Opioid Response Toolkit: Mandatory Reporting of Overdoses

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Toolkit Overview

Subject: Mandatory Reporting of Overdoses

Overview: ASTHO created this resource for the Puerto Rico Department of Health (PR DOH), which was funded by the Centers for Disease Control and Prevention (CDC). It includes examples of administrative rules for mandatory reporting of overdoses, information on implementing those rules, an overview of New Mexico's stepwise approach and timeline for mandatory reporting, and practical next steps PR DOH can take to develop an administrative rule and share and implement it in pilot test hospitals. This document will be accompanied by a simulive webinar with PR DOH, and its recommendations and suggested approaches should be modified according to PR DOH's needs and capacity**.**

Objectives:

1) Present a case definition of non-fatal opioid overdose.
2) Provide examples of administrative rules for mandatory reporting of overdoses.
3) Recommend best practices for implementing and evaluating mandatory reporting of overdose policy.
4) Present New Mexico's stepwise approach to help PR DOH identify hospitals to pilot test mandatory reporting of overdoses.
5) Provide an example timeline for implementing mandatory reporting of overdoses.
6) Recommend next steps for PR DOH.

Conclusion: After reviewing strategies for creating and implementing administrative rules for mandatory reporting of overdoses, the authors conclude that state and territorial health agencies must take numerous steps to determine which components to include in an administrative rule, what the intended outcomes of the policy are, what capacities or systems need to be in place for the policy to be most effective, and how best to implement and evaluate the policy ahead of the enactment. These key steps demand constant engagement with a public health agency's internal and external partners.

Introduction: Mandatory Reporting of Overdoses

State and territorial health agencies (S/THAs) require certain people and organizations to report specific diseases to the S/THA upon contact. Each state or territory decides which diseases must be reported and by whom and mandates how and when to report these data. This leads to substantial variation across the country and allows each state and territory to tailor reporting requirements to its specific needs.

Many S/THAs require mandatory reporting for non-fatal drug overdoses to standardize data practices. This allows S/THAs to identify overdose hot spots, determine highly impacted populations, closely follow trends, and increase appropriate intervention measures. Data regarding nonfatal overdoses can come from multiple sources, such as hospitals, emergency departments, and first responders. It is essential to partner with hospitals, healthcare providers, and other key stakeholders while implementing mandatory reporting of overdoses.

This toolkit provides foundational evidence-based practices for implementing mandatory reporting of non-fatal opioid overdoses and discusses the definition of non-fatal opioid overdose, the components of administrative rules (accompanied by state examples), and processes that can help agencies implement, enforce, and evaluate policies related to mandatory reporting of overdoses.

Frequently used terms in this toolkit include:

Policy: A course of action or guiding principle developed and adopted by an entity (e.g., a government, agency, business, organization, individual) and includes laws, regulations, statutes, rules, orders, by-laws, etc.[1]

Administrative rule (also known as an administrative code, order, or regulation): A type of policy created by an agency or office of the state or territory that has been granted authority by the legislature. Administrative rules have the force and effect of the law and include rules and regulations.[2]

Policy enactment: The process of following internal or external procedures for getting a policy officially authorized.[3]

Policy implementation: The process of putting the policy into effect, which often includes educating organizations and people affected by the new policy, changing administrative operations, and enforcing or monitoring the policy.[4]

Policy evaluation: Examines the "content, implementation or impact of a policy" and is one way to develop an understanding of a policy's utility, merit, and worth.[5]

Definition of Overdose

Key Points

- Defining "non-fatal overdose" helps states and territories monitor and identify overdoses.
- How data on non-fatal overdoses are received by health agencies will shape how states and territories define "overdose."
- S/THAS should consider partnering with harm reductions programs, law enforcement, hospital association, and emergency first responders to create an overdose definition.

Defining Non-Fatal Opioid Overdose

An important step of creating an administrative rule for mandatory reporting of overdose is to define what is being reported and establish exactly what data the S/THA wants the required reporters to submit. The Council of State and Territorial Epidemiologists (CSTE) has worked with experts and stakeholders to develop a Nonfatal Opioid Overdose Standardized Surveillance Case Definition that can serve as a foundation for a customized definition.

