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Schneider Hospital Warns of Staffing Cuts, Slower Care, and Supply Shortages Without Urgent \$39.8M Funding

CEO Tina Commissiong told lawmakers SRMC needs \$39.8M from the GVI and \$4.8M for CKCI's first year, warning that without it, staffing will be reduced, supplies delayed, and patient care slowed as the hospital manages \$44.6M in debts.

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Nelcia Charlemagne **August 12, 2025**

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The Schneider Regional Medical Center. By. ERNICE GILBERT, V.I. CONSORTIUM.

“Healthcare is expensive,” was the refrain from chief executive officer Tina Commissiong as she defended the Schneider Regional Medical Center’s FY2026 budget request on Monday. The governor and his financial team have recommended a budget of \$31.75 million, but Ms.

Commissioning says the hospital needs more.

“The GVI allotment for SRMC, at a minimum, should be \$39.8 million,” said Ms. Commissioning to members of the Committee on Budget, Appropriations, and Finance. That figure comprises the government’s estimated Medicaid cost share of \$3.6 million and another \$36.2 million in uncompensated care. She also cautioned lawmakers that SRMC budget ceiling “needs to include an allocation for CKCI, which is one of our cornerstone facilities.”

The Charlotte Kimmelman Cancer Institute has been closed for eight years, and a ribbon cutting for the new facility is set for December 2025. According to Ms. Commissioning, “it is going to cost more than \$8.9 million to operate CKCI in the first year.” Salaries alone are expected to cost \$3.8 million, with another \$2.8 million in materials and supplies. SRMC’s budget ceiling, explained the CEO, only funds the operations of SRMC and the Myrah Keating Community Health Center on St. John. “We have to be absolutely clear that additional funding is required to reopen CKCI,” noted Ms. Commissioning. She has warned that revenue from the Cancer Institute will only be generated after a few months. Potential collections for year one are \$4.1 million, but that still leaves a \$4.8 million shortfall.

Therefore, SRMC has “built into the budget a separate line item allotment of \$4.8 million for CKCI, which will allow us to open as planned.”

SRMC’s revenues have been deeply impacted by two recent ransomware attacks which cost the hospital \$6.9 million in FY2024, and \$7.9 million in FY2025. In 2024, hospital revenues were “consistently hitting \$5.5 million to \$6 million per month before the cyberattacks, and then it went to zero for a couple of months,” Ms. Commissioning said. Although the hospital’s leadership intends to continue to enter charges for services rendered during that timeframe, Ms. Commissioning knows that SRMC will ultimately lose money. “You just don’t have all of the supporting records to be able to fight the insurance companies when they deny claims during that period,” she admitted.



SRMC CEO Tina Commissioning. (Credit: V.I. Legislature)

Ms. Commissioning also testified that the hospital is spending \$6 million annually to care for 12 boarders. To care for these individuals, SRMC was “forced to create an entire unit, which operates at a loss.”

With several difficult years to recover from, SRMC is “putting a major focus on generating more revenue.” They’ve contracted the services of a collections company to help recapture funds. Ms. Commissioning anticipates ending FY2025 with \$65 million in collections. In FY2026, SRMC estimates collecting \$74.3 million in net patient revenue. Therefore, the hospital’s overall budget is a “conservative” \$112.2 million.

The budget includes \$52.9 million in wages and \$18.2 million in fringe benefits. The new minimum wage legislation will add \$242,000 to SRMC payroll. Salary adjustments of \$6.2 million have also been factored into the budget. SRMC’s supply category for FY2025 is \$14.7 million, an increase for which “supply chain pressures” have been blamed. The hospital is also grappling with high freight costs and “cost increases associated with the newly imposed national tariffs.”

Outside of Medicaid cost share, uncompensated care, CKCI operating costs, and salary increases, SRMC also wants funding for “three separate categories.” It includes \$1.5 million for facility maintenance, including repairs to the hospital’s boilers, generators, sterilizers, and washers.” According to Ms. Commissioning, previous capital requests were not granted. “We have to continue to spend excessive amounts on repairs, and we have to take that money from operating capital,” the CEO reported.

It will also cost SRMC “about \$3.3 million” to implement an electronic medical record system for both SRMC and the Juan F. Louis Hospital on St. Croix. Both hospitals will require equal sums to fund the system. Ms. Commissioning noted, however, that the hospitals are exploring grant opportunities for that purpose.

The third area needing additional support is SRMC’s accounts payable. Along with accrued liability, amounts owed amount to \$44.6 million. Ms. Commissioning testified that “SRMC does need the government's assistance with funding.” The hospital still owes \$12.9 million to the Government Employees' Retirement System, and \$2.4 million in taxes owed to the Bureau of Internal Revenue. A payment plan is in place with the latter.

Referencing the general fund allocation, Ms. Commissioning reminded lawmakers that “there's no money within that allocation to support the maintenance of the facilities, the investment in it, or catching up on all payments.”

Despite having so many areas in critical need of additional funding, Ms. Commissioning told Senator Hubert Frederick that one of SRMC’s “biggest financial needs” is funding for the CKCI. She anticipates that the Institute will also serve patients in the British Virgin Islands and other neighboring islands. “If we do it right and market it right, [we can] get some medical tourism that helps the funding overall of the system,” noted CEO Commissioning. Staff recruitment is currently underway for the oncology care institute.

SRMC’s budget request, excluding its projected revenues, nears \$50 million. Senator Kurt Vialet described it as “sizable.” Aware of a reduction in the hospital’s revenue compared to previous years, he observed that SRMC must be “severely cash-strapped.” Ms. Commissioning replied in the affirmative. “It's a week-to-week juggling of very important vendors and suppliers. The team is working hard to make miracles happen,” she stated.

“Patient care definitely will be affected if we don't get adequate funding,” warned Ms. Commissioning. She replied to questions from Senator Milton Potter about the potential impact of a shortfall. “We'll have less staffing, the supplies that we need to take care of patients won't always be on hand... Things on the floor, I'm sure, will slow down too in terms of not being able to pay

for the temporary traveling physicians.”

Per Ms. Commissiong, SRMC is continuing to identify austerity measures to effect cost savings. An “overtime reduction initiative” resulted in a 29% decrease. Further, the hospital is “only hiring for critical positions,” including allied health professionals. However, SRMC currently shells out significant amounts for temporary, contract staff. Bringing permanent staff on would therefore be “very helpful to the bottom line,” the CEO noted.

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