| Committee on Health, Hospitals and Human Services

Legislature USVI

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`0:00:00` Thank you. [1 such phrases repeated 79 times · standby audio before the proceeding, transcribed by the recogniser as speech]

`0:39:30` Thank you. Thank you. Thank you. We'll be right back. Thank you. We'll be right back. We'll see you next time.

`0:43:00` Transcribed by ESO, translated by · We'll be right back. We'll be right back. Thank you. [3 such phrases repeated 11 times · standby audio before the proceeding, transcribed by the recogniser as speech]

`0:49:00` Thank you. I'll see you next time. We'll be right back. [3 such phrases repeated 16 times · standby audio before the proceeding, transcribed by the recogniser as speech]

`0:57:00` We'll be right back. Here we go. Thank you. [3 such phrases repeated 15 times · standby audio before the proceeding, transcribed by the recogniser as speech]

`1:04:30` Thank you. Thank you. Thank you. We'll be right back. We'll be right back. Eww, eww, eww, eww, eww. Thank you. We'll be right back. Thank you. We'll be right back. We'll be right back. We'll be right back. Let's go. Test in, test in. Yeah, the mic is not on. Let me start over. The Committee on Health, Mike check. Testing, testing. Okay.

`1:11:50` The Committee on Health Hospitals and Human Services is now on the record. I'd like to say a pleasant good morning to my esteemed colleagues, invited testifiers, central staff, the viewing and listening audience. As always, we give thanks and praises to the Most High and blessings. I'd like to take a moment to recognize that November is Diabetes Awareness Month, a crucial time dedicated to increasing public understanding of diabetes, its prevention and management. And November serves to educate individuals about the risk factors and promote early detection through screening and awareness campaigns. Additionally, Diabetes Awareness Month highlights the importance of healthy lifestyle choices and access to essential health care resources aiming to support those living with diabetes and reduce the overall impact of this chronic disease on our community. Currently about 15% of our community is living with diabetes and it is the sixth

leading cause of death in the Virgin Islands. By focusing our efforts during November, we aim to foster a healthier future and enhance the quality of life for all Virgin Islanders impacted by diabetes, with a strong emphasis on prevention and awareness. And diabetes is the leading cause of total kidney

1:13:48 failure. That's where you go on kidney dialysis machines. And I'd like to give special thanks to the members of this 35th legislature because the Roy Lester Snyder Regional Medical Center recently opened a new kidney dialysis wing on the second floor. That's right, right here on St. Thomas we now have a new kidney dialysis wing. In a few weeks, the Royal S. Snyder Hospital will be able to provide specialist kidney dialysis care with new equipment, including dialysis chairs. We have a new reverse osmosis water filtration system, and we'll have the capacity to treat all the patients, all the kidney dialysis patients in St. Thomas, St. John, St. Croix, Water Island.

1:14:46 So we are proud to announce that this committee and the 35th legislature has accomplished a major goal and shortly we will have the ability to do this. That's right, St. Croix will be completed with the dialysis chairs by February of 2025. So I'm elated to state that very soon, in February of 2025, the people of our community can take relief that this 35th legislature and the Bryan administration will have completed a permanent solution concerning the kidney dialysis in our territory. No longer will any Virgin Islander have to leave this territory to get specialized dialysis treatment.

1:15:36 But, ladies and gentlemen, members of this committee, we have just one more step to go regarding diabetes. The Health and Human Services Committee, this committee has received testimony from the Honorable Commissioner of Health, Husta Encarnacion, and Dr. Julia Sheen, Executive Director of the Virgin Islands Diabetes Center of Excellence, plus several other medical professionals has given this committee testimony regarding the prevalence of diabetes in the Virgin Islands. Currently, that's about 12,000 persons in our community that are diabetic, full-blown diabetic or pre-diabetes. And kidney disease is the fastest growing non-contagious disease in America with persons of color at greater risk for kidney failure. So we need to convince our Honorable Governor and his Chief of Staff and also the new OMB Director that we must fund this new specialty kidney clinic, diabetes clinic, that is now located on the fifth floor of Roy Leicester-Snyder Hospital. So we will develop a petition and we will present it to all of those and we're asking for everyone to join in this effort because this disease affects 12,000 Virgin Islanders. So this petition we intend to have 12,000 signatures because we're only asking for $1.5 million to allow for this Diabetes Center for Excellence to keep open its doors. It's on the fifth floor of the Royal Esther Snyder Hospital, and also the center is located on 44A La Grande Princess in Christian St. Croix.

1:17:40 For those of you that is familiar with the area, it's right across the street from James Memorial Funeral Home. So these clinics are already in operation, and we can't let the door close, they must remain open. So they have this clinic, they have a podiatrist, endocrinologist, they have a state-of-the-art eye retina machine where you can examine your eyes, you can get your insulin check, your sugar, your A1C check, plus nutrition counseling. And also they screen you and give you your body mass index goal for your weight. They even tell you how much pounds you have to lose and what your weight size target to be so that you can manage the diabetes. All kinds of important services are now being provided on this clinic in St. Thomas at the Roy Lester-Snyder, and in St. Croix, La Grande Princess. So our 12,000 plus residents will no longer have to go to the emergency room and take up emergency room beds. In addition, this $1.5 million we're asking the governor to approve right away shall also reduce the emergency room wait times in our hospital. Yes, when you go to the hospital, you won't have to wait on someone that has a diabetes issue. It will reduce the total uncompensated care bill to the government. And the numbers will show, and the Commissioner of Health, Houston Encarnacion, will tell you, by investing in prevention up front, we save lives. And saving lives is the most

1:19:31 important mission of the Committee on Health Hospitals and Human Services. So this $1.5 million we're asking the Governor to approve right away will be well spent. Madam Clerk, Please call the roll. Madam Clerk, please call the roll.

1:20:08 Senator Marvin A. Blyton. Senator Marvin A. Blyton present. Senator Diane T. Capehart. Present. Dr. Diane Capehart, present. Senator Samuel Carrion. Senator Samuel Carrion. Senator Samuel Carrion absent, Senator Ray Fonseca, I'm here, Senator Novell E. Francis, absent. Senator Samuel Carrion, present. Senator Novell E. Francis Jr., absent. Senator Donna A. Fred Gregory, Senator Donna Fred Gregory present, Senator Kenneth L. Gittins, Senator Kenneth Gittins absent, Senator Maurice James, Senator Maurice James, Senator Maurice James, absent. Senator Milton E. Potter, absent. Senator, you have five present,

1:22:19 absent. Thank you, Madam Clerk. We have a quorum. Madam Clerk, is there any correspondence to be read into the record? Yes, Mr. Chair. Please proceed. November 22nd, 2024, Honorable Ray Fonseca, Chairman, Committee on Health, Hospitals and Human Services, 35th Legislature of the U.S. Virgin Islands, Capitol Building, Chalamali Virgin Islands. There is Senator Fonseca. I will be unable to attend today's scheduled meeting of the Committee on Health, Hospitals and Human Services. I am currently out of the territory addressing a previously scheduled matter. Please record my absence as excused. I thank you in advance for your understanding in this matter and sincerely apologize for any

inconvenience my absence may cause. November 22nd 2024. Madam Clerk, who was that letter from? Senator Melton E. Potter. Please proceed. Honorable Ray Fonseca, Chairman, Committee on Health, Hospitals and Human Services, Capitol Building, Sheldamali, St. Thomas. There is Senator Fonseca. Please excuse my absence at the Health, Hospitals, and Human Services Committee hearing scheduled for November 22nd, 2024. I note the importance of the agenda items to be discussed in today's hearing and ask that any additional information shared be forwarded to my office. I thank you in advance for your understanding. Sincerely, Senator Kenneth L. Gittins. November 22nd, 2024, Honorable Ray Fonseca, Committee on Health, Hospitals and Human Services, 35th Legislature of the Virgin Islands, Capitol Building, Shawna Mali, St. Thomas VI. Dear Senator Fonseca, please accept this letter as a formal notice of my late arrival to today's Committee on Health, Hospitals, and Human Services

1:24:29 meeting due to my attendance at the Joint Investiture for Magistrate Vinicius Velasquez and Judge Ernest Morris. I apologize for any inconvenience my absence may cause and thank you for your understanding in this matter. Regards, Senator Novel E. Francis, President, 35th Legislature of the Virgin Islands. November 30th, November 20th, 2024, the Honorable Ray Fonseca, Chair, Committee on Health, Hospitals and Human Services. Dear Senator Fonseca, the Department of Health, Department of Planning and Natural Resources, DPNR, is in receipt of your invitation to testify on Bill Request No. 230625, an act requiring the Department of Health and Department of Planning and Natural Resources to develop and administer a territorial-regarded waste management plan, including the requisite regulations received late afternoon on November 18, 2024. Unfortunately, I am unable to attend the meeting due to previously scheduled meetings on Friday, November 18. Nevertheless, DPNR understands the intent of the legislation to have DPNR draft regulations to address the handling and disposal of medical waste. We have no objection to this as we concur that our solid waste regulations pursuant to 19 VIC chapters 56 and 56A need to be updated to include medical waste. The only portion of the draft bill that we are not in agreement with is the need for a management plan. DPNR does not handle medical waste and therefore a management plan is unnecessary. I wish you must success with your hearing. Sincerely Jean-Pierre L. Orio, Commissioner, DPNR. The end of correspondence, Mr. Chair.

1:26:36 Thank you, Madam Clerk. Madam Clerk, can you please read the agenda for today's meeting? this that's not the same one the updated agenda okay november 20 2024 diaba ray fonseca chair committee on health hospital and human services there are senator fonseca the department of planning and natural resources in is in receipt of your invitation to testify dated November 18, 2024, on bill request BR number 23-0625, an act requiring the Department of Health and the Department of Planning and Natural Resources to develop and administer a territorial regulated waste management plan, including the requisite regulations received late afternoon on November 18th, 2024.

