



Government of the Virgin Islands of the United States
DEPARTMENT OF HUMAN SERVICES

DHS Support Paragraph

The Virgin Islands Department of Human Services (VIDHS) supports the Health Information Exchange (HIE) and the Health Data Utility (HDU) not-for-profit structure for governance . DHS supports this approach because (1) a secure, interoperable exchange improves care coordination and continuity—especially for Medicaid beneficiaries—by giving authorized providers timely access to key clinical information and reducing duplicative tests and avoidable readmissions; and (2) an HDU public-private, multi-stakeholder governance model creates transparent, accountable rules for permitted use, privacy, and sustainability so health data is shared fairly and securely across the USVI healthcare ecosystem. This unique approach also ensures that no singular entity has the ability to skew data input or output for any one agency or facility. Establishing the HDU also safeguards the Territory’s HIE as essential, shared infrastructure—so it remains stable, trusted, and mission-driven beyond any single administration or funding cycle. For DHS and Medicaid operations, it strengthens real-time coordination across hospitals, FQHCs, clinics, and other partners, improving transitions of care and outcomes for the residents we serve. It also supports a more resilient system—protecting continuity of care during emergencies, improving public health reporting, and reducing dependence on paper records.



**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES**

VIRGIN ISLANDS DEPARTMENT OF HEALTH

February 4, 2026

To the esteemed members of the 36th legislature,

I am Dr. Esther Ellis, Territorial Epidemiologist for the USVI Department of Health. The United States Virgin Islands Department of Health (VIDOH), Epidemiology Division, would like to hereby write in support of the Bill to enact the Health Data Utility safeguarding and providing a safe and permanent home for our HIE technology. Health Information Exchange (HIE) is crucial to epidemiology because it transforms fragmented clinical data into actionable, aggregated and real-time information allowing for faster and more accurate disease surveillance, outbreak investigation and community health assessment. By connecting health IT systems, HIE enables public health officials to track health trends across entire communities rather than relying on limited, manual reporting from single institutions. HIE is essential to epidemiology for the following reasons:

- 1- Improved disease surveillance and reporting
- 2- Real-Time data for outbreak management
- 3- Enhanced syndromic surveillance
- 4- Better data accuracy and completeness
- 5- Efficient public health investigations
- 6- Disaster and emergency response
- 7- Improved population health management.

I am in full support of this bill "Establishing the Virgin Islands Health Data Utility".

Sincerely,

A handwritten signature in black ink, appearing to read "Esther Ellis".

Esther M. Ellis, PhD
Territorial Epidemiologist
Virgin Islands Department of Health



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“Your Health is our **First** Priority”

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Senator Milton Potter, President of the 36th Legislature, and other members of the 36th Legislature, thank you for the opportunity to submit testimony in support of Bill No. 36-0228. I strongly support this measure because it represents a critical investment in modernizing the healthcare infrastructure of the United States Virgin Islands, promotes data-driven policy making and strengthens the coordination of care across our Territory.

The Virgin Islands Health Data Utility (HDU) is essential for advancing a coordinated, efficient, and high-quality healthcare system. Secure interoperable data exchange enables providers, hospitals, behavioral health services, and public health agencies to access timely and accurate information, thereby improving clinical decision-making, reducing duplication of services, and strengthening continuity of care.

Bill No. 36-0228 also promotes responsible fiscal stewardship by helping to contain costs and strengthen Medicaid program oversight. Reducing duplication of services, improving utilization monitoring, and supporting interoperability of Medicaid data enhances program integrity and aligns the Territory with federal expectations. Finally, the HDU strengthens the territory’s disaster readiness and system resilience. Ensuring that health information remains accessible during hurricanes, cyber incidents, or other disasters is critical for a geographically dispersed and resource-constrained region such as the USVI.

I fully support Bill No. 36-0228 as it positions the Territory to improve health outcomes, increase operational efficiency, and build a more resilient, transparent, and sustainable healthcare system for the people of the United States Virgin Islands.

Tess G. Richards, M.D.

Two reasons I support Bill No. 36-0228 as the Executive Director and Medical Director of an FQHC:

1. The HDU will strengthen ***care coordination during transitions***. Many of our patients receive specialty care, hospital services, and emergency treatment, all of which fall outside the walls of primary care. Real-time admission, discharge, and transfer notifications will allow our care teams to follow up quickly. By creating workflows for real-time hospital and emergency department notifications, we can ensure that our patients are not lost to follow up when they move between different levels of care. This will decrease the risk of avoidable re-admissions, thereby optimizing patient care and reducing the financial burden on our hospital systems. The data accessible through the HDU will afford us the opportunity to evaluate and quantify, from a ***quality-of-care*** standpoint, as well as a ***financial standpoint***, the impact of a health information exchange on care coordination during transitions.
2. The USVI HDU will strengthen ***behavioral health integration***. Behavioral health is an area that benefits from HDU because it is historically fragmented and siloed. As a Federally Qualified Health Center serving vulnerable patients every day, we see firsthand the human cost when behavioral health and medical care remain disconnected: missed follow-ups, avoidable crises, and families navigating systems that do not communicate with each other. An HDU provides the infrastructure to change this by enabling secure data sharing, transforming behavioral health from a siloed specialty into a fully connected component of whole-person care. Supporting the HDU is not only sound policy — it is a commitment to dignity, equity, and better outcomes for the communities we are entrusted to serve.

Statement of Support

AARP VI strongly supports the proposed Health Data Utility legislation as a critical investment in strengthening care coordination, supporting family caregivers, and improving health outcomes for Virgin Islanders. Throughout the Virgin Islands, approximately 1 in 4 adults, provides unpaid care to a family member, friend, or neighbor.¹ Caregivers frequently help loved ones navigate care across multiple providers, islands, and off-island systems, making timely, secure, and access to health information necessary. Consistent with AARP policy, we support interoperable electronic health records and information exchange systems that improve quality, efficiency, and patient- and caregiver-centered care, while avoiding unnecessary administrative or technological burdens on families. A well-implemented Health Information Exchange can ease the caregiving journey by improving care coordination and supporting caregivers in managing medications, appointments, and transitions of care, ultimately improving the health and overall well-being of their loved ones.

Reasons for Support

- Supports family caregivers by improving access to timely, accurate health information and reducing care navigation challenges.
- Improves health outcomes by strengthening care coordination, reducing duplication, and supporting safer, more effective care.

Footnote / Data Reference

¹ AARP Public Policy Institute caregiving prevalence estimates applied to U.S. Virgin Islands adult population data from the U.S. Census Bureau indicate that approximately one in four adults—about 16,000 residents—provide unpaid family caregiving.