



VIRGINIA HOUSE
APPROPRIATIONS
COMMITTEE

CHAIRMAN LUKE E. TORIAN

February 22, 2026

REPORT OF THE
HOUSE APPROPRIATIONS
SUBCOMMITTEE ON

HEALTH & HUMAN RESOURCES

House Bill 30

REPORT OF THE SUBCOMMITTEE ON HEALTH AND HUMAN RESOURCES

Mr. Chairman and Members of the Committee:

Our subcommittee had no easy feat this year. While we have made historic investments in health and human services in recent years, we are faced with unprecedented challenges and pressures due to federal funding reductions and funding requirements for the Medicaid program. The subcommittee knew that we could not sit idly by while so many crucial programs that Virginians depend on get cut. This is why the subcommittee is recommending providing \$79.1 million to hold down the monthly health insurance premiums for those between 138% and 200% of the federal poverty level. We are doing our part to ensure Virginians can access affordable health care, even when the federal government is not stepping up.

The subcommittee is also recommending \$45 million to restore federal reductions for core public health services within the Virginia Department of Health. This funding will go towards crucial programs such as communicable disease prevention and control, epidemiology, and backfilling reductions in the Ryan White Part B Program for HIV services. In addition, we are providing \$15.6 million to fully fund the Marcus Alert program for the remaining 13 community services boards to implement the program. Sadly, this funding was omitted from the introduced budget.

Mr. Chairman, we are also faced with funding pressure to support new costs in our SNAP program due to the passage of federal H.R. 1

legislation. We are proposing \$152.8 million over the biennium to fund not just the increased state administrative costs in operating SNAP, but also to cover the increased costs localities will face. The subcommittee also includes over \$211 million to fund the new cost share in providing SNAP benefit allotments, which used to be fully funded by the federal government. While the amount the state will have to contribute depends on our error rate, we feel it is a prudent and responsible decision to act now and budget for increased costs to make sure Virginians will have uninterrupted access to their food benefits.

While ensuring affordable healthcare and mitigating federal reductions were a critical focus of our work, the subcommittee also concentrated on a few key health priorities. We recommend \$10 million to shore up the health safety net by increasing funding to our free and charitable clinics.

Further, we recommend continuing our investment in maternal and child health initiatives to improve the well-being of our moms and babies by providing \$33.7 million in state funds. This funding restores prenatal coverage for pregnant and postpartum immigrant women in the FAMIS program, services which we have provided with full federal approval and support for the past six years. It also increases the reach of our maternal and infant home visiting program and expands our remote patient monitoring program by including pregnant women over 35 years old and providing postpartum care.

In addition, we recommend funding for bills we passed this Session to create a fetal and infant mortality review team and establish the severe maternal morbidity surveillance and review program. These two programs will provide critical information on how to better target prevention efforts in this area.

The subcommittee also proposes \$11.1 million in state funding for a robust sickle cell disease package to ensure individuals with this disease and their loved ones have access to critical support and services. Our amendments will provide Medicaid coverage for cell and gene therapy treatment at VCU and establish the Sickle Cell Coordinated Access Network to link health care providers around the state with expert consultants in the treatment of sickle cell disease. We are recommending funding for a state level Sickle Cell Trait Awareness and Education Program at the Health Department as well as additional funding for pediatric and adult comprehensive sickle cell clinics. With these efforts we are well-positioned to make significant strides to combat this devastating disease.

Finally, the subcommittee also recognizes we are long overdue in providing serious investments in and reform of our child welfare system. Even one child death from abuse or neglect is too many. We know Virginia can do better, which is why the subcommittee is recommending more than \$39 million over the biennium to improve our child welfare system and child protective services.

The subcommittee's report is contained within the attachments before you. Committee staff will review the report in more detail at this time, and I hope it will be the Committee's pleasure to adopt the report.

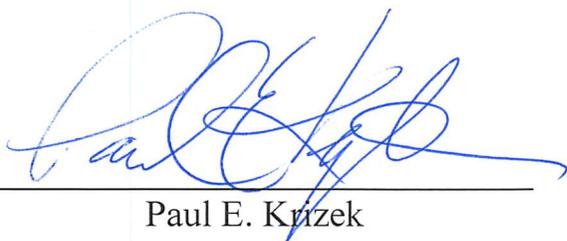
Respectfully Submitted by the House Appropriations Subcommittee on Health & Human Resources:



Rodney T. Willett, Chair



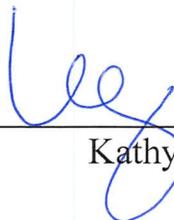
Betsy B. Carr



Paul E. Krizek



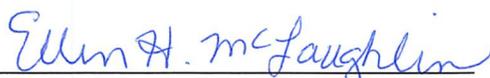
C. E. (Cliff) Hayes, Jr.



Kathy KL Tran



M. Keith Hodges



Ellen H. McLaughlin

We, the undersigned, approve of the House Appropriations Committee amendments as a whole, but object to Item 4-5.04 #1h


Terry L. Austin

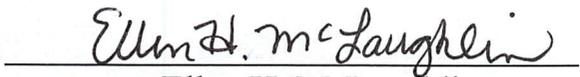

James W. Morefield


Robert S. Bloxom, Jr.


M. Keith Hodges


Scott A. Wyatt


William Wiley


Ellen H. McLaughlin

HB 30 Amendments	2026-28 BIENNIAL TOTAL		
	General Fund	Nongeneral Fund	FTEs
HEALTH AND HUMAN RESOURCES			
Secretary of Health and Human Resources			
Coordinate Work Opportunities for Medicaid Expansion Enrollees	Language		
Children's Services Act			
Remove CSA Contract Language	(200,000)		
Department of Health			
HB 815: Transfer Nursing Incentive Program to the Va. Health Workforce Development Authority	Language		
HB 1398: Fetal and Infant Mortality Review Team	1,700,000		
HB 972: Update Transmission of Death Data to Dept. of Elections	190,394		
HB 450: Increase Vital Record Fee and Modify Distribution	Language		
Establish Childhood Immunization Workgroup	Language		
HB 794: Strategic Plan for Opioid Response Efforts		105,115	
Backfill Reductions to the Ryan White HIV/AIDS Program Part B	13,200,000		
HB 717: Nursing Home Applications for a Change in Operator License	250,000		
HB 483: Establish Prescription Drug Affordability Board	994,000		3
Maternal Infant Early Childhood Home Visiting Program	1,200,000		
Pediatric Comprehensive Sickle Cell Clinic Network	1,060,000		
Adult Comprehensive Sickle Cell Clinic Network	200,000		
HB 1391: Sickle Cell Coordinated Access Network	2,115,358		
HB 1418: Sickle Cell Trait Awareness & Education Program	754,460		1
HB 1403: Severe Maternal Morbidity Surveillance and Review Program	573,840		
Adler Hospice Center	600,000		
Free Clinic Funding	10,000,000		
Rx Partnership Funding	100,000		
Continue Authority for Ch. 725 Drinking Water Projects	Language		
Fund Core Public Health Services	31,846,549	1,157,404	14
Cooperative Advertising Program for Childhood Immunizations	150,000		
Department of Health Professions			
Remove DHP Nursing Center		(330,470)	
Board of Pharmacy Membership	Language		
Fund Impact of Legislation on the Dept. of Health Professions		509,800	
Department of Medical Assistance Services			
Restore FAMIS Prenatal Coverage for Pregnant and Post Partum Immigrant Persons	29,486,667	21,432,904	
Medicaid Reimbursement for Rehabilitation Hospitals	Language		

2026-28 BIENNIAL TOTAL			
HB 30 Amendments	General Fund	Nongeneral Fund	FTEs
HB 425: Medicaid Funding for Remote Patient Monitoring of Maternity Claims	702,025	554,736	
Deferral of Medicaid Nursing Facility Rebasing	Language		
Extend Authority for Medicaid Neurobehavioral and Neurorehabilitation Facility Services	Language		
Medicaid Graduate Medical Education Reporting Requirements	Language		
Performance Measures for Non-Emergency Medical Transportation	Language		
Medicaid Federal Funding for Task Force on Primary Care		326,700	
Allow ABA Provisional Diagnosis for Children Age 5 and Under in Medicaid	9,562,162	4,563,297	
Modify Medicaid Criteria for Weight Loss Drugs	Language		
Partially Restore Funding for Medicaid Behavioral Health Community Stabilization Service	24,000,000	48,235,326	
Recognize Virginia Home Reimbursement Rate	Language		
Medicaid Outpatient Reimbursement for Indian Health Services	Language		
Model for Sickle Cell Disease Treatment	6,987,185	3,940,205	
Modify Implementation of Medicaid Behavioral Health Services Redesign	Language		
Modify Medicaid Managed Care Underwriting Provisions	(30,342,527)	(28,004,172)	
VHCF Project Connect for Medicaid Outreach & Enrollment	500,000	500,000	
Carve Out 340B Pharmacy Claims from DMAS Medical Assistance Programs	(9,739,664)	975,342	
Modify Medicaid Supplemental Payment for CHKD	Language		
Private Teaching Hospital Medicaid Enhanced Indirect Medical Education Payments	Language		
Medicaid Enhanced Indirect Medical Education Supplemental Payments for Riverside Hospital	Language		
Implement Single Medicaid Pharmacy Benefit Manager	(1,264,514)	7,521,333	8
Reduce First Year Administrative Costs	(2,614,200)	(2,939,892)	
Notice Practices to Applicants and Recipients of Medical Assistance	Language		
DMAS PACE Program in Shenandoah Valley	Language		
Department of Behavioral Health and Developmental Services			
Closure of Hiram Davis Medical Center	Language		
Service Dogs of Virginia	(250,000)	250,000	
HB 931: Recovery Residences Regulations	905,000		2
Clarify School Mental Health Funding Language	Language		
Fully Fund Marcus Alert	15,600,000		
Healing Station Counseling Center	100,000		
Support Autism Community Hub	250,000		