1:27:51 Unfortunately, I am unable to attend the meeting due to previously scheduled meetings on Friday, November 18th. Nevertheless, DPNR understands the intent of the legislation to have DPNR draft regulations to address the handling and disposal of medical waste. We have no objection to this as we concur that our salt waste regulations pursuant to 19 VIC chapters 56 and 56A need to be updated to include medical waste. The only portion of the draft bill that we are not in agreement with is the need for a management plan. DPNR does not handle medical waste and therefore a management plan is unnecessary. I wish you much success with your hearing.

1:28:34 Sincerely, Jean-Pierre El-Orio, Commissioner. Thank you, Madam Chair. Is that all of the correspondence to be read? That is the end of the reading of correspondence, Mr. Chair. Okay. Thank you. The Committee on Health Hospital Human Services will stand in recess for five minutes. Transcription by CastingWords Thank you. Thank you.

1:30:34 Thank you. Thank you. Committee on Health Hospitals and Human Services is back on the agenda. Do I hear a motion? Senator Marvin Blyden, you're recognized for your motion.

1:31:46 Thank you, Mr. Chair. Mr. Chair, I move that block, I move to merge, I move to merge block one, two, and three of today's agenda into one block. I so move. The motion has been properly made by Senator Marvin Blyden to merge Block 1, 2, and 3 of today's agenda into one block. Hearing no objections, so ordered. Madam Clerk, can you please read today's agenda into the record?

1:32:23 Revised agenda. Good morning. Please be advised that the Committee of Health, Hospital, and Human Services will be conducting a meeting on Friday, November 22, 2024, at 10 a.m. in the All-B-Atlee Legislative Hall. Bill number 35.0254, an act amending Title 27, Virgin Islands Code, by adding a Chapter 21A, Establishing Ideology and Speech-Language Pathology, Interstate Camos, sponsored by Diantique Part. Invited testifiers, the Honorable Ustad Tita Incarnacion, Commissioner, Department of Health, the Honorable Natalie Hodge, Commissioner, Department of Licensing and Consumer Affairs. bill number bill number 35.0295 and act amending title 19 virgin islands code part three chapter 29 requiring the virgin islands department of health to establish and administer the virgin islands prescription drug monitoring program to provide prescription drug monitoring and for other related purposes sponsored by senator dana fred gregory invited testifiers the honorable usta tita in canacy on commissioner department of health mr

troy d shabot schuster state director AARP, Mr. Danson N. Naganga, Pharmacist MD, VI Board of Pharmacy. Bill number 35.0408, an act requiring the Department of Health and the Department of Planning and Natural Resources to develop and administer a territorial regulated medical waste management Plan, including the requisite regulations. Sponsored by Senator Donna A. Fred Gregory. Invited testifiers, the Honorable J.P. L. Orio, Commissioner, Department of Planning and Natural Resources, Mr. Lou Henley, Jr., CEO, Lou Henley Sewage Disposal. That concludes the reading of today's agenda, Mr. Chairman.

1:34:51 Thank you Mr. Clerk. I'd like to give a special welcome to all of the testifiers and we want to do a sound check and we'll begin on St. Thomas with Dr. Hunt. Media please recognize the mic. Go ahead.

1:35:28 Media, please recognize the mic at the testifiers. Go ahead. Okay. Let's check on St. Croix. Let's go to St. Croix. we'll start with licensing and consumer affairs good morning senator horace graham assistant commissioner department of licensing and consumer affairs yes mr molloy you're next good morning beautiful people um ruben molloy assistant commissioner virginia department of health Good morning, Janice Vaughnman, Deputy Commissioner, Department of Health.

1:36:25 Thank you, St. Thomas, Dr. Hunt, okay, the Committee on Health, Hospital, Human Services Test the mic. No, we're recess. Thank you.

1:37:36 Yes, I'm testing. We'll be right back.

1:38:36 The Committee on Health, Hospitals, and Human Services is back on the record. We were in a brief recess because the mic on St. Thomas wasn't working. Dr. Hunt? Good morning. Ty Hunt Caesar, Chief Medical Officer, Department of Health. Okay, good. Thank you. Who speaks to Bill number 35-0254? Senator Donna Fred Gregory you're recognized I do media the mic for Donna Fred Gregory I do can you hear me yes I do thank you mr. chair and good morning to my colleagues and good morning to the testifiers this morning I bill bring bill number thirty five that's zero two five four on behalf of my colleague Senator Diane T. Capehart an act amending title 27 Virgin Islands Code by adding a chapter 21a establishing the audiology and speech-language pathology interstate compact the intent of this legislation is this compact is a vert is is the Virgin Islands enactment of the audiology and speech-language pathology interstate compact which is referred to in this legislation as the compact the form and format and text of the compact has been changed minimally so as to confirm to the Virgin Islands code the changes are technical in nature and this chapter must be interpreted as substantively the same as a compact that that is enacted in other by other compact states the purpose of the compact is to facilitate interstate practices of audiology and speech language pathology with the goal of improving public access to audiology and speech language pathology services the practice of audiology and speech language pathology occurs in the states where the patient client student is is located at the time of the patient-client student's encounter. The compact preserves is intended to preserve the regulatory authority of the state to protect public health and safety through the current system of state licensure. Colleagues, I ask that we support this measure. There is an amendment that will be required, and I believe that once the Department of health supports this measure we can make that necessary the necessary amendment in the committee of rules thank you for the time mr. chair thank you Senator Fred Gregory also who speaks to bill number 35 just zero two nine five senator Fred

1:41:35 Gregory you'll recognize. Thank you Mr. Chair this morning again I speak to bill number 35.0295 and act amending title 19 Virgin Islands Code part 3 chapter 29 requiring the Virgin Islands Department of Health to administer to establish and administer the Virgin Islands prescription drug monitoring program to provide prescription drug monitoring and for other related purposes which the AARP of the Virgin Islands brought to my attention in the 34th legislature and we've we've been working on this measure for quite some time for two years the prescription drug monitoring program is an electronic database that tracks control substance prescriptions information from the PDMPs can also help to identify patients who may at who may be at risk for overdose and provide potentially life-saving information and interventions especially in particular to our seniors or for our seniors there are times when patients change doctors and don't know all the medication they're taking and this database will be helpful when patients medication history is unavailable and when care transitions to a new medical provider according and this this falls right into the the work that's being done at the office of the lieutenant of the governance the office of the governor and the summit that we attended this week around the health technology work that's happening according to the Federation of State Medical Boards all 50 states the District of Columbia Puerto Rico Puerto Rico, Northern Mariana Islands, and Guam have operational PDMPs. This bill will bring the Virgin Islands in line with all the other areas under the U.S. flag and what they're doing to protect patients. Bill number 350295 is not novel, but it is impactful, and it will be offering a lay of added protection, not just to patients, but to medical providers. Colleagues, I ask for your support on this measure.

1:43:58 Thank you, Senator Dona Fred Gregory. Also bill number 350408, who speaks to this bill? You're recognized, Senator Dona Fred Gregory. Thank you, Mr. Chair. Colleagues, I offer bill number 35-0408, an act requiring the Department of Health and department of planning and natural resources to develop and administer a territorial regulated medical waste management plan including the requisite regulations the united nations development program research indicates that although medical waste makes up about two to three percent of the total amount of waste it is one of the most hazardous waste waste found from medical institution contains dangerous microorganisms toxic drugs and carries a radiological hazard the center for disease control position is that any facility that generates regulated medical waste should have a regulated medical waste management plan to ensure health and environmental protection medical waste requires careful disposal and containment before collection and consolidation for treatment the regulation of the medical waste industry is complex and our territory currently does not have a clear policy around that around does not have a clear policy other than ship the waste off island bill number 35-0408 seeks to have those regulatory agencies with oversight develop the medical waste policy for the territory this measure is timely as we are moving to rebuild hospitals and medical facilities in the territory we must ensure that facilities are built with medical waste disposal concerns on the table this measure again is simple

1:45:57 but far-reaching. I ask my colleagues today to support this measure. Thank you, Mr. Chair. Thank you, Senator Fred Gregory. I want to proceed to a mic check with Mr. Schuster of AARP. Mr. Schuster, welcome. Yes. Good morning, Senator. Thank you. I'm present. Okay. Thank you. So, So colleagues, there you have it. We have three bills on the agenda.

1:46:27 We've merged all bills and we will begin with the testimony. I will begin with the Department of Health, who is providing the testimony for the Department of Health? I am. Mr. Malloy, you may proceed with your testimony. Good day, Hon. Senator Rae Fonseca, Chairperson of the Committee of Health, Hospitals, and Human Services, Hon. Senator Kenneth L. Gittins, Vice Chair, Committee Members, and all non-members and the viewing and listening audience. I am Assistant Commissioner Ruben Molloy of the United States Virgin Islands Department of Health, here in support of and on behalf of Usta, Tita and Canisterium, Commissioner, and present with me today is our Chief Medical Officer, Ty Hunt Caesar, Deputy Commissioner with Oversight of Behavioral Health and Substance Abuse, Brendan Steele.

1:47:32 We are here to provide testimony on Bill No. 35-0295, an act amending Title 19, Virgin Islands Code, Part 3, Chapter 29, requiring the Virgin Islands Department of Health to establish and administer. I am sorry, we are starting with the other testimony, aren't we? Yes, all three have been merged, so you may proceed. Okay, thank you.

