TITLE 9. HEALTH SERVICES

CHAPTER 4. DEPARTMENT OF HEALTH SERVICES

NONCOMMUNICABLE DISEASES

ARTICLE 6. OPIOID POISONING-RELATED REPORTING

Section

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R9-4-602. Opioid Poisoning-Related Reporting Requirements

ARTICLE 6. OPIOID POISONING-RELATED REPORTING

R9-4-601. Definitions

A. In this Article, unless otherwise specified:

1. "Administrator" means the individual who is a senior leader in a health care institution or correctional facility.
2. "Ambulance service" has the same meaning as in A.R.S. § 36-2201.
3. "Business day" means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.
4. "Clinical laboratory" has the same meaning as in in A.R.S. § 36-451.
5. "Correctional facility has the same meaning as in A.A.C. R9-6-101.
6. "Dispense" has the same meaning as in A.R.S. § 32-1901.
7. "Emergency medical services provider" has the same meaning as in in A.R.S. § 36-2201.
8. "Health care institution" has the same meaning as in A.R.S. § 36-401.
9. "Health professional" has the same meaning as in A.R.S. § 32-3201.
10. "Law enforcement agency" has the same meaning as in A.A.C. R13-1-101.
11. "Medical examiner" has the same meaning as in A.R.S. § 36-301.
12. "Naloxone" means a prescription medication, as defined in A.R.S. § 32-1901, that is used to block the effects of an opioid in an individual.
13. "Neonatal abstinence syndrome" means a set of signs of opioid withdrawal occurring in an individual shortly after birth that are indicative of opioid exposure while in the womb.
14. "Opioid" means the same as "opiate" in A.R.S. § 36-2501.
15. "Opioid overdose" means respiratory depression, slowing heart rate, or unconsciousness or mental confusion caused by the administration, including self-administration, of an opioid to an individual.
16. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.

R9-4-602. Opioid Poisoning-Related Reporting Requirements

A. An ambulance service, an emergency medical services provider, or a law enforcement agency shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with a suspected opioid overdose, that includes:

1. The following information about the ambulance service, emergency medical services provider, or law enforcement agency:

a. Name;

b. Street address, city, county, and zip code;

c. Whether the entity reporting is:

i. An ambulance service,

ii. An emergency medical services provider, or

iii. A law enforcement agency; and

d. If applicable, the certificate number issued by the Department to the ambulance service; and

2. The name, title, telephone number, and email address of a point of contact for the entity required to report;

3. The street address, city, county, state, and zip code of the location at which the ambulance service, emergency medical services provider, or law enforcement agency encountered the individual;

4. If applicable, the date and time the ambulance service, emergency medical services provider, or law enforcement agency was dispatched to the location specified according to subsection (A)(3);

5. The following information about the individual with a suspected opioid overdose or who died of a suspected opioid overdose:

a. Name,

b. Date of birth,

c. Age in years,

d. Gender,

e. Race and ethnicity, and

f. Reason for suspecting that the individual had an opioid overdose;

6. Whether naloxone was administered to the individual before the ambulance service, emergency medical services provider, or law enforcement agency encountered the individual and, if so:

a. The number of doses of naloxone administered to the individual; and

b. As applicable, that the naloxone was administered to the individual by:

i. Another individual; or

ii. Another entity and, if so the type of entity that administered the naloxone to the individual;

7. Whether naloxone was administered to the individual by the ambulance service, emergency medical services provider, or law enforcement agency and, if so, the number of doses of naloxone administered to the individual;

8. The following information about the disposition of the individual:

   a. Whether the individual was pronounced dead at the location specified according to subsection (A)(3);

   b. Whether the individual was transported to a hospital and; if so:

      i. The name of the hospital to which the individual was transported, and

      ii. The type of entity that transported the individual to the hospital; and

   c. If known, whether the individual:

      i. Survived the suspected opioid overdose,

      ii. Died from the suspected opioid overdose, or

      iii. Died from another cause after experiencing a suspected opioid overdose; and

9. The date of the report.

B. An administrator of a health care institution licensed under 9 A.A.C. 10 or a pharmacist, as applicable, is not required to submit a report to the Department under this Article for:

1. An opioid overdose resulting from the administration of the opioid to a patient in the health care institution if the opioid overdose is addressed through the health care institution's quality management program; or

2. Naloxone dispensed in connection with a surgical procedure, as defined in A.A.C. R9-10-101, performed in the health care institution.

C. Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2 or as specified in subsection (B), a health professional or the administrator of a health care institution licensed under 9 A.A.C. 10 shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with a suspected opioid overdose, that includes:

1. The name, street address, city, county, zip code, and telephone number of the health professional or health care institution;

2. If different from the person in subsection (C)(1), the name, title, street address, city, county, zip code, telephone number, and email address of the individual reporting on behalf of the person in subsection (C)(1);

3. The following information about the individual with a suspected opioid overdose:

   a. The individual's name;

b. The individual's street address, city, county, state, and zip code;

c. The individual's date of birth;

d. The individual's gender;

e. The individual's race and ethnicity;

f. Whether the individual is pregnant and, if so, the expected date of delivery;

g. If applicable, the name of the individual's guardian; and

h. Whether naloxone was administered to the individual before the health professional or health care institution encountered the individual and, if so:

i. The type of entity that administered the naloxone to the individual, or

ii. That the naloxone was administered to the individual by another individual;

4. The following information about the diagnosis of opioid overdose:

a. The reason for suspecting that the individual had an opioid overdose;

b. The date of the suspected opioid overdose;

c. The date of diagnosis; and

d. Except as provided in subsection (G), if the diagnosis was confirmed through one or more tests performed by a clinical laboratory, for each test:

i. The name, address, and telephone number of the clinical laboratory;

ii. The date a specimen was collected from the individual;

iii. The type of specimen collected;

iv. The type of laboratory test performed; and

v. The laboratory test result and date of the result;

5. The following information about the suspected opioid overdose:

a. Whether the opioid overdose appeared to be intentional or unintentional;

b. The location where the opioid overdose took place;

c. Whether the individual was alone at the time of the opioid overdose;

d. Whether the individual was transported to the health professional or health care institution by an ambulance service, an emergency medical services provider, or a law enforcement agency and, if so, the type of entity that transported the individual;

e. The specific opioid that appeared to be responsible for the opioid overdose; and

f. If known, whether:

i. The individual was prescribed an opioid within the 90 calendar days before the date of the suspected opioid overdose;

ii. The individual had been referred to receive behavioral health services, as defined in A.R.S. § 36-401; or

iii. The opioid overdose was the first time the individual had had an opioid overdose and, if not, the number of previous opioid overdoses the individual was known to have had;

6. Whether the individual with the suspected opioid overdose:

a. Survived the suspected opioid overdose and:

i. Was admitted to the health care institution;

ii. Was transferred to another health care institution and, if so, the name of the health care institution;

iii. Was discharged to a law enforcement agency;

iv. Was discharged to home; or

iv. Left the health care institution against medical advice;

b. Died from the suspected opioid overdose and, if so, the date of death; or

c. Died from another cause after experiencing a suspected opioid overdose and, if so, the date of death; and

7. The date of the report.

D. Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, a health professional or the administrator of a health care institution licensed under 9 A.A.C. 10 shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with suspected neonatal abstinence syndrome, that includes:

1. The name, street address, city, county, zip code, and telephone number of the health professional or health care institution;

2. If different from the person in subsection (D)(1), the name, title, street address, city, county, zip code, telephone number, and email address of the individual reporting on behalf of the person in subsection (D)(1);

3. The following information about the individual with suspected neonatal abstinence syndrome:

a. The individual's name;

b. The individual's date of birth;

c. The individual's gender;

d. The individual's race and ethnicity;

e. The name of the individual's mother; and

f. If not the individual's mother, the name of the individual's guardian;

4. The following information about a diagnosis of neonatal abstinence syndrome:

a. The reason for suspecting that the individual has neonatal abstinence syndrome;

b. The date of the onset of signs of neonatal abstinence syndrome;

c. The date of diagnosis;

d. Except as provided in subsection (G), if the diagnosis was confirmed through one or more tests performed by a clinical laboratory, for each test:

i. The name, address, and telephone number of the clinical laboratory;

ii. The date a specimen was collected from the individual;

iii. The type of specimen collected;

iv. The type of laboratory test performed; and

v. The laboratory test result and date of the result; and

e. Whether any of the following supported a diagnosis of neonatal abstinence syndrome:

i. A maternal history of opioid use,

ii. A positive laboratory test for opioid use by the individual's mother, or

iii. A positive laboratory test for opioids in the individual;

