**CFSO**

**Fiscal Year 2026 Appropriations Priorities**

**Labor, Health and Human Services, Education and Related Agencies**

**CENTER FOR DISEASE CONTROL**

**NATIONAL VIOLENT DEATH REPORTING SYSTEM**

**Agency:** HHS/CDC  
**Request**: Support full funding for NVDRS  
**Explanation**: In order to prevent death, it is important to understand what is causing them. The National Violent Death Reporting System (NVDRS) integrates medical examiner/coroner (MEC) and law enforcement data to track violent deaths (e.g., homicides, suicides).  This reporting system provides public health information about who is dying from injuries and risk factors for these deaths. This information is used to inform medical caretakers, other stakeholders and direct public policy and funding which may then be used to prevent future premature deaths.

**OPIOID OVERDOSE PREVENTION AND SURVEILLANCE (OD2A)/SUDORS**

**Agency:** HHS/CDC

**Request:** Support full fundingfor Opioid Overdose Prevention and Surveillance (OD2A) and the SUDORS program. Provide continued support for state and local forensic service providers to include medical examiners and coroners.

**Explanation:** The State Unintentional Drug Overdose Reporting System (SUDORS) allows for tracking of the opioid crisis.  This reporting system provides public health data about who is dying from drugs and what are the specific drugs and risk factors for these deaths. This information is used to inform medical caretakers, other stakeholders and directs public policy and funding so it can be used to prevent future premature deaths.

CDC's Overdose Data to Action (OD2A) cooperative agreement provides funding to 90 health departments under two distinct OD2A programs to reduce drug overdoses and the impact of related harms. Those state and local health departments work with and subgrant funding to state and local forensic science providers and medical examiner and coroner offices for projects related to reducing overdoses and providing surveillance data from forensic services providers. One specific emphasis is collaborating with forensic toxicology labs, medical examiners and coroners to improve drug overdose death investigations, including the timeliness and quality of data and the inclusion of toxicology testing and interpretation.

**PUBLIC HEALTH DATA MODERNIZATION**

**Agency**: HHS/CDC

**Request**: Carve out $10m in Public Health Data Modernization for Medical Examiners and Coroners offices and include language below

**Explanation/Report Language:** In 2022, CDC in consultation with the DOJ published the “Landscape Study of Electronic Case Management Systems for Medical Examiners and Coroners”, it concluded that more than 50% of the MEC in states do not have electronic records management systems. As such there is an inability to upload critical death certificate data and toxicology result which provide public health data and helps identify trends in drug and violent crime fatalities. Furthermore, for the offices that do have this capability there lacks interoperability between local offices and the State Electronic Death Registry Systems. Many Medical Examiners and Coroners do not have direct electronic access to health records for the deaths under their jurisdiction that require a medicolegal death investigation. As a result, the process of reviewing these records and then the issuance of the death certificate may be delayed, or an underlying cause of the death may be missed or omitted which may result in loss of critical information on the reporting of death trends. Therefore, the Committee directed the CDC to provide no later than 180 days after passage of this bill, recommendations of how they will assist the state, county, and local medical examiners and coroners to obtain electronic records management systems (RMS) and direct access to electronic medical records and healthcare exchanges for the purpose of medicolegal death investigations. The CDC shall also work with state health departments to ensure, Medical Examiner and Coroner RMS’s are interoperable with state EDRS software and that the cost of interoperability is not passed on to the MEC

*The committee is concerned with the lack of research on the pharmacological effects of emerging drugs on living and deceased individuals. This is critical data to ensure that driving under the influence cases can be investigated and prosecuted in the United States and the proper identification of cause of death for purposes of public health and law enforcement. Without the evaluation identification of the drugs effect on humans the proper certification of cause and manner of death will be problematic. In addition, law enforcement and public health entities will continue to struggle with prevention, treatment, and interdiction efforts. The Committee directs CDC to work with research institutions on human studies related to the pharmacology and pharmacokinetics of emerging illicit drugs.*