ARIZONA DEPARTMENT OF HEALTH SERVICES

Frequently Asked Questions (FAQs)
Reporting

What needs to be reported? Who needs to report? How do I report?

Required Reporters	Health condition to be reported	Reporting System
Healthcare professionals under A.R.S. Titles 32 and 36	• Suspected opioid overdoses • Suspected opioid deaths • Naloxone doses administered	**MEDSIS** Training New Account
Administrators of a healthcare institution or correctional facility	• Suspected opioid overdoses • Suspected opioid deaths • Neonatal abstinence syndrome	**MEDSIS** Training New Account
Emergency Medical Services/ Ambulance agencies (first response agencies, ground and air ambulance agencies)	• Suspected opioid overdoses • Suspected opioid deaths • Naloxone doses administered	**AZ-PIERS** Training New Account
Law enforcement officers	• Suspected opioid overdoses • Suspected opioid deaths • Naloxone doses administered	**AZ-PIERS** Training New Account
Medical examiners	• Suspected opioid deaths	**MEDSIS** Training New Account
Pharmacists	• Naloxone doses dispensed	**Prescription Drug Monitoring Program (PDMP)** Training New Account

See Reporting for more information regarding required reporters.

What defines a suspected opioid overdose?
Overdoses attributable to opioids typically occur through ingestion or injection, but can also result from transdermal absorption or inhalation via aerosolization. Clinical effects of opioid poisoning result from central nervous system and respiratory system depression manifesting as:

- Lethargy or coma,
- Decreased respiratory rate (bradypnea),
- Excessive constriction of the pupil of the eye (miosis), and
- Apnea

For more information concerning opioid overdose laboratory criteria and case classification, visit Opioid Overdose Case Definition.

What is Neonatal Abstinence Syndrome (NAS)?
NAS is a spectrum of clinical signs (including dysfunction in attention, motor and tone control, sensory integration and autonomic functions) due to drug withdrawal. It is seen in newborns born to mothers with an opioid use disorder or taking other substances.

A pattern of the following symptoms within the first 30 days after birth:

- Hyperirritability
- Restlessness
- Hyperactive reflexes
- Myoclonic jerks
- Jitteriness
- Seizure or Tremors
- Poor feeding
- Vomiting
- Diarrhea
- Fever
- Sweating
- Mottling
- Nasal flaring
- Apnea
- Inconsolability
- Tachypnea

For more information concerning NAS exposure criteria and case classification, visit NAS Case Definition.

Is my facility required to report if we are a Part 2 facility under 42 C.F.R?
If you are prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2 from reporting, at this time, you are not required to report under the Enhanced Surveillance Advisory (Executive Order 2017-04).

Who do I need to report to?
Suspected opioid overdoses, suspected opioid overdose deaths, neonatal abstinence syndrome, naloxone administration, and dispensing are required to be reported to ADHS. See Reporting for the requirements of different reporting groups.

Should I report electronically or using a paper form?
Arizona Department of Health Services (ADHS) strongly recommends that all reporters submit data electronically. See Training for information regarding the electronic reporting systems, MEDSIS and AZ-PIERS.

When does this new reporting go into effect?
The required reporting went into effect on June 15, 2017.

What if I don't report?
Under A.R.S. § 36-783(D), not reporting constitutes an act of unprofessional conduct. This would result in less data for local public health and healthcare professionals to effectively respond to the current opioid overdose epidemic in Arizona.

When are we required to report? As in, how long is the acceptable timeline between an incident and when we must submit the report?
Our request of you, and our goal as a Department, is for all reporters to submit a report within 24 hours pursuant to A.R.S. § 36-783(D). We understand that this may not always be possible, but request your assistance in obtaining timely and potentially life-saving data.

Does the 24 hour reporting mandate include weekends?
For the purposes of reporting under Executive Order 2017-04 (Enhanced Surveillance Advisory), if a reportable circumstance occurs on a non-business day, it does not need to be "identified" until the next business day. For example, a reportable circumstance that occurs on a Saturday, would be deemed identified at 8:00 am on the following Monday (if no holiday), thus beginning the twenty-four hour reporting period.

What if all of the lab work and diagnostic testing isn't completed within 24 hours?
Under Executive Order 2017-04, in accordance with A.R.S. § 36-782(B), any *suspected* opioid overdose or opioid overdose death is reportable within 24 hours.

If I suspect a diagnosis of opioid overdose 24 hours after the initial presentation, am I already late for the 24 hour reporting timeline?
24 hour reporting starts at the time the opioid overdose is suspected.

If I work in a hospital setting, do I as a provider report or does the facility itself report?
Under Executive Order 2017-04, in accordance with A.R.S. § 36-782(B), providers and healthcare facilities are required to report. For providers in a facility setting, the facility may report on behalf of ALL providers within the organization. If the facility chooses to report in this manner, individual providers are not required to report in addition to the facility reporting.

