SUPPORTING STATEMENT: *PART A*

Date April 7, 2026

OMB# 0920-1283

Monitoring and Reporting for the Overdose Data to Action Cooperative Agreements

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4. Federal Register Notice
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A. JUSTIFICATION

Goal of the project: This is a revision request for the previously approved ICR to continue collecting program monitoring and reporting information from jurisdictions (which include states, Washington, D.C., U.S. Territories, cities, and counties) currently funded under the Overdose Data to Action notice of funding opportunities (OD2A NOFOs). Overdose Data to Action in States (OD2A-S) that collects program monitoring and reporting information from states and Washington, D.C and the Overdose Data to Action-Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL) that collects program monitoring and reporting information from cities, counties, and Puerto Rico.

Intended use of the resulting data: Information collected will continue to provide crucial data for program performance monitoring, budget tracking, and where applicable, program success. The information will also improve communication between CDC and funding recipients as well as inform technical assistance and guidance documents.

Methods to be used to collect: All jurisdictions funded by the OD2A NOFOs will report activity progress and capacity and workplan updates using web-based tools.

The subpopulation to be studied: All jurisdictions funded by the OD2A NOFOs will be expected to complete all reporting. No subpopulations are being studied.

How the data will be analyzed: Sampling methods will not be used. Data collection will include 100% of jurisdictions funded in the OD2A NOFOs. The data will be analyzed using descriptive and summary statistics, and qualitative summaries.

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (NCIPC) requests approval for a 3-year period for this revision request for the currently approved “Monitoring and reporting for the Overdose Data to Action Cooperative Agreement” – OMB# 0920-1283, expiration date 05/31/2026. In 2024, 79,384 drug overdose deaths occurred in the United States; the age-adjusted rate in 2024 was 23.1 deaths per 100,000 population, reflecting a 26.2% decrease in the age-adjusted drug overdose death rate from 2023, during which there were 31.3 deaths per 100,000 population.[i] Approximately 68% of drug overdose deaths in 2024 involved an opioid.[ii] In addition, opioids are nested in a broadening polysubstance crisis, largely driven by deaths co-involving opioids and stimulants, such as cocaine and methamphetamine. During 2024, there were 21,945 drug overdose deaths involving cocaine and there were 28,722 drug overdose deaths involving psychostimulants with abuse potential—such as methamphetamine—accounting for approximately 28% and 36%, respectively, of drug overdose deaths overall.[iii]

In response to the growing severity of the opioid overdose epidemic, the US government declared the opioid overdose epidemic a public health emergency on October 26, 2017, joining at least eight states that declared the opioid overdose epidemic a statewide emergency.

Acknowledging the recent decline in drug overdose mortality, the overdose epidemic remains the leading causes of death for Americans aged 18-44 years,[iv] and overdose prevention continues to be a critical public health priority.[v]

CDC's Division of Overdose Prevention (DOP) has a comprehensive portfolio of overdose surveillance and prevention efforts, including its flagship Overdose Data to Action (OD2A) cooperative agreements (CoAgs). The purpose of OD2A is to support funded jurisdictions (Attachment 2) in obtaining high quality, complete, and timelier data on opioid prescribing and overdoses involving opioids, stimulants, and polysubstance use, and to use those data to inform prevention and response efforts.

This is a revision request for the currently approved Information Collection Request (ICR-OMB control number 0920–1283, Expiration 05/31/2026), for:

- Continuing the collection of information from jurisdictions (which include states and Washington, D.C.) funded under the Overdose Data to Action in States funding opportunity starting 9/1/2023.
- Continuing the collection of information from jurisdictions (which include U.S. Territories, cities, and counties) funded under the Overdose Data to Action Limiting Overdose through Collaborative Actions in Localities funding opportunity, starting 9/1/2023.

A.2. Purpose and Use of Information Collection

The purpose of the OD2A is to support funded jurisdictions in obtaining high quality, complete, and timelier data on prescribing and fatal and nonfatal overdoses, and to use those data to inform prevention and response efforts. The intent is to ensure that funded jurisdictions are well equipped to use their data to inform overdose prevention efforts.

This ICR focuses on tools that funded jurisdictions will use in order to assess performance as well as measure effectiveness (i.e., program monitoring and reporting information). This information is being collected to provide crucial data to CDC for program monitoring and budget tracking, to improve timely CDC-recipient communications, and to inform technical assistance and guidance documents produced by CDC to support program implementation among funded jurisdictions. The information feedback loop created by these program monitoring and reporting information collection tools is designed to help jurisdictions decrease fatal and nonfatal overdoses. It will also provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources.

