

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

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ORIGINAL

Bill Number: SB359

Patron: Boysko

Bill Title: Health care; decision-making, definitions, medical aid in dying, penalties.

Bill Summary: Allows an adult diagnosed with a terminal disease to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life. The bill requires that a patient's request for a self-administered controlled substance to end his life be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy 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; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

Budget Amendment Necessary: Yes

Items Impacted: Item 288

Explanation: The Department of Health Professions will require additional nongeneral fund appropriation and two positions to comply with the requirements of this legislation, attributable to Item 288 (Regulation of Professions and Occupations). The Department of Corrections will require additional general fund appropriation attributable to item 390 (Administrative and Support Services).

Fiscal Summary: The proposed legislation will require additional nongeneral fund expenditures on the part of the Department of Health Professions (DHP) and general fund expenditures on the part of the Department of Corrections for which they are not currently appropriated. See table and fiscal analysis below.

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>
DOC (799)		\$50,000				
TOTAL		\$50,000				

Nongeneral Fund Expenditure Impact:

<u>Agency</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>	<u>FY2029</u>	<u>FY2030</u>	<u>FY2031</u>
DHP (223)	-	\$254,900	\$254,900	\$254,900	\$254,900	\$254,900

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<i>TOTAL</i>	-	\$254,900	\$254,900	\$254,900	\$254,900	\$254,900
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Position Impact:

<u>Agency</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>	<u>FY2029</u>	<u>FY2030</u>	<u>FY2031</u>
DHP (223)	-	2.0	2.0	2.0	2.0	2.0
TOTAL	-	2.0	2.0	2.0	2.0	2.0

Fiscal Analysis: This legislation will result in an increase in investigative oversight and administrative review by the Board of Medicine and DHP. The legislation mandates that the Board annually review a sample of records from health care providers who provide medical aid in dying. The reporting requirement creates a new requirement for the Board of Medicine to determine which of the approximately 55,000 licensed physicians have engaged in medically assisted suicide, send investigators to review a sample of records, receive and maintain a record of dispensing from physicians and/or pharmacies, and prepare and publish annual reports.

In order to accommodate the increase in workload without negatively impacting other licensing workflows, DHP indicates that the Board of Medicine will require one full-time licensing specialist position at pay band 3, resulting in a nongeneral fund impact of \$100,000. Additionally, to accommodate an expected increase in the volume of site inspections, the Board of Pharmacy will also require one full-time inspector position at pay band 5, resulting in a nongeneral fund impact of \$154,900. The costs for both positions are inclusive of salary, fringe benefits, and non-personnel costs related to operation, training, supplies, and travel. The Board of Pharmacy expects to impose a fee for the limited license in order to generate the nongeneral fund revenue necessary to sustain these positions.

Additionally, for someone convicted of a Class 2 felony, the authorized punishments for conviction are imprisonment for life or for any term not less than 20 years and a fine of not more than \$100,000. Therefore, this proposal could result in an increase in the number of persons sentenced to jail or prison.

There is not enough information available to reliably estimate the increase in jail population as a result of this proposal. However, any increase in jail population will increase costs to the state. The Commonwealth currently pays the localities \$5.00 a day for each misdemeanor or otherwise local-responsible prisoner held in a jail and \$15.00 a day for each state-responsible prisoner. It also funds a considerable portion of the jails' operating costs, e.g., correctional officers. The state's share of these costs on a per prisoner, per day basis varies from locality to locality. However, according to the Compensation Board's most recent Jail Cost Report (November 2025), the estimated total state support for local jails averaged \$58.25 per inmate, per day in FY 2024.

Due to the lack of data, the Virginia Criminal Sentencing Commission has concluded, pursuant to §30-19.1:4 of the Code of Virginia, that the impact of the proposed legislation on state-responsible (prison) bed space cannot be determined. In such cases, Chapter 725, 2025 Acts of Assembly, requires that a minimum impact of \$50,000 be assigned to the bill.

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Other: This bill is similar to HB886.