

# THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

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## The Clinical Laboratory's Role in Addressing the Fentanyl Crisis

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# Objectives

- Recognize the various waves of the opioid crisis
- Justify the importance of including fentanyl in a routine drug screen panel
- Discuss the ways legislation is being used to influence fentanyl screening in hospitals



# Words Matter

## What we say matters.



### **SAY THIS:**

Person with a substance use disorder  
Not actively using  
Actively using  
Resumed use  
Use/misuse



### **NOT THIS:**

Addict/Junkie  
Clean  
Dirty  
Relapse  
Abuse



Department of  
**Public Health**  
CITY OF PHILADELPHIA

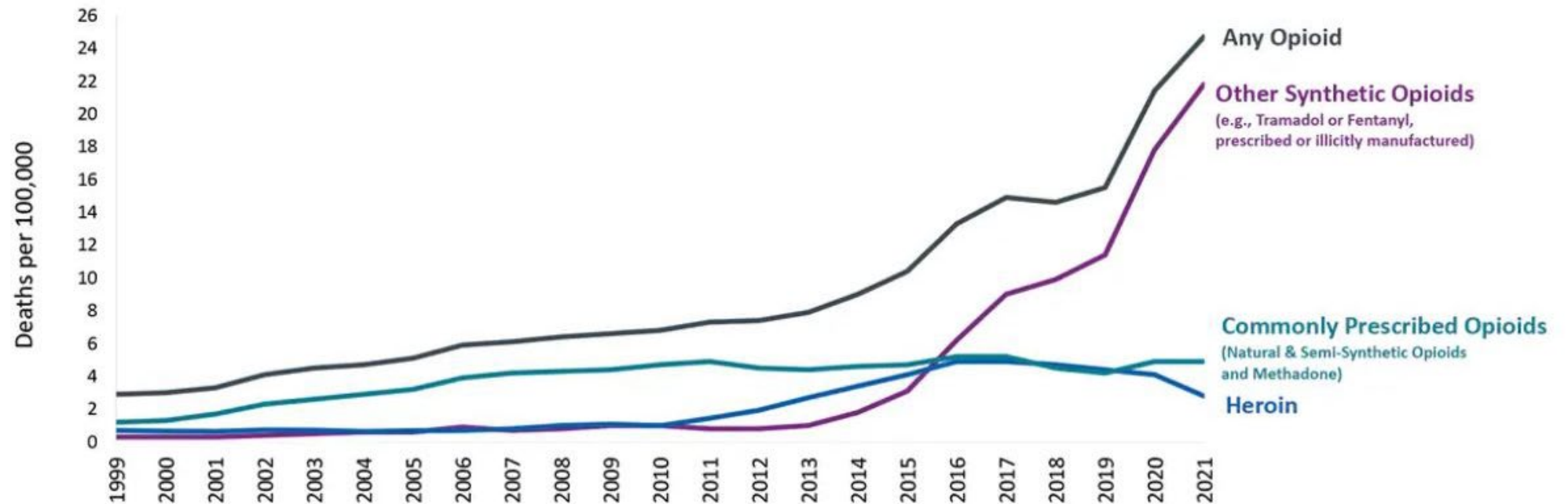
# Opiates vs. Opioids

- **Opiates are derived from naturally occurring chemical compounds in the poppy plant**
  - Codeine and morphine
- **Opioids are created in a lab**
  - Semi-synthetic: hydromorphone, hydrocodone, oxycodone, and heroin
  - Fully synthetic: fentanyl, methadone, tramadol, carfentanil





# Three Waves of Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: National Vital Statistics System Mortality File.

# What is Fentanyl?

- Schedule II controlled substance
- 100x more potent than morphine and 50x more potent than heroin
- Most common drug involved in overdose deaths in the U.S.
- Can be injected, snorted/sniffed, smoked, or taken orally
- Can be sold alone or in combination with other substances
- Lethal dose is about 2mg





# Counterfeit Pills



# Urine Toxicology Testing

## Immunoassay

- Presumptive
- Moderate complexity
- Quick turn around time
- No sample prep
- Screens for drug classes



