

HOUSE BILL REPORT

HB 2016

*As Reported By House Committee on:
Health Care*

Title: An act relating to poison information centers.

Brief Description: Revising provisions for poison information centers.

Sponsor(s): Representatives G. Cole, Ballard, Scott, Leonard, Mielke, May, Moyer, Morris, Sprenkle, Paris, Winsley, Mitchell, P. Johnson and Miller.

Brief History:

Reported by House Committee on:
Health Care, February 5, 1992, DPS.

**HOUSE COMMITTEE ON
HEALTH CARE**

Majority Report: *The substitute bill be substituted therefor and the substitute bill do pass.* Signed by 10 members: Representatives Braddock, Chair; Day, Vice Chair; Moyer, Ranking Minority Member; Casada, Assistant Ranking Minority Member; Cantwell; Edmondson; Franklin; Paris; Prentice; and Sprenkle.

Minority Report: *Do not pass.* Signed by 1 member: Representative Morris.

Staff: John Welsh (786-7133).

Background: Currently, there are four poison information centers located in the state. They are situated in Seattle, Spokane, Tacoma and Yakima. The centers provide, among other services, emergency telephone management and treatment referral of victims of poisoning.

There are no requirements that state agency poison control programs and outreach units be coordinated, nor for services providing community education programs to improve awareness of poisoning and overdose, occupational risks, and environmental exposures.

The medical director of the poison center must be certified by the secretary of the Department of Health, but there is

no similar certification required for a poison information specialist.

There is no authority for a poison center to accept gifts, grants and endowments for the use and benefit of the center.

Summary of Substitute Bill: By June 20, 1993, the four poison information programs located throughout the state are to be centralized and coordinated by a single nonprofit center at a place to be determined by the secretary of the Department of Health.

A 24-hour emergency telephone management and treatment referral program is to be provided by the poison information center, to include determinations of whether treatment can be accomplished at the scene of an incident or whether transport to a facility is required. The center is to provide community education programs to the public and for health professionals to improve awareness of poisoning and overdose problems, occupational risks, and environmental exposures. The center is also to coordinate outreach units for public information and education relative to toxicology issues. The Department of Health is directed to establish a system for consulting with other state agency programs to develop a coordinated response to exposures to poisonings and other toxicological matters.

A poison information specialist must be certified by the secretary of the Department of Health in order to perform responsibilities at the center. The poison information center is authorized to accept and use public and private gifts, grants and endowments for the purposes of the center.

Substitute Bill Compared to Original Bill: Changes were made to require the Department of Health rather than the poison information center to coordinate state programs. Other technical changes were made.

Fiscal Note: Available.

Effective Date of Substitute Bill: Ninety days after adjournment of session in which bill is passed.

Testimony For: Poison information programs are traditionally associated with hospitals that partially fund them. But hospitals are reducing their support because of financial problems. In order to rescue these needed services, it is essential that the programs be consolidated, and any outreach units and state services be coordinated. These programs are essential, not only to save lives, but to contain health costs. The need for expensive emergency room

and professional office visits may be avoided through this emergency treatment network.

Testimony Against: None.

Witnesses: Susie Tracy, Poison Network (pro); Bill Robertson, Children's Hospital (pro); Teri Bonck (Poison Center at Mary Bridge (pro); and Ruth Benfield, Children's Hospital (pro).