1:48:02 We are here to provide testimony on Bill 35-02-9595, an act amending Title 19, Virgin Islands Code, Part 3, Chapter 29, requiring the Virgin Islands Department of Health to establish and administer the Virgin Islands Prescription Drug Monitoring Program to provide prescription drug monitoring and for other related purposes sponsored by Honorable Senator Donna Fred Gregory. A prescription drug monitoring program also known as PDMP is an electronic database that tracks controlled substance prescriptions. Information from PDMPs can help clinicians identify patients who may who may be at risk for overdose and provide potentially life-saving information and interventions. PDMP data also can be helpful when patient medication history is unavailable and when care transitions to a new clinician. Potential benefits for the the United States Virgin Islands. Implementing a PDMP in the United States Virgin Islands could bring several advantages. Improve patient safety, health care providers would have access to more complete patient history, enabling better informed prescribing decisions. Opioid crisis management. A PDMP could be a valuable tool in addressing opioid misuse, complementing existing efforts like the opioid abatement fund committee established in 2023. Interstate data sharing once established United States Virgin Islands PDMP could potentially connect with

1:50:03 PMP interconnect a national network that allows sharing of PDMP data across state lines. Enhance clinical decision-making, prescribers and pharmacists who would have access to crucial data at the point of care, improving their ability to identify potential drug interactions or misuse patterns. The Virgin Islands Department of Health supports Bill No. 35-0295, an act amending Title 19 Virgin Islands Code, Part 3, Chapter 29, requiring the Virgin Islands Department of Health to establish and administer the Virgin Islands Prescription Drug Monitoring Program to provide prescription drug monitoring and for other related purposes. As the U.S. Virgin Islands moves forward with its plan to implement a PDMP, it would be joining a nationwide effort to use data-driven approaches in combating prescription drug abuse while ensuring appropriate access to medications for patients who need them. The Department will continue to communicate and collaborate with the Office of Health Information Technology in implementing PDMP. In closing, the Department is committed to reducing health risks, increasing access to quality equitable health care, and enforcing health standards.

1:51:27 Again, thank you for the opportunity to present our thoughts on the establishment and administration of the Virgin Islands Prescription Drug Monitoring Program. At today's hearing, the Department continues collaborative efforts with members of the 35th Legislature. We stand ready to respond to any questions you may have for Bill 0295, 0254, yes, you

You may proceed with the testimony for Bill 0254.

1:52:07 Good day, Honourable Senator Ray Fonseca, Chairperson of the Committee on Health Hospitals and Human Services. Honourable Senator Kenneth L. Gittins, Vice Chair, Committee Members, and all non-committee members and the viewing and listening audience. I am Ruben D. Malloy, Assistant Commissioner, appearing on behalf of Husta Tita Incarnacion, for the Virgin Islands Department of Health and present with me today our chief medical officer Dr. Ty Hunt Caesar Deputy Commissioner Janice Valmont and Janice and Deputy Commissioner Janice Valmont we are here to provide testimony on bill number 35-2-0254 an act amending title 27 Virgin Islands code code by adding chapter 21 a establishing the audiology and speech Language Pathology Interstate Compact, also known as ASLP-IEC, sponsored by Senator Diane T. Capehart. Honorable Senator Diane T. Capehart. As we begin our testimony, we want to give thanks to the Honorable Governor Albert Bryan Jr. and the Honorable Tregenza Roach for their continued support of equitable health care in the Virgin Islands. The ASLP-IC is an interstate compact or formal agreement among states that facilitates interstate practice of audiology and speech-language pathology. Under the ASLP-IC, audiologists and speech-language pathologists who are licensed in good standing in a compact member state or or territory will be eligible to practice in other compact member states via a compact privilege,

1:54:01 which is equivalent to a license. The ASLP-IC is not yet issuing compact privileges to practice. Throughout 2024, the Commission is working with developers to create the necessary data system to receive applications, provide interstate data communications, and issue privileges to practice. It is anticipated that the ASLP-ICC will begin issuing compact privileges to practice in late summer 2025. At this time, 34 states have established ASLP-IC legislation to be part of the compact. However, ASLC-IP is not yet operationalized, meaning the process to apply for and receive compact privileges is in the works and will be available in 2025.

1:55:02 If passed, the Department of Health is in support of Bill No. 2035-0254. The USVI will be the first territory that has joined the other 34 states, that is prepared to accept COMPACT privileges and increase access to care for those needing audiology services, which will include our children and stroke victims, to name only two populations in our community.

1:55:36 The purpose of this COMPACT is to facilitate interstate practice of audiology and speech-language pathology with the goal of improving public access to audiology and speech language pathology services. In the absence of a dedicated board, allied health practitioners in the territory are evaluated through the Office of Licensure, Professional Licensure and Health Planning. As a best practice and in line with the broad mandate of Board of Medical Licensure, the board takes on the responsibility of reviewing and approving licensure for fields where boards are either non-existence or lack quorum the application process is likened to other health professional boards following established best practices to ensure that practitioners meet professional standards even without a specialized board compact licensure is predicated on having an established regulatory body responsible for managing the specific profession. This compact facilitates interstate practice of audiology and speech-language pathology to improve public access to audiology and speech-language pathology services. The practice of audiology and speech-language pathology occurs in the state where the patient slash client slash student is located at the time of of the patient-slash-client-slash-students encounter. The compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure. Currently, in the Virgin Islands, there are two known audiologists in the St. Thomas District and one known audiologist in the St. Croix District.

1:57:25 These audiologists serve both the pediatric and adult populations. There are none in the territory that are specifically pediatric audiologists. The American Academy of Pediatrics recommend newborn hearing screenings in the event a baby may have any kind of hearing disorder. Hearing screenings are being done by EHDI, Early Hearing Detection Intervention Program, which operates under the mch clinic the maternal child health clinic every newborn should be screened for hearing loss before hospital discharge a simple pass or fail is noted if the child fails they are further referred to an audiologist for more comprehensive testing which could which should occur before three months of age if hearing loss is identified the proper treatments to correct any damage are given and and referred for in enrollment in early intervention program by six months of age the pediatric audiologists may refer to other specialists such as speech language pathologists sign language teachers occupational therapists to work alongside them while there are speech therapists in the in each district there are none that are identified as pediatric speech language pathologists pediatric speech therapists are highly needed in the territory children tend to be referred closer to age two due to cultural beliefs according to the national library of medicine auditory dysfunction is a common clinical symptom that can induce profound effects on the quality of life of those affected cerebral vascular disease is the most prevalent neurological disorder today but it has been considered a rare cause of audiology auditory

1:59:45 dysfunction however a substantial proportion of patients with stroke might have auditory dysfunction that has been understated underestimated due to difficulties with evaluation both examples touch only two. In closing, the Department

is committed to reducing health risks, increasing access to quality equitable health care, and enforcing health standards. Again, thank you for the opportunity to present at today's hearing. The Department continues to continue collaborative efforts with the members of the 35th Legislature. We appreciate the out-of-the-box thinking that the 35th Legislature has been open to during the last few testimonies that we have presented to you. As the need to open or provide better access to healthcare, we depend on you to assist us in maintaining our goal to ensure equitable healthcare. Senators, we stand ready to respond to any questions you may have. Thank you, Assistant Commissioner of Health Robert Molloy. Next, we will proceed to Assistant Commissioner Horace Graham, Department of Licensing and Consumer Affairs. You may proceed with your testimony.

2:01:06 Dr. Horace Graham Graham Good day. Honourable Senator Ray Fonseca, Committee Chair, Committee on Health, Hospitals and Human Services, 35th Legislature of the Virgin Islands, committee senators present, non-committee senators present, and the listening and viewing audience. My name is Horace Graham, assistant commissioner. I'm appearing on behalf of Honorable H. Natalie Hodge, commissioner of the Department of Licensing and Consumer Affairs. The DLC appreciates the opportunity to testify before the 35th legislature on Bill No. 35-0254, an act amending Title 27, Virgin Islands Code, by adding Chapter 21A, establishing the auditory or audiology and speech language pathology interstate compact. The DLC generally supports the legislation as it aims to improve public access to audiology and speech-language pathology services, especially since the compact strives to preserve the regulatory authority of states and territories to protect public health and safety. The compact would allow audiologists and speech-language pathologists to practice across member states under a compact privilege, streamlining professional licensure, especially for practitioners seeking to obtain multi-state licensure. It includes provisions for sharing disciplinary information among member states, ensuring that practitioners who are subject to disciplinary action in one

2:02:55 state can't evade consequences by moving to another state or territory. While this certainly improves access to much-needed services, it is crucial that business licensure remains a separate process. The DLCA should remain the authority to issue and regulate business licenses for individuals and entities operating in the Virgin Islands and this compact does not explicitly waive the requirement for a local business license. The compact establishes uniform standards for licensure ensuring that all member states adhere to consistent level of regulation and oversight, streamlines the process and reduces the administrative costs associated with obtaining multiple licenses for practitioners in the field, and includes provisions for sharing disciplinary information among member states, ensuring that practitioners who are subject to disciplinary action in one state can't evade those same consequences while coming to the territory. As the Department of Licensing and Consumer Affairs is tasked with issuing and regulating certain business and professional licenses, we have some concerns that warrant closer consideration. And so we ask how will the compact affect the need for a local business license? Audiologists and speech-language pathologists who wish to operate a business may register with the Office of the Lieutenant Governor and subsequently obtain a business license from the Department of Licensing and Consumer Affairs. Under the current process, audiologists and speech-language pathologists are vetted by the Office of Professional Licensure and Health Planning of the Department of Health as a prerequisite to being issued an audiologist or Office of Health

2:04:43 Practitioner business license. For this to continue, the compact would need to ensure that these processes are preserved as registering as a business may accrue significant tax insurance financing or branding benefits to the entity additionally the US Virgin Islands does not currently have an audiology or speech-language pathology licensing board under section 1110 B one of the compact each member state is required to appoint two delegates to the Compact Commission, one audiologist and one speech-language pathologist, both selected from the state's licensing board. Given this requirement, it raises further important questions. How will the U.S. Virgin Islands comply with this provision without an existing audiology or speech-language pathology board? Would it be necessary for the territory to establish such a board before fully participating in the Compact? Or is there flexibility for the appointment of these delegates in the absence of a board and finally what steps would we have to do to to take to ensure compliance with this part of the compact in answering these questions it would seem to me that the USVI would need to ensure come in order to ensure compliance with this part of the compact would likely need to establish a dedicated board to or designate an existing body to handle licensing for audiologists and speech language pathologists. To reiterate, the LCA fully supports the spirit of this legislation as it seems to, as it aims to improve access to vital health services in the US Virgin Islands. However, to ensure smooth implementation, it is essential to clarify the above questions and determine how business licensing and regulatory structures may need to adapt to accommodate the compact. The LCA appreciates the opportunity to provide input on this important legislation and we are supportive of the compact's goals but seek further discussion on how business licensing requirements will be addressed and how the US Virgin Islands will comply with the need for a state licensing board for audiology and speech language pathology. The LCA stands

2:07:11 ready to work with this body to ensure the proper regulatory frameworks are in place. We welcome any questions or further discussions that may be needed by this esteemed body. Thank you. Thank you, Assistant Commissioner of the Department of Licensing and Consumer Affairs, Horace Graham. Next, we'll receive testimony from Troy Deshabord-Schuster, State Director from AARP. Mr. Schuster, you may proceed.