HB 30 Amendments	2026-28 BIENNIAL TOTAL		
	General Fund	Nongeneral Fund	FTEs
Department for Aging and Rehabilitative Services			
Increase State Match for Vocational Rehabilitation Services	1,000,000	3,694,836	
Community Brain Injury Services	2,000,000		
Fund Area Agencies on Aging	6,000,000		
Continue Virginia Village Expansion Pilot Program	800,000		
HB 1357: Nursing Facility Quality and Operations Commission	470,400		
Department of Social Services			
Fund State Share of SNAP Benefit Allotments	211,029,027		
Child Welfare Workforce Support Program	1,200,000		1
Implement Pilot for Multidisciplinary Law Office or Program	738,450	125,000	
Fund Increase in SNAP Admin Costs	52,340,562		
Capture Balances from Auxiliary Grant Program	Language		
HB 1490: Phase-In Centralized CPS Intake	(7,096,414)		(66)
Child Advocacy Centers	2,000,000		
Swim Safety Program	500,000		
Lorton Community Action Center	250,000		
Sacred Heart Center	100,000		
Restore Two Generation/Whole Family Program		1,125,000	
Increase Support for Community Action Agencies		2,275,000	
Buffalow Family and Friends	Language		
HB 61: SWaM Procurement	145,468	72,734	1
HB 66: DSS and DMAS to Modernize Technological Systems	318,145	181,855	
Funding for Statewide Food Desert Mapping Tool	500,000		
INDEPENDENT AGENCIES			
State Corporation Commission			
Commonwealth Health Reinsurance Program		150,000	
State Premium Assistance Program	79,100,000		
Opioid Abatement Authority			
Update COAR Appropriation Table	Language		
PART 4			
Restore Language on Abortion Services	Language		

Health and Human Resources

Secretary of Health and Human Resources

Language

Language:

Page 306, after line 52, insert:

"C. The Secretary of Health and Human Resources and the Secretary of Labor shall coordinate efforts to ensure applicants and individuals enrolled in the Medicaid expansion program pursuant to 42 U.S.C. § 1396d(y)(1)[2010] of the Patient Protection and Affordable Care Act who are subject to work requirements pursuant to House Resolution 1 (H.R. 1), Public Law 119-21, 119th Congress (2025-2026), are connected to work opportunities, including job search, job training, education, job placement assistance, employment, and community service opportunities. Coordination shall include agency data sharing to the extent allowed by federal and state laws to identify and provide outreach and assistance to affected individuals. In addition, agencies in the Health and Human Resources and Labor Secretariat shall make efforts to work with community providers to assist in these efforts. The Secretaries of Health and Human Resources and Labor shall provide a progress report on these efforts to the House Appropriations and Senate Finance and Appropriation Committees by December 1, 2026."

Explanation:

(This amendment adds language requiring coordination by the Secretaries of Health and Human Resources and Labor in connecting applicants and enrollees in Medicaid expansion to work opportunities. These individuals will be subject to work requirements beginning January 1, 2027 and eligibility redeterminations every six months, rather than annually under current law. These changes are required pursuant to the federal legislation passed by Congress, July 2025.)

Health and Human Resources

FY26-27

FY27-28

Children's Services Act

(\$100,000)

(\$100,000) GF

Language:

Page 310, line 36, strike "\$3,100,312" and insert "\$3,000,312".

Page 310, line 36, strike "\$3,100,312" and insert "\$3,000,312".

Page 310, strike lines 42 through 45.

Page 310, strike line 46, strike:

"placements and make recommendations to the local education agency."

Explanation:

Committee Approved Amendments to House Bill 30, as Introduced

(This amendment removes \$100,000 each year from the general fund and removes language directing the Office of Children's Services to contract with the Department of Education's Office of Special Education to conduct a review of private day placement decisions since the contract was completed.)

Item 274 #1h

Health and Human Resources

Department of Health

Language

Language:

Page 312, line 25, after "Board of Health", insert:

"and the Virginia Health Workforce Development Authority".

Page 312, line 27, after "thereof.", strike the remainder of the line.

Page 312, strike lines 28 and 29.

Page 313, strike line 19 through 33 and insert:

"D.1. Out of this appropriation, \$9,571,000 the first year and \$9,571,000 the second year from the general fund shall be provided to the Virginia Health Workforce Development Authority for the administration of nursing scholarship and loan programs pursuant to the passage of House Bill 815. The Authority may move appropriation between scholarship or loan repayment programs as long as the scholarship or loan repayment is in accordance with promulgated regulations.

2. Of the appropriation in D.1., \$3,600,000 the first year and \$3,600,000 the second year from the general fund shall be provided for the Nursing Preceptor Incentive Program. The Authority shall collaborate with the advisory board to the Virginia Nursing Workforce Center pursuant to the provisions of House Bill 815 and other relevant stakeholders on a nursing student preceptor grant program. The program shall offer up to a \$5,000 incentive for any Virginia licensed physician, physician's assistant, licensed practical nurse, registered nurse, or advanced practice registered nurse (APRN) who, in conjunction with a licensed and accredited Virginia public or private not-for-profit school of nursing, provides a clinical education rotation up to 250 hours, which is certified as having been completed by the school. The amount of the incentive may be adjusted based on the actual number of hours completed during the clinical education rotation. The program shall seek to reduce the shortage of registered nurse clinical education opportunities especially in high demand fields such as psychiatry and anesthesiology."

Page 313, strike line 34 through 35.

Page 313, line 36, strike "E. Out of this appropriation" and insert:

"3. Of the appropriation in D.1."

Page 313, line 40, strike "F.1. Out of this appropriation" and insert:

"4. Of the appropriation in D.1."

Page 313, line 49, strike "2. Out of this appropriation" and insert:

"a. Of the appropriation in D.4."

Committee Approved Amendments to House Bill 30, as Introduced

Page 314, line 2, strike "3. Out of this appropriation" and insert:
"b. Of the appropriation in D.4."

Page 314, line 4, strike "Commissioner of Health" and insert:
"Virginia Health Workforce Development Authority".

Page 314, line 5, strike "department" and insert "Authority".

Page 314, line 6, strike "4. Out of this appropriation" and insert:
"c. Of the appropriation in D.4."

Page 314, line 9, strike "department" and insert "Authority".

Page 314, after line 19, insert:

"5. Of the appropriation in D.1., \$4,000,000 the first year and \$4,000,000 the second year from the general fund shall be provided to the Earn to Learn Nursing Education Acceleration program. The Authority shall establish criteria for making grants from the program, including application guidelines and metrics for evaluation. Grants shall be awarded for the purpose of forming collaborative clinical training arrangements between high schools, colleges and universities, hospitals, and health providers, increasing the number of nursing students receiving necessary clinical training to achieve certification, and creating and ensuring employment opportunities for nursing students. To be eligible for grants, applicants must provide employment opportunities to students at each student's current certification level with compensation consistent with other employees at identical certification levels and must demonstrate that the grant application will increase on a net basis the number of nursing graduates achieving sufficient clinical hours to achieve higher nursing certifications when compared to averages over the past five years.

E. The Virginia Health Workforce Development Authority shall expand the Mary Marshall Scholarship Program to include humanitarian parolees as eligible participants. In addition, the Authority shall expand the program to provide scholarships of up to 100 percent of the fees required to obtain a Credential Service Evaluation Profession Report and the English Language Proficiency Report for those individuals who graduated from a nursing education program in a foreign country prior to admission for licensure."

Page 314, line 20, strike "G." and insert "E."

Page 314, line 20, after "Health", insert:

"and the Virginia Health Workforce Development Authority".

Page 314, line 20, strike "its" and insert "their".

Page 314, line 21, strike "health and behavioral health care scholarship and loan repayment programs", and insert:

"respective incentive programs in this appropriation".

Page 314, line 22, strike "department" and insert "Authority".

Page 314, strike lines 27 through 45.

Explanation:

(This amendment transfers the funding and administrative oversight of nursing incentive programs from the Department of Health to the Virginia Health Workforce Development Authority in accordance with the provisions of House Bill 815.)

Committee Approved Amendments to House Bill 30, as Introduced

Item 276 #1h

Health and Human Resources	FY26-27	FY27-28	
Department of Health	\$850,000	\$850,000	GF

Language:

Page 316, line 22, strike "\$21,555,698" and insert "\$22,405,698".
Page 316, line 22, strike "\$21,555,698" and insert "\$22,405,698".

Explanation:

(This amendment adds \$850,000 each year from the general fund to effectuate the provisions of House Bill 1398, 2026 Session of the General Assembly, which establishes the Fetal and Infant Mortality Review Team in the Office of the Chief Medical Examiner to develop and implement procedures to ensure that fetal and infant deaths occurring in the Commonwealth are analyzed in a systematic way.)

Item 277 #1h

Health and Human Resources	FY26-27	FY27-28	
Department of Health	\$95,197	\$95,197	GF

Language:

Page 316, line 29, strike "\$9,602,885" and insert "\$9,698,082".
Page 316, line 29, strike "\$9,602,885" and insert "\$9,698,082".

Explanation:

(This amendment adds \$95,197 the first year and \$95,197 the second year from the general fund in the Virginia Department of Health (VDH) for the State Registrar to update its transmission of death data to the Department of Elections pursuant to the provisions of House Bill 972, 2026 Session of the General Assembly. This update would require changes to the transmission of a decedent's place of birth and death and the Department of Motor Vehicles (DMV) customer identifier number from the existing semi-monthly transmission of data to weekly, through an updated data sharing agreement and an annual data match with the Social Security Administration of deceased persons.)

Item 277 #2h

Health and Human Resources

Committee Approved Amendments to House Bill 30, as Introduced

Department of Health

Language

Language:

Page 316, line 36, strike "\$12.00" and insert "\$17.00".

Page 316, line 39, strike "birth, marriage, or divorce records" and insert:
"vital records".

Page 316, line 39, after "records", strike "in state administered".

Page 316, line 41, strike "will be split with 65" and insert:
"shall be split with 85".

Page 316, line 42, strike "35 percent to be transferred to the Division of Vital Records" and insert:

"15 percent to be transferred to the Office of Vital Records".

Explanation:

(This amendment adds language increasing the fee for vital records from \$12.00 to \$17.00 pursuant to the provisions of House Bill 450, 2026 Session of the General Assembly. It changes budget language to conform the budget to the bill. It changes the portion of the fee revenue provided to all health districts from 65 percent to 85 percent and the portion going to the Office of Vital Records from 35 percent to 15 percent and allows for the fee revenue to be provided to all health districts, not just state administered health districts.)

Item 278 #1h

Health and Human Resources

Department of Health

Language

Language:

Page 318, after line 23, insert:

"M. The Commissioner of Health shall meet with representatives from practitioner groups, including pediatricians, family medicine doctors, pharmacists and other stakeholders to review Virginia's statutes and regulations governing childhood immunization schedules and immunizations associated with public health emergencies. The Commissioner shall make recommendations to improve Virginians' access to vaccines approved by the the FDA and other organizations that review scientific evidence. The Virginia Department of Health shall collaborate with the Department of Medical Assistance Services, the Bureau of Insurance, and the Association of Health Plans to improve the availability and affordability of vaccines with respect to insurance coverage. The Commissioner shall submit a report to the Chairs of the House Appropriations Committee, Senate Finance and Appropriations Committee, House Health and Human Services Committee, and Senate Education and Health Committee by November 1, 2026."

