

**STATEMENT OF:**

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**REGARDING THE REAUTHORIZATION OF  
THE POISON CENTER NETWORK ACT**

**BEFORE THE HOUSE ENERGY AND COMMERCE SUBCOMMITTEE ON HEALTH**

**FOR A HEARING ENTITLED: COMBATING THE OPIOID CRISIS: PREVENTION  
AND PUBLIC HEALTH SOLUTIONS**

**MARCH 22, 2018**

## SUMMARY

My testimony is in support of the reauthorization of the national poison center program entitled the “Poison Center Network Enhancement Act of 2018.”

The nation’s 55 poison control centers, operating 24/7/365, receive approximately 3 million calls annually—nearly one-quarter of which originate from a health care facility. The Poison Center Program is a highly successful, true public-private, federal-state-local partnership that provides a free service and reduces unnecessary hospital visits, length of hospitalizations and health care costs in our country by more than \$1.8 billion annually. The Poison Center Program is legislatively mandated to fund poison centers (covering about 15% of their expenses), establish and maintain a single, national toll-free number (800) 222-1222, and to implement a nationwide campaign to educate the public and health care providers about poison prevention. The legislation before the Subcommittee today would reauthorize the Poison Center Program for an additional five years, through FY 2024.

Poison control centers are already on the frontlines of the opioid epidemic, handling approximately 500,000 cases of opioid misuse and abuse since 2011—approximately 192 per day, every day. In addition, centers assist first responders and hospital personnel and deliver countless hours of education, e.g., identifying new and emerging drugs of abuse and the safe storage and disposal of prescription opioids. Through national surveillance activities, poison centers have identified trends in evolving fentanyl and other opioid analogue penetration into communities which is then shared with federal, state, and local law enforcement. Poison control centers are also a critical resource for public health threats and emergencies. In addition, multiple federal agencies use poison control center data. It can be used to assist in identifying real time hot spots with increases in opioid misuse and abuse calls to poison control centers.

## **FULL STATEMENT**

Chairman Burgess, Ranking Member Green, and Members of the Subcommittee, thank you for the opportunity to testify today in support of the reauthorization of the national poison center program entitled the “Poison Center Network Enhancement Act of 2018.” My name is Dr. William Banner and I currently serve as the President of the American Association of Poison Control Centers (“AAPCC”). I am also the Medical Director of the Oklahoma Center for Poison and Drug Information and Attending Physician, Pediatric ICU at Baptist Integris Medical Center in Oklahoma City. I am a Diplomate of both the American Board of Pediatrics (Critical Care) and the American Board of Medical Toxicology, have had eleven university faculty appointments, and have the honor of being the only person to ever serve as the Board President of AAPCC, the American Academy of Clinical Toxicology, and the American College of Medical Toxicology.

AAPCC is a non-profit organization that supports the nation’s 55 poison control and drug information centers in their efforts to prevent and treat poison exposures, including opioids misuse and abuse. Poison control centers across the U.S. receive approximately 3 million calls annually that cover numerous substances, including prescription and over-the-counter medications, illegal drugs of abuse, cleaning products, pesticides, personal care products, cosmetics, tobacco and nicotine products, painkillers, stimulants, food, plants, dietary and herbal supplements, and animal bites and stings. These calls come from a wide variety of individuals, including the public, health care providers, 911 operators, schools, health departments, law enforcement, and other first responders. In fact, nearly one-quarter of our calls last year originated from a health care facility, which includes emergency rooms as well as urgent care facilities. Poison centers operate 24 hours a day, 7 days a week, 365 days a year and are accessed through a federally funded nationwide toll free number: (800) 222-1222. When someone calls (800) 222-1222, the calls are answered by

highly trained Specialists in Poison Information (primarily pharmacists and nurses), who diagnose, triage, and offer treatment recommendations to callers with 24-hour oversight from physicians who are Board Certified Medical and Clinical Toxicologists. Many of our Medical Directors are also trained in addiction medicine. We answer calls from every state and territory in our nation and provide free access to health care services. In addition to providing these medical services, each center has an educator on staff working to increase public awareness on the dangers of poisonings and opioid misuse.

The national poison center network legislation first passed Congress in 2000 and has been reauthorized three times, most recently in January of 2014 (Public Law 113-77). The Poison Center Program is a highly successful, true public-private, federal-state-local partnership that provides a free service to all who call and reduces unnecessary hospital visits, hospitalizations and health care costs in our country by more than \$1.8 billion annually as reported by HRSA in its FY 2018 appropriations justification to Congress.<sup>1</sup> We greatly appreciate the strong, bi-partisan support of this subcommittee and the House since 2000.

The Poison Center Program is legislatively mandated to fund poison centers; establish and maintain a single, national toll-free number (800) 222-1222 to ensure universal access to poison center services and connect callers to the poison center servicing their area; and implement a nationwide media campaign to educate the public and health care providers about poison prevention, poison center services, and the 800 number.