2:07:43 Good morning, Honorable Senator Ray Fonseca, Chair of the Committee on Health Hospitals and Human Services, and Senators of the 35th Legislature. AARP in the Virgin Islands appreciates this opportunity to provide comments in support of Bill 35-0295, which seeks to establish a prescription drug monitoring program, otherwise referred to as PDMP, in this territory. As the prevalence of prescription drug abuse continues to rise nationwide, it is an issue that exposes the most vulnerable amongst us to life-threatening health outcomes. As an organization dedicated to empowering individuals as they age, AARP Virgin Islands urges your committee to advocate for enhanced protections for the health and safety of all Virgin Islanders, particularly our seniors, managing chronic illnesses by passing this critical legislation. Prescription drug misuse, particularly involving opioids, is a growing public health crisis. In 2023, the National Center for Drug Abuse Statistics reported that more than 16 million Americans abused prescription drugs, an alarming number that underscores the urgency of this growing crisis. Even more shocking is that a sizable percentage of those affected were adults aged 50 and older due to complex medication regimens and chronic illnesses. This trend is projected to worsen as a population of older adults is projected to increase by 47 percent by 2050. The Virgin Islands faces similar risks without

2:09:36 intervention like a PDMP. Practices such as doctor shopping, using multiple pharmacies, and borrowing even stealing medications will continue to harm individuals and further strain an already fragile health care system. A PDMP is a proven public health initiative that aligns with AARP's commitment to fostering the well-being of all Americans. Evidence from other states and territories, including Puerto Rico and Guam, demonstrates its effectiveness. For example, Puerto Rico's implementation of the PDMP has resulted in measurable reductions in prescription misuse, better prescribing, and preventive programs. Specifically, a prescription drug monitoring program in the Virgin Islands will track prescriptions to prevent misuse and over prescribing in a real-time integrated primary care setting. It will connect patients, prescribers, and pharmacists for a safer, more coordinated effort of care to help evaluate patients' use, treatment, and dispensing decisions, and provide for the collection of critical data to track trends, dispensing history and preventive measures available to authorized healthcare professionals, law enforcement agents, and regulatory agencies such as the government of the Virgin Islands Department of Health. While we strongly support the passage of this bill, its success requires additional measures. Adequate funding is needed. AARP urges you to include this initiative in the

2:11:25 Government of the Virgin Islands fiscal year 2026 budget. The GVI's Department of Health must receive sufficient funding to implement and sustain the program, including infrastructure, staffing and training. Also, clear implementation timeline. AARP recommends the program be operational within 18 months of the act's enactment to ensure prompt action and accountability. Public awareness campaigns. A comprehensive plan to educate the public on the benefits of the PDMP, proper prescription use, and patient safety must accompany the act's implementation. Stakeholders collaboration. Engage healthcare providers, especially prescribers, pharmacists, and community leaders to ensure successful implementation. The passage of Bill 35-0295 represents an initiative taking evidence-based solution that has transformed healthcare delivery across the nation. By voting yes on this legislation and supporting its funding, timely implementation, public awareness, you are committing to an essential investment in the health and stability of all Virgin Islanders. Before I conclude, I want to take off my AARP hat for a moment and put on the hat of a former pharmacy owner. For nine years, I owned and operated a pharmacy here in the Virgin Islands, and for a while had actually two pharmacies. And I can share many, many stories of issues regarding opioid use. We see both misuse, innocent misuse, and abuse, nefarious abuse.

2:13:17 And again, like I said, I can share many stories as we get into the question and answer period, but this is so very important to protect people here in the Virgin Islands, both the innocent and also to avoid criminal abuse of opioids. In conclusion, thank you again Chairman Fonseca and members of the committee for this opportunity to share our comments with you about the impact and benefits of a prescription drug monitoring program in averting a public health crisis in our territory. The establishment of the Virgin Islands PDMP will serve as a robust tool to support the clinical decisions of our residents, ensuring the well-being and ability to continue to live a life of dignity and respect. The successful presentation of this initiative would not have been possible without the involvement of stakeholders throughout the years. The collaborative nature that led to the acknowledgment of importance of this initiative included the involvement of the virgin islands healthcare fraud task force on which we serve as a member the regional dea the drug enforcement administration and the fbi offices and the bill sponsor senator donna fred gregory i stand ready to answer any questions thank you thank you aarp State Director Troy Desherbert Schuster. Colleagues, we've heard the testimony. All of these three bills, we agree, are very important for the Virgin Islands community by establishing the audiology and speech language pathology, the Virgin Islands prescription drug monitoring

2:15:08 program and also the territorial regulated waste management plan so what we'll do is um we'll start with senator blyden we'll have a round of five minutes senator marvin blyden you're recognized for your five minutes thank you thank you so much mr chair good morning to my colleagues listening viewing audiences staff central staff and good morning testifies and thank you for for your testimonies. I'm going to start with bill number 35.0254, ideology and speech pathology interstate compact.

2:15:45 Let me ask, I guess I'll go to licensing and consumer affair, Assistant Commissioner Graham. How are you doing today, sir? GRAHAM GRAHAM, Good morning. I'm fine. Thank you, Senator. Let me ask, because you did mention a couple of stuff in your testimony, which I do agree with. let me ask in respect to the compact and knowing that here in the territory we do not have such a board in place to where one must obtain a business license to be licensed as an ideologist and a speech pathology a speech pathologist so let me ask you a question in respect to individuals seeking license but for business but not seeking a professional license how will that work in your department what are you doing at this moment good morning senator Horace Graham assistant commissioner Department of Licensing and Consumer Affairs it works hand-in-hand the in order for an individual to receive a license as an audiologist currently they are reviewed by the office of professional licensure and health planning of the Department of Health that practice has been long-standing and established and that's the methodology that we use the Department of Health reviews to ensure professional credentials and once they give their consent then the DLC grants a business license for those wishing to obtain same we we can issue a license called an audiologist license for those and there are some individuals that are practicing under sort of multi practitioner operations and they would

2:17:31 get an office of health care practitioner license but what about um those individuals even though we don't have a board in place I presume that perhaps if the Department of Health could further elaborate on the process with the Office of Professional Licensure, but in the absence of a board, the Office of professional licensure and health planning, they actually review the applications or review the credentials of the individuals seeking to practice.

2:18:17 Assistant Commissioner Molloy, can you speak to that briefly, please? Assistant Commissioner Molloy Good morning again, Assistant Commissioner Ruben Molloy. In the absence of an allied health board, our professional licensure division does oversee the licensing process with the support of the medical board. But I'm speaking in respect to both audiologists and pathologists. I'm speaking to those particular points based on the bill.

2:19:00 That's my question. Could you repeat the question again? There is no board, right? At this point, as we speak right now, that these were those two areas, correct? Correct. Ty Humphries is our chief medical officer for the Department of Health. So there are no allied health boards. So when the Department of Professional Licensures gets the application for audiologists or speech pathologists it is reviewed by the committee and then in the absence of the of an allied health board those those applications are then reviewed and sent to the board of medical licensures which oversees in the absence of any other boards just to review and and make certain that um that the application is is fit and then it and then it's um submitted for for um approval for the licensure with one minute and and that is um acceptable it to be part of the compact basically the compact would replace that process as it would serve as a more appropriate method of ensuring that the proper vetting is is is is facilitated thank you so much for that clarifying and that's what i needed to hear and let me go quickly to bill number three five that they were two nine five um in respect to funding let me go to um is assistant commissioner malloy also because the deadline to apply for federal funding under the federal harwell Roger Prescription Bureau of Monetary Program was August 19, 2024 this year so have the Department of Health applied for those funding under this program?

2:20:47 Because funding is a big issue and we have heard it throughout several testimonies. I want to ask first in respect to funding have you all applied for those funding under the program? We call it deadline and pass. um i'm having trouble hearing you but um let me repeat myself if i heard you correctly can you hear me now let me repeat myself can you hear me now yes okay that the federal funding under the federal harwell roger prescription drug monitoring program was august 19 of this year has the department applied for those funding under this program the other question No we have not. The deadline has passed. Why haven't you done so? We're unaware of that. I'm going to defer to Deputy Commissioner Renan Steele.

2:21:49 Please. Good morning Deputy Commissioner Renan Steele. We're unaware of that particular funding source but the department received additional funding through our opioid program so the state opioid response program we did receive additional funding that could help support this particular um pdmp programming as well as we're also aware of the opioid settlement that's been brought to the territory so we've had our legal counsel reaching out to the ag office to find out the funding stream and we were told that can also be accessed for funding for this project the reason The reason why I'm asking this question and moving forward, we really, really, really need to pay attention to many of these grants that assist us in the territory because I'm talking about in 2009, the estimated cost for PDMPs that we are speaking of today range

from $450,000 to $1.5 million annually for the operating costs. To start up, I'm saying an operating cost is about a half a million dollars. So, and that was 15 years ago, I can imagine, have you done your due diligence to find out how much it's going to cost to actually start up in the territory and how much it's going to cost to operate and continue with the program?