Explanation:

Committee Approved Amendments to House Bill 30, as Introduced

(This amendment requires the Commissioner of Health to establish a workgroup on childhood immunization schedules and immunizations associated with public health emergencies.)

Item 278 #2h

Health and Human Resources	FY26-27	FY27-28
Department of Health	\$105,115	\$0 NGF

Language:

Page 316, line 48, strike "\$132,907,252" and insert "\$133,012,367".

Explanation:

(This amendment provides the Virginia Department of Health (VDH) with \$105,115 the first year from the Commonwealth Opioid Abatement and Remediation for the development of a strategic plan for opioid response to reduce rates of drug overdose and drug overdose deaths in the Commonwealth pursuant to the provisions of House Bill 794, 2026 Session of the General Assembly.)

Item 278 #3h

Health and Human Resources	FY26-27	FY27-28
Department of Health	\$6,600,000	\$6,600,000 GF

Language:

Page 316, line 49, strike "\$132,907,252" and insert "\$139,507,252".

Page 316, line 49, strike "\$121,585,668" and insert "\$128,185,668".

Explanation:

(This amendment provides \$6.6 million each year from the general fund to backfill the anticipated loss of funding for the Ryan White Part B program for Grant Year 2026 (April 1, 2026 to March 1, 2027) and 2027 (April 1, 2027 to March 1, 2028). Funds will restore critical HIV-related medical and supportive services, and prevent disruptions in access to life-saving medications for Virginians living with HIV.)

Item 279 #1h

Health and Human Resources	FY26-27	FY27-28
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Committee Approved Amendments to House Bill 30, as Introduced

Department of Health \$250,000 \$0 GF

Language:

Page 318, line 25, strike "\$25,832,137" and insert "\$26,082,137".

Explanation:

(This amendment adds \$250,000 the first year from the general fund to effectuate the provisions of House Bill 717, 2026 Session of the General Assembly, which requires an application by a nursing home to the Commissioner of Health for a change of operator license when a change of ownership or control of daily operations and management occurs. One-time funding would allow the Virginia Department of Health Office of Licensure and Certification to update an existing portal to receive applications for change of ownership licenses.)

Item 280 #1h

Health and Human Resources	FY26-27	FY27-28	
Department of Health	\$350,000	\$644,000	GF
	2.00	3.00	FTE

Language:

Page 319, line 28, strike "\$180,469,119" and insert "\$180,819,119".

Page 319, line 28, strike "\$180,469,119" and insert "\$181,113,119".

Explanation:

(This amendment provides \$350,000 the first year and \$644,000 the second year from the general fund and positions each year, to effectuate the provisions of House Bill 483, 2026 Session of the General Assembly, which establishes the Prescription Drug Affordability Board for the purpose of identifying high cost prescription drugs, reviewing pricing and cost information, conducting affordability reviews of selected prescription drug products, and if necessary, setting an upper payment limit, which shall apply to all purchases and payer reimbursements for the product dispensed in the Commonwealth. Funding assumes start up costs in the first year with full implementation in the second year.)

Item 280 #2h

Health and Human Resources	FY26-27	FY27-28	
Department of Health	\$300,000	\$900,000	GF

Language:

Committee Approved Amendments to House Bill 30, as Introduced

Page 319, line 28, strike "\$180,469,119" and insert "\$180,769,119".

Page 319, line 28, strike "\$180,469,119" and insert "\$181,369,119".

Page 320, line 24, strike the first "\$500,000" and insert "\$800,000".

Page 320, line 24, strike the second "\$500,000" and insert "\$1,400,000".

Explanation:

(This amendment adds \$300,000 the first year and \$900,000 the second year in state matching dollars to draw down an additional \$900,000 the first year and \$2.7 million the second year in federal funding for the Maternal Infant Early Childhood Home Visiting program. This evidence-based program provides critical home-based services for expectant and new parents in at-risk communities throughout Virginia. The federal program requires a 25 percent match to access Virginia's formula-based allocation of federal funding in the 2026-28 biennium to support expansion of services in localities with the greatest need.)

	Item 280 #3h	
Health and Human Resources	FY26-27	FY27-28
Department of Health	\$530,000	\$530,000 GF

Language:

Page 319, line 28, strike "\$180,469,119" and insert "\$180,999,119".

Page 319, line 28, strike "\$180,469,119" and insert "\$180,999,119".

Page 319, line 51, strike the first "\$450,000" and insert "\$980,000"

Page 319, line 51, strike the second "\$450,000" and insert "\$980,000".

Explanation:

(This amendment adds \$530,000 from the general fund each year to expand the community based, pediatric comprehensive sickle cell clinic network. Funding will directly support and expand the most critical aspects of sickle cell disease treatment access, coordination, and awareness, addressing acute gaps in Virginia's pediatric sickle cell disease care and education.)

	Item 280 #4h	
Health and Human Resources	FY26-27	FY27-28
Department of Health	\$100,000	\$100,000 GF

Language:

Page 319, line 28, strike "\$180,469,119" and insert "\$180,569,119".

Page 319, line 28, strike "\$180,469,119" and insert "\$180,569,119".

Page 320, line 4, strike the first "\$880,000" and insert "\$980,000".

Committee Approved Amendments to House Bill 30, as Introduced

Page 320, line 4, strike the second "\$880,000" and insert "\$980,000".

Explanation:

(This amendment adds \$100,000 from the general fund each year to fund the administrative cost increases of the Sickle Cell Association of Richmond to manage the paper request process for the adult comprehensive sickle cell clinic network.)

	Item 280 #5h		
Health and Human Resources	FY26-27	FY27-28	
Department of Health	\$300,000	\$1,815,358	GF

Language:

Page 319, line 28, strike "\$180,469,119" and insert "\$180,769,119".

Page 319, line 28, strike "\$180,469,119" and insert "\$182,284,477".

Explanation:

(This amendment adds \$300,000 the first year and \$1.8 million the second year from the general fund for the Virginia Department of Health to establish and maintain the Sickle Cell Coordinated Access Network, to effectuate the provisions of House Bill 1391, 2026 Session of the General Assembly. Funding in the first year will provide support to the VDH to establish the Network and develop the framework for implementing the provisions of the legislation. Funding in the second year will enable the Network to ensure that sickle cell specialists are available for extended periods of time to provide telehealth consultations with health care providers treating individuals with sickle cell trait and sickle cell disease across the Commonwealth.)

	Item 280 #6h		
Health and Human Resources	FY26-27	FY27-28	
Department of Health	\$382,230	\$372,230	GF
	1.00	1.00	FTE

Language:

Page 319, line 28, strike "\$180,469,119" and insert "\$180,851,349".

Page 319, line 28, strike "\$180,469,119" and insert "\$180,841,349".

Explanation:

(This amendment adds \$328,230 the first year and \$372,230 the second year from the general

Committee Approved Amendments to House Bill 30, as Introduced

fund and one position to effectuate the provisions of House Bill 1418, 2026 Session of the General Assembly, which directs the Virginia Department of Health to establish the Sickle Cell Trait Awareness and Education Program to raise public awareness of and education on sickle cell trait.)

Item 280 #7h

Health and Human Resources	FY26-27	FY27-28	
Department of Health	\$260,840	\$313,000	GF

Language:

Page 319, line 28, strike "\$180,469,119" and insert "\$180,729,959".

Page 319, line 28, strike "\$180,469,119" and insert "\$180,782,119".

Explanation:

(This amendment adds \$260,840 the first year and \$313,000 the second year from the general fund to effectuate the provisions of House Bill 1403, 2026 Session of the General Assembly, which directs the Virginia Department of Health to establish the Severe Maternal Morbidity Surveillance and Review Program for the purpose of identifying, analyzing, and reviewing instances of severe maternal morbidity.)

Item 282 #1h

Health and Human Resources	FY26-27	FY27-28	
Department of Health	\$300,000	\$300,000	GF

Language:

Page 323, line 53, strike "\$33,179,983" and insert "\$33,479,983".

Page 323, line 53, strike "\$33,179,983" and insert "\$33,479,983".

Page 329, line 1, strike the first "\$300,000" and insert "\$600,000".

Page 329, line 1, strike the second "\$300,000" and insert "\$600,000".

Explanation:

(This amendment adds \$300,000 each year from the general fund for the Adler Inpatient Hospice Center in Aldie, Virginia, which is one of five inpatient hospice centers in Virginia, bringing their total funding to \$600,000 each year. The funding will enable the center to provide critical hospice and palliative services to terminally ill Virginians, both adults and children who cannot be served in a home setting.)

Item 282 #2h

Committee Approved Amendments to House Bill 30, as Introduced

Health and Human Resources	FY26-27	FY27-28	
Department of Health	\$5,000,000	\$5,000,000	GF

Language:

Page 323, line 53, strike "\$33,179,983" and insert "\$38,179,983".

Page 323, line 53, strike "\$33,179,983" and insert "\$38,179,983".

Page 325, line 44, strike the first "\$7,300,000" and insert "\$12,300,000".

Page 325, line 44, strike the second "\$7,300,000" and insert "\$12,300,000".

Explanation:

(This amendment adds \$5.0 million from the general fund each year to support operating costs of free clinics that are members of the Virginia Association of Free and Charitable Clinics. Funding will be used to meet increasing high demand for medical, dental, vision, speech, hearing and behavioral health care services, as well as prescription medication and substance use disorder services to uninsured and underinsured patients.)

Item 282 #3h

Health and Human Resources	FY26-27	FY27-28	
Department of Health	\$50,000	\$50,000	GF

Language:

Page 323, line 53, strike "\$33,179,983" and insert "\$33,229,983".

Page 323, line 53, strike "\$33,179,983" and insert "\$33,229,983".

Page 326, line 24, strike the first "\$5,180,571" and insert "\$5,230,571".

Page 326, line 24, strike the second "\$5,180,571" and insert "\$5,230,571".

Page 326, line 51, strike "\$205,000" and insert "\$255,000".

Page 326, line 52, strike "\$205,000" and insert "\$255,000".