Before creating a case definition of non-fatal opioid overdose, consider where the data will come from and which stakeholders will need to share data on opioid overdose records. Health agencies use standard sources for overdose data, such as clinical reporting, laboratory reporting, death certificates, hospital records, and data from emergency medical services and poison control centers. Public health professionals must determine what fits the criteria for standard reporting on non-fatal overdoses for each category. Below is CSTE's criteria for reporting non-fatal overdoses based on each data system:

1) Clinical Criteria
   a) Someone who is experiencing opioid overdose effects or symptoms, such as drowsiness, loss of consciousness, slow or decreased respiratory rate, small pinpoint pupils, and bluish nails.
   b) Someone with a healthcare record that indicates an opioid overdose. These records can include hospital emergency department, inpatient, urgent care, and hospital discharge datasets; poison control records that indicate exposure to an opioid or naloxone administration; and emergency medical services records that indicate opioid overdose or naloxone administration.
2) Laboratory Criteria
   a) Tested human specimens that are positive for opioids.
   b) Tested substance specimens that detect opioids on any attained drugs associated with the individual thought to have had an opioid overdose.
3) Harm Reduction Criteria
   a) An individual who has been administered naloxone.
4) Law Enforcement Criteria
   a) An individual or group of people with suspected opioid overdose.
5) Epidemiologic Linkage Criteria
   a) An individual suspected to be a part of a potential outbreak of opioid overdoses.[6]

The above criteria should be used as a starting point for creating a definition of non-fatal overdose for a mandatory reporting administrative rule. It can be tailored to meet PR DOH's specific needs based on where overdose data is coming from and which stakeholders are involved in the data collection process.

Administrative Rules

Key Points

- Administrative rules can help standardize reporting procedures and provide accurate and timely information to the S/THAs.
- The components of administrative rules for mandatory reporting of overdose vary by state and territory.
- Partnering with key stakeholders—like hospital associations, healthcare providers, relevant community organizations, and any potential reporters of overdose—to draft the administrative rule ensures a more successful enactment process.

Overview of Administrative Rules

An administrative rule (also known as an administrative code, order, or regulation) is created by an agency or office of the state that has been granted the authority to create these rules and regulations by the state or territorial legislature. An agency can adopt administrative rules to help implement or interpret the statutes the agency oversees or enforces, and to establish procedures for managing the agency's programs. Administrative rules have the force and effect of law, and violators of the rules may be subject to penalty. For example, healthcare providers or hospitals that violate an administrative rule may face the loss of license, funding, or accreditation status. [7]

Agencies issuing administrative rules often have subject matter experts on staff who are familiar with the issue being addressed. The rulemaking process varies by state, but generally includes obtaining authorization to develop the rule, drafting the rule, and giving notice of public comment, which allows relevant stakeholders like hospital associations, healthcare providers, and community partners to give feedback on the rules that will impact them. In some cases, an executive order, which is a policy or directive issued by a state's governor, precedes the creation of an administrative rule, as was the case in Arizona's mandatory reporting of overdose administrative code.

Components of Mandatory Reporting of Overdoses Administrative Rules

The components of a mandatory reporting of overdoses administrative rule include what gets reported, when, how it is reported, and by whom. Each state can tailor its administrative rule components to its needs, capacity, and data sources. For example, some states have a definition of overdose included in their administrative rules, while others do not, and some states require reporting overdoses immediately, while other states allow reporting within five business days. Below is a list of the components to consider when developing an administrative rule, along with a general explanation of what is frequently included in each component:

- **Definition of overdose**: The specifics of what constitutes an overdose in that state or territory, which provides a framework for reporting requirements and can come from CSTE.

- **Time frame**: How long a party responsible for reporting may take to report a suspected opioid overdose. This varies by state from 24 hours to five business days.
- **Submission methods**: How the party responsible for reporting must send the suspected overdose information to the health agency. This can include web-based submission, fax, and email. Some states provide reporting templates on their health agency website.
- **Parties responsible for reporting**: The individuals or organizations who are legally required to report overdoses. This can include physicians, hospital administrators, first responders, law enforcement officers, medical examiners, and pharmacists.
- **Information reported**: The facts that the parties responsible for reporting must include in the overdose report. States may require noting the cause of the overdose, the demographic information for the individual suspected of overdose, and if an opioid antagonist was administered.

