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HOUSE BILL NO. 1207

Offered January 14, 2026

Prefiled January 14, 2026

A BILL to amend the Code of Virginia by adding in Title 60.2 a chapter numbered 8, consisting of sections numbered 60.2-800 through 60.2-821, relating to paid family and medical leave insurance program; notice requirements; civil action.

Patrons—Sewell, Downey, Mehta, Torian, Anthony, Askew, Bennett-Parker, Bulova, Callsen, Carr, Carroll, Cohen, Cole, J.G., Convirs-Fowler, Cousins, Delaney, Dougherty, Feggans, Franklin, M.A., Gardner, Guzman, Hayes, Helmer, Henson, Hernandez, Herring, Hope, Keys-Gamarra, Krizek, Laufer, LeVere, Bolling, Lopez, Maldonado, Martinez, McClure, McGuire, McQuinn, Nivar, Price, Reaser, Schmidt, Seibold, Shin, Simon, Simonds, Thomas, Thornton, Tran, Ward, Watts and Willett

Referred to Committee on Labor and Commerce

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Title 60.2 a chapter numbered 8, consisting of sections numbered 60.2-800 through 60.2-821, as follows:

CHAPTER 8.

PAID FAMILY AND MEDICAL LEAVE INSURANCE PROGRAM.

§ 60.2-800. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Application year" means the 12-month period beginning on the first day of the calendar week in which an individual files an application for family and medical leave benefits.

"Armed Forces" means the Armed Forces of the United States, the Reserves of the Armed Forces of the United States, or the Virginia National Guard.

"Board" means the Paid Family and Medical Leave Advisory Board.

"Child" includes a child of any age, including an adult child.

"Covered individual" means any individual other than an employee of the Commonwealth who:

1. Either:

a. Meets the minimum monetary eligibility criteria set forth in subdivision A 1 of § 60.2-612; or

b. Is self-employed, elects coverage, and meets the requirements of § 60.2-802;

2. Meets the administrative requirements outlined in this chapter and in regulations; and

3. Submits an application.

"Covered service member" means either (i) a member of the Armed Forces who is (a) undergoing medical treatment, recuperation, or therapy; (b) otherwise in outpatient status; or (c) otherwise on the temporary disability retired list for a serious injury or illness that was incurred by the member in the line of duty while on active duty in the Armed Forces, or a serious injury or illness that existed before the beginning of the member's active duty and was aggravated by service in the line of duty, or (ii) a former member of the Armed Forces who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness that was incurred by the member in the line of duty while on active duty in the Armed Forces, or a serious injury or illness that existed before the beginning of the member's active duty and was aggravated by service in the line of duty and manifested before or after the member was discharged or released from service.

"Domestic partner" means a person not less than 18 years of age who (i) is dependent upon the covered individual for support as shown by either unilateral dependence or mutual interdependence that is evidenced by a nexus of factors, including (a) common ownership of real or personal property, (b) common householding, (c) children in common, (d) signs of intent to marry, (e) shared budgeting, and (f) the length of the personal relationship with the covered individual, or (ii) has registered as the domestic partner of the covered individual with any registry of domestic partnerships maintained by the employer of either party, or in any state, county, city, town, or village in the United States.

"Employer" has the same meaning as provided in § 60.2-210, except that, for the purposes of this chapter, "employer" does not include the Commonwealth.

"Family and medical leave benefits" means the benefits provided under the terms of this chapter.

"Family member" means:

1. A biological, adopted, or foster child, a stepchild or legal ward, a child of a domestic partner, or a child to whom the covered individual stands in loco parentis;

2. A biological, adoptive, or foster parent, stepparent, or legal guardian of a covered individual or a covered individual's spouse or domestic partner, or a person who stood in loco parentis when the covered individual or the covered individual's spouse or domestic partner was a minor child;

55 3. A person to whom the covered individual is legally married under the laws of any state, or a domestic
 56 partner of a covered individual;

57 4. A grandparent, grandchild, or sibling, whether through a biological, foster, adoptive, or step
 58 relationship, of the covered individual or the covered individual's spouse or domestic partner; or

59 5. Any individual whose close association with a covered individual is the equivalent of a family
 60 relationship.

61 "FMLA" means the federal Family and Medical Leave Act, 29 U.S.C. § 2601 et seq.

62 "Fund" means the Family and Medical Leave Insurance Trust Fund established under § 60.2-805.

63 "Health care provider" means a person licensed under the law of the jurisdiction in which such person
 64 practices to provide medical or emergency services, including doctors, nurses, emergency room personnel,
 65 and certified midwives.

66 "Military member" means a member of the Armed Forces.

67 "Next of kin" has the meaning ascribed thereto in § 101(17) of the FMLA, 29 U.S.C. § 2611(17).

