As you stated, collection of data in overdose cases is time sensitive especially in acute and/or wide spread multistate cases which can imply a "bad batch" of drugs is circulating the community and an intervention must be made. The idea behind drug overdose surveillance and epidemiology (DOSE) is great and standardizing the sharing of existing ER medical records may help in the broad collection of future data. My concern is the effort that it will take to collect or standardize all existing data on patient overdose's. The non-profit organization, *Partnership to end addiction,* puts the risk of overdose relapse between 40-60%. I would like to hear more about what DOSE plans to do in order to gather all previous patient overdose information and if this program plans to use this information to prevent future overdoses.

I do believe the proposed collection of information is necessary and can have utility whether it serves as a centralized collection of data or if DOSE plans to further their program and develop an assistance ship to those who have struggled with overdose. I believe the estimated annual burden hours of 1,272 is accurate, that averages to about one part-time worker per facility inputting information. No burden hours were given to how much effort it would take to input all previous overdoes information.

References

Partnership to End Addiction. (2021, April). *Risk of relapse, overdose and what you can do.* https://drugfree.org/article/relapse-overdose/