The following data collection instruments are part of this ICR:

Overdose Data to Action in States

The OD2A-S Annual Performance Report and Work Plan support the overall OD2A-S NOFO.

e. **OD2A-S Annual Performance Report and Work Plan:**
   Funded jurisdictions are required to provide summaries of implemented interventions and challenges encountered; detailed descriptions of interventions, the steps required to implement each intervention, and their dates of completion; and success stories. Jurisdictions will report progress on their work plan objectives and progress toward completing their activities on an annual basis. All information is intended to be reported electronically using electronic data collection systems (e.g., Excel, REDCap, Partner's Portal). If any of the intended electronic data collection systems used fail, OD2A jurisdictions will be provided with a data collection list. Data will be analyzed by CDC staff that support recipients and recommendations will be provided to recipients to strengthen their implementation efforts. Success stories and program achievements will also be collected, shared internally, and a selection will be used to report to Congress and share with the public. Furthermore, CDC staff will use the successful implementation examples to help recommend program improvements and strategies to other recipients.

Overdose Data to Action--Limiting Overdose through Collaborative Actions in Localities

The OD2A-LOCAL Annual Performance Report and Work Plan support the overall OD2A-LOCAL NOFO.

h. **OD2A-LOCAL Annual Performance Report and Work Plan:**
   Funded jurisdictions are required to provide summaries of implemented interventions and challenges encountered; detailed descriptions of interventions, the steps required to implement each intervention, and their dates of completion; and success stories. Jurisdictions will report progress on their work plan objectives and progress toward completing their activities on an annual basis. All information is intended to be reported electronically using electronic data collection systems (e.g., Excel, REDCap, Partner's Portal). If any of the intended electronic data collection systems used fail, OD2A jurisdictions will be provided with a data collection list. Data will be analyzed by CDC staff that support recipients and recommendations will be provided to recipients to strengthen their implementation efforts. Success stories and program achievements will also be collected, shared internally, and a selection will be used to report to Congress and share with the public. Furthermore, CDC staff will use the successful implementation examples to help recommend program improvements and strategies to other recipients.

Although program monitoring is an essential element of public health programs, data collected for this purpose are not generalizable. In addition, because this is not a research cooperative agreement, funded jurisdictions are not required to implement rigorous research designs that have strong internal validity, produce generalizable knowledge, or allow for causal attribution.

CDC is authorized to collect information for public health purposes by Section 301(a) of the Public Health Service Act (Attachment 1).

A.3. Use of Improved Information Technology and Burden Reduction

Data will be collected electronically via various secured online survey platforms (e.g. Partners Portal, REDCap, Excel). Recipients will be provided with access to all available electronic data collection tools. All data will be collected using secure, advanced information technology.

Further, standardization enhances the consistency of information collected, thereby enabling examination of cross-program strategies. The report generation capabilities of available web-based tools used reduce the respondent burden associated with paper-based reports. Without the reporting tools and the integrated approach to information collection and reporting, funded jurisdictions and CDC would need to continue to use time consuming and labor-intensive procedures for information collection and reporting. In the event any system is unavailable recipients will be provided with a list of required data collection items.

A.4. Efforts to Identify Duplication and Use of Similar Information*

The information collected from recipients in this ICR is not available from other sources. The information is specific to the current OD2A-S and OD2A-LOCAL cooperative agreements, and collection of this information is part of a federal reporting requirement for funds received through these cooperative agreements. The data collection tools will consolidate program monitoring and reporting information necessary for both continuation applications and performance reports. The work plans and performance reports provide descriptive summaries of recipients' capacity to implement activities aimed at mitigating the overdose epidemic, including surveillance. However, these tools do not collect surveillance data; those epidemiologic data are reported to CDC under two other separate OMB control numbers.

- Information about overdose-related emergency department admissions is reported to CDC under OMB No. 0920-1268 (exp. 9/30/2028), Drug Overdose Surveillance and Epidemiology (DOSE). This information collection allows CDC and participating jurisdictions to rapidly identify outbreaks and provide situational awareness of changes in emergency department (ED) visits involving suspected drug, opioid, heroin, and stimulant overdoses at the local, state, and regional level.
- Information about overdose-related mortality is reported to CDC under OMB No. 0920-1128 (exp. 4/30/2026), in the State Unintentional Drug Overdose Reporting System (SUDORS). This information collection allows CDC and participating jurisdictions to detect state and local community changes in unintentional and undetermined intent drug-related overdose deaths. It also collects information about risk factors for fatal drug overdose deaths that can inform the selection and targeting of interventions.

As one of CDC's primary overdose prevention initiatives, Overdose Data to Action occupies a unique niche within the larger scope of Health and Human Services' (HHS) opioid initiative. The

Substance Abuse and Mental Health Services Administration (SAMHSA) is also engaged in the opioid overdose space, but their focus is more focused on treatment (i.e., increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of treatment and recovery activities for people with opioid use disorder). As such, SAMHSA-funded efforts are complementary to CDC's OD2A cooperative agreement rather than redundant, and the data/information SAMHSA collects are specific to their funding opportunities.

