

Department of Planning and Budget
2026 General Assembly Session
State Fiscal Impact Statement

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ORIGINAL

Bill Number: HB794

Patron: Reaser

Bill Title: Opioid overdose and opioid overdose deaths; Department of Health to reduce rates, report.

Bill Summary: Designates the Department of Health as the lead agency responsible for the coordination of activities to reduce rates of opioid overdose and opioid overdose deaths in the Commonwealth. The bill directs the Department to (i) develop a strategic plan to reduce rates of opioid overdose and opioid overdose deaths in the Commonwealth, (ii) coordinate efforts across state agencies to reduce rates of opioid overdose and opioid overdose deaths in the Commonwealth, and (iii) monitor the implementation and outcome of efforts to reduce rates of opioid overdose and opioid overdose deaths in the Commonwealth. The bill directs the Department to work with the Secretaries of Health and Human Resources, Education, and Public Safety and Homeland Security and such other stakeholders and state agencies as may be appropriate. The bill requires the Department to report annually to the General Assembly by December 1 regarding the implementation of the plan and outcome of efforts to reduce rates of opioid overdose and opioid overdose deaths in the Commonwealth. The bill is a recommendation of the Joint Commission on Health Care.

Budget Amendment Necessary: Yes

Items Impacted: 278 and 280

Explanation: The Virginia Department of Health (VDH) will require additional general fund appropriation to comply with the provisions of this legislation, attributable to Item 278 (Communicable Disease Prevention and Control) and Item 280 (State Health Services).

Fiscal Summary: The provisions of this legislation would have a fiscal impact on the Virginia Department of Health. The bill would require VDH to develop and maintain a strategic plan, coordinate prevention and harm reduction efforts across state agencies, and monitor the implementation and outcome of efforts to reduce rates of opioid overdose and opioid overdose deaths in the Commonwealth. VDH does not have sufficient resources to absorb this increase in workload.

General Fund Expenditure Impact:

<u>Agency</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>	<u>FY2029</u>	<u>FY2030</u>	<u>FY2031</u>
VDH (601)		\$329,660	\$329,660	\$329,660	\$329,660	\$329,660
TOTAL		\$329,660	\$329,660	\$329,660	\$329,660	\$329,660

Position Impact:

<u>Agency</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>	<u>FY2029</u>	<u>FY2030</u>	<u>FY2031</u>
VDH (601)		2	2	2	2	2
TOTAL		2	2	2	2	2

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Fiscal Analysis: VDH indicates that two program manager positions are needed to meet the requirements of the legislation. Responsibilities include interagency coordination, developing a strategic plan, and monitoring the implementation and outcomes of efforts to reduce rates of opioid overdose and opioid overdose deaths. In addition, these positions would produce the required annual report.

The first manager is needed in the Office of Epidemiology's Division of Pharmacy Services to coordinate opioid use reduction strategies and existing agency efforts across state agencies. This individual would have the pharmaceutical expertise to provide guidance on reducing rates of opioid overdose and opioid overdose deaths. The second program manager is needed in the Office of Family Health Services Division of Prevention and Health Promotion to coordinate the development of the interagency strategic plan and monitor its implementation of the plan. The cost for each position is estimated to be \$164,830, which includes salary, fringe benefits, phone, and VITA costs.

Other: This bill is similar to SB308.