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Docket: CDC-2025-0552

State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0002

Comment from Anonymous

Submitter Information

Name: Anonymous Anonymous

General Comment

This commentary provides supporting evidence of the critical need for SUDORS, as it provides data to federal agencies and state health departments to understand the current impacts of substance use across the nation. Sustained support for SUDORS will be essential to leverage health systems and outcomes related to overdose deaths.

Substance use remains an issue that has long impacted America's public health system. As noted in the CDC's notice, the opioid crisis has been declared a public health emergency as of 2017 (CDC, 2025). Although overdose deaths have declined by approximately 27% as of 2024, the first decline since 2018, risk factors remain (CDC, 2025). Emerging synthetic opioids (ESOs) such as nitazene analogs have been on the steady rise and pose a threat due to their extreme strength and lethality. Unfortunately, ESOs have limited surveillance data, as these are novel drugs, resulting in them not always being accounted for in toxicology reports. The Inter-American Drug Abuse Control Commission (CICAD) has reported data lags in reporting ESOs due to insufficient data, thus pushing for a stronger SUDORS reporting system to address the lack of information (CICAD, 2024). Currently, synthetic opioids make up 69% of overdose deaths, reinforcing the importance of a strong surveillance system to capture these deaths and the need to maintain SUDORS (Post et al., 2025).

Therefore, continuing SUDORS is crucial in fighting against overdose deaths nationwide. SUDORS has delivered real-world benefits to inform policy decision-making. For example, the New Jersey Department of Health used SUDORS data to guide the development of the state's Harm Reduction Centers across all 21 counties. SUDORS data aided in a 4.6% drop in overdose deaths and reached 5,800 clients, 80% of whom were new in 2024, with a 78% utilization rate of harm reduction services in the state (Samuel, 2025). Knowing this, SUDORS is a key data collection tool that needs to be maintained to continue to fight against the substance use epidemic that is being faced in America. New Jersey's work highlights the value of SUDORS and the replicability of the dataset's framework in other states to develop similar interventions. Thus, maintaining this data set will be necessary for long-term positive health outcomes for our nation.

While current interventions are essential, SUDORS can predict the impact of future interventions. Nataraj and colleagues used SUDORS data to create a MODIPH simulation pilot to imitate public health

interventions. The pilot program demonstrated that using SUDORS data to develop evidence-based public health interventions was critical in being able to reduce fatal overdoses by 37% over three years (Nataraj et al., 2024). The relevance of Nataraj et al.'s study underscores the need for SUDORS, as it captures real-time data to understand the implications of proposed interventions and guide future decision-making.

Beyond SUDORS' ability to predict public health interventions, the data reveals information about the structural and intersecting factors that drive overdoses. For example, SUDORS data uncovered linkages between mental health and substance use, guiding states such as New Jersey and New York in creating behavioral health and harm reduction programs. The CDC Foundation has credited SUDORS as being vital in developing this intersectional strategy (CDC Foundation, 2025).

SUDORS has also been able to identify information on rising polysubstance deaths involving both opioids and stimulants. In Maryland, SUDORS data discovered that polysubstance deaths had increased from 42% to 53% in 2024, thus prompting evidence-based policy decisions (Maryland Department of Health, 2025). This is important as there is a rise in ESOs mentioned earlier, but also highlights how SUDORS will be important in finding new emerging drug threats and the impacts of drug combination usage.

Finally, SUDORS has revealed links between social determinants of health, institutional racism, and overdose deaths. SUDORS data have identified links to criminal justice data to show how there have been disparities in arrests in predominantly minority communities – due to a lack of opioid rehabilitation services in these areas. As a result, this has led lawmakers to push for policy reform in the screening process, which has now resulted in 63% of jails screening for opioid use disorder at admission, 54% provide withdrawal medication, and 29% offering overdose education; as a result of this data, SUDORS has been key in informing policies within correctional facilities (St. John et al., 2025). These insights reemphasize SUDORS's ability not only as a surveillance system but also as a means to improve health equity and can address structural considerations that impact overdose deaths.

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State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0003

Comment from Adams, Annie

Submitter Information

Name: Annie Adams

Address:

New York, NY, 10032

Email: aea2205@cumc.columbia.edu

Phone: 5083178252

General Comment

I appreciate the CDC's commitment to improving overdose data collection through the State Unintentional Drug Overdose Reporting System. Reliable, high-quality data and qualitative reports of the circumstances surrounding unintentional overdoses are absolutely needed to understand the evolving opioid overdose crisis and tailor responses. However, as SUDORS is expanded, I feel the need to comment publicly regarding its design, data sharing policies, security measures, and application in an attempt to uphold public health ethics and human rights principles.

Comprehensive data on the circumstances surrounding overdose deaths can help those of us in public health identify gaps in prevention and care, allowing more tailored medication-assisted treatment, harm reduction programs, and post-overdose follow-up services. When used responsibly, these insights can improve access to those lifesaving resources, particularly for populations who face economic, geographic, and information barriers to quality care. Under human rights covenants, we are entitled to the highest attainable standard of health, and our government has a responsibility to protect that right. This includes the access to treatment, naloxone distribution, and safe consumption or injection services that SUDORS data has historically informed.

However, I urge the CDC to implement clear safeguards to ensure that data collection does not unintentionally exacerbate stigma, surveillance, or criminalization of people who use drugs. Overdose surveillance should serve public health—not law enforcement—and should promote care, not punishment. Data sharing agreements between federal agencies, namely HHS and the Department of Homeland Security, have already resulted in personal Medicaid data being used for ICE investigations. I am concerned about protecting the health and human rights of those who use drugs in the U.S., and the potential for SUDORS geographic data to be shared with the DEA or other agencies primarily concerned

with the criminalization of, rather than treatment of and community support for, individuals using or dependent on opioids.

Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 1:59 PM
To: aea2205@cumc.columbia.edu
Cc: NCIPC OMB (CDC)
Subject: Docket No. CDC-2025-0052 - State Unintentional Drug Overdose Reporting System (SUDORS)- Information Collection Review Office, Centers for Disease Control and Prevention

Re: Proposed Data Collection Submitted for Public Comment and Recommendations,
[Federal Register :: Proposed Data Collection Submitted for Public Comment and Recommendations](#)

Dear Annie Adams,

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment.

SUDORS data are protected against unintended access and personal identification. The data in SUDORS can only be accessed by SUDORS staff at the jurisdiction and CDC level. Data are processed on secure CDC servers and are currently only available publicly via the SUDORS public-facing data dashboard, which contains **only** aggregate-level information that cannot be used to identify individuals. SUDORS data are protected from identifying individuals in several ways:

- SUDORS policies direct states to de-identify data before entering it into SUDORS. There are a limited number of free-text fields within SUDORS in which personally identifiable information (PII) could be received, so routine scans for PII are run to identify cases that need to be reviewed and de-identified in the system by jurisdiction-based SUDORS staff. Breach reports are filed for each instance of PII discovered in the system, and PII is removed. There are no discrete fields within the system that deliberately capture PII (e.g., the system does not collect date of birth, social security number, any medical record number, first or last name). Potential PII is flagged and removed during internal processing.
- Access to the system used to abstract SUDORS data is restricted to state-based staff responsible for abstracting data and CDC-based staff responsible for reviewing data. State-based staff can only see data from their own state. Training is required for accessing the system and using the data. Access to the system is housed within CDC's Secure Access Management System (SAMS). SAMS access requires recipient staff to undergo identity verification and background checking.
- The only SUDORS data available publicly are those that can be downloaded from the SUDORS public-facing data dashboard; those data do not contain any information that could identify any individual and are aggregated by jurisdiction and year. No free-text or other fields with any sensitive or identifying information are ever shared outside of the CDC SUDORS team.
- SUDORS is protected under an Assurance of Confidentiality under Section 308(d) of the Public Health Service Act, which is used for projects or studies that involve sensitive or identifiable information collected for public health surveillance. It states that the information will be used only for the purpose for which it was supplied, and that an individual or institution must provide consent if the collected information is to be used for any other purpose. CDC staff responsible for SUDORS data complete training on Assurances of Confidentiality annually.
- Geographic data more granular than the state level are not publicly available and are not shared outside of the CDC SUDORS team.

Thank you again for taking the time to provide a thorough public comment.

OMB/PRA Office

Office of Science

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

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State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0004

Comment from League of United Latin American Citizens (LULAC)

Submitter Information

Email: rserrano@lulac.org

Organization: League of United Latin American Citizens (LULAC)

General Comment

See attached file(s)

Attachments

LULAC Comments on Revision to the State Unintentional Drug Overdose Reporting System (SUDORS)-November 21 2025



League of United Latin American Citizens

NATIONAL PRESIDENT
ROMAN PALOMARES

November 21, 2025

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Fred Baca

New Mexico

Alicia Pagan

Ohio

Carlos Farjardo

Puerto Rico

Gabriel Rosales

Texas

Belia Paz

Utah

Jaime Alvarado

Wisconsin

(v.32)

Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS H21-8
Atlanta, Georgia 30329

Re: Comment on proposed revision to the State Unintentional Drug Overdose Reporting System (SUDORS), Docket No. CDC-2025-0552

Dear Mr. Zirger:

For nearly ninety-seven years, the League of United Latin American Citizens (LULAC), the oldest and largest Latino civil rights organization in the United States, has asked this nation to see our communities clearly and treat them with dignity. We write in that same tradition to respond to CDC's proposed revision to the State Unintentional Drug Overdose Reporting System. Overdose surveillance should be a public-health tool grounded in trust, not a system that leaves families wondering who is watching and why.

And trust is fragile. A parent calling 911 should not have to calculate whether asking for help will put their family at risk. A teenager waking in a hospital after an overdose should not wonder whether the most vulnerable moment of his life is now permanently archived inside a federal database. Public health should feel like protection, not surveillance. It should educate, not castigate.

