



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-26-1283]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Monitoring and Reporting for the Overdose Data to Action Cooperative Agreements” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” Notice on December 15, 2025 to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

- (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- (c) Enhance the quality, utility, and clarity of the information to be collected;
- (d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other

technological collection techniques or other forms of information technology, e.g.,
permitting electronic submission of responses; and
(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 30-day Review - Open for Public Comments" or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Monitoring and Reporting for the Overdose Data to Action Cooperative Agreements (OMB Control Number 0920-1283, Exp. 5/31/2026) – Revision – National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This is a Revision request for the currently approved Monitoring and Reporting for the Overdose Data to Action Cooperative Agreement (OMB Control Number 0920-1283). In 2024, 79,384 drug overdose deaths occurred in the United States; the age-adjusted rate in 2024 was 23.1 deaths per 100,000 population, reflecting a 26.2% decrease in the age-adjusted drug overdose death rate from 2023, during which there were 31.3 deaths per 100,000 population. Approximately 68% of drug overdose deaths in 2024 involved an opioid. In addition, opioids are

nested in a broadening polysubstance crisis, largely driven by deaths co-involving opioids and stimulants, such as cocaine and methamphetamine. During 2024, there were 21,945 drug overdose deaths involving cocaine and there were 28,722 drug overdose deaths involving psychostimulants with abuse potential—such as methamphetamine—accounting for approximately 28% and 36%, respectively, of drug overdose deaths overall.

This Revision requests the continued collection of information from jurisdictions (which include States, Washington D.C., U.S. Territories, cities, and counties) and partners funded under the Overdose Data to Action Limiting Overdose through Collaborative Actions in States and Localities. All jurisdictions funded by the OD2A NOFOs will report activity progress and capacity and workplan updates using web-based tools. Information collected will provide crucial data for program performance monitoring, budget tracking, and where applicable, program success. The information will also improve communication between CDC and funding recipients as well as inform technical assistance and guidance documents.

Revisions requested are to remove previously approved data collection instruments that are no longer active for ongoing data collection purposes and revise currently approved burden. The total estimated annualized burden hours decreased from 1,167 to 1,080. There are no costs to respondents other than their time to participate.

Estimated Annualized Burden Hours

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

	Report and Work Plan			
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