2:23:01 Have you done that due diligence or research for any type of drug program? Good. Assistant Commissioner Ruben Malloy, we did some preliminary modeling and we established that it would cost about one point, between $1.175 million and $1.5 million for the first year, and for subsequent years between $500,000 and $675,000, and that would include software development and licensing, hardware, infrastructure, initial training, and then we, and annual operational costs, which include $300,000 to $400,000 in staffing, $150,000 to $200,000 in maintenance and support, ongoing training and education, $50,000 to $75,000.

2:24:19 In closing, I must say honestly, I'm just, I'm not satisfied with, in terms of us allowing funds to lapse in respect to drug monitoring program and other programs, that's basically basic in terms of what we are trying to accomplish here in the territory, but nonetheless, I'll At this time, I went over my time by several minutes, but nonetheless, I want to thank you for your responses, and I'll follow up with other questions and concerns. Thank you so much, Mr. Chair, for the time, and thank you for your responses.

2:25:02 Donna Fred Gregory, you're recognized, Senator, for your point of information. Thank you, Mr. Chair. Can you hear me? Yes. Thank you, Mr. Chair. So thank you for the question, Mr. Vice President. So we recently attended the US Virgin Islands Digital Health Summit, and that's tied to the governor's office of health information technology. So I would want to believe that this legislation is timely as we are moving forward with the health, with the digitization of the health systems in the territory. So there should be a marrying of this work.

2:25:54 So the numbers that we are putting out today, I don't believe they're real numbers, because that should be a part of the system that being created now again this is what happens when we operate in silos um then we have to we looking to do a system over here and one over there that system that that information need to be married up into one system so if that conversation has not begun i think today is a good day for us to begin to have that conversation with uh miss michelle francis who has done a superb superb job in the Office of Health Information Technology and she's what two employees and she's been able to lift this so we have an opportunity so this cannot be done in silos this is a health health matter and we have to collaborate on it I just want to make sure I put that on the record thank you mr. chair yes thank you before I go to Senator Blyden point it It shows, one second, one second. It shows that there's a lack of coordination because I want to go back to the Harold Rogers prescription monitoring drug grant that expired in August. And you're telling me that you did not apply for the funding.

2:27:20 Knowing the great need we have in this community regarding Bill No. 35-0254. So when do you plan to apply in the next fiscal year? Is that grant a yearly cycle? Give me some more information about that grant. Deputy Commissioner Steele or Commissioner AC, Commissioner Malloy? Do you have any information on that grant?

2:27:53 Deputy Commissioner, the Harold Rogers prescription drug grant was post-shooted the Department of Justice system, so we were not aware of the time of that as most of our SAMHSA funding is who provides for our opioid-based programs, but we do agree that we need that collaboration with existing development of the data integration that's going on, and that's what AC Molloy wanted to elaborate on. Yes, proceed AC Molloy.

2:28:23 There is ongoing collaboration, I'm rest assured, Senator Dennegra-Rufret, that those conversations have begun as we develop the various systems. The various systems have, while they are tapping into the same data or similar data, they have different perspectives. One has population-based, one has real-time patient treatment perspective. those systems though do have to come together and we've started those discussions they would while we are talking about healthcare systems there's an overarching system that will that we've discussed ingesting having to ingest those data to include it in other types of data from other disciplines and And that is the vivid system that you are well aware of.

2:29:35 Over. Thank you. Senator Blyden, you're recognized for your point of information. Thank you, Mr. Chair. And my colleagues was correct on the span of the legislation because at the summit, we asked the question in terms of how are we assuring in terms of incentives for individuals to put the data in the system. And in 2021, a general accounting office report found that many health care providers, for many of them, the lack of integration of the PDMP information into the EHR system is a key challenge. So we've got to be very careful and are sure that the information is being put where it needs to be put and it's shared and it's collaboration going on. Thank you, Mr. Chair.

2:30:26 Yes, and both yourself, Senator Blyden, Senator Fred Gregory, myself, Senator Carriong, and also the Senate President. We were at that conference this week, and the Commissioner of Health was also there, so the collaboration needs to happen. I'd like to recognize the presence of committee member, Senator Maurice James. Madam Clerk, please mark

Senator Maurice James as present. Senator Carriong, you'll recognize for your five minutes.

2:31:03 Good. Good morning. Yes. Proceed. Proceed. Thank you, Mr. Chair. Good morning to you, my colleagues, testifiers, and viewing and listening audience. I do have a few questions with regards to Bill 35.0254. I know it was a testimony from the Department of Health. informed that there are approximately, I believe, 34 states that have created similar legislation to participate in a compact program, which is good. And we will become, if this is approved, the first territory also to join in. But I think I'm more concerned about the process. currently we only have maybe like two or three audiologists or speech-language pathologists within the territory and so the current process now it's being reviewed by the board of professional licensure right within the Department of Health is that correct correct and then it is forwarded to the board of medical of medical licensure and then it's forward to the to that board yeah to the board of medical examiners correct okay and what's um walk me through the process so it goes to that board and then it goes to the medical what's what's the timeline for this review process so to my knowledge and on ty hunt caesar chief medical officer department of health to my knowledge and i can't speak for the director and the board i don't sit on the board but i believe that the board meets quarterly because i do get um the the notifications and i do attend every once in a while for other reasons and they be quarterly and if there is any um any application that is actually needed to be done on a more expedient manner then the board members are forwarded and they can actually approve things on an emergent basis as needed okay so quarterly is a current process um and then based on the testimony i also saw that currently we don't have specializations for example the area of pediatric audiologists or

2:33:20 is that correct well that is correct the but we you know we do have that is the area that we really need the specialists so when we do actually have specialists in that area they usually are competent and proficient in the pediatric age group and how are we handling those situations in which a baby is born and after the screening um you know we realized that there are some issues there and usually in that first six months i believe it's important that they begin being seen and begin a therapy process how are we locally handling um those cases so the infants and toddlers program uh receive referrals for any um high-risk um child that that had that that has special needs the department of health by um by law and mandate they are also are um they are um rc and um any of the children who have sort of high risk specialized um diagnoses if we are unable to have services for that child in the territory children are referred off island to any specialty services just as in the case of of anyone who requires um services in the territory that are not present do we have data as to the amount of individuals within our territory that especially children that require this or are now being seen because they require these type of services i would not be able to give that answer deputy commissioner um janice valmond would be able to provide that information through her through her um her directors and i'm not sure if she has it on her on hand right now Good morning, Janice Valman, Deputy Commissioner of Health Promotion and Disease Prevention. I do not have those numbers, but I am happy to reach out and find that from our coordinator of the ADI program and present that to you.

2:35:13 Please, please do through the chair if you could submit those numbers because it's important for us to really find out what is our status in the territory and that data could give us a better understanding of where we are. So there is a need in our territory to have this skill set or specialization, I should say, in this field. There were some concerns presented by the LCA, and in the testimony presented by the assistant commissioner, he posted some questions. And he mentioned also within his testimony, likely, it would be likely need to establish a dedicated board or designate an existing body to handle licensing of the audiologists and speech language therapists, speech language pathologists. But currently, we do have a process, right? So, okay, just wanted to make sure. And then he also poses some questions here. what's up with the government need to take what steps would the government need to take to ensure compliance with this part of the compact but I would like to hear from his perspective what steps he believe it might be necessary Some of these questions that you posed Commissioner, Department of Licensing and Consumer Affairs. May I proceed?

2:36:47 Yes. Yes, you may. All right. So specifically I was seeking to address, we are seeking to address section 1110 of the the legislation, proposed legislation, which is establishment of the Audiology and Speech-Language Pathology Compact Commission. In reviewing the legislation and knowing that there is no board, audiology, speech-language pathology board, there is a requirement that individuals, I believe it's two individuals, speech-language pathologist and one an audiologist be a member of that Commission and so the question was in the absence of a board how would those individuals be up how would those individuals be on the Commission in order to serve in that capacity if you recall the legislation is clear that this is a a joint regulatory board and if we don't have a means of selecting those individuals to be a part of it then we may have some concerns and ultimately I believe the legislature could establish a board and allow for that board to then be membered to to be able to fulfill this requirement. Okay well thank you for sharing your position based on that but given the fact we only have about two or three in the territory I don't see and there's a system in place so I don't see how at the moment we'll be established in a board specific for this.

2:38:26 Senator, may I continue if, because I believe it's not something that we... Yes, you can answer on the chair's time. Okay. Thank you, Mr. Chair. Horace Graham, Assistant Commissioner, Department of Licensing and Consumer Affairs. While I think that the important thing to note here is that if we do not have a means of having individuals on the Commission we could be positioning ourselves in a very difficult place because it is a regulatory board and so we want to make sure that we have in the legislation an opportunity to select viable members to that board and so that's what this concern particularly raises if I may yes but the Commission of Health who study time can assume has on several occasion mentioned the need to establish an Allied Health Board and it wouldn't be just for audiologists it would be for all members of the allied health profession so um that that would be a a way to um establish a board that would include audiologists over thank you i i agree with that um and my my time has been called so i'll just yield thank you very much mr chair okay thank you um senator carrion you know what we're finding out here is that even though all three of these bills are so important and I think the legislature we're excited about them it shows that the government probably lacks the ability to to actually implement and once

2:40:20 we if the legislature acts and approves it and it forwards to the committee on rules and then it's approved by the full body um the government has to be prepared to begin to implement uh these because all of these are important items i wanted to ask um ac malloy about the newborns um that are screened before the three months of age for hearing loss we're talking about the pediatric audiologists right now that's being done in the mch program who is doing the screening and and is it being done are all newborns being screened for hearing loss i can take that ty hunt sees our chief medical officer department of health yes all newborns are screened um if they're not screened at the hospitals they are actually screened at the mch clinics okay so and it's done before three months of age absolutely okay so you're saying in the hospital or the mch so some of them are screened when they're born and then some of them are screened after the baby goes home and then it comes to the clinic correct usually it's in the clinic because all the the the equipments are are located in the clinic and audiologists are not needed for that procedure okay so tell me now then how do you know that these are all the newborns do you get you monitor the newborns list and then you make sure they've had the screening for health how does it how is it done tell me the process correct the process the MCH clinics have a very strong relationship with the nurseries at the hospitals and it is the responsibility of the Department of Health to monitor several things in addition to hearing hearing tests for example they also monitor other newborn screenings so these are things that the MCH clinics monitors There's all newborns in the territory for a number of screenings to make sure that there are no congenital defects and abnormalities that need to be addressed.