68 "Qualifying exigency leave" means leave based on a need arising out of a covered individual's family
 69 member's active duty service or notice of an impending call or order to active duty in the Armed Forces,
 70 including providing for the care or other needs of the military member's child or other family member,
 71 making financial or legal arrangements for the military member, attending counseling, attending military
 72 events or ceremonies, spending time with the military member during a rest and recuperation leave or
 73 following return from deployment, or making arrangements following the death of the military member.

74 "Retaliatory personnel action" means denial of any right guaranteed under this chapter, including any
 75 threat, discharge, suspension, demotion, or reduction of hours, any other adverse action against a covered
 76 individual for the exercise of any right guaranteed under this chapter, or reporting or threatening to report a
 77 covered individual's suspected citizenship or immigration status or the suspected citizenship or immigration
 78 status of a family member of the covered individual to a federal, state, or local agency. "Retaliatory
 79 personnel action" also includes interference with or punishment for in any manner participating in or
 80 assisting an investigation, proceeding, or hearing under this chapter.

81 "Safety services" means:

82 1. Legal or law-enforcement assistance or remedies to ensure the health and safety of an individual,
 83 including preparing for and participating in protective order proceedings or other civil or criminal legal
 84 proceedings related to domestic violence, harassment, sexual assault, or stalking;

85 2. Medical treatment or recovery services for injuries caused by domestic violence, harassment, sexual
 86 assault, or stalking;

87 3. Counseling from a licensed mental health professional relating to an experience of domestic violence,
 88 harassment, sexual assault, or stalking;

89 4. Services from a victim services provider; and

90 5. Relocation and home security services to ensure the safety of an individual who has experienced
 91 domestic violence, harassment, sexual assault, or stalking.

92 "Serious health condition" means an illness, injury, impairment, pregnancy, recovery from childbirth, or
 93 physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care
 94 facility or continuing treatment by a health care provider.

95 "Workweek" means a calendar week.

96 **§ 60.2-801. Paid family and medical leave insurance program.**

97 A. By January 1, 2028, the Commission shall establish and administer a paid family and medical leave
 98 insurance program and shall begin collecting contributions as provided in this chapter. By January 1, 2029,
 99 the Commission shall begin receiving claims and paying family and medical leave benefits to covered
 100 individuals.

101 B. Information contained in the files and records relating to a claimant under this chapter are
 102 confidential and not open to public inspection other than to public employees in the performance of their
 103 official duties. However, such claimant or an authorized representative of such claimant may review such
 104 files and records or receive specific information from such records upon the presentation of such claimant's
 105 signed authorization.

106 C. The Department of Human Resource Management shall adopt rules to ensure that its policies relating
 107 to family and medical leave for employees of the Commonwealth, including parental leave under § 2.2-1210,
 108 provide employees of the Commonwealth with leave benefits equal to or greater than the leave benefits
 109 provided to a covered individual under the paid family and medical leave insurance program pursuant to this
 110 chapter, including as described in subdivision A 1 of § 60.2-816.

111 D. The Commissioner shall adopt regulations as necessary to implement this chapter, including (i) a
 112 process for receiving claims filed under this chapter, (ii) the form of any application, (iii) the timeline and
 113 process for providing notice of a claim to an employer, (iv) the timeline and process for making initial claim
 114 determinations, and (v) the timeline and process for requesting information prior to any decision on a claim
 115 being rendered.

116 **§ 60.2-802. Eligibility for benefits; certification.**

117 A. Beginning January 1, 2029, family and medical leave benefits shall be payable to any covered
118 individual who:

119 1. Because of birth, adoption, or placement through foster care, is caring for a new child during the first
120 year after the birth, adoption, or placement of that child;

121 2. Is caring for a family member with a serious health condition;

122 3. Has a serious health condition that makes the covered individual unable to perform the functions of the
123 position of such individual's employment;

124 4. Is caring for a covered service member who is the covered individual's next of kin or other family
125 member;

126 5. Is eligible for qualifying exigency leave arising out of the fact that a family member of the covered
127 individual is on active duty, or has been notified of an impending call or order to active duty, in the Armed
128 Forces; or

129 6. Is seeking safety services for the covered individual or a family member.

130 B. A claim for family and medical leave benefits shall include one of the following supporting
131 certifications:

132 1. For a claimant seeking family and medical leave benefits due to a serious health condition, certification
133 from a physician or health care provider (i) describing such condition, (ii) stating the date on which such
134 condition commenced or is expected to commence and the probable duration of such condition, (iii) including
135 a statement that such claimant is unable to perform job functions due to such condition, and (iv) including
136 other appropriate medical facts as required by the Commission. Such certification shall be provided between
137 60 days prior to and 90 days after the start date of leave.

138 2. For a claimant seeking family and medical leave benefits due to the serious health condition of a family
139 member, certification from a physician or health care provider (i) describing such condition, (ii) stating the
140 date on which such condition commenced or is expected to commence and the probable duration of such
141 condition, (iii) including a statement that such condition requires such claimant to care for such family
142 member and an estimated duration of such care, and (iv) including other appropriate medical facts as
143 required by the Commission. Such certification shall be provided between 60 days prior to and 90 days after
144 the start date of leave.