SUDORS collects far more than most people realize. It includes more than 600 data elements for each case and pulls in full toxicology results, the precise route of administration whether smoked, snorted, injected, or swallowed, detailed scene descriptions, mental-health indicators, treatment history, past overdose incidents, recent releases from incarceration or treatment programs, and the full narrative reports written by coroners and medical examiners. These narratives often describe a person's final hours with painful specificity. This is not generic data. It is human storytelling captured inside a federal system.

These records travel from coroners to state health departments and then into CDC's national platform. Some states attempt to de-identify the data, while others do not. Once CDC receives it, the public has no clear understanding of who can access the data, under what authority, for what purpose, or for how long. No deletion schedule exists. No breach history is publicly disclosed. There is no evidence of consistent civil-rights or



League of United Latin American Citizens

racial-equity audits. A system with this level of opacity erodes trust rather than building it.

We have already seen how systems designed for public health can drift into enforcement. In multiple states, overdose “hot spot” maps intended for outreach ended up in law-enforcement briefings. The Overdose Detection Mapping Application Program, launched in 2018, allows overdose-location data to be shared across first responders and law-enforcement agencies to coordinate patrols and operations, according to the National Institute of Justice. A tool meant for prevention can quickly become something else.

The civil-rights concerns run deep. Latino ethnicity is routinely misclassified in death-investigation systems. According to a 2016 report from the National Center for Health Statistics, misclassification of Hispanic origin on death certificates leads to an undercount of Hispanic mortality by approximately 3 percent. These errors may seem small, but they erase lives, distort national data, and undermine Title VI protections.

SUDORS does not capture the realities that shape overdose risk for Latino communities. Many Latino families face insurance gaps or under-insurance. Fear of immigration consequences keeps some from calling for help. Latino workers are heavily represented in high-injury industries where pain, prescription opioids, and self-medication overlap. Treatment deserts in rural and border regions leave entire communities without nearby care. Counterfeit pills circulate in farm-worker camps and border towns. These are not footnotes to the crisis. They are its architecture.

Some Latino communities are missing from the system entirely. Migrant farmworkers, mixed-status households, Latino residents of U.S. territories such as Puerto Rico, and Latino tribal citizens often fall outside state-level reporting. When the oldest and largest Latino civil-rights organization in the country cannot assure its communities that they even appear in the data, something fundamental is broken.

Uneven capacity in state coroner systems compounds the problem. States with the largest Latino populations often rely on decentralized, under-resourced coroner structures that generate inconsistent or racially skewed data long before CDC sees it. Yet CDC has conducted no Title VI civil-rights analysis, no Executive Order 13166 language-access review, no Section 1557 compliance assessment, and no alignment with the HHS Equity Action Plan.

Meanwhile, the national evidence is clear. CDC’s provisional estimates released in February 2025 show that overdose deaths in the 12 months ending September 2024 declined nearly 24 percent, dropping from about 114,000 to about 87,000 deaths. The Johns Hopkins School of Nursing reported in 2024 that overdose deaths fell by 22 percent because of treatment access, harm reduction, and evidence-based prevention rather than enforcement or punishment. Prevention works. Criminalization does not.

Language matters. The National Institute on Drug Abuse’s 2023 “Words Matter” guidance warns that stigmatizing terminology in drug-related data systems directly shapes policy, community trust, and treatment outcomes. How CDC labels and codes individuals in SUDORS will determine whether communities feel respected or surveilled.



League of United Latin American Citizens

CDC now has the opportunity to build a system worthy of the people it aims to protect. That requires transparency and accountability. CDC should publish every data element SUDORS collects and clarify which fields contain identifiable information. It should set retention and deletion timelines with verifiable proof. It should prohibit the use of SUDORS and DOSE data for law-enforcement, prosecutorial, or immigration purposes. It should build strong firewalls between public health and enforcement agencies. It should require validated race, ethnicity, preferred-language, and LEP data fields. It should conduct recurring equity, bias, and re-identification audits and make the results public. It should ensure all communications meet Section 1557 language and disability-access standards. It should include community representatives in oversight and data governance. And it should publish annual transparency reports documenting breaches, access requests, denials, and corrective actions.

These steps are not bureaucratic extras. They are the cost of trust. As we say in our communities, “*la confianza se gana con hechos, no con palabras,*” which translates to “*trust is built by what you do, not by what you say.*”

LULAC stands ready, as it has for nearly a century, to work with CDC to create a system worthy of the people it is meant to protect: a system rooted in dignity rather than fear, in equity rather than erasure, in prevention rather than punishment. Should you have any further questions, please contact our National Director of Research and Policy, Dr. Ray Serrano, at rserrano@lulac.org.

Respectfully submitted,

Roman Palomares

LULAC National President and Board Chairman

Works Cited

1. Centers for Disease Control and Prevention. *Drug Overdose Deaths in the United States*, 2023. National Center for Health Statistics, 2024.
2. Centers for Disease Control and Prevention, National Center for Health Statistics. *A Validation Study of Race and Hispanic-Origin Reporting on Death Certificates in the United States*. Series 2, no. 172, June 2016, https://www.cdc.gov/nchs/data/series/sr_02/sr02_172.pdf.
3. Centers for Disease Control and Prevention. “Provisional Drug Overdose Death Counts: 12-Month Ending September 2024.” National Center for Health Statistics, Feb. 2025.
4. Johns Hopkins School of Nursing. “U.S. Overdose Deaths Decline by 22 Percent: Why Prevention and Harm Reduction Matter.” Johns Hopkins University, 2024.
5. National Institute of Justice. “ODMAP: A Digital Tool to Track and Analyze Overdoses.” U.S. Department of Justice, 2018, <https://nij.ojp.gov/topics/articles/odmap-digital-tool-track-and-analyze-overdoses>.
6. National Institute on Drug Abuse. *Words Matter: Terms to Use and Avoid When Talking About Addiction*. National Institutes of Health, 2023.

Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 2:08 PM
To: rserrano@lulac.org
Cc: NCIPC OMB (CDC)
Subject: Docket No. CDC-2025-0052 - State Unintentional Drug Overdose Reporting System (SUDORS)- Information Collection Review Office, Centers for Disease Control and Prevention

Re: Proposed Data Collection Submitted for Public Comment and Recommendations,
[Federal Register :: Proposed Data Collection Submitted for Public Comment and Recommendations](#)

Dear Roman Palomares,

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment.

The comprehensive information collected in SUDORS, including detailed incident narratives that describe events leading up to fatal overdoses and provide information about the lives of decedents, is designed to be protected and treated with respect.

SUDORS does not collect personally identifiable information (PII), nor is that the system's intent. The intent of SUDORS is to help create a robust picture about the circumstances surrounding an overdose death. CDC staff reviews narratives for additional information and themes that are not captured by existing discrete fields. This information helps to inform analyses and provide insight into best practices for overdose prevention and response efforts in communities.

SUDORS data are protected against unintended access and personal identification. The data in SUDORS can only be accessed by SUDORS staff at the jurisdiction and CDC level. Data are processed on secure CDC servers and are currently only available publicly via the SUDORS public-facing data dashboard, which contains **only** aggregate-level information that cannot be used to identify individuals. Although individual state practices cannot be controlled by CDC, SUDORS policies direct states to de-identify data before entering it into SUDORS.

There are a limited number of free-text fields within SUDORS in which PII could be received, so routine scans for PII are run to identify cases that need to be reviewed and de-identified in the system by jurisdiction-based staff. Breach reports are filed for each instance of PII discovered in the system, and PII is removed. There are no discrete fields within the system that deliberately capture PII (e.g., the system does not collect date of birth, social security number, any medical record number, first or last name). Potential PII is flagged and removed during internal processing.

For more information, the [SUDORS Coding Manual](#) is publicly available on CDC's SUDORS [website](#), and this contains all data elements that are collected within SUDORS. The coding manual is routinely updated as changes are made to data collection fields. Language used in the web-based data collection platform, coding guidance materials, the SUDORS data dashboard, SUDORS-based publications, and other products are updated over time and continue to undergo rigorous review.

Thank you again for taking the time to provide a thorough public comment.

OMB/PRA Office

Office of Science

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

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State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0005

Comment from Council of State and Territorial Epidemiologists

Submitter Information

Email: rjantz@cste.org

Organization: Council of State and Territorial Epidemiologists

General Comment

The Council of State and Territorial Epidemiologists (CSTE) strongly supports the continued collection of SUDORS data. Support of SUDORS is essential for CDC to fulfill its mission to protect Americans from health and security threats and to the National Center for Injury Prevention and Control's (NCIPC) objective to continue its effective efforts to address the overdose crisis. See attached letter for further comment.

Attachments

SUDORS Federal Register_CSTE

December 1, 2025

Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS H21-8
Atlanta, Georgia 30329

Re: Docket No. CDC-2025-0552, State Unintentional Drug Overdose Reporting System (SUDORS) (OMB Control No. 0920-1128, Exp. 2/26/2026)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC)

Dear Mr. Zirger,

The Council of State and Territorial Epidemiologists (CSTE) supports the Centers for Disease Control and Prevention (CDC) proposed revision request to allow for the continued collection of data for the State Unintentional Drug Overdose Reporting System (SUDORS).

CSTE is a national organization representing all states and territories and over 3,300 applied public health epidemiologists. CSTE's vision is to achieve thriving and healthy people and communities everywhere, and our mission is to advance the field of applied epidemiology to maximize health. CSTE champions expansion of applied epidemiology capacity and effective use of epidemiologic data to guide public health practice, implement science-based policy, and improve health. CSTE has a vested interest in promoting rules, regulations, and policies that advance health for all Americans, using robust public health surveillance and epidemiology practice. Public health action by CSTE member states has led to improvements in clinical practice, medical procedures, surveillance, detection and control of public health threats, and the ongoing development of evidence-based disease control policies and prevention successes, including multiple position statements to standardize national surveillance efforts.

