

AGENDA ITEM: 11
DATE OF MEETING: April 24, 2014

**Emergency Medical Services (EMS)
Authority Request for Funding to Support
the California Poison Control System (CPCS)**

Agenda Item 11 was prepared by, and will be presented by, the Emergency Medical Services Authority.

EMERGENCY MEDICAL SERVICES AUTHORITY

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April 15, 2014

George Halvorson
Commission Chair
First 5 California
California Children and Families Commission (CCFC)
2389 Gateway Oaks Drive, Suite 260
Sacramento, CA 95833

Dear Mr. Halvorson,

I would like to thank you and the members of the First Five California Commission for agreeing to give consideration to our funding request of \$3.195 million over the next three years for the California Poison Control System (CPCS). The CPCS is a California Public Health Initiative administered through the University of California San Francisco's (UCSF) School of Pharmacy and operates under the authority and financial support of the California Emergency Medical Services (EMS) Authority.

Poisonings are a significant health problem in California and the CPCS is California's primary defense against injury and death from poisoning for infants and children from zero to five. Over the last three calendar years, CPCS data indicates that they received 682,198 human exposure calls for accidental poisoning assistance and of these calls 321,301 or 47% of all human exposure cases involved infants and children from zero to five. Of these 321,301 calls 85% were managed at home by parents with no medical care or follow-up required.

CPCS services have been provided in all of these cases at no direct cost to the patient, practitioner, or health-care institution. Immediate access is available 24 hours a day, allowing for rapid contact and assessment. In many cases, the initial contact occurred within minutes of the poisoning exposure, allowing early intervention measures to have the greatest potential impact. Additionally, this early contact allowed for an appropriate level of triage, especially in cases that can be managed outside of the hospital setting, which is one of the important mechanisms for reducing health-care costs.

CPCS is facing a budget gap over the next three years of \$9.13 million. The budget gap is directly related to increased operational costs over the last six years associated with negotiated bargaining agreements for both nurses and pharmacists which make up the majority of CPCS staff. In the past, available carryover funding from Federal grant funds and State Children Health Insurance Program (S-CHIP) funding were available to meet the increased operational costs but these funds have been depleted and will not be available beyond June 30, 2014.

The CCFC funds requested will be used to leverage additional federal funds of \$5.935 million. This request is consistent with Legislative intent of the AB 110 (SFY 2013/14 Budget Act) which contained the following language: "*It is the intent of the Legislature that the Director of the Emergency Medical Services Authority where feasible, provide assistance to the poison control system in seeking other sources of funding than state General Fund support, including grants from health-related foundations, federal grants, and assistance from the California Children and Families Commission or other relevant entities...*". Since many of the human exposure calls received over the three year period, by the CPCS involve infants and children through age five,

the use of this funding source would be consistent with CCFC's mission and strategic direction to address the healthcare needs of children within this age range.

If the budget gap is not addressed, it will lead to a reduction of CPCS staff and critical poison prevention services to the California population, including infants and children from zero to five. Without sufficient staffing levels CPCS may not be able to meet their federally mandated performance requirements, in which case CPCS would lose accreditation and Federal funding, ultimately resulting in the closure of CPCS. Reduction of CPCS services or closure would result in callers not receiving assistance, resulting in an increase in unnecessary hospital emergency department visits, and increased 9-1-1 transport costs. Poison prevention and education programs would also be reduced or eliminated.

The Administration requests the First 5 Commission to consider the impact that a reduction in CPCS services or even CPCS closure would have on infants and children from zero to five who rely on this valuable service to be available in times of accidental poisoning.

Thank you for your consideration of this request. I look forward to working with you to meet the needs of California children.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

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ISSUE:

Poisonings are a significant health problem in California and the California Poison Control System (CPCS) is California's primary defense against injury and death from poisoning for infants and children from zero to five. Increased cost of operations at the California Poison Control System has risen due primarily to labor costs, yet revenue to support the operations has remained level. The California Poison Control system is in danger of closing unless additional fund sources are identified.

BACKGROUND AND HISTORY:

Over the last three calendar years, CPCS data indicates that they received 682,198 human exposure calls for accidental poisoning assistance and of these calls 321,301 or 47% of all human exposure cases involved infants and children from zero to five. CPCS services have been provided in these cases at no direct cost to the patient, practitioner, or health-care institution. Immediate access is available 24 hours a day, allowing for rapid contact and assessment. In many cases, the initial contact occurred within minutes of the poisoning exposure, allowing early intervention measures to have the greatest potential impact. Additionally, this early contact allowed for an appropriate level of triage, especially in cases that can be managed outside of the hospital setting, which is one of the important mechanisms for reducing health-care costs.

