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INTRODUCED

HB886

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4 **HOUSE BILL NO. 886**  
5 Offered January 14, 2026  
6 Prefiled January 13, 2026  
7 *A BILL to amend and reenact § 8.01-622.1 of the Code of Virginia and to amend the Code of Virginia by  
8 adding in Chapter 29 of Title 54.1 an article numbered 11, consisting of sections numbered 54.1-2999  
9 through 54.1-2999.9, relating to health care; decision-making; end of life; penalties.*

8 Patron—Hope

9 Committee Referral Pending

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11 **Be it enacted by the General Assembly of Virginia:**12 **1. That § 8.01-622.1 of the Code of Virginia is amended and reenacted and that the Code of Virginia is  
13 amended by adding in Chapter 29 of Title 54.1 an article numbered 11, consisting of sections  
14 numbered 54.1-2999 through 54.1-2999.9, as follows:**15 **§ 8.01-622.1. Injunction against assisted suicide; damages; professional sanctions.**16 A. Any person who knowingly and intentionally, with the purpose of assisting another person to commit  
17 or attempt to commit suicide, (i) provides the physical means by which another person commits or attempts  
18 to commit suicide or (ii) participates in a physical act by which another person commits or attempts to  
19 commit suicide shall be liable for damages as provided in this section and may be enjoined from such acts.20 B. A cause of action for injunctive relief against any person who is reasonably expected to assist or  
21 attempt to assist a suicide may be maintained by any person who is the spouse, parent, child, sibling or  
22 guardian of, or a current or former licensed health care provider of, the person who would commit suicide; by  
23 an attorney for the Commonwealth with appropriate jurisdiction; or by the Attorney General. The injunction  
24 shall prevent the person from assisting any suicide in the Commonwealth.25 C. A spouse, parent, child or sibling of a person who commits or attempts to commit suicide may recover  
26 compensatory and punitive damages in a civil action from any person who provided the physical means for  
27 the suicide or attempted suicide or who participated in a physical act by which the other person committed or  
28 attempted to commit suicide.29 D. A licensed health care provider who assists or attempts to assist a suicide shall be considered to have  
30 engaged in unprofessional conduct for which his certificate or license to provide health care services in the  
31 Commonwealth shall be suspended or revoked by the licensing authority.32 E. Nothing in this section shall be construed to limit or conflict with § 54.1-2971.01 or, the Health Care  
33 Decisions Act (§ 54.1-2981 et seq.), or Article 11 (§ 54.1-2999 et seq.) of Chapter 29 of Title 54.1. This  
34 section shall not apply to a licensed health care provider who (i) administers, prescribes or dispenses  
35 medications or procedures to relieve another person's pain or discomfort and without intent to cause death,  
36 even if the medication or procedure may hasten or increase the risk of death, or (ii) withdraws or withdraws  
37 life-prolonging procedures as defined in § 54.1-2982. This section shall not apply to any person who properly  
38 administers a legally prescribed medication without intent to cause death, even if the medication may hasten  
39 or increase the risk of death.

40 F. For purposes of this section:

41 "Licensed health care provider" means a physician, surgeon, podiatrist, osteopath, osteopathic physician  
42 and surgeon, physician assistant, nurse, dentist or pharmacist licensed under the laws of this Commonwealth.

43 "Suicide" means the act or instance of taking one's own life voluntarily and intentionally.

44 *Article 11.*45 *Medical Aid in Dying.*46 **§ 54.1-2999. Definitions.**47 *As used in this article, unless the context requires a different meaning:*48 *"Attending health care provider" means a physician who is licensed by the Board to practice medicine or  
49 osteopathy in the Commonwealth, physician assistant licensed by the Board pursuant to § 54.1-2951.1, or  
50 nurse practitioner licensed jointly by the Boards of Medicine and Nursing pursuant to § 54.1-2957 who has  
51 primary responsibility for the treatment of a qualifying patient's health care. A health care provider does not  
52 include a health care entity.*53 *"Capacity reviewer" means a licensed psychiatrist, psychologist, or social worker who is qualified by  
54 training or experience to assess whether a person is capable of making an informed decision regarding  
55 consent to medical aid in dying.*56 *"Consulting health care provider" means a physician who is licensed by the Board to practice medicine  
57 or osteopathy, physician assistant licensed by the Board pursuant to § 54.1-2951.1, or nurse practitioner  
58 licensed jointly by the Boards of Medicine and Nursing pursuant to § 54.1-2957 who is not an attending*

