore High Intensity Drug Trafficking Overdose Detection Mapping Application Program,²⁸ the Florida Prehospital EMS Tracking and Reporting System (EMSTARS),²⁹ or another program identified by DOH through rule.

²⁴ S. [395.002, F.S.](#) Exceptions include any institution conducted by or for the adherents of any well-recognized church or religious denomination that depends exclusively upon prayer or spiritual means to heal, care for, or treat any person. Additionally, for purposes of local zoning matters, the term "hospital" includes a medical office building located on the same premises as a hospital facility, provided the land on which the medical office building is constructed is zoned for use as a hospital; provided the premises were zoned for hospital purposes on January 1, 1992.

²⁵ S. [395.002, F.S.](#) A hospital-based off-campus emergency department operates under the license of a licensed hospital.

²⁶ S. [395.1041\(6\), F.S.](#)

²⁷ S. [395.1041, F.S.](#)

²⁸ The Washington/Baltimore High Intensity Drug Trafficking Overdose Detection Mapping Application Program is a federal grant program that provides resources to assist federal, state, local, and tribal agencies coordinate activities that address drug trafficking. See, HIDTA, *Our Mission*, <https://www.hidta.org/> (last visited March 23, 2025).

²⁹ EMSTARS is maintained by DOH and is used to collect data and analyze the incident level data from emergency medical service agencies for benchmarking and quality improvement initiatives. See, EMSTARS, *Welcome to EMSTARS*, <https://www.floridaemstars.com/> (last visited March 23, 2025).