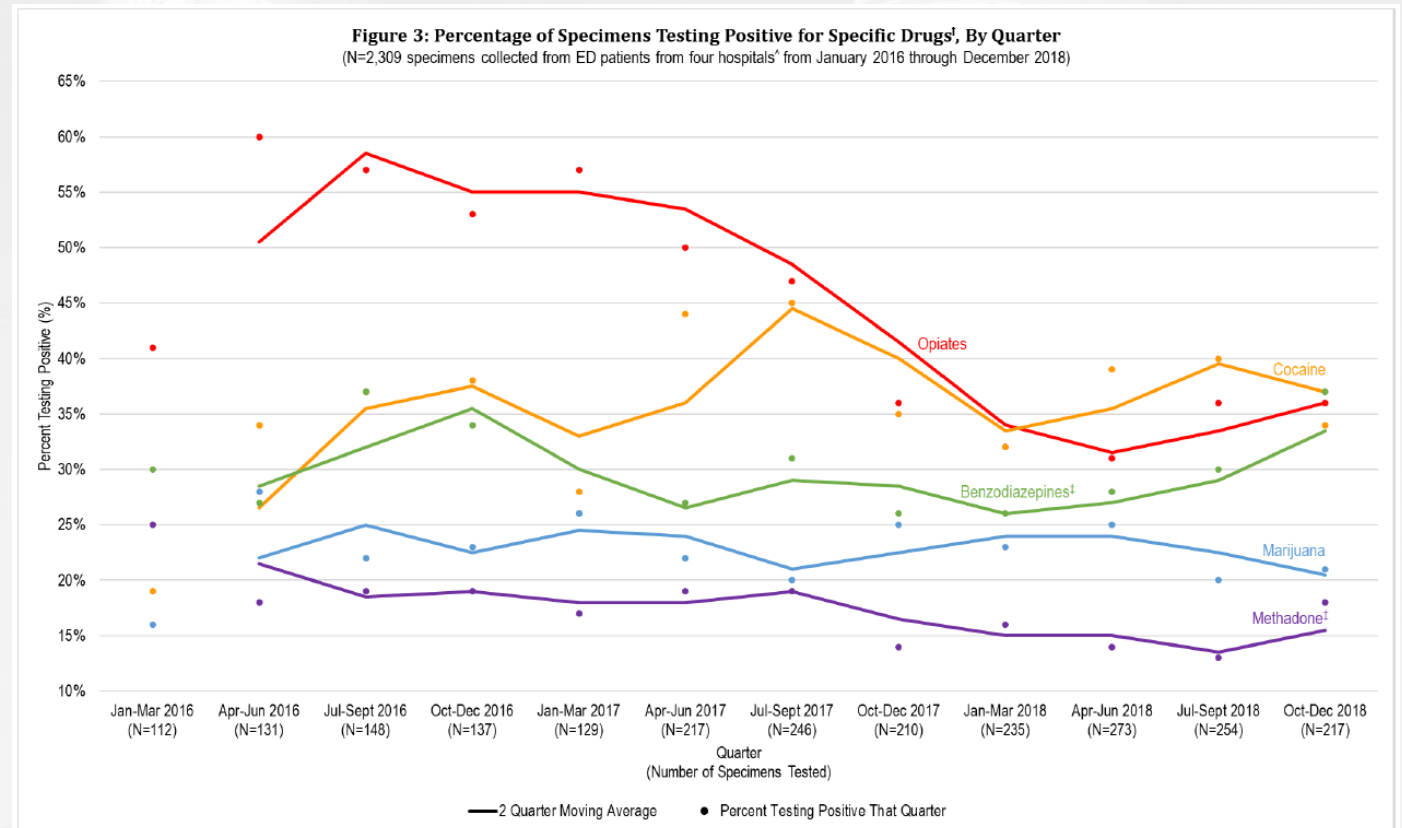
## Chromatography/Mass Spectrometry

- Confirmatory
- High complexity
- Longer turn around time
- Sample extraction required
- Detects drugs and/or metabolites



# Case Study

- In 2018, researchers discovered that in Baltimore-area emergency departments (ED) there was a decline in the percentage of intoxicated patients with a positive drug screen for opiates
- Opioid-involved overdose deaths were increasing in the area.



