



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**Division of Health
Bureau of Emergency Medical Services**

Poison Control Services
August 2007

Idahoans have had poison control services available to them since the late 1970's. The quality and accountability associated with these services varied and, despite a strong contractual partnership with the St. Alphonsus Regional Medical Center through the 1980's and early 1990's, the services failed to meet nationally accepted standards. In 1996, the Idaho Legislature passed a bill *"to assure, by statute, the continued existence of the poison control center."* The legislation was initiated by a concerned physician who thought there was a risk of poison control services deteriorating or ceasing altogether. At the time the Poison Control Act of 1996 was enacted into law by the Governor, the Department of Health and Welfare (DHW) State Emergency Medical Services Communications Center was managing both the direct delivery and escalating costs of poison control services to the citizens. The Act requires the Director of the DHW to *"establish, and provide support (to) a statewide poison control center."*

The Poison Control Act raised a considerable amount of evaluation and scrutiny of both the manner in which services were being delivered by DHW, as well as an assessment of how surrounding states' services and costs compared. DHW staff learned that several states in the intermountain and Pacific Northwest had fully accredited poison control centers whose cost per call was equal to, and in some cases lower than, DHW expenses for direct service delivery. After evaluating proposals from the Poison Control Centers serving Oregon, Utah, Montana, and Colorado, DHW entered into a contract with the Rocky Mountain Poison and Drug Center (RMPDC) for \$249,500 annually.

When DHW was providing direct delivery of poison control services, staff salaries and operating expenses were funded with EMS dedicated funds (these staff also handled dispatch for car crashes and medical emergencies in rural areas of the state, deployment of air medical helicopters, etc.). Once the contract was established, payments were made from the same funding source (since salary savings were immediately available) to ensure compliance with the Poison Control Act.

The contract expenses have risen 104 % to \$509,000 since the first year of the contract and are expected to continue to rise. While federal and fellow state partner funding (e.g., TANF, Health Preparedness, etc.) have periodically been available to offset the increases, EMS dedicated funds have been the primary source of funds made available to pay contract expenses.

Over 22,000 Idaho cases per year are managed by the RMPDC. Over 16,000 of these are actual exposures of humans, predominantly children, to substances. The skilled nurses with specialized training and certification in the provision of poison information services are able to talk parents and care providers through proper home management of the exposure, or reassure them that the child is in not in danger, thereby avoiding unnecessary and expensive emergency department or doctor's office visits. Alternatively, when the caller is an Idaho healthcare facility caring for a patient exposed to a toxic substance (these comprise nearly 7% of all exposure calls made to the poison control center), RMPDC has a team of board certified toxicologists and fellows with various subspecialties to provide consultation services to Idaho physicians that are otherwise unavailable instate.

Concerns raised by Idaho emergency medical services (EMS) personnel, EMS physicians, and the state EMS Advisory Committee are centered on the fact that the escalating costs of the poison control contract now all but consume the average annual revenue from the EMS Fund II established by Idaho Code §56-1018A and §49-306(8)a. Of the three EMS dedicated funds, only Fund II can be the legal source of funds for poison control services, as Fund I and Fund III have specific limitations on their use in statute. There are many other priorities and demands of the EMS system that are unmet, and many EMS system participants do not view the Poison Control Act as a burden that "their" fund should bear.

The DHW Division of Health administrative leadership has met to identify additional funding sources that may provide some relief and plans on holding a meeting in early fall with external partners such as the Idaho Hospital Association and private insurers to identify other options. At this time, there is not definitive plan for fiscal resolution.

Rocky Mountain Poison and Drug Center Services and Costs

	Hospital Exposures	Human Exposures	Animal Exposures	Information	Drug Identification	Totals
Rates	\$97.40	\$24.36	\$24.36	\$13.53	\$3.74	
2006 Idaho Case Volume (Calendar Year)	1,127	14,999	828	1,826	5,705	24,485
2006 RMPDC Costs/Idaho	\$109,770	\$365,376	\$20,170	\$24,706	\$21,337	\$541,359*

* Rocky Mountain Poison and Drug Center has reported their costs exceed the current contract by \$32,359.