



36TH 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. 36-0021 amending title 19 Virgin Islands Code, Part III, Chapter 29, Subchapter I relating to opioids and requiring that a practitioner discuss certain information with a patient when prescribing opioids.

1 Good day, Honorable Senator Ray Fonseca, Chairperson of the Committee on Health, Hospitals
2 and Huma Services, Honorable Senator Hubert Fredericks, Vice Chair; Committee members, and
3 all non-committee members, and the viewing and listening audience. I am Justa Encarnacion,
4 Commissioner of Health for the Virgin Islands Department of Health. Joining me today are Dr.
5 Nicole Craigwell-Syms, Assistant Commissioner; Reuben Molloy, Assistant Commissioner; Dr.
6 Tai Hunte-Caesar, Chief Medical Officer; and Renan Steele, Deputy Commissioner of Behavioral
7 Health.

8 Thank you for the opportunity to provide testimony on Bill No. 36-0021 amending title 19 Virgin
9 Islands Code, Part III, Chapter 29, Subchapter I relating to opioids and requiring that a practitioner
10 discuss certain information with a patient when prescribing opioids. We stand in strong support of
11 the proposed bill which seeks to address preventing a high level of opioid misuse and abuse and
12 heightening awareness in our community.

13 The opioid epidemic is a public health crisis that continues to affect communities across the United
14 States, including the Virgin Islands per capita. The misuse of prescription opioids has led to an
15 alarming increase in overdose deaths and long-term health complications including chronic
16 behavioral health illness.

17 Opioid is a class of medications prescribed to treat moderate to severe pain. It works by binding
18 to specific receptors in the brain, spinal cord, and other areas of the body to reduce the perception
19 of pain. They are chemically related to opium and work by interacting with opioid receptors in the
20 nervous system.

1 Common prescription opioids include Oxycodone, which can be found in OxyContin and Percocet;
2 Hydrocodone, which can be found in Vicodin; Morphine; Fentanyl, which is also used in
3 anesthesia and severe pain cases; and Codeine, which is often found in cough syrups.

4 Opioids are highly effective for short-term pain relief, for example following post-surgery or
5 injury. It can be addictive if misused or taken over a long period. Overuse or misuse can lead to
6 dependence, overdose, or even death.

7 According to the Centers for Disease Control and Prevention (CDC), opioids were involved in
8 nearly 70% of all drug overdose deaths in the United States in recent years. Locally, data from the
9 VI Office of Emergency Medical Services (EMS) Regulatory indicates that between 2019 and
10 2025, first responders were dispatched to more than 100 overdose incidents involving over the
11 counter medication and prescribed medication often paired with alcohol, marijuana and marijuana
12 edibles.

13 During that period, we lost eight individuals to opioid overdoses. The tragic loss of life highlights
14 the urgent need for action to combat opioid misuse and to safeguard the health and well-being of
15 our residents.

16 The impact of opioid abuse does not only affect the person. It also strains the healthcare system
17 and exacerbates law enforcement challenges, but more importantly, families are disrupted as
18 individuals struggle with recovery. It is imperative that we adopt effective, evidence-based policies
19 to address this crisis.

20 In response to the growing opioid epidemic, our Behavioral Health Division and Office of EMS
21 Regulatory, working together, and alongside HIDTA, VIPD and VI FEMS, have increased efforts

1 at awareness and prevention throughout the territory's schools and communities. Additionally, this
2 team has implemented life-saving initiatives such as CPR training and the distribution of
3 NARCAN, a brand of naloxone, the life-saving medication that rapidly reverses opioid overdoses.
4 These efforts empower community members with the tools to respond effectively during a crisis.

5 Further, in February of this year, the USVI High Intensity Drug Trafficking Area (HIDTA)
6 Prevention Program launched the USVI Drug Drop Box initiative, a territory-wide effort aimed at
7 reducing drug misuse and preventing overdose.

8 Secure Drug Drop Boxes have been strategically placed at several U.S. Postal Service locations,
9 including the Kingshill and Gallows Bay post offices on St. Croix, the Frenchtown and Sugar
10 Estate post offices on St. Thomas, and the Cruz Bay Post Office on St. John. These industrial-
11 grade, mailbox-style containers are clearly marked and feature a tamper-resistant hatch to ensure
12 safe and secure disposal.

13 The drop boxes are accessible during regular post office hours and offer a convenient way for
14 residents to safely dispose of unwanted, unused, or expired medications. According to HIDTA
15 Drug Intelligence Officer Rodney F. Querrard, the initiative is proving effective, with boxes
16 reported to be at least half full during recent inspections.

