



Fiscal Impact Statement for Proposed Legislation

Virginia Criminal Sentencing Commission

Senate Bill 359 (Patron—Boysko)

LD #: 26105032

Date: 1/12/2026

Topic: End of life decision making

Fiscal Impact Summary:

- **State Adult Correctional Facilities:**
\$50,000 *
- **Local Adult Correctional Facilities:**
Cannot be determined, likely to be small
- **Adult Community Corrections Programs:**
Cannot be determined, likely to be small

- **Juvenile Direct Care:**
Cannot be determined**
- **Juvenile Detention Facilities:**
Cannot be determined**

**Provided by the Department of Juvenile Justice

* The estimated amount of the necessary appropriation cannot be determined for periods of imprisonment in state adult correctional facilities; therefore, Chapter 725 of the Acts of Assembly of 2025 requires the Virginia Criminal Sentencing Commission to assign a minimum fiscal impact of \$50,000.

Pursuant to § 30-19.1:4, fiscal impact statements prepared by the Virginia Criminal Sentencing Commission only include the estimated increase in operating costs associated with additional state-responsible prison beds and do not reflect any other costs or savings that may be associated with the proposed legislation.

Summary of Proposed Legislation:

The proposal amends § 8.01-622.1 and adds several sections to the *Code of Virginia* to establish provisions for medical aid in dying. The proposal defines numerous terms and specifies protocols through which an adult diagnosed with a terminal disease may request, and an attending health care provider may prescribe, a self-administered controlled substance for the purpose of ending the patient's life.

The proposal establishes three new felonies. A person who, without authorization, willfully and deliberately alters, forges, conceals, or destroys a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death would be guilty of a Class 2 felony. A person who coerces, intimidates, or exerts undue influence on a patient to request medication to end his life, or to destroy the patient's rescission of such request, with the intent and effect of causing the patient's death would also be guilty of a Class 2 felony. A person who coerces, intimidates, or exerts undue influence on a patient to forgo such medication would also be guilty of a Class 2 felony.¹

The proposal clarifies that its provisions do not authorize criminal acts such as murder or manslaughter, and that conduct in accordance with the proposal does not constitute any civil or criminal violation of the law.

Analysis:

¹ The proposed felonies would be eligible for the enhanced sentence credits specified in § 53.1-202.3, whereby offenders will serve a minimum of 67% of the sentence ordered by the court.

As of November 03, 2025, provisions for medical aid in dying have been established in California, Colorado, District of Columbia, Delaware, Hawaii, Maine, Montana, New Jersey, New Mexico, Oregon, Vermont, and Washington.² According to the Oregon Health Authority, during 2024, 607 people received prescriptions under the provisions of the state's Death with Dignity Act. As of January 25, 2025, 376 people had died in 2024 from ingesting the prescribed medications, including 43 who had received prescriptions in previous years. Similar to previous years, of the Death with Dignity deaths in Oregon during 2024, most patients were 65 years of age or older (83%), and most had cancer (57%). Most were in hospice care at the time of their death (92%) and died at home (83%).³

Existing data do not contain sufficient detail to determine the number of cases that would meet the criteria specified in the proposal. However, individuals convicted of the proposed felonies may be sentenced similarly to offenders convicted under existing provisions. Under § 18.2-369(B), it is a Class 3 felony if an individual abuses and neglects a vulnerable adult resulting in their death. According to Circuit Court CMS data for Fiscal Year (FY) 2020-FY2025, 15 offenders were convicted of abuse and neglect of a vulnerable adult resulting in death (as the primary offense). Eight (53.3%) of the defendants in these cases were given a state-responsible term with a median sentence of 10.0 years. Another two individuals (14.3%) received a local-responsible term with a median sentence of 3.0 months. The remaining five offenders (33.3%) did not receive an active term of incarceration to serve after sentencing.

Impact of Proposed Legislation:

State adult correctional facilities. By creating three new Class 2 felony offenses, the proposal may increase the state-responsible (prison) bed space needs of the Commonwealth. Existing databases do not provide sufficient detail to estimate the number of new felony convictions that may result from enactment of the proposal. Although the magnitude of the impact on prison beds cannot be quantified, the impact, if any, is likely to be small.

Local adult correctional facilities. Similarly, the proposal may increase local-responsible (jail) bed space needs, but the magnitude of the impact cannot be determined. The impact, if any, is likely to be small.

Adult community corrections programs. Because the proposal could result in additional convictions with supervision requirements for the offenders, the proposal may affect adult community corrections resources. While the potential impact on community corrections resources cannot be quantified, any impact is likely to be small.

Virginia's Sentencing Guidelines. As new felonies, convictions under the proposed § 54.1-2999.6 would not be covered by the Sentencing Guidelines when the offense is the primary, or most serious, offense in a case. Such a conviction could augment the Guidelines recommendation (as an additional offense) if the most serious offense at sentencing is covered by the Guidelines. The proposed felony offenses would not be defined as violent under § 17.1-805(C) for Guidelines purposes. No adjustment to the Guidelines would be necessary under the proposal.

Juvenile direct care. According to the Department of Juvenile Justice, the impact of the proposal on direct care (juvenile correctional center or alternative commitment placement) bed space needs cannot be determined.

Juvenile detention facilities. The Department of Juvenile Justice reports that the proposal's impact on the bed space needs of juvenile detention facilities cannot be determined.

² DeathwithDignity.org. Retrieved November 03, 2025, from <https://deathwithdignity.org/states/>.

³ Oregon Health Authority 2024 Data Summary. Retrieved November 3, 2025, from <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year27.pdf>

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Pursuant to § 30-19.1:4, the estimated amount of the necessary appropriation cannot be determined for periods of commitment to the custody of the Department of Juvenile Justice.

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