CSTE strongly supports the continued collection of SUDORS data. Support of SUDORS is essential for CDC to fulfill its mission to protect Americans from health and security threats and to the National Center for Injury Prevention and Control's (NCIPC) objective to continue its effective efforts to address the overdose crisis. Forty-nine states and the District of Columbia collect and abstract data on fatal drug overdoses for entry into SUDORS, providing an exceptionally accurate estimate of the burden of overdose mortality in the United States. SUDORS data provides information for public health officials, overdose prevention groups, policymakers, law enforcement, community partners, and the public to better understand the overdose epidemic within their jurisdiction and guide local action plans for prevention. CSTE is committed to continued collaboration with CDC's NCIPC to enhance the quality, utility, and clarity of fatal overdose data.

The data from SUDORS is critical to states and the nation. No other surveillance system provides such comprehensive data on fatal overdoses (more than 600 data elements in total), including drugs involved, demographics, place of death, and circumstances surrounding the death, such as substance use disorder treatment status and evidence of a mental health diagnosis. This specificity is critical for identifying opportunities to prevent overdose morbidity and mortality and creating efficient and effective public health programs to address those opportunities. The ability to identify trends within these data at both the state and national levels is also vital to improve the health, longevity, and quality of life of Americans.

CSTE serves as a force-multiplier in applied epidemiology, improving the work of STLT epidemiologists across the country. CSTE provides training, resources and information sharing between injury epidemiologists across jurisdictions through subcommittees, workgroups, and the National Syndromic Surveillance Program (NSSP) Community of Practice. Collaborative resources like these strengthen public health surveillance and prevention efforts—benefits that will continue to grow with renewed funding for SUDORS. This surveillance system will deliver timely data to communities, which will inform prevention efforts and help jurisdictions identify priorities, evaluate interventions, and assess their impact.

Data collection for overdose/injury prevention and response activities involves a close partnership between CDC, state, territorial, local, and Tribal (STLT) health departments, healthcare, and other key organizations. CSTE appreciates the time estimates included in their request (43,631 annualized burden hours to retrieve and refile records); these estimates may not fully represent the necessary efforts for STLT public health professionals to collect, clean, and organize the data. Further continued federal resources and support for modernizing public health data systems is essential to ensure the systems can deliver optimal timely data for decision-making at each level of the public health system. The STLT health departments rely on CDC for subject matter expertise and essential funding to support these activities through cooperative agreements to STLTs, which must be maintained at least at current levels to ensure the health and safety of all Americans. It is critical for the data to flow first through the STLT health departments where they are collected and acted upon, and then for a subset of relevant information to be securely provided at the national level for aggregation and reporting that will support STLT public health agencies and national partners in planning, implementing, and evaluating life-saving public health interventions within and across STLT borders. National reporting and aggregation of data also provides CDC with data critical to coordinate response and prevention activities, ultimately reducing negative health and economic impacts.

Thank you for considering these comments on behalf of our members working in STLT health agencies. Should you like to discuss these comments further, please contact me at letters@cste.org or (770) 458-3811.

Sincerely,



Janet Hamilton, MPH
Executive Director
Council of State and Territorial Epidemiologists

Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 1:13 PM
To: rjantz@cste.org
Subject: Docket- CDC-2025-0552- State Unintentional Drug Overdose Reporting System (SUDORS)

Dear Janet Hamilton:

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment. We appreciate your comment, which will be taken into account. Please do not hesitate to contact us if we can be of further assistance.

Best regards,

OMB/PRA Office
Office of Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

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State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0006

Comment from California Department of Public Health

Submitter Information

Email: OPI@cdph.ca.gov

Government Agency Type: State

Government Agency: California Department of Public Health

General Comment

Please see attached file.

Attachments

CDPH Comment on Docket No. CDC-2025-0552



Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

December 1, 2025

Jeffrey M. Zirger, PhD
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS H21-8
Atlanta, GA 30329

Dear Dr. Jeffrey M. Zirger:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH RESPONSE TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION DOCKET NO. CDC-2025-0552 ON THE PROPOSED INFORMATION COLLECTION PROJECT TITLED STATE UNINTENTIONAL DRUG OVERDOSE REPORTING SYSTEM (SUDORS).

The California Department of Public Health (CDPH) appreciates the opportunity to provide a comment to the Centers for Disease Control and Prevention (CDC) public docket published in the Federal Register on September 30, 2025, requesting comments on the proposed information collection project titled State Unintentional Drug Overdose Reporting System (SUDORS).

CDPH would like to express strong support for the information on fatal drug-related overdoses collected by SUDORS. The information and data collected through the SUDORS project is beneficial to the understanding and prevention of drug-related overdose death across the county and in California. SUDORS is a public health surveillance system of unintentional and undetermined drug-related overdose deaths. SUDORS collects and combines data from death certificates, medical examiner/coroner (ME/C) investigative narratives, autopsy reports, and toxicology reports to better understand the circumstances surrounding overdose deaths. It is the primary public health surveillance system collecting fatal overdose-related data from ME/C reports and turning it into actionable data for the prevention of fatal drug overdoses, underscoring its value.

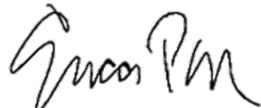
California is a recipient of the CDC Overdose Data to Action in States cooperative agreement and currently participates in SUDORS data collection, abstraction, and dissemination. SUDORS collects data on the circumstances surrounding fatal overdoses, including demographics, health and substance use history, recent treatment, overdose response, toxicology results, and potential intervention opportunities. Many of

these data cannot be found in other overdose mortality data sources and can inform overdose prevention efforts at the national, state, and local levels. Toxicology data can be used to identify which substances are detected in and caused death in fatal overdoses. Further, health and substance use history and scene evidence can be used to identify potential opportunities for intervention to help prevent future overdoses among those in similar circumstances. These data can be used to educate individuals about the risk factors for a fatal drug overdose as well as to implement evidence-based programs aimed to prevent drug overdose.

The project also provides an opportunity to collaborate with ME/Cs and local public health departments throughout California, in addition to scientists and subject matter experts at CDC and across the country who are also working to reduce overdose deaths across our communities. CDPH strongly supports CDC's continued data collection through the SUDORS project. This data collection is necessary for our ongoing understanding of drug-related overdose deaths and our ability to address the dynamic challenges of the overdose crisis.

Thank you for this opportunity to share comments on the valuable information collected by CDC through the State Unintentional Drug Overdose Reporting System (SUDORS) project and for the CDC's continued effort to prevent drug-related overdoses.

Sincerely,



Erica Pan, MD, MPH, FIDSA, FAAP
Director and State Public Health Officer
California Department of Public Health

Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 1:16 PM
To: OPI@cdph.ca.gov
Subject: Docket- CDC-2025-0552- State Unintentional Drug Overdose Reporting System (SUDORS)

Dear Erica Pan:

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment. We appreciate your comment, which will be taken into account. Please do not hesitate to contact us if we can be of further assistance.

Best regards,

OMB/PRA Office
Office of Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

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Docket: CDC-2025-0552

State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0007

Comment from Mahoney, Veronika

Submitter Information

Name: Veronika Mahoney

Address:

Peoria, IL, 61604

Email: veronikam@gwmail.gwu.edu

Phone: 3362071889

General Comment

Subject: Public Comment on Proposed Data Collection for the State Unintentional Drug Overdose Reporting System (SUDORS) - Docket CDC-2025-0552

Dear Centers for Disease Control and Prevention,

I am writing to provide comments on the proposed data collection for the State Unintentional Drug Overdose Reporting System (SUDORS), as announced in the Federal Register on September 30, 2025 (Docket CDC-2025-0552). I am a concerned citizen invested in the health and well-being of our communities, and I express my support for the continuation of SUDORS as a vital tool in addressing the unrelenting drug overdose crisis.

As someone who has personally lost a best friend to an unintentional drug overdose, I understand the profound impact that this epidemic has on individuals, families, and communities. The devastation caused by these tragedies cannot be overstated. It is imperative we prioritize efforts to collect and analyze data that can inform better prevention strategies, treatment options, and educational initiatives.

As I am currently completing my Master of Public Health (MPH), I am particularly invested in the importance of high-quality data for effective public health interventions.

I commend the CDC for the SUDORS initiative, especially for its visually appealing dashboard that effectively communicates critical overdose data. This platform not only grabs public attention but also demonstrates an awareness of health literacy by presenting information in a user-friendly manner. By displaying data in multiple formats, SUDORS ensures that various audiences can access and understand the information, fostering informed discussions around overdose prevention.

Key Considerations for Continued Success:

1. Data Accuracy & Completeness:

The effectiveness of SUDORS is contingent upon the high-quality data it collects. Ensuring that participating states have the necessary resources and training for accurate data collection is crucial.

Recommendation: The CDC should provide additional resources and technical assistance to states struggling with data quality and standardization.

2. Timeliness of Data:

Real-time data collection is a challenge in public health, and timely reporting is essential for understanding shifts in overdose trends.

Recommendation: Explore strategies to expedite data collection and reporting. This would mean investigating why certain states or jurisdictions do not or aren't able to implement using the electronic system already streamlining the process (NVDRS).

3. Data Integration & Interoperability:

Integrating SUDORS data with other relevant sources can provide a comprehensive picture of the factors contributing to overdose deaths.

Recommendation: Promote data-sharing agreements and compatibility among various health data systems to enhance collaborative efforts.

4. Emerging Drug Trends:

Given the rapid nature of the drug landscape, SUDORS should remain adaptable to capture data on new and emerging substances.

Recommendation: Regularly update data collection instruments to reflect emerging drug trends and improve monitoring capabilities. A seventh month lag in data reporting is enough time to miss a dangerous trend.

5. Dissemination of Findings:

The effectiveness of SUDORS also hinges on the dissemination of its findings to stakeholders. The current dashboard is a beautiful example of presenting data effectively, ensuring ongoing engagement and education.

Recommendation: Enhance efforts to disseminate SUDORS data through diverse channels, including interactive online presentations and educational workshops tailored to community needs.

It is essential to recognize that while the operational challenges are significant, maintaining and adequately financing SUDORS will inevitably enhance data quality. SUDORS will grow and evolve, becoming an indispensable resource for public health professionals, educators, and policymakers, ultimately saving lives.

I appreciate the opportunity to submit my comments on continuing to invest in data collection for SUDORS and urge the CDC to take these recommendations into account. Together, we can intensify our efforts to combat the overdose crisis and save countless lives.

