

Committee on Budget, Appropriations and Finance
36th Legislature of the Virgin Islands
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Opening Remarks

Good afternoon, Senator Novelle E. Francis Jr., Chair of the Committee on Budget, Appropriation and Finance, Senator Marvin A. Blyden, Vice Chair, Senator Ray Fonseca, Chair of the Health, Hospital and Human Services Committee, members of the 36th Legislature, legislative staff, and members of our community. I am Dr. Julia Sheen, Executive Director of the Virgin Islands Diabetes Center of Excellence, or VIDCOE. I would like to begin by acknowledging and thanking Governor Albert Bryan Jr and Senator Francis for proposing and sponsoring Bill No. 36-0302, which would appropriate \$1 million from the Community Facilities Trust Fund for VIDCOE to establish a Chronic Care Management Program. I would also like to recognize VIDCOE's board, staff, partners, and especially our patients in attendance today. They are the reason this organization exists.

Honorable Senators, while my testimony today focuses primarily on securing the \$1 million appropriation under Bill No. 36-0302 to establish VIDCOE's Chronic Care Management Program, I also want to take this opportunity to respectfully appeal to this Legislature for the reinstatement of the \$500,000 allocation in the Government's Miscellaneous Budget to support VIDCOE's ongoing operations. This funding is essential to sustaining our diabetes prevention, education, community outreach, and specialty care services that thousands of Virgin Islanders have come to depend upon. I want to extend my sincere appreciation to Senator Kurt Vialet, Senator Novelle Francis and Senator Ray Fonseca for their continued advocacy and efforts to restore this critical funding. These two appropriations serve distinct but complementary purposes: the \$1 million will allow us to expand our capacity to manage chronic diseases, while the \$500,000 will help preserve the foundation of services we have already established. We cannot build upon our successes if we are unable to sustain the very programs that made those successes possible.

Today I ask you to make a strategic investment in the health of our people. Diabetes can rob people of eyesight, kidney function, mobility, financial security, and life itself. Many complications can be prevented or delayed with access to timely care, education, specialists, and continuous support. This bill helps VIDCOE provide that support.

The Burden of Diabetes and VIDCOE's Established Record

Diabetes remains and will continue to be one of the most serious public health challenges facing the Virgin Islands. It contributes significantly to heart disease, stroke, kidney failure, blindness, amputations, disability and premature death. Beyond the human toll, diabetes places a substantial burden on our healthcare system, our economy, our workforce and our families. VIDCOE was established to address this crisis through a comprehensive, coordinated, and patient-centered model of care. VIDCOE has built an integrated model spanning St. Croix, St. Thomas, and St. John, combining diabetes consultations, endocrinology, podiatry, retinal screening, nutrition, medication education, diabetes prevention and self-management education, telehealth, mobile outreach, remote monitoring, and transportation. Partnerships with Howard University and Johns Hopkins University help bring specialty expertise closer to home.

VIDCOE served over 5,000 community members since its inception and over 3,783 patients in 2026. As of September 2026, 70 percent of patients with uncontrolled diabetes have seen improvements in their A1C levels. We have demonstrated a growing demand for our services—and an opportunity to do more.

The Voices of Our Patients

Numbers are important, but I want the Legislature to hear what access means to the people we serve. I ask the following patients to stand, if they are present and comfortable doing so, as I call their names.

Mary Howe of St. Thomas lived through frightening blood glucose readings above 400. She described using up to 361 units of insulin in a day compared with her usual 26. At VIDCOE, Dr. Gail Nunlee-Bland reviewed her insulin-pump data and identified scar tissue affecting absorption. Mary wrote, "That appointment changed everything." Mary, we recognize you.

Kalijah Sweeney shared the story of her son, Ky-Mani, who needed pediatric diabetes expertise. Her family reported spending approximately \$6,500 a year traveling to Miami for treatment. With access to VIDCOE, she wrote, "He no longer must travel to the mainland to receive treatment." Kalijah and Ky-Mani, we recognize your family.

Carolyn Galloway watched diabetes affect her parents. After an elevated A1C result, she joined our prevention class and gained practical skills and encouragement. She wrote, "This program didn't just give me information. It gave me hope." Carolyn, we recognize you.

William Rodriguez III, diagnosed with diabetes as a teenager, described VIDCOE's help navigating the cost of treatment equipment. He said our staff "treated him with understanding and dignity."

Vera Lindquist first heard about VIDCOE through our weekly Living Well with Diabetes radio show. That outreach led her to our clinic and endocrinology services. She wrote, “I have learned so much about taking care of myself dealing with diabetes.” Vera, we recognize you.

Bernard Orlando Vanterpool described a foot injury, delayed access to care, insurance barriers, and a toe amputation in 2018. His account is a sobering reminder of why education, foot care, and early intervention are essential. Bernard, we recognize you.

These stories show that access, education, specialty care, dignity, and continuity are not abstract policy terms. They change lives. I also acknowledge Dr. Ebony Evans, our consultant pharmacist from Howard University, whose letter emphasizes that effective diabetes care requires ongoing monitoring, medication education, and multidisciplinary support.

How Chronic Care Management Will Work

Our proposed Chronic Care Management Program is designed for patients living with diabetes and multiple associated conditions—including hypertension, cardiovascular disease, kidney disease, obesity, and high cholesterol. Rather than waiting for the next office visit or medical emergency, a dedicated care team will remain engaged between visits.