59     *health care provider and who is qualified by training and experience to make a professional diagnosis and*  
60     *prognosis regarding a qualifying patient's disease or condition and his capacity to make an informed*  
61     *decision regarding consent to medical aid in dying.*

62     *"Eligible patient" means a person (i) who is 18 years of age or older and a resident of the*  
63     *Commonwealth, (ii) who has been diagnosed as having a terminal disease, and (iii) whose diagnosis as*  
64     *having a terminal disease has been confirmed by a consulting health care provider following an in-person*  
65     *examination and review of his medical records.*

66     *"Health care entity" means a general hospital, medical clinic, nursing home, hospice, or any other entity*  
67     *licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1..*

68     *"Informed decision regarding medical aid in dying" means a decision made by a patient who has been*  
69     *informed by his attending health care provider as to (i) his medical diagnosis and prognosis; (ii) the*  
70     *probable results of taking a self-administered controlled substance prescribed to the patient for the purpose*  
71     *of ending his life; (iii) the potential risks of taking a self-administered controlled substance prescribed to the*  
72     *patient for the purpose of ending his life; (iv) any feasible alternatives to medical aid in dying, including*  
73     *comfort care, hospice care, and pain control; and (v) his right to withdraw consent to medical aid in dying at*  
74     *any time and to decide not to continue with medical aid in dying or any other care or treatment.*

75     *"Medical aid in dying" means the practice of evaluating a request, determining qualification, performing*  
76     *the duties in accordance with this article, and providing a prescription to a qualified individual pursuant to*  
77     *this article.*

78     *"Mentally capable" means that, in the opinion of the health care provider or licensed mental health care*  
79     *professional, if an opinion is required, the individual requesting a self-administered controlled substance to*  
80     *end his life pursuant to this article has the ability to make and communicate an informed decision.*

81     *"Qualifying patient" means an eligible patient who (i) has been determined to possess capacity to make*  
82     *an informed decision regarding consent to medical aid in dying and (ii) has complied with the requirements*  
83     *of this article related to obtaining medical aid in dying.*

84     *"Self-administer" means a qualified patient performs an affirmative, conscious, voluntary act to ingest a*  
85     *controlled substance prescribed pursuant to this article to bring about the individual's death. Self-*  
86     *administration does not include administration by parenteral injection or infusion.*

87     *"Terminal disease" means an incurable and irreversible disease that has been medically confirmed and*  
88     *will, within reasonable medical judgment, produce death within six months.*

89     **§ 54.1-2999.1. Medical aid in dying; request; process; duties of attending health care provider.**

90     A. An attending health care provider may prescribe a self-administered controlled substance to a  
91     qualifying patient for the purpose of ending the qualifying patient's life, upon request of the patient and in  
92     accordance with the provisions of this article.

93     B. A patient who wishes to receive medical aid in dying shall:

94       1. Prior to making a preliminary oral request for medical aid in dying, have in place an advance  
95       directive, as defined in § 54.1-2982, that makes known the patient's wishes to utilize the option of medical aid  
96       in dying if the patient has been diagnosed as having a terminal disease;

97       2. Make a preliminary oral request for medical aid in dying to his attending health care provider;

98       3. Make a second oral request for medical aid in dying to his attending health care provider at least 15  
99       days after his preliminary oral request for medical aid in dying. However, if the patient's attending health  
100      care provider attests in writing that the patient's terminal disease and prognosis are such that the patient can  
101      reasonably be expected to die within 15 days of the preliminary oral request for medical aid in dying, the  
102      patient shall not be required to wait 15 days before making a second request for medical aid in dying; and

103       4. Make a written request for medical aid in dying to his attending health care provider in accordance  
104      with the provisions of § 54.1-2999.2.

105     C. Upon receipt of a preliminary oral request pursuant to subsection B, an attending health care provider  
106     shall:

107       1. Determine whether the patient is an eligible patient. If the patient is 18 years of age or older and a  
108       resident of the Commonwealth and has been diagnosed as having a terminal disease but his terminal disease  
109       has not been confirmed by a consulting health care provider, the attending health care provider shall refer  
110       the patient to a consulting health care provider for the purpose of determining whether the patient is a  
111       qualifying patient. However, if the patient is receiving hospice care at the time the request for medical aid in  
112       dying is made, confirmation of the patient's terminal disease shall not be required.