Explanation:

(This amendment adds \$50,000 from the general fund each year for the Virginia Health Care Foundation to contract with the Rx Partnership to improve access to medications for low-income Virginians. Funding will help efforts to minimize the loss of access to key brand medications and cover the increasing cost of generic medications.)

Item 283 #1h

Health and Human Resources		
Department of Health		Language

Language:

Committee Approved Amendments to House Bill 30, as Introduced

Page 329, after line 41, insert:

"G. The Virginia Department of Health is authorized to expend funding carried forward from Chapter 725, 2025 Acts of Assembly, for grant awards made to localities in fiscal year 2026 to upgrade or replace existing drinking water infrastructure in Greene County, Fauquier County and the Town of Bowling Green. Any unexpended balances in this paragraph at the close of business on June 30, 2027 and June 30, 2028 shall not revert to the general fund but shall be carried forward and reappropriated for this purpose."

Explanation:

(This amendment provides ongoing authority for the Virginia Department of Health to expend \$25 million from the general fund that was appropriated in fiscal year 2026 and carried forward into fiscal year 2027 for three local drinking water infrastructure projects approved by the department in fiscal year 2026. Language provides authority to carry forward funding to fiscal year 2029. Drinking water infrastructure projects are often multi-year projects to complete the design, contract awards and construction.)

Item 286 #1h

Health and Human Resources

FY26-27

FY27-28

Department of Health

\$14,937,705
\$578,702
14.00

\$16,908,844 GF
\$578,702 NGF
14.00 FTE

Language:

Page 330, line 17, strike "\$47,665,967" and insert "\$63,182,374".

Page 330, line 17, strike "\$46,232,620" and insert "\$63,720,166".

Explanation:

(This amendment adds \$14.9 million the first year and \$16.9 million the second year from the general fund and \$578,702 each year from nongeneral funds and 14 positions to provide core public health services administered by the Virginia Department of Health. Funding shall be used for disease surveillance, tracking, and monitoring systems; community health services support; epidemiology and informatics; ongoing maintenance and operational support for core health technology systems; environmental health services; medical facility complaint investigations; and modernizing legacy data infrastructure to the cloud to meet state and federal regulatory requirements. Funding will support 8 additional staff for community health services and six additional medical facility complaint investigators.)

Item 286 #2h

Committee Approved Amendments to House Bill 30, as Introduced

Health and Human Resources	FY26-27	FY27-28	
Department of Health	\$75,000	\$75,000	GF

Language:

Page 330, line 17, strike "\$47,665,967" and insert "\$47,740,967".
Page 330, line 17, strike "\$46,232,620" and insert "\$46,307,620".

Explanation:

(This amendment provides \$75,000 from the general fund each year as the state match for \$225,000 from the Outdoor Advertising Association of Virginia (OAAV) for the purpose of initiating a billboard campaign to promote childhood immunizations and other critical health issues. The funds provided by the OAAV represent a 3 for 1 discount for different types of advertising: traditional billboards, poster signage, and digital billboards. Run times can vary depending on options selected by the Virginia Department of Health.)

Item 288 #1h

Health and Human Resources	FY26-27	FY27-28	
Department of Health Professions	(\$153,850)	(\$176,620)	NGF

Language:

Page 332, line 8, strike "\$53,010,551" and insert "\$52,856,701".
Page 332, line 8, strike "\$53,033,321" and insert "\$52,856,701".
Page 332, strike lines 48 through 51.
Page 333, strike lines 1 through 10.

Explanation:

(This amendment removes \$153,850 from the nongeneral fund the first year and \$176,620 from the nongeneral fund the second year and establishing language for the "Virginia Center for the Nursing Workforce" within the Department of Health Professions. The Virginia Nursing Workforce Center was created by the Virginia Health Workforce Development Authority in 2025 and serves this purpose.)

Item 288 #2h

Health and Human Resources		
Department of Health Professions		Language

Language:

Committee Approved Amendments to House Bill 30, as Introduced

Page 333, after line 9, insert:

"E. The Board of Pharmacy shall increase its membership by adding one registered pharmacy technician, effective July 1, 2026."

Explanation:

(This amendment is self-explanatory.)

	Item 288 #3h	
Health and Human Resources	FY26-27	FY27-28
Department of Health Professions	\$254,900	\$254,900 NGF

Language:

Page 332, line 8, strike "\$53,010,551" and insert "\$53,265,451".

Page 332, line 8, strike "\$53,033,321" and insert "\$53,288,221".

Explanation:

(This amendment provides \$254,900 in fiscal year 2027 and \$254,900 in fiscal year 2028 from nongeneral funds, pursuant to the passage of House Bill 970 and House Bill 1147, 2026 Session of the General Assembly. House Bill 970 provides that any dental assistant or dental assistant II with a minimum amount of clinical experience may obtain certification to provide additional treatment provided they meet certain educational and certification requirements. House Bill 970 directs the Boards of Medicine and Nursing to require all practitioners licensed by the Boards to complete continuing education related to bias reduction in health care as a condition for license renewal.)

	Item 290 #1h	
Health and Human Resources	FY26-27	FY27-28
Department of Medical Assistance Services	\$13,209,963 \$21,432,904	\$16,276,704 \$26,161,845 GF NGF

Language:

Page 333, line 36, strike "\$469,647,232" and insert "\$504,290,099".

Page 333, line 36, strike "\$493,185,700" and insert "\$535,624,249".

Page 334, strike lines 36 through 44.

Page 334, line 45, strike "I." and insert "H."

Explanation:

Committee Approved Amendments to House Bill 30, as Introduced

(This amendment restores funding each year for coverage of prenatal and post partum services for individuals otherwise ineligible due to undocumented immigration status, as allowed at state option under Title XXI of the Social Security Act. The amendment also strikes language in the introduced budget which eliminates this coverage.)

Item 291 #1h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 370, after line 8, insert:

"QQQQQ. The Department of Medical Assistance Services shall update its reimbursement methodology for rehabilitation hospitals to provide more equitable reimbursement rates for each rehabilitation hospital relative to its total cost of services provided to Medicaid recipients."

Explanation:

(This amendment adds language directing the Department of Medical Assistance Services to update Medicaid reimbursement methodologies for rehabilitation hospitals to provide more equity in reimbursement rates for those that serve more Medicaid recipients at a higher acuity level. It will improve access to care for those Medicaid recipients with the most severe rehabilitation needs.)

Item 291 #2h

Health and Human Resources

FY26-27

FY27-28

Department of Medical Assistance Services

\$326,891
\$554,736

\$375,134 GF
\$634,729 NGF

Language:

Page 334, line 48, strike "\$28,934,352,589" and insert "\$28,935,234,216".

Page 334, line 48, strike "\$30,476,743,886" and insert "\$30,477,753,749".

Explanation:

(This amendment provides \$326,896 the first year and \$375,134 the second year from the general fund and \$554,736 the first year and \$634,729 the second year from nongeneral funds to effectuate the provisions of House Bill 425, 2026 Session of the General Assembly, which expands provisions for Medicaid payment for remote patient monitoring services via telemedicine for pregnant persons age 35 and older. It also includes postpartum care for eligible

pregnant persons. Under current law, only high-risk pregnancies are covered.)

Item 291 #3h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 370, after line 8, insert:

"QQQQQ.1. Notwithstanding regulations established at 12VAC30-90-44, the Department of Medical Assistance Services shall submit any required state plan or waiver amendments to defer the next scheduled nursing facility price rebasing, which would have changed rates as of July 1, 2027, with the normal rebasing cycle resuming for rates effective July 1, 2030. Beginning upon enactment of this act through the period of the deferral, the department shall work with stakeholders, to include the Virginia Health Care Association and any others as deemed relevant by the department, to identify and examine methodological concerns with the current nursing facility reimbursement system and to the extent necessary, propose modifications to address any concerns identified for which solutions can be found. Additionally, the group shall review and recommend quality improvement initiatives to be incentivized within the payment rate as appropriate. This process is not intended to increase nursing facility reimbursement in the aggregate, but rather to correct methodological concerns within aggregate reimbursement levels already established as adjusted annually for utilization and inflation while also promoting improved quality. Nothing herein shall preclude separate budget action affecting aggregate reimbursement levels.

2. The department shall report annually each December 1, beginning with 2026 through the deferral period on the identified methodological issues and progress toward solutions. This report shall include an assessment from the department and stakeholders, including dissenting opinions of any stakeholder group, if necessary, on the practicality of any proposed solutions and feasibility and potential timeline for implementing such solutions. The annual report is intended to inform Governor and General Assembly of the need to continue the deferral or when implementation of the rebasing could take place as defined in regulations albeit with any approved modifications in place. This report shall be provided to the Governor, Senate Finance and Appropriations and Education and Health Committees, and the House Appropriations and Health and Human Services Committees.

3. This item does not authorize any changes to the reimbursement system as currently defined; subsequent authority must be granted to implement any specific recommended modifications. To the extent the rebasing is determined to be feasible by the Governor and General Assembly, and modifications developed under this item are adopted, the rebasing would be scheduled for the state fiscal year beginning no less than 12 months subsequent to the adoption of the relevant reforms in order to allow time for the Department to implement the rebasing."

Explanation:

(This amendment adds language requiring the Department of Medical Assistance Services to defer schedule nursing facility rebasing and examine the methodology used to rebase Medicaid rates for nursing facilities. Language requires the agency to work with stakeholders to identify and address methodological concerns and to propose modifications which address those concerns. It also requires that the agency and stakeholders review and recommend quality improvement initiatives to be incentivized within the payment rate as appropriate. Language requires the agency to report annually beginning December 1, 2026 through the deferral period to the Governor, the Senate Finance and Appropriations and Education and Health Committees, and the House Appropriations and Health and Human Services Committees. No authority is provided to make changes to the reimbursement system, but requires the next rebasing of nursing facility rates to be resumed for rates effective July 1, 2030.)

Item 291 #4h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 368, line 30, after "authority for a" strike "demonstration".

Page 368, line 31, after "disorders", strike "by".

Page 368, line 32, strike "January 1, 2026".

Explanation:

(This amendment strikes language requiring the Department of Medical Assistance Services to seek the appropriate waiver authority for a demonstration project to add neurobehavioral and neurorehabilitation facilities to support 20 individuals with traumatic brain injuries and neurocognitive disorders by January 1, 2026. The department has been in negotiations with the federal Centers for Medicare and Medicaid and will now have to modify the type of waiver it seeks to provide Medicaid coverage for these services. Language strikes the type of waiver, providing more flexibility to the department as it continues discussions with CMS on the waiver and eliminates the date of January 1, 2026 by which the department was required to seek the demonstration waiver.)