145 3. For a claimant seeking family and medical leave benefits due to the birth of a child, certification in the
146 form of either (i) such child's birth certificate or (ii) another document issued by a health care provider or
147 physician stating such child's birth date.

148 4. For a claimant seeking family and medical leave benefits due to the placement of a child with such
149 claimant for adoption or foster care, certification in the form of a document issued by such child's health care
150 provider or physician, by an adoption or foster care agency involved in such placement, or by other
151 individuals as determined by the Commission that verifies the occurrence and date of such placement.

152 5. For a claimant seeking family and medical leave benefits for qualifying exigency leave, certification
153 including (i) a copy of the family member's active-duty orders, (ii) other documentation issued by the Armed
154 Forces, or (iii) other documentation as permitted by the Commission.

155 6. For a claimant seeking family and medical leave benefits in order to care for a family member who is a
156 covered service member, certification including (i) the date on which the serious health condition commenced
157 or is expected to commence, (ii) the probable duration of the condition, (iii) the appropriate medical facts
158 within the knowledge of the health care provider as required by the Commission, (iv) a statement that the
159 claimant is needed to care for the family member, (v) an estimate of the amount of time that the claimant is
160 needed to care for the family member, and (vi) an attestation by the claimant that the health condition is
161 connected to the covered service member's military service as required by this chapter. Such certification
162 shall be provided between 60 days prior to and 90 days after the start date of leave.

163 7. For a claimant seeking family and medical leave benefits to seek safety services, a signed statement by
164 the covered individual certifying that such benefits are required.

165 C. Any medical or health information required under this section shall be confidential and shall not be
166 disclosed except with permission from the claimant providing such information unless disclosure is otherwise
167 required by law. Nothing in this section shall be construed to require a claimant to provide as certification
168 any information from a health care provider that would be in violation of § 32.1-127.1:03, § 1177 of the
169 Social Security Act, 42 U.S.C. § 1320d-6, or the regulations promulgated under § 264(c) of the Health
170 Insurance Portability and Accountability Act of 1996, P.L. 104-191.

171 **§ 60.2-803. Duration of benefits.**

172 A. Family and medical leave benefits shall be payable under § 60.2-801 for a maximum of 12 weeks in an
173 application year for any covered individual.

174 B. Family and medical leave benefits shall be payable to a covered individual starting the first calendar
175 day in an application year that such covered individual meets the eligibility requirements of § 60.2-802.

176 C. The first payment of family and medical leave benefits shall be made to a covered individual no later
177 than two weeks after (i) the Commission has approved an initial claim pursuant to this chapter or (ii) the
178 duration of leave pursuant to an approved claim pursuant to this chapter has commenced. Subsequent

179 *payments shall be made at least every two weeks thereafter.*

180 **§ 60.2-804. Amount of benefits.**

181 *A. A covered individual's weekly benefit amount shall be 80 percent of such covered individual's average*
182 *weekly wages during the 12 months preceding such covered individual's initial claim filing, or 80 percent of*
183 *such covered individual's average weekly wages during the time such covered individual worked if less than*
184 *12 months, subject to the maximum specified in subsection C.*

185 *B. A covered individual's minimum weekly benefit amount shall not be less than \$100 per week except that*
186 *if such covered individual's average weekly wage is less than \$100 per week, the weekly benefit amount shall*
187 *be such covered individual's full wage.*

188 *C. A covered individual's maximum weekly benefit amount shall be 100 percent of the state average*
189 *weekly wage, as defined in subsection B of § 65.2-500. By September 30 of each year, the Commission shall*
190 *adjust the maximum weekly benefit to reflect any changes in such state average weekly wage. The adjusted*
191 *maximum weekly benefit amount shall take effect on the following January 1.*

192 *D. Claims pursuant to this chapter shall be payable for at least eight hours of family and medical leave*
193 *accrued in one workweek unless the Commission sets a lower threshold.*

194 **§ 60.2-805. Family and Medical Leave Insurance Trust Fund; appropriation prohibition;**
195 **reimbursement.**

196 *A. There is hereby created in the state treasury a special nonreverting fund to be known as the Family and*
197 *Medical Leave Insurance Trust Fund. The Fund shall be established on the books of the Comptroller. All*
198 *payroll contributions remitted pursuant to this chapter, all funds appropriated for the purposes of the Fund,*
199 *and any gifts, donations, grants, bequests, and other funds shall be paid into the state treasury and credited*
200 *to the Fund. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any*
201 *moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the*
202 *general fund but shall remain in the Fund.*

203 *B. Moneys in the Fund shall be used solely for the payment of benefits under the paid family and medical*
204 *leave insurance program established by the Commission pursuant to this chapter, the administration of such*
205 *program, and any start-up costs associated with such program, including any required payment as provided*
206 *in subsection D.*

