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**VIA ELECTRONIC SUBMISSION**

February 26, 2026

CDC Desk Officer,
Office of Management and Budget,
725 17th Street NW,
Washington, DC 20503

OMB Control No. 0920-1128
ICR Reference No. 202601-0920-007
Federal Register No. 2026-01616 (91 FR 3496)

**RE: Agency Forms Undergoing Paperwork Reduction Act Review**

Dear CDC Desk Officer,

Thank you for the opportunity to provide comments on the Centers for Disease Control and Prevention's (CDC) notice, *State Unintentional Drug Overdose Reporting System (SUDORS), Agency Forms Undergoing Paperwork Reduction Act Review [CDC-2025-0552]*.

The Global Health Advocacy Incubator (GHAI), Overdose Prevention Initiative is committed to identifying federal solutions that make it easier for people with substance use disorders to stay safe, find treatment and succeed in recovery. Our comments reflect GHAI's core policy priorities of expanding access to addiction treatment, supporting local overdose prevention efforts and advancing data-driven approaches to inform and improve overdose response.

We applaud CDC for its continued commitment to improving overdose surveillance through preserving the "State Unintentional Drug Overdose Reporting System (SUDORS)." SUDORS plays a crucial role in the nation's overdose prevention response. Its unique ability to capture near-real-time, circumstance-level data on fatal overdoses provides insights that no other federal surveillance system offers, which enables states to implement timely, targeted and evidence-based interventions for the overdose crisis.

To ensure SUDORS continues to provide comprehensive, timely and actionable data, we recommend the following:

- Expand SUDORS coverage to all 50 states, the District of Columbia and U.S. territories to advance comprehensive data collection across the United States; and

- Integrate SUDORS with other federal overdose-related surveillance systems to standardize data collection, improve interoperability and support a more coordinated federal response.

Overdose surveillance must remain at the core of the nation's public health strategy. We thank the CDC for the opportunity to provide feedback on the proposal and for its leadership in expanding overdose surveillance. Should you have any questions, please contact Daniel Diana, Research Manager, Overdose Prevention Initiative, ddiana@advocacyincubator.org.

Sincerely,

Libby Jones,

Associate Vice President,

Global Health Advocacy Incubator, Overdose Prevention Initiative

**Background**

The "State Unintentional Drug Overdose Reporting System (SUDORS)" plays a critical role in overdose prevention as it captures detailed, circumstance-level information about fatal drug overdoses that is not available through other surveillance tools in the United States. Unlike systems that rely solely on death certificates or hospital claims, SUDORS integrates case-level information about fatal overdoses from multiple sources (e.g., coroner and medical examiner reports and toxicology) into a single record. This integration reduces data fragmentation and reconstructs the full context surrounding each overdose death.

In addition to providing counts and rates, SUDORS captures granular information about contributing factors, including prior overdoses, treatment engagement, mental health and substance use history, release from incarceration and the presence of substances beyond those on a death certificate. These insights allow public health officials to identify patterns, risk factors and intervention points that would otherwise remain obscured.

Of particular importance is the bystander metric, which indicates whether another person was present at the time of overdose. This information highlights critical opportunities for intervention, including deployment of naloxone and other overdose reversal strategies. Without SUDORS, prevention efforts would rely on limited and lagging mortality data, as well as anecdotal reports, significantly constraining the ability to design targeted and effective interventions.

SUDORS provides near-real-time, state-level data that enables rapid response to an evolving drug supply and shifting overdose patterns. In contrast, other national mortality datasets often lag by six months or more.[i] Accessing timely, circumstance-level insights beyond just death counts strengthens federal and state efforts to deploy evidence-based interventions and respond to emerging threats.