Sincerely,

MPH candidate

The George Washington University, Milken Institute of Public Health

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 2:19 PM
To: veronikam@gwmail.gwu.edu
Cc: NCIPC OMB (CDC)
Subject: Docket No. CDC-2025-0052 - State Unintentional Drug Overdose Reporting System (SUDORS)- Information Collection Review Office, Centers for Disease Control and Prevention

Re: Proposed Data Collection Submitted for Public Comment and Recommendations,
[Federal Register :: Proposed Data Collection Submitted for Public Comment and Recommendations](#)

Dear Veronika Mahoney,

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment.

The CDC SUDORS team works closely with each funded jurisdiction to ensure the highest possible quality of data entry. CDC provides training materials in the form of a comprehensive Coding Manual, a suite of training videos and mock abstraction materials, one-on-one technical assistance with an assigned CDC epidemiologist, monthly SUDORS Workgroup calls with all funded jurisdictions, a dedicated helpdesk for submission of specific coding questions, a monthly-updated Q&A document with all helpdesk questions and responses, and additional ad-hoc group and individual trainings. Training materials are updated over time as additional needs are identified.

1. All funded states use the web-based data entry platform SUDORS uses and shares with the National Violent Death Reporting System (NVDRS). Nearly all states initiate data entry into the system using an existing import function for death certificate data because vital records data are availability in an electronic importable format. This allows for efficient import of many of the fields in the system in bulk format across multiple deaths. There is a system function to import most of the remaining fields, but not all states' medical examiners/coroners use electronic systems for tracking investigations of overdose deaths, and therefore data are not necessarily available in electronic format that is easily manipulated to meet import specifications. Through Overdose Data to Action in States (OD2A-S), CDC supports state health department engagement with state and local coroners and medical examiners to improve processes and implement solutions for improving the timeliness of data. Additional opportunities for improving the efficiency of data entry and processing for SUDORS are continually being explored and implemented over time. Timeliness of SUDORS data dissemination has also improved; preliminary data are added to the public-facing SUDORS data dashboard within weeks of each data submission deadline, and publications always include the latest available data.
2. State recipients are able to share their own SUDORS data with partners via jurisdiction-specific data sharing agreements. SUDORS data are often linked to other data sources, like nonfatal overdose records and prescription drug monitoring program data, to enhance insights into the overdose crisis at a local level. Under OD2A-S, 20 states have received additional funding to link a source of data on fatal overdoses (either SUDORS or death certificates) with nonfatal overdose data, and to link overdose data with other data sources such as prescription drug monitoring program or criminal justice data. Data linkage funding is intended to prompt data sharing agreements and collaborative analyses that would provide such a comprehensive picture of factors contributing to nonfatal and fatal overdoses, in order to inform overdose prevention and response efforts.
3. The SUDORS system is flexible to capture any novel substance as it emerges and is documented in death investigations. However, the lag in data reporting for SUDORS is necessitated by the time needed for overdose death investigation and certification, time needed to obtain and interpret postmortem toxicology testing results, and time needed to obtain and abstract source documents. Therefore, collaborations with other systems that have access to more timely information can inform how SUDORS data are analyzed, and which

specific drugs are monitored in SUDORS data. Ongoing collaborations with other surveillance systems like the OD2A-S-supported Biosurveillance strategy and organizations like National Drug Early Warning System that monitor rapid changes in the drug supply allow SUDORS to remain adaptable to capture data on new and emerging substances. The SUDORS public-facing dashboard includes a map of where select drugs of interest were identified, with counts and percentages of deaths found to involve a subset of novel psychoactive substance. In the past, when an emerging (or re-emerging) substance has been seen in increasing numbers of overdose deaths, preliminary data have been released ahead of the usual seven-month reporting period (in the 2024 Mortality and Morbidity Weekly Report *Detection of Illegally Manufactured Fentanyl and Carfentanil in Drug Overdose Deaths — United States, 2021–2024*). While SUDORS might not be the main source to detect drugs as they emerge, given the richness of the data it can provide more in-depth contextual information about deaths involving emerging and re-emerging drugs that can inform prevention and response efforts.

4. CDC SUDORS staff continue to identify relevant analyses that would inform publications, webinars, conference presentations, and other products that in turn can inform the public and specific groups (e.g., parents, healthcare professionals). CDC puts on a variety of internal- and external-facing events, some of which are limited to funded jurisdictions and others that are open to the public, intended to inform the field of overdose prevention and surveillance. In addition, CDC works with multiple partners to provide additional training and presentations – for example, partnering with medical examiner/coroner engagement groups to provide training for the investigation and certification of overdose deaths. OD2A-S also has a data dissemination component that requires funded states to disseminate at least two SUDORS data products each year, starting in year 2 of funding. Other dissemination avenues, such as Health Alert Network (HAN) warnings and Clinical Outreach and Communication Activity (COCA) calls, have been used recently to help clinicians understand unique overdose presentations when new or reemerging drugs are present in the patient’s system.

Thank you again for taking the time to provide a thorough public comment.

OMB/PRA Office

Office of Science

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

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Docket: CDC-2025-0552

State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0008

Comment from Streubel, Molly

Submitter Information

Name: Molly Streubel

Address:

WI,

Email: molly.streubel@gmail.com

General Comment

I am in support of the CDC's current proposal to continue to fund the State Unintentional Drug Overdose Reporting System. Drug overdoses remain a serious and growing challenge all over our country and are very preventable. Without accurate and detailed information about accidental overdoses, we cannot address the crisis from the right angle and in an efficient manner. SUDORS provides essential details to help understand why the overdoses are happening and how to prevent them. This system gathers information that goes beyond a cause of death on certificates, helping public health officials see patterns, identify new risks, and respond effectively and promptly. Without this program, states and communities would be working on limited information when clarity is crucial. Keeping SUDORS in place ensures that prevention efforts are based on real-time evidence rather than assumptions. It supports better decision-making and ultimately helps save lives. For this reason, I strongly support the CDC's proposed extension and revision of the SUDORS program and encourage approval of this request. Continued investment in overdose surveillance is not only the responsible decision, it is life-saving.

Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 1:19 PM
To: molly.streubel@gmail.com
Subject: Docket- CDC-2025-0552- State Unintentional Drug Overdose Reporting System (SUDORS)

Dear Molly Streubel:

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment. We appreciate your comment, which will be taken into account. Please do not hesitate to contact us if we can be of further assistance.

Best regards,

OMB/PRA Office
Office of Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

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Docket: CDC-2025-0552

State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0009

Comment from Equitas Health

Submitter Information

Email: candacejanidlo@equitashealth.com

Organization: Equitas Health

General Comment

See attached file(s)

Attachments

Equitas Health_public comments_HHS_SUDORS



November 25, 2025

Submitted via www.regulations.gov¹

Acting Director Jim O'Neill
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS H21-8
Atlanta, GA 30329

**RE: Public Feedback for State Unintentional Drug Overdose Reporting System (SUDORS)—Revision—
National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention
(CDC), Fed. Reg. 2025-18905 (ATTN: CDC-2025-0552)**

Dear Acting Director O'Neill,

Equitas Health is a federally qualified health center look-alike (FQHC look-alike) and one of the largest LGBTQ+ and HIV/AIDS serving healthcare organizations in the country. Each year, we serve tens of thousands of patients in Ohio, Texas, Kentucky, and West Virginia, and since 1984, we have been working to advance “care for all.” Our mission is to be the gateway to good health for those at risk of or affected by HIV; for the LGBTQ+ community; and for those seeking a welcoming healthcare home. In doing so, we offer primary and specialized medical care, pharmacy services, dentistry, mental health and recovery services, HIV/STI prevention and treatment services, Ryan White HIV case management, overall care navigation, and a number of community health initiatives.² We appreciate the opportunity to provide feedback related to the Centers for Disease Control and Prevention’s (CDC) continuing information collection for the State Unintentional Drug Overdose Reporting System (SUDORS).

Paperwork Reduction Act

The Paperwork Reduction Act (PRA)³ was established to ensure that federal information collection is both purposeful and efficient, not to prevent valuable data gathering. Under the PRA, agencies like CDC must justify the need for each information collection, estimate the burden it will impose, and obtain approval from the Office of Management and Budgeting (OMB) before collecting the data. The law also promotes the use of information technology to improve data management and accessibility. In essence,

¹ Document prepared by Candace Janidlo (she/her), Legislative Affairs Manager of Equitas Health, with assistance from Dr. Rhea Debussy (she/her), Director of External Affairs. Document reviewed by Tim Wilson, Esq. (he/him), Associate General Counsel.

² <https://equitashhealth.com/about-us/>

³ <https://pra.digital.gov/>

the PRA seeks to balance the government's need for information with the public's right to be free from unnecessary administrative burden.

How SUDORS Data is Critical to Addiction Recovery Programs

The CDC's data collection under SUDORS fulfills the PRA's intent by generating critical public health data that informs prevention, intervention, and policy.⁴ The information is unique, actionable, and necessary to protect health and save lives, and the modest reporting requirements are justified by the data they produce.⁵ High-quality SUDORS data directly strengthens the kinds of treatment services that matter most for people at any stage of recovery.⁶ Equitas Health provides safe, effective, person-centered treatment for patients at all stages of recovery.⁷ Flexible treatment models, like those at Equitas Health (harm reduction, outpatient counseling, and medication-assisted treatment) depend on accurate data to adapt to shifting patterns of substance use. Low-barrier services, which aim to meet people where they are, require an understanding of who is being left out of traditional care and why; SUDORS helps illuminate those disparities. Because overdoses often involve co-occurring mental and physical health conditions, integrated care approaches are more effective when providers have up-to-date information about local substance trends and risk factors. And importantly, SUDORS helps communities design supportive, community-based programs that respond to the real drivers of overdose in their area, not assumptions or outdated information.