The legislation before the Subcommittee today, the Poison Center Network Enhancement Act of 2018, would reauthorize the Poison Center Program for an additional five years, through

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<sup>1</sup> Value of the Poison Center System: Lewin Group Report for the American Association of Poison Control Centers. 2012.

FY 2024. The 55 poison centers throughout the country, including the centers that serve your constituents, receive approximately 15 percent of their funding through this program. This federal support is vital to the existence of the national poison center system. In addition, this bill clarifies that poison centers can be called upon to assist with public health emergencies, responses, and preparedness; requests that enhanced communications capabilities like texting be established; and requests that the FCC work with HHS to ensure that calls to our 1-800 number are properly routed. We provide immediate assistance to callers who often need emergency medical aid and the time squandered trying to figure out the location of a caller can mean the difference between life and death. Unlike 911, telecommunications service providers do not offer accurate caller location information for our wireless callers as our call routing is based on area codes, not the caller's actual location. This reauthorization bill directs HHS to implement call routing based on the caller's actual location. Lives will be saved as a result. The legislation also extends our nationwide public awareness campaign with HHS to promote the use of poison centers and reauthorizes the use of the national toll-free number. I want to thank original sponsors of the bill, Representatives Susan Brooks and Eliot Engel, together with Representatives Joe Barton and Diana DeGette, for their support and bipartisan introduction of the Poison Center Network Enhancement Act of 2018.

According to the CDC National Center for Injury Prevention and Control, poisoning is the leading cause of injury death in the United States.<sup>2</sup> While our poison control centers receive close to 9,000 calls per day, there is much more we would like to provide. Many people do not realize the scope and breadth of coverage our specialists are uniquely equipped to handle, with opioid exposure triage and information being an excellent example. Poison control services extend far

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<sup>2</sup>[https://www.cdc.gov/injury/images/lccharts/leading\\_causes\\_of\\_injury\\_deaths\\_unintentional\\_injury\\_2015\\_1050w760h.gif](https://www.cdc.gov/injury/images/lccharts/leading_causes_of_injury_deaths_unintentional_injury_2015_1050w760h.gif)

beyond the toddler who drank a cleaner found under the sink; rather the poison control network is made up of sophisticated and specially-trained medical professionals who handle calls related to over 430,000 products and substances and their related toxicities.

Poison control centers are already on the frontlines of the opioid epidemic, handling approximately 500,000 cases of opioid misuse and abuse since 2011—approximately 192 per day, every day. In addition to the daily calls, our centers assist first responders as well as hospital personnel; deliver countless hours of educational outreach to community groups, mental health workers, educators, health care providers, law enforcement, and school personnel on a variety of topics including identifying new and emerging drugs of abuse as well as the safe storage and disposal of prescription opioids. Through their local and national surveillance activities, poison centers have identified trends in evolving fentanyl and other opioid analogue penetration into communities which is then shared with federal, state, and local law enforcement. Last year, the Drug Enforcement Administration (DEA) recognized our Pittsburgh Poison Center for their outstanding contribution in assisting narcotics investigations as well as their collaboration with law enforcement. Centers also educate on the proper use of naloxone. With the rise of heroin mixed with the more potent fentanyl, the administration of naloxone is far more complex and dangerous for emergency responders to administer. Our centers are already trained to assist in these increasingly difficult cases. Centers also contribute to medical education on pain management, prescribing, and addiction treatment as well as educate local pharmacy and medical students in their region. In fact, the Medical Director of the Pittsburgh Poison Center, Dr. Michael Lynch, was recently appointed to the HHS Pain Management Best Practices Inter-Agency Task Force, established in the Comprehensive Addiction and Recovery Act (CARA), by Secretary Azar.

In addition to providing lifesaving assistance, poison control centers save the federal government and the American taxpayers well over one billion dollars each year. Multiple studies demonstrate that accurate assessment and triage of poison exposures by poison control centers save money by reducing the severity of illness and eliminating or reducing unnecessary healthcare expenditures. Consultation with a poison control center can also significantly decrease the patient's length of stay in a hospital and decrease hospital costs.<sup>3,4,5,6,7</sup> Also, by treating nearly 70 percent of all of our cases at the exposure site and working directly with local hospital systems, poison control centers save Medicaid \$382.4 million and Medicare \$307.2 million per year in avoided medical utilization and reduced hospital length of stay.<sup>8</sup> Every dollar invested in the poison center system saves \$13.39 in medical costs and lost productivity.<sup>9</sup>

Poison control centers are also a critical resource for emergency preparedness and response as well as for other public health threats and emergencies. For example, poison control centers were primary responders for the recent trend among teenagers to intentionally ingest liquid laundry packets. Centers also served as a point of contact for Zika, Ebola, synthetic cannabinoids, e-

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<sup>3</sup> Vassilev ZP, Marcus SM. Impact of a poison control center on the length of hospital stay for patients with Poisoning. *J. Toxicol. Environ. Health Part A.* 2007; 70(2): 107-110.

