

Two updates for today. Both are critical! First, the ASCLD National Outreach Priorities Agenda and 2018-2019 Strategic Plan have been published by the ASCLD Board. Second, the federal corner series continues with an update on initiatives from the CDC. The strategic plan work started immediately with the new Board this year and we are excited to follow it. If you want to get an idea of what the organization is going to do this year and what we will focus on, these two documents will give you an indication. These have been published on the ASCLD website. I also recommend carefully reading the CDC section. The CDC has entered into the forensics market in a big way, and millions of dollars of grant funding have already been released to forensic science service providers. I recently returned from the National Association of Medical Examiners (NAME) meeting in West Palm Beach, Florida. I took the greetings of ASCLD to our colleagues at NAME and we continue to work collaboratively to help our medical examiner and pathology members. We had many meetings with the CDC where we talked about collection and use of toxicology data, grant funding for forensic providers, and staffing needs for forensic pathologists.

### **CDC Initiatives:**

#### **Electronic Data Sharing**

CDC's National Center for Health Statistics is working in concert with Federal, State, and local partners to strengthen the capacity and connectivity of electronic data systems used to report drug overdose deaths. There is a limited number of sources upon which we all rely to fulfill our missions: medical examiner and coroner offices, vital records jurisdictions, and other "upstream" sources, such as death scene investigations, autopsy reports, and post-mortem toxicology tests. Our goal is to adopt best practices for information exchange that put less burden on data providers while providing a more "real-time" and automated data feed to public health and public safety data requestors.

We are currently working with six states (CA, FL, GA, MI, NH, and NY) to design, test, and build new ways of gathering and exchanging mortality data in pursuit of a common goal: 90% of drug-related death records made available for public health surveillance and decision making within 90 days of death. While our initial focus is on drug overdose deaths, we have embraced an approach for exchanging mortality data that leverages Application Programming Interfaces (API) and HL7's Fast Healthcare Interoperability Resources (FHIR) Standard. This approach will help ensure that the tools developed by the Community can be re-used to help improve the quality and timeliness of public health and public reporting, beyond drug overdose fatalities. NCHS expects piloting to begin in early 2019 and to expand to up to 16 states across the country into 2020.

Please see <https://www.cdc.gov/surveillance/projects/improving-data-on-drug-overdose-deaths.html>, <https://www.cdc.gov/surveillance/blogs-stories/drugs-death-data.html>, <https://www.cdc.gov/surveillance/projects/Modernizing-Death-Reporting.html>, and <https://www.youtube.com/watch?reload=9&v=vjux-IN0Wd4>.

#### **CDC Building Forensic Infrastructure and Providing Grant Funding**

As the nation's public health and prevention agency, CDC is applying its scientific expertise to focus on public health prevention, which begins by increasing our

understanding of the epidemic itself and then using that information to pivot to tactical steps to prevent further harms. In particular, CDC has identified five key strategies through which we advance our work to address opioid overdose. Those five strategies include: 1) conducting surveillance and research; 2) building state, local, and tribal capacity; 3) supporting providers, health systems, and payers; 4) partnering with public safety; and 5) empowering consumers to make safe choices. Under its Overdose Prevention in States (OPIS) effort, CDC provides resources and scientific support to 45 states and Washington, D.C. across three separate programs. The first two programs, Prevention for States (PfS) and Data-Driven Prevention Initiative (DDPI), equip states with resources, tools, and technical expertise provided by CDC scientists. Activities funded under PfS and DDPI include enhancing Prescription Drug Monitoring Programs (PDMPs) and leveraging them as public health tools, improving health system and insurer practices for safer opioid prescribing, supporting community-level response and prevention activities, and evaluating policies that may impact the opioid epidemic (e.g., naloxone distribution and Good Samaritan laws). Under its third program, the Enhanced State Opioid Overdose Surveillance (ESOOS) program, CDC funds 32 states and Washington, DC to improve the timeliness and comprehensiveness of fatal and non-fatal opioid-involved overdose reporting and to disseminate surveillance findings to key stakeholders. Increased funding for opioids in the fiscal year (FY) 2018 Consolidated Appropriations Act has allowed CDC to award an additional 155 million dollars for surge support under the [Public Health Crisis Response cooperative agreement](#) to 49 states, Washington, DC and four U.S. territories to fight the opioid overdose epidemic (<https://www.cdc.gov/media/releases/2018/p0919-cdc-opiod-battle-funding.html>). A new funding opportunity called “Overdose Data to Action” was recently forecasted on Grants.gov. State health departments, U.S. territories, or their bona fide agents (includes the District of Columbia), Local/county health departments or their bona fide agents may be eligible to apply. The application will be available in early 2019, with an estimated application due date of May 2019 and an estimated project start date of September 2019 (<https://www.grants.gov/web/grants/search-grants.html?keywords=CDC-RFA-CE19-1904%20> ).

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