2:42:28 Okay, because the Department of Health still issues a birth certificate, right? Correct. Okay. Thank you very much. Senator Capehart, you're recognized for your five minutes. Thank you, Mr. Chair. I just want to say thank you to my colleagues for moving my bill into the committee. I just want to say that I hear the comments as to the suggestion of having a compact board. I want to let my colleagues know and licensing know and Department of Health know that the legislation is being worked on to create this board.

2:43:20 Just want you to know that the board would actually be consisted of established through the Department of Health, composed of five members to it, four would be occupational therapists. One would be an assistant to the occupational therapy who shall meet the requirements provided in section 1035 of this title. The members of the board shall be appointed by the governor of the Virgin Islands with the advice and consent of the Senate. Also just to let you know some of the things in the legislation would be to evaluate all the licensing and the renewal of application to maintain an updated registry, to evaluate our licensings, to offer examinations for the license, suspend, revoke license to justify any cases of occupational therapy if they are not deemed doing the right things. So there's legislation already hearing that there needed to be an occupational therapy board. So I just wanted to state to my colleagues that this is being worked on. I just want to know, let people know that it's very important. This profession of ideology and speech and language pathology profoundly affects many lives. We may not really know of it, but this is legislation that came to me or concerns that came to me in the territory saying that there's a need. There's a need for us to set standards of qualification, education, training experience for those who seek to engage in this practice and promote high standards of professional performance for those engaged in this profession. Occupational Therapy is just a field that uses to evaluate these methods, functional, motor, sensor, real selected activities specifically for promoting and conserving health, avoiding disabilities, evaluating the conduct, treating or training patients with physical and disabilities. So, colleagues, I didn't have the opportunity to do the introduction of this bill, but this is very important. And I think this is just a start. As you've heard, there's 34 states that have already enacted this. And that's why I'm asking to support this legislation because it's improving the quality of health care in the Virgin Islands. And it may not be profit where we don't have the board right now by by the time we have our rules meeting um if passed out of this committee that legislation would be provided to implement that compact board thank you mr chair i don't have any questions i've already um had discussions um as it pertained to

2:46:49 this bill thank you thank you senator diane keep up well well it looks like it cool up there senator keep up stay warm and we're thanking you for being able to appear and we hope everything goes well yes yeah you may you may respond thank you um good morning assistant commissioner reuben molloy Ruben Molloy, considering that the number of audiologists and occupational therapists are limited, would it be in our best interest to expand the members of that board to include all of allied health professionals and make sure and make sure that an audiologist is a member of the board so that it is consistent with participating in the health compact overarching board there is a need for time and help board and and we can we can accomplish both things I have no problem with that assistant commissioner I think that's a great idea to make sure that all is addressed we just don't want to limit ourselves so if that can be expanded to all allied health professions, I am receptive to making that change, that amendment to that bill. Okay, thank you.

2:48:40 Thank you very much. Thank you. Thank you, Senator Capehart. Ms. Adish Shabot-Schuster, before I go to Senator Fred Gregory, I wanted to go back to the PDMP, the prescription drug plans and the practices in the VI. Specifically, you mentioned about the opioid. Can you give me a little bit more additional information? Were you inferring that the opioid cases, et cetera, was kind of high in the Virgin Islands or were within the norms can you give me a little bit more information yeah well i would say thank you senator i would say that we are within the norms of the u.s you know across the board it's not unusually high here but ideally we shouldn't have any misuse or abuse all right so we need to to work to to combat that um you know i'm going into a little more detail with the innocent misuse we do see um where patients may not follow up with their primary care physician or in some cases do not have a primary care physician and they see any number of specialists maybe one for their diabetes maybe one for their arthritis maybe one for their blood pressure or whatever and then they end up going to different pharmacies and so they could be prescribed percocet by one physician for some painful condition maybe demoral by another physician they go to two different pharmacies next thing they're taking percocet and demoral right or or they're getting

2:50:29 percocet from physician a and they're going to physician b and getting more percocet and you know and so there's there's this sort of accidental or innocent misuse and then the pharmacies can't even track it um we see quite a bit of nefarious abuse right where a patient will go to physician a and get an opioid and then go to pharmacy x to get it filled and then they go to physician b and get more opioid and go to pharmacy y to get it filled and then they go to physician c to get it filled and go to pharmacy z to get it filled and next thing you know they're they're addicted and approaching death one time when i owned and operated the medicine shop pharmacy in sunny isle this one young man he came stumbling into the pharmacy he was falling down in the driveway in front of the pharmacy, falling down on the sidewalk. By the time he got into the pharmacy, he was trembling, sweating profusely, demanding that his prescription for this opioid be filled quickly, passing out. Then we had to call the police. We had to call the ambulance. We called around to other pharmacies and discovered he was getting opioids from four different pharmacies on the island. You know, so in general, the rate of misuse and abuse is congruent with that of the rest of the United States, but nonetheless, it does happen here. Sometimes we think, well, in our little community we don't have that problem, but we do. And so this prescription drug monitoring program will really, really help to alleviate that problem and save lives, both the lives of the innocent

2:52:16 and both the lives of those who are doing this illegally. Yes, and I know for sure that that happens because I have heard that complaint from several different physicians, including dentists, that there are certain persons that know the particular drug, especially the painkillers, the strong painkillers, and they go to different physicians trying to get these prescriptions. So I'd like to congratulate the bill's sponsor. This is very important legislation.

2:52:53 Senator Fred Gregory? Yeah, I acknowledge you. Senator James, Maurice James, you're recognized for your five minutes. Thank you. Thank you, Mr. Chair. Good morning, Virgin Islands. Good morning, testifiers, colleagues, and everyone in the room. My focus is primarily on the compact. know as a former member of the military I am aware of compacts because we need them during hurricanes when we can have people come from outside and practice inside so that's very important my concern I miss some of the earlier testimony and I apologize for my delay in getting here but I heard enough to ask so how to ask these questions right how is a audiologist license right now in the virgin islands they obtain their license through what process okay um as a horace graham assistant commissioner department of licensing and consumer affairs thank you for the question senator uh the department of licensing and consumer affairs if we receive notice of an individual who wants to be licensed as an audiologist what we do is we make sure that they are vetted by the department of health office of professional licensure and health planning it's a lot to say um but that group or that that division reviews those applications and then provides us with appropriate notice saying that they qualify or they disqualify and then if they desire a business license then we issue a business license um in the name yeah i wasn't talking about the business license yeah

2:54:50 i was more focused on professional professional license and on that note before anyone answers i just wanted to find out with respect to the um the requirements in the compact which the compact tries to ensure that of course there's

consistency between the states with respect to licensing requirements have you had an opportunity to look at the um the for example the educational requirements and determine whether or not we now actually follow or require those same educational requirements as stated in the compact have you had that opportunity to to compare and see whether or not we match those?

2:55:39 I'll ask Dr. Hunt to respond to that question. Okay. Can you repeat, Senator James, what needs to be reviewed? I was asking whether or not the requirements in the compact. It says that each member shall obtain or retain a license in a home state. And I know that when a person is going to apply to participate in the compact, that their state license is what determines whether or not they can participate, and their state's agreement to be part of the compact. And of course, we may not right now, and I don't know, this is the question I'm asking, If you had an opportunity to look at the educational requirements stated in the compact agreement, whether or not right now we are matching those requirements so that if you decide to do a board, an allied board, you would want to incorporate these educational requirements so going forward, because it wouldn't apply to those who presently have a license agreement, But going forward, we would in fact be consistent with what the compact agreement calls for. Do you understand what I'm asking?

2:57:07 I understand. And yes, I would have to review the educational requirements to then answer that. So if you could allow me to get back to you on that answer. Okay. So thank you. Because I think that's very important. If I am a person right now licensed, and we decide to pass this legislation, I do not have to apply for compact privileges, correct? I don't have to. I can actually continue to practice in the Virgin Islands, but not ask for compact privileges.

2:57:45 Correct? You're nodding your head, right. So we only have two in the Virgin Islands. Right now that's what I'm hearing, two practitioners, correct? How many audiologists do we have? The testimony said three. Three. So you have three right now. There's no requirement that those three participate and obtain compact privileges, correct? Okay, so this really will allow us to have practitioners from other states come into the Virgin Islands and practice in the Virgin Islands. Correct. That would increase our pool or our access to this type of health care.

2:58:34 I mean, that's where I see the importance. I mean, you're nodding your head, so you agree with me. Yes. Senator James? But if we make sure that we match and that other states, in fact, once the compact privilege is signed, then we know that they're meeting these requirements when they choose to participate and apply for a compact privilege.