The CPCS is a California Public Health Initiative administered through the University of California San Francisco's (UCSF) School of Pharmacy and operates under the authority and financial support of the California Emergency Medical Services (EMS) Authority. CPCS provides a network of trained health care professionals who provide the public and health professionals with toll-free hotline telephone information and advice about exposure to poisonous, hazardous or toxic substances 24 hours a day. CPCS services are provided to all communities, including underserved and indigent populations, in over 150 languages and via telecommunications devices for the deaf and hearing impaired (TDD). CPCS operates three toll-free, emergency hotlines accessible to the public and medical professionals 24 hours a day, 7 days a week, and 365 days a year:

- Public hotline for poison information and advice
- Medical consultation hotline for health professionals
- Medical consultation hotline for 9-1-1 emergency dispatchers and fire and police personnel

The CPCS also offers educational materials and programs about the prevention and treatment of poison exposures; participates in planning, education and training activities with local, regional and state organizations. The CPCS also contracts with established community-based organizations utilizing indigenous community members as health advisors. The CPCS is also involved in developing and implementing statewide and nationwide online real-time surveillance of poison calls to quickly spot trends and identify rapidly developing public health issues. Those calls include infectious diseases, pesticides and other hazardous materials incidents and questions.

Since 2009, CPCS funding has remained stable and has not been subject to budget reductions or reallocations. During SFY 2013/14, CPCS operational costs are funded

with \$2.95 million in General Fund (GF) which is leveraged through the federal State Children's Health Insurance Program (S-CHIP), within the 10 percent federal administrative expenditures cap allowed for states, for an additional \$5.278 million. The Department of Health Care Services (DHCS) also provides funding of \$800,000 per year which reflects services provided to Medi-Cal beneficiaries. CPCS receives federal grant funding of \$1.7 million through the Poison Control Centers Stabilization and Enhancement Grant Program. The purpose of the program is to assist Poison Control Centers in achieving financial stability, preventing poisonings and providing treatment recommendations for poisonings. Additionally, CPCS will receive \$807,000 for special projects and miscellaneous revenue.

DISCUSSION:

The CPCS has informed the EMS Authority that it is facing a budget gap over the next three State Fiscal Years (SFY) of 2014/15 of \$9.13 million. The budget gap is directly related to the substantial salary adjustments over the last six years for both nurses and pharmacists which make up the majority of CPCS staff. Salaries typically have and will continue to increase in the range of 5% over the next three years based on current bargaining agreements which end in October 2017. In the past, available carryover funding from Federal grant funds and State Children Health Insurance Program (S-CHIP) funding were available to meet the increased operational costs but these funds have been depleted and will not be available beyond June 30, 2014.

To address this budget gap, the EMS Authority is requesting funding in the amount of \$3.195 million or 35% of the budget gap to be allocated over the next three SFY's (\$827,000 (2014/15), \$1,061,000 (2015/16), and \$1,307,000 (2016/17)) from the California Children and Families Commission (CCFC). The CCFC funds requested will be used to leverage additional federal S-CHIP funds of \$5.935 million. This request is consistent with Legislative intent of the AB 110 (SFY 2013/14 Budget Act) which contained the following language: *"It is the intent of the Legislature that the Director of the Emergency Medical Services Authority where feasible, provide assistance to the poison control system in seeking other sources of funding than state General Fund support, including grants from health-related foundations, federal grants, and assistance from the California Children and Families Commission or other relevant entities..."* Since many of the human exposure calls received, 321,301 or 47%, by the CPCS involve infants and children through age five, the use of this funding source would be consistent with CCFC's mission and strategic direction to address the healthcare needs of children within this age range.

If the budget gap is not addressed, it will lead to a reduction of CPCS staff and critical poison prevention services to the California population, including infants and children from zero to five. Without sufficient staffing levels CPCS may not be able to meet their federally mandated performance requirements, in which case CPCS would lose accreditation and Federal funding, ultimately resulting in the closure of CPCS. Reduction of CPCS services or closure would result in callers not receiving assistance, resulting in an increase in unnecessary hospital emergency department visits, and increased 9-1-1 transport costs. Poison prevention and education programs would also be reduced or eliminated.