

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

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**ORIGINAL**

**Bill Number:** HB1338

**Patron:** Bulova, G.

**Bill Title:** Health insurance; coverage for the treatment of acquired brain injury required.

**Bill Summary:** Requires health insurance carriers to provide coverage for the treatment of acquired brain injury that includes coverage for treatment using cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy, neuropsychological testing, neurofeedback therapy, functional rehabilitation therapy, community reintegration services, post-acute residential treatment services, inpatient services, outpatient and day treatment services, and home and community-based treatment.

**Budget Amendment Necessary:** Potentially      **Items Impacted:** 469

**Explanation:** Additional general fund amounts would be needed to fund additional costs to the Health Insurance Fund. The amount required is currently unknown and would depend on the actual costs incurred as a result of this legislation.

**Fiscal Summary:** Preliminary - This legislation will likely result in additional costs to the Health Insurance Fund, which pays health insurance claims for state employees. The Health Insurance Fund is funded through a mix of premiums charged to state employees, the general fund, and nongeneral fund sources.

**Fiscal Analysis:** The Department of Human Resource Management (DHRM) indicates that this legislation will expand the benefits offered by the state employee health plan and therefore will have a fiscal impact. Based on an analysis of claims for services that are not currently covered, but would be under this bill, DHRM found approximately that claims valued at approximately \$175,000 were denied last year. Assuming similar trends continue and assuming recent trends in medical inflation, these claims could add between \$200,000 and \$250,000 of costs to the state employee health plan. This amount could be higher or lower, depending on actual utilization.

Additional costs for such claims will be paid out of the Health Insurance Fund (HIF), which is funded through premiums charged to state employees and their employing agencies. Agencies use general fund, nongeneral fund, or some combination of the two to make these premiums, depending on the fund sources available to the agency and from which source the employee is regularly paid. A portion of these costs, approximately 15 percent, would be paid by members of the state employee health plan, either through co-pays, co-insurance, or increased premiums. The remaining 85 percent would be charged to state agencies through higher premiums, which are currently paid 50 percent from the general fund and 50 percent from nongeneral fund sources. Increased health insurance premiums would require additional general fund appropriation be provided to state agencies.

**Other:** None.