



STATE NON-FATAL OVERDOSE REPORTING REQUIREMENTS Fact Sheet

The number of opioid-related overdose deaths in the United States continues to increase. In 2016 alone, at least 63,600 Americans died of a drug overdose.¹ Approximately 42,000 of these deaths are due in whole or part to opioids, both prescription painkillers and illicit drugs like heroin. Recently, powerful synthetic versions of the drug fentanyl have begun to infiltrate the illicit drug market, driving a significant increase in overdose deaths.²

Unfortunately, both variations among jurisdictions in determining and reporting causes of death and delays in obtaining and reporting fatality data often result in an incomplete and out-of-date view into this rapidly evolving epidemic. Particularly as powerful synthetic opioids increasingly populate the illicit drug supply, it is imperative that health departments and other relevant actors are provided with accurate, timely and actionable information on drug-related overdose. Unfortunately, states have been slow to require reporting of non-fatal overdoses. As of December 31, 2017, only four states (Arizona, New Mexico, Tennessee, and Wyoming) require some or all health care practitioners (HCP) to report identifying information regarding non-fatal overdose victims to the state health department or other governmental agency.

Additionally, Wisconsin requires law enforcement officials to report identifying information regarding non-fatal overdose victims to the state prescription drug monitoring program (PDMP) and West Virginia requires HCP to report to the Office of Drug Control Policy. Kentucky requires HCP to provide identified information to the state health information exchange. Utah requires only HCP to report identified information to the PDMP. Several states collect non-identified data on non-fatal overdose. Colorado has added “adverse drug reaction” to its list of reportable conditions, but does not require patient identifiers except in cases of “imminent need.”³ Illinois and Rhode Island require HCP to report to the health department, and Texas requires HCP to report to the local poison control center. Oklahoma requires HCP to report to the Bureau of Narcotics. Finally, Florida permits emergency medical services to report overdoses to the state health department. Legislation has been introduced in several other states that would permit or require overdoses to be reported.

However, most states have not changed law or policy to require timely reporting of non-fatal overdose. Because all states have a system by which certain diseases and conditions are required to be reported to the state health department, typically within a relatively short period of time, adding non-fatal overdose to the list of reportable conditions may be an effective and cost-effective way of improving access to this important data. In most states, legislation provides the state health department or similar agency with broad authority to modify the list of reportable diseases or conditions, often through sub-regulatory means.⁴ Other mechanisms, such as EMS data collection and reporting systems, may also be useful in providing data that may be used to identify changes in overdose frequency and type, which may permit health departments and other entities to more effectively target interventions.

The tables below provide a snapshot of current laws, regulations, and sub-regulatory sources governing mandatory disease reporting and a description of the laws and regulations governing reporting of overdoses in the jurisdictions that

require or explicitly permit it as of December 31, 2017. Table 1 presents the results of a 50 state survey of required overdose reporting by health care providers, including links to relevant law and regulation. Table 2 provides additional information on the jurisdictions that require or explicitly permit overdose to be reported.

Table 1: Health Care Reporting of Overdose

Jurisdiction	Overdose reporting required?	Relevant Law or regulation	Sub-regulatory source	Notes ⁵
Alabama	No	ALA. ADMIN. CODE r. 420-4-1, App. I	ADPH	“Outbreaks of any kind” and “cases of potential health importance” as “determined by the reporting healthcare provider” must be reported within 24 hours.
Alaska	No	ALASKA ADMIN. CODE tit. 7 § 27.005	AK DHSS	Regulations require immediate reporting of “an outbreak or an unusual number or clustering of diseases or other conditions of public health importance.”
Arizona	Yes	ARIZ. ADMIN. CODE § 9-4-602	AZ DHS	Regulations require the reporting of encounters with an individual with a suspected opioid overdose. See Table 2.
Arkansas	No	ARK. CODE R. § 007.15.2-V	ADH	Regulations note that “Any unusual disease or outbreak must be reported immediately to the Department.”
California	No	CAL. CODE REGS. tit 17, §§ 2500, 2806, 2810; CAL.HEALTH & SAF. CODE § 103900	CA DPH	Regulations require reporting of “disorders characterized by lapses of consciousness” but definition doesn’t seem to encompass overdose. The Health and Safety code provides that doctors may report a condition not listed under the definition if they reasonably believe doing so is in the public interest.
Colorado	Yes	6 COLO. CODE REGS. § 1009-7:APPENDIX A	CO CDPHE	“Adverse drug reaction or overdose caused by taking a prescription drug, over-the-counter medication or remedy, controlled substance (legally or illegally obtained) that results in treatment in an emergency department, hospitalization, or death” is a reportable condition.
Connecticut	No	CONN. AGENCIES REGS. § 19a-36-A2	CT DPH	Required to report outbreaks of “unusual disease or illness.”
Delaware	No	16-4202 DEL. ADMIN. CODE § 3.1	DE PH	“[C]lusters of any illness which may be of public concern” must also be reported.
District of Columbia	No	22-B DCMR § 202	DC Health	Required to report “an unusual occurrence of any disease . . . that may be of public health concern.”

