JACKSON COUNTY PUBLIC HEALTH

POLICY BRIEF

Closing the Gap: Recommendations for Timely Overdose Reporting

COMMUNITY ENGAGEMENT & POLICY DIVISION // OCTOBER 2025

Background

A reportable condition is a public health term for diseases that are of high concern to the public. Because of the disease's contagiousness, severity, or frequency, healthcare providers are required by law to report any diagnosis of these diseases to state or local public health officials. This helps health officials control or prevent further spread of disease. State and local governments maintain a list of reportable conditions, which typically is reserved for highly infectious or very severe diseases. These conditions are often required to be reported immediately upon diagnosis, or for less severe conditions within a few days of diagnosis, ensuring a prompt public health response.

In recent years, state and local governments have started broadening the use of reportable conditions. Most notably, as the rise of opioid overdoses swept across the country, state and local governments have considered what it would look like to add an opioid or drug overdose to the list of reportable conditions. While both fatal and nonfatal overdoses may be reported through hospital or emergency department International Classification of Disease (ICD) codes, and trickled down to state or local health officials eventually, the lag in reporting makes it hard for health departments and other harm reduction partners to deploy resources effectively. In Missouri, for example, there is currently an 18-month delay between the most recent overdose data and the present date. The current system also misses nonfatal overdoses that are treated outside of emergency departments or hospitals. As of 2023, 21 states require healthcare providers and other entities to report nonfatal overdoses to state health officials in a more immediate process (The Network for Public Health Law, 2023). States vary in their timeliness requirements, but in general require reporting anywhere from within 24 hours to a week after diagnosis. Additionally, some cities and counties have also added overdoses to their lists of reportable conditions.

The Impact of Timely Nonfatal Overdose Reporting

Opioid overdoses—both fatal and nonfatal—place a heavy burden on Missouri's healthcare system and emergency services. Each emergency room visit for an overdose costs taxpayers an estimated $3,000, and in 2023, Missouri's hospitalizations due to opioid overdoses were twice the national rate (Halloran, 2025; Missouri Department of Health and Senior Services, 2024).

When nonfatal opioid overdoses go unreported, the consequences are both immediate and long-term. Survivors of nonfatal overdoses remain at high risk for future, potentially fatal, incidents (Hood et al., 2023). Missed opportunities for intervention increase the likelihood of continued chaotic substance use and repeated overdoses, further straining emergency medical services (EMS), emergency departments, and behavioral health systems. From an economic perspective, unreported overdoses lead to underestimates in service demand, limiting effective budgeting and resource planning. This results in a reactive, rather than proactive, public health response, and ultimately increases costs due to emergency care, criminal justice involvement, and lost productivity.

Timely and accurate reporting of nonfatal opioid overdoses is critical. It enables rapid deployment of post-overdose response teams and facilitates connections to evidence-based services such as medication-assisted treatment (MAT), peer recovery support, and other critical services. In addition, access to near real-time regional data empowers local health departments and their partners to routinely assess and tailor current harm reduction interventions—enhancing the effectiveness of public health responses and saving lives.

Outcomes

...FROM JURISDICTIONS THAT MANDATE TIMELY REPORTING

In 2019, Connecticut required EMS providers to call in all suspected opioid overdoses to the state's poison control center. The centralized data collection system and an overdose mapping tool were used to pinpoint overdose clusters and direct interventions. The program successfully stopped an "outbreak" of overdoses linked to fentanyl-laced substances (Canning et al., 2021).

Similarly, Rhode Island identified a sudden spike in nonfatal opioid overdoses presenting in emergency rooms. From April to June, 2019, overdose visits increased 463% compared to the previous 3 months. The state department of health convened a group of community partners to review data and coordinate a response. The group tailored harm reduction services, deployed peer recovery support specialists to hot spots, and posted targeted social media messaging. Nonfatal opioid overdoses returned to pre-outbreak levels (Lasher et al., 2021).

The state of Arizona began requiring all healthcare providers, correctional facilities, EMS, law enforcement agencies, and pharmacists report information regarding a suspected opioid overdose to the state department of health in 2018. The state health department hosts a detailed dashboard on nonfatal overdose events that show real-time data (see Figure 1). The latest data available from the state of Missouri, in comparison, is from December 2023.