First, eligible high-risk patients will be identified and enrolled with appropriate consent. Second, the team will develop an individualized comprehensive care plan. Third, nurses, care managers, community health workers, and clinicians will coordinate regular monthly contacts, medication reconciliation, education, appointment scheduling, specialist referrals, transportation, and follow-up after emergency or hospital care. Fourth, when clinically appropriate, remote devices will help track blood glucose, blood pressure, weight, and other indicators. Concerning changes will trigger timely review and intervention.

Imagine a patient with diabetes, hypertension, and kidney disease whose blood pressure rises between appointments and who begins missing medications because of cost. Instead of discovering these problems at the next crisis, a care manager can identify the barriers, arrange a medication review, coordinate a specialist, and connect the patient with transportation and other supports. This is a shift from reactive treatment to proactive, continuous care.

VIDCOE will implement this model across St. Croix, St. Thomas, and St. John using existing clinics, telehealth, mobile outreach, remote monitoring, community-based staff, and non-emergency medical transportation.

Use of the \$1 Million

The appropriation will build on infrastructure already in place—not create a new program from scratch. Sixty-Four (64%) of the proposed budget is intended for the workforce needed to deliver care management. The balance will support technology, electronic health record integration, communication systems, remote-monitoring equipment, and other implementation needs. Our initial planning benchmark is approximately 500 enrolled patients during the first 12 months, phased in as staff and workflows are established. Final line-item amounts will be governed by the approved implementation budget and applicable requirements.

This is a capacity-building investment in a coordinated care system that can continue to benefit residents beyond the initial appropriation.

Performance and Accountability

VIDCOE will separately account for the funds and comply with the disclosure requirements specified in Bill No. 36-0302. We propose periodic reports tracking spending, referrals, eligibility, enrollment by island, individualized plans, monthly contacts, medication reviews, specialist referrals, remote monitoring, retention, and patient satisfaction. We will also track A1C, blood pressure, cholesterol, kidney monitoring, eye and foot examinations, and—where reliable data permit—emergency visits, hospitalizations, and readmissions. The goal is not simply to count enrollment but to show whether coordinated care improves patients' lives.

Sustainability Beyond the Appropriation

Sustainability is a central part of our plan. This \$1 million is intended as capacity-building support, not an assumption of perpetual public subsidy. As the program matures, VIDCOE intends to seek reimbursement for eligible Chronic Care Management services through Medicare, Medicaid, and commercial insurers, subject to coverage, documentation, billing, and collection requirements. We will pursue grants, contracts, institutional partnerships, and philanthropy alongside earned revenue.

As part of our broader sustainability plan, we have launched a fundraising campaign and have established a dedicated fundraising committee. We are planning our first signature fundraising event in early March 2027. We have reached out to private donors and continue to pursue federal grant opportunities. These efforts are intended to diversify funding, strengthen unrestricted support, and reduce dependence on government appropriations over time. We will approach reimbursement projections conservatively and report revenue transparently.

Honorable Senators, while we are here today to advocate for the \$1 million appropriation to establish our Chronic Care Management Program, I would be remiss if I did not also

emphasize the importance of restoring the \$500,000 allocation to VIDCOE in the Government of the Virgin Islands' Miscellaneous Budget.

This funding has been instrumental in sustaining VIDCOE's existing operations, particularly our community outreach, diabetes prevention, patient education, and access to specialized healthcare services. Its reinstatement is critical to ensuring that we can continue serving the thousands of Virgin Islanders who depend on these services while we pursue our broader sustainability initiatives.

I would like to express my sincere appreciation to Senator Kurt Vialet, Senator Novelle Francis for their advocacy and efforts to support the reinstatement of this funding. Their recognition of VIDCOE's contributions to the health and well-being of our community is deeply appreciated.

The \$1 million proposed under Bill No. 36-0302 will allow us to expand and strengthen chronic disease management, while the \$500,000 allocation will help sustain the essential prevention, education, and outreach services that form the foundation of VIDCOE's mission.

These investments are complementary, not duplicative. Together, they will help protect the progress we have made, strengthen continuity of care, and position VIDCOE to become increasingly sustainable.

Our request is not simply about sustaining an organization. It is about sustaining access to healthcare, protecting the gains we have achieved, and ensuring that the Virgin Islanders who depend on us are not left behind.

Closing

Honorable Senators, this bill is not about protecting an institution for its own sake. It is about protecting the people who rely on it. It is about a mother who no longer has to leave the Territory for her child's specialist care. It is about a woman whose dangerous blood sugar levels were finally explained. It is about a young man who can obtain essential equipment without losing his dignity. And it is about preventing the next avoidable amputation, hospitalization, or family crisis.

This body is not being asked to fund an untested concept. VIDCOE already has patients, partnerships, clinical operations, telehealth infrastructure, and a record of outreach. What we need is the dedicated workforce and systems to make coordinated chronic care dependable and Territory-wide.

I respectfully ask the 36th Legislature for its support on two critical priorities: the passage of Bill No. 36-0302, appropriating \$1 million to establish our Chronic Care Management Program, and the reinstatement of \$500,000 in the Miscellaneous Budget to sustain VIDCOE's existing services. Together, these investments will help us preserve what we have built while creating a stronger, more coordinated, and sustainable healthcare system for the people of the Virgin Islands.

Let us invest in keeping people well, not only in treating them after they become seriously ill. On behalf of our board, staff, partners, patients, and families, thank you for your consideration. I welcome your questions.