Item 291 #5h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Committee Approved Amendments to House Bill 30, as Introduced

Page 355, after line 19, insert:

"7.a. The Virginia Health Workforce Development Authority shall require all sponsoring institution hospitals receiving state supplemental Graduate Medical Education funding to participate in an annual data collection and reporting process designed to evaluate the effectiveness, geographic distribution, and workforce outcomes of state-supported residency and fellowship training. Institutions that fail to submit required data in a timely manner may be deemed ineligible for funding in future years.

b. Required reporting shall include, at a minimum, the number and name of residents supported with state funds, by specialty and training year, including the medical school each resident attended and their primary state of residence prior to medical school, the number of first year positions created or sustained with state support, identification of rural and underserved training locations and annual duration of training at such sites, program accreditation status, and total approved compared to filled positions by post-graduate year. The report shall also include the amount of Medicare Direct Graduate Medical Education (DGME) and Indirect Medical Education (IME) funding submitted for the most recently completed Medicare cost reporting year, including an attestation that state funding does not supplant existing Medicare funding under the institution's approved DGME cap. The report shall further include the institution's Per Resident Amount (PRA), if established; the number of resident full-time equivalents (FTEs) claimed for DGME; the number of resident positions exceeding the institution's DGME cap for programs beyond the five-year cap-building period; and an annual budget reconciliation for supplemental funding. Additional data may be requested as deemed necessary by the Authority to assess workforce alignment of state health needs and facilitate physician workforce forecasting.

c. The Authority shall compile the submitted information into a biennial statewide Graduate Medical Education Impact Report and shall use the reported data to inform funding recommendations, program eligibility and future appropriations. The Impact Report shall be submitted to the Governor and Chairs of the House Appropriations and Senate Finance and Appropriations Committees.

8. The Department of Medical Assistance Service shall provide the Virginia Health Workforce Development Authority with quarterly reports detailing the occurrences of supplemental federal and state Medicaid payments made for Graduate Medical Education. Such reports shall include completed and pending aggregate payment amounts by sponsoring institutions and residency programs, as necessary to support statewide supplemental Graduate Medical Education oversight and reporting.

9. Any unexpended balance in this item at the close of business on June 30 each year shall not revert to the general fund but shall be carried forward and reappropriated."

Explanation:

(This amendment establishes an annual data reporting process to evaluate the state-supported residency and fellowship training programs outlined in the budget. The Virginia Health

Committee Approved Amendments to House Bill 30, as Introduced

Workforce Development Authority will require the information to be submitted for participation in the award program and may deem institutions that fail to submit the information to be ineligible for future funding. This amendment also requires DMAS to provide quarterly payment reports. The Authority will report findings in its biennial report. The amendment includes carry forward language to reappropriate any unspent funding to be allocated for a future cohort.)

Item 291 #6h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 370, after line 8, insert:

"QQQQQ. The Department of Medical Assistance Services shall amend existing contracts with Medicaid managed care organizations (MCOs) to require the MCOs to adopt performance metrics for Medicaid Non-Emergency Medical Transportation (NEMT) brokers consistent with performance metrics implemented for the Fee-for-Service NEMT program and require such MCOs to report annually to the Department regarding the performance of the NEMT brokers on such metrics."

Explanation:

(This amendment adds language requiring Medicaid MCOs to adopt performance metrics for Medicaid NEMT brokers consistent with those in the Medicaid Fee-for-Service program. Currently, metrics collected by MCOs and reported to DMAS regarding their NEMT programs lack specificity and limit insight into the quality or performance gaps among NEMT programs operating in the Commonwealth. Additional, comprehensive metrics, such as those required for the Fee-For-Service NEMT program, could improve DMAS's understanding of the performance of NEMT programs and identify areas in which performance could be improved to meet Medicaid members' need for transportation to health care services.)

Item 291 #7h

Health and Human Resources

FY26-27

FY27-28

Department of Medical Assistance Services

\$326,700

\$326,700 NGF

Language:

Page 334, line 48, strike "\$28,934,352,589" and insert "\$28,934,679,289".

Page 334, line 48, strike "\$30,476,743,886" and insert "\$30,477,070,586".

Page 370, after line 8, insert:

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"QQQQQ. The Department of Medical Assistance Services shall modify the existing interagency agreement with the Department of Health to match the non-federal share of funding for the Virginia Center for Health Innovation Virginia Task Force on Primary Care to that provided through appropriations in the Virginia Department of Health."

Explanation:

(This amendment adds \$326,700 each year in nongeneral funds as the federal match for the general fund appropriation provided to the Virginia Task Force on Primary Care funded through the Virginia Department of Health.)

Item 291 #8h

Health and Human Resources

FY26-27

FY27-28

Department of Medical Assistance Services

\$4,361,275
\$4,563,297

\$5,200,887 GF
\$5,427,466 NGF

Language:

Page 334, line 48, strike "\$28,934,352,589" and insert "\$28,943,277,161".

Page 334, line 48, strike "\$30,476,743,886" and insert "\$30,487,372,239".

Page 357, line 49, after "disorder" insert:

"or for a child age 5 or younger who has not yet received a final diagnosis, a provisional diagnosis may be accepted".

Explanation:

(This amendment restores funding and modifies language in the introduced budget to allow for a provisional diagnosis of autism spectrum disorder for children age 5 or younger in order to receive Applied Behavioral Analysis (ABA) services. The introduced budget included language requiring a diagnosis of autism spectrum disorder in order to receive ABA services. A final diagnosis of autism spectrum in young children is often difficult. However, services are critical in assisting with communication, social interaction, daily routines, and managing challenging behaviors at a time when foundational skills are forming and the brain is developing rapidly. These services can have a major impact on later development.)

Item 291 #9h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 365, line 11, strike "no longer" and insert "only".

Page 365, line 12, after "weight loss", strike "except".

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- Page 365, line 13, after "greater than", insert "or equal to".
- Page 365, line 14, after "greater than", insert "or equal to".
- Page 365, line 15, after "greater than", insert "or equal to".
- Page 365, line 15, after "pre-diabetes" strike "or" and insert ", "
- Page 365, line 16, after "disease" insert ", or obstructive sleep apnea".
- Page 365, line 17, strike ", excluding Glucagon-like peptide-1 drugs and".
- Page 365, line 18, strike "any other newer weight loss medications".
- Page 365, line 26, after "changes, as needed, to", insert:
"and/or managed care contract changes, as needed, to pursue and".
- Page 365, line 26, after "use of", insert "(i)".
- Page 365, line 27, "after medications," insert:
"or (ii) any rebate or value-based purchasing agreement negotiated directly between the federal government and a manufacturer of GSP-1 receptor agonist medications".
- Page 365, line 28, after "price", insert:
"to the Commonwealth".
- Page 365. strike lines 30 through 32, and insert:
"4. DMAS shall not list on the Common Core Formulary, any drug in the Common Core Formulary class which contains GLP-1 receptor agonist medications, for any indication described in paragraph MMMM 2, if the net price for a one-month supply exceeds \$245 through the best agreement available to the state."

Explanation:

(This amendment modifies language in the introduced budget regarding the coverage of weight loss medications in the Medicaid program. The amendment requires the Department of Medical Assistance Services (DMAS) to amend the state plan for medical assistance and regulations to cover weight loss drugs in certain circumstances. It clarifies coverage for individuals with a body mass index greater than or equal to the percentages listed among the criteria and adds criteria for coverage when an individual has a BMI greater than or equal to 27 and has obstructive sleep apnea. It removes unnecessary language excluding GLP-1 medications and newer weight loss drugs, from criteria allowing coverage for traditional weight loss drugs. It provides DMAS with authority to make managed care contract changes and pursue any rebate or value-based purchasing agreement negotiated between the federal government and a manufacturer of GLP-1 receptor agonist medications if the net price to the Commonwealth is lower than that obtained under an existing rebate agreement. Finally, it clarifies that DMAS is prohibited from listing a GLP-1 medication on the Common Core Formulary for weight loss if the net price for a one-month supply exceeds \$245.)

Item 291 #10h

Health and Human Resources

FY26-27

FY27-28

Department of Medical Assistance
Services

\$11,000,000
\$48,235,326

\$13,000,000 GF
\$56,892,473 NGF

Language:

Page 334, line 48, strike "\$28,934,352,589" and insert "\$28,993,587,915".

Page 334, line 48, strike "\$30,476,743,886" and insert "\$30,546,636,359".

Page 369, strike lines 24 through 30 and insert:

"LLLLL. The Department of Medical Assistance Services (DMAS) shall limit the hours and/or timeframes per recipient on community stabilization service, to ensure expenditures for this service do not exceed available appropriation effective July 1, 2026. Community stabilization service will remain as an option until June 30, 2028 or until all individuals receiving those services are evaluated for new behavioral health services and are referred to an appropriate, available service. Authorizations may not be approved for a community stabilization service and a corresponding "new service" for the same individual at the same time. DMAS shall have the authority to amend any necessary waiver(s) and/or state plan amendments under Titles XIX and XXI of the Social Security Act. The department shall promulgate emergency regulations to implement this change within 280 days or less from the enactment of this act. The department shall implement this change upon federal approval and prior to the completion of any regulatory process undertaken in order to effect such change."

Explanation:

(This amendment partially restores funding and modifies language in the introduced budget to continue funding Medicaid behavioral health community stabilization services, while new behavioral health services are brought online by the Department of Medical Assistance Services (DMAS). Language provides authority for DMAS to apply appropriate limits to the service to ensure expenditures do not exceed the available appropriation, effective July 1, 2026. Language delays the full elimination of these services until June 30, 2028 to allow for the implementation of redesigned Medicaid behavioral health services which are scheduled to begin implementation on or after January 1, 2027.)

Item 291 #11h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 358, line 45, after, "change." insert:

"It is the intent of the General Assembly when enacting this item, the department shall continue payment of the 15 percent reimbursement rate add on pursuant to Chapter 780, 2016 Acts of Assembly, Item 306, paragraph CCC 7 and the 10.4% reimbursement rate add on, pursuant to Chapter 56, 2020 Special Session I Acts of Assembly, Item 313, paragraph KKKK."