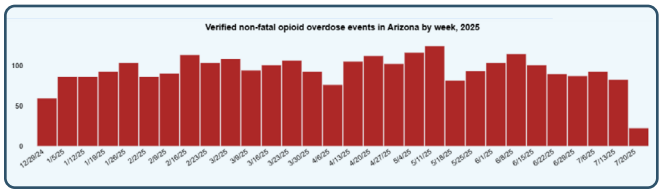

***Figure 1**. Arizona's Overdose Dashboard. Screenshot captured August 5, 2025.*
***Source:** https://www.azdhs.gov/opioid/dashboards*

...IN JURISDICTIONS WITH DATA-SHARING AGREEMENTS

There are also some jurisdictions that informally or formally share overdose data in a timely and comprehensive manner without a mandate.

Massachusetts implemented a program that included data-sharing agreements with first responder agencies, where all 911 calls were screened for suspected opioid overdose events. The data collected were used to send post-overdose outreach teams to attempt outreach and wellness checks with each overdose survivor. Teams successfully engaged with 53.5% of the 5,634 overdose survivors identified in the 4-year span (Formica et al., 2022).

In Erie County, New York, the local health department partnered with the local police department to utilize an overdose mapping tool to refer survivors to treatment. Law enforcement officers entered overdose incidents into the mapping tool. A peer support specialist with the health department then contacted the overdose survivor within 24-72 hours to discuss treatment options. At the 90-day follow-up point, 56% of survivors were connected to care (Washington/Baltimore High Intensity Drug Trafficking Area, 2019).

The Hartford Opioid Project initiated a six-month pilot of data sharing and collaboration between the local EMS and the state of Connecticut's poison control center in 2018. The Project was able to share summary data for each month, and more specific information about an opioid overdose could be shared with necessary parties within 24 hours. The Project's success was the basis of the state of Connecticut requiring all EMS personnel in the state to report suspected overdoses starting in 2019 (Canning et al., 2019).

Conclusion

Timely overdose data is a powerful tool in reducing fatalities, improving care coordination, and informing the strategic deployment of resources. In regions like Eastern Jackson County—home to more than 15 EMS providers and 13 law enforcement agencies—achieving near real-time data sharing will require significant coordination across systems and sectors. While a statewide reporting mandate may provide the most effective framework, its success will ultimately depend on strong local collaboration to build and sustain comprehensive data infrastructure.

In the absence of statewide legislation, local jurisdictions can take the lead by adopting their own overdose reporting mandates and investing in regional data-sharing systems. Strengthening partnerships with EMS providers, law enforcement agencies, hospitals, and community-based organizations is critical to building the trust and workflows needed for consistent and timely data exchange. Public health agencies can also leverage existing platforms, pilot voluntary reporting initiatives, and seek dedicated funding to support local surveillance efforts. Even without a state mandate, these local actions can lay the foundation for improved overdose response and more targeted interventions across Missouri communities.

Recommendations

1 MANDATE TIMELY REPORTING OF NONFATAL OVERDOSES

Missouri could join the 21 other states that have added nonfatal overdoses to their list of reportable conditions. A statewide reporting mandate would provide a consistent framework for timely data collection. Dedicated funding is also needed to strengthen the state's surveillance infrastructure and support implementation.

In the absence of state level legislation mandating timely reporting, local jurisdictions could establish their own reporting requirements. Both St. Louis County and Kansas City have already taken this step, though the extent of implementation in each jurisdiction is unclear. For example, St. Louis County began a phased rollout in 2019, but public updates since then have been limited, and Kansas City does not appear to have published data on its program.

2 ESTABLISH DATA-SHARING AGREEMENTS AND STRENGTHEN PARTNERSHIPS

Eastern Jackson County agencies can move forward by establishing informal data-sharing agreements, piloting voluntary reporting initiatives, and expanding collaboration with EMS, law enforcement agencies, hospitals, and other community organizations. These efforts can build the foundation for a more responsive and coordinated overdose prevention system.

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