207 *C. The General Assembly shall not appropriate or transfer any of the payroll contributions remitted to the*
208 *Fund for any purpose other than purposes provided for in this section.*

209 *D. Any moneys provided in the appropriation act for the purposes of establishing the paid family and*
210 *medical leave insurance program shall be repaid from the Fund to the general fund by January 1, 2034.*

211 *E. Expenditures and disbursements from the Fund shall be made by the State Treasurer on warrants*
212 *issued by the Comptroller upon written request signed by the Commissioner or his designee.*

213 **§ 60.2-806. Contributions.**

214 *A. Payroll contributions to the Fund shall be authorized in order to finance the payment of benefits under*
215 *and the administration of the paid family and medical leave insurance program.*

216 *B. Beginning on July 1, 2028, each employer shall remit to the Fund contributions in the form and*
217 *manner determined by the Commission. No later than October 1, 2027, and annually thereafter, the*
218 *Commissioner shall fix the contribution rate for the coming calendar year in the manner described in this*
219 *subsection, taking into account the repayment requirement provided for in subsection D of § 60.2-805. For*
220 *calendar years 2028 and 2029, the Commissioner shall fix such contribution rate based on sound actuarial*
221 *principles. For calendar year 2030 and thereafter, the Commissioner shall first certify and publish the*
222 *following information:*

223 *1. The total amounts of the previous fiscal year's expenditures for (i) family and medical leave benefits*
224 *paid and (ii) the administration of the paid family and medical leave insurance program;*

225 *2. The total amount remaining in the Fund at the close of such fiscal year; and*

226 *3. The amount by which the contribution rate shall be adjusted to ensure that the projected balance of the*
227 *Fund as a percentage of total program expenditure does not fall below 40 percent. The contribution rate*
228 *adjustment, if any, made as the result of the Commissioner's certification and report under this subsection*
229 *shall supersede the rate previously set forth and shall become effective on January 1 of the following*
230 *calendar year.*

231 *C. A self-employed individual electing coverage under § 60.2-815 shall be responsible for the employer's*
232 *share of contributions set forth in subsection B on that individual's income from self-employment.*

233 *D. Each employer of more than 10 employees shall (i) deduct from each employee's wages an amount*
234 *equal to 50 percent, or such lesser percentage as may be agreed upon by such employer and employee, of the*
235 *contribution required per employee pursuant to subsection B and (ii) remit the full contribution required per*
236 *employee pursuant to subsection B to the Commission for deposit into the Fund.*

237 *E. Each employer of 10 or fewer employees shall deduct from each employee's wages an amount equal to*
238 *50 percent of the contribution per employee required of an employer of more than 10 employees pursuant to*
239 *subsection B. Such employer of 10 or fewer employees shall remit such deducted amount to the Commission*
240 *for deposit into the Fund and shall not be required to make additional contributions.*

241 *F. Contributions under this section shall not be required for an employee's wages or an individual's*
 242 *income from self-employment above the contribution and benefit base limit established annually by the*
 243 *federal Social Security Administration for purposes of the federal Old-Age, Survivors, and Disability*
 244 *Insurance Benefits program limits pursuant to 42 U.S.C. § 430.*

245 **§ 60.2-807. Reduced leave schedule.**

246 *A. A covered individual shall have the option to receive paid family and medical leave benefits on an*
 247 *intermittent or reduced leave schedule in which all of the leave authorized under this chapter is not taken*
 248 *sequentially. Family and medical leave benefits for an intermittent or reduced leave schedule shall be*
 249 *prorated.*

250 *B. Such covered individual shall make a reasonable effort to schedule paid family and medical leave*
 251 *taken pursuant to this section so as not to unduly disrupt the operations of such covered individual's*
 252 *employer. Such covered individual shall provide such employer with prior notice of the schedule on which*
 253 *such covered individual will be taking the leave, to the extent practicable. Paid family and medical leave*
 254 *taken pursuant to this section shall not result in a reduction of the total amount of leave to which a covered*
 255 *individual is entitled beyond the amount of leave actually taken.*

256 **§ 60.2-808. Leave and employment protection; remedies.**

257 *A. Any covered individual who receives family and medical leave benefits shall, upon the expiration of*
 258 *such leave, be entitled to restoration by the employer to the position held by such covered individual when*
 259 *such leave commenced, or to a position with equivalent seniority, status, employment benefits, pay, and other*
 260 *terms and conditions of employment, including fringe benefits and service credits, to which the covered*
 261 *individual had been entitled at the commencement of such leave.*

262 *B. During any leave taken pursuant to this chapter, an employer shall maintain any health care benefits to*
 263 *which a covered individual was entitled prior to taking such leave as if the covered individual had continued*
 264 *working continuously from the date such covered individual commenced the leave until the date such covered*
 265 *individual returns from leave, and such covered individual shall continue to pay his share of the cost of*
 266 *health care benefits as required prior to the commencement of the leave.*

267 *C. Any employer that violates this section or § 60.2-809 shall be liable to any affected covered individual*
 268 *for:*

