the rate assessed as of January 19, 2025, with respect to any article described in subsection (b) that is imported to the United States from a country to which the United States has extended normal trade relations.

(b) ARTICLES DESCRIBED.—An article described in this subsection is a baby monitor.

SA 4769. Mr. BENNET submitted an amendment intended to be proposed by him to the bill S. 1383, to establish the Veterans Advisory Committee on Equal Access, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____. NORMAL TRADE RELATIONS DUTIES ON DIAPERS AND BABY WIPES.

(a) IN GENERAL.—Notwithstanding any other provision of statute or regulation imposing duties on a country-by-country basis, including any authority with respect to the imposition of duties under emergency situations, no duty may be imposed in excess of the rate assessed as of January 19, 2025, with respect to any article described in subsection (b) that is imported to the United States from a country to which the United States has extended normal trade relations.

(b) ARTICLES DESCRIBED.—An article described in this subsection is diapers or baby wipes.

SA 4770. Mr. BENNET submitted an amendment intended to be proposed by him to the bill S. 1383, to establish the Veterans Advisory Committee on Equal Access, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____. NORMAL TRADE RELATIONS DUTIES ON INFANT BOUNCERS AND SWINGS.

(a) IN GENERAL.—Notwithstanding any other provision of statute or regulation imposing duties on a country-by-country basis, including any authority with respect to the imposition of duties under emergency situations, no duty may be imposed in excess of the rate assessed as of January 19, 2025, with respect to any article described in subsection (b) that is imported to the United States from a country to which the United States has extended normal trade relations.

(b) ARTICLES DESCRIBED.—An article described in this subsection is an infant bouncer or swing.

SA 4771. Mr. BENNET submitted an amendment intended to be proposed by him to the bill S. 1383, to establish the Veterans Advisory Committee on Equal Access, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____. NORMAL TRADE RELATIONS DUTIES ON BABY GATES AND OTHER BABYPROOFING SUPPLIES.

(a) IN GENERAL.—Notwithstanding any other provision of statute or regulation imposing duties on a country-by-country basis, including any authority with respect to the imposition of duties under emergency situations, no duty may be imposed in excess of the rate assessed as of January 19, 2025, with respect to any article described in subsection (b) that is imported to the United States from a country to which the United States has extended normal trade relations.

(b) ARTICLES DESCRIBED.—An article described in this subsection is a baby gate or other babyproofing supplies.

Mr. LANKFORD. Mr. President, I understand the Chair has an announcement to make.

LETTERS OF RESIGNATION

The PRESIDING OFFICER. The Chair lays before the Senate a communication regarding the resignation of Senator MARKWAYNE MULLIN.

Without objection, the letters will be printed in the RECORD and spread upon the Journal.

The letters follow:

U.S. SENATE,
Washington, DC, March 23, 2026.

Hon. JD VANCE,
Vice President of the United States,
The White House, Washington, DC.

MR. VICE PRESIDENT: I have enclosed a letter of resignation, addressed to the Governor of Oklahoma, announcing my resignation from the office of U.S. Senator effective immediately in order to assume the responsibilities of the U.S. Secretary of Homeland Security. As the President of the U.S. Senate, I bring this letter to your attention.

Sincerely,

MARKWAYNE MULLIN,
U.S. Senator.

U.S. SENATE,
Washington, DC, March 23, 2026.

Hon. KEVIN STITT,
Governor of the State of Oklahoma,
Oklahoma City, OK.

DEAR GOVERNOR STITT: This is to advise you that I hereby resign as U.S. Senator for the State of Oklahoma effective immediately in order to assume the responsibilities of U.S. Secretary of Homeland Security. It has been an honor and privilege to represent the State of Oklahoma in the U.S. Senate.

Sincerely,

MARKWAYNE MULLIN,
U.S. Senator.

ORDER OF PROCEDURE

Mr. LANKFORD. Mr. President, I ask unanimous consent that, notwithstanding rule XXII, all postcloture time be expired and the Senate vote on confirmation of the McDonald nomination at 2:15 p.m. tomorrow, and if any nominations are confirmed during Tuesday's session of the Senate, the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's action.

The PRESIDING OFFICER. Without objection, it is so ordered.

TYLER'S LAW

Mr. LANKFORD. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 307, S. 921.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (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.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as ''Tyler's Law''.

SEC. 2. TESTING FOR FENTANYL IN HOSPITAL EMERGENCY DEPARTMENTS.

(a) STUDY.—Not later than 3 years after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use and in coordination with other Federal departments, agencies, or stakeholders, as appropriate, shall complete a study to determine—

(1) how frequently hospital emergency departments test for fentanyl or fentanyl-related substances when a patient is experiencing an overdose, and test for other controlled substances related to such an overdose;

(2) scenarios in which hospital emergency departments do not administer tests for fentanyl or fentanyl-related substances when a patient is experiencing an overdose, or for other controlled substances related to such an overdose;

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

(4) the potential benefits and risks for patients receiving such testing for fentanyl or fentanyl-related substances;

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

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

(A) protections for the privacy and security of the patient's protected health information (as defined in section 160.103 of title 45, Code of Federal Regulations (or any successor regulations)) under part 160 of title 45, Code of Federal Regulations, and subparts C and E of part 164 of title 45, Code of Federal Regulations (or any successor regulations); and

(B) the patient-health care professional relationship; and

(7) barriers that hospital emergency departments may encounter when trying to implement testing for fentanyl or fentanyl-related substances and recommendations on how best to address those barriers.

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

(1) Whether hospital emergency departments should implement testing for fentanyl or fentanyl-related substances as a routine procedure for patients experiencing an overdose.

(2) How hospitals can ensure that health care professionals in their hospital emergency departments are aware of which substances are being tested for in their routinely-administered drug tests, regardless of whether those tests screen for fentanyl or fentanyl-related substances.

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

(4) Available Federal resources that can assist hospital emergency departments in implementing testing for fentanyl or fentanyl-related substances.

(c) DEFINITIONS.—In this section, the term ''hospital emergency department'' means an emergency department of a hospital or an independent freestanding emergency department (as such terms are defined in section 2799A–I(a)(3)