

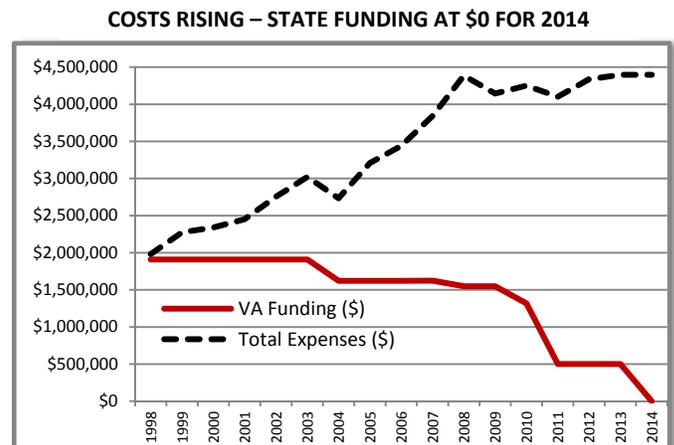


## POISON CONTROL CENTERS – NEEDED NOW MORE THAN EVER! Support Budget Item 297 – 5s (Barker)

### OVERVIEW & WHAT IS NEEDED

- **REQUEST: \$3MM** for FY 2014 to adequately fund and keep all 3 poison control centers operating – National Capital Poison Center (NoVA); VCU (East and Central) and UVA (West).

- **RATIONALE:** The Commonwealth’s funding for Virginia’s poison control system has been cut in a stepwise fashion from \$1,981,890 in FY 1998 to \$500,000 in FY 2011-2013. FY 2014 funding from the Commonwealth is currently budgeted at “0”. Current budget language recommends consolidating down to 2 centers which could result in the closing of National Capital Poison Center (NCPC). NCPC currently serves the entire Northern Virginia area (consulting on nearly 20,000 poison emergencies in 2012), and if closed, the Commonwealth would lose over \$1.2MM in effective subsidies and put even more fiscal burden on VCU & UVA . Typical consolidation economies-of-scale won’t be realized as Virginia currently funds only 9 cents for every dollar spent by NCPC on services for northern Virginia.



- Many would argue that poison control operations are significantly underfunded nationally as states struggle with budget challenges. However, a comprehensive 2012 *Lewin Report* found that \$0.43 per person was still being spent on poison centers across the country annually. If Virginia were to spend at that minimal level, the annual budget impact would be \$3,481,540 (8,096,604 population x \$0.43). The Federal government is contributing \$436,223; therefore, the remaining investment Virginia should be funding annually is **\$3,045,317**.

### FACTS ON POISON CENTERS – ALL VIRGINIA CENTERS

- Three poison centers provide 85,000 consultations annually; of those, 65,000 are poison emergencies.
- Every dollar invested in poison control saves a minimum of \$6 in health care related costs. Other studies show that number may be as high as \$36.
- 88% of patients who call the poison center first are managed at home, avoiding costly ER visits.
- 7,417 Virginians were admitted to hospitals in 2009 for poisoning – at a cost of more than \$119MM – over \$16,000 per patient. That number would rise dramatically were poison centers not staffed properly.

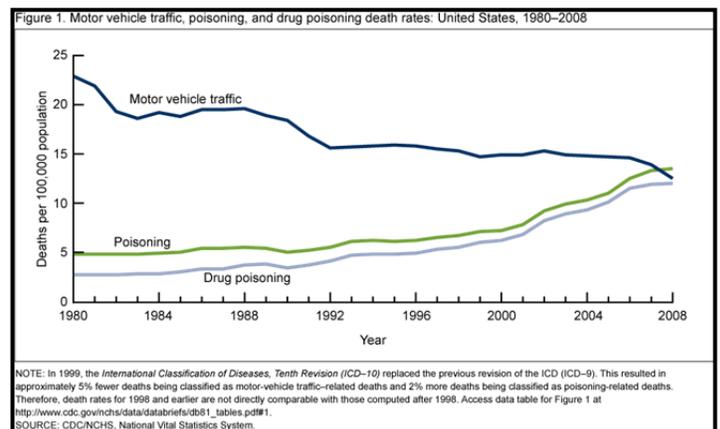
- The severity of Virginia's poison exposure reports has increased dramatically. From 1998 to 2011, the percent of human poison exposures with serious outcomes nearly doubled, the absolute number of serious cases more than doubled, and there was a 29% increase in the percent of cases managed in health care facilities. These more serious cases require greater staff time and expertise for information gathering, clinical decision-making, and consultations with toxicology experts.

**SEVERITY & COMPLEXITY INCREASING**

Calendar Year	No. Moderate, Major or Fatal for Calendar Year	% Moderate, Major or Fatal for Calendar Year	% Managed in Health Care Facility
1998	2,957	4.82	21.87
1999	3,363	5.39	21.14
2000	3,349	5.29	21.71
2001	3,802	5.83	22.81
2002	3,975	5.85	22.75
2003	4,017	5.97	22.39
2004	4,232	6.24	22.96
2005	4,013	5.89	22.84
2006	4,582	6.90	24.51
2007	5,086	7.22	24.51
2008	5,506	7.72	24.44
2009	5,947	8.29	25.09
2010	6,076	9.02	27.14
2011	6,387	9.49	28.26

- Due to the intense case management required, Specialists in Poison Information provide more than 96,000 follow-up calls annually, with up to 52 follow-up consultations per case and an average of 3.4 follow-up consultations for each poisoned patient in a health care facility.

- Virginia's severity trends are consistent with national trends. Poisoning has become the leading cause of injury fatalities, surpassing motor vehicle-related deaths. Nearly 9 of 10 poisoning deaths are caused by drugs (pharmaceuticals as well as street drugs). In the past 3 decades, drug poisoning deaths have increased 6-fold.



**FUNDING & COSTS**

- Virginia's 3 poison centers spend \$4.3 million annually to provide 24/7 statewide poison control services.
- In 2012 Virginia's poison centers subsidized \$3.3 million of the \$4.3 million spent for operations:
  - UVA = \$972,875
  - VCU = \$1,076,561
  - NCPC = \$1,216,917 (See Chart Below)
- Should NCPC close, Virginia's two remaining poison control centers would NOT be financially able to make up the difference or handle the case load NCPC currently handles. There are NO economies of scale – only less subsidy and more costs to UVA & VCU.

IMPACT OF CLOSING NCPC: SNAPSHOT ANALYSIS	Total	VA	MD	DC	FED	Other**
FY 2012 Funding for NCPC	\$3,078,982	\$130,000	\$915,380	\$372,793	\$344,783	\$1,316,026
<b>% of Total Dollars Spent</b>		<b>4.22%</b>	29.73%	12.11%	11.20%	42.74%
FY 2012 NCPC Human Poison Exposures	39,892	19,090	12,634	4,941		
<b>% of Total Calls*</b>		<b>47.85%</b>	31.67%	12.39%		
NCPC Expenditures on Virginia (47.85% x \$3,078,982)		<b>\$1,473,422</b>				
<b>VA Budget Allocation per \$ NCPC Spends on NoVa</b>		<b>9¢</b>				
* Not equal 100% as 3,227 calls are from other/unknown locations						
**Other Funding includes endowment revenue, grants, donations, etc						