269 *1. Damages equal to:*

270 *a. The amount of:*

271 *(1) Any wages, salary, employment benefits, or other compensation denied or lost to such covered*
 272 *individual due to the violation; or*

273 *(2) In a case in which wages, salary, employment benefits, or other compensation has not been denied or*
 274 *lost to the covered individual, any actual monetary losses sustained by the covered individual due to the*
 275 *violation, such as the cost of providing care, up to a sum equal to 12 weeks of wages or salary for the*
 276 *covered individual;*

277 *b. Interest on the amount described in subdivision a, calculated at the legal rate; and*

278 *c. An additional amount as liquidated damages equal to the sum of the amount described in subdivision a*
 279 *and the interest described in subdivision b, except that if an employer who has violated this section or*
 280 *§ 60.2-809 proves to the satisfaction of the court that the act or omission that violated this section or*
 281 *§ 60.2-809 was in good faith and that the employer had reasonable grounds for believing that the act or*
 282 *omission was not a violation of this section or § 60.2-809, such court may reduce the amount of the liability*
 283 *to the amount and interest determined under subdivisions a and b, respectively; and*

284 *2. Such equitable relief as may be appropriate, including employment, reinstatement, and promotion.*

285 *D. The court in an action to recover such damages or equitable relief prescribed in subsection C shall, in*
 286 *addition to any judgment awarded to the plaintiff, allow reasonable attorney fees, reasonable expert witness*
 287 *fees, and other costs of the action to be paid by the defendant.*

288 *E. Except as provided in subsection F, an action may be brought for a violation of this section or*
 289 *§ 60.2-809 not later than two years after the date of the last event constituting the alleged violation for which*
 290 *the action is brought.*

291 *F. In the case of such action brought for a willful violation of this section or § 60.2-809, such action may*
 292 *be brought within three years of the date of the last event constituting the alleged violation for which such*
 293 *action is brought.*

294 **§ 60.2-809. Retaliatory personnel actions prohibited.**

295 *A. No employer or other person shall interfere with, restrain, or deny the exercise of, or the attempt to*
 296 *exercise, any right protected under this chapter.*

297 *B. No employer, employment agency, employee organization, or other person shall take retaliatory*
 298 *personnel action or otherwise discriminate against an individual due to such individual's lawful exercise of*
 299 *rights protected under this chapter. Such rights include the right to request, file for, apply for, or use benefits*
 300 *provided for under this chapter; the right to communicate to the employer or any other person or entity that*
 301 *such individual (i) intends to file a claim, a complaint with the Commission or a court, or an appeal or (ii)*
 302 *has testified in, intends to testify in, or has otherwise assisted in any investigation, hearing, or proceeding*

303 under this chapter; the right to inform any person about any employer's alleged violation of this chapter; and
304 the right to inform any individual of the individual's rights under this chapter.

305 C. It is unlawful for an employer's absence control policy to count paid family and medical leave taken
306 under this chapter as an absence that may lead to or result in discipline, discharge, demotion, suspension, or
307 any other adverse action.

308 D. Protections of this section shall apply to any person who mistakenly but in good faith alleges a
309 violation of this chapter.

310 E. This section shall be enforced as provided in subsections C through F of § 60.2-808.

311 **§ 60.2-810. Coordination of benefits; applicability of chapter.**

312 A. Leave taken with wage replacement under this chapter that also qualifies as leave under the FMLA
313 shall run concurrently with leave taken under the FMLA.

314 B. An employer may require that payments made pursuant to this chapter be made concurrently or
315 otherwise coordinated with payments made or leave allowed under the terms of disability or family care
316 leave under a collective bargaining agreement or employer policy. Such employer shall give employees
317 written notice of this requirement.

318 C. Nothing in this chapter shall be construed to limit or reduce an employer's obligation to comply with a
319 collective bargaining agreement, an employer policy, or any other provision of law requiring more generous
320 leave.

321 D. No provision of this chapter shall apply to an employer or employee as such terms are defined in 45
322 U.S.C. § 351.

323 E. An individual's right to leave under this chapter shall not be diminished by a collective bargaining
324 agreement entered into or renewed, or an employer policy adopted or retained, after January 1, 2027. Any
325 agreement by an individual to waive the individual's rights under this chapter is void as against public
326 policy.