Explanation:

(This amendment clarifies the intent of the General Assembly that the Department of Medical

Assistance Services recognize prior year increases effective fiscal year 2017 and fiscal year 2021 to the reimbursement rate of a nursing facility operating with at least 80 percent of the resident population having one or more of the following diagnoses: quadriplegia, traumatic brain injury, multiple sclerosis, paraplegia, or cerebral palsy; and with at least 90 percent Medicaid utilization and a case mix index of 1.15 or higher in fiscal year 2014. Only one nursing facility, the Virginia Home, met the criteria set forth in prior Appropriations Acts when the increases were approved and provided. Funding for this nursing facility incorporating these past increases is contained in the introduced budget.)

Item 291 #12h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 368, strike lines 38 through 56 and insert:

"HHHHH.1. The Department of Medical Assistance Services shall reimburse at the applicable Indian Health Services (IHS) outpatient all-inclusive rate (AIR) published annually in the Federal Register for all services authorized to be reimbursed at that rate under the Medicaid State Plan and furnished by (i) a facility operated by IHS, or (ii) a facility operated by a federally recognized Tribe or Tribal organization under a contract or compact authorized by Title I or Title V of the Indian Self-Determination and Education Assistance Act ("Tribal 638 facility") provided that such payment shall not result in additional net impact to the state general fund, beyond what is appropriated, for services ineligible for reimbursement at the federal medical assistance percentage (FMAP) of 100 percent. For any services provided by IHS or a Tribal 638 facility that are not eligible for reimbursement at 100 percent FMAP, DMAS shall reimburse at standard Medicaid rates (the rates otherwise paid to non-tribal facilities for the same services) and not at the AIR.

2. If the above rate structure is not approved by the Centers for Medicare and Medicaid Services (CMS), DMAS shall reimburse at the AIR, provided that the Department and a Tribe or Tribal organization operating a Tribal 638 facility enter into an agreement under which the Tribe or Tribal organization's expenditures or reimbursement comprise the Commonwealth's share of the FMAP. Such agreement may be (1) an arrangement for certified public expenditures of the Tribe or Tribal organization to comprise the non-federal share, or (2) an arrangement for an intergovernmental transfer from the Tribe or Tribal organization to DMAS to comprise the non-federal share, as permitted under 42 C.F.R. § 433.51. Such payment arrangement shall not result in additional net impact to the state general fund, beyond what is appropriated, for services ineligible for reimbursement at 100 percent FMAP. Such payment arrangement shall be subject to CMS approval. Should DMAS and a Tribe or Tribal organization operating a Tribal 638 facility not enter into such an agreement, or should such payment arrangement not be permitted by CMS or not be eligible for federal financial participation, DMAS shall seek federal authority

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to reimburse the Tribal 638 facility at the standard Medicaid rates for corresponding non-tribal provider types. DMAS is authorized to make any necessary managed care contract changes and seek all necessary federal authority through state plan or waiver amendments submitted to CMS under Titles XIX and XXI of the Social Security Act to implement the provisions of this item. The Department shall implement this reimbursement change consistent with the effective date of the appropriate federal authority, and prior to the completion of any regulatory process."

Explanation:

(This amendment modifies authority for Department of Medical Assistance Services (DMAS) to reimburse a facility operated by the Indian Health Services or a facility operated by a federally recognized Tribe or Tribal organization for Medicaid outpatient services. It requires DMAS to reimburse any outpatient services that are not eligible for 100 percent federal reimbursement, at the rates paid to non-tribal facilities for the same services. This is similar to language contained in Chapter 725, which restricts Medicaid reimbursement for outpatient services at the all-inclusive rate to those services eligible for 100% federal reimbursement and requires all others to be reimbursed at standard Medicaid rates. It adds language to require DMAS to reimburse at the all-inclusive rate if there is an agreement by the Tribe or Tribal organization to provide the non-federal share for services that are not eligible for reimbursement at the 100 percent federal match rate, in the event the Centers for Medicare and Medicaid does not approve the reimbursement methodology described in HHHHH.1. If not approved by CMS, language requires DMAS to seek federal approval to reimburse the Tribal 638 facility at the standard Medicaid rate for corresponding non-tribal members.)

Item 291 #13h

Health and Human Resources	FY26-27	FY27-28	
Department of Medical Assistance Services	\$3,496,496	\$3,490,689	GF
	\$3,940,205	\$3,871,012	NGF

Language:

Page 334, line 48, strike "\$28,934,352,589" and insert "\$28,941,789,290".

Page 334, line 48, strike "\$30,476,743,886" and insert "\$30,484,105,587".

Page 370, after line 8, insert:

"QQQQQ.1. Effective July 1, 2026, the Department of Medical Assistance Services shall seek any necessary waivers and/or State Plan for Medical Assistance amendments under Titles XIX and XXI of the Social Security Act to provide coverage for sickle cell treatments for Medicaid enrollees through the Cell and Gene Therapy Access Model in partnership with the federal Centers for Medicare and Medicaid. The department shall have the authority to implement these changes upon federal approval and prior to completion of any regulatory process undertaken in order to effect such change.

2. The Department of Medical Assistance Services shall have the authority to separate the cost

of a sickle cell disease drug from the cost to administer the drug for the purposes of participating in the Cell and Gene Therapy Access Model."

Explanation:

(This amendment adds funding and language to provide Medicaid, Medicaid Children's Health Insurance Program (M-CHIP) and Family Access to Medical Insurance Security (FAMIS) coverage for sickle cell treatments through a specific model of care in partnership with the federal Centers for Medicare and Medicaid (CMS). In 2025, CMS announced that 33 states, along with the District of Columbia and Puerto Rico, will be participating in the Cell and Gene Therapy (CGT) Access Model, including Virginia. The initial focus of the model is on access to gene therapy treatments for people living with sickle cell disease, a genetic blood disorder. The Cell and Gene Therapy (CGT) Access Model aims to improve the lives of people living with rare and severe diseases by increasing access to potentially transformative treatments. It is a multi-year, voluntary model for states and manufacturers to test whether a CMS-led approach to developing and administering outcomes-based agreements (OBAs) for cell and gene therapies increases access to innovative treatment, improves health outcomes, and reduces health care costs and burden to state Medicaid programs. Language also provides the agency with authority to unbundle the cost of the drugs from the cost of administer the drugs.)

Item 291 #14h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 356, line 27, after "projections.", strike:

"No new Medicaid behavioral health services or rates shall be implemented until".

Page 356, strike lines 28 and 29 and insert:

"The new Medicaid behavioral health services and rates may be authorized when all required elements are in place after January 1, 2027. Legacy services will remain as an option until July 1, 2027 or until all individuals receiving those services are evaluated for new services and are referred to an appropriate, available service. Authorizations may not be approved for a legacy services and a corresponding "new service" for the same individual at the same time. The".

Page 356, line 34, after "process.", insert:

"The Department of Medical Assistance Services shall report to the Joint Subcommittee for Health and Human Resources Oversight and the Behavioral Health Commission on the status of the regulations, guidance documents, provider manuals, assessment tools, training materials and related materials including a timeline for completion of the above no later than November 1, 2026."

Explanation:

Committee Approved Amendments to House Bill 30, as Introduced

(This amendment modifies language in the introduced budget which delays the implementation of redesigned Medicaid behavioral health services until January 1, 2027. Language requires that legacy behavioral health services will remain as an option until July 1, 2027 or until all individuals receiving those services are evaluated for new services and are referred to an appropriate, available service. Language also prohibits the approval of legacy services and a corresponding new service for the same individual at the same time. Language requires a status report to the Joint Subcommittee for Health and Human Resources Oversight and the Behavioral Health Commission by November 1, 2026.)

Item 291 #15h

Health and Human Resources

FY26-27

FY27-28

Department of Medical Assistance
Services

(\$13,698,140)
(\$28,004,172)

(\$16,644,387)
(\$33,546,378)

GF
NGF

Language:

Page 334, line 48, strike "\$28,934,352,589" and insert "\$28,892,650,277".

Page 334, line 48, strike "\$30,476,743,886" and insert "\$30,426,553,121".

Page 370, after line 8, insert:

"QQQQ. In developing capitation rates for the Cardinal Care Managed Care program, the department shall limit the assumed underwriting gain (margin for risk and cost of capital) to one percent of Medicaid adjusted premium revenue on average across all covered populations and rating cells. The department shall ensure that capitation rates are developed in a manner that is actuarially sound while reflecting this one percent underwriting gain assumption. The department shall not incorporate an assumed underwriting gain in excess of one percent in the actuarial rate certification for any contract period unless otherwise expressly authorized by the General Assembly."

Explanation:

(This amendment lowers the assumed underwriting gain from 1.25 percent to 1.0 percent of Medicaid adjusted premium revenue in the development of capitations rates for the Medicaid Cardinal Care Managed Care program. Changes to the profit caps for the program beginning in fiscal year 2026, increased costs to the Medicaid program due to an increase the underwriting gain from 1.0 to 1.25 percent, contrary to provisions in the Appropriations Act (Ch. 725, 2025 Session of the General Assembly). This amendment would reverse that action and maintain the profit caps in place prior to this change.)

Item 291 #16h

Committee Approved Amendments to House Bill 30, as Introduced

Health and Human Resources	FY26-27	FY27-28	
Department of Medical Assistance	\$500,000	\$0	GF
Services	\$500,000	\$0	NGF

Language:

Page 334, line 48, strike "\$28,934,352,589" and insert "\$28,935,352,589".

Page 370, after line 8, insert:

"QQQQQ. Out of this appropriation, \$500,000 from the general fund and \$500,000 from nongeneral funds the first year is provided to the Department of Medical Assistance Services (DMAS) to expand Medicaid/FAMIS outreach and enrollment services provided under its contract with the Virginia Health Care Foundation (VHCF). These amounts are in addition to the current outreach and enrollment funding allocated to VHCF by DMAS and shall be used to grow VHCF's outreach and enrollment capacity and reach. Effective July 1, 2026, DMAS shall continue to contract with VHCF to provide Medicaid/FAMIS outreach and enrollment services on an ongoing basis. Where allowable, DMAS shall fund the program with Children's Health Insurance Program Administrative funds and access the applicable federal match. Any unexpended balances for the purposes specified in this paragraph which are unexpended on June 30, 2027, shall not revert to the general fund but shall be carried forward and reappropriated in fiscal year 2028."

Explanation:

(This amendment provides funding and language to expand the Virginia Health Care Foundation's (VHCF) Project Connect, which conducts outreach and enrollment services for the Medicaid programs. This expansion will ensure eligible Virginians can navigate the new federal Medicaid requirements, pursuant to H.R.1, Public Law No. 119-21, H.R. 1, 119th Cong. (2025-2026). This will fund up to six additional outreach workers, along with additional training resources. VHCF has contracted with DMAS for more than 25 years, helping to navigate every major change in the Virginia Medicaid program, enrolling more than 165,000 Virginians and training more than 20,000 community, health care, and social services staff. Language provides the authority to carry over any unexpended funds provided for this purpose in fiscal year 2027 to fiscal year 2028.)