Jurisdiction	Overdose reporting required?	Relevant Law or regulation	Sub-regulatory source	Notes ⁵
Florida	No	FLA. ADMIN. CODE r. 64D-3.029	FL DOH	<p>“Any case, cluster of cases, outbreak, or exposure to an infectious or non-infectious disease, condition, or agent. . . that is of urgent public health significance” must be reported.</p> <p>Legislation passed in 2017 permits but does not require basic and advanced life support services that treat or transport a person for a “suspected or actual overdose of a controlled substance” to “report such incidents to the department.” See Table 2.</p>
Georgia	No	GA. CODE ANN. § 31-12-2	GA DPH	“Any cluster of illnesses” must be reported.
Hawaii	No	HAW. REV. STAT. § 321-29, HAW. CODE R. § 11-156-3	HI DOH	
Idaho	No	IDAHO ADMIN. CODE r. 16.02.10.050; 16.02.10.260	ID DHW	“Extraordinary occurrence of illness including syndromic clusters with or without an etiologic agent,” including suspected cases, must be reported within one day.
Illinois	Yes	210 ILL. COMP. STAT. 85/6.14G	IL DPH	Reporting required when treatment is provided in hospital emergency department. See Table 2.
Indiana	No	410 IND. ADMIN. CODE 1-2.5-75	ISDH	Required to report outbreaks of “unusual occurrence of disease.”
Iowa	No	IOWA ADMIN. CODE r. 641-1.6	IA DPH	Required to report “outbreaks of any kind, diseases that occur in unusual numbers or circumstances, [and] unusual syndromes.”
Kansas	No	KAN. ADMIN. REGS. § 28-1-2	KS DHE	Outbreaks and “unusual occurrence of any disease” should be reported within 4 hours.
Kentucky	Yes	902 KY. ADMIN. REGS. 2:020; KEN REV. STAT. § 218A.202	KY CHS	A Kentucky-licensed acute care hospital or critical care hospital is required to report to the Cabinet for Health and Family Services all positive toxicology screens used to determine suspected drug overdoses. See Table 2.
Louisiana	No	LA. ADMIN CODE. tit. 51, pt. II, § 105	LA DPH	“Unusual clusters of disease” must be reported within 24 hours.
Maine	No	10-144 ME. CODE R. 258, § 2	ME DHHS	“Any cluster/outbreak of illness with potential public health significance” is immediately reportable.

Jurisdiction	Overdose reporting required?	Relevant Law or regulation	Sub-regulatory source	Notes ⁵
Maryland	No	MD. CODE REGS. 10.06.01.03	MD DHMH	“An outbreak of a disease of known or unknown etiology that may be a danger to the public health” is required to be reported, but guidance from DHMH clarifies that this requirement is intended to apply to grouping or clustering of patients having similar disease, symptoms, or syndromes that may indicate the presence of a disease outbreak.
Massachusetts	No	105 MASS. CODE REGS. 300.100	MA DPH	“Any case of an unusual illness thought to have public health implications” is also reportable.
Michigan	No	MICH. COMP. LAWS § 333.5111	MI HHS	Reporting of “the unusual occurrence, outbreak or epidemic of any disease or condition” is required.
Minnesota	No	MINN. R. 4605.7040, 4605.7050	MDH	“Any pattern of cases, suspected cases, or increased incidence of any illness beyond the expected number of cases in a given period” that presents a public health hazard must be reported immediately.
Mississippi	No	MISS. CODE R. 15-2-11 Appendix A	MSDH	“Any unusual disease or manifestation of illness” must be reported immediately.
Missouri	No	MO. CODE REGS. tit. 19, § 20-20.020	MO DHSS	“Outbreaks...or epidemics of any illness, disease or condition that may be of public health concern” are required to be reported within one day.
Montana	No	MONT. ADMIN. R. 37.114.203	MT DPHHS	Reporting of “any unusual incident of unexplained illness or death in a human or animal with potential human health implications” is required.
Nebraska	No	173 NEB. ADMIN. CODE, ch. 1, § 1-004	NE DHHS	Clusters, outbreaks, and “any unusual disease or manifestations of illness must be reported immediately.”
Nevada	Yes	N.R.S. 441A.150	NV DHHS	Overdose cases and suspected cases required to be reported. Detailed regulations are forthcoming. See table 2.
New Hampshire	No	N.H. CODE ADMIN. R. LAB. He-P 301.02	NH DHHS	“Any suspect outbreak, cluster of illness, or unusual occurrence of disease that may pose a threat to the public’s health” must be reported within 24 hours.
New Jersey	No	N.J. ADMIN. CODE § 8:57-1.5	NJ DH	Health care providers must report to the department any disease or condition that could reasonably lead to a public health emergency.

