



FY26 Public Witness Hearing Testimony

House Committee on Appropriations,

Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

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Alabama Poison Information Center/America's Poison Centers

Good morning, Chairman Aderholt, Ranking Member DeLauro, and distinguished members of the Committee.

My name is Dr. Jessica Pescatore, and I am a pharmacist, clinical toxicologist, and the Clinical Director of the Alabama Poison Information Center, located at Children's of Alabama. Thank you for the opportunity to share the critical work of the Alabama Poison Information Center and the other 52 poison centers across the nation. I'm here today to thank the Committee for its longstanding bipartisan support of the Poison Control Centers Program and to respectfully request \$28.846 million, a 2 million dollar increase over current funding levels, in fiscal year 2026.

Poison centers are available 24/7, 365 days a year, providing immediate access to expert health professionals trained in toxicology and poison information for both the public and other clinicians. Whether it's a concerned mother navigating the chaos that often accompanies toddler years, a first responder seeking critical guidance during a high-pressure situation, a seasoned clinician facing an unexpected clinical dilemma related to opioids or a critical drug shortage, or a public health agency in need of real-time data to combat an emerging threat, poison centers are ready. Our teams of nurses,

pharmacists, and physician specialists and toxicologists provide real-time, life-saving expertise, delivering the right answer the first time.

On average, poison centers receive a call every 15 seconds. That means, in our few minutes together today, 20 calls concerning potential exposures will have been received and managed by a poison center. In the last 30 days alone, over 201,000 poisoning cases were handled by poison centers across the country. Fifty-five percent (55%) of total cases handled by a poison center involve children and adolescents under the age of 19. And twenty-four percent (24%) of cases come directly from healthcare facilities and hospital emergency rooms.

Poison centers are more than a lifeline for poisoning emergencies, we have become an all-hazards response program. We participate in and support state health department initiatives while working together as a network at the national level. America's Poison Centers represents this network of life-saving centers. They also maintain the National Poison Data System, or NPDS, our nation's only near-real-time data infrastructure that integrates up-to-date information from across the nation's Poison Centers (opioids, disaster responses, social media trends, etc.). Regional data is uploaded and available every 5 minutes in easy-to-digest dashboards from the 53 centers. This national system allows health organizations and Centers to engage, unite, and collaborate in prevention and surveillance at every level. Take, for example, a recent multi-agency coordination of efforts to protect public health, which stemmed from the swift and collaborative response to an email exchange among poison center directors. This prompt identification of emerging public health threats and escalation of efforts underscores our ability to mobilize quickly, collaborate effectively, and deliver crucial data efficiently.

My center in Alabama worked in conjunction with key partners, including the Alabama Department of Public Health, to enable the state legislature to regulate tianeptine as a controlled substance in March 2021, making Alabama one of the first US states to take such action. It began with alerting our state health department to a dangerous spike in exposure cases related to a gas station

supplement and lead to further collaboration and sharing of pertinent data revealing an alarming rate of emergency department visits, inpatient admissions, and intensive care unit (ICU) utilization. This data was shared with the medical community at large, as well as key policy stakeholders. Our experience emphasizes the strong partnerships poison centers share and illustrates the extent of our reach. In fact, Alabama's success was recently highlighted in a publication by Quadir et al. who cited a 75% decrease in tianeptine exposures following our statewide efforts to raise public awareness about the dangers of this drug—marketed as a supplement—along with legislative actions to restrict its access. Working to identify and respond to dangerous substances does not end at our individual state level; we, alongside the other 52 centers nationwide, are committed to combating the illicitly manufactured fentanyl crisis. In serving both our public and healthcare professional communities, we too, are constantly reminded of the devastating impact that illicitly manufactured substances of abuse continue to have. Poison centers are actively engaged at the local, state, and national level.

In Alabama, I serve as a member of the Governor-appointed Alabama Opioid Overdose and Addiction Council, sitting on both the Data and Prescriber-Dispenser Committees. Data from the Alabama Poison Information Center is provided quarterly to contribute to our state's Central Data Repository, providing accurate and up-to-date information regarding opioid exposures occurring throughout our state's 67 counties. This data provides our state with a broader understanding of the opioid crisis while enabling resource allocation and targeted messaging. Many poison centers are also embedded within community outreach programs, providing education, training, and resources to the local communities they serve and those most at risk.

Across the board, we are united in our commitment to increasing access to substance use disorder treatment programs, ensuring that individuals receive the care and support they need to overcome substance use disorders and prevent future harm. In Alabama, a member of our toxicologist team has become one of the only clinicians in our state to provide substance use disorder management

to adolescents. It's clear: poison centers don't just identify concerning trends or problems—they are swift in finding solutions, all while being responsible stewards of resources.

Through our efficient and effective triage methods, we can intervene quickly to prevent unnecessary and costly emergency department visits and minimize unnecessary utilization of vital hospital resources. Many of us bring extensive acute care experience to our poison center roles, which gives us a deep understanding of and appreciation for emergency department resources and hospital capacity. I am especially grateful for my years of practice as an Emergency Medicine Clinical Pharmacist in some of the nation's busiest and highest-acuity emergency departments, as they fostered my unique ability to bridge gaps between clinical operations and patient care. Other poison center directors and I are tasked daily with the responsibility to strategically implement best practices, streamline care across the states we serve, and manage critical resources, such as antidote inventories.

Poison centers continually refine their ability to be resourceful and responsible stewards while navigating a rapidly growing and evolving field. As they manage increasingly complex cases, expand their roles as an all-hazards program, and provide vital education and training to the next generation of clinicians, they remain committed to advancing this critical specialty, even in the face of limited resources.

According to a report done by the Lewin Group, for every dollar that is invested in poison centers, there is an overall saving of over thirteen dollars (\$13) for local, state, and federal governments. For every dollar the federal government invests in poison centers, there is a saving of \$38.74, resulting in a total savings over \$662 million per year. Our interventions provide annual savings of \$752.9 million due to avoided medical care. More specifically, we saved Medicaid \$214.7 million and Medicare \$176.9 million.

We are proud to highlight this important work and grateful to the Committee for its continued support. But, as we all know, there is still work to be done. Our patients are aging, medications are

increasing, and threats to public health continue to evolve. Our role in emergency management and disaster preparedness is expanding, as it should. Whether it be a foodborne illness outbreak, natural disaster, chemical attack, or opioid crisis, poison centers are uniquely positioned to interface with the public, media outlets, healthcare professionals, incident command centers, and state and federal agencies. Our level of preparedness and responsiveness is not easily replicated and services as comprehensive and specialized as those offered by a poison center would be difficult to establish. Our specialized training is ongoing, driven by a career that demands life-long learning and constant adaptation. We must not only sustain our core operations and data systems but also advance these operations and enhance the tools that allow us to stay ahead of emerging challenges. Moreover, we must attract and retain the most qualified professionals in the field, ensuring that we remain at the forefront of public health and safety.

Poison centers are the embodiment of a lifeline. Whether you're at home spending time with your family, in a hospital treating patients, or in a government office working to safeguard our nation, we are here when you need us most. In those pivotal moments, our expertise will be there to reassure you, guide you, educate you, and provide the critical live-saving support that only we can.

On behalf of the Alabama Poison Information Center, our host institution Children's of Alabama, and each of our nation's 53 poison centers, I thank the Committee for the opportunity to testify before you today.