Item 291 #17h

Health and Human Resources	FY26-27	FY27-28	
Department of Medical Assistance	\$892,690	(\$10,632,354)	GF
Services	\$975,342	(\$38,407,756)	NGF

Language:

Page 334, line 48, strike "\$28,934,352,589" and insert "\$28,936,220,621".

Page 334, line 48, strike "\$30,476,743,886" and insert "\$30,427,703,776".

Page 370, after line 8, insert:

"QQQQQ. The Department of Medical Assistance Services (DMAS) shall amend the State Plan for Medical Assistance and any necessary waivers under Titles XIX and XXI of the Social Security Act to carve out pharmacy claims covered pursuant to Section 340B of the Public Health Services Act received from institutional providers who participate in the Medicaid and children's health insurance programs."

Explanation:

(This amendment adds \$892,690 from the general fund and \$975,342 from nongeneral funds the first year and reduces \$10.6 million from general fund and \$38.4 million from nongeneral funds the second year requiring the Department of Medical Assistance Services (DMAS) to carve out pharmacy 340B covered claims from from the Medicaid program. Currently, DMAS allows institutional providers, such as hospitals, to file pharmacy claims for DMAS administered medical assistance programs for which they receive a more favorable 340B pricing, allowing them to achieve savings for drugs they purchase and administer. However, DMAS is not allowed to claim manufacturer rebates for these prescription drugs. By excluding 340B covered claims from DMAS programs, DMAS will be able to claim manufacturer drug rebates on prescription drugs administered by such entities or filled by their pharmacies, thus lowering the price of medications for Medicaid and the children's health insurance programs. This will ensure that institutional providers can target 340B discounted prices for uninsured and underinsured patients who are not eligible for Medicaid and the children's health insurance programs.)

Item 291 #18h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 352, line 20, strike "2024" and insert "2026".

Page 352, line 22, strike "\$16,000,000" and insert:
"the DSH formula effective in fiscal year 2026".

Page 352, line 22, after "annually", strike the remainder of the line.

Page 352, line 23, strike:

"prior to Medicaid expansion without regard to the uncompensated care cost limit."

Page 352, line 25, strike:

"If the federal regulation is voided, DMAS shall continue DSH payments".

Page 352, line 26, strike:

"to the impacted hospitals and adjust the additional hospital supplemental payments authorized".

Page 352, line 27, strike:

"in this paragraph accordingly."

Explanation:

(This amendment modifies the formula for providing additional Medicaid supplemental payment funding to the Children's Hospital of the King's Daughters (CHKD) to stabilize funding and prevent future dramatic financial fluctuations. This supplemental payment is in lieu of Disproportionate Share Hospital (DSH) payments for which CHKD is no longer eligible after 2017 federal changes to the DSH limit. Payments remain tied to the State Plan formula for CHKD's DSH, calculated as eligible days multiplied by three times the DSH per diem for most hospitals (Type Two hospitals) not including the state's teaching hospitals (Type One hospitals). This language change would establish a funding floor at the fiscal year 2026 level of state support, with no impact on impact on state general fund dollars.)

Item 291 #19h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 351, after line 5, insert:

"11.a. The Department of Medical Assistance Services shall amend the State Plan for Medical Assistance to make supplemental indirect medical education payments for managed care services for private teaching hospitals that have executed affiliation agreements with public entities that are capable of transferring funds to the Department for purposes of covering the non-federal share of the authorized payments. Such public entities would enter into an Interagency Agreement with the department for this purpose. Public entities are authorized to use general fund dollars to accomplish this transfer. The funds to be transferred must comply with 42 CFR 433.51 and 433.54. As part of the Interagency Agreements the department shall require the public entities to attest to compliance with applicable CMS criteria. The department shall also require any private hospital and related health systems receiving payments under this Item to attest to compliance with applicable CMS criteria. The department shall have the authority to implement these changes prior to completion of any regulatory process undertaken in order to effect such change.

b. The supplemental indirect medical education payments for managed care services shall be based on the Medicare formula using total residents reported to the Department annually by the hospital prior to the beginning of the fiscal year for the resident to bed ratio applied to managed care hospital payments reported to the Department through the encounter system adjusted to cost minus IME payments for managed care services currently authorized. The Department shall calculate these supplemental indirect medical education payments prior to the beginning of the fiscal year based on the most recently available data and these payments shall be final."

Page 351, line 6, strike "11" and insert "12".

Page 351, line 21, strike "12" and insert "13".

Page 351, line 33, strike "13" and insert "14".

Explanation:

(This amendment adds language to allow private hospitals with smaller teaching training operations, to qualify for increased indirect medical education (IME) funding. Qualifying hospitals will have public partners capable of providing the non-federal share of the enhanced funding.)

Item 291 #20h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 351, after line 5, insert:

"11. The Department of Medical Assistance Services shall have the authority to amend the State Plan for Medical Assistance to make supplemental payments through an adjustment to the formula for indirect medical education (IME) reimbursement, using managed care discharge days, for an acute care hospital chain with a level two trauma center in the Peninsula EMS region in 2023, upon the execution of affiliation agreements with public entities that are capable of transferring funds to the department for purposes of covering the non-federal share of the authorized payments. The level of these additional IME supplemental payments may be up to the amounts supported by the formula applicable to Type One hospitals. Such public entities would enter into an Interagency Agreement with the department for this purpose. Public entities are authorized to use general fund dollars to accomplish this transfer. The funds to be transferred must comply with 42 CFR 433.51 and 433.54. As part of the Interagency Agreements the department shall require the public entities to attest to compliance with applicable CMS criteria. The department shall also require any private hospital and related health systems receiving payments under this Item to attest to compliance with applicable CMS criteria. The department shall have the authority to implement these changes prior to completion of any regulatory process undertaken in order to effect such change."

Page 351, line 6, strike "11" and insert "12".

Page 351, line 21, strike "12" and insert "13".

Page 351, line 33, strike "13" and insert "14".

Explanation:

(This amendment adds language to allow Riverside Hospital system to qualify for increased indirect medical education (IME) funding using the same formula applied to the two state

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teaching hospitals (Type One hospitals), in order to support medical education provided through the hospital system. Public partner(s) would provide the non-federal share of the enhanced funding.)

Item 295 #1h

Health and Human Resources	FY26-27	FY27-28	
Department of Medical Assistance Services	\$2,174,667	(\$3,439,181)	GF
	\$7,521,333	\$1,873,662	NGF
	8.00	8.00	FTE

Language:

Page 371, line 1, strike "\$452,717,516" and insert "\$462,413,516".

Page 371, line 1, strike "\$444,766,550" and insert "\$443,201,031".

Page 379, after line 22, insert:

"RR. Notwithstanding § 32.1-325.5 of the Code of Virginia, the Department of Medical Assistance Services shall issue a request for proposals (RFP) for a single third-party administrator to serve as the state pharmacy benefits manager (PBM) to administer all pharmacy benefits for Medicaid recipients, including those enrolled in a managed care organization with whom the Department contracts for the delivery of Medicaid services by January 1, 2027. The RFP for the Medicaid single Pharmacy Benefits Manager shall require that a qualified bidder is one that shares no ownership with any Medicaid managed care organization (excluding a prepaid Ambulatory Health Plan) or any licensed pharmacy. Furthermore, a qualified bidder must maintain no direct or indirect financial arrangements with drug manufacturers or labelers that create incentives for formulary decisions, drug substitution, or utilization management, including rebates, discounts, chargebacks, claw backs, or data sales. The department shall review and incorporate provisions of PBM legislation considered during the 2026 Session of the General Assembly in developing the RFP, as appropriate, including provisions that ensure network adequacy for Medicaid patients and address transparency. The department shall award a contract to the single third party administrator by July 1, 2027."

Explanation:

(This amendment adds \$2.2 million from the general fund and \$7.5 million from federal matching funds the first year and 8 positions. It reduces \$3.4 million from the general fund and adds \$1.9 million from federal matching funds in the second year to reflect the initial costs and savings of implementing a single Medicaid Pharmacy Benefit Manager (PBM), pursuant to Chapter 701, 2025 Acts of Assembly. The Department of Medical Assistance Services (DMAS) was to have selected and contracted with a single Medicaid PBM by July 1, 2026, but the implementation was delayed due to the unknown costs and savings that would occur with its implementation and the absence of an appropriation to develop and award a contract for a third party administrator to serve as the PBM. Funding reflects an analysis from an independent study of the implementation of a single pharmacy benefits manager required by the 2025 legislation.

Committee Approved Amendments to House Bill 30, as Introduced

This amendment adds language with requirements for the request for proposal, including a requirement that DMAS review and incorporate provisions of PBM legislation that were considered during the 2026 Session, as appropriate, particularly provisions ensuring network adequacy for Medicaid patients and addressing transparency.)

Item 295 #2h

Health and Human Resources

FY26-27

FY27-28

Department of Medical Assistance
Services

(\$2,614,200)
(\$2,939,892)

\$0 GF
\$0 NGF

Language:

Page 371, line 1, strike "\$452,717,516" and insert "\$447,163,424".

Explanation:

(This amendment redirects \$2.6 million from the general fund and \$2.9 million from the nongeneral fund the first year from administrative costs in the Department of Medical Assistance Services provided in the introduced budget.)

Item 295 #3h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 379, after line 22, insert:

"RR. The Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) shall collaborate on methods to ensure that applicants for and recipients of medical assistance are aware of (i) assistance available for verifying eligibility information and (ii) how to contact the appropriate person if an applicant or recipient receives eligibility information after a due date or experiences difficulty securing eligibility verifications. DMAS and DSS shall make recommendations to the Governor and Secretary of Health and Human Resources by October 1, 2026, if changes are needed that cannot be remedied administratively. DMAS and DSS shall post information in a prominent place on their websites and other social media platforms they regularly use informing recipients of medical assistance about how to receive assistance on eligibility, applications, and eligibility appeals. Such information shall include how applicants and recipients can ensure the agencies receive timely information on eligibility applications and requests to appeal eligibility decisions, as well as a U.S. Postal Service recommendations to customers to ensure that postmarks applied to mail match the date of mailing."