327 **§ 60.2-811. Notice requirements.**

328 A. An employer shall provide written notice as prescribed in this subsection to each employee upon hiring
329 and annually thereafter. An employer shall also provide such written notice to an employee when such
330 employee requests leave pursuant to this chapter or when the employer acquires knowledge of an employee's
331 intent to take leave that may meet the eligibility requirements of § 60.2-802. Such notice shall include (i) a
332 statement of an employee's right to family and medical leave benefits pursuant to this chapter and the terms
333 under which such benefits may be used; (ii) the amount of family and medical leave benefits available; (iii)
334 the procedure for filing a claim for family and medical leave benefits; (iv) a statement of the right to job
335 protection and benefits continuation under § 60.2-808; (v) a statement that discrimination and retaliatory
336 personnel actions against a person for requesting, applying for, or using family and medical leave benefits
337 are prohibited under § 60.2-809; and (vi) a statement that the employee has a right to file a complaint for a
338 violation of this chapter. An employer shall also display and maintain a poster provided by the Commission
339 in a conspicuous place accessible to employees at the employer's place of business that contains the
340 information required by this section in English, Spanish, and any language that is the first language spoken
341 by at least five percent of the employer's workforce. The Commissioner may adopt regulations to establish
342 additional requirements concerning the means by which employers shall provide such notice.

343 B. An employee seeking to take leave under the provisions of this chapter shall notify his employer as
344 soon as practicable.

345 **§ 60.2-812. Appeals.**

346 A. The Commissioner shall establish a system for appeals within 90 days of a denial of a claim for family
347 and medical leave benefits. In establishing such system, the Commissioner may utilize any and all procedures
348 and appeals mechanisms established under this title.

349 B. Judicial review of any decision with respect to family and medical leave benefits shall be permitted in a
350 court of competent jurisdiction after a party aggrieved thereby has exhausted all administrative remedies
351 established by the Commissioner.

352 C. The Commissioner shall implement procedures to ensure confidentiality of all information related to
353 any claims filed or appeals taken to the maximum extent permitted by applicable laws.

354 **§ 60.2-813. Enforcement.**

355 A. Contributions required by the provisions of § 60.2-806 that are unpaid on the date on which they are
356 due and payable, as prescribed by the Commissioner under this chapter, shall bear interest at the rate of one
357 and one-half percent per month from and after such date until payment plus accrued interest is received by
358 the Commission. Interest collected pursuant to this chapter shall be paid into the Fund. An employer who
359 fails to timely remit a contribution or any portion thereof under § 60.2-806 shall be solely responsible for the
360 interest due under this section.

361 B. If, after notice, any employer defaults in any payment of contributions or interest, the amount due shall
362 be collected by civil action in the name of the Commissioner. The employer adjudged in default shall pay the
363 fees and costs of such action. Civil actions brought under this chapter to collect contributions or interest or
364 any penalty from an employer shall be heard by the court at the earliest possible date. Such civil actions may

365 be brought against any officer, employee, or agent of a corporation or partnership in his individual, personal
 366 capacity when that person willfully fails to cause the employer to pay the appropriate contributions or
 367 interest and he had the authority to do so. No person shall be subject to this section unless it is proved that
 368 such person (i) knew of the failure or attempt to make such payment and (ii) had authority to prevent such
 369 failure or attempt. In addition to the foregoing remedies, the Commissioner shall have such other remedies as
 370 are available to the State Tax Commissioner and county and city treasurers for the collection of taxes
 371 generally. The Commissioner is authorized to compromise, settle, and adjust any contributions, including
 372 interest, or any penalty assessed against any employer where in the judgment of the Commissioner the best
 373 interests of the Commonwealth will be promoted or served. The Commissioner may in such cases accept in
 374 full settlement of the contributions assessed an amount less than that assessed.

375 C. When an unsatisfied execution has been returned by an officer, and the employer against whom the
 376 judgment has been obtained on which the execution was issued continues in default of payment of
 377 contributions, or any portion thereof, such employer may be enjoined from operating and doing business in
 378 the Commonwealth until such contributions have been paid. The Circuit Court of the City of Richmond shall
 379 have exclusive original jurisdiction to grant such injunction upon the complaint of the Commissioner. Notice
 380 of the time and place when the application for the injunction will be made shall be served on the employer
 381 and a copy of the bill of complaint shall be served with the notice.

382 **§ 60.2-814. Erroneous payments and disqualification for benefits.**

383 A. An individual shall be disqualified from family and medical leave benefits for one year if the individual
 384 is determined by the Commissioner to have willfully made a false statement or misrepresentation regarding a
 385 material fact, or willfully failed to report a material fact, to obtain benefits under this chapter.

386 B. If family and medical leave benefits are paid erroneously or as a result of willful misrepresentation, or
 387 if a claim for family and medical leave benefits is rejected after benefits are paid, the Commission may seek
 388 repayment of benefits from the recipient. The Commissioner shall exercise his discretion to waive, in whole
 389 or in part, the amount of any such payments where the recovery would be against equity and good
 390 conscience.

391 **§ 60.2-815. Elective coverage.**

392 A. A self-employed person, including a sole proprietor, partner, or joint venturer, may elect coverage
 393 under this chapter for an initial period of not less than three years. The self-employed person shall file a
 394 notice of election in writing with the Commissioner, as required by the Commission. Such election shall
 395 become effective on the date such notice is filed, provided that such self-employed person agrees to supply
 396 any information concerning income that the Commission deems necessary.