2:59:04 I think it's important that people understand there's a difference between my obtaining a home state license and applying for compact privilege. Two different things. Everybody agree? Correct. Oh, okay. I see your eyes. Okay, so Allied Health Board, when I was working for the governor in 2019, Commissioner Encarnacion was actually championing that from 2019, so can you tell me which professions you would recommend be part, because I agree with your recommendation of including the audiologists in this, what other professions do we have that there is no specific board for that you would recommend be included in the allied health board, professions board? therapists, laboratory technologists, radiological technologists, social workers, there's a board, there's a board, okay. So, yeah, go ahead, go ahead. There is a need for that allied health, that's correct so we definitely need to work on that and include and the sponsor says she agrees that if we need to include all of those under one it would be more effective and efficient than having a board for each health profession exactly yeah okay I didn't understand your concerns about a business license I guess that's where I'm going I'm coming to you on that what is your concern then about the business license? Assistant Commissioner Horace Graham Department of Licensing and Consumer Affairs when a business when an entity seeks to establish practice in the US Virgin Islands they are required to have

3:01:11 a business license if they decide to do so what we were concerned about is whether or not just because some medical providers can just practice with their medical license we're looking to see if the compact and I didn't see it I didn't see that it explicitly said that it would rule it out so we just wanted to make sure that it was allowable as as a measure to allow individuals to have business licenses who wish to practice and establish a business taxable entity in the U.S. Virgin Islands. We currently have several individuals that are licensed and practicing as licensed businesses providing audiological services and so we want to make sure that those are maintained also. So your concern is more along the lines of competition or? No, no, no. Let me be it's not competition. Individuals who are providing that service in the U.S. Virgin Islands that are desirous of establishing, like if you're just let's say passing through or you may be coming to provide sort of intermittent service, then obviously that should not be a problem if individuals are in desperate need. I was trying to figure out, we were trying to be clear on the fact that many times when you establish your business you are required to go through the process of of licensure and we were wondering whether or not the compact as I was reading through the and evaluating the compact whether or not that would eliminate the need of an individual or business to be able to get a business license if they were practicing in in the territory There's a commission that's going to, the commission has referred to, that's the compact

3:03:14 commission, just to be short. The compact commission, what I'm thinking about is, I'm not sure going the route of including business license in a compact agreement would be prudent. I don't think so. But I'd have to do some more research on that because I think that the, what happens now then with telehealth, with my, for example, having an appointment with my doctor video conference right now, If I had surgery in the States, and I'm following up with my doctor over time, that doctor doesn't have a business license here?

3:04:06 That is correct. Okay, so isn't that the same thing? You don't think? We're not saying that it's going to be mandatory that they have a business license, but there are instances where medical providers desire to be licensed for the purposes of whether it's tax benefits or whatever the the rationale we've had a number of doctors that come to us and say hey listen I have my medical license but I want to establish an LLC I want to be able to practice in the US Virgin Islands under this specific identity and so we just wanted to make sure that that was not something that would be impacted by this right if they come to you and apply for a business license and their there's their state is part of the compact you must recognize the qualifications that they have so if they're establishing a business you have other requirements outside of the compact for any person who's establishing a business correct so it would simply be that we're part of the compact and we recognize that they meet the credentials to practice in the virgin islands okay so i don't I don't think it would be a major concern, but I do not think that, my opinion is that it wouldn't be necessary to be included in this compact agreement because then you are moving beyond the scope that the compact agreement is trying to achieve.

3:05:34 But we can talk about it later. I also wanted to point out to you that when I read the law, I'm sorry, my time? But you may wrap up. I think you're about eight minutes over, but you can wrap up. Oh, no, I'm sorry. I'm sorry. But I love compact agreements. So I really wanted to make sure that this, I fully support compact agreements because they help, especially with us. So one last question, and that is, did you see that in the legislation, it simply says the licensing board in the issuing remote state, it doesn't really say an ideology or speech language pathology license, it just simply says licensing board, which gives us latitude in terms of the allied health professions. That's all I wanted to point out. I am sorry, Mr. Chair. Thanks. Sorry. Thank you. Thank you. Proceed. You may answer on the chair's time.

3:06:39 There's no question. No? Okay. Good. You know, what I'm finding out here with the testimony, right? We have three important bills here, but I seriously doubt that the government is going to be ready to implement them. As you know, like for example here, bill number 35-0248, the Commissioner of Planning and Natural Resources is not here, nor did he send a representative, but he sent a letter saying that DPNR recognizes that they have to draft the regulations to address the handling and disposal of medical waste, and they have no objection to this pursuant to the law. But he didn't see it fit to come here today and to all Senna representatives. So I'm seriously concerned whether or not the government is ready. And we've heard testimony, whereas the grant, the Harold Rogers grant, that the time to apply for it expired in August, and the Department of Health did not even apply for the grant. So we're going to have to follow up on that.

3:07:55 I'll entertain if anyone has any burning question before I go to the bill's sponsor. Senator Fred Gregory, you're recognized. Thank you, Mr. Chair. So I have listened intently to this discussion today. Let me just ask the Department of Health, I know that we have the Nurse Licensure Compact, which we passed I think in the 33rd or the 34th legislature. How many other compacts do we have? Medical compacts, health-related compacts. I'm definitely familiar with the nurse licensure compact. Do we know?

3:08:41 Ty Hunt Caesar, Chief Medical Officer, Department of Health. I am only aware of the one compact with nurse licensure. Nurse licensure, sure. Yeah, the other sort of situations is like, it's not like a compact, but it's very similar the way that we can have sort of reciprocity. Reciprocity, so it's about reciprocity. So I ask the question because in this particular legislation that's before us, it does speak to licensing. So we need to figure out whether or not this particular piece of legislation needs to align similar to the nurse licensure compact. I mean, I know that the allied health professionals, their work is a little different. They, you know, they many times work individually. So perhaps that's the reason for the licensure component. I think we just need to look at that a little closer. Now, I do agree that instead of having an occupational therapy board, if you will, that the allied health board will be most fitting so we could pull all of those professions on that one umbrella to support this work. I am definitely in favor of this legislation, as I shared earlier when I brought it for my colleague. However, I believe we need to look at two, well, I think she's already agreed on the allied health boards and we need to look a little closer around the matter that my colleague, the chair of the education committee brought up with regards to the licensure component. We could look at that a little closer to see if it poses any challenges. Now, the two legislation that I sponsored, the 135.0408 that speaks to the Regulated Waste Plan, you know, it's really unfortunate that we, sometimes it comes across as if we are over-legislating, but this is a very important piece of legislation because currently we do not have any regulations around waste, the health waste. And that's unfortunate, that's very concerning. So I know that the commissioner indicated that he couldn't be here today.

3:11:03 However, I am prepared to make the adjustments to the legislation that speaks specifically to the regulations and not necessarily to a plan. But the regulations must come to the legislature within a time certain, because this is very important to the health safety of the people of the Virgin Islands. So I am prepared to move this forward to ensure that the health regulations are in fact performed right here in the Virgin Islands. And then of course, Mr. Schuster was very clear on the importance of the misuse of medication here in the Virgin Islands and the importance of us protecting our seniors. I shared earlier that the Digital Information Summit spoke specifically about a new system. And I think as we do this work, consideration needs to be had to include this particular prevention and misuse because yes, this system, the digital, I forgot the name of it, system, the information system will be aligned to our Department of Health, our hospitals, and our private providers. So yes, the information can be inputted into that system. So if you shop around to providers, that provider will be able to see what medications you have been issued from other physicians. I do agree that funding is in fact needed as we learned that in the digital conference that we attended most recently, this week actually, where some of us serve as panelists that in the next year, while they have some federal dollars, in the next year some funding will have to be made available to support this work, but it's very important work to um move our health policies forward in the territory and ensure that we have good health systems i don't necessarily have any questions for anyone i think we've listened intently and um may i wrap up mr chair yes yes listen i've listened intently and these legislations are very straightforward we just have to make sure on the medical compact on the uh the

3:13:34 the compact side that we in fact are, you know, digging just a little deeper to make sure that the necessary amendments are made and that the board is in fact, the Allied Health Board is in fact created and we already have that commitment. So I want to thank you colleagues for this work that we've done today. I think it's very important work around health systems in the territory. Thank you, Mr. Chair. And I also want to take this opportunity to wish our colleague senator marisi james happy birthday happy birthday senator james yes yes yes that's right happy birthday senator james we ate um the sweets uh yesterday so um happy birthday and may you live to see many many many more and if i can wrap up yes yes and i also forgot today is we have two colleagues that made birthday today.

3:14:31 Senator Milton Potter, his birthday is also today. That's amazing. Two of them make birthday together. They sit next to each other in the chamber. So happy birthday to Senator Maurice James and to Senator Milton Potter. Happy birthday. Yes, happy birthday. Yes, as a matter of fact, Senator Fred Gregory is warming up your seat here today. Yes. Quickly, I wanted to go to A.C. Horace Graham with the local business requirement for the license, right? We're talking about the audiology and speech. Now, you mentioned that it should also, we should have a board. That was your recommendation, that we have a board that regulates that, or were you suggesting that it be designated to some other of the existing boards? Horace Graham, Assistant Commissioner, Department of Licensing and Consumer Affairs.

3:15:31 So the observation that we were making centered around the ability to furnish members to the compact commission. And so that's why we put in our testimony to highlight that specific need. So I think what I heard here today and the potential amendments would adequately address those concerns.

3:16:00 Okay, I got you. Well, I think we've exhausted our discussion on all of these three bills, they're all important bills and I urge you know everyone here before us today to give it a priority because these are very important items and so at this time do I hear a motion? Senator Fred Gregory you're recognized for your motion. Senator Capehart you're recognized for your motion. Senator motion motion i move that bill number 35-0254 an act amending title 27 virgin islands code by adding it chapter 221a establishing the audiology and speech language pathology interstate compact be forwarded to the committee of rules and judiciary favorably with further amendments. I so move. Bill number 35-0254 has been properly moved by Senator Capehart, seconded by Senator Carrione and seconded by Senator Donna Fred Gregory and Senator Sen. Maurice James, roll call.

3:17:29 Sen. Maurice James, roll call. Sen. Marvin A. Blyden. Sen. Blyden, absent. Sen. Diane T. K. Part? Yes. Sen. K. Part, yes. Sen. Samuel Carrion? Yes. Sen. Carrion, yes. Sen. Ray Fonseca? Yes. Sen. Fonseca, yes. Sen. Norville E. Francis, Jr. Sen. Francis Jr. absent. Sen. Donna A. Fred Gregory? Yes. Sen. Fred Gregory, yes. Sen. Kenneth L. Gittins? Sen. Gittins, absent.

3:18:11 Sen. Murray C. James? Yes. Sen. James, yes. Sen. Milton E. Potter? Senator Potter, absent. Mr. Chairman, five yes, four absent. Thank you, Mr. Clerk. Bill number 35-0254, an act amending Title 27, Virgin Islands Code, by adding a Chapter 21A, establishing the audiology and speech-language brutality Interstate Compact has been voted upon favorably in this committee and will be forwarded to the Committee on Rules and Judiciary for further action.