# Case Study

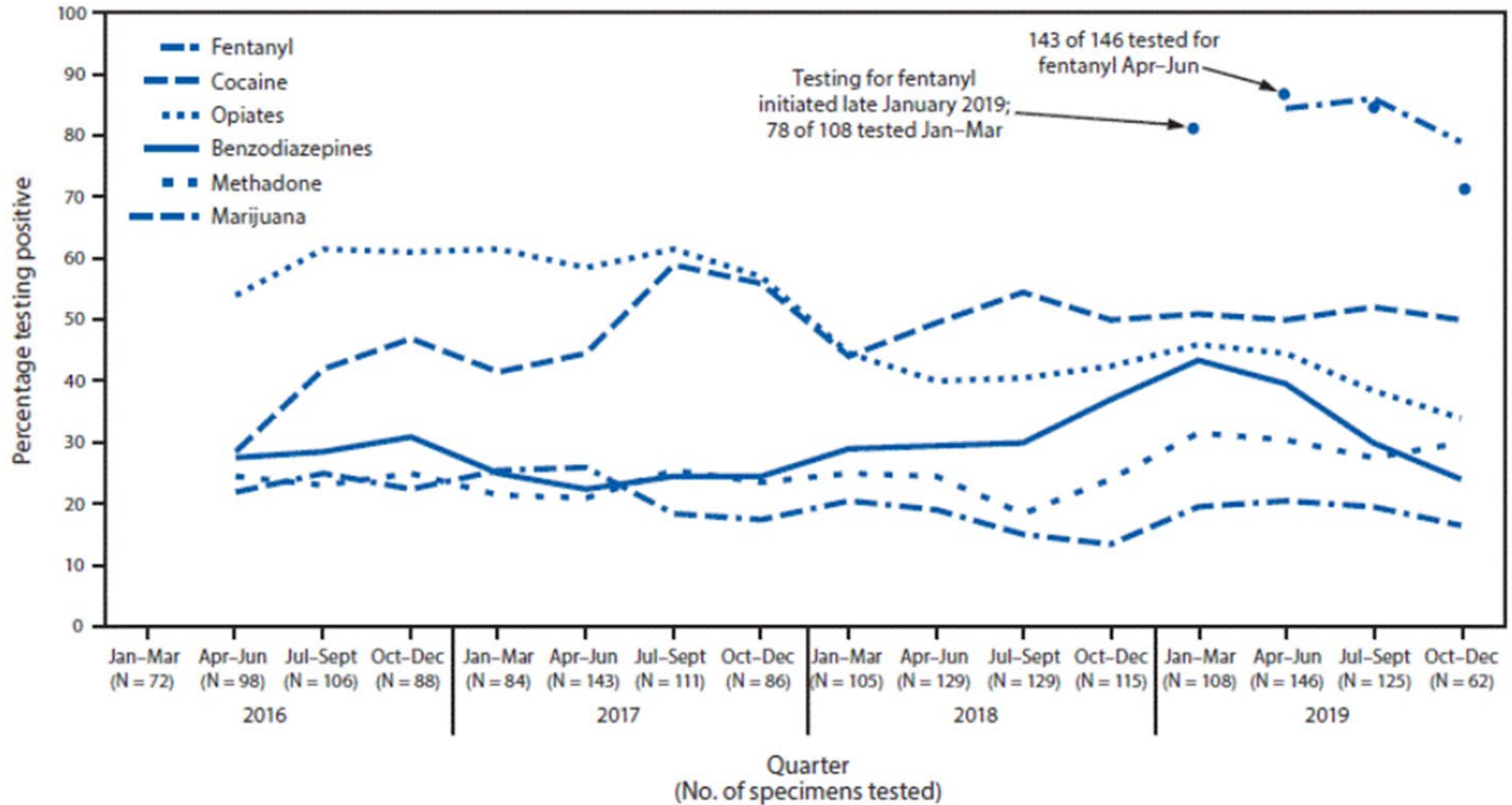
- Study retested the samples of patients from Baltimore ED with complaints of overdose or withdrawal or seeking substance use disorder treatment between February and April 2018
- Retested using a urine rapid chromatographic immunoassay for fentanyl (Rapid Response, BTNX, Inc.)
- 83 percent of the 76 patients had used fentanyl, but only 25 percent of these patients had an initial positive drug screen for opiates



# Case Study

- In late January 2019, the University of Maryland Medical Center initiated routine fentanyl screening for all patients who undergo urine drug screening
- 83 percent (340 of 408) of patients had positive results for fentanyl
- Of those, 55 percent (186 of 340) had a negative opiate screen