397 B. A self-employed person who has elected coverage may withdraw from coverage within 30 days after
 398 the end of the three-year period of coverage, or at such other times as the Commissioner may prescribe by
 399 rule, by filing written notice with the Commissioner, such withdrawal to take effect not sooner than 30 days
 400 after filing such notice.

401 **§ 60.2-816. Private employer plans; exemption from contributions.**

402 A. Employers may apply to the Commission for approval to meet their obligations under this chapter
 403 through a private plan. The Commission may approve such private plan if the Commission determines that
 404 such private plan:

405 1. Confers all of the same rights, protections, and benefits provided to covered individuals under this
 406 chapter, including:

407 a. The provision of family and medical leave benefits for all purposes specified in subsection A of
 408 § 60.2-802;

409 b. The provision of family and medical leave benefits for the maximum number of weeks required in
 410 § 60.2-803 per application year;

411 c. The provision of family and medical leave benefits as specified in subdivision A 3 § 60.2-802 for a
 412 covered individual with a serious health condition;

413 d. A wage replacement rate for all family and medical leave benefits that equals or exceeds the rate
 414 required by subsection A of § 60.2-804;

415 e. A maximum weekly family and medical leave benefit amount that equals or exceeds the amount
 416 specified in subsection C of § 60.2-804 and a minimum weekly family and medical leave benefit amount that
 417 equals or exceeds the amount specified in subsection B of § 60.2-804;

418 f. The provision of family and medical leave benefits on an intermittent basis as specified in § 60.2-807;

419 g. No additional conditions or restrictions on family and medical leave benefits, or leave taken in
 420 accordance with such benefits, beyond those explicitly authorized by this chapter or regulations issued
 421 pursuant to this chapter;

422 h. The provision of family and medical leave benefits to any employee covered under such private plan
 423 who would otherwise be eligible for such benefits pursuant to this chapter; and

424 i. An employee contribution amount that does not exceed the amount such employee would otherwise
 425 contribute for family and medical leave benefits pursuant to § 60.2-806.

426 2. Complies with the following provisions:

427 a. Such private plan shall provide family and medical leave benefits for all eligible employees throughout
428 the course of their employment;

429 b. If such private plan is in the form of self-insurance, the employer shall furnish a bond to the
430 Commonwealth in a form, amount, and manner determined by the Commission; and

431 c. If such plan is in the form of a third-party provider of insurance, the forms of the policy must be issued
432 by an insurer approved by the Commission.

433 B. The Commission shall withdraw approval for an employer's private plan pursuant to subsection A if
434 such employer violates the terms or conditions of such private plan, including by:

435 a. Failing to pay benefits;

436 b. Failing to pay benefits timely and in a manner consistent with the provisions of this chapter;

437 c. Failing to maintain an adequate surety bond;

438 d. Misusing private plan money;

439 e. Failing to submit reports or comply with other requirements or terms set by the Commission; or

440 f. Failing to comply with this chapter or regulations promulgated pursuant to this chapter.

441 C. An employee covered by a private plan approved under this section shall retain all applicable rights
442 provided in §§ 60.2-808 and 60.2-809.

443 D. A contested determination or denial of family and medical leave insurance benefits by a private plan is
444 subject to appeal before the Commission and any court of competent jurisdiction pursuant to § 60.2-812.

445 E. The Commission shall establish a fine structure for employers and entities offering private plans that
446 violate this section. The Commission shall transfer any fines collected pursuant to this subsection to the state
447 treasurer for deposit into the Fund. The Commission shall establish a process for the determination,
448 assessment, and appeal of fines under this subsection.

449 F. The Commission shall annually determine the total amount expended by the Commission for costs
450 arising from the administration of private plans. Each employer offering a private plan pursuant to this
451 section shall reimburse the Commission for the costs arising out of the private plans in the amount, form, and
452 manner determined by the Commission.

453 **§ 60.2-817. Federal income tax treatment.**

454 If the Internal Revenue Service determines that family and medical leave benefits under this chapter are
455 subject to federal income tax, the Commission shall advise any covered individual filing a new claim for
456 family and medical leave benefits, at the time of filing such claim, that:

457 1. The Internal Revenue Service has determined that benefits are subject to federal income tax;

458 2. Requirements exist pertaining to estimated tax payments;

459 3. The individual may elect to have federal income tax deducted and withheld from the individual's
460 payment of benefits in the amount specified in the federal Internal Revenue Code; and

461 4. The individual is permitted to change a previously elected withholding status.

462 **§ 60.2-818. Reports; public dashboard.**

463 By April 1, 2030, and annually thereafter, the Commission shall report to the General Assembly on
464 projected and actual program participation by purpose listed in § 60.2-802, gender of beneficiaries, race and
465 ethnicity of beneficiaries, age of beneficiaries, amount of benefits paid to beneficiaries per week, premium
466 rates, fund balances, outreach efforts, and, for leaves taken under subdivision A 2 of § 60.2-802, family
467 members for whom leave was taken to provide care.