<sup>4</sup> Zaloshnja, E.; Miller, T.R.; Jones, P.; Litovitz, T.; Coben, J.; Steiner, C.; Sheppard, M. (2006). The potential impact of poison control centers on rural hospitalization rates for poisonings. *Pediatrics.* 118(5), 2094-2100.

<sup>5</sup> Healthcare Cost and Utilization Project [HCUP] (2007). 2005 National Inpatient Sample. Rockville, MD: Agency for Healthcare Research and Quality, Department of Health and Human Services.

<sup>6</sup> Zaloshnja, E.; Miller, T.R.; Jones, P.; Litovitz, T.; Coben, J.; Steiner, C.; Sheppard, M. The impact of poison control centers on poisoning-related visits to emergency departments, U.S. 2003. *Am. J. Emerg. Med.* 2008.

<sup>7</sup> L. S. Friedman, A. Krajewski, E. Vannoy, A. Allegretti & M. Wahl (2014) The association between U.S. Poison Center assistance and length of stay and hospital charges, *Clinical Toxicology*, 52:3, 198-206.

<sup>8</sup> Value of the Poison Center System: Lewin Group Report for the American Association of Poison Control Centers. 2012.

<sup>9</sup> Id.

cigarettes and liquid nicotine, H1N1, legal (and illegal) marijuana abuse and misuse, carbon monoxide, and other toxic exposures in multiple states following natural disasters.

In addition to providing the public and health care providers with treatment advice on poisonings, another critical function of poison control centers is the collection of exposure and disease surveillance data. Multiple federal agencies, including the Centers for Disease Control, U.S. Food and Drug Administration, U.S. Drug Enforcement Administration, Consumer Product Safety Commission, Environmental Protection Agency, and Substance Abuse and Mental Health Services Administration, use poison control center data.

There is an ongoing need to obtain reliable data on the current opioid crisis. AAPCC is uniquely prepared to address this critical need. AAPCC has a robust database up and running in all 50 states and our territories, the National Poison Data System (NPDS). All 55 poison control centers upload data to NPDS every 8 minutes so this provides a real-time look at poison conditions nationwide. Our data can assist in identifying real time hot spots with increases in opioid misuse and abuse calls to poison control centers through surveillance. For multiple reasons, including NPDS analysis algorithms, poison control centers can often identify new and emerging drugs of abuse faster than virtually any other resource.

For example, this past summer the Georgia Poison Control Center, which serves Subcommittee member Congressman Buddy Carter's district, was the first public health entity to detect and respond to a deadly novel opioid outbreak (yellow pills stamped with "Percocet" that in fact contained a mixture of two synthetic fentanyl analogues) that could have remained undetected indefinitely and racked up untold fatalities. Data collected in real-time from the poison control centers are also an important source of information for federal agencies for the detection, monitoring of, and response to public health and environmental emergencies involving toxic

exposures and pandemics, as well as contamination of the air, water, pharmaceutical, or food supply.

Another example is that in 2016, the FDA cited poison control center data in issuing a final rule deeming tobacco products such as gels, water pipe tobacco, cigars, pipe tobacco, and e-products including e-cigarettes and vaping pens to be subject to inclusion under the Family Smoking Prevention and Tobacco Control Act of 2009.

Additionally, as I briefly mentioned above, all of our poison control centers provide poison prevention, awareness, and educational programming. Each poison control center is responsible for assessing the needs of its service area and prioritizing multifaceted programs for the populations and topics of greatest need. This is accomplished using a variety of strategies, including direct outreach, collaborative partnerships, and traditional and social media campaigns. Examples of education outreach surrounding the opioid crisis includes presentations to parent groups regarding medicine literacy and substance misuse prevention, participation in local community events, such as health fairs and community resource expos, the promotion of medicine disposal locations and drug take back days, disseminating medicine literacy resources to teachers and school nurses, and participation in community partnerships aimed at preventing youth substance abuse.

As tens of millions of American families are well aware, the nation's network of poison control centers is critically important and saves countless lives from unnecessary poisoning deaths and injuries. As a direct result of this federal-state-local-private sector partnership, health care in the United States is also delivered more effectively and efficiently to urban and rural areas alike, resulting in billions in annual health care cost savings to all.

Thank you again for this opportunity to highlight the value and importance of the national poison center program. I also want to again thank Representatives Brooks, Engel, Barton and DeGette for their hard work and bipartisan sponsorship of our most recent reauthorization efforts, the Poison Center Network Enhancement Act of 2018. We strongly support this legislation and will continue to work with the Committee and our sponsors on its passage.