

## **Testimony for LD 689: An Act to Support the Northern New England Poison Center**

Thank you to Senator Henry Ingwersen, Representative Michele Meyer, and the Health and Human Services Committee for allowing us to share our written testimony. Our names are Brianne Drury, MD and Kelly Gao, MD, and we are pediatric resident physicians who live in Portland, Maine. We write on behalf of the Maine Chapter of the American Academy of Pediatrics, and thus, represent a large network of pediatricians across the state of Maine focused on promoting policies that contribute to the health and well-being of Maine's children. We stand in support of LD 689. We are passionate that funding the Northern New England Poison Center (NNPEC) to maintain access to 24-hour expert medical treatment and advice is crucial to improving health outcomes, decreasing length of stay of admissions, and reducing emergency department visits as well as hospital admissions, all leading to healthcare cost reductions.

As pediatricians, we dedicate our lives to supporting and promoting the health and safety of children so that they not only grow, develop, and thrive, but so they can also go on to reach their full adult potential. Intentional and unintentional drug exposures and other poison ingestions have been an ongoing issue in the United States, particularly in the pediatric population. Understanding the complexity of the variety of drugs and poisons that exist is a daunting task. Each substance is metabolized differently in the body and requires a precise approach to management. While physicians have broad and basic training, additional training specifically in Toxicology is required to understand nuances of these many substances. As such, the expertise that NNPEC provides at any hour of the day or night is invaluable to the children's care. Additionally, outside of the hospital, with NNPEC's guidance, many children can be treated safely in their own homes thus avoiding unnecessary emergency department or hospital visits.

We have admitted young children who have accidentally ingested a family member's medication, adolescents who have ingested unknown substances at a party, and quite commonly, adolescents who have intentionally overdosed to take their own lives. Sometimes, these children are stable enough to be admitted into the inpatient unit, but other times, they are extremely sick from the ingestion's effects and require care in the intensive care unit (ICU). The management of these cases often require time-sensitive administration of reversal medications and close monitoring. NNPEC's involvement in these cases is essential to reducing mortality and morbidity of these patients. Their around-the-clock contribution to our quality of care is immeasurable, especially as these cases can happen at any time of day.

Data shows that pediatric poisoning fatalities and injuries have been steadily rising over the last several years. In the United States, unintentional ingestion injuries in children under the age of 5 have increased from an estimated 62,600 in 2021 to 68,600 in 2022.<sup>1</sup> That equates to about 1 in every 32 children or almost 1 per kindergarten class (average class size 16-23). In the same age group, there were 59 fatalities in 2021, a 37% increase from 2020, and 98 fatalities in 2022, a 66% increase from 2021.<sup>1</sup> Among adolescents, overdose deaths have climbed 94% from 2019 to

2020, and another 20% from 2020 to 2021.<sup>2</sup> Intentional ingestions have particularly spiked during the COVID-19 pandemic, and the ongoing mental health crisis is likely a contributing factor.<sup>2</sup> In 2023, the 55 US Poison Control Centers provided telephone guidance for nearly 2.1 million exposures, which is 1 poison exposure reported every 15 seconds.<sup>3</sup> Of those calls, children younger than 6 comprised the largest percentage of all age groups: 40%, and 6-19 year olds with the second largest percentage: 16%.<sup>3</sup> Additionally, more than a dozen studies have demonstrated cost savings attributable to US Poison Centers, totaling to \$1.8 billion saved per year.

The NNEPC itself manages nearly 30,000 potential human poisonings a year. They are able to treat 90% of these over-the-phone without need for further medical treatment elsewhere.<sup>4</sup> Overall, they save more than \$13 per \$1 spent, similar to the national rate mentioned above.<sup>4</sup> The NNEPC has also noted a significant increase in self-harm-related poisonings among children 16 years old and younger in New England. From October 2020 to May 2021, the center managed 560 cases of self-harm among patients in this age range, more than 50% more cases than average for an eight-month span.<sup>4</sup> With their significant contribution to healthcare cost savings, and the rising number of cases requiring their input, we cannot afford to have inadequate NNEPC availability secondary to lack of funding.

LD 689 is a critical piece of legislation for Maine's children to continue receiving the best quality care while contributing to healthcare cost reduction. The research demonstrates the significant impact of NNEPC and other Poison Control centers in the face of rising poison exposures. The stories from our personal medical practice are even more convincing for the importance of funding NNEPC so that they remain available 24/7 not just to healthcare providers, but families themselves. Please join Maine's pediatricians in supporting this bill. We owe it to supporting Maine's children, who are our future.

## References

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2. Tanz LJ, Dinwiddie AT, Mattson CL, O'Donnell J, Davis NL. Drug Overdose Deaths Among Persons Aged 10–19 Years — United States, July 2019–December 2021. *MMWR Morb Mortal Wkly Rep* 2022;71:1576–1582. DOI: <http://dx.doi.org/10.15585/mmwr.mm7150a2>
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4. NNEPC notes increase in self-harm cases among young teens | Northern New England Poison Center. Published June 23, 2021. <https://www.nnepc.org/regional-news/nnepc-notes-increase-in-self-harm-cases-among-young-teens>