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**HOUSE BILL NO. 1319**

Offered January 16, 2026

*A BILL to amend and reenact §§ 60.2-602 and 60.2-619 of the Code of Virginia, relating to unemployment benefits; maximum duration.*

Patrons—Martinez; Senator: Ebbin

Committee Referral Pending

**Be it enacted by the General Assembly of Virginia:****1. That §§ 60.2-602 and 60.2-619 of the Code of Virginia are amended and reenacted as follows:****§ 60.2-602. Weekly benefit amount.**

A. Beginning July 6, 2008, for claims effective on or after July 6, 2008, but before July 6, 2014, an eligible individual's weekly "benefit amount" shall be the amount appearing in Column B in the "Benefit Table" in this ~~section~~ subsection on the line on which in Column A of such table, there appears the total wages for insured work paid to such individual in the two quarters of his base period in which such total wages were highest.

Benefit Table Division C Duration of Benefits beginning July 6, 2008, but before July 6, 2014

B. Beginning July 6, 2014, for claims effective on or after July 6, 2014, but before January 1, 2026, an eligible individual's weekly "benefit amount" shall be the amount appearing in Column B in the "Benefit Table" in this ~~section~~ subsection on the line on which in Column A of such table, there appears the total wages for insured work paid to such individual in the two quarters of his base period in which such total wages were highest.

Benefit Table Division C Duration of Benefits beginning July 6, 2014, but before January 1, 2026

C. Beginning January 1, 2026, for claims effective on or after January 1, 2026, an eligible individual's weekly "benefit amount" shall be the amount appearing in Column B in the "Benefit Table" in this ~~section~~ subsection on the line on which in Column A of such table, there appears the total wages for insured work paid to such individual in the two quarters of his base period in which such total wages were highest.

Benefit Table Division C Duration of Benefits beginning January 1, 2026

D. Beginning July 1, 2026, for claims effective on or after July 1, 2026, an eligible individual's weekly "benefit amount" shall be the amount appearing in Column B in the Benefit Table Division C Duration of Benefits beginning January 1, 2026, in subsection C, on the line on which in Column A of such table, there appears the total wages for insured work paid to such individual in the two quarters of his base period in which such total wages were highest, except that an eligible individual's "weekly benefit" amount shall be paid for a maximum duration of 26 weeks.

**§ 60.2-619. Determinations and decisions by deputy; appeals therefrom.**

A. 1. A representative designated by the Commission as a deputy shall promptly examine the claim. The deputy shall only examine or consider in the claim review process information or evidence from an employer or third party if the deputy (i) has provided the claimant with a reasonable opportunity to review and respond to all potentially disqualifying issues or conflicting or otherwise adverse material facts within such information or evidence, (ii) has documented all material responsive information received from the claimant pursuant to clause (i), and (iii) considers material responsive information in the deputy's evaluation of the claim. On the basis of the facts found by him, the deputy shall either:

a. Determine whether or not such claim is valid, and if valid, the week with respect to which benefits shall commence, the weekly benefit amount payable and the maximum duration thereof, *except that the maximum duration of weekly benefits shall be 26 weeks for claims effective on or after July 1, 2026, pursuant to subsection D of § 60.2-602*; or

b. Refer such claim or any relevant question to the Commission's Administrative Law Division's Office of First Level Appeals or to the Commission, which shall make its determination in accordance with the procedure described in § 60.2-620.

2. When the payment or denial of benefits will be determined by the provisions of subdivision A 2 of § 60.2-612, the deputy shall promptly transmit his full finding of fact with respect to that subdivision to the Commission's Administrative Law Division's Office of First Level Appeals, which shall make its determination in accordance with the procedure described in § 60.2-620.

