

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

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**ORIGINAL**

**Bill Number:** HB 851

**Patron:** Krizek

**Bill Title:** Tribal Medicaid Advisory Group; established

**Bill Summary:** The proposed legislation establishes a Tribal Medicaid Advisory Group to work collaboratively on (i) plan amendments, waiver requests, and policies affecting tribal health programs at least 60 days prior to submitting them for public notice and comment and (ii) a tribal health program billing manual. The advisory group is required to meet in person on at least a quarterly basis. The bill also requires the Department of Medical Assistance Services to (a) recognize the eligibility of any tribal health program to participate as a provider in the state plan, (b) consult with any tribal health program participating in the state plan at least 60 days prior to taking any adverse action, including suspension of payments or investigation regarding the participation of any tribal health program in the state plan, and (c) engage in ongoing consultation with federally recognized tribes and tribal health programs to address the needs of the state and tribal governments. This bill is a recommendation of the Commission on Updating Virginia Law to Reflect Federal Recognition of Virginia Tribes.

**Budget Amendment Necessary:** Yes

**Items Impacted:** 295

**Explanation:** The provisions of this bill would add administrative costs to DMAS for which the agency is not currently appropriated. In addition, there is an indeterminate impact on medical assistance costs should the bill's requirements impact the implementation of services or the adherence to federal rules.

**Fiscal Summary:** It is expected that the Department of Medical Assistance Services (DMAS) will need to hire one full-time position to support the Tribal Medicaid Advisory Group. In addition, this position would be expected to assist with the required ongoing consultation to address the needs of the state and tribal governments.

**General Fund Expenditure Impact:**

<b>Agency</b>	<b>FY2026</b>	<b>FY2027</b>	<b>FY2028</b>	<b>FY2029</b>	<b>FY2030</b>	<b>FY2031</b>
DMAS (602) Admin	-	\$57,233	\$55,733	\$55,733	\$55,733	\$55,733
DMAS (602) Medical	-	Indeterminate	Indeterminate	Indeterminate	Indeterminate	Indeterminate

**Nongeneral Fund Expenditure Impact:**

<b>Agency</b>	<b>FY2026</b>	<b>FY2027</b>	<b>FY2028</b>	<b>FY2029</b>	<b>FY2030</b>	<b>FY2031</b>
DMAS (602) Admin	-	\$57,233	\$55,733	\$55,733	\$55,733	\$55,733
DMAS (602) Medical	-	Indeterminate	Indeterminate	Indeterminate	Indeterminate	Indeterminate

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**Position Impact:**

<b>Agency</b>	<b>FY2026</b>	<b>FY2027</b>	<b>FY2028</b>	<b>FY2029</b>	<b>FY2030</b>	<b>FY2031</b>
DMAS (602)	-	1.0	1.0	1.0	1.0	1.0

**Fiscal Analysis:** The bill requires DMAS to establish a Tribal Medicaid Advisory Group to work collaboratively on (i) plan amendments, waiver requests, and policies affecting tribal health programs at least 60 days prior to submission for public notice and comment, and (ii) a tribal health program billing manual. The advisory group must meet at least once each quarter. In addition, DMAS must engage in ongoing consultation with federally recognized tribes and tribal health programs to address the needs of state and tribal governments. DMAS currently has a portion of one position's time dedicated to tribal consultation activities. The provisions of this bill would expand the agency's workload such that an additional full-time position would be needed. The estimated cost is \$114,466 the first year and \$111,466 in each thereafter (includes benefits and non-personal services).

The proposal could have an indeterminate impact on medical assistance programs administered by DMAS. To the extent that the bill's provisions delay or constrain the implementation of state plan amendments, waiver requests, and other policies, program costs could change. DMAS maintains that the bill's requirement to consult with participating tribal health programs at least 60 days prior to taking any adverse action conflicts with federal laws and regulations and could not be implemented. As there is insufficient data available the fiscal impact on medical assistance services cannot be determined at this time.

**Other:** This bill is a companion to SB 483.