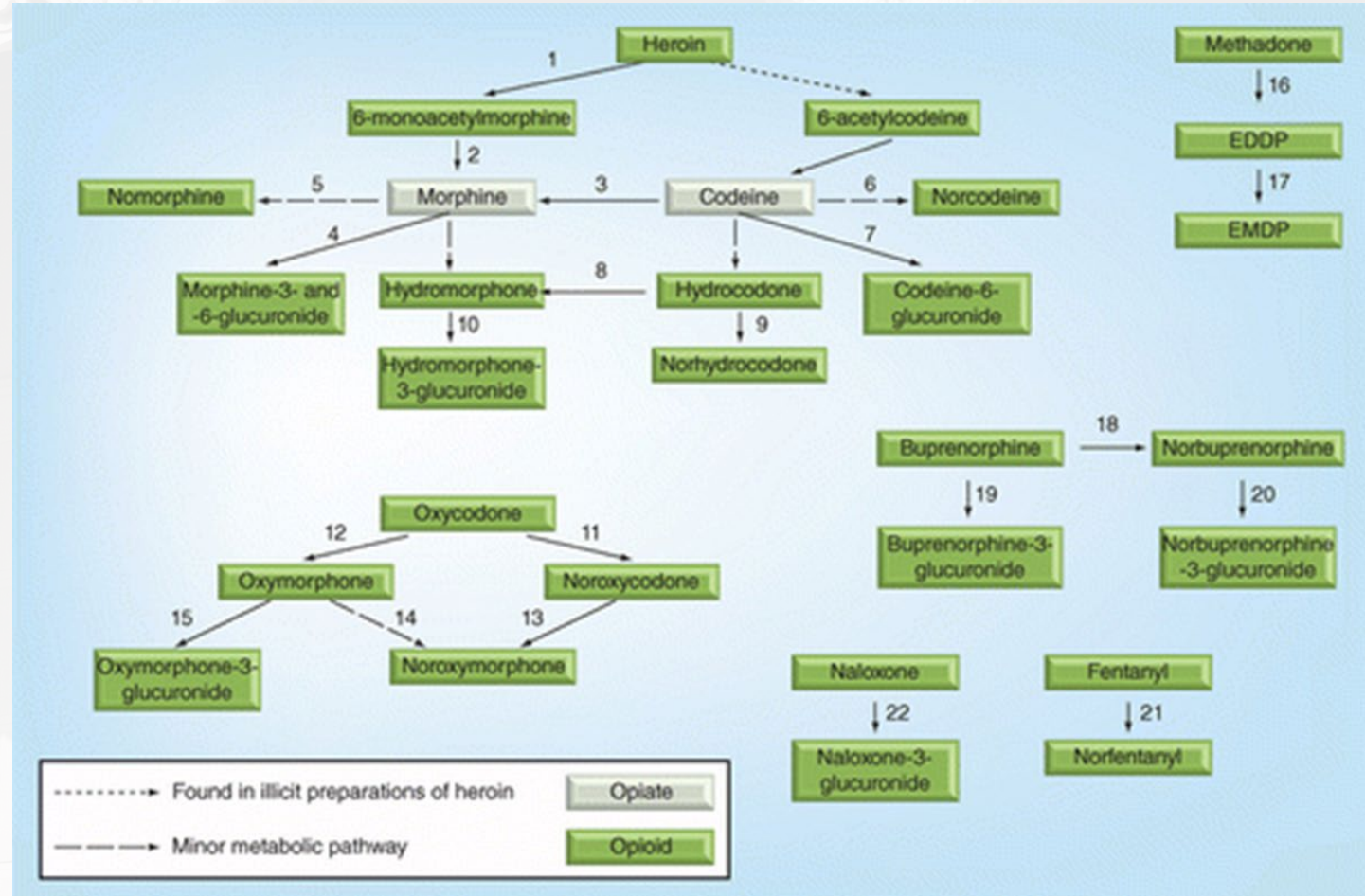
# Case Study





# Drug Screens for Opioids

- The vast majority of immunoassay drug screens test for opiates
- To properly screen for semi-synthetic opioids to add oxycodone kit to panel
- Neither opiate nor semi-synthetic opioid screens will detect synthetic opioids



# Why It Is So Important To Screen for Fentanyl

- Might not be detected otherwise
  - Lack of confirmation testing
- Polydrug use
- Cannot rely on patients to tell you what they ingested (they may not be aware)
- Proper treatment and harm reduction
- Epidemiologic data