While drug overdoses continue to rank among the leading injury-related causes of death nationwide,⁸ effective prevention and response efforts rely on up-to-date, robust surveillance systems like SUDORS. Specifically, SUDORS provides timely, standardized data that enables CDC and agencies like Equitas Health to monitor trends, identify emerging issues, and allocate scarce resources effectively. The data collected through the program allows for rapid detection of overdose trends and helps states tailor critical interventions that are not only effective but also cost-efficient.⁹ Continuing the data collection for SUDORS ensures continuity in long-term trend analysis,¹⁰ supports evidence-based policymaking,¹¹ and strengthens coordination among public health partners at the federal, state, and local levels.¹² Limiting or discontinuing these efforts would not only impede CDC's ability to monitor and respond effectively to evolving public health challenges but would additionally place barriers to care for health centers like Equitas Health.

Equitas Health would like to thank you for this opportunity to present comments and concerns on the proposed changes to the State Unintentional Drug Overdose Reporting System (SUDORS). Should you have any questions about our comments, please feel free to contact Candace Janidlo (she/her), Legislative Affairs Manager at Equitas Health.

⁴ <https://www.cdc.gov/data-modernization/php/policy-standards/index.html>

⁵ <https://www.waldenu.edu/programs/health/resource/how-does-the-centers-for-disease-control-and-prevention-track-public-health-trends>

⁶ <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

⁷ <https://equitashealth.com/our-services/recovery-addiction/>

⁸ www.cdc.gov/overdose-prevention/media/pdfs/2024/04/SUDORS-Fact-Sheet.pdf

⁹ <https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html>

¹⁰ <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

¹¹ [https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(25\)00073-0/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(25)00073-0/fulltext)

¹² <https://www.cdc.gov/overdose-prevention/about/what-cdc-is-doing.html>

Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 1:22 PM
To: candacejanidlo@equitashealth.com
Subject: Docket- CDC-2025-0552- State Unintentional Drug Overdose Reporting System (SUDORS)

Dear Sir/Madam:

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment. We appreciate your comment, which will be taken into account. Please do not hesitate to contact us if we can be of further assistance.

Best regards,

OMB/PRA Office
Office of Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

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State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0010

Comment from Leiser, Elizabeth

Submitter Information

Name: Elizabeth Leiser

Address:

Washington, DC, 20037

Email: leiserek@gmail.com

Phone: 4844084248

General Comment

See attached file(s)

Attachments

CDC 2025 0552 0001 Public Comment

December 1, 2025

Jeffery M. Zirger, PhD
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS H21-8
Atlanta, GA 30329

Re: CDC-2025-0552-0001; Proposed Data Collection Submitted for Public Comment and Recommendations

Dear Dr. Jeffrey M. Zirger:

I appreciate the opportunity to comment on the Center for Disease Control and Prevention's (CDC) public docket requesting comments on the State Unintentional Drug Overdose Reporting System (SUDORS). I would like to express my strong support for the continuation of the SUDORS program, as this monitoring program allows states and localities to implement targeted interventions to address the ongoing opioid epidemic.

As the CDC rightfully identifies in its public docket, there exists a national public health emergency due to the rampant growth in opioid overdose deaths over the last decade. Since 2015, the rate of opioid overdose deaths more than doubled,¹ reaching a peak of nearly 80,000 deaths from opioids in 2023.² Death at this scale has serious consequences for communities, health systems, and national economic prosperity. One analysis suggests the opioid epidemic accounts for 43% of the decline in men's labor force participation between 1999 and 2015, and also links opioid use to more unscheduled leave, higher employment turnover, and increased rates of occupational injury.³ In 2020 alone, the opioid epidemic cost the U.S. nearly \$1.5 trillion, with the majority of the economic burden derived from reduced quality of life and life lost.^{4 5}

¹ Post, L. A., Ciccarone, D., Unick, G. J., D'Onofrio, G., Kwon, S., Lundberg, A. L., Sharma, S., & Mason, M. (2025). Decline in US Drug Overdose Deaths by Region, Substance, and Demographics. *JAMA Network Open*, 8(6), e2514997–e2514997. <https://doi.org/10.1001/jamanetworkopen.2025.14997>

² CDC. (2025, June 9). Understanding the Opioid Overdose Epidemic. <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>

³ Paris, J., Rowley, A., & Frank, R.G. (2023, April 17). The economic impact of the opioid epidemic. The Brookings Institute. <https://www.brookings.edu/articles/the-economic-impact-of-the-opioid-epidemic/>

⁴ Joint Economic Committee Democrats. (2022). The economic toll of the opioid crisis reached nearly \$1.5 trillion in 2020. JEC Senate. https://www.jec.senate.gov/public/_cache/files/67bc6d7f-4232-40ea-9263-f033d280c567/jec-cost-of-opioids-issue-brief.pdf

⁵ Florence, C., Luo, F., & Rice, K. (2021). The economic burden of opioid use disorder and fatal opioid overdose in the United States, 2017. *Drug and alcohol dependence*, 218, 108350. <https://doi.org/10.1016/j.drugalcdep.2020.108350>

In response to this crisis, the federal government has invested billions in opioid overdose prevention and treatment strategies, including through the establishment of SUDORS in 2016.⁶ SUDORS represents an innovative monitoring approach, pulling together data from death certificates, coroner/medical examinations, and postmortem toxicology reports to provide a more complete understanding of the substances and circumstances surrounding opioid overdose deaths. SUDORS provides demographic data about overdose deaths, allowing states to see which groups are most impacted.⁷

This level of monitoring is important because it allows states and localities to develop targeted opioid overdose prevention and treatment interventions. Targeted interventions are important because some literature suggests broad policies designed to decrease commercial opioid use have resulted in increased mortality from a switch to illicit opioid use.⁸ However, SUDORS is a tracker that allows for this type of policy evaluation, as it provides a breakdown of the type of drug involved in overdoses, including illegally-made fentanyl.

There is no other dataset that could replace the valuable data from SUDORS. Its unique combination of data sources provides insights about risk factors for fatal drug overdoses, which allow researchers and policymakers to design interventions that will catch those at the highest risk. SUDORS also highlights potential opportunities for intervention to prevent overdose, including evidence about current treatment status, prior overdose, bystanders present, and recent release from institutional settings. In 2024, SUDORS found 67.5% of drug overdose deaths had at least one potential opportunity for intervention, which is incredibly valuable information for targeting and evaluating overdose interventions.⁹

States have already benefitted from SUDORS data; North Carolina used SUDORS data to develop its Opioid and Substance Use Action Plan and related opioid overdose interventions.¹⁰ The data allows the state to identify which counties suffer the highest burden of overdose deaths, develop targeted interventions, and track the state's progress toward their outlined goals.¹¹ As of

⁶ CDC. (n.d.) State unintentional drug overdose reporting system (SUDORS). <https://www.cdc.gov/overdose-prevention/media/pdfs/2024/04/SUDORS-Fact-Sheet.pdf>

⁷ CDC. (2025, November 12). SUDORS dashboard: Fatal drug overdose data. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

⁸ Lee, B., Zhao, W., Yang, K.-C., Ahn, Y.-Y., & Perry, B. L. (2021). Systematic Evaluation of State Policy Interventions Targeting the US Opioid Epidemic, 2007-2018. *JAMA Network Open*, 4(2), e2036687–e2036687. <https://doi.org/10.1001/jamanetworkopen.2020.36687>

⁹ CDC. (2025, November 12). SUDORS dashboard: Fatal drug overdose data. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

¹⁰ NC Department of Health and Human Services. (2020). Circumstances surrounding overdose deaths in NC: 2020. <https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/2020-SUDORSfactsheet.pdf>

¹¹ NC Department of Health and Human Services. (2019). North Carolina's opioid and substance use action plan: Updates and opportunities version 3.0. <https://www.ncdhhs.gov/nc-osuap opioid-and-substance-use-action-plan-3010192021/download?attachment>

2024, the state has experienced a 36% decline in the rate of overdose death, and a 8% decline in illicit opioid overdose, suggesting progress in addressing the opioid crisis.¹²

I strongly support the CDC's request for an additional three years to continue data collection efforts under SUDORS. The program serves a critical monitoring purpose that is not easily replaced by any other data source. It has already allowed states and localities to develop targeted approaches to prevent and treat opioid overdose, and will continue to serve this purpose for as long as the data is collected and made publicly available. Without comprehensive data like SUDORS, addressing the opioid epidemic will be an increasingly difficult challenge.

Thank you for this opportunity to comment on the information collected by the CDC through SUDORS, and the CDC's continuing commitment to address the opioid epidemic.

Sincerely,

Elizabeth Leiser
Milken Institute of Public Health
The George Washington University

¹² NCDHHS Division of Public Health. (2024). North Carolina Overdose Epidemic. <https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data>

Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 1:27 PM
To: leiserek@gmail.com
Subject: Docket- CDC-2025-0552- State Unintentional Drug Overdose Reporting System (SUDORS)

Dear Elizabeth Leiser:

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment. We appreciate your comment, which will be taken into account. Please do not hesitate to contact us if we can be of further assistance.

Best regards,

OMB/PRA Office
Office of Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

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State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0011

Comment from The AIDS Institute

Submitter Information

Email: ngaspard@taimail.org

Organization: The AIDS Institute

General Comment

See attached file(s)

Attachments

The AIDS Institute_Overdose Surveillance Comments_Dec 2025_Final



December 1, 2025

Jeffrey M. Zinger
Information Collection Review Office
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road NE, MS H21-8
Atlanta, Georgia 30329

RE: Comment on Proposed Revision to the State Unintentional Drug Overdose Reporting System (SUDORS) (Docket No. CDC-2025-0552)

Dear Mr. Zinger:

The AIDS Institute is a nonpartisan, nonprofit working to ensure the millions of people living with and vulnerable to HIV, viral hepatitis and other serious chronic conditions, have access to comprehensive healthcare. We appreciate the opportunity to comment on the CDC's proposed revision to the State Unintentional Drug Overdose Reporting System (SUDORS) (OMB Control No. 0920-1128). We strongly support CDC's ongoing efforts to collect detailed, timely data on unintentional drug overdose deaths, as these efforts are essential not only to prevent overdose fatalities but also to reduce associated HIV and viral hepatitis transmission risks.