B. (Effective until July 1, 2028) Upon the filing of an initial claim for benefits, the Commission shall cause an informatory notice of such filing to be mailed to the most recent 30-day or 240-hour employing unit of the claimant and all subsequent employing units, and any reimbursable employing units that may be liable for reimbursement to the Commission for any benefits paid. However, the failure to furnish such notice shall not have any effect upon the claim for benefits. If a claimant has had a determination of initial eligibility for

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benefits under this chapter, as evidenced by the issuance of compensation or waiting-week credit, payments shall continue, subject to a presumption of continued eligibility and in accordance with the terms of this subsection, until a determination is made that provides the claimant notice and an opportunity to be heard. When a question concerning continued eligibility for benefits arises, a determination shall be made as to whether it affects future weeks of benefits or only past weeks. With respect to future weeks, presumptive payment shall be made no later than 21 days after the issue arises, regardless of the type of issue. With respect to past weeks, presumptive payment shall be issued immediately, regardless of the type of issue. Notice shall be given to individuals who receive payments under such presumption that pending eligibility may affect their entitlement to the payment and may result in an overpayment that requires repayment.

B. (Effective July 1, 2028) Upon the filing of an initial claim for benefits, the Commission shall cause an informatory notice of such filing to be mailed to the most recent 30-day or 240-hour employing unit of the claimant and all subsequent employing units, and any reimbursable employing units that may be liable for reimbursement to the Commission for any benefits paid. However, the failure to furnish such notice shall not have any effect upon the claim for benefits.

C. Notice of determination upon a claim, the reasoning behind the decision, and a statement of case-specific facts material to the determination shall be promptly given to the claimant by delivering or by mailing such notice to the claimant's last known address. In addition, notice of any determination that involves the application of the provisions of § 60.2-618, together with the reasons therefor, shall be promptly given in the same manner to the most recent 30-day or 240-hour employing unit by whom the claimant was last employed and any subsequent employing unit which is a party. The Commission may dispense with the giving of notice of any determination to any employing unit, and such employing unit shall not be entitled to such notice if it has failed to respond timely or adequately to a written request of the Commission for information, as required by § 60.2-528.1, from which the deputy may have determined that the claimant may be ineligible or disqualified under any provision of this title. The deputy shall promptly notify the claimant of any decision made by the deputy, the reasoning behind the decision, and a statement of case-specific facts material to the determination at any time which in any manner denies benefits to the claimant for one or more weeks. As used in this subsection, the reasoning behind the decision means an explanation in plain language of (i) the law or regulation upon which the determination is based; (ii) the application of the law to the material information or evidence obtained from the claimant, employer, or third party; and (iii) the legal conclusion drawn from the application of the law to such information or evidence.

D. Such determination or decision shall be final unless the claimant or any such employing unit files an appeal from such determination or decision within 30 calendar days after such notification was mailed or, if the party elects to receive electronic communications pursuant to § 60.2-121.1, electronically delivered to his last known address. Electronic delivery shall include confirmation of receipt. For good cause shown, the 30-day period may be extended. A claim that the Commission has determined to be invalid because of monetary ineligibility shall first be subject to review only upon a request for redetermination pursuant to § 60.2-629. The Commission shall issue a new monetary determination as a result of such review, and such monetary determination shall become final unless appealed by the claimant within 30 days of the date of mailing. The Commission shall clearly set out the process for requesting a redetermination and the process for filing an appeal on each monetary determination issued. Monetary ineligibility does not include an appeal on the effective date of the claim, unless the claimant has requested and received a redetermination of the monetary determination pursuant to § 60.2-629.

E. Benefits shall be paid promptly in accordance with a determination or redetermination under this chapter, or decision of the Commission's Administrative Law Division's Office of First Level Appeals, the Commission, or a reviewing court under § 60.2-625 upon the issuance of such determination, redetermination, or decision, regardless of the pendency of the period to file an appeal or petition for judicial review that is provided in this chapter, or the pendency of any such appeal or review. Such benefits shall be paid unless or until such determination, redetermination, or decision has been modified or reversed by a subsequent redetermination or decision, in which event benefits shall be paid or denied for weeks of unemployment thereafter in accordance with such modifying or reversing redetermination or decision. If a decision of the Commission's Administrative Law Division's Office of First Level Appeals allowing benefits is affirmed in any amount by the Commission, benefits shall continue to be paid until such time as a court decision has become final so that no further appeal can be taken. If an appeal is taken from the Commission's decision, benefits paid shall result in a benefit charge to the account of the employer under § 60.2-530 only when, and as of the date on which, as the result of an appeal, the courts finally determine that the Commission should have awarded benefits to the claimant or claimants involved in such appeal.