health actions, and continuous quality improvement. This information collected in this collection will continue to be used to:

(1) Evaluate and track outcomes at the recipient- and program-levels as they relate to injury prevention-focused infrastructure development, surveillance system development and use, and partnerships, to prevent Adverse Childhood Experiences (ACEs), Traumatic Brain Injury (TBI), and transportation-related injuries. Recipient-and program-level identification of disproportionately affected populations and subsequent public health actions taken to address injury-related health disparities will also be assessed.

(2) Identify technical assistance needs of individual recipients and this recipient cohort, so that the CDC team can appropriately deploy resources to support recipients.

(3) Identify practice-based evidence for injury prevention public health actions to advance the field through future partnerships, program design, and publications.

(4) Inform continuous quality improvement activities over the course of the funding period, to include quarterly and annual strategic planning for current and later iterations of this program under future funding.

Information is collected by CDC through the following modes to address the purposes identified above:

(1) The Core SIPP Implementation Capacity Development Rubric was implemented once at the start of program funding (baseline collection), and subsequently during the middle of each reporting year. Recipients self-administer the rubric via CDC's Partner Portal, where they self-score their state injury prevention programs according to their current level of capacity for components of interest. These scores are used to identify recipient strengths, areas for improvement, and additional needs for CDC TA support. Measuring recipient improvements in implementing public health actions in this standard way greatly increases the ability for CDC to measure the impact of the program investment. CDC aggregates these scores across recipients to identify larger program needs and to inform internal Continuous Quality Improvement (CQI) activities. This information is shared back with recipients individually during annual technical review calls, as well as in aggregate at annual partnership meetings. Additionally, increased capacity will increase the likelihood of sustainability beyond the funding cycle.

(2) Recipient-level Group Interviews will take place at the end of Program Years 3, 4 and 5. The purpose of these interviews is to evaluate progress and challenges in implementing the Core SIPP program within the individual recipient-level context to inform tailored supports from CDC and partners. The tailored support is in effort to facilitate solutions to programmatic barriers, adjust recipient strategies as needed, and ensure the quality of data reported annually to CDC.

(3) Economic Indicators are collected to better understand the cost of IVP implementation by strategy as well as how recipients have leveraged funds and resources to increased sustainability for injury and violence prevention work.

(4) Injury Indicator Spreadsheets and Special Emphasis Reports are collected annually to track state level injury and violence morbidity and mortality data. This allows CDC to measure trends over time within a state, across states, and against the national average to identify changes during the Core SIPP funding period. Completion of the spreadsheets and reports ensures recipient surveillance capacity and reporting is in alignment with best practices.

CDC requests OMB approval for an estimated 764 annual burden hours. There is no cost 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)
Core SIPP Program Awardees	Implementation Capacity Rubric	26	1	2
	Economic Indicators	23	1	1
	Recipient-level Group Interviews	26	1	1.5
	Injury Indicators Spreadsheet	26	1	5
	Emergency Department Injury Indicators Spreadsheet.	26	1	5
	Hospital Discharge Injury Indicators Spreadsheet.	26	1	5
	Special Emphasis Reports	26	1	10

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–25–1268]

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 ''Drug Overdose Surveillance and Epidemiology (DOSE)'' 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 November 7, 2024, to obtain comments from the public and affected agencies. CDC did not receive comments 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

Drug Overdose Surveillance and Epidemiology (DOSE) (OMB Control No. 0920–1268, Exp. 09/30/25)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2022, a total of 107,941 drug overdose deaths occurred, corresponding to an age-adjusted rate of 32.6 per 100,000 population, quadruple from the 2002 rate (8.2). From 2021 to 2022, the synthetic opioid-involved death rate other than methadone increased 4.1%, from 21.8 to 22.7 per 100,000. The psychostimulant-involved age-adjusted death rate increased more than 34 times, from 0.3 in 2002 to 10.4 in 2022. Two states had a significant increase in non-fatal overdoses between 2023 and 2024 (DOSE dashboard). In response to the growing severity of the opioid overdose epidemic, the US government declared the opioid overdose epidemic a public health emergency on October 26, 2017. The opioid overdose epidemic is one of the U.S. Department of Health and Human Services (HHS) top priorities. In 2021, HHS expanded their Overdose Prevention Strategy to focus on four strategic priorities: primary prevention, harm reduction, evidence-based treatment, and recovery support.