Explanation:

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(This amendment requires the Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) to collaborate on methods to ensure applicants and recipients are aware of assistance for verifying medical assistance eligibility information. Language requires the agencies to make recommendations on any changes needed to assist applicants and recipients in verifying eligibility that cannot be made administratively. Language also requires DMAS and DSS to post this information on their websites and inform applicants and recipients of medical assistance on how to ensure timely receipt of information.)

Item 295 #4h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 379, after line 22, insert:

"RR. When considering the expansion of a Program for All-Inclusive Care for the Elderly (PACE) program through a Request for Application, the Department of Medical Assistance Services shall consider giving priority to establishing a PACE program in the central Shenandoah Valley."

Explanation:

(This amendment adds language requiring the Department of Medical Assistance Services to consider giving priority to establishing a Program of All-inclusive Care for the Elderly (PACE) program in the central Shenandoah Valley through a Request for Application when expanding the program. The Medicaid PACE program was established to help adults ages 55+ who are living with chronic healthcare needs and/or disabilities receive community-based healthcare services and supports. By providing flexibility in how participants' healthcare needs are met, PACE is often able to assist persons by meeting the functional nursing home level of care to reside within their own homes and communities longer than would have otherwise been possible. Several years ago a hospital system in the Shenandoah Valley region was offered the opportunity to establish a PACE program, however, the provider chose not to do so. There are currently willing providers in this region of the Commonwealth who would like to operate such a program.)

Item 297 #1h

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 380, after line 25, insert:

Committee Approved Amendments to House Bill 30, as Introduced

"D. Notwithstanding § 37.2-316 of the Code of Virginia, the Commissioner shall proceed with the closure of Hiram Davis Medical Center by December 2027."

Explanation:

(This amendment adds language directing the Commissioner of DBHDS to proceed with the proposed closure of Hiram Davis Medical Center.)

Item 299 #1h

Health and Human Resources	FY26-27	FY27-28	
Department of Behavioral Health and Developmental Services	(\$250,000) \$250,000	\$0 \$0	GF NGF

Language:

Page 386, line 38, strike "general fund" and insert:
 "Commonwealth Opioid Abatement and Remediation Fund".
 Page 386, line 40, after "disabilities" insert:
 "and individuals with substance use disorder".

Explanation:

(This amendment swaps \$250,000 the first year from the general fund with \$250,000 from the Commonwealth Opioid Abatement and Remediation Fund to provide service dogs for individuals with disabilities and substance use disorder.)

Item 299 #2h

Health and Human Resources	FY26-27	FY27-28	
Department of Behavioral Health and Developmental Services	\$455,000 2.00	\$450,000 2.00	GF FTE

Language:

Page 381, line 9, strike "\$175,337,986" and insert "\$175,792,986".
 Page 381, line 9, strike "\$175,087,986" and insert "\$175,537,986".
 Page 386, after line 40, insert:
 "QQ. Out of this appropriation, \$455,000 the first year and \$450,000 the second year from the general fund is provided for the Department of Behavioral Health and Developmental Services to create statewide standards for recovery residences, develop a complaint process, and collect necessary data regarding recovery residences."

Explanation:

(This amendment provides \$455,000 the first year and \$450,000 the second year from the

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general fund and 2.0 positions for DBHDS to adopt regulations for recovery residences and monitor credentialing agencies pursuant to the provisions in House Bill 931 of the 2026 General Assembly.)

Item 299 #3h

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 385, line 8, after "telehealth" insert "or in person".

Page 385, line 8, after "provider" insert:

"or direct funding to cover costs of current contractual agreements with a mental telehealth provider."

Explanation:

(This amendment adds language to clarify that school divisions may use available funding to support services provided by in-person therapists and providers, not just mental telehealth providers. Language is also added to clarify that localities that have already contracted with a mental telehealth provider can reimburse those costs through this grant program.)

Item 301 #1h

Health and Human Resources

FY26-27

FY27-28

Grants to Localities

\$7,800,000

\$7,800,000

GF

Language:

Page 390, line 48, strike "\$816,747,052" and insert "\$824,547,052".

Page 390, line 48, strike "\$816,747,052" and insert "\$824,547,052".

Page 395, line 40, strike "\$16,200,000" and "\$16,200,000" and insert:

"\$24,000,000" and "\$24,000,000".

Explanation:

(This amendment provides \$7.8 million each year from the general fund to fund the implementation of Marcus Alert for the remaining 13 community services boards that have not yet begun their implementation.)

Item 301 #2h

Health and Human Resources

FY26-27

FY27-28

Committee Approved Amendments to House Bill 30, as Introduced

Grants to Localities	\$100,000	\$0 GF
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Language:

Page 390, line 48, strike "\$816,747,052" and insert "\$816,847,052".

Page 397, after line 2, insert:

"TT. Out of this appropriation, \$100,000 the first year from the general fund is provided to support the Healing Station Counseling Center to strengthen the behavioral health workforce."

Explanation:

(This amendment provides \$100,000 the first year from the general fund to support the Healing Station Counseling Center to strengthen the behavioral health workforce through no-cost clinical supervision for pre-licensed clinicians and to expand the free outpatient mental health services for low-income and uninsured individuals in Planning District 16, increasing the availability of licensed providers and improving access to timely, quality, behavioral health care.)

Item 301 #3h

Health and Human Resources

FY26-27

FY27-28

Grants to Localities

\$250,000

\$0 GF

Language:

Page 390, line 48, strike "\$816,747,052" and insert "\$816,997,052".

Page 397, after line 2, insert:

"TT. Out of this appropriation, \$250,000 the first year from the general fund is provided to Henrico County to support the Autism Society of Central Virginia in building an autism community hub."

Explanation:

(This amendment provides \$250,000 the first year from the general fund to Henrico County to support the building of a inclusive center for autism, neurodiverse, and medically complex families in Central Virginia.)

Item 318 #1h

Health and Human Resources

FY26-27

FY27-28

Department for Aging and
Rehabilitative Services

\$1,000,000
\$3,694,836

\$0 GF
\$0 NGF

Language:

Page 401, line 25, strike "\$123,960,176" and insert "\$128,655,012".

Committee Approved Amendments to House Bill 30, as Introduced

Page 401, line 37, strike "\$18,006,465" and and insert:
"\$19,006,465".

Page 401, line 42, strike the first "\$66,530,929" and insert:
"\$70,225,765".

Explanation:

(This amendment adds language and \$1.0 million from the general fund and \$3.7 million from federal vocational rehabilitation grants the first year to expand vocational rehabilitation services provided through the Department of Aging and Rehabilitation Services.)

Item 318 #2h

Health and Human Resources

FY26-27

FY27-28

Department for Aging and
Rehabilitative Services

\$1,000,000

\$1,000,000 GF

Language:

Page 401, line 25, strike "\$123,960,176" and insert "\$124,960,176".

Page 401, line 25, strike "\$123,960,176" and insert "\$124,960,176".

Page 403, line 18, strike the first "\$10,396,719" and insert "\$11,396,719".

Page 403, line 18, strike the second "\$10,396,719" and insert "\$11,396,719".

Explanation:

(This amendment modifies language and adds \$1.0 million from the general fund each year for community services for individuals with brain injury. Community service providers continue to have waiting lists for services and struggle to meet existing service needs of this population that requires specialized supports. This funding would support the existing state-contracted safety net brain injury services system to provide for increased statewide coverage of critical services and strengthen existing programs to include: hiring additional case managers and clinical professional staff, equipment and information technology modernization, statewide awareness/education efforts, and other critical supports to meet the growing demands for brain injury services across the state. Of this amount, up to \$125,000 each year would be used to support the operating expenses for an additional 22 supportive housing units for persons with brain injury.)

Item 319 #1h

Health and Human Resources

FY26-27

FY27-28

Department for Aging and
Rehabilitative Services

\$3,000,000

\$3,000,000 GF

Language:

Committee Approved Amendments to House Bill 30, as Introduced

Page 404, line 12, strike "\$41,964,449" and insert "\$44,964,449".

Page 404, line 12, strike "\$41,964,449" and insert "\$44,964,449".

Page 406, after line 10, insert:

"P. Out of this appropriation, \$3,000,000 the first year and \$3,000,000 the second year from the general fund shall be provided to increase support to Area Agencies on Aging."

Explanation:

(This amendment provides \$3.0 million from the general fund the each year to cover increased costs for providing current services for Area Agencies on Aging and meeting the increased demand for home care services, transportation, nutritional services and other critical services that allow elderly individuals to age in place.)

Item 319 #2h

Health and Human Resources

FY26-27

FY27-28

Department for Aging and
Rehabilitative Services

\$400,000

\$400,000 GF

Language:

Page 404, line 12, strike "\$41,964,449" and insert "\$42,364,449".

Page 404, line 12, strike "\$41,964,449" and insert "\$42,364,449".

Page 406, after line 10, insert:

"P. Out of this appropriation, \$400,000 the first year and \$400,000 the second year from the general fund shall be provided to the County of Fairfax to continue support to the Washington Area Villages Exchange for a pilot program to reduce the public health risk of social isolation among older Virginians by expanding the availability of Villages statewide. The Washington Area Villages Exchange shall report on the progress of the pilot program to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by November 1, 2027."

Explanation:

(This amendment provides \$400,000 each year from the general fund to the County of Fairfax to continue support to the Washington Area Villages Exchange pilot program to reduce the public health risk of social isolation among older Virginians by expanding the availability of Villages statewide. Villages are a proven means of combating isolation while enabling older adults to age in place and live safely and independently in their homes. Language requires the Washington Area Villages Exchange to report on the progress of the pilot program by November 1, 2027.)

Item 324 #1h

Committee Approved Amendments to House Bill 30, as Introduced

Health and Human Resources	FY26-27	FY27-28	
Department for Aging and Rehabilitative Services	\$470,400	\$0	GF

Language:

Page 408, line 20, strike "\$19,465,407" and insert "\$19,935,807".

Page 408, after line 27, insert:

"The Department for Aging and Rehabilitative Services shall include the Virginia Department of Health Office of Licensing and Certification and the Department of Medical Assistance Services as members of the Nursing Facility Quality and Operations Commission pursuant to the provisions of House Bill 1357, 2026 Session of the General Assembly. The Virginia Department of Health and the Department of Medical Assistance Services shall provide assistance, information, and data as requested to the Department for Aging and Rehabilitative Services for the study. Any unexpended balances in this paragraph at the close of business on June 30, 2027 shall not revert to the general fund but shall be carried forward and reappropriated for this purpose."

Explanation:

(This amendment provides \$470,000