Figure 1: Drugs Detected in 21 Fentanyl+ Specimens

Spec. #	Opioids							Illicit Non-Opioid Drugs		Pharmaceutical Non-Opioid Drugs				
	MORPHINE	CODEINE	HEROIN (6-MAM)	HYDROMORPHONE	METHADONE METABOLITE (EDDP)	OXYMORPHONE	BUPRENORPHINE / NORBUPRENORPHINE	COCAINE	MARIJUANA	CETIRIZINE	NALOXONE	OXAZEPAM	7-AMINOCLONAZEPAM	NORDIAZEPAM
1	✓	✓	✓	✓	✓			✓	✓	✓				
2	✓	✓			✓			✓	✓	✓		✓		
3	✓	✓	✓			✓		✓	✓	✓				
4	✓	✓	✓					✓	✓	✓				
5	✓	✓	✓		✓			✓	✓					
6	✓	✓	✓				✓					✓		
7	✓	✓		✓								✓	✓	✓
8	✓	✓	✓	✓	✓			✓						
9	✓	✓				✓		✓					✓	
10	✓	✓			✓	✓					✓			
11	✓	✓	✓	✓		✓								
12	✓		✓				✓				✓			
13	✓	✓		✓							✓			
14	✓			✓	✓						✓			
15	✓	✓				✓	✓							
16	✓	✓		✓				✓						
17	✓	✓	✓											
18	✓			✓	✓									
19	✓	✓	✓											
20	✓	✓	✓											
21												✓		✓
Total	20	17	11	8	7	5	3	8	5	4	4	4	2	2



# Fentanyl Screening in Hospitals

- According to Epic Research, in Q1 2021, only five percent of ED encounters for overdose included a screening test for fentanyl
- By the end of Q1 2024, that number increased to 20 percent

## Testing/Positivity Rate Q1 2024

—◆— 20.6%

Fentanyl Testing Rate

---◆--- 30.5%

Fentanyl Positivity Rate

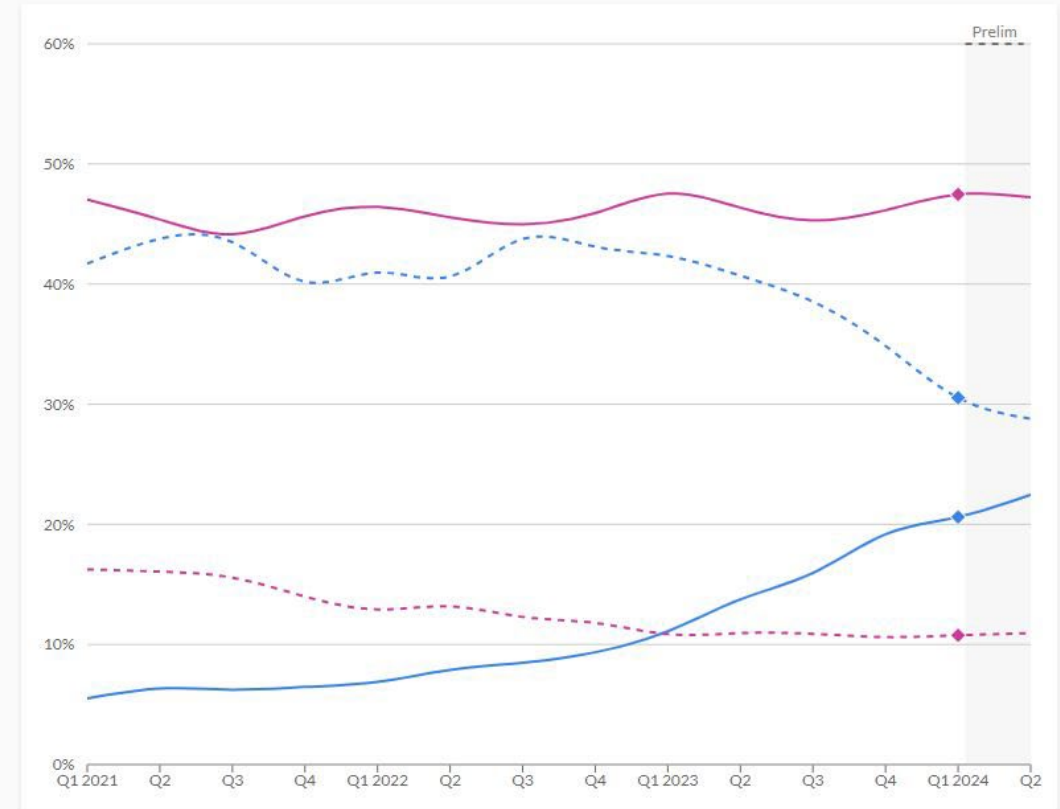
—◆— 47.5%

Opiate Testing Rate

---◆--- 10.8%

Opiate Positivity Rate

Quarterly rates of opiate and fentanyl toxicology screening and positivity for overdose patients presenting to the emergency department.