DOSE 2.0 is a critical element in the support of research and surveillance to collect more timely and more specific data through accelerating the speed at which CDC reports drug overdose data. DOSE 2.0 data collection integrates, expands, and enhances previous data sharing efforts with public health departments initiated under ESOOS and DOSE 1.0. The goal of DOSE 2.0 is to conduct surveillance of approximately 80% of all ED facilities in a given jurisdiction for drug overdoses through the end of the OD2A–S cooperative agreement in 2028. In 2023, OD2A–S provided funding for 90 jurisdictions: 49 states and the District of Columbia share data with DOSE 2.0. Though we had hoped to capture data from all 50 states and the District of Columbia, only 49 states and the District of Columbia applied for this funding announcement.

Drug Overdose Surveillance and Epidemiology (DOSE) system will leverage ED syndromic data, as well as line-level emergency department (ED) and inpatient hospitalization discharge data on ED visits already routinely collected by state health departments and the District of Columbia health department. No new data will be systematically collected from EDs, and health departments will be reimbursed by CDC for the burden related to sharing ED data with CDC. DOSE system funds 50 health departments (49 state health departments and the health department of the District of Columbia; ND is the only state not funded of the 50 states). For DOSE Syndromic Surveillance (SyS) data, 48 health departments (OK and CA do not participate in SyS) will rapidly share existing ED data with CDC monthly.

Funding for DOSE 2.0 was awarded in September 2023 and we are requesting an additional three years of data collection to match the OD2A–S NOFO funding period. Revisions are requested to revise the number of eligible states, change the data collection template and revise burden. Based on current data sharing from states we have decreased our burden estimate to 655 from 975 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Participating health departments sharing aggregate data from NSSP BioSense.	Rapid ED overdose data form	45	12	30/60
Participating health departments sharing aggregate data from local syndromic data file.	Rapid ED overdose data form	3	12	3
Participating health department sharing finalized *ED and inpatient hospitalization* aggregate data on total ED/inpatient hospitalization visits, and metadata on a yearly basis.	ED and hospitalization discharge overdose data form.	32	1	3
Participating health department sharing finalized aggregate data on total inpatient hospitalization visits, and metadata on a yearly basis.	Inpatient hospitalization discharge overdose data form.	3	1	2

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Participating health department sharing line-level *ED/inpatient hospitalization* discharge data (.csv) on drug overdose-related visits (i.e., any visit with an ICD–10–CM code between T36–T50, including all intents, encounters, underdosing, and adverse effects..	Inpatient hospitalization discharge overdose data form.	35	1	5

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–25–1050]

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 ''Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery'' 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 September 3, 2024 to obtain comments from the public and affected agencies. CDC did not receive comments 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

Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (OMB Control No. 0920–1050, Exp. 6/30/2025)—Revision—Office of Science (OS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Executive Order 12862 directs Federal agencies to provide service to the public that matches or exceeds the best service available in the private sector. In order to work continuously to ensure that our programs are effective and meet our customers' needs, Centers for Disease Control and Prevention (CDC) seeks to obtain OMB approval of a Generic Clearance to collect qualitative feedback on our service delivery. The information collection activities approved under this Generic Clearance mechanism will garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training, or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

Feedback collected under this Generic Clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of Generic Clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: (1) the target population to which generalizations will be made; (2) the sampling frame; (3) the sample design (including stratification and clustering); (4) the precision requirements or power calculations that justify the proposed sample size; (5) the expected response rate; (6) methods for assessing potential non-response bias; (7) the protocols for data collection; and (8) any testing procedures that were or will be undertaken prior fielding the study.