Jurisdiction	Overdose reporting required?	Relevant Law or regulation	Sub-regulatory source	Notes ⁵
New Mexico	Yes	N.M. CODE R. § 7.4.3	NM DH	“Drug overdose” is a reportable condition. See detailed information in table 2.
New York	No	N.Y. COMP. CODES R. & REGS. tit. 10, § 2.1	NY DH	Reporting of any “unusual disease” is required, but the definition does not appear to apply to overdoses.
North Carolina	No	10A N.C. ADMIN. CODE 41A.0101, 41A.0103	NC DHHS	When an “outbreak of a disease or condition” that is not required to be reported but poses a “significant risk to the public health,” the “local health director” is required to report it to DHHS within 7 days.
North Dakota	No	N.D. ADMIN. CODE 33-06-01-01	ND DH	“Unusual disease clusters” are to be reported immediately.
Ohio	No	OHIO ADMIN. CODE 3701-3-02 and 3701.23	OH DH	Prompt reporting required of “other contagious or infectious diseases, illnesses, health conditions, or unusual infectious agents or biological toxins posing a risk of human fatality or disability,” as specified by the director of health.
Oklahoma	Yes	63 OKLA. ST. ANN. § 2-105, OKLA. ADMIN. CODE §§ 310:515-1-3 and 310:515-1-4	OK SDHP	<p>Any person who prescribes, dispenses, or administers controlled substances is required to report non-fatal overdose to the state PDMP. However, it does not appear that identified data are available to health officials, as they do not have access to identified PDMP data⁶. See Table 2.</p> <p>Rule allows the Commissioner of Health to designate any disease or condition as reportable for a designated period of time for the purpose of special investigation (see Okla. Admin. Code § 310:515-1-6). “Unusual disease or syndrome” must be reported within one business day.</p>
Oregon	No	OR. ADMIN. R. 333-018-0015	OR HA	“Any uncommon illness of potential public health significance” and “any known or suspected disease outbreaks” must be reported immediately.
Pennsylvania	No	28 PA. CODE § 27.21a	PA DH	Required reporting of a public health emergency and of the unusual occurrence of a disease, infection or condition not listed as reportable in the rule within 24 hours.
Rhode Island	Yes	31 002 R.I. CODE R. § 9:20; 31 005R.I. CODE R. § 34:3.0	RI DH	Reporting of confirmed and suspected opioid-related overdose cases is required. Additionally, by policy , the state medical examiner reports accidental overdose deaths to the Office of Vital Records at the Department of Health. See Table 2.

Jurisdiction	Overdose reporting required?	Relevant Law or regulation	Sub-regulatory source	Notes ⁵
South Carolina	No	S.C. CODE REGS. § § 61-20; 61-21	SC DHEC	Reportable conditions include outbreaks of disease or unusual clusters of illness.
South Dakota	No	S.D. ADMIN. R. 44:20:01:03 – 44:20:01:04	SD DH	
Tennessee	Yes	TENN. CODE ANN. § 68-11-314; TENN. COMP. R. & REGS. 1200-14-01-.02	TN DH	Hospital facilities required to report to the Department of Health. See Table 2.
Texas	Yes	TEX. HEALTH & SAFETY CODE § 161.042; 25 TEX. ADMIN. CODE § 97.3	TX DSHS	In addition to the statute requiring reporting of drug overdoses (see Table 2), Texas's rule also provides: "In addition to individual case reports, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means."
Utah	Yes	UTAH ADMIN. CODE r. 386-702; UTAH ADMIN. CODE r. 26-21-26	UT DHOPL	Identified data on patients age 12 and older admitted to general acute hospital for poisoning or overdose involving a prescribed controlled substance must be reported to the state PDMP. See Table 2.
Vermont	No	12 VT. CODE R. 5-12:5.0	VT DH	"Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other illness of major public health concern, because of the severity of illness or potential for epidemic spread, which may indicate a newly recognized infectious agent, an outbreak, epidemic, related public health hazard" must be reported.
Virginia	No	12 VA. ADMIN. CODE § 5-90-80	VA DH	"The occurrence of outbreaks or clusters of any illness which may represent a group expression of an illness which may be of public health concern shall be reported" The regulations include outbreaks and illnesses caused by toxic substances, but the definition of "toxic substance" specifically excludes "any pharmaceutical preparation which deliberately or inadvertently is consumed in such a way as to result in a drug overdose."
Washington	No	WASH. ADMIN. CODE § 246-101-101	WA DOH	"Other conditions" are reportable.
West Virginia	Yes	W. VA. CODE R. §§ 64-7-3 to 64-7-10	WV DHHR	Legislation passed in 2017 requires health care practitioners to report a patient's information to the state PDMP whenever that

Jurisdiction	Overdose reporting required?	Relevant Law or regulation	Sub-regulatory source	Notes ⁵
				patient is treated for an overdose or a suspected overdose. See Table 2 below.
Wisconsin	Yes ⁷	Wis. STAT. § 252.05; Wis. ADMIN. CODE DHS § 145, App. A	WI DHS	The disease reporting statute only requires reporting of communicable disease. However, a separate law requires law enforcement to report fatal and non-fatal overdose to the state PDMP. See Table 2 below.
Wyoming	Yes	WYO. STAT. ANN. § 35-4-904; WYO. CODE R. HLTH PHSD, Ch. 1, § 1	WY DH	Any entity prescribed naloxone by standing order must report all “opiate related drug overdoses for which an opiate antagonist is administered” to the DH. Additionally, “unusual illness of public health importance” must be reported immediately.
National	No		Nationally Notifiable Conditions	

Table 2: Jurisdictions with non-fatal overdose reporting requirements

Jurisdiction	Covered individuals or entities	Information to be reported	Department receiving information	Reporting timeframe
Arizona ⁸	Healthcare providers, administrators of health care institutions and correctional facilities, EMS services, law enforcement agencies.	Identifying information regarding the individual involved in a suspected opioid overdose or suspected opioid death, information on naloxone administration. ⁹	Arizona Department of Health Services	Within 5 business days
Colorado ¹⁰	Health care providers, laboratories, coroners, and hospitals.	Age, gender, race, ethnicity, and county (with patient identifiers required when there is an “imminent need.” ¹¹	Colorado Department of Public Health and Environment	120 days ¹²
Florida ¹³	A basic life support service or advanced life support service which treats and releases, or transports to a medical facility, in response to an emergency call for a suspected or actual overdose of a controlled substance “may” report	The date and time of overdose; the approximate address of where the person was picked up or where the overdose took place; whether an emergency opioid antagonist was administered; whether the overdose was fatal or nonfatal If possible: the gender and approximate age of the patient; the suspected controlled substance involved	Florida Department of Health	“best efforts” to report within 120 hours
Illinois ¹⁴	Hospital Administrator or Health Care Professional (physician, physician assistant, or advanced practice registered nurse) who	Whether opioid antagonist was administered, cause of the overdose, and demographic information of person treated. The name, address, or any	Department of Public Health	Within 48 hours of treatment or at such time that

Jurisdiction	Covered individuals or entities	Information to be reported	Department receiving information	Reporting timeframe
	treats a drug overdose in a hospital's emergency department	other personal information of the individual experiencing the overdose may not be disclosed.		overdose is confirmed.
Kentucky ¹⁵	"Kentucky-licensed acute care hospital or critical access hospital"	"All positive toxicology screens" performed by the emergency department to determine suspected drug overdose.	Cabinet for Health and Family Services ¹⁶	Not specified
Nevada ¹⁷	1) Provider of health care who knows of, or provides services to, a person who...has suffered or is suspected of suffering a drug overdose (If no provider is providing services, each person having knowledge that another person has suffered or is suspected of suffering a drug overdose) 2) Medical facility in which more than one provider of health care may know of, or provide services to, a person who...has suffered or is suspected of suffering a drug overdose	Board of Health to specify in regulations ¹⁸	Chief Medical Officer	Board of Health to specify time frame in regulations
New Mexico ¹⁹	"Every health care professional treating any person or animal having or suspected of having any notifiable condition"	Disease or condition, patient's name, date of birth/age, gender, race/ethnicity, address, telephone number, occupation Health care professional's name, telephone number; health care facility and telephone number if applicable	Epidemiology and Response Division, New Mexico Department of Health	Not specified
Oklahoma ²⁰	All registrants with the OK State Bureau of Narcotics and Dangerous Drugs Control ("Every person who manufactures, distributes, dispenses, prescribes, administers or uses for scientific purposes any controlled dangerous substance" in the state)	"Any person appearing at a medical facility with a drug overdose"	Oklahoma Bureau of Narcotics and Dangerous Drugs Control (state PDMP)	Not specified
Rhode Island ²¹	"A health care professional who attends or treats, or who is requested to attend or treat, an opioid-related drug overdose or the administrator, or other person in charge of a hospital in which an opioid-related drug overdose is attended or treated"	Demographic information concerning the person attended or treated or for whom treatment was sought Health care professional may not disclose the person's name or address or any other information concerning the person's identity	RI Department of Health	Within 48 hours

Jurisdiction	Covered individuals or entities	Information to be reported	Department receiving information	Reporting timeframe
	Office of the State Medical Examiner (OSME) ²²	Cause, manner and circumstances of each OSME-confirmed accidental drug overdose death	Office of Vital Records, RI Department of Health	Not listed
Tennessee ²³	Hospitals and emergency departments	Cause, date, patient identifying information if available	Tennessee Department of Health	Weekly (Tuesday)
Texas ²⁴	Physician who attends or treats, or who is requested to attend or treat, an overdose of a controlled substance listed in Penalty Group 1 under [state law] Person in charge of institution in which an overdose of a controlled substance is attended or treated	Date of the overdose; type of controlled substance used; sex and age of the person; symptoms associated with overdose; extent of treatment made necessary by overdose; patient outcome. Physician may provide other demographic information but may not disclose patient's name or address or information concerning the person's identity	Local poison center ²⁵	"Call Immediately" ²⁶
Utah ²⁷	General Acute Hospitals	The patient's name and date of birth; each drug that may have contributed to the overdose; the name of each person that may have prescribed a controlled substance to the person; and the name of the hospital and the date of admission.	Division of Occupational and Professional Licensing	Three business days
Wisconsin ²⁸	Law enforcement officer who "[e]nounters an individual who the law enforcement officer believes is undergoing or has immediately prior experienced an opioid-related drug overdose...or a deceased individual who the law enforcement officer believes died as a result of using a narcotic drug"	1) Name and date of birth of the individual who experienced an opioid-related drug overdose or who died as a result of using a narcotic drug 2) The name of the prescribing practitioner, the prescription number, and the name of the drug as it appears on the prescription order or prescription medicine container if a prescription medicine container was in the vicinity of the suspected...drug overdose or death	"[T]he law enforcement agency that employs him or her," which reports the information to the state PDMP	Not specified; agency can postpone reporting if reporting would "interfere with an active criminal investigation"
West Virginia ²⁹	Pharmacies; Health care providers; Medical examiners; Law-enforcement agencies, emergency response providers ³⁰	The full legal name, address and birth date of the person who is being treated, including "any known ancillary evidence of the overdose"	Board of Pharmacy (PDMP) ³¹	Quarterly
Wyoming ³²	Any entity prescribed naloxone by standing order	Rules to be promulgated by the DH	Department of Health	Rules to be promulgated by the DH

SUPPORTERS

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Notes

- ¹ Centers for Disease Control and Prevention, *National Center for Health Statistics Data Brief No. 294* (Dec. 2017), <https://www.cdc.gov/nchs/products/databriefs/db294.htm>; Centers for Disease Control and Prevention, Drug Overdose Death Data (Dec. 19, 2017), <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.
- ² Traci Green & Michael Gilbert, *Counterfeit Medications and Fentanyl*, 176 JAMA Internal Medicine 1554, 1555-57 (2016).
- ³ “If the Department identifies an imminent need to treat, control, investigate, or prevent adverse drug reactions that are dangerous to public health” patient identifying information is required. 6 Colo. Code Regs. § 1009-7:1
- ⁴ As noted in Table 1, many states have catch-all provisions under which overdose may currently be reportable, but it is not known



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- whether and to what extent they are being utilized for that purpose.
- ⁵ Where state law, regulation, or sub-regulatory guidance contains language that could potentially be interpreted to encompass overdose reporting, that language is provided in this column.
 - ⁶ The Executive Director of the Oklahoma Board of Health is permitted to access PDMP data, but are permitted to use the data only “for statistical, research, substance abuse prevention, or educational purposes, provided that consumer confidentiality is not compromised.” OKLA. ST. ANN. tit. 63 § 2-309D.
 - ⁷ However, WI requires law enforcement to report overdoses to the state prescription drug monitoring program. See Table 2.
 - ⁸ ARIZ. ADMIN. CODE § 9-4-602.
 - ⁹ The rule applies only to opioid overdose, not overdose of any other drug.
 - ¹⁰ 6 COLO. CODE REGS. § 1009-7:1 Appendix A.
 - ¹¹ See note 3.
 - ¹² “Reporting time is 120 days unless it is to be reported sooner under a different statutory or regulatory authority.” 6 COLO. CODE REGS. § 1009-7:1 Appendix A.
 - ¹³ FLA. STAT. § 401.253.
 - ¹⁴ 210 ILL. COMP. STAT. 85/6.14G.
 - ¹⁵ KEN. REV. STAT. ANN. § 218A.202(4).
 - ¹⁶ While the statute is not entirely clear, it appears that these data are reported to the state Prescription Drug Monitoring Program.
 - ¹⁷ NEV. STAT. § 441A.150.
 - ¹⁸ Temporary reporting form available online. <http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Resources/opioids/AB474-OverdoseReportingForm.pdf>
 - ¹⁹ “Drug overdose” is a notifiable condition under state law. N.M. CODE R. § 7.4.3.13(7)(b)(i).
 - ²⁰ OKLA. ST. ANN. tit. 63, § 2-105. It is not clear that the health department has access to these data; the statute appears to contemplate them only for the purposes of creating a yearly report.
 - ²¹ 31-2 R.I. Code R. § 9:5.5. See also RHODE ISLAND DEPARTMENT OF HEALTH, RULES AND REGULATIONS PERTAINING TO OPIOID OVERDOSE REPORTING (Apr. 2014), <http://www.sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7738.pdf>.
 - ²² See RHODE ISLAND DEPARTMENT OF HEALTH, POLICY: IDENTIFYING AND REPORTING CONFIRMED ACCIDENTAL DRUG-RELATED OVERDOSE DEATHS (June 2015), <http://www.health.ri.gov/publications/policies/IdentifyingAndReportingConfirmedAccidentalDrugRelatedOverdoseDeaths.pdf>.

²³ TENN. CODE ANN. § 68-11-314 (West). Relevant reporting requirements available in the Tennessee Department of Health Drug Overdose Reporting Manual (2017), https://www.tn.gov/content/dam/tn/health/documents/DOR_Manual_2017_P1_1.pdf.

²⁴ TEX. HEALTH & SAFETY CODE § 161.042.

²⁵ Relevant statute requires that controlled substance overdoses be reported to the Department of State Health Services. However, the Department's list of Notifiable Diseases dictates that they instead be reported to the "local poison center" at 1-800-222-1222.

²⁶ Relevant statute requires that controlled substance overdoses be reported "at once". However, the Department's list of Notifiable Diseases dictates that the local poison center should be called "immediately."

²⁷ UTAH ADMIN. CODE r. 26-21-26.

²⁸ WIS. STAT. § 961.37.

²⁹ W. VA. CODE ANN. § 16-5T-4 (West).

³⁰ West Virginia Senate Bill No. 272, passed Mar. 10, 2018, added hospital emergency rooms and departments to the required reporters list.

³¹ The Board of Pharmacy "shall coordinate with the Division of Justice and Community Services and the Office of Drug Control Policy regarding the collection of overdose data." W. VA. CODE R. § 60A-9-4(b).

³² WYO. STAT. ANN. § 35-4-904 (West).