Attachment B2 for OMB 0920-0314:
Public Comments Received from 60-day Federal Register
(with program reply following on page 6)

Public Comment on the National Survey of Family Growth

Public Comment on the National Survey of Family Growth

April 23, 2026

Greeting and Opening

I am writing in response to the CDC's notice titled "Proposed Data Collection Submitted for Public Comment and Recommendations," regarding the National Survey of Family Growth (NSFG), Docket No. CDC-2026-0661, published in the Federal Register (91 FR 21294, April 21, 2026). The NSFG serves an important role in influencing federal and state healthcare policy, academic research, social and public health sciences, journalism, and many other related groups and individuals.[1] While the data the NSFG collects regarding sexual activity and reproduction is important and valuable, the burden of time it imposes on individuals who volunteer to complete the survey is significant. The survey should be revised to reduce this heavy time burden which might cause low participation and a biased sample base in order to ensure the collection of this data is useful and productive.

Merits of the Rule

The data the NSFG collects is invaluable in influencing public health policy as well as many other organizations and individuals. The continuation of the survey is important, but the heavy time burden the survey imposes on respondents might lessen its utility. For females between 15 and 49 years old, the survey takes an average of 75 minutes to complete; for males of the same age group, 50.[2] The heavy time burden this volunteer-based survey imposes restricts the effectiveness of its data collection by influencing lower participation than if it was quicker.

The valuable data the NSFG provides influences important policy decisions such as federal healthcare funding decisions. Specifically, the NSFG has been critical in influencing how

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1 Centers for Disease Control and Prevention, "Proposed Data Collection Submitted for Public Comment and Recommendations," *Federal Register* 91, no. 76 (April 21, 2026): 21294–21295, https://www.federalregister.gov/documents/2026/04/21/2026-07759/proposed-data-collection-submitted-for-public-comment-and-recommendations.

2 Ibid.

Title X and Medicaid's family planning policies are evaluated, altered, restricted, or expanded.[3] For example, a 2020 study using data collected by the NSFG on contraceptive use found that 22% of women who were at risk for unplanned pregnancy reported that they would rather use a different method of contraception if cost were not an issue.[4] The study connects such dissatisfaction to challenges in accessing Title X or Medicaid clinics and coverage.[5] Given that research shows that 61% of unplanned pregnancies end in abortion,[6] it is clear that the data collected by the NSFG can both reflect and influence a chain of effects. For reproductive healthcare policies which may affect contraception and abortion numbers, for example, are created using NSFG data. NSFG data is critical in understanding reproductive behavior and influencing relevant policy.

Because of this significant policy impact, it is important that the collection of this data continues in a revised way which maximizes efficiency. Regarding the CDC's notice, I propose that the continued collection of NSFG data is necessary, but that the survey should be revised to maximize its utility and minimize its burden. While the CDC provides estimates of respondent burden, it does not clarify whether the current survey length is necessary to achieve its objectives, an important requirement in order for the CDC to gain approval from the Office of Management and Budget.[7]

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3 Kristen Lagasse Burke, Joseph E. Potter, and Kari White, "Unsatisfied Contraceptive Preferences Due to Cost Among Women in the United States," *Contraception X* (2020), https://pmc.ncbi.nlm.nih.gov/articles/PMC7378558/.

4 Burke, Potter, and White, "Unsatisfied Contraceptive Preferences."

5 Ibid.

6 Guttmacher Institute, "Induced Abortion Worldwide," fact sheet, March 2018, https://www.guttmacher.org/fact-sheet/induced-abortion-worldwide.

7 Centers for Disease Control and Prevention, "Proposed Data Collection," 21294.

Evaluative Criteria

E.O.13132 requires that proposed regulations explain the regulations impact on federalism. Regarding the NSFG, the CDC has not explicitly explained the policy's impact on federalism, but the data collected has and would continue to influence both federal and state policy, even though it is collected at the federal level.

EO12866 requires regulations to contain a cost-benefit analysis. While CDC has provided an estimate of respondent time costs, it has not provided a full Cost-Benefit Analysis with monetary costs and benefits, nor any other benefits.

The Unfunded Mandates Reform Act requires agencies to assess costs and benefits before issuing any rule whose mandates may result in significant expenditure by States, local and tribal governments, or the private sector. While the CDC's notice does not impose a direct mandate, its lack of a satisfactory CBA limits its ability to evaluate such economic impacts.

Under the Administrative Procedure Act, which requires that regulators justify everything they propose, the CDC has not demonstrated that the time length of surveys is justified.

Small businesses in healthcare and reproductive health may benefit from the productive collection of accurate data on sexual behavior and reproduction collected by the NSFG.

(It is important to note that this is an evaluation of a Paperwork Reduction Act notice, not a major regulatory rule, thus the CDC is not required to provide a full range of evaluatory information which is typically expected of regulations.)

Alternatives

I recommend first that the CDC analyze the necessity of the current survey's time burden. Such analysis will provide a basis upon which to evaluate ways to improve the survey's accuracy and utility. The survey could then be improved by shortening its length, eliminating low-value

questions, and improving the quality of information attained by each question. The CDC could also explore making the survey more accessible, perhaps by making it accessible online. The heavy time burden the NSFG imposes could be reduced through changes such as these.

Works Cited

Burke, Kristen Lagasse, Joseph E. Potter, and Kari White. “Unsatisfied Contraceptive Preferences Due to Cost Among Women in the United States.” *Contraception X* (2020). https://pmc.ncbi.nlm.nih.gov/articles/PMC7378558/.

Centers for Disease Control and Prevention. “Proposed Data Collection Submitted for Public Comment and Recommendations.” *Federal Register* 91, no. 76 (April 21, 2026): 21294–21295. https://www.federalregister.gov/documents/2026/04/21/2026-07759/proposed-data-collection-submitted-for-public-comment-and-recommendations.

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CDC/NCHS program response to anonymous public comment from 4/23/2026:

NCHS appreciates the commenter's recognition of the important role that the National Survey of Family Growth (NSFG) plays in informing public health research, programs, and policy. We also appreciate the commenter's thoughtful observations regarding respondent burden and the importance of continually evaluating survey efficiency and utility. We agree that it is important to balance the collection of high-quality, relevant data with minimizing burden on survey participants. Consistent with this objective, NSFG regularly reviews questionnaire content to ensure that collected information remains relevant, scientifically valuable, and responsive to the needs of data users. Survey content is periodically evaluated and revised to remove or modify questions as appropriate, taking into account analytic utility, emerging public health priorities, respondent burden, and overall survey length.

In case the commenter had not noted already, we mention that their suggestion to explore online data collection has already been incorporated into the current survey design. In January 2022 NSFG transitioned from an interviewer-administered, in-person-only approach to a multimode design that includes a web-based data collection option. This modernization effort was intended to improve respondent accessibility and convenience while maintaining data quality and representativeness. Thus far roughly three-quarters of all main surveys are completed by web. Our technical documentation for the 2022-2023 NSFG public-use files provides further details: NSFG - 2022-2023 NSFG - Public-Use Data Files, Codebooks and Documentation

NCHS remains committed to ongoing evaluation of survey procedures, questionnaire content, and data collection methods to maximize the value of NSFG data while minimizing respondent burden. NCHS will continue to assess opportunities to improve NSFG's efficiency and respondent experience as part of its continuous quality improvement process.