Table 1, on the next page, illustrates seven of the states with the most comprehensive administrative rules from the Network for Public Health Law's State Non-Fatal Overdose Reporting Requirements Fact Sheet.[8] The table notes how each state responds to the components above and links to each state's statute or rule, which is variably noted as an administrative code, regulation, or statute. The terms **administrative codes/rules/regulations/orders** are used interchangeably, and are created by an agency of the state, under authority granted by the legislature. They have the force and effect of law, and help implement or interpret the statutes the agency oversees or enforces and help establish procedures for managing the agency's programs.[9] **Statutes** are laws enacted by legislatures, and state statutes are laws that apply throughout the state. While statutes and administrative codes are both legally binding, the implementation, enforcement, and penalties for each is different.[10]

Table 1: Components of Administrative Rules by State

State	Includes Definition of Overdose (Y/N)	Reporting Time Frame	Submission Methods	Parties Responsible for Reporting	Information Reported	Link to Mandatory Reporting Policy
Arizona	Yes	Within 5 business days	Report to Arizona Department of Health Services in department-provided format (e.g. MEDSIS, AZ-PIERS, PDMP).	First response agency	1. First response agency information. 2. Location where the first response agency encountered the individual. 3. Date and time when the first response agency was dispatched. 4. Information about the individual with a suspected opioid overdose or who died of a suspected opioid overdose. 5. Whether naloxone or another opioid antagonist was administered. 6. Disposition of the individual (survived or was pronounced dead). 7. If individual was transported. 8. The date of the report.	Administrative code
				Health professional or administrator of healthcare institution.	1. Health professional or healthcare institution information. 2. Information about the individual with suspected opioid overdose. 3. Information about the diagnosis of opioid overdose. 4. Information about the suspected opioid overdose. 5. Whether the individual with the suspected opioid overdose survived or died. 6. The date of the report.	

Colorado	No	Within 24 hours	Submitted to the Colorado Department of Public Health and Environment by phone, faxing a disease report form, CEDRS, or electronic laboratory reporting.	Healthcare providers, laboratories, coroners, and hospitals.	Patient's demographic information, including age, gender, race, ethnicity, and county.	Regulation
Illinois	Yes	Within 48 hours	To the Illinois Department of Public Health electronically through Illinois' National Electronic Disease Surveillance System or by phone.	Healthcare professionals, hospital administrators, or designee.	1. Whether an opioid antagonist was administered, and if yes, the name of the antagonist. 2. The cause of the overdose. 3. The demographic information of the person treated, including the patient's age, sex, federal information process standards, county code, zip code, race (using CDC's race categories), and ethnicity.	Statute
Nevada	Yes	Within 7 days	Report to the Division of Public and Behavioral Health using Clarity web-based reporting, fax, or electronic batch reporting.	Healthcare providers.	1. The name, address, and phone number of the health provider making the report. 2. The name, address, phone number, sex, race, ethnicity, and date of birth of the patient. 3. The patient's medical record number. 4. The date that the confirmed or suspected drug overdose occurred. 5. A statement of the disposition of the patient. 6. Any code set forth in the International Classification of Diseases. 7. Any other information requested by the State Chief Medical Officer or designee.	Regulation

New Mexico	No	Within 24 hours	Written or electronic submission of the Overdose Report Form (See Appendix A) to New Mexico Department of Health's Epidemiology and Response Division.	Healthcare professionals, laboratories, hospital emergency departments, and any other person having knowledge of any person having or suspected of having a notifiable condition.	1. The disease or condition being reported. 2. The patient's name, date of birth/age, gender, race/ethnicity, phone number, and occupation. 3. The physician or licensed healthcare professional's name and phone number. 4. The healthcare facility or laboratory name (if applicable).	Administrative code
Rhode Island	Yes	Within 48 hours	Via the Rhode Island Department of Health's Drug Overdose Prevention website.	Healthcare professionals and administrators or other individuals in charge of a hospital.	Demographic information concerning the person attended or treated (or for whom treatment was sought), but may not disclose the person's name, address, or any other information concerning the person's identity.	Regulation
Texas	Yes (on the state reporting website)	Immediately	Online via the Texas Penalty Group 1 Controlled Substance Overdose Report.	Physicians, administrators, or other individuals in charge of hospitals, or other institutions.	1. Date of overdose. 2. Type of controlled substance used. 3. Patient sex and age. 4. Symptoms associated with overdose. 5. Extent of treatment. 6. Patient outcome.	Statute

Policy Enactment Process for Puerto Rico Department of Health[11,12,13]

Once a health agency has established the components of its administrative rule with key stakeholders like hospital associations, healthcare providers, and relevant community partners or organizations, the health agency can draft the administrative rule. Once the Puerto Rico Department of Health (PR DOH) completes this step, its administrative rule will go through the following PR DOH regulation enactment process:

1) The secretary of health drafts the regulation, calls for a public hearing on the proposed regulation, and follows the approval procedures outlined under Act No. 112 of June 30, 1957 (currently Act No. 38 of June 30, 2017).
2) The secretary of health notifies the public of the proposed regulation and publishes a general description, in Spanish and English, in at least one newspaper of general circulation in Puerto Rico and on the internet.
    a) If the regulation affects a specific community, the agency must publish the announcement in a newspaper that circulates in that community and broadcast it at least twice between the hours of 7 a.m. and 7 p.m. on the radio station with either the largest audience or with the closest connection to that community.
    b) Announcements must include a brief summary or explanation of the purposes of the proposed action; the appointment of the legal adoption authorizing said action; the manner, location, days, and hours in which comments or requests for an oral hearing may be submitted in writing or by email; and the physical place and electronic address where the full text of the regulations to be adopted will be available to the public. The agency will acknowledge receipt of comments received by email within two business days of receipt.
    c) The agency must provide the opportunity to submit written comments for a term of no less than thirty days.
    d) The agency must take into consideration, in addition to the written and oral comments submitted to them, the agency's own experience, competence, technique, specialized knowledge, discretion, and judgment for the final regulation. An official file is kept for public access with all the information mentioned above.
3) Once the regulation has been approved and signed by the governor of Puerto Rico, the secretary of state of Puerto Rico promulgates the rule. All regulations approved by any agency of the government of Puerto Rico must be presented to the Department of State of Puerto Rico in Spanish, with an English translation.
4) The secretary of state publishes a synthesis of the regulation filed in two newspapers of general circulation, stating its number, effective date, and the agency that approved it. This publication takes effect within 25 days following the date of its filing.
    a) An English translation must be provided to any citizen and agency that provides an adequate justification for its request.
5) The secretary of state publishes all regulations on the Department of State of Puerto Rico's website for public access.
6) The Puerto Rico secretary of health notifies the public that the regulation has been promulgated and provides a general description of the provisions of the regulation that most interest or affect the public in at least two newspapers of general circulation in Puerto Rico.

Once this process is complete, PR DOH's mandatory reporting of overdoses administrative rule will be officially enacted, providing the administrative rule with the full force and effect of law, and allowing PR DOH to implement and enforce mandatory reporting of overdoses.

Policy Implementation and Enforcement

Key Points

- To implement the administrative rule most effectively, discuss it with all relevant partners, including the Puerto Rico Hospital Association (PRHA), healthcare providers, relevant community organizations, and any potential reporters of overdose.
- Be sure to coordinate resources with these partners and build capacity among hospitals, healthcare providers, and other mandatory reporters.

Policy implementation is the process of putting the policy into effect, which often includes educating organizations and people affected by the new policy, changing administrative operations, and enforcing or monitoring the policy.[14] This process should begin during the development of the administrative rule. It is important to carefully think through and come to an agreement on how best to operationalize the mandatory reporting of overdose administrative rule with key partners, including the Puerto Rico Hospital Association, healthcare providers, relevant community organizations, and any potential reporters of overdose. Starting this process during the development phase ensure the administrative rule is set up for success.

Steps for Policy Implementation and Enforcement

Below are steps to consider when planning the implementation and enforcement of policies (e.g., administrative rules):

1) Identify the structure of the activity or program.
2) Identify who will be implementing and enforcing the policy.
    a) Implementation may be led by health agencies and healthcare providers, while enforcement may be led by health agencies or boards of health.
3) Define implementation and enforcement standards for all participants.
4) Coordinate resources and build capacity for personnel to implement the policy (e.g., through training and funding).
5) Identify the stakeholders that have relationships with the target community, health agencies, and healthcare providers.
6) Engage with stakeholders for effective implementation and enforcement.
7) Establish public education and training for those impacted by the policy and for those who will be implementing /enforcing.
8) Build consensus between stakeholders (i.e., between hospital emergency departments, emergency medical services, and the coroner's office).[15]

Identifying Policy Goals

Clearly defined aims for the policy can guide the implementation process and ensure greater success in achieving policy goals. Throughout implementation:

- Be clear about the policy goals and keep the desired outcomes in mind throughout the process.
- Identify the inputs and resources needed to implement the policy, including funding, infrastructure, and staff.

- Plan and document who will be involved in implementation and their roles and responsibilities. This should include a lead implementer and partners/stakeholders.
- Define processes for collaboration and make sure that current policies are not in conflict with the new policy.[16]

Regularly revisit the administrative rule's goals, inputs, resources, and roles and responsibilities to adjust to shifting contexts and changes in implementation over time. One way to ensure that these areas are revisited is to incorporate this requirement into the policy evaluation process.