17 This bill seeks to address the opioid crisis by ensuring that healthcare providers—specifically
18 practitioners prescribing opioids—are more vigilant in informing patients about the risks
19 associated with opioid use. This proposed legislation would empower patients to make informed
20 decisions about their treatment options by requiring practitioners to engage in meaningful
21 conversations with their patients about the dangers of opioids.

Under the proposed law, practitioners would be required to discuss several important pieces of information before prescribing opioids, including:

1. The risk of addiction and overdose associated with opioid use.
2. The potential for opioid misuse and abuse.
3. Non-opioid alternatives for pain management when appropriate.
4. The proper use, storage, and disposal of prescription opioids.

This requirement would foster open dialogue between practitioners and patients, leading to better-informed decisions regarding opioid prescriptions and, ultimately, a reduction in misuse and potential addiction. This dialogue is important for the following reasons:

1. **Prevention of Misuse and Abuse:** Many individuals begin using opioids for legitimate medical reasons but become dependent over time. By ensuring that patients are aware of the risks upfront, we hope to reduce the likelihood of misuse.
2. **Promoting Alternative Pain Management:** With the growing body of evidence supporting the efficacy of non-opioid treatments, it is crucial that practitioners discuss alternative therapies with their patients. This bill will encourage the exploration of alternative pain management methods, potentially reducing the reliance on opioids and preventing addiction from taking root.
3. **Empowering Patients:** This bill recognizes that patients should have the autonomy to make informed decisions about their healthcare. By requiring practitioners to provide information about the potential harms of opioid use, we are empowering patients to ask questions, seek alternatives, and take control of their treatment plans.

1 4. **Alignment with National Trends:** This bill aligns with national efforts to combat the
2 opioid epidemic. Many states have already implemented similar legislation requiring
3 informed consent for opioid prescriptions. By enacting this bill, the Virgin Islands would
4 become part of this national movement toward more responsible prescribing practices and
5 a stronger focus on patient education.

6 The opioid crisis is a complex and multifaceted problem, but it is a crisis we must address with
7 urgency and compassion. By supporting this bill, we are taking a significant step toward ensuring
8 the health and safety of our community members, preventing the misuse of opioids, and ultimately
9 saving lives.

10 Mr. Chair and members of the Committee, the VI Department of Health respectfully recommends
11 a revision to Subsection (c) of Bill No. 36-0021 to ensure clarity and alignment with the intent of
12 this legislation. We propose the following:

13 **Revised Language for Subsection (c):**

14 “Subsection (a) shall not apply to a patient who is receiving hospice care from a licensed hospice
15 provider or is under palliative care for a terminal illness.”

16 This clarification ensures that practitioners are not required to conduct risk counseling for patients
17 receiving hospice or palliative care, in recognition that their treatment is focused on comfort and
18 end-of-life support rather than long-term health management and prevention.

19 The Department of Health further recommends the removal of broader exemptions currently listed
20 in Subsection (c), including those for patients undergoing active cancer treatment, residents of
21 long-term care facilities, and individuals in treatment for substance abuse or opioid dependence.

1 The intent of this legislation should be to ensure that *all* patients—regardless of their medical
2 condition—receive informed guidance about the risks, benefits, and alternatives to opioid use.
3 These discussions are essential, especially for vulnerable populations, and should not be omitted
4 based on diagnosis or care setting.

5 However, for patients facing terminal illness and receiving hospice or palliative care, the emphasis
6 of care is comfort and quality of life. In such cases, risk counseling requirements may be waived
7 appropriately, as the therapeutic goal is not risk mitigation but relief from suffering.

8 To support the effective implementation of this bill, should it be enacted, the VI Department of
9 Health will conduct the necessary due diligence to establish a robust framework for execution by
10 healthcare providers and hospitals. This includes reviewing best practices from other jurisdictions
11 where health departments require practitioners to counsel patients prior to prescribing opioids.
12 Preliminarily, we recommend an informed consent similar to Michigan’s "Start Talking" initiative,
13 which mandates informed consent and patient education before opioid prescriptions are issued.
14 Informed consent serves as the written document placed in a patient’s medical record.

15 In conclusion, this bill is a critical step toward enhancing patient education and promoting safer
16 prescribing practices. Requiring providers to educate patients about the risks of opioid use,
17 empowers patients to make informed decisions about their care. Such conversations are not only
18 clinically appropriate, but ethically necessary.

19 Our mission is to reduce health risks, increase access to quality healthcare and enforce health
20 standards. Mr. Chair, committee and non-committee members, thank you for your time and your
21 commitment to the health of our community. We stand ready to answer any questions you may
22 have.