

- SUBJECT:** 9-1-1 surcharge for regional poison control centers
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 7 ayes — Berlanga, Delisi, Glaze, Hirschi, Maxey, McCall, Park  
0 nays  
4 absent — Clemons, Coleman, Harris, McDonald
- SENATE VOTE:** On final passage, May 11, — voice vote (Bivins, Brown recorded voting nay)
- WITNESSES:** (On House companion bill, HB 1885):  
  
For — Wayne R. Snodgrass, M.D., Texas State Poison Center; Alan C. Taylor, M.D., Texas College of Emergency Physicians; Lena C. Day, North Texas Poison Center, Parkland Memorial Hospital; Lisa Marshall  
  
Against — Jim Ray, Texas Association of Regional Councils  
  
On — Ron Harris, Advisory Commission of State Emergency Communications
- BACKGROUND:** Chapter 773, Subchapter F, of the Health and Safety Code requires the Texas Department of Health (TDH) to coordinate and support a statewide system of poison and drug information and permits TDH to allocate funds to regional centers for poison control. The Legislature has not appropriated funds to support this program since the law was passed in 1989.
- DIGEST:** SB 773 would designate six regional poison control centers that would be required to provide a 24-hour toll-free telephone referral and information service for the public and the medical profession based on the requirements of the American Association of Poison Control Centers. The centers would receive grants from TDH. The designated centers would be: The University of Texas Medical Branch at Galveston; Dallas County Hospital District/North Texas Poison Center; The University of Texas Health Science Center at San Antonio; R. E. Thomason General Hospital, El Paso

County Hospital District; Northwest Teas Hospital, Amarillo Hospital District; and Scott and White Memorial Hospital in Temple.

Regional poison information services would be required to be available through all 9-1-1 services. Each 9-1-1 service center to have direct access to at least one poison control center.

Poison control centers would be required to provide education programs to the public and medical professionals; assist state agencies requesting toxicologic help; and provide consultation services for medical toxicology. The centers also would be required to provide information packets to parents of newborns.

The bill would set up a 15-member poison control advisory committee to advise the Texas Board of Health and the Advisory Commission on State Emergency Communications.

The Texas Department of Health and the Advisory Commission on State Emergency Communications would be required to set up a program to award grants to fund the regional poison centers. TDH and the emergency communications commission would be required to jointly adopt rules to establish criteria for awarding the grants, which would have to include the need of the region based on population served, the assurance of providing quality services, the availability of other funding sources, achieving or maintaining certification as a poison control center with the American Association of Poison Control Centers; maintenance of effort, and the development or existence of telecommunications systems. The department would be required to adopt the criteria by March 1, 1994, and award grants prior to September 1, 1994.

The bill would require a 9-1-1 equalization surcharge fee on each intrastate long-distance call (current law allows a surcharge of up to .05 percent) and would limit the surcharge to .13 percent. Up to .05 percent of the surcharge would have to be allocated to the regional planning commissions or other public agencies for implementing 9-1-1 service. Money from the surcharge for SB 773 (.08 percent) would have to be periodically allocated to TDH to fund grants awarded to poison control centers under SB 773. The Advisory Commission on State Emergency Communications would be

required to set the amount of the surcharge to support grants for poison control centers by January 1, 1994.

The money collected from the surcharge and prior account balances would be placed in an account in the General Revenue Fund. (Under current law 9-1-1 surcharge money is held outside the state treasury.) The money would then be appropriated to fund approved plans of regional planning commissions and regional poison control centers.

Chapter 773, Subchapter F of the Health and Safety Code would be repealed.

The bill would take effect September 1, 1993.

**SUPPORTERS  
SAY:**

SB 773 would set up poison control centers to provide emergency services and other educational information on poisonings and toxic substances. The bill would set up a funding mechanism under the 9-1-1 emergency services to pay to support the poison centers.

The poison control centers would provide all Texans access to emergency poison services at the average cost of only about 25 to 36 cents a year on their phone bill. By helping prevent unnecessary hospital emergency room visits, this service would save millions of dollars. For example, the Department of Health estimates emergency services provided by poison control centers could save the state as much as \$24 million a year in excess medical charges for treating poisonings. Without a poison control center 83 percent of poisonings are taken to emergency rooms and 17 percent to doctor's offices. With poison control centers, a projected 74.1 percent of these cases could be taken care of in the home.

The educational provisions of SB 773 would help prevent poisonings. Parents of newborn children would be given poison information. Other medical professionals, who are not poisoning experts, would be provided with current information on a constantly changing field.

The additional surcharge will not affect the surcharge dedicated to 9-1-1 services. Poison control centers provide information for a special kind of medical emergency and should appropriately be funded under 9-1-1.

**OPPONENTS  
SAY:**

The 9-1-1 surcharge was not intended to fund poison control centers, but to give people access to emergency services such as EMS, fire and police. The 9-1-1 surcharge is a user fee on local telephone bills dedicated to providing a specific service, and this bill would set the precedent of tapping this revenue source for peripheral purposes.