



**35TH LEGISLATURE OF THE VIRGIN ISLANDS
COMMITTEE ON HEALTH, HOSPITALS AND HUMAN SERVICES**

The Honorable Senator Ray Fonseca.
Chair of Committee

Testimony Presented By

The Honorable Justa Encarnacion, RN, BSN, MBA/HCM
Commissioner of Health

on

Bill No. 35-0254- An Act amending title 27 Virgin Islands Code by adding a chapter 21A
establishing the Audiology and Speech-Language Pathology Interstate Compact,

sponsored by Senator Diane T. Capehart

1 Good day, Honorable Senator Ray Fonseca, Chairperson of the Committee on Health, Hospitals
2 and Human Services; Honorable Senator Kenneth L. Gittens, Vice Chair; Committee members,
3 and all non-committee members, and the viewing and listening audience. I am Reuben D.
4 Molloy, Assistant Commissioner appearing on behalf of Justa “Tita” Encarnacion,
5 Commissioner for the Virgin Islands Department of Health, and present with me today are Chief
6 Medical Officer Tai Hunte Caesar, and Deputy Commissioner Janis Valmond. We are here to
7 provide testimony on Bill No. 35-0254- An Act amending title 27 Virgin Islands Code by adding
8 chapter 21A establishing the Audiology and Speech-Language Pathology Interstate Compact
9 (ASLP-IC) sponsored by Senator Diane T. Capehart.

10 As we begin our testimony, we want to give thanks to the Honorable Governor Albert Bryan, Jr.
11 And the Honorable Tregenza Roach for their continued support of equitable health care in the
12 Virgin Islands.

13 “The ASLP-IC is an interstate compact, or formal agreement among states, that facilitates
14 interstate practice of audiology and speech-language pathology.

15 Under the ASLP-IC, audiologists and speech-language pathologists who are licensed in
16 good standing in a compact member state or territory will be eligible to practice in other
17 compact member states via a “compact privilege,” which is equivalent to a license.

18 The ASLP-ICC is not yet issuing compact privileges to practice. Throughout 2024, the
19 Commission is working with developers to create the necessary data system to receive
20 applications, provide interstate data communications, and issue privileges to practice. It is
21 anticipated that the ASLP-ICC will begin issuing compact privileges to practice in late
22 summer 2025.

23 At this time, 34 states have enacted ASLP-IC legislation to be part of the compact.
24 However, the ASLP-IC is not yet operationalized, meaning the process to apply for and
25 receive compact privileges is in the works and will be available in 2025. “

26 [ASLPCompact](#)

1 If passed, and the Department of Health is in support of Bill No. 35-0254, the USVI will be the
2 first territory that has joined the other 34 states that is prepared to accept compact privileges and
3 increase access to care for those needing audiology services, which will include our children and
4 stroke victims to name only two populations in or community.

5 The purpose of this Compact is to facilitate interstate practice of audiology and speech language
6 pathology with the goal of improving public access to audiology and speech-language pathology
7 services.

8 In the absence of a dedicated Board, allied health practitioners in the territory are evaluated
9 through the Office of Professional Licensure and Health Planning. As a best practice and in line
10 with the broad mandate of the Board of Medical Licensure, the Board takes on the responsibility
11 of reviewing and approving licensure for fields where boards are either non-existent or lack
12 quorum. The application process is likened to other health professional boards following
13 established best practices to ensure that practitioners meet professional standards even without a
14 specialized board. Compact licensure is predicated on having an established regulatory body
15 responsible for managing the specific profession.

16 This Compact facilitates interstate practice of audiology and speech-language pathology to
17 improve public access to audiology and speech- language pathology services. The practice of
18 audiology and speech-language pathology occurs in the state where the patient/client/student is
19 located at the time of the patient/client/student's encounter. The Compact preserves the
20 regulatory authority of states to protect public health and safety through the current system of
21 state licensure.

22 Currently, in the Virgin Islands, there are two known Audiologists in the St. Thomas district and
23 one known Audiologist in the St. Croix district. These Audiologists serve both the pediatric and
24 adult population. There are none in the territory that are specifically pediatric audiologists.

25 The American Academy of Pediatrics recommends newborn hearing screenings in the event a
26 baby may have any kind of hearing disorder. Hearing screenings are being done by the EHDI
27 (Early Hearing Detection and Intervention) Program, which operates under the MCH clinic.
28 Every newborn should be screened for hearing loss before hospital discharge. A simple pass or

1 fail is noted. If the child fails, they are further referred to an audiologist for more comprehensive
2 testing which should occur before three months of age. If hearing loss is identified the proper
3 treatments to correct any damage are given and referred for enrollment in the early intervention
4 program by 6 months of age. The pediatric audiologist may refer to other specialists such as
5 SLPs, sign language teachers and OTs to work alongside them.

6 While there are speech therapists in each district, there are none that are identified as Pediatric
7 Speech Language Pathologists (SLPs). Pediatric speech therapists are highly needed in the
8 territory. Children tend to be referred closer to age two due to cultural beliefs.

9 According to the National Library of Medicine, “Auditory dysfunction is a common clinical
10 symptom that can induce profound effects on the quality of life of those affected. Cerebrovascular
11 disease (CVD) is the most prevalent neurological disorder today, but it has been considered a rare
12 cause of auditory dysfunction. However, a substantial proportion of patients with stroke might
13 have auditory dysfunction that has been underestimated due to difficulties with evaluation.” Both
14 examples touch only two

15 In closing the Department is committed to reducing health risks, increasing access to quality
16 equitable healthcare, and enforcing health standards. Again, thank you for the opportunity to
17 present at today’s hearing. The Department continues collaborative efforts with the members of
18 the 35th Legislature. We appreciate the out of the box thinking that the 35th legislature has been
19 open to during the last few testimonies that we have presented to you. As the need to open or
20 provide better access to health care, we depend on you to assist us in maintaining our goal to
21 ensure equitable healthcare. Senators, we stand ready to respond to any questions you may have.