Policy Evaluation

Key Points
• Policy evaluation helps identify intended and unintended outcomes and informs policy implementation solutions. • Identifying indicators and metrics early on will help ensure an effective evaluation process. • Partnerships and capacity building can help PR DOH collect the necessary data for evaluating the policy.

As the mandatory reporting of overdoses administrative rule is being implemented, it also needs to go through the policy evaluation process. This includes examining the "content, implementation, or impact" of a policy to understand a policy's utility, merit, worth, and intended and unintended outcomes.[17] Evaluation findings can inform policy implementation solutions and provide information about the impacts, awareness, support, and barriers of the policy.[18] However, it can be hard to measure how effective a policy is, which is why it is essential to start planning for evaluation from the very beginning.

Types of Policy Evaluation

Depending on the policy stage and on what kinds of data would be most beneficial at each policy development stage, there are three types of policy evaluation to consider:

Types of Evaluation[19]

Formative Evaluation	Process Evaluation	Outcome/Impact Evaluation
This happens before a policy is adopted and implemented and looks at the larger context and environment to determine the main problem and identify solutions that are feasible, appropriate, and meaningful for the target population.	This examines the implementation of policy-related activities and includes reviewing the elements of a policy that were implemented as planned, the barriers to implementation, and the factors that support implementation.	This examines whether or not the intended outcomes and impacts occurred, and if those the impacts can be attributed to the policy.

One way to identify the purpose of an evaluation is to consider if the evaluation should:

- Assess the public health and economic impacts of the policy?
- Assess the implementation efforts, awareness of the policy, levels of support and compliance for the policy, and determine if the policy has achieved intended outcomes?
- Identify barriers to policy implementation?
- Assess whether or not stakeholders were involved in outcome measures, including defining "success"?
- Assess if the implementation lines up with policy objectives?
- Assess the potential benefits for the target populations?[20]

Indicators, Metrics, and Data Sources

One critical activity in the evaluation process is identifying indicators and metrics to evaluate both the implementation and the impact of the policy. Consider:

- What does success look like for this policy?
- What needs to be measured to determine the policy's success?
    - The number of overdose reports?
    - A decrease in the number of overdoses?
    - The number of people who, after a report, enter treatment?

After identifying the indicators and metrics, identify where the data for the evaluation will come from, and what kind of data needs to be used. Data for evaluation can come from multiple sources, which may be contingent on access and availability. Data sources and methods are classified into four basic categories based on how the data is obtained and the content and characteristics of that data.[21] The table below includes data sources for both quantitative and qualitative data and provides both primary and secondary sources for each. Reference this table to determine which data sources to use in a policy evaluation based on accessibility of the data and the identified indicators and metrics.

Table 2: Data Sources and Methods[22]

	Primary Sources	**Secondary Sources**
QUANTITATIVE	• Questionnaires/surveys. • Measurement through direct observation (e.g., seatbelt use observed at stoplights). • Media tracking (including social media). • Tracking and registry included in policy language (e.g., mandatory reporting requirements included in policies, and cooperative agreements).	• Existing research. • Existing surveillance systems (e.g., the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS), Pregnancy Risk Assessment Monitoring System (PRAMS), and the National Health Interview Survey (NHIS)). • Geographic Information Systems (GIS) research. • Budgetary data.

QUALITATIVE	• Content analysis of the policy itself, including any revisions to the policy, amendments, revised regulations, court rulings, or other formal changes to the policy • Key informant interviews. • Focus groups. • Case studies. • Observations (e.g., meetings, community characteristics, walkability). • Media tracking (including social media).	• Secondary analysis of primary qualitative datasets (e.g., secondary analysis of interview transcripts) and the use of existing data to find answers to research questions that differ from the questions asked in the original research. • Retrospective reviews of charts or case notes. • Literature reviews. • Environmental scans.

After establishing indicators and metrics and choosing data sources, it is helpful to use a logic model to capture and track this information (see Appendix B). The components of a logic model include:

1) **Inputs:** The resources required to develop and implement the policy.
2) **Activities:** The actions taken to implement the policy.
3) **Outputs:** The deliverables that are a direct result of the activities.
4) **Outcomes and Impacts**: The changes in people, conditions, behaviors, or health outcomes that result from the policy activities being evaluated.[23]

Once the data is collected and included in the logic model, the evaluation results to inform the evidence base and improve the policy implementation process. Because contexts and situations change over time, evaluation should be a continuous process that provides an opportunity to improve the administrative rule and its implementation over time for a more effective mandatory reporting of overdose process.

