Proposed Permanent Regulation

Draft for Public Workshop

March 22, 2018

Explanation – Matter in *italics* is new; matter in brackets [omitted material] is material to be omitted.

Sec. 1. ***Definitions:***

1. ***As used in sections 2 to 3, inclusive, of this this regulation, "overdose" and "suspected overdose" is considered any clinical encounter that matches the International Classification of Disease (ICD) 10 Diagnosis Codes related to the "overdose" or "suspected overdoes" is used, including: T40 - Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics; T42 - Poisoning by, adverse effect of and underdosing of antiepileptic, sedative- hypnotic and antiparkinsonism drugs; T43 - Poisoning by, adverse effect of and underdosing of psychotropic drugs, not elsewhere classified; T41.1 - Poisoning by, adverse effect of and underdosing***
2. ***As used in section 2 of this regulation, "patient discharge" means the patient's physical release from a medical facility or the care of the provider of health care to another place including but not limited to their home, transitional medical facility, treatment center, coroner's office, or funeral home.***

Sec. 2. ***For the purpose of this regulation, a drug overdose or suspected drug overdose is reportable if the suspected drug is categorized as a schedule I, II, III, IV, or V drug by the United States Drug Enforcement Administration.***

1. ***No later than 10 days from patient discharge from an emergency department or no later than 30 days from patient discharge from in-patient hospital discharge, the provider of health care who provides services to a patient who has suffered or is suspected of having suffered a drug overdose shall report each incident to the Chief Medical Officer or his or her designee.***
2. ***For patients receiving care in an out-patient setting, the provider of health care who knows of or provides services to a patient who has previously suffered or is suspected of having suffered***

a drug overdose does not need to report the information unless the provider has evidence the case was not previously reported by another provider of health care. If the out-patient provider has evidence the case was not previously reported by another provider of health, the report must be made no later than 10 days from learning about the overdose or suspected overdose.

3. The report must contain:

(a) The name, address and telephone number of the health care provider making the report.

(b) The name, address, and telephone number of the patient.

(c) The occupation, social security number, sex, race, and date of birth of the patient.

(d) The medical record number for the patient.

(e) The date of the overdose or suspected overdose.

(f) Toxicology laboratory results that apply to the overdose or suspected overdose, as well as the description of the laboratory sampling method, if ordered.

(g) Disposition of the patient.

(h) International Classification of Disease (ICD) 10 Diagnosis Codes related to the overdose or suspected overdose.

(i) Any other information requested by the Chief Medical Officer, if available.

4. The report may contain, if collected:

(a) Gender

(b) Previous known overdose(s) of the patient.

(c) Patient pregnancy status.

Sec. 3 *1. A medical facility in which more than one provider of health care may provide services to, a person who has or is suspected of having suffered a drug overdose shall establish administrative procedures to ensure that the health authority or Chief Medical Officer or his or her designee, as applicable, is notified.*

2. The Chief Medical Officer shall establish administrative procedures to track and analyze reports of drug overdose or suspected overdose.