<https://www.epicresearch.org/articles/field-note-fentanyl-toxicology-screenings-for-overdoses-on-the-rise>

# Tyler's Law- California

- Enacted in August 2022 and became effective January 1, 2023
- Required acute care hospitals that conduct urine drug screens to include testing for fentanyl as part of their drug screen panel
- Named after Tyler Shamash
  - Drug screen performed after his non-fatal overdose did not test for fentanyl
  - Tyler overdosed again the next day and died
  - Autopsy revealed he had fentanyl in his system



CAL. HEALTH & SAFETY CODE § 1259.3 (West 2023)



# Josh Siems Act- Maryland

- Enacted in May 2023 and went into effect on October 1, 2023
- Josh Siems died of an overdose in 2022
- Drug screen only tested positive for cocaine, despite fentanyl being found in his apartment
- Family later learned the hospital did not screen for fentanyl



MD. CODE ANN., HEALTH-GEN. § 19-308.9 (West 2023).

# Pennsylvania

35 PA. STAT. AND CONS. STAT. ANN. § 5902 (West 2024)

- Enacted in December 2023 and went into effect on February 12, 2024
- Similar to California and Maryland's laws
- Also requires testing for xylazine





# Connecticut

CONN. GEN. STAT. ANN. § 19a-127q (West 2024)

- Enacted June 2024 and effective January 1, 2025
- Requires each hospital that treats a patient for a non-fatal opioid overdose to perform a toxicology screen including opiates, opioids, benzodiazepines, cannabinoids, methadone, cocaine, gabapentin, and xylazine
- Screening results are to be reported to the Department of Public Health
- Commissioner of Public Health required to submit annual report
  - Identify any benefits experienced by patients as a result of the screening
  - Recommendations as to whether the screening should continue after August 31, 2028

# Proposed Bills- as of June 2024

- **Arizona-** S.B. 1209 (2024)
- **Illinois-** H.B. 5456 (2024)
- **Louisiana-** S.B. 487 (2024)
  - Awaiting Governor's signature
  - Only applies to drug screens for minors
- **Michigan-** H.B. 5113 (2023)
- **New Jersey-** S.B. 3274/  
A.B. 4057 (2024)
  - Also requires screening for xylazine
- **New York-** S.B. 6085 (2023)
- **North Carolina-** H.B. 745 (2023)
- **Virginia-** H.B. 87 (2023)



# Federal Proposed Bill- Tyler's Law

- S. 3519/ H.R. 6600 (118<sup>th</sup> Congress)
- Introduced by Senators Joe Manchin (I-WV) and Mike Braun (R-IN) in the Senate and Representatives Ted Lieu (D-CA), Bob Latta (R-OH), Sydney Kamlager-Dove (D-CA), and Dan Crenshaw (R-TX)
- Senate bill has four additional co-sponsors and House bill has 28 additional co-sponsors

# Federal Proposed Bill- Tyler's Law

- Requires the Secretary of Health and Human Services (HHS) to complete a study to determine:
  - How frequently hospital EDs test for fentanyl when a patient is experiencing an overdose
  - The costs associated with such testing for fentanyl
  - The potential benefits and risks for patients receiving such testing for fentanyl
  - How fentanyl testing in hospital EDs may impact the experience of the patient



# Federal Proposed Bill- Tyler's Law

- Based on the results of the study, the Secretary of HHS will issue guidance on the following:
  - Whether hospital EDs should implement fentanyl testing as a routine procedure for patients experiencing an overdose
  - How hospitals can ensure that clinicians in their EDs are aware of which substances are being tested for in their routinely-administered drug tests, regardless of whether those tests screen for fentanyl
  - How the administration of fentanyl testing in hospital EDs may affect the future risk of overdose and general health outcomes

# Conclusions

- If you are not currently screening for fentanyl at your hospital, you may be legally required to do so in the future
- Regardless of whether your hospital screens for fentanyl or not, make sure clinicians understand how to interpret drug screen reports and how to properly communicate those results with patients and their families



# QUESTIONS?

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