People who inject drugs (PWID) are at heightened risk for both overdose and bloodborne infections, including HIV and hepatitis C virus (HCV). Injection drug use remains the most reported risk factor for new hepatitis C cases¹ and about 9% of new HIV diagnoses have been among PWID.² Data collected through SUDORS can provide critical insight into populations at risk for these infections and inform targeted harm reduction strategies, such as syringe services programs and linkage to care for HIV and viral hepatitis testing and treatment. Counties with the highest risk for rapid HIV or HCV spread were identified in analyses that included drug overdose death rates as a key indicator, showcasing how overdose data can serve as an indication of potential infectious disease outbreaks.³

We commend CDC for maintaining a collaborative, web-based platform that consolidates vital statistics and medical examiner/coroner data. This system enhances both data accuracy and timeliness, which is essential for public health responses that aim to address overlapping epidemics of opioid overdose and infectious disease transmission. We propose that CDC consider including variables related to syringe use,

¹ CDC. *Hepatitis C Virus – Reduce Rate Among PWID*. 2025 Viral Hepatitis National Progress Report. April 2025. <https://www.cdc.gov/hepatitis/php/npr-2025/hep-c-reduce-infections-pwid.html>

² Wejnert C, Hess KL, Hall HI, et al. *Vital Signs: Trends in HIV Diagnoses, Risk Behaviors, and Prevention Among Persons Who Inject Drugs — United States*. MMWR Morb Mortal Wkly Rep 2016;65:1336–1342. DOI: <http://dx.doi.org/10.15585/mmwr.mm6547e1>.

³ Van Handel MM, Rose CE, Hallisey EJ, et al. *County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs, United States*. J Acquir Immune Defic Syndr. 2016 Nov <https://doi.org/10.1097/QAI.0000000000001098>



THE AIDS INSTITUTE

overdose reversal interventions (e.g., naloxone administration), and engagement with HIV/hepatitis prevention services to better understand the intersection of overdose risk and infectious disease transmission. This would also facilitate greater linkage between SUDORS data and state or local HIV and hepatitis surveillance systems. This linkage would enhance public health response and prevention efforts.

Greater data around unintentional overdoses can help in creating more tailored responses, allow for follow-up activities and identify potential gaps in both prevention and treatment. However, with more data CDC must ensure there are more safeguards and protections to ensure data is handled safely, securely and exclusively for public health. Overdose surveillance data should be prioritized for health care and should not be used to criminalize people who use drugs. CDC must ensure there are data protection measures in place adhere to federal privacy standards to maintain public trust, especially when linking sensitive substance use and infectious disease information.

SUDORS is an invaluable tool that not only informs overdose prevention but also strengthens efforts to reduce HIV and viral hepatitis transmission among people who use drugs. Thank you for the opportunity to comment on this essential surveillance system. If you have any questions about anything in these comments, please contact me at ngaspard@taimail.org.

Respectfully submitted,

Naomi Gaspard
Policy Manager
The AIDS Institute

Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 1:30 PM
To: ngaspard@taimail.org
Subject: Docket- CDC-2025-0552- State Unintentional Drug Overdose Reporting System (SUDORS)

Dear Naomi Gaspard:

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment. We appreciate your comment, which will be taken into account. Please do not hesitate to contact us if we can be of further assistance.

Best regards,

OMB/PRA Office
Office of Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

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State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0012

Comment from Community Access National Network

Submitter Information

Email: travis@tiicann.org

Organization: Community Access National Network

General Comment

See attached file(s)

Attachments

2025_CANN_Public_Comment_CDC_SUDORS_RFI_(12.01.2025)_FINAL



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National Groups:

Hepatitis Education, Advocacy & Leadership (HEAL) Group

Industry Advisory Group (IAG)

December 1, 2025

Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, Georgia 30329

RE: Docket Number CDC-2025-0552

The **Community Access National Network (CANN)** is a 501(c)(3) national nonprofit organization focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN's mission is to define, promote, and improve access to healthcare services and support for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking.

While CANN is primarily focused on policy matters affecting access to care for people living with and affected by HIV, we stand in firm support of all people living with chronic and rare diseases and recognize the very reality of those living with multiple health conditions and the necessity of timely, personalized care for every one of those health conditions.

We submit these comments in **SUPPORT** of continuing the State Unintentional Drug Overdose Reporting System (SUDORS).

Why This Matters to Our Community

CANN's primary focus is HIV and viral hepatitis, not overdose prevention. These issues, though, do not exist in silos. Injection drug use remains a significant transmission route for both HIV and hepatitis C virus (HCV). Many people affected by and at risk of acquiring HIV and HCV also live with co-occurring substance use disorders. When someone suffers an overdose (fatal and non-fatal), that person may also have been navigating HIV care, HCV treatment, housing instability, or mental health challenges. Surveillance systems that help us understand overdose deaths also illuminate gaps in the broader continuum of care and opportunities to intervene.

SUDORS captures information that death certificates cannot: route of administration, toxicology details, prior overdoses, mental health history, and recent exits from treatment. For those working at the intersection of infectious disease and substance use, this data is significant. It reveals whether people who inject drugs are dying or injured at higher rates in certain regions. It can signal when changes in the drug supply—such as the rise of fentanyl or xylazine—are altering risk profiles. SUDORS provides critically necessary context that shapes outreach design, resource targeting, and risk counseling.

RE: Response to RFI
December 1, 2025
Page Two

The Current Policy Moment

Federal drug policy is shifting. In March 2025, the Department of Health and Human Services (HHS) announced that the Substance Abuse and Mental Health Services Administration (SAMHSA) would be consolidated into a new Administration for a Healthy America (AHA), with staffing reductions that have cut the agency's workforce by more than half. In July 2025, an Executive Order directed HHS to ensure SAMHSA grants do not fund "harm reduction" or "safe consumption" programs. A subsequent SAMHSA guidance letter clarified that naloxone, fentanyl test strips, and HIV/HCV prevention services remain fundable, while syringes for injection and pipes for smoking do not. The proposed FY2026 budget includes a \$1 billion reduction to SAMHSA.

When policy changes, data becomes more valuable, not less. Overdose deaths declined to approximately 76,000 in the 12-month period ending February 2025, a meaningful drop from prior years. Whether that trend continues, plateaus, or reverses will depend on many variables. SUDORS is one of the few systems positioned to track outcomes with enough granularity to understand what is actually happening at the community level.

If certain interventions are restricted and overdose deaths rise, public health officials need to know. If interventions are restricted and deaths continue to fall, they need to know that as well. Surveillance is not advocacy for any particular policy, it is the infrastructure that allows for honest evaluation of policy outcomes.

Recommendations

Capture Social Determinants of Health

Overdose deaths do not occur in isolation from housing status, incarceration history, healthcare access, or economic precarity. Hospital, medical examiner, and coroner records often contain information on these factors. Integrating social determinants of health (SDOH) variables into SUDORS would allow for more nuanced analysis of why certain populations face elevated risk and what structural interventions might address underlying causes. Such data and approaches actively work to allow for efficient use of targeted resources, reducing waste, fraud, and abuse.

Protect Data Integrity and Privacy

SUDORS compiles sensitive information from death investigations. As federal agencies explore new applications of artificial intelligence and data sharing, clear governance protocols are essential. People who use drugs face significant stigma; their data—even posthumously—requires protection from misuse or unauthorized access.

Ensure State and Local Partners Have Adequate Resources

SUDORS relies on health departments retrieving and abstracting data from vital statistics, medical examiners, and coroners. The federal restructuring has created uncertainty about technical assistance and grant administration. CDC should communicate clearly about how SUDORS operations will continue and ensure cooperative agreement funding remains adequate for states to fulfill their data collection responsibilities.

RE: Response to RFI
December 1, 2025
Page Three

Prioritize Timeliness

Surveillance data loses value when it arrives too late to inform decisions. SUDORS should aim for the fastest reasonable turnaround so that emerging trends—a new adulterant in the drug supply, a regional spike in deaths—can be identified and addressed promptly.

CANN supports the continuation of SUDORS. For people living with HIV, people living with HCV, and people navigating substance use, this system provides information that shapes care, policy, and resource allocation. At a moment when federal drug policy is in flux, maintaining and strengthening surveillance capacity serves the public health interest regardless of which policy approaches ultimately prevail.

Yours in service,



Travis J. Roppolo
Managing Director, Marketing and Administration
Community Access National Network (CANN)

On behalf of
Jen Laws
President & CEO
Community Access National Network

Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 2:27 PM
To: travis@tiicann.org
Cc: NCIPC OMB (CDC)
Subject: Docket No. CDC-2025-0052 - State Unintentional Drug Overdose Reporting System (SUDORS)- Information Collection Review Office, Centers for Disease Control and Prevention

Re: Proposed Data Collection Submitted for Public Comment and Recommendations,
[Federal Register :: Proposed Data Collection Submitted for Public Comment and Recommendations](#)

Dear Travis J.Roppolo,

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment.

Housing status and recent institutional setting release are among the over 600 data elements SUDORS. Seventy-one unique circumstance variables are available on CDC's public-facing SUDORS Dashboard. CDC SUDORS staff have regular discussions about potential fields to add to the system, and engage in discussions with jurisdictions' data abstractors and epidemiologists on fields that could be helpful to add. These discussions include, but are not limited to, additional social and community factors that contribute to differences between populations (e.g., health insurance status). CDC appreciates feedback like this to ensure consideration is given to these important factors.

SUDORS data are protected against unintended access and personal identification. The data in SUDORS can only be accessed by SUDORS staff at the jurisdiction and CDC levels. Data are processed on secure CDC servers and are only currently available publicly via the SUDORS public-facing data dashboard, which contains **only** aggregate-level information that cannot be used to identify individuals. Although individual state practices cannot be controlled by CDC, SUDORS policies direct states to de-identify data before entering it into SUDORS.

