



Poison Control Funding for Virginia FY 2011: The Facts

The Governor's proposed FY 2011 budget cuts poison control funding by 68% (from \$1,549,691 to \$500,000) and allows VDH to consolidate the state's 3 poison control centers to a single statewide center.

Actions required:

- Restore poison control funding
 - Oppose consolidation
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Fact: Virginians call for poison control assistance over **90,000** times each year

- **The proposed budget cut will not save money. It will increase the Commonwealth's costs.**

- 11 peer-reviewed studies show that every dollar spent on poison control services saves \$6 to \$36 of unnecessary health care costs -- by preventing unnecessary ambulance transports, ER visits, and hospitalizations, and by shortening hospital stays.

Result: Cutting \$1 million in poison control services will cost Virginians \$6 to \$36 million in unnecessary health care expenses.

- Most of the cost of service is personnel. The budget fails to recognize that whether at one site or three, the same total number of highly trained Specialists in Poison Information will be required.
- The 3 poison control centers and their host institutions already subsidize Virginia's poison control system by \$2.0 million.

Result: About \$1.5 million of that local subsidy will be lost if 2 centers are forced to close, requiring even more state funding to make it up.

- **The majority of Virginians could lose access to poison control services, jeopardizing lives.**

With no access to poison control:

- Medical providers will not have access to state-of-the-art guidance to treat poisonings.
- Parents and patients will make uninformed decisions – avoiding or delaying life-saving care.

- **Forced closure of two of Virginia's 3 certified poison centers will undermine quality, accessibility, stability, and surge capacity.**

- The one remaining center would face an expensive 2-3 year transition to hire and train new staff to replace the certified and experienced Specialists at the 2 shuttered centers.
- Due to Virginia's geographic diversity, large distances, multiple health professional training sites, and distributed population centers, closure of 2 centers will lead to drastic reductions of:
 - Poison prevention outreach
 - Training of health professionals
 - Toxicologist participation in local preparedness efforts
 - Toxicologist availability for recognition, detection and response to public health and terrorist threats
 - Surge capacity and disaster preparedness
 - Poison center utilization