Case Study: New Mexico

Key Points

- Identify one hospital in a high opioid overdose area for a mandatory reporting of overdoses pilot program.
- Build capacity in the hospital and provide instruction to the identified reporters.
- Add additional facilities to the pilot program once ready.
- Consider hiring staff to manage the pilot program as it grows over time.

New Mexico Stepwise Approach

New Mexico has experienced historically high rates of overdose deaths in the past two decades, particularly in Rio Arriba county in northern New Mexico. As a result, the New Mexico Department of Health (NM DOH) decided in 2004 to add overdose to its notifiable conditions list in 2005 (an administrative code) and followed this with a pilot test to implement mandatory reporting of overdoses in two hospitals in Rio Arriba and Santa Fe counties. New Mexico's approach led to the successful implementation and expansion of the overdose reporting program, with five hospitals participating in mandatory reporting of overdoses as of 2020. Below is a step-by-step case study of how New Mexico achieved this, which PR DOH can tailor to their own pilot test needs.

The overall steps included making non-fatal overdose a notifiable condition, identifying the pilot site to start implementing mandatory reporting, identifying the community partner, and implementing surveillance. The full process is detailed below.

1. **Wrote an administrative code mandatory reporting of overdoses to update the state's notifiable diseases or conditions list.**

2. **Established a policy to provide legal standing to overdose as a reportable condition, making overdoses reportable no matter who treated the individual suspected of overdosing.**
    a. In New Mexico, new proposals for notifiable conditions go through the Epidemiology and Response Division director (ERD). If the director agrees to add the condition, it goes through public comment before being finalized and added to the notifiable conditions list.

3. **Implemented the administrative code using a stepwise approach:**
    a. Used a standard, detailed definition of overdose (e.g., CSTE's definition).[i]
    b. Identified two hospitals with high heroin rates for the pilot program.
    c. Set up a Case Management Group and created a case management form.
        1. New Mexico used Case Management Groups that are already working in the hospital area. These can include county groups that hire case managers, or fire departments that have overdose outreach (e.g., a mobile integrated health office).
        2. Case Management Groups followed up with individuals suspected of overdose. (NM DOH forwards ED overdose reports to Case Management Groups after checking the Prescription Monitoring Program, usually within 24 hours.)
        3. Case Management Groups frequently interacted with Emergency Department (ED) personnel.
        4. The Department of Health followed up with the ED when a report is not filed.
    d. Trained hospital staff on how to report overdose cases and ensured that hospitals had the capacity to do this reporting.
        1. Instructed ED personnel to report emergency department data by faxing reports to the Department of Health, who then forwarded them to the case management group.
    e. Used a database as a compliance check and identified a company or agency to compare emergency department overdose numbers for a second validation.
        1. New Mexico has automated reporting through New Mexico Electronic Disease Surveillance System and checks all active reports against the daily reports of overdose discharge codes by a group called Collective Medical Technology who works with all emergency departments and sends daily reports of overdose

[i] "An ED [emergency department] visit was considered to be opioid overdose-related when any of the following International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes was present on any of the EDD diagnoses fields: 965.00 (poisoning by opium [alkaloids], unspecified), 965.01 (poisoning by heroin), 965.02 (poisoning by methadone), 965.09 (poisoning by other opiates and related narcotics), E850.0 (accidental poisoning by heroin), E850.1 (accidental poisoning by methadone), and E850.2 (accidental poisoning by other opiates and related narcotics). Prescription opioid overdose was defined using these same ICD-9-CM codes but excluded 965.01 (poisoning by heroin) and E850.0 (accidental poisoning by heroin), which in turn were used to define heroin overdose (or illicit opioid overdose)."[24]