If I work in a hospice and palliative care setting, what needs to be reported?
Providers in these facilities should only be reporting suspected opioid overdoses and suspected opioid overdose deaths. To clarify, providers should be reporting suspected overdoses and deaths *due* to opioids. If a death occurred in which the patient was *on* an opioid, it should not be reported.
See Reporting for information on required reporters, health conditions to be reported, and reporting systems.

Why is this now reportable?
On June 5, 2017, Arizona Governor Doug Ducey declared a Public Health State of Emergency due to the opioid epidemic. More than two Arizonans die every day due to opioid-related overdoses. The resultant Enhanced Surveillance Advisory went into effect June 15, 2017 as a first step toward understanding the current burden in Arizona and to collect data to best target interventions.

How will I be kept up-to-date on opioid reporting and changes in Arizona?
Arizona providers can remain updated by utilizing one or more of the following websites/subscriptions:

1) ADHS opioid epidemic webpage
2) A Health Alert Network (HAN) subscription
3) ADHS news releases
4) ADHS Director Dr. Cara Christ's blog

Who is the regulatory or enforcement agency for this mandatory reporting?
Under the Enhanced Surveillance Advisory, each reporter will be held accountable by their respective professional regulatory agency, such as the Arizona Medical Board or the Board of Pharmacy.
Under A.R.S. § 36-783(D), not reporting constitutes an act of unprofessional conduct.

Will there be reporting redundancy if multiple agencies (i.e. law enforcement, EMS, provider, hospital facility, etc.) are involved in the treatment of a single opioid overdose?
In most reporting, there is a planned redundancy in order to capture the maximum number of events. In the case of multiple agency involvement during an event, it is critical to receive both a pre-hospital and hospital reporting form, as different variables are included. If both law enforcement and EMS are involved in the pre-hospital setting, only EMS needs to report. If both a provider and hospital facility are involved in the hospital setting, only one of them needs to report.

How burdensome will reporting be for emergency providers, who already report to poison control?
It is encouraged for providers associated with facilities to reach out to their leadership to understand the reporting structure for their organization during the enhanced surveillance period. For providers in a facility setting, the facility *may* report on behalf of ALL providers within the organization. If the facility chooses to report in this manner, individual providers are not required to report in addition to the facility reporting.

Providers that are not associated with a larger facility are still responsible for reporting suspected opioid overdoses and neonatal abstinence syndrome.

Will these reports be sent on to Law Enforcement or Child Protective Services?
No. This reporting procedure is for public health surveillance purposes only. Reporting a case of NAS to the Arizona Department of Health Services does not substitute for a referral to DCS. Referrals to DCS should still be completed as appropriate to the clinical situation and are required by mandatory reporting provisions of State law (A.R.S. 13-3620).

I am a veterinarian. Do I need to report suspected opioid overdoses or naloxone administered for animals?
No, only opioid overdoses and naloxone administered in humans are required to be reported.

I never prescribe opiates. Is there any response or registration that is required from me now?
If the opiate-related conditions do not apply to your patient population, there is no immediate response or registration required. However, under Arizona Administrative Code Title 9 and Arizona Revised Statutes Title 36, other conditions remain reportable to public health, like communicable diseases, pesticide poisonings, and cancer. Access to MEDSIS is encouraged.

What are the Health Insurance Portability and Accountability Act (HIPAA) protections for my patients?
Under the HIPAA Privacy Rule (see "Permitted Uses and Disclosures"), covered entities, such as ADHS, "may rely on professional ethics and best judgments" in deciding when it is permissible to disclose protected health information. Still, only aggregate and de-identified data are used for public health surveillance.

Are prescription opioids considered inappropriate for the treatment of pain?
Prescription opioids can be a useful tool for both clinicians and patients to address pain. The state response to the opioid epidemic is to enhance safe prescribing practices and at-home use of these medications, in order to reduce the unintended adverse effects that can occur with overdose and drug-drug interactions.

Some patients tell me that they experienced an overdose at home, and were administered naloxone. Am I responsible for reporting this event?
No, since it was not an event that was addressed by your facility. If EMS or law enforcement responded to that event, it would be reported using a different mechanism.

Are doses of naloxone administered for naturopathic use or for the reversal of IV sedation or anesthesia reportable?
Doses of administered naloxone are only reportable if used in the treatment of an opioid overdose.

Are healthcare facilities required to report every administration of naloxone?
A facility is required to report suspected opioid overdoses, suspected opioid overdose deaths, and neonatal abstinence syndrome (see Reporting). If naloxone is administered in the hospital in response to an opioid overdose, it will be captured in the suspected overdose report. If naloxone is administered for another purpose, like to reverse IV sedation or anesthesia, it will not be reported.

What is ADHS going to do with these reports and data?
ADHS will utilize the data to attain a more comprehensive understanding of the current opioid epidemic. This will enable the state to identify and implement effective measures to curb the epidemic and prevent future overdoses. Aggregate statistical data will be posted each Monday to www.azhealth.gov/opioid to provide weekly updates.

If you still have questions or comments, please submit them to azopioid@azdhs.gov.