MEMORANDUM

TO: BRUCE REED, ELENA KAGAN

FROM: TOM FREEDMAN, MARY L. SMITH

RE: POISON CONTROL CENTERS

DATE: JUNE 30, 1997

SUMMARY

Each year there are approximately 2.4 million calls placed to poison control centers. Every dollar spent on poison control saves at least seven dollars in medical expenses because nearly 75% of all poisoning can be treated in the home rather than in the emergency room of a hospital. Poison control centers are struggling for funding because they piece together their funding sources with the result than no single source considers itself critical. Dr. Steven Marcus of the New Jersey poison control center is spearheading an effort to establish a single, toll-free number to allow citizens from any location in the United States reach the applicable regional poison-control center. Thus far, New Jersey, Texas, Michigan, and Oklahoma have agreed to use a single number, 1-800-POISON-1. We recommend discussing this initiative with HHS because HHS is working on a report on the future of poison control centers.

STATISTICS

- According to the American Association of Poison Control Centers, 2.4 million calls were placed to poison control centers in 1992.
- 60% of calls to poison control centers involved children under the age of 6.
- Only 53% of Americans have access to a regional poison control center.
- Approximately 75% of poisonings handled by the poison-control centers are manageable over the telephone without the need to see a physician.
- Every $1 spent on poison control saves at least $7 in medical expenses.
- According to a 1994 congressional report, *Poison Control Centers: On the Brink of Extinction*, over 90% of all poisonings occur at home.
- The most common profile of a patient reported to a poison control center is a child younger than 6 years old who is unintentionally exposed to an ordinary household products.
- The number of poison-control centers has plummeted from a high of 661 in 1978 to 76 today; only 47 are certified by the American Association of Poison Control Centers.

BACKGROUND

Poison centers have existed in this country since 1955, and steadily grew in number until the 1970s. In addition to providing assistance regarding toxicity assessments over the telephone, many centers provide lesser-known services such as poison-prevention programs for school and community groups and the monitoring of poisoning trends, product manufacturing, packaging, and recall.

As poison control centers' service areas grew and health care costs soared, financing the centers became increasingly precarious. Centers depend heavily on state and local funding and private and corporate donations to cover their estimated annual $120 million operating costs.

By 1994, five centers covering major metropolitan areas were faced with imminent closure. One of these was the center in Washington, D.C. Local media coverage helped to save the center. This funding crisis involving the National Capital Poison Center brought the problem to the attention of Congress and the federal government. In October 1994, a study by the House Government Operations subcommittee on human resources and intergovernmental relations concluded that "Federal government intervention is necessary to stop poison centers from closing, eliminate the brinkmanship funding game that centers are forced to play, and ensure an essential public health service is equitably available to all U.S. residents."

HHS has been studying the problem since 1993. HHS is currently supposed to provide a report on the future of poison control centers sometime during 1997.

Dr. Steven Marcus, the executive director of the New Jersey Poison Information and Education System, has been working to establish a single, toll-free telephone number that will permit persons from all areas in the country to reach their local poison control center. In the last 2 years, New Jersey, Texas, Michigan, and Oklahoma have agreed to use the same telephone number, 1-800-POISON-1 (1-800-764-7661) to access their poison centers. Florida, California, and Louisiana are also expected to join. Dr. Marcus believes that in order to make this effort work, a rallying effort is needed.