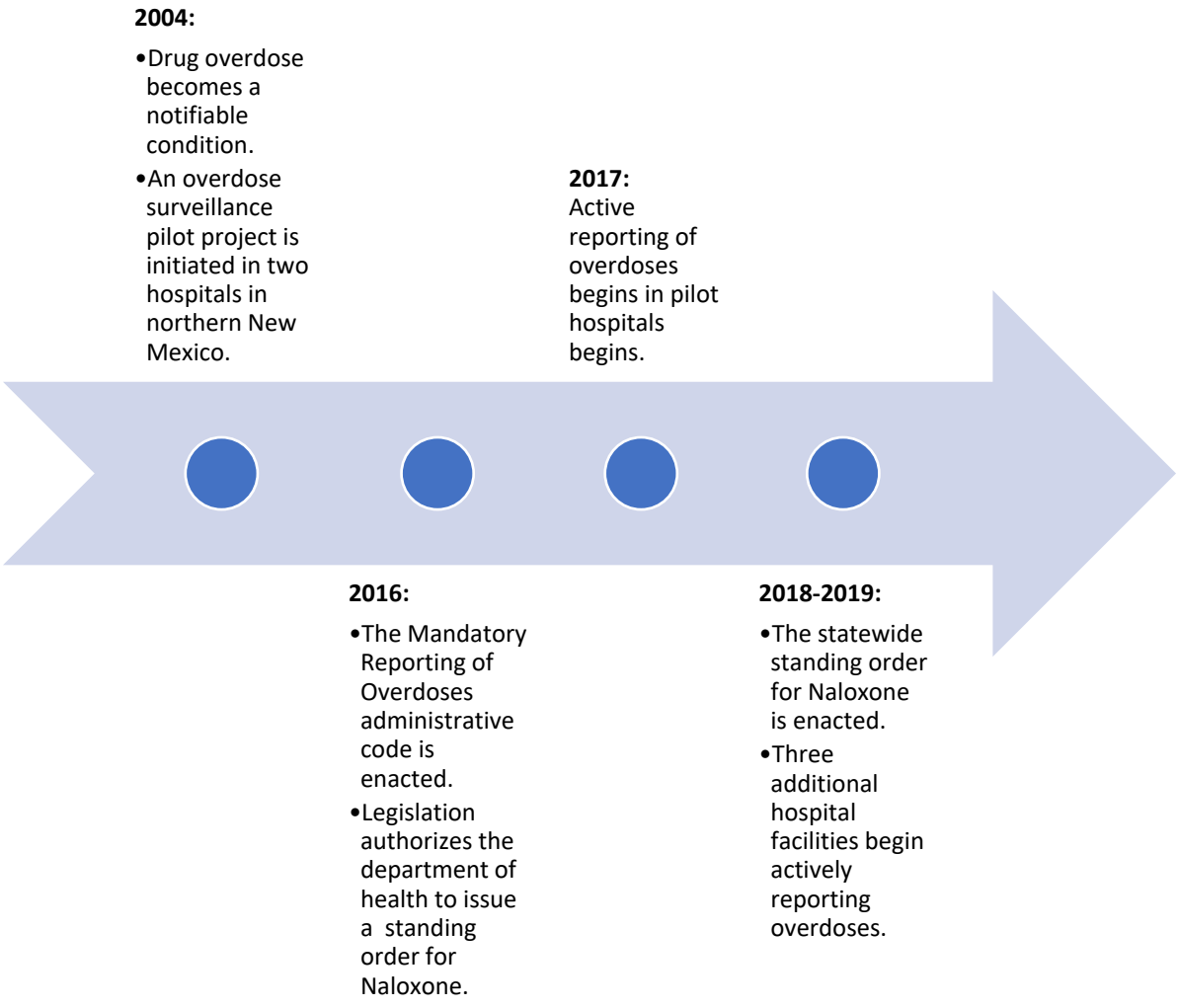
discharge codes.

4. **Planned the policy evaluation and identified community partners (e.g. University of New Mexico) to conduct the evaluation.**
    a. Identified evaluation questions:
        1. To what extent has the intervention been successful in linking individuals who have overdosed with treatment and services?
        2. For what percent of overdose patients was a peer support worker available at the time of their recovery from overdose?
        3. For what percent of overdose patients were there prescription drugs involved? In these cases, to what extent was NMDOH successful in contacting the prescriber?
        4. To what extent have short-term outcomes improved for individuals who were willing to connect with services?
        5. How could the intervention structure and implementation be improved?
        6. Have there been any unintended consequences because of the notifiable condition reporting and associated intervention?

5. **Expanded the pilot program to additional hospitals.**

    a. NM DOH added hospitals to the pilot program as they become ready to implement overdose reporting. The agency also conducted individual training, referrals, and support for each of the hospitals and hired a full-time employee to manage the interactions between the ED and Case Management Groups as the pilot program expanded.
    b. NM DOH conducted monthly check-ins with each ED and the Case Management Group and any peers in that ED.