A.5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6. Consequences of Collecting the Information Less Frequently

The OD2A-S and OD2A: LOCAL annual performance reports and work plans, are due each year, 120 days before the end of the budget period and serve as a non-competing continuation application.

Less frequent reporting would undermine accountability efforts at all levels and negatively affect monitoring recipient progress. The annual reporting schedule ensures that CDC responses to inquiries from HHS, the White House, Congress, and other stakeholders are based on timely and up-to-date information.

A.7. Special Circumstances Relating to the Guidelines of five CFR 1320.5

The request fully complies with regulation 5 CFR 1320.5.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A.8.a) Federal Register Notice

A 60-day Federal Register Notice was published in the Federal Register on December 15, 2025, vol. 90, No. 238, pp. 58018-58019 (Attachment 4). There was one anonymous public comment not requiring a CDC response (Attachment 4a).

A.8.b) Efforts to Consult Outside the Agency

The data collection instruments were designed collaboratively by CDC staff and selected contractors. Consultation will continue throughout the implementation process. As many components of this ICR are based on existing tools, feedback from partners, both internal and external, may have occurred during their implementation in previous funding opportunities.

A.9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive payments or gifts for providing information.

A.10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The Office of the Chief Information Officer at CDC has determined that the Privacy Act does not apply to this information collection request. The reporting systems that will be used for OD2A-S and OD2A-LOCAL, include components of the Partner's Portal system which has a current Authorization to Operate. The Privacy Threshold Analysis (PTA) for Partner's Portal system is attached (Attachment 5).

Respondents, or their designated delegates, will provide information about their program efforts funded through the OD2A-S and OD2A-LOCAL funding opportunities. No sensitive information or personal contact information will be collected. All data will be reported in aggregate form, with no identifying information included. Because data are maintained in a secure, password-protected system, and information will be reported in aggregate form, there is no impact on respondent privacy. Key program staff will provide information related to programmatic improvement and they will be notified that their responses to the electronic information system will be treated in a secure manner. Staff identifiers will not be used in any performance reports. The information collection does not require consent from individuals. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of key funded jurisdictions' program staff (e.g. program director) will be protected and maintained.

While consent is not required to report aggregate data, jurisdictional approval will be obtained if jurisdiction-specific data are used for publications, reports, or other publicly disseminated information. Respondents are state, city, county, and U.S. Territory governmental agencies. No system of records will be created under the Privacy Act. Submission and access to funded jurisdiction data will be controlled by a password-protected login site. Access levels vary from read-only to read-write, based on the user's role and needs. CDC staff and contractors will have varying levels of access to the system with role-appropriate security training, based on the requirements of their position(s). Aggregated information will be stored on an internal CDC Access server subject to CDC's information security guidelines.

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

The CDC National Center for Injury Prevention and Control's OMB and human subject's liaison have determined that this information is non-research and therefore, IRB approval is not needed. The information collection does not involve the collection of personal information or the participation of human subjects in research. (Attachment 6).

Sensitive Questions

The proposed templates do not collect sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

A.12.a) Annual Burden Hours

OD2A-S-funded state and District of Columbia health departments:
Respondents will be the 50 jurisdictions that are expected to be funded under the OD2A-S funding opportunity. Annually, funded jurisdictions will report activity progress and work plan using electronic data collection systems (e.g., Excel, REDCap, Partner's Portal). If any of the intended electronic data collection systems used fail, OD2A jurisdictions will be provided with a data collection list. The estimate burden for each instrument includes time for reviewing instructions, searching sources, data collection, and completion of the templates.

The estimated burden per response is 12 hours for annual submissions of the annual performance report and work plan. The burden is based on performance reporting requirements for jurisdictions in the prior OD2A funding opportunity (CDC-RFA-CE19-1904) and a similar prior funding opportunity (OMB# 0920-1155 - Monitoring and Reporting System for the Prescription Drug Overdose: Prevention for States Cooperative Agreement).

OD2A-LOCAL-funded territory, county, and city health departments
Respondents will be the 40 funded jurisdictions of the OD2A-LOCAL funding opportunity. Annually, funded jurisdictions will report activity progress and work plan information using electronic data collection systems (e.g., Excel, REDCap, Partner's Portal). If any of the intended electronic data collection systems used fail, OD2A jurisdictions will be provided with a data collection list. The estimate burden for each instrument includes time for reviewing instructions, searching sources, data collection, and completion of the templates.