113       2. Determine whether the patient is a qualifying patient. If the patient is an eligible patient and the  
114       attending health care provider is uncertain as to whether he is capable of making an informed decision  
115       regarding consent to medical aid in dying, the attending health care provider shall refer the patient to a  
116       capacity reviewer for the purpose of determining whether the patient is a qualifying patient. No person will  
117       be considered a qualifying patient under this section solely because of advanced age or disability.

118       3. Determine if the patient has voluntarily requested medical aid in dying. To ensure that the decision to  
119       request medical aid in dying is voluntary, the attending health care provider shall review the information  
120       required for informed consent, one-on-one with the patient and outside of the presence of any other person

121 other than an interpreter, if an interpreter is necessary, and shall confirm that the patient is requesting  
 122 medical aid in dying voluntarily and that the patient has not been coerced or unduly influenced in such  
 123 decision.

124 4. Provide the patient with a referral for comfort care, palliative care, hospice care, pain management, or  
 125 other end-of-life care as requested by the patient or as determined by the health care provider to be  
 126 appropriate.

127 5. Counsel the patient regarding (i) the nature of the self-administered controlled substance that will be  
 128 prescribed to the patient; (ii) the expected outcome to the patient of taking the prescribed self-administered  
 129 controlled substance, including the fact that taking the prescribed self-administered controlled substance is  
 130 expected to result in the patient's death and the time that may elapse before such death occurs; (iii) the risks  
 131 associated with taking the self-administered controlled substance that will be prescribed to the patient,  
 132 including the risk that more or less time may elapse between the time the patient takes the prescribed self-  
 133 administered controlled substance and the time of the patient's death; and (iv) the risks and benefits of having  
 134 another person present when the patient takes the prescribed self-administered controlled substance and until  
 135 the patient's death occurs.

136 6. Inform the patient that he may refuse medical aid in dying at any time prior to taking the prescribed  
 137 self-administered controlled substance.

138 7. Document in the patient's medical record that the requirements of this article have been met.

139 D. If an attending health care provider determines that a patient is a qualifying patient, and the  
 140 requirements of subsection C have been satisfied, the attending health care provider shall either (i) dispense  
 141 a self-administered controlled substance intended to end the qualifying patient's life to the patient if he is  
 142 licensed by the Board of Pharmacy to dispense self-administered controlled substances, holds a current U.S.  
 143 Drug Enforcement Administration certificate, and complies with all other applicable requirements for the  
 144 dispensing of self-administered controlled substances or (ii) prescribe a self-administered controlled  
 145 substance to the qualifying patient for the purpose of ending the qualifying patient's life. Self-administered  
 146 controlled substances dispensed or prescribed pursuant to this subsection shall include the self-administered  
 147 controlled substance intended to end the qualifying patient's life and any other self-administered controlled  
 148 substance necessary to facilitate such outcome or minimize the patient's discomfort during the process of  
 149 ending his life. However, no prescription for a self-administered controlled substance for the purpose of  
 150 ending a qualifying patient's life shall be provided until 15 days have elapsed from the date of the qualifying  
 151 patient's preliminary oral request for medical aid in dying, except as provided in subdivision B 3. After the  
 152 patient's death, any individual in control of any excess controlled substance used in medical administration  
 153 of death shall be required to properly dispose of such controlled substance in a timely manner.

154 E. An attending health care provider who dispenses a self-administered controlled substance pursuant to  
 155 subsection D shall file a notice of such dispensing with the Board.

156 F. Notwithstanding any other provision of law, an attending health care provider who prescribes a self-  
 157 administered controlled substance to a qualifying patient for the purpose of ending a qualifying patient's life  
 158 may sign the qualifying patient's death certificate.

159 G. The cause of death listed on a medical certification of death completed for a patient who received  
 160 medical aid in dying shall be listed as the patient's underlying terminal disease. No medical certification of  
 161 death completed for a patient who received medical aid in dying in accordance with this article shall identify  
 162 suicide or homicide as the cause of death for such person solely because the person was provided medical  
 163 aid in dying pursuant to this article.