There are a limited number of free-text fields within SUDORS in which personally identifiable information (PII) could be received, so routine scans for PII are run to identify cases that need to be reviewed and de-identified in the system by jurisdiction-based staff. Breach reports are filed for each instance of PII discovered in the system, and PII is removed. There are no discrete fields within the system that deliberately capture PII (e.g., the system does not collect date of birth, social security number, any medical record number, first or last name). Potential PII is flagged and removed during internal processing. SUDORS is also protected under an Assurance of Confidentiality under Section 308(d) of the Public Health Service Act, which is used for projects or studies that involve sensitive or identifiable information collected for public health surveillance. It states that the information will be used only for the purpose for which it was supplied, and that an individual or institution must provide consent if the collected information is to be used for any other purpose. CDC staff responsible for SUDORS data complete training on Assurances of Confidentiality annually.

SUDORS is funded as part of the Overdose Data to Action in States cooperative agreement; currently in Year 3 of the 5-year cooperative agreement.

Through Overdose Data to Action in States (OD2A-S), CDC supports state health department engagement with state and local coroners and medical examiners to improve processes and implement solutions for improving the timeliness of data. Additional opportunities for improving the efficiency of data entry and processing for SUDORS are continually being explored and implemented over time. Timeliness of SUDORS data dissemination has also improved; preliminary data are added to the public-facing SUDORS data dashboard within weeks of each data submission deadline, and publications always include the latest available data. The SUDORS system is also flexible to capture any novel substance as it emerges and is documented in death investigations. However, the lag in data reporting for SUDORS is necessitated by the time needed for overdose death investigation and

certification, time needed to obtain and interpret postmortem toxicology testing results, and time needed to obtain and abstract source documents. Therefore, collaborations with other systems that have access to more timely information can inform how SUDORS data are analyzed, and which specific drugs are monitored in SUDORS data. Ongoing collaborations with other surveillance systems like the OD2A-S-supported Biosurveillance strategy and organizations like National Drug Early Warning System that monitor rapid changes in the drug supply allow SUDORS to remain adaptable to capture data on new and emerging substances. In the past, when an emerging (or re-emerging) substance has been seen in increasing numbers of overdose deaths, preliminary data have been released ahead of the usual seven-month reporting period (in the 2024 Mortality and Morbidity Weekly Report *Detection of Illegally Manufactured Fentanyl and Carfentanil in Drug Overdose Deaths — United States, 2021–2024*). While SUDORS might not be the main source to detect drugs as they emerge, it can provide more in-depth contextual information about deaths involving emerging and re-emerging drugs that can inform prevention and response efforts.

Thank you again for taking the time to provide a thorough public comment.

OMB/PRA Office
Office of Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

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Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0013

Comment from Sorial, Botamina

Submitter Information

Name: Botamina Sorial

Address: United States,

Email: botamina.sorial@gwu.edu

Phone: 8645175320

General Comment

See attached file(s)

Attachments

U.S. Food and Drug Administration Comment_ Botamina Sorial

December 1, 2025
Centers for Disease Control and Prevention
Botamina Sorial, B.S.

To whom it may concern,

I am writing to support the extension of the State Unintentional Drug Overdose Reporting System (SUDORS) for three more years. As a current Master of Public Health student, I am well-informed on the short and long-term health benefits of a robust surveillance system. These benefits include identification of Public Health issues or diseases, risk factors associated with these conditions, and informed interventions to address these concerns¹. The opioid crisis has claimed 53,336 lives in the United States in 2024 alone². In 2023, there were 75,118 deaths due to accidental overdose, 17,041 more deaths than the previous year². Recognizing these trends is vital to evaluate the progress, or in this case, regression, in addressing these Public Health concerns. These trends inform the work of Public Health professionals who are creating legislation, interventions, and standard medical practices that influence health outcomes. The sustenance of the SUDORS is vital to inform Public Health practices that combat the opioid crisis.

Another beneficial factor of the SUDORS is the categorization of the type of opioids being used in accidental overdoses, leading to deaths. This is crucial information as different states have differential burdens caused by different types of opioids, and that will influence the type of necessary interventions. For example, in 2023, West Virginia led the most accidental overdose deaths due to prescription drugs, with a rate of 8.8 per 100,000 individuals, totaling 150 deaths, compared to 19 accidental overdose deaths caused by the use of heroin². Having these data points from SUDORS is pivotal in developing Public Health interventions as the sources of these opioids are extremely unrelated, and they require specialized approaches. These numbers can also indicate if an implemented intervention is succeeding in reducing the number of accidental overdose deaths occurring in a given area. Additionally, SUDORS sheds light on the states or US territories that are experiencing the highest number of accidental overdose deaths, which can inform clinicians on Public Health issues that could be impacting the patients they are treating.

The SUDORS also highlights the risk factors that are associated with an increased risk of accidental overdose deaths in individuals. These risk factors include existing mental health issues, potential bystanders present, previous institutionalization, and previous overdoses². SUDORS calling attention to these patterns can inform the standard of practice for providers and Public Health professionals used to combat these preventable deaths in their community. Another benefit of the SUDORS surveillance system is the data on the various demographics. According to SUDORS, 70.3% of deaths caused by accidental overdose are in males. Additionally, 62.7% of these deaths occur in White/Caucasian individuals, and the most deaths occur in the 35-44 age group; these findings are consistently the same over recent years². While this finding is quite jarring, having this information allows Public Health professionals to have

more targeted and effective interventions that address the populations that are experiencing the highest burden.

Lastly, the SUDORS surveillance system is a highly accessible, engaging, and digestible source that does not require an individual to have a Public Health or medical background to understand the content of its findings. Affected family members or loved ones can begin to understand the consequences of the opioid crisis without the overwhelming medical jargon that can be found in scientific journals and empirical literature. The lack of a paywall is an additional factor that increases accessibility of health information to anyone who seeks this information.

The SUDORS surveillance system has demonstrated that accidental overdoses leading to death are impacting thousands of people all over the United States, and there remains a need to detect these cases early and evaluate any significant changes over time.

References

1. Hong, R., Walker, R., Hovan, G., Henry, L., & Pescatore, R. (2020). The Power of Public Health Surveillance. *Delaware journal of public health*, 6(2), 60–63.
<https://doi.org/10.32481/djph.2020.07.016>
2. Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Final Data. Atlanta, GA: US Department of Health and Human Services, CDC; [2025, December, 1]. Access at:
<https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 1:33 PM
To: botamina.sorial@gwu.edu
Subject: Docket- CDC-2025-0552- State Unintentional Drug Overdose Reporting System (SUDORS)

Dear Botamina Sorial:

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment. We appreciate your comment, which will be taken into account. Please do not hesitate to contact us if we can be of further assistance.

Best regards,

OMB/PRA Office
Office of Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

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State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0014

Comment from Anonymous

Submitter Information

Name: Anonymous Anonymous

General Comment

See attached file(s)

Attachments

Comment Letter SUDORS

Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention,
1600 Clifton Road, NE
MS H21-8
Atlanta, Georgia 30329.

RE: Docket No. CDC-2025-0552 Proposed Project: State Unintentional Drug Overdose Reporting System

Dear Mr. Zirger,

Thank you for the opportunity to provide public comment on the Centers for Disease Control's September 30th, 2025 notice regarding proposed revisions to the CDC State Unintentional Drug Overdose Reporting System (SUDORS). I am specifically responding to the request to comment on the program's necessity for agency performance and practical utility. As a public health professional dedicated to the behavioral health field, I have seen firsthand how strong public health data surveillance programs are crucial for informing effective substance use disorder treatment and prevention efforts. I strongly support the essential programs within the State Unintentional Drug Overdose Reporting System and believe continued funding for these initiatives is vital to addressing the ongoing overdose crisis in our country.

I. Overdose Crisis in the United States

Unintentional injury is the third leading cause of death for Americans, and over 30% of unintentional injury deaths in 2023 were attributed to overdose.¹ Opioid-related deaths made up more than 75% of overdose deaths each year, with synthetic opioids containing illicitly manufactured fentanyl accounting for 69% of deaths in 2025.³ The opioid crisis in the United States began in the 1990s with the widespread distribution of prescription opioids for pain relief. In 2013, synthetic opioids became the leading cause of overdose death, with opioid-related mortality rates rapidly increasing after this shift. In 2017, the Department of Health and Human Services (HHS) officially declared the opioid crisis a nationwide public health emergency following a significant rise in opioid-related deaths across the country.⁴ The Centers for Disease Control developed and enhanced drug-related surveillance programs, including Overdose 2 Action, which includes the SUDORS program, to help states identify high-risk areas and populations and implement effective public health strategies to protect their residents.

1. American College of Surgeons, *Deaths from Drug-Induced Unintentional Injury Rise Across the U.S.* (Oct. 3, 2025), <https://www.facs.org/media-center/press-releases/2025/deaths-from-drug-induced-unintentional-injury-rise-across-the-us/#:~:text=Key%20Findings,addiction%20medicine%20and%20trauma%20care.>; Centers for Disease Control & Prevention, *Accidents or Unintentional Injuries*, FastStats (last reviewed Sept. 17, 2025), <https://www.cdc.gov/nchs/fastats/accidental-injury.htm>.
2. Centers for Disease Control & Prevention, *About Overdose Prevention* (Sept. 18, 2025), <https://www.cdc.gov/overdose-prevention/about/index.html>. (cdc.gov).
3. *Id.*
4. Centers for Disease Control and Prevention, *Overdose Data to Action (OD2A)* (July 12, 2025), <https://www.cdc.gov/overdose-prevention/php/od2a/index.html>. (cdc.gov).