5. If known, the following information about the suspected neonatal abstinence syndrome:

a. The source of the opioid believed to have caused the neonatal abstinence syndrome; and

b. If the source of the opioid used by the individual's mother was not through a prescription order, as defined in A.R.S. § 32-1901, the specific opioid used by the individual's mother; and

6. The date of the report.

E. Except as specified in subsection (B), a pharmacist shall, either personally or through a representative, submit a report to the Department, in a format provided by the Arizona Board of Pharmacy and within five business days after dispensing naloxone to an individual, that includes:

1. The following information about the pharmacist:

a. Name;

b. Pharmacy street address, city, county, and zip code; and

c. The professional license number issued to the pharmacist under A.R.S. Title 32;

2. The number of doses of naloxone dispensed to the individual by the pharmacist;

3. The date the naloxone was dispensed; and

4. The date of the report.

F. A medical examiner shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after the completion of the death investigation required in A.R.S. § 11-594 on the human remains of a deceased individual with a suspected opioid overdose, that includes:

1. The following information about the medical examiner:
    a. Name; and
    b. Street address, city, county, and zip code;
2. The following information about the deceased individual with a suspected opioid overdose:
    a. The deceased individual's name;
    b. The deceased individual's date of birth;
    c. The deceased individual's gender;
    d. The deceased individual's race and ethnicity;
    e. Whether the deceased individual was pregnant and, if so, the expected date of delivery;
    f. If applicable, the name of the deceased individual's guardian; and
    g. Whether naloxone was administered to the deceased individual before the deceased individual's death and, if known:
        i. The type of entity that administered the naloxone to the deceased individual, or
        ii. That the naloxone was administered to the deceased individual by another individual;
3. The following information about the diagnosis of opioid overdose:
    a. The reason for suspecting that the deceased individual had an opioid overdose;
    b. The date of the opioid overdose;
    c. The date of diagnosis; and
    d. If the diagnosis was confirmed by clinical laboratory tests:
        i. The name, address, and telephone number of the clinical laboratory;
        ii. The date a specimen was collected from the deceased individual;
        iii. The type of specimen collected;
        iv. The type of laboratory test performed; and
        v. The laboratory test result and date of the result;
4. If applicable, a copy of the clinical laboratory test results;
5. If known, the following information about the suspected opioid overdose:

a. Whether the opioid overdose appeared to be intentional or unintentional;

b. The location where the opioid overdose took place;

c. Whether the deceased individual was alone at the time of the opioid overdose;

d. The specific opioid that appeared to be responsible for the opioid overdose;

e. Whether the deceased individual was prescribed an opioid within the 90 calendar days before the date of the opioid overdose; and

f. Whether the opioid overdose was the first time the deceased individual was known to have had an opioid overdose and, if not, the number of previous opioid overdoses the deceased individual had had;

6. Whether the deceased individual with the suspected opioid overdose:

a. Died from the suspected opioid overdose and, if so, the date of death; or

b. Died from another cause after experiencing a suspected opioid overdose and, if so, the date of death; and

7. The date of the report.

G. A director of a clinical laboratory, on the premises of a health care institution licensed as a hospital, as defined in A.A.C. R9-10-101, or performing laboratory tests under an arrangement with a hospital, shall submit a report to the Department, in a Department-provided format and within five business days after completing laboratory tests on one or more specimens from an individual that indicate a positive result for the presence of an opioid or an opioid metabolite, that includes:

1. The name and address of the clinical laboratory;

2. The name and telephone number of the director of the clinical laboratory;

3. The name and, if available, the address of the individual;

4. The date of birth of the individual;

5. The gender of the individual;

6. The laboratory identification number;

7. For each laboratory test performed:

a. The date of collection of the specimen;

b. The type of specimen collected;

c. The type of laboratory test performed on the specimen;

d. The laboratory test result, including quantitative values and reference ranges, if applicable; and

e. The date of the laboratory test result; and

8. The date of the report.

H. Information collected on individuals pursuant to this Article is confidential, subject to disclosure provisions in A.R.S. Title 12, Chapter 13, Article 7.1, and 9 A.A.C. 1, Article 3.