The estimated burden per response is 12 hours for annual submissions of the annual performance report and work plan. The burden is based on performance reporting requirements for jurisdictions in the prior OD2A funding opportunity and a similar prior funding opportunity (OMB# 0920-1155 - Monitoring and Reporting System for the Prescription Drug Overdose: Prevention for States Cooperative Agreement). Since the OD2A-LOCAL NOFO will have fewer surveillance and prevention strategies for recipients to implement compared to OD2A-S, the estimated burden for the related data collection instruments has decreased from 1,363 hours to 1,080 hours.

Estimated Annualized Respondent Burden Hours

Type of respondents	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
OD2A-S-funded state and District of Columbia health departments	OD2A-S Annual Performance Report and Work Plan (Att. 3a)	50	1	12	600
OD2A-LOCAL-funded territory, county, and city health departments	OD2A-LOCAL Annual Performance Report and Work Plan (Att. 3b)	40	1	12	480
				Total	1,080

A.12.b) Annual Burden Costs

Respondents will be health department program managers, or their designated delegate, which includes a wide variety of staff. Because the type of staff responding to these data collections will vary substantially across recipients, the mean hourly wage of federal, state, and local government employees ($34.88) as estimated by the Bureau of Labor Statistics (https://data.bls.gov/oes/#/industry/999001, accessed on March 23, 2026) was used to estimate burden costs. Public Agencies who retrieve and refile records estimate costs at [1,080 burden hours x $34.88/hour] = $37,670.40.

Estimated Annualized Respondent Burden Costs

Type of respondents	Form Name	Total Burden Hours	Average Hourly Wage Rate (in dollars)	Total Costs

OD2A-S-funded state and District of Columbia health departments	OD2A-S Annual Performance Report and Work Plan (Att. 3a)	600	$34.88	$20,928.00
OD2A-LOCAL-funded territory, county, and city health departments	OD2A-LOCAL Annual Performance Report and Work Plan (Att. 3b)	480	$34.88	$16,725.40
			Total:	$37,670.40

A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

No capital or maintenance costs are expected. Additionally, there are no start-up, hardware, or software costs.

A.14. Annualized Cost to the Government

The average annualized cost to the federal government is $644,184, as summarized in Table C.

Table C Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
CDC Personnel	• 100% GS-12@$94,654/year = $94,654 • 50% GS-13 @ $112,556/year = $56,278 • 25% GS-14 @ $133,007/year = $33,252 Subtotal, CDC Personnel	$184,184
Contractor	Contractor	$460,000
	Total Annual Estimated Costs	$644,184

A.15. Explanation for Program Changes or Adjustments

This is a request to continue the currently approved Information Collection Request (ICR-OMB control number 0920–1283, Expiration 05/31/2026), to ensure that required work plan and annual performance report (APR) data can be submitted by all 90 funded OD2A in States (n=50) and OD2A: LOCAL recipients (n=40).

Revisions are requested to remove previously approved data collection instruments that are no longer active for ongoing data collection purposes and revise burden. Data collection instruments being inactivated include Evaluation and Performance Measurement Plan Templates, Data

Management Plan Templates, Organizational Capacity Assessment - Annual Reporting, and Activity Progress Report and Work Plan Tool – Annual Reporting. No additional burden has been added; however, based on the removal of previously approved instruments the burden decreased from 1,343 hours to 1,080 hours.

A.16. Plans for Tabulation and Publication, and Project Time Schedule

A. Time schedule for the entire project
OMB approval of this ICR has been requested for an additional three years. Annual reporting by the recipients are due 120 days before the end of the budget period. CDC will conduct analysis, visualization, and reporting after data are submitted and finalized each year.

B. Publication plan
Information collected as part of this ICR primarily be used in internal CDC documents and may be shared in summary form with funded jurisdictions. With respect to activity progress and work plan reporting, jurisdictions will maintain consistent access to their own submitted information.

C. Analysis plan
CDC will use analytic methods necessary to accurately disseminate program findings.

Table D Project Time Schedule

Activity Time Schedule	**Timeline**
Notification of Web-based tool and Template Availability	Immediately upon OMB approval
User Training	Immediately upon OMB approval, then ongoing through the period of performance
Data Collection	Immediately upon OMB approval, then continuing annually
Data Analysis	Immediately upon submission by funded jurisdictions, then continuing annually

A.17. Reason(s) Display of OMB Expiration Date is Inappropriate

No exceptions from display of expiration date are requested.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

[i] Garnett MF, Miniño AM. Drug overdose deaths in the United States, 2023–2024. NCHS Data Brief. 2026 Jan;(549):1─13. DOI: https://dx.doi.org/10.15620/cdc/174639

[ii] Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2026. Available at http://wonder.cdc.gov.

[iii] Ibid.

[iv] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]) [cited 3/23/2026]. Available from URL: www.wisqars.cdc.gov

[v] https://www.hhs.gov/programs/overdose-prevention.html