II. Public Health Surveillance Efficacy and SUDORS Success

Timely and accurate collection of epidemiological data is essential for developing appropriate and effective public health interventions. SUDORS and other surveillance initiatives provide a foundation for nationwide overdose intervention and prevention programs. Targeted substance use solutions based on vital surveillance data led to the first decrease in overall drug-related deaths since 2018 in 2023.⁶ SUDORS has also proven successful in several states. In 2023, New Jersey experienced, for the first time in a decade, a decline in overall overdose deaths, thanks to targeted data-driven interventions.⁷ The state used its SUDORS program to identify trends and discovered a link between mental health disorders and substance use conditions, allowing for a more tailored approach to intervention services.⁸ Similarly, Maryland's SUDORS data revealed an increase in non-intravenous methods of narcotics use, enabling state officials to adjust resource allocation and messaging.⁹ The data collected in Maryland also supported more effective naloxone distribution to high-risk areas.¹⁰ Besides its critical role in developing effective overdose interventions, SUDORS data can be utilized to model potential future initiatives and estimate likely impacts. A recent study published in the Journal of the American Medical Association used SUDORS data to gather insights on a projected three-year association between public health interventions and opioid overdose outcomes.¹¹ The simulation showed that effectively using SUDORS data could potentially reduce overdose deaths by 37% within three years.¹²

III. Conclusion

The SUDORS program, like many other vital public health surveillance efforts, plays a crucial role in ensuring that timely, targeted, and effective initiatives are put into place to fight the nation's opioid crisis and maintain ongoing reductions in overdose rates. Surveillance and data analysis of overdose trends enable the CDC to collaborate with states and localities to make sure measures are tailored to specific populations, respecting their customs and infrastructure. In the FY 2026 Budget Request, there was an indication that funding cuts for the National Center for Injury Prevention, which includes SUDORS and other essential surveillance programs, are being considered to eliminate unnecessary and duplicate efforts.¹² These cuts could be detrimental to the incredible progress programs like SUDORS have made in preventing overdose deaths. I firmly support continued investment in the SUDORS program and appreciate the vital work the CDC is doing to confront a crisis that affects the lives of millions of Americans every day.

5. Centers for Disease Control & Prevention, *U.S. Overdose Deaths Decrease in 2023, First Time Since ...* (May 15, 2024), <https://www.cdc.gov/nchs/pressroom/releases/20240515.html>. (cdc.gov).
6. New Jersey Department of Health, *Statewide Overdose Deaths Decline Across All Racial and Ethnic Groups as NJ Health Department Authorizes Harm Reduction Centers in All Counties* (Mar. 26, 2025), <https://www.nj.gov/health/news/2025/approved/20250326a.shtml>.
7. *Id.*
8. Maryland Department of Health, *Circumstances of Fatal Overdose: Trends from the Maryland State Unintentional Drug Overdose Reporting System (SUDORS) — August 2025* (Aug. 2025), <https://lrm.maryland.gov/wp-content/uploads/PHA-SUDORS-trend-report-August-2025.pdf>. (lrm.maryland.gov)
9. *Id.*
10. Nivedita Nataraj et al., Public Health Interventions and Overdose-Related Outcomes Among Persons with Opioid Use Disorder, 7 *JAMA Netw. Open* e244617 (2024).
11. *Id.*
12. Office of Management & Budget, *The President's FY 2026 Discretionary Budget Request* (May 2025), <https://www.whitehouse.gov/wp-content/uploads/2025/05/Fiscal-Year-2026-Discretionary-Budget-Request.pdf>.

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State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0015

Comment from Powers, Laura

Submitter Information

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General Comment

See attached file(s)

Attachments

SUDORS Comment

The continued collection of data on overdose deaths due to both prescription drugs and the illicit drug supply is essential in combatting the ongoing public health crisis of the opioid epidemic in the United States. Particularly considering the ever-changing nature of the crisis with newly emerging drugs and drug contaminants, high-quality surveillance data is necessary to craft effective interventions. For example, SUDORS data aided in the detection of increasingly appearing xylazine from 2019-2022.¹ A centralized and comprehensive source of information is particularly valuable for organizations apart from state and local public health jurisdictions, who can utilize collected data to effectively respond to issues particular to their geographic area at a given time.

While this additional three-year approval for SUDORS data collection is incredibly important regarding the response to the opioid epidemic, it is important to note that surveillance data provides minimal benefit without a strong public health workforce with the capacity to collect complete and accurate data and to utilize the data in public health response. However, the areas of the United States most impacted by overdose deaths face significant public health workforce shortages and an underfunded social services sector. While rural areas of the U.S. have been hit particularly hard by the opioid epidemic – partially due to higher prescribing rates of pain medications per person² – these areas are also chronically understaffed and underfunded in their public health departments.^{3,4} SUDORS data will be most impactful if public health workforce capacity is equally prioritized alongside the collection, consolidation, and supplementation of surveillance data. Similar to workforce shortages in rural public health departments, social services and the primary care sector are similarly under-prioritized in rural areas despite their potential to utilize regional SUDORS data to directly impact individual health and well-being and reduce unintentional overdose rates.^{5,6} These professionals are also most likely to be the source of accurate information on risk factors for fatal drug overdoses that may be included in SUDORS data. Social services and primary care professions must continue to be bolstered through targeted workforce development alongside the continued collection of SUDORS data.

In addition to workforce shortages that may impact accuracy and response to SUDORS data as described above, it should be recognized that data accuracy may be regionally impacted by differing availability of medical examiners or coroners. Again, rural areas – which are often disproportionately impacted by overdose deaths – are also more likely to have coroners than medical examiners due to limited availability of qualified full-time medical examiners.⁷ As a result, these jurisdictions automatically have a less clinically-qualified individual – who does not need to be medically trained – preliminarily assessing overdose deaths. Jurisdictions with coroners are significantly more likely to have drug overdose deaths reported as unclassified (rather than recorded as having involved any opioid, synthetic opioid, methadone, and heroin) than jurisdictions with a medical examiner.⁸ The accuracy of SUDORS data is therefore further impacted by whether a given jurisdiction has a coroner or medical examiner. Alongside the continued approval of SUDORS, this impact on data accuracy should be recognized and considered. Efforts to improve overdose death classification accuracy in coroner jurisdictions

would likely improve SUDORS data and therefore increase its utility in combatting unintentional overdose deaths.

In summary, OMB approval for an additional three years of SUDORS data collection efforts is a crucial component in the fight against the opioid epidemic. However, workforce shortages in public health departments, social services, primary care, and available medical examiners will likely impact the accuracy of this continued data collection. Relative to CDC's efforts to enhance the quality and clarity of SUDORS data and minimize the burden of data collection, these workforce matters should be considered.

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Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 1:36 PM
To: laura.powers@gwu.edu
Subject: Docket- CDC-2025-0552- State Unintentional Drug Overdose Reporting System (SUDORS)

Dear Laura Powers:

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment. We appreciate your comment, which will be taken into account. Please do not hesitate to contact us if we can be of further assistance.

Best regards,

OMB/PRA Office
Office of Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

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State Unintentional Drug Overdose Reporting System (SUDORS)

Comment On: CDC-2025-0552-0001

State Unintentional Drug Overdose Reporting System (SUDORS) 2025-18905

Document: CDC-2025-0552-0016

Comment from Redmon, Pamela

Submitter Information

Name: Pamela Redmon

Address: United States,

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General Comment

The opioid crisis continues to plague the entire country, with overdoses statistically categorized as one of the highest rates for cause of death. The State Unintentional Drug Overdose Reporting Systems (SUDORS) is a critically needed system to maintain across the entire country as established by the Centers for Disease Control and Prevention – National Center for Injury Prevention and Control (NCIPIC).

The current Administration campaigned in 2023 and 2024 on the priority to address and reduce the number of opioid-related and illicit drug overdose deaths across the country. This public health crisis is one of their key issues as it impacts individuals, families, and communities in every state across the country. While there have been significant changes within the Department of Health and Human Services (HHS), where the CDC agency sits, maintaining this public health issue should be paramount for the Administration and all of HHS leadership.

1. The proposed collection of information is necessary for the proper performance of the functions of CDC/NCIPIC. As the federal agency and public health departments in every state continue to monitor, assess, and address the opioid crisis, the information gathered by SUDORS provides accurate and the most comprehensive data needed to determine if public health education campaigns and the professional health community are having an impact on decreasing the casualty rate. This information contributes to the practical utility SUDORS has and will continue to provide. It will also indicate what programs/campaigns/information are currently working and what needs to be adjusted or improved for better outcomes.

2. Based on the estimated annualized burden hours provided, this information seems to be accurate, as SUDORS was established by the CDC in 2017 and 2018 was its first full reporting year. Since that time, the amount of data collected has provided detailed and timely public health information on unintentional, fatal opioid-related drug overdoses. It also has been able to better inform prevention and response efforts at the national, state, and local levels. The estimated burden hours are based on what has been needed over the past seven years. During that time, NCIPIC has been able to educate state and local public health

leaders on how to use various technology platforms to build more informative databases with less labor-intensive work. The estimated burden should continue to decline in the coming years with more work done to diminish opioid-related overdose deaths and the continued evolution of technology.

3. SUDORS is and continues to be the most effective and comprehensive national system to provide information related to unintentional drug overdoses. While opioid-related deaths are the primary focus of the system, other illicit forms of drug overdoses, such as heroin, are included in the reporting. The quality, utility, and clarity of the information collected provides the most accurate and detailed information the federal government has to report back to every state. This information is critical to continuing to make progress on addressing the drug overdose crisis.

4. As previously mentioned, the technology advances since the inception of SUDORS continue to help reduce the collection and labor burden to capture this information.

5. The information collection costs are based on the estimated 43,631 annualized burden hours. It is imperative during the upcoming federal budget appropriation process, the funding needed to support the burden hours is included and reviewed by the Office of Management and Budget (OMB). The current request for OMB to approve an additional three years to continue SUDORS will have significant impact on the efforts related to reducing overdose deaths.

This comment on the proposed continuation of the SUDORS project is an effort to ensure this effective project can grow and expand the data provided to the federal government, along with state and local governments. Accurate, timely, and detailed data collection is one of the most important avenues to diminishing and hopefully ending deaths related to drug overdoses.

Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, December 11, 2025 1:39 PM
To: predmon@gwu.edu
Subject: Docket- CDC-2025-0552- State Unintentional Drug Overdose Reporting System (SUDORS)

Dear Pamela Redmon:

As required under the Paperwork Reduction Act of 1995(PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment. We appreciate your comment, which will be taken into account. Please do not hesitate to contact us if we can be of further assistance.

Best regards,

OMB/PRA Office
Office of Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention