



SUBSTANCE USE PREVENTION AND HARM REDUCTION Fact Sheet

State Non-Fatal Overdose Reporting Requirements

There are staggering numbers of overdose deaths in the United States. The Centers for Disease Control and Prevention (CDC) estimated that 107,622 people died of a drug overdose in 2021, more than in any previous year.¹ Over 80,000 of these deaths involved an opioid, either prescription painkillers or illicit drugs like heroin and fentanyl, and most involved combinations of drugs or drugs and alcohol. Stimulants including cocaine and methamphetamine were involved in over 53,000 deaths in 2021. Further, benzodiazepines, and antidepressants were involved in thousands of overdose deaths.²

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and reporting causes of death and delays in obtaining and reporting fatality data often result in an incomplete and out-of-date view into this rapidly evolving epidemic.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, harm reduction organizations, and people who use drugs are provided with accurate, timely and actionable information on drug-related overdose. Mandated reporting of non-fatal overdoses can help provide this crucial information. Unfortunately, states have been slow to require reporting of non-fatal overdoses. There has been some progress, however, since this report was initially released in early 2018.

As of March 31, 2023, twenty-one states have laws or regulations that require the reporting of at least some non-fatal overdoses.³ In addition, Indiana, New York, and South Carolina require that some individuals and entities report the administration of opioid antagonists, which likely captures many non-fatal overdoses but misses overdoses resulting from substances other than opioids. Similarly, Connecticut and Illinois require emergency medical services (EMS) and hospitals to report treatment of overdoses resulting from use of an opioid, and Rhode Island requires hospitals to report opioid-related drug overdoses. Several states, such as Louisiana, Maryland, and Ohio, permit but do not require reporting of non-fatal overdose.

Of the states with mandatory reporting requirements, seven (Arizona, Michigan, Nevada, New Mexico, North Dakota, Rhode Island, Tennessee, Utah, and Washington) require some or all health care practitioners (HCP) to report identifying information regarding non-fatal overdoses to the state health department or other governmental agency. Kentucky requires HCP to provide identifying information to the state health information exchange, and Oklahoma requires anyone required to have a state-controlled substance registration to report all people who appear at a medical facility with a drug overdose to the state prescription drug monitoring program (PDMP). Wisconsin requires law enforcement officials to report identifying information regarding non-fatal overdoses to the state PDMP.

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 March 31, 2023. Table 1 presents the results of a 50-state survey of required overdose reporting by health care providers, including citations to relevant law and regulation and links to relevant department websites and reporting forms. Table 2 provides additional information on the jurisdictions that require non-fatal overdose reporting.

Table 1: State-by-state overview of reporting requirements

Jurisdiction	Overdose reporting required?	Relevant Law or regulation	Sub-regulatory source	Notes ⁴
Alabama	No	ALA. ADMIN. CODE r. 420-4-1.04; App. I	ADPH	Regulations require that parties including health care providers, hospital administrators, laboratory directors, and school principals report “cases or suspected cases of notifiable diseases and health conditions.” “Diseases designated as immediate, urgent shall be reported to the State Health Officer or the County Health Officer within 24 hours.” These include “cases of potential public health importance” as determined by the reporting healthcare provider.
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	AR DH	Regulations require immediate reporting of “any unusual diseases or outbreaks that may require public health assistance” to the state Department of Health.
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 listed examples do not include 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 DPHE	“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 that must be reported to the Department of Public Health and Environment. See Table 2.
Connecticut	Yes	CONN GEN. STAT. § 19a-127q	CT DPH	Law requires hospitals and EMS personnel to report all suspected opioid overdoses to the Department of Health. ⁵ See Table 2.
Delaware	No	16-4202 DEL. ADMIN. CODE § 3.1	DE PH	“[C]lusters of any illness which may be of public concern” must be reported. Legislation passed in 2018 to create an “Overdose System of Care” however the law is silent on reporting requirements. ⁶
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.” ⁷

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Florida	Yes	FLA. ADMIN. CODE r. 64D-3.029; FLA. STAT. § 395.1041 (8); FLA. STAT. § 401.253	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 2022 requires that a hospital emergency department or urgent care center that “treats and releases a person in response to a suspected or actual overdose of a controlled substance must report such incident to the department” if the person was not transported to their facility by a transport service who are permitted to report pursuant to FLA. STAT. § 401.253.⁸ See Table 2.</p>
Georgia	No	GA. CODE ANN. § 31-12-2	GA DPH	“The department is empowered to declare certain diseases, injuries, and conditions to be diseases requiring notice and to require the reporting thereof to the county board of health and the department....”
Hawaii	No	HAW. REV. STAT. § 321-29, HAW. CODE R. § 11-156-3	HI DOH	“The department may conduct investigations to determine the nature and extent of diseases and injuries deemed by the department to threaten the public health and safety.” State law requires reporting of information about a person with a disease under investigation.
Idaho	No	IDAHO ADMIN. CODE r. 16.02.10.010; 16.02.10.050; 16.02.10.260	ID DHW	“Extraordinary occurrence of illness, including clusters” must be reported within one working day. “Illness related to drugs... may be included in this definition.” ⁹
Illinois	Yes	210 ILL. COMP. STAT. 85/6.14G; 210 ILL. COMP. STAT. 50/3.233; 77 ILL. ADM. CODE 250.1520	IL DPH	Reporting required when treatment for drug overdose is provided in a hospital emergency department. Opioid overdose reporting is also required by “covered vehicle service provider personnel which pertains to licensed EMS workers in municipalities of 1,000,000 or greater.” ¹⁰ See Table 2.
Indiana	No	410 IND. ADMIN. CODE 1-2.5-75; IND. CODE 16-31-3-23.7	IN SDH	Required to report outbreaks of “unusual occurrence of disease.” Emergency responders required to submit a report if “an overdose intervention drug” was administered.
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	Clusters, outbreaks and “any unusual 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 performed by the hospital’s emergency department used to evaluate suspected drug overdoses. See Table 2.
Louisiana	No	LA. ADMIN CODE. tit. 51, pt. II, § 105; La. Rev. Stat. § 40:978.2.1	LA DPH	<p>“Unusual clusters of disease” must be reported within 24 hours.</p> <p>Per legislation enacted in 2019, “first responders <i>may</i> provide reports or documents” to the Louisiana Department of Health related to “opioid-related drug overdose and whether naloxone was administered.”¹¹</p>
Maine	No	10-144 ME. CODE R. 258, §§ 2, 4	ME DHHS	“Any case of unusual illness of infectious cause or cluster/outbreak of public health significance” must be reported to the Maine CDC.

Jurisdiction **Overdose reporting required?** **Relevant Law or regulation** **Sub-regulatory source** **Notes⁵**

Maryland	No	MD. CODE REGS. 10.06.01.03; MD. CODE, HEALTH-GEN. § 13-3602	MD DHMH	<p>“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.</p> <p>Legislation enacted in 2022 permits but does not require EMS or law enforcement officers to report suspected or actual overdose incidents.¹²</p>
Massachusetts	Yes	MASS. GEN. LAWS ch. 112 § 12A	MA DPH	Hospitals, community health centers, and clinics are required to report information related to the “examination or treatment of a person with injuries resulting from opiate, illegal or illicit drug overdose” to the commissioner of public health.
Michigan	Yes	MICH ADMIN CODE R. 325.78	MI HHS	Patient information to be reported includes “information specifically related to patients with known or suspected poisonings due to use of prescription or illicit drugs, including fatal and nonfatal overdoses.”
Minnesota	No	MINN. R. 4605.7040, 4605.7050	MN DH	“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	MS DH	“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; MONT. ADMIN. R. 37.104.212	MT DPHHS	Reporting of “any unusual incident of unexplained illness or death in a human or animal with potential human health implications” is required. ¹³
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	NEV. REV. STAT. 441A.120, 441A.150, 441A.920; NEV. ADMIN. CODE 441A.965, 441A.970; 441A.975	NV DHHS	Health care providers are required to report overdose cases and suspected cases, “regardless of whether the patient is alive”, to the Chief Medical Officer or their designee within seven days. Regulations explain confidentiality and a process so that each overdose is only reported once. Failure to report can result in a fine or misdemeanor. 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 of Health and Senior Services “any disease or health condition that may reasonably be a potential case of a public health emergency...”

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New Mexico	Yes	N.M. CODE R. § 7.4.3.13	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, § 80.138(c)(x)	NY DH	Reporting of any “unusual disease” is required, but the definition does not appear to apply to overdoses. In addition, the program director of each opioid overdose prevention program, as well as public safety and firefighting personnel, are required to report “all administrations of an opioid antagonist...” ¹⁴
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 threat to the public health,” the “local health director” is required to report it to DHHS within 7 days.
North Dakota	Yes	N.D. ADMIN. CODE 33-06-01-01, 33-06-02-01	ND DH	“Overdose” is a listed reportable condition that must be reported by mandatory reporters, including health care providers and facilities, to the state department of health.
Ohio	No	OHIO ADMIN. CODE 3701-3-02 and 3701.23; OHIO REV. CODE 4765.45	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. In 2022, legislation added a regulation that “if the department of public safety” collects “information regarding the administration of overdose reversal drugs” then that should be shared monthly with the department of health.
Oklahoma	Yes	63 OKLA. ST. §§ 2-105; 2-302(D), OKLA. ADMIN. CODE §§ 310:515-1-3; 310:515-1-4	OK OBN	Any person who prescribes, dispenses, or administers controlled substances is required to report non-fatal overdose to the state PDMP. However, that identified data is only available to select law enforcement and health officials. ¹⁵ See Table 2. 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.
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	Yes	2022 Act No. 158 (SB 1152)	PA DH	Requires law enforcement to report nonfatal overdoses, within 72 hours, to the Overdose Information Network (ODIN) , which is administered by the Pennsylvania State Police in consultation with the Department of Health. See Table 2.
Rhode Island	Yes	216 R.I. CODE R. § 20-20-5	RI DH	Reporting of confirmed and suspected opioid-related overdose cases is required. Hospitals are required to report cases where “medical care for an opioid-related drug overdose is provided or sought to be provided” within 48 hours. 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. Separately, the DHEC ’s Bureau of Emergency Medical Services regulates and monitors paramedic usage of

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				naloxone and supports first responder programs to “identify, treat and report drug overdoses attributed to opioids.”
South Dakota	No	S.D. ADMIN. R. 44:20:01:03 – 44:20:01:04	SD DH	Reportable diseases include syndromes suggestive of public health threats.
Tennessee	Yes	TENN. CODE ANN. § 68-11-314; TENN. COMP. R. & REGS. 1200-14-01-.02	TN DH	Many healthcare facilities are required to report to the Department of Health. The Tennessee Department of Health maintains a website on Drug Overdose Reporting with specific codes for reporting overdoses as a result of different substances and a reporting manual . 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 ¹⁶	Yes	UTAH CODE 26B-2-225; UTAH ADMIN. CODE r. 386-702-	UT DHHS	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	13 VT. CODE R. 140-007 §5.0-5.4	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 to the local health department immediately....” 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	Yes	Rev. Code of Wash. (RCW) 70.168.090(2)	WA DOH	Statute requires “licensed ambulance and aid services to report and furnish patient encounter data” to an electronic EMS data system. Data collected “must include data on suspected drug overdoses....”
West Virginia	Yes	W. VA. CODE R. § 16-5T-3, § 60A-9-4, § 64-5-4; § 69-14-3	WV DHHR	Legislation passed in 2017 requires health care practitioners to report a patient’s information to the state Board of Pharmacy (or their designee) whenever that patient is treated for an overdose or a suspected overdose. In 2020, a legislative rule expanded required reporting to include law enforcement agencies, health care providers, EMS, and hospital emergency rooms to report “fatal and nonfatal overdoses.” The rule terminates on April 13, 2025. See Table 2 below.
Wisconsin	Yes	Wis. STAT. § 961.37; 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.



Jurisdiction	Overdose reporting required?	Relevant Law or regulation	Sub-regulatory source	Notes ⁵
Wyoming	Yes	WYO. STAT. ANN. § 35-4-904; WYO ADMIN. R., DEP. HLTH, REF. NUMBER: 048.0072.1.03202018	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	There is no national law requiring entities to submit information about nonfatal overdoses. The Office of National Drug Control Policy (ONDCP) has created a Non-Fatal Opioid Overdose tracker using EMS data through NEMSIS.

Table 2: Jurisdictions with non-fatal overdose reporting requirements

Jurisdiction	Covered individuals or entities	Information to be reported	Department receiving information	Reporting timeframe
Arizona ¹⁷	Healthcare providers, administrators of health care institutions and correctional facilities, ambulance service, Emergency Medical Services (EMS), law enforcement agencies, pharmacists	Identifying information regarding the individual involved in a suspected opioid overdose or suspected opioid death; information on naloxone administration. ¹⁸	Arizona Department of Health Services	Within 5 business days
Colorado ¹⁹	Health care providers, laboratories, coroners, and hospitals	Age, gender, race, ethnicity, and county (with patient identifiers required when there is an "imminent need.") ²⁰	Colorado Department of Public Health and Environment	120 days ²¹
Connecticut ²²	Hospitals and EMS personnel	"In a form and manner prescribed by the Commissioner of Health". When patient is suspected of opioid use causing decreased responsiveness, respiratory depression or death, whether or not naloxone was administered	Department of Public Health, Connecticut Poison Control Center ²³	No specific timeline listed ²⁴
Florida ²⁵	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. If not transported by a service above, then hospital emergency departments or urgent care centers that treat people suspected of overdose must report.	EMS: 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. ED and urgent care: requires use of a listed technology platform or "another program identified by department rule" without enumerated specifics.	Florida Department of Health; Florida Prehospital EMS Tracking and Reporting System (EMSTARS)	"best efforts" to report within 120 hours
Illinois ²⁶	Hospital Administrator or Health Care Professional (physician, physician assistant, or advanced practice registered nurse) who treats a drug overdose in a hospital's emergency department; EMS vehicle service providers	Healthcare professional or hospital administrator: Whether opioid antagonist was administered, cause of the overdose, and demographic information of person treated. ²⁷ EMS: The date and time of the overdose; the location in latitude and longitude, where the overdose victim was initially encountered; whether one or more doses of an opioid overdose reversal drug were administered; and whether the overdose was fatal or nonfatal.	Administrator/ HCP: Department of Public Health. EMS: technology platform (options listed in statute).	Administrator or HCP: Within 48 hours of treatment or at such time that overdose is confirmed. EMS: 24 hours
Kentucky ²⁸	"Kentucky-licensed acute care hospital or critical access hospital"	"All positive toxicology screens" performed by the emergency department to evaluate suspected drug overdose.	Cabinet for Health and Family Services ²⁹	Not specified

Jurisdiction	Covered individuals or entities	Information to be reported	Department receiving information	Reporting timeframe
Massachusetts ³⁰	Hospitals, community health centers, clinics	"Examination or treatment of a person with injuries relating from opiate, illegal or illicit drug overdose." ³¹	Commissioner of Public Health	Not specified
Michigan ³²	Health professionals and health facilities	Name, sex, race, ethnic group, age, residential address, phone number, parent/guardian (if patient is a minor); "brief narrative of the poisoning event, including date, location, and type of medicine or drug involved."	Department of Health & Human Services	Not specified
Nevada ³³	Provider of health care including physicians, licensed nurses, veterinarians, and physician assistants. ³⁴	Name, address, and phone number of the provider of health care; name address, phone number, sex, race, ethnicity, and date of birth of the patient; number assigned to the medical record of the patient; date of the suspected drug overdose; statement of the disposition of the patient; any relevant codes (International Classification of Diseases); any other requested information. ³⁵	Chief Medical Officer or Division of Public and Behavior Health	Not later than 7 days after discharging the patient.
New Mexico ³⁶	"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
North Dakota ³⁷	Medical diagnostic laboratories with any test results "which may be interpreted as indicative of any of the reportable conditions"; all physicians and other health care providers administering screening, diagnostic, or therapeutic services, hospitals, and health care facilities.	Regulation does not clearly specify, but reporting form requests identifying information including patient name and date of birth. ³⁸	State Department of Health	Within one business day
Oklahoma ³⁹	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) ⁴⁰	"Any person appearing at a medical facility with a drug overdose"	Oklahoma Bureau of Narcotics and Dangerous Drugs Control (state PDMP)	Not specified
Pennsylvania ⁴¹	Law enforcement officers including members "of the Pennsylvania State Police, a sheriff or deputy sheriff or an individual employed as a police officer who holds a current certificate."	The date, time, and location of the overdose; the known or suspected controlled substances; whether an overdose reversal drug was administered (number of doses and method of administration); and whether the overdose was fatal or nonfatal.	Pennsylvania State Police in consultation with the Department of Health	Not specified

Jurisdiction	Covered individuals or entities	Information to be reported	Department receiving information	Reporting timeframe
Rhode Island ⁴²	“Hospitals in which medical care for an opioid-related drug overdose is provided or sought to be provided, shall report the opioid-related drug overdose using the reporting format approved by the Department”	“Results of drug screening/testing performed on the patient who experienced an opioid-related drug overdose.” Additional information shall be reported to the department upon request.	RI Department of Health	Within 48 hours
Tennessee ⁴³	Hospitals, “including rehabs” and emergency departments	Cause, date, patient identifying information if available. Effective January 2023 , facilities are required to report drug overdoses containing 78 new codes under three new categories of substances.	Tennessee Department of Health	Weekly (Tuesday)
Texas ⁴⁴	Physician who attends or treats, or who is requested to attend or treat, an overdose of a controlled substance listed in Penalty Group 1 or Group 1-B 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 ⁴⁵	“Immediately” ⁴⁶
Utah ⁴⁷	General Acute Hospitals	For people who are twelve years or older and are admitted to a general acute hospital for “poisoning or overdose involving a prescribed controlled substance,”: 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. ⁴⁸	Division of Professional Licensing within the Department of Commerce	Three business days
Washington ⁴⁹	“Licensed ambulance and aid services”	“Data collected must include data on suspected drug overdoses for the purposes of including, but not limited to, identifying individuals to engage substance disorder peer professionals, patient navigators, outreach workers, and other professionals as appropriate to prevent further overdoses and to induct into treatment and provide other needed supports as may be available.”	Department of Health	Not explicitly specified, but: “The data system must be used to improve the availability and delivery of prehospital emergency medical services.”
West Virginia ⁵⁰	Health care providers; medical examiners; law-enforcement agencies, including state, county, and local police departments; emergency response providers; and hospital emergency rooms.	The date and time of the overdose; approximate address; whether opioid antagonist was administered; whether overdose was fatal or nonfatal; gender and approximate age of the person receiving attention or treatment; and the suspected controlled substance involved in the overdose.	WV Office of Drug Control Policy	“Within 72 hours after the provider responds to the incident” ⁵¹



Jurisdiction	Covered individuals or entities	Information to be reported	Department receiving information	Reporting timeframe
Wisconsin ⁵²	Law enforcement officer who “[e]ncounters 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”	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. “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”
Wyoming ⁵³	Any entity prescribed naloxone by standing order	The entity prescribing an opioid antagonist shall establish “a drug overdose treatment policy” which must include reporting, “in the manner and form prescribed by the department” for all opiate related drug overdoses for which “an opiate antagonist is administered under this article.” The department website has a survey including the date of Naloxone administration; gender of person receiving; county of event; job of person administering; form or Naloxone; number of doses; if 911 was called; the outcome; if the person survived; and if they were transported to a hospital.	Department of Health	“Within 72 hours of administration of the opiate antagonist.” ⁵⁴

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This document was developed by Corey Davis, Hector Hernandez-Delgado, Amy Judd Lieberman, and Myles Crandall at the Network for Public Health Law's Harm Reduction Legal Project (harmreduction@networkforphl.org). The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

¹ Press Release, Centers for Disease Control and Prevention (CDC), *U.S. Overdose Deaths in 2021 Increased Half as Much as in 2020 – But Are Still Up 15%* (May 11, 2022), https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm

² NATIONAL INSTITUTE ON DRUG ABUSE, *Drug Overdose Death Rates*, Feb. 9, 2023, <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>. Opioids were involved in 80,411 of the 106,699 drug-involved overdose deaths reported in the U.S. 2021. Drug overdose deaths involving stimulants, cocaine, or psychostimulants with abuse potential (primarily methamphetamine) increased to 53,495 in 2021. Benzodiazepines were involved in 12,499 deaths in 2021. Antidepressant-involved deaths were involved in 5,859 deaths reported in 2021.

³ These states are Arizona, Colorado, Connecticut, Florida, Illinois, Kentucky, Massachusetts, Michigan, Nevada, New Mexico, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, and Wyoming.

⁴ 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.

⁵ Overdose is not listed in the 2023 Reportable Disease Confidential Case Report Form. However, the Connecticut State Department of Public Health website includes the following on their [Syndrome Surveillance website](#): “Effective 2018, reportable conditions to the list of Emergency Illnesses and Health Conditions have been modified. This modification does not require any changes to reporting, but clarifies that SyS data may be used to monitor the following syndromes: ... 3. Drug and alcohol, including drug/opioid/heroin overdoses.” Prior to 2018, Connecticut state regulations required reporting of outbreaks of unusual disease or illness. “The commissioner shall issue a list of reportable diseases and laboratory findings” annually. CONN. AGENCIES REGS. §§ 19a-36-A2, A6.

⁶ [81 DEL. LAWS, c. 428, § 4](#); Title 16, Chapter 97, [§ 9710-11](#)

⁷ Though reporting requirements do not exist in laws or regulations, the following article indicates that reporting is an EMS practice. “When D.C. Fire and EMS receives a call for a suspected overdose, the agency reports that information to DC Health, which keeps a running 90-day average of overdoses. A “spike” is determined when officials notice a deviation in the average. When this happens, the Department of Behavioral Health sends teams out to the relevant location to distribute the [overdose-reversing drug Naloxone](#) (or Narcan) and alert community partners.” Colleen Grablick, *D.C. Reported 29 Suspected Opioid Overdoses in Two Days Last Week*, DCIST (June 13, 2022) <https://dcist.com/story/22/06/13/dc-overdose-spike-non-fatal/>

⁸ [That law](#), 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.” This seems to create a gap in reporting, as it would permit an EMS provider to transport a person recovering from an overdose and choose not to report it. Then a hospital would not need to report because the person was transported by EMS.

⁹ IDAHO ADMIN. CODE r. 16.02.10.010. Because the language is permissive, we do not code this as a requirement.

¹⁰ “Sec. 3.233. Opioid overdose reporting. (a) In this Section: ‘Covered vehicle service provider’ means a licensed vehicle service provider that is a municipality with a population of 1,000,000 or greater. ‘Covered vehicle service provider personnel’ means individuals licensed by the Department as an EMT, EMT-I, A-EMT, or EMT-P who are employed by a covered vehicle service provider.” 210 ILCS 50/3.233

¹¹ La. Rev. Stat. § 40:978.2.1.

¹² Specifically, they “may report the incident using an appropriate information technology platform with secure access, including the Washington/Baltimore High Intensity Drug Trafficking Area overdose detection mapping application program, or any other program operated by the federal government or a unit of State or local government.” MD. CODE, HEALTH-GEN. § 13-3602.

¹³ In addition, EMS must maintain patient care records for every EMS incident. DPHHS uses these records to release data on [overdoses](#) and [naloxone administration](#). [Data Reports and Analytics](#) are available on the Montana DPHHS website.

¹⁴ N.Y. COMP. CODES R. & REGS. tit. 10, § 80.138(c)(x). We do not consider this to be an overdose reporting requirement.

¹⁵ “The Information collected... shall be confidential and shall not be open to the public. Access to the information shall be limited to: (1) peace officers... who are employed as investigative agents of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control; (2) The United States Drug Enforcement Administration Diversion Group Supervisor; (3) the executive director or chief investigator, as designated by each board, of the following state boards: (a) Board of Podiatric Medical Examiners; (b) Board of Density; (c) Board of Pharmacy... (g) Oklahoma Health Care Authority... (l) State Board of Health...” OKLA. ST. ANN. tit. 63 § 2-309D.

¹⁶ Utah’s legislature renumbered its code through [during the 2023 General Session](#). What had been UTAH CODE §26-21-26 became UTAH CODE §26B-2-225. Language in this section did not change. Separately, the same law created an “Opioid and Overdose Fatality Review Committee” (UTAH CODE 26B-1-403) but did not add new requirements for reporting non-fatal overdoses.

¹⁷ ARIZ. ADMIN. CODE § 9-4-602.

¹⁸ The rule applies only to opioid overdose, not overdose of any other drug.

¹⁹ 6 COLO. CODE REGS. § 1009-7:1 Appendix A.

²⁰ See note 2. [“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]

²¹ “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.

²² CONN GEN. STAT. § 19a-127q.

²³ It seems this has been delegated to the Connecticut Poison Control Center (long link in earlier comment).

²⁴ The [Connecticut EMS Statewide Opioid Reporting Directive \(SWORD\) information page](#) states that EMS providers, “Make the call as soon as possible after patient care. This information will be used in real-time to predict surges in overdose cases.” The Department of Public Health, through SWORD, publishes monthly reports.

²⁵ FLA. STAT. § 401.253 (EMS); FLA. STAT. § 395.1041(8) (EDs and urgent care centers).

²⁶ 210 ILL. COMP. STAT. 85/6.14G (physicians, physician assistants, advanced practice registered nurses); 210 ILL. COMP. STAT. 50/3.233 (Covered vehicle service provider personnel who treat and either release or transport to a health care facility an individual experiencing a suspected or an actual overdose). “Covered vehicle service provider” means a licensed vehicle service provider that is a municipality with a population of 1,000,000 or greater. 210 ILL. COMP. STAT. 50/3.233.

²⁷ The name, address, or any other personal information of the individual experiencing the overdose may not be disclosed.

²⁸ KY. REV. STAT. ANN. § 218A.202(4); 902 KY. ADMIN. REGS. 55:110.

²⁹ While the statute is not entirely clear, it appears that these data are reported to the state Prescription Drug Monitoring Program.

³⁰ MASS. GEN. LAWS CH. 112 § 12A.

³¹ The state law requires submitting information “in a manner determined by the commissioner that complies with 42 U.S.C. section 290-dd, 42 C.F.R. Part 2 and 45 C.F.R. section 164.512. The department of public health may also “promulgate regulations to enforce this section and to ensure that serious adverse drug events are reported” to the FDA’s MedWatch Program.

³² MI ADMIN. CODE. 325.76-79 (2019). Rule 8 (R 325.78) specifies that reportable information is information related to “suspected poisonings due to use of prescription or illicit drugs, including fatal and nonfatal overdoses.”

³³ NEV. STAT. § 441A.120 (general reporting requirement); NEV. STAT. § 441A.220 (Confidentiality); NEV. ADMIN C. § 441A.965 (Exceptions)

³⁴ [Nevada Overdose Reporting Frequently Asked Questions](#).

³⁵ An explanation of permanent regulations is available on the [Division of Public and Behavior Health website](#), including a [form for reporting an overdose](#). Regulations are [linked here](#).

³⁶ “Drug overdose” is a notifiable condition under state law. N.M. CODE R. § 7.4.3.13(7)(b)(i).

³⁷ N.D. ADMIN. CODE 33- 06-01-01

³⁸ [North Dakota Morbidity Report \(ndhealth.gov\)](#)

³⁹ OKLA. STAT. 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. A [“Non-Fatal OD Reporting” form](#) is available through Oklahoma’s Bureau of Narcotics & Dangerous Drugs Control website.

⁴⁰ [OKLA. STAT. tit. 63 § 2-302; ESB 1151 \(2022\)](#).

⁴¹ PENN. [ACT No. 158 of Nov. 3, 2022, P.L. 2158, No. 158, SB 1152](#).

⁴² 216- R.I. CODE R. 20-20-5. See also Rhode Island Department of Health, [Opioid Overdose Reporting](#).

⁴³ 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.

⁴⁴ TEX. HEALTH & SAFETY CODE § 161.042.

⁴⁵ 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. The [Texas Poison Center Network](#) website also solicits calls to report overdoses.

⁴⁶ 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.”

⁴⁷ UTAH CODE 26B-2-225 (previously Utah Code 26-21-26, however the Utah legislature [recodified portions](#) of the Utah Health Code and Utah Human Services Code in 2023 through [SB 38](#)).

⁴⁸ UTAH CODE 26B-2-225. Note that the statute applies only to “poisoning or overdose involving a prescribed controlled substance....”

⁴⁹ REV. CODE OF WASH. (RCW) § 70.168.090.

⁵⁰ W. VA. CODE § 16-5T-4; [W. Va. Code St. R. § 69-14-1](#).

⁵¹ W. VA. CODE § 16-5T-4(a).

⁵² WIS STAT. § 961.37. Wisconsin enacted [Wis. Stat. § 153.87](#) in 2021. The law establishes a process for creating and maintaining opioid and methamphetamine data systems, but is silent on mandated reporting.

⁵³ WY STAT. § 35-4-904. The Wyoming Department of Health website on [Opioid Overdose Response](#) explains their policies and has a survey to “report an Overdose.”

⁵⁴ Wyoming Rules & Regulations, reference number: 048.0072.1.03202018 “Chapter 1: Naloxone Policy and Reporting” Section 4 Reporting.