164 **§ 54.1-2999.2. Written request for medical aid in dying; form.**

165 A. A written request for medical aid in dying shall be signed and dated by the person requesting medical  
 166 aid in dying and witnessed by at least one individual who, in the presence of the person requesting medical  
 167 aid in dying, attests that to the best of his knowledge and belief, the person is making an informed decision,  
 168 acting voluntarily, and not being coerced into requesting medical aid in dying. The witness shall not be (i) a  
 169 relative of the patient by blood, marriage, or adoption; (ii) entitled to any portion of the patient's estate upon  
 170 his death by will or operation of law; (iii) the patient's attending health care provider; or (iv) an owner,  
 171 operator, or employee of a health care entity in which the patient is a resident or is receiving medical care. If  
 172 the patient is a resident in a long-term care facility at the time the request is made, the witness may be an  
 173 individual designated by the facility and having qualifications specified by regulation of the Board.

174 B. A written request for medical aid in dying shall be executed in substantially the following form:

175 **REQUEST FOR A SELF-ADMINISTERED CONTROLLED SUBSTANCE TO END MY LIFE**

176 I, \_\_\_\_\_, am an adult of sound mind.

177 I am suffering from \_\_\_\_\_, which my attending health care provider has determined is a  
 178 terminal disease and which has been confirmed by a consulting health care provider or I am enrolled in  
 179 hospice.

180 I have been fully informed of my diagnosis, the prognosis, the nature of the self-administered controlled  
 181 substance to be prescribed and potential associated risks, the expected result, and the feasible alternatives,  
 182 including comfort care, hospice, and pain control.

183      *I request that my attending health care provider prescribe a self-administered controlled substance that  
184      will end my life.*

185      **INITIAL ONE:**

186       *I have informed my family of my decision and taken their opinions into consideration.*

187       *I have decided not to inform my family of my decision.*

188       *I have no family to inform of my decision.*

189      *I understand that I have the right to rescind this request at any time.*

190      *I understand the full import of this request, and I expect to die when I take the self-administered  
191      controlled substance to be prescribed. I further understand that, although most deaths occur within three  
192      hours, my death may take longer, and my attending health care provider has counseled me about this  
193      possibility.*

194      *I make this request voluntarily and without reservation, and I accept full moral responsibility for my  
195      actions.*

196      Name: \_\_\_\_\_

197      Signed: \_\_\_\_\_

198      Dated: \_\_\_\_\_

199      **DECLARATION OF WITNESS**

200      *I declare that the person signing this request:*

201      1. *Is personally known to me or has provided proof of identity;*

202      2. *Signed this request in my presence;*

203      3. *Appears to be of sound mind and not under duress, fraud, or undue influence; and*

204      4. *Is not a person for whom I am the attending health care provider.*

205      *I also declare that my signature complies with the following: The witness shall not be a relative by blood,  
206      marriage, or adoption of the person signing this request; shall not be entitled to any portion of the person's  
207      estate upon death; and shall not be the person's attending health care provider.*

208      Witness Name: \_\_\_\_\_

209      Signature: \_\_\_\_\_

210      Date: \_\_\_\_\_

211      Witness Name: \_\_\_\_\_

212      Signature: \_\_\_\_\_

213      Date: \_\_\_\_\_

214      **§ 54.1-2999.3. Capacity; informed decision regarding medical aid in dying.**

215      *No person who is otherwise mentally capable of making an informed decision regarding medical aid in  
216      dying and who is able to communicate by means other than speech shall be deemed incapable of making an  
217      informed decision regarding medical aid in dying.*

218      **§ 54.1-2999.4. Effect on wills, contracts, insurance, and annuities.**

219      A. *Any provision of a contract, will, or other agreement, written or oral, shall be invalid to the extent that  
220      it would affect whether a person may make or rescind a request for a self-administered controlled substance  
221      to end his life.*

222      B. *Notwithstanding subsection B of § 38.2-3106, the fact that a patient requests and administers a self-  
223      administered controlled substance to end his life pursuant to the provisions of this article shall not be a  
224      defense in any action, motion, or other proceeding on a life, health, or accident insurance policy or annuity  
225      contract that (i) was issued to any person residing in the Commonwealth at the time of issuance or (ii) is  
226      otherwise subject to the laws of the Commonwealth to recover for the death of that person.*