New Mexico Stepwise Timeline[25]



Suggested Next Steps

- Meet with the Puerto Rico Hospital Association and other key stakeholders before the administrative rule is finalized to discuss the components that should be included.
- Identify data sources for tracking overdoses in Puerto Rico and choose the stakeholders PR DOH should partner with to share overdose data.
- Determine what the overdose data will be used for (e.g., for intervention strategies or identifying overdose hot spots).
- Before implementation, work with partners to develop indicators and metrics for what successful implementation of this rule will look like.
- Develop a policy evaluation plan with key stakeholders and identify data sources for evaluating the administrative rule.

- Set guidelines for hospitals and healthcare providers to begin implementing mandatory reporting of overdoses.
- Identify resources needed to implement a mandatory reporting pilot program that includes case management and a compliance check, if possible.
- Use Overdose Detection Mapping Application Program (ODMAP) to identify a pilot hospital that has a high burden of overdoses.
- Meet with the pilot hospital and train identified reporters on how to report suspected overdose cases.

Recorded Videos and Simulive Webinar Links

- Mandatory Reporting of Overdoses Simulive Webinar Recorded on November 10, 2020
- Implementing Mandatory Reporting of Overdoses in New Mexico video by Karen Edge
    - English
    - Spanish
- Mandatory Reporting of Overdoses Administrative Rules video by Corey Davis
    - English
    - Spanish
- Connecting the Dots and Next Steps video by Jessica Bissett:
    - English
    - Spanish

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Appendix A: NM DOH Overdose Report Form

NEW MEXICO DEPARTMENT OF HEALTH

Drug Overdose (Notifiable Condition) Report Form

Date Form Completed:	Reporting Facility:
Date Patient Seen in ER: Time Patient Seen in ER:	Person Preparing Report:
Medical Record Number (MRN):	Phone Number:

Patient Information

Last Name:	First Name:	MI:	DOB:
Sex: Male☐ Female☐ Other☐	Ethnicity: Hispanic☐ Not Hispanic☐ Unknown☐		
Race: American Indian/Alaska Native☐ Asian☐ Black/African American☐ Native Hawaiian/Pacific Islander☐ White☐ Unknown☐			
Street Address:	City:	State:	Zip:
Phone number:	Other contact phone number:		
Did patient die of overdose? Yes☐ No☐	Did patient have a known prior overdose? Yes☐ No☐ Unknown☐		

Suspected Substance(s) Involved in Overdose: Check all that apply

Prescription opioid☐ Heroin☐ Fentanyl☐ Methadone☐ Benzodiazepine☐ Methamphetamine☐ Cocaine☐ Buprenorphine☐ Other☐ (please list below)	
Other medication(s) or substance(s) taken by patient (if applicable):	
Was alcohol involved in the OD? Yes☐ No☐	Was drug test performed? Yes☐ No☐
Was OD intentional? Yes☐ No☐ Unknown☐	If yes, patient referred for psych services? Yes☐ No☐ Unknown☐

Additional Information

Was naloxone (Narcan) administered to patient? Yes☐ No ☐ Unknown☐	If yes, by whom?	
Is patient interested in further treatment/follow up? Yes☐ No☐ Unknown☐	Did patient leave ER with naloxone? Yes☐ No☐ If yes, # kits:	
Was patient admitted to hospital? Yes☐ No☐ Unknown☐	If yes, time and date:	
Engaged by peer support worker in ED? Yes☐ No☐ Unknown☐	If yes, name of peer worker:	Date/Time of Encounter
Comments on Peer Support:		

Transport/Transfer

Was patient transported to hospital by Emergency Services? Yes☐ No☐	If yes, which service?
Was patient transferred **TO** another healthcare facility? Yes☐ No☐	If yes, which facility?

Other Comments

Appendix B: Logic Model

According to the University of Washington Department of Global Health document "Road Map Forward for Achieving Policy Objectives," a logic model "captures the information needed to monitor and evaluate the policy process and ultimately the success of policy implementation. The policy development and implementation process will feed into the logic model's process and output indicators." Below is a logic model template that states can use in the context of mandatory reporting of overdoses.

	Inputs	**Processes**	**Outputs**	**Outcomes** (i.e. overall goal or purpose of the policy intervention)	**Impact**
Indicators	*Examples:* funding, staff, material resources	*Examples*: trainings, consultative forum	*Examples*: scale up of service provision	*Examples*: improved service quality or effectiveness	*Examples*: national life expectancy disease prevalence
Data Source					
Evidence and/or Assumptions					