468 The Commission shall develop and continually update a publicly accessible online dashboard with
469 information including the number of claims filed and approved and the average times for claim approval, in
470 the aggregate and divided by the purpose for which leave is requested, and additional information as the
471 Commission deems appropriate. The dashboard shall be developed and launched no later than the date on
472 which family and medical leave benefits are first paid pursuant to this chapter.

473 **§ 60.2-819. Public education.**

474 The Commission shall develop and conduct a public education campaign to inform workers and
475 employers regarding the availability of family and medical leave benefits. Such campaign shall include
476 multiple ways to communicate to employers and employees about the new benefit system and leave rights,
477 contributions, timeline, and eligibility requirements. Such campaign shall be an ongoing function of the
478 Commission for the duration of the paid family and medical leave insurance program. In conducting and
479 planning such campaign, the Commission shall consult with the Paid Family and Medical Leave Advisory
480 Board established in § 60.2-821 and work with other stakeholders, including chambers of commerce, trade
481 associations, nonprofit organizations, and labor unions, to develop and implement a statewide
482 communication outreach strategy. Such campaign shall also include targeted outreach and education for
483 small businesses. Outreach information shall be available in English, Spanish, Korean, Tagalog, Vietnamese,
484 Urdu, Arabic, and other languages spoken by more than five percent of the Commonwealth's population. The
485 Commission shall deliver to the Board quarterly updates on applications, approvals, and any additional
486 information as requested by the Board.

487 **§ 60.2-820. Sharing technology.**

488 The Commission is encouraged to use state data collection and technology to the extent possible and to

489 integrate the provisions of this chapter with existing state policies. To the extent permitted by law, the
 490 Commonwealth may make relevant data sources from state agencies available to the Commission for
 491 purposes of implementing the provisions of this chapter to increase the efficiency of eligibility and benefit
 492 determinations under this chapter.

493 **§ 60.2-821. Paid Family and Medical Leave Advisory Board.**

494 A. The Paid Family and Medical Leave Advisory Board is established as an advisory board, within the
 495 meaning of § 2.2-2100, in the executive branch of state government. The purpose of the Board is to report to
 496 and advise the Commissioner on the implementation and administration of this chapter.

497 B. The Board shall have a total membership of 18 members that shall consist of five legislative members
 498 and 13 nonlegislative citizen members. Members shall be appointed as follows: two members of the Senate,
 499 to be appointed by the Senate Committee on Rules; three members of the House of Delegates, to be appointed
 500 by the Speaker of the House of Delegates; three nonlegislative citizen members to be appointed by the Senate
 501 Committee on Rules; two nonlegislative citizen members to be appointed by the Speaker of the House of
 502 Delegates; and eight nonlegislative citizen members to be appointed by the Governor, one of whom shall be a
 503 representative of the business community, one of whom shall be a representative of a small business, one of
 504 whom shall be a representative of a labor union, one of whom shall be a representative of an advocacy
 505 organization focused on economic issues impacting children and families, one of whom shall be a
 506 representative of an organization that advocates on behalf of people with serious health conditions or
 507 disabilities, one of whom shall be a public technology expert or a technical advisor on information
 508 technology and data for the Commonwealth, one of whom shall be a human-centered design expert, and one
 509 of whom shall have skill, knowledge, and experience in family and medical leave programs.

510 Nonlegislative citizen members of the Board shall be citizens of the Commonwealth. Legislative members
 511 of the Board shall serve terms coincident with their terms of office.

512 C. Nonlegislative citizen members shall be appointed for a term of four years. Appointments to fill
 513 vacancies, other than by expiration of a term, shall be for the unexpired terms. Vacancies shall be filled in
 514 the same manner as the original appointments. No nonlegislative citizen member shall serve more than two
 515 consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy
 516 shall not constitute a term in determining the member's eligibility for reappointment.

517 D. The Board shall elect a chairman and vice-chairman from among its membership. A majority of the
 518 members shall constitute a quorum. The meetings of the Board shall be held at the call of the chairman, but
 519 no less than four times a year.

520 E. Legislative members of the Board shall receive such compensation as provided in § 30-19.12.
 521 Nonlegislative citizen members of the Board shall not receive compensation but shall be reimbursed for all
 522 reasonable and necessary expenses incurred in the performance of their duties as provided in §§ 2.2-2813
 523 and 2.2-2825.

524 **2. That the Virginia Employment Commission shall promulgate all rules and regulations necessary for**
 525 **implementation of this act by July 1, 2027.**

526 **3. That by January 1, 2029, the Department of Human Resource Management (the Department) shall**
 527 **modify the Commonwealth's policies relating to family and medical leave pursuant to subsection C of**
 528 **§ 60.2-801 of the Code of Virginia, as created by this act. In modifying such policies, the Department**
 529 **shall not reduce any existing leave or benefits available to an employee of the Commonwealth that are**
 530 **more generous than the leave and benefits provided under the paid family and medical leave insurance**
 531 **program, as created by this act.**