3:19:00 Motion. Motion. Senator Donna Fred Gregory, you are recognized for your motion. Thank you, Mr. Chair. I move that Bill No. 35.0295, an act amending Title 19, Virgin Islands School Part 3, Chapter 29 requiring the virgin islands department of health to establish and administer the virgin islands prescription drug monitoring program to provide prescription drug monitoring and for other related purposes be favorably approved by this committee and forward it to

the rules committee for further consideration and action i so move Bill number 35-0295 has been properly moved by Senator Donna Fred Gregory and seconded by Senator Kerry Young. Roll call. Senator Marvin A. Blyden.

3:19:56 Senator Blyden absent. Senator Diane T. Capehart. Yes. Senator Capehart, yes. Senator Samuel Carrione? Yes. Senator Carrione, yes. Senator Ray Fonseca? Yay. Senator Fonseca, yay. Senator Norville E. Francis, Jr.? Senator Francis, Jr., absent. Senator Donna A. Fred Gregory? Yes.

3:20:26 Senator Fred Gregory, yes. Senator Kenneth L. Gittins? Senator Gittins, absent. senator marie c james yes senator marie c james yes senator milton e potter senator potter absent mr chairman five yes four absent thank you mr clerk bill number 35-0295 and act amended title 19 virgin islands code part 3 chapter 29 requiring the virgin islands department of health to establish and administer the virgin islands prescription drug monitoring program to provide prescription drug monitoring and for other related purposes has been voted upon favorably by this committee and will be forwarded to the Committee on Rules and Judiciary for further action.

3:21:30 Motion. Motion. Senator Dona Fred Gregory, you're recognized for your motion. Thank you, Mr. Chair. I move bill number 35.0408, an act requiring the Department of Health and the Department of Planning and Natural Resources to develop and administer a territorial regulated medical Waste Management Plan, including the requisite regulations to be favorably approved by this committee and forwarded to the Rules Committee for further consideration and amendments. I so move.

3:22:05 Second. Bill number 35-0408, an act requiring the Department of Health and the Department of planning and natural resources to develop and administer a territorial regulated waste management plan including the requisite regulations has been properly moved by Senator Donna Fred Gregory and second by Senator Carrion. Senator K. Pot, roll call. Senator Maurice James, roll call. Senator Marvin A. Blyden. Senator Blyden absent. Senator Diane T. K. Park. Yes. Senator K. Park. Yes. Senator Samuel Carrion. Yes. Senator Carrion. Yes. Senator Ray Fonseca. Yes. Senator Fonseca. Yes. Senator Novel E. Francis Jr. Yes. Senator Francis Jr. absent. Senator Donna A. Fred Gregory. Yes. Senator Fred Gregory, yes. Senator Kenneth L. Gittins, Senator Gittins, absent. Senator Mary C. James, yes. Senator James, yes. Senator Milton E. Potter, Senator Potter, absent. Mr. Chairman, five yea, four absent.

3:23:32 Thank you, Mr. Clerk. Bill number 35-0408 an act requiring the Department of Health and the Department of Planning and Natural Resources to develop and administer a territorial regulated waste management plan, including the requisite regulations, has been voted upon favorably by this committee and will be forwarded to the Committee on Rules and Judiciary for further consideration. You know, that's so important, all of those three bills were so important to the community and I urge the departments to be ready to implement these items as it addresses some important concerns in our community, regulating the medical waste, the audiology and speech pathology and also the prescription drug monitoring program and you know there's abuse you know of these prescription drugs painkillers in the community and it's so important so at this time I will allow a 30 second close and we'll start with Commissioner AC, Commissioner Molloy, and then we'll go to licensing and consumer, and then we'll go to Troy Deshabord-Schuster.

3:25:10 You may proceed, Mr. Molloy. Good afternoon. Thank you, Chairperson. I'd like to thank the 35th Legislature for continuing to push forward legislation that improves the quality of life for us here in the Virgin Islands I'd like to thank my colleagues here who are with me for their support I also like to thank those who provide support who you don't see and allowed, enabled us to be here today. So on behalf of Commissioner Encarnacion, thank you. We continue to commit to implementing these important legislations that again, improves the quality of life for us here in the Virgin Islands. Thank you, Commissioner Malloy. Mr. Graham, AC Graham? MR. Good afternoon once more, senators. I want to thank the 35th Legislature for the opportunity to provide testimony on this very important piece of legislation. We recognize certainly that the Department of Licensing and Consumer Affairs, to the extent that we provide service that supports these measures, we stand ready, willing and able to deliver on those requirements. Also I really appreciated, we really appreciated the ability to have open and robust discussion about how important these measures are and so we want to thank you for your commitment to healthcare and we reiterate our commitment to ensuring that these programs go forward as planned. Thank you and have a wonderful day. Thank you, A.C. Graham. Mr. Troy Desherbert-Schuster.

3:27:13 Yes, thank you, Senator Fonseca. I would like to first of all thank Senator Donald Fred Gregory for sponsoring Bill 35-0295 and thank all of the senators of this committee here present for your favourable vote and moving this on to the second committee of rules and judiciary. And also, your vote is not just to protect the 50-plus population, the older population, but to protect younger people and children as well. As I said, I can share many stories from my time as a pharmacy owner.

3:27:52 And I recall that we detected that this lady was abusing narcotics, the opioids. we started calling around to pharmacies and launched an investigation. It turned out not only was she getting a large quantity of Percocet and fentanyl patches for

herself, but being a housewife and homeschooling her three young children, she had all three of her children on Ritalin, on high doses of Ritalin, because she could not deal with them. And so she kept them tranquilized. So she was already training her children to be drug addicts from a very early age and these poor innocent children were were so affected by it and because of our investigation we were able to to stop that process hopefully she didn't go elsewhere and do that again she no longer lives in the virgin islands so again we're not only protecting the older population but protecting the younger population even protecting children who are so innocently affected by opioids and and the abuse of their parents again thank you so much for your support yes thank you director Schuster and you know when we opened the meeting we mentioned that November was diabetes month and I have to keep singing this because there's over 12,000 residents in our community that's living with diabetes pre-diabetes full-blown diabetes there's also the type one the childhood diabetes. And I'm asking the governor, you know, we got a petition coming. We're going to get a whole bunch of signatures for all of these thousands of residents. We need this $1.5

3:29:42 million so that this diabetes clinic that's in the hospital now, it just opened, that it can stay open, and it will ease the emergency room visits, reduce our uncompensated care. Honorable Governor, this $1.5 million is well spent. I'd like to thank all of the staff of the legislature, media, my personal staff, and all of the senators, and one housekeeping item, Madam Clerk, please mark Senator Milton and Senator Kenneth L. Gittins, as excuse.

3:30:22 And thank you very much for listening to us today. And at this time, the Committee on Health, Hospitals, and Human Services is adjourned. Thank you.

People named in this transcript

SUSPECTED, and a finding aid only. Names were matched by machine against the spellings used across all 426 of our transcripts, and the title is the one used in the room. Being named here is NOT evidence that a person attended or spoke · only that the name was said. Speech recognition mishears names, so a spelling may be wrong even where no alternative is offered.

16x **Senator Ray Fonseca**
heard in this transcript as: Fonseca, Rae Fonseca

14x **Senator Donna A. Frett-Gregory**
heard in this transcript as: Dona Fred Gregory, Donna A. Fred Gregory, Donna Fred Gregory

13x **Senator Marise C. James**
the surname alone also matches: Javan James; Giovanni James Sr
heard in this transcript as: James, Mary C. James, Maurice James

13x **Senator Samuel Carrion**
heard in this transcript as: Carrion, Carrione, Carriong, Samuel Carrione

12x **Senator Diane T. Capeheart**
heard in this transcript as: Capehart, Diane Capehart, Diane T. Capehart

12x **Senator Marvin Blyden**
heard in this transcript as: Blyden, Marvin A. Blyden, Marvin A. Blyton

11x **Senator Fred Gregory**
the surname alone also matches: Donna A. Frett-Gregory; Donna Frett-Gregory

11x **Senator Kenneth L. Gittens**
heard in this transcript as: Gittins, Kenneth Gittins, Kenneth L. Gittins

8x **Senator Milton E. Potter**
heard in this transcript as: Melton E. Potter, Milton Potter, Potter

8x **Senator Novelle Francis**
heard in this transcript as: Francis Jr, Francis Jr., Norville E. Francis Jr., Novel E. Francis, Novel E. Francis Jr, Novell E. Francis

5x **Commissioner Gary Malloy**
the surname alone also matches: Ruben Malloy
heard in this transcript as: Malloy, Molloy

4x **Commissioner Ruben Malloy**
heard in this transcript as: Ruben Molloy

2x **Governor Albert Bryan Jr**

2x **Senator Diane T. K. Park**

2x **Senator Donald Fred Gregory**
the surname alone also matches: Donna A. Frett-Gregory; Donna Frett-Gregory

2x **Senator K. Pot**

2x **Senator Kaye Part**
heard in this transcript as: K. Park

2x **Senator Kerry Young**

1x **Senator Donna Frett-Gregory**
heard in this transcript as: Donna A. Frett-Gregory

Bills and acts referred to

Matched by number against our own acts corpus. The number is what the recognition heard, so it may be wrong; where it resolved, the title is the one the Legislature gave the act.

Bill 35-0408	Act 8965 · An Act requiring the Department of Health and the Department of Planning and Natural Resources to develop and administer a Territorial Regulated Medical Waste Management Plan including the requisite regulations is
Act 8965	Act 8965 · An Act requiring the Department of Health and the Department of Planning and Natural Resources to develop and administer a Territorial Regulated Medical Waste Management Plan including the requisite regulations is

Referred to but not found in our acts corpus: Bill 35-0254, Bill 35-0295, Bill 35-0248