Although provisional drug overdose death data show a 21% decline in overdose deaths for the 12 months ending in August 2025, the crisis remains severe.[ii] More than 70,000 overdose deaths were reported in 2024, overdose fatalities have begun to increase in several states and the rate of national decline has slowed following a larger decrease in 2024.[ii] Sustaining progress requires continued surveillance that inform overdose prevention strategies. As the nation's only active public health emergency, the opioid crisis demands a robust, real-time data infrastructure to guide effective resource allocation.[iii]

## Recommendations

*Recommendation: Scale SUDORS to all 50 states, the District of Columbia and U.S. territories*

The Overdose Prevention Initiative urges the CDC to expand SUDORS to collect fatal drug overdose data from all 50 states, the District of Columbia and U.S. territories. Nationwide coverage is essential to ensure overdose surveillance is comprehensive and data are representative. Complete jurisdictional participation would allow the CDC to provide an accurate national picture while also equipping states with tailored, state-specific overdose trends to help inform effective interventions.

In 2024, the most recent available year, SUDORS collected fatal drug overdose data from only 43 of the United States' 55 overall jurisdictions, leaving 12 jurisdictions (Alabama, California, Florida, Idaho, Louisiana, North Carolina, North Dakota, Texas, and all U.S. territories) with a gap in data.**Error! Bookmark not defined.** When jurisdictions are excluded, their data are lumped into regional or national analyses that are prone to over- and under-estimate patterns and obscure local trends.[iv] Further, smaller but important jurisdiction-specific trends are missed, limiting opportunities for intervention. Effective overdose prevention efforts depend on accurate, localized data; without full coverage, response may be less precise.

*Recommendation: Make SUDORS interoperable with other related federal surveillance systems*

The Overdose Prevention Initiative also urges CDC to integrate SUDORS with other federal overdose-related surveillance systems to improve data-sharing and coordination across the federal government. Ensuring interoperability across the Department of Health and Human Services (HHS) and other departments would foster standardized data collection, reduce duplication and enable faster and more coordinated responses to emerging trends.

National overdose surveillance remains decentralized across the federal government, with systems housed separately and operating with different timelines, metrics and reporting structures.[v] These silos limit real-time data-sharing, complicate cross-agency analysis and increase administrative burden. Inconsistent measures and reporting schedules also contribute to missing data and make it difficult to compare outcomes across systems.[vi] Greater integration would reduce fragmentation, strengthen data quality and provide more timely and actionable information to inform the nation's response to overdose.

Should you have any questions, please do not hesitate to contact us.

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[i] Fareed, N., Fernandez, S., Kim, J., Marks, C., Myers, J. V., Thomas, N., & Whitley, P. (2025, June 9). Generating Timely Estimates of Overdose Deaths for the US Using Urine Drug Test Data. *JAMA Network Open, 8*(6), 1-11. https://doi.org/10.1001/jamanetworkopen.2025.14402

[ii] Centers for Disease Control and Prevention. *Provisional Drug Overdose Death Counts*. National Center for Health Statistics CDC.

https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

[iii] Administration for Strategic Preparedness and Response. *Declarations of a Public Health Emergency*. ASPR Department of Health and Human Services. https://aspr.hhs.gov/legal/PHE/Pages/default.aspx

[iv] Dasgupta, N. (2026, February 19). *Overdose Declines and the Synthetic Soup of Street Drugs*. University of North Carolina. https://doi.org/10.17615/3snb-gx14

[v] Alonzo, J., Biggers, K., Campbell, W., Clancy, K., Ory, M., & Romain-Harrott, M. (2025, July 25). Addressing data gaps in opioid overdose reporting: enhancing systems to protect vulnerable older adults. *Innovation in Aging, 9*(9), 1-7. https://doi.org/10.1093/geroni/igaf070

[vi] Gazda, M., Hoagland, G. W., Laredo, G., Lovegrove, M., Omeirondi, A., Parekh, A., Pham, T., & Swope, T. (2022, April). *Combating the Opioid Crisis: 'Smarter Spending' to Enhance the Federal Response*. Bipartisan Policy Center. https://bipartisanpolicy.org/wp-content/uploads/2022/04/FINAL-Combating-the-Opioid-Crisis-Smarter-Spending-to-Enhance-the-Federal-Response.pdf