

103^D CONGRESS
2^D SESSION

S. CON. RES. 69

Expressing the sense of the Congress that any legislation that is enacted to provide for national health care reform should provide for compensation for poison control center services, and that a commission should be established to study the delivery and funding of poison control services.

IN THE SENATE OF THE UNITED STATES

MAY 9 (legislative day, MAY 2), 1994

Mr. METZENBAUM submitted the following concurrent resolution; which was ordered held at the desk

CONCURRENT RESOLUTION

Expressing the sense of the Congress that any legislation that is enacted to provide for national health care reform should provide for compensation for poison control center services, and that a commission should be established to study the delivery and funding of poison control services.

Whereas poisoning remains a significant public health problem in the United States, especially for children;

Whereas, in 1991 alone, more than 13,000 persons died in the United States due to poisoning, including approximately 6,400 persons who died from unintentional poisoning;

Whereas 60 percent of the 2,400,000 poison exposure cases reported to poison control centers in 1992 involved children younger than 6 years of age;

Whereas poison control centers save lives by providing free first-aid advice over the telephone to poison victims, health care professionals, and frightened parents of poisoned children;

Whereas physicians, hospitals, public health departments, and the public depend on poison control centers to provide indispensable emergency advice and treatment information for poisonings, and to be available 24 hours during each day of the year;

Whereas no other community health care service has the facilities and expertise to monitor the hundreds of thousands of consumer products with which children are unintentionally poisoned every day, or to provide the proper antidote advice when a person has been exposed to such consumer products;

Whereas poison control centers across the country are closing or drastically reducing the services they provide, due to misguided attempts by hospitals and States to save money;

Whereas approximately $\frac{1}{2}$ of the 38 poison control centers in the Nation that meet national standards are in financial jeopardy, and lack of funding has caused some poison control centers to stop answering some emergency telephone calls;

Whereas many hospitals have stopped funding poison control centers because of funding constraints and because most poison control centers serve a wider geographic area than is served by any 1 hospital;

Whereas closing poison control centers increases the cost of health care, and needlessly places the lives of millions of children at risk;

Whereas poison control centers are cost efficient and economical because over 70 percent of the cases assisted by poison centers are resolved over the telephone while the patient is in the patient's own home, which avoids unnecessary emergency room visits, ambulance use, and hospital admissions;

Whereas every \$1.00 spent on poison control centers saves at least \$7.75 in health care costs;

Whereas, if poison control centers were not available, 600,000 additional poisoning victims would be unnecessarily treated in hospitals each year, at a much higher cost than the cost of assistance by a poison control center;

Whereas health care for Americans will cost \$545,000,000 less each year if access to quality poison control centers is provided to all Americans than if no such access is provided, even after the costs of providing poison control center services are considered; and

Whereas Federal leadership in the funding plight of the Nation's poison control centers has been nonexistent: Now, therefore, be it

- 1 *Resolved by the Senate (the House of Representatives*
- 2 *concurring)*, That it is the sense of the Congress that—
- 3 (1) any legislation that is enacted to provide for
- 4 national health care reform should contain provi-
- 5 sions that ensure that qualified poison control cen-
- 6 ters that meet national standards and are certified

1 by the American Association of Poison Control Cen-
2 ters are fairly and adequately compensated by means
3 that may include—

4 (A) a fee for service mechanism under
5 which each health benefit plan would pay a fee
6 for each service rendered by a poison control
7 center to a member of the plan;

8 (B) a per capita mechanism, under which
9 each health benefit plan would pay a negotiated
10 or predetermined amount, based on the number
11 of members in the plan or the amount of poison
12 control center services used by members of the
13 plan in the past, to support poison control cen-
14 ters; or

15 (C) an expanded public health program, in-
16 cluding a program of Federal or State matching
17 grants; and

18 (2) a national commission should be estab-
19 lished, under the auspices of the Public Health Serv-
20 ice or in any other appropriate format, to study the
21 delivery and funding of poison control services, in-
22 cluding—

23 (A) means to maximize the use of informa-
24 tion technologies in the delivery of poison con-
25 trol services; and

1 (B) possible use of a nationwide, toll-free
2 telephone number as a means for the public to
3 receive poison control services.

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