227      C. *It is unlawful for an insurer to deny or alter health care benefits otherwise available to an individual  
228      with a terminal disease based on the availability of medical aid in dying or otherwise attempt to coerce an  
229      individual with a terminal disease to make a request for a self-administered controlled substance to end his  
230      life..*

231      D. *An insurance plan, including medical assistance provided by the Department of Medical Assistance  
232      Services, shall not deny or alter benefits to an individual with a terminal disease who is a covered beneficiary  
233      of a health insurance plan based on the availability of medical aid in dying, the individual's request for a  
234      self-administered controlled substance to end his life pursuant to this act, or the absence of a request for  
235      medication pursuant to this act.*

236      E. *The sale, procurement, or issuance of a life, health, or accident insurance policy or an annuity policy,  
237      or the rate charged for such a policy, shall not be conditioned upon or affected by an individual's act of  
238      making or rescinding a request for a self-administered controlled substance to end his life pursuant to this  
239      act.*

240      **§ 54.1-2999.5. Claims by governmental entities for costs incurred.**

241      *Any governmental entity that incurs costs resulting from a person ending his life pursuant to the  
242      provisions of this article in a public place shall have a claim against the estate of the person to recover such  
243      costs and reasonable attorney fees related to enforcing the claim.*

244      **§ 54.1-2999.6. Prohibited acts; penalty.**

245 A. A person who without authorization of the patient willfully and deliberately alters, forges, conceals, or  
 246 destroys a patient's request, or rescission of request, for a self-administered controlled substance to end his  
 247 life with the intent and effect of causing the patient's death is guilty of a Class 2 felony.

248 B. A person who coerces, intimidates, or exerts undue influence on a patient to request a self-  
 249 administered controlled substance for the purpose of ending the patient's life or to destroy the patient's  
 250 rescission of such request with the intent and effect of causing the patient's death is guilty of a Class 2 felony.

251 C. A person who coerces, intimidates, or exerts undue influence on a patient to forgo requesting or  
 252 obtaining a self-administered controlled substance for the purpose of ending the patient's life pursuant to this  
 253 article is guilty of a Class 2 felony.

254 D. Nothing in this article authorizes a provider or any other person, including the qualifying patient, to  
 255 end the qualifying patient's life by lethal injection, lethal infusion, mercy killing, homicide, murder,  
 256 manslaughter, euthanasia, or any other criminal act.

257 E. Actions taken in accordance with this article do not, for any purposes, constitute suicide, assisted  
 258 suicide, euthanasia, mercy killing, homicide, murder, manslaughter, elder abuse or neglect, or any other civil  
 259 or criminal violation under the law.

260 F. Nothing in this article limits further liability for civil damages resulting from other negligent conduct  
 261 or intentional misconduct by any person.

262 G. The penalties in this article do not preclude criminal penalties under other applicable law for conduct  
 263 that is inconsistent with the provisions of this article.

264 **§ 54.1-2999.7. Immunity of health care providers; medical aid in dying.**

265 A. If a health care provider is unable or unwilling to fulfill an individual's request for a self-administered  
 266 controlled substance to end his life pursuant to this article, the health care provider shall (i) document in the  
 267 medical record the date of the individual's request and the health care provider's notice to the individual of  
 268 his inability or unwillingness to provide medical aid in dying and (ii) upon request, transfer the individual's  
 269 medical records to an alternative health care provider, consistent with federal and state law.

270 B. Except as provided in § 54.1-2999.6, no health care provider shall be subject to civil or criminal  
 271 liability, disciplinary action, loss of privileges, or other penalty for providing medical aid in dying to a  
 272 qualifying patient in good faith in accordance with this article or declining to provide medical aid in dying to  
 273 a qualifying patient, and providing medical aid in dying to a qualifying patient in good faith in accordance  
 274 with this article or declining to provide medical aid in dying to a qualifying patient shall not constitute  
 275 unprofessional conduct for purposes of § 54.1-2915.

276 C. A person or health care entity shall not be subject to civil or criminal liability, licensing sanctions, or  
 277 other professional disciplinary action for actions taken in good faith compliance with this article.

278 **§ 54.1-2999.8. Authority of health care entity to prohibit medical aid in dying.**

279 A. Notwithstanding the provisions of § 54.1-2999.7, a health care entity may prohibit the performance of  
 280 acts pursuant to this article on its premises by another health care entity, provided that the prohibiting health  
 281 care entity has (i) adopted a written policy prohibiting the provision of medical aid in dying to qualifying  
 282 patients on its premises; (ii) given written notice of such policy, including a written copy of such policy, to  
 283 each health care entity providing health care services on its premises; and (iii) made written notice of such  
 284 policy, including a written copy of such policy, available to the public.

285 B. A health care entity that has adopted a policy prohibiting the provision of medical aid in dying on its  
 286 premises and provided written notice of such policy in accordance with the requirements of subsection A may  
 287 impose any of the following sanctions against a health care provider that provides medical aid in dying to a  
 288 qualifying patient on its premises: (i) loss of privileges, loss of membership, or any other sanction authorized  
 289 by the medical staff bylaws, policies, and procedures of the sanctioning health care entity if the sanctioned  
 290 health care provider is a member of the sanctioning health care entity's medical staff; (ii) termination of a  
 291 lease or other property contract between the sanctioning health care entity and a health care entity that  
 292 provides medical aid in dying to a qualifying patient on the sanctioning health care entity's premises or other  
 293 imposition of nonmonetary remedies provided by such lease or other property contract; or (iii) termination of  
 294 contract between the sanctioning health care entity and a health care entity that provides medical aid in  
 295 dying to a qualifying patient on the sanctioning health care entity's premises or imposition of other  
 296 nonmonetary remedies provided by such contract if the health care entity that provided medical aid in dying  
 297 to a qualifying patient was acting within the course and scope of his capacity as an employee or independent  
 298 contractor of the sanctioning health care entity.

299 C. Nothing in this section shall be construed to prevent a health care provider who is employed by or an  
 300 independent contractor of a health care entity that has adopted a policy prohibiting the provision of medical  
 301 aid in dying on its premises from performing acts pursuant to this article on property not located on the  
 302 premises of a health care entity that has adopted a policy prohibiting the provision of medical aid in dying on  
 303 its premises, provided he is acting outside the scope of his employment or contract.

304 For purposes of this subsection, the following acts shall not be considered to be acts performed pursuant  
 305 to this article: (i) making an initial determination that a patient has a terminal disease and informing the  
 306 patient of his medical prognosis; (ii) providing information about the provisions of this article to a patient

307    upon the patient's request; (iii) referring a patient to another health care entity upon the patient's request; or  
308    (iv) entering into an agreement to perform acts pursuant to this article at a location that is not on the  
309    premises of a health care entity that has adopted a policy prohibiting the provision of medical aid in dying on  
310    its premises and while acting other than as an employee or independent contractor of such health care entity  
311    while on the premises of a health care entity that has adopted a policy prohibiting the provision of medical  
312    aid in dying on its premises.

313    **§ 54.1-2999.9. Information regarding medical aid in dying.**

314    *The Board shall:*

315    1. Adopt rules to facilitate the collection of information regarding compliance with the provisions of this  
316    article. Except as otherwise required by law, such information shall not be a public record or be made  
317    available for public inspection;

318    2. Annually review a sample of records maintained by attending health care providers who provide  
319    medical aid in dying to qualifying patients; and

320    3. Make available to the public an annual statistical report of nonidentifying information collected  
321    pursuant to this section.

322    2. **That the Board of Medicine shall adopt regulations that establish (i) qualifications for a witness  
323    designated by a long-term care facility to sign a resident patient's request for a self-administered  
324    controlled substance for the purpose of ending his life pursuant to subsection A of § 54.1-2999.2 of the  
325    Code of Virginia, as created by this act, and (ii) a list of acceptable documents that attending health  
326    care providers shall use to verify a patient's Virginia residency.**

327    3. That the provisions of this act may result in a net increase in periods of imprisonment or  
328    commitment. Pursuant to § 30-19.1:4 of the Code of Virginia, the estimated amount of the necessary  
329    appropriation cannot be determined for periods of imprisonment in state adult correctional facilities;  
330    therefore, Chapter 725 of the Acts of Assembly of 2025 requires the Virginia Criminal Sentencing  
331    Commission to assign a minimum fiscal impact of \$50,000. Pursuant to § 30-19.1:4 of the Code of  
332    Virginia, the estimated amount of the necessary appropriation cannot be determined for periods of  
333    commitment to the custody of the Department of Juvenile Justice.