

Frequently Asked Questions (FAQs)

Reporting

What needs to be reported?

See [Reporting](#) for information on required reporters, health conditions to be reported, and reporting systems.

Who needs to report?

See [Reporting](#) for information on required reporters, health conditions to be reported, and reporting systems.

How do I report?

See [Reporting](#) for information on required reporters, health conditions to be reported, and reporting systems.

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 do I have to report it?

Under [A.R.S. § 36-783\(D\)](#), reports are required to be submitted within 24 hours after identifying the condition.

Does the 24 hour reporting mandate include weekends?

Yes, the condition must be reported 24 hours after identification, regardless of the day of the week.

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.

When does this new reporting go into effect?

The required reporting went into effect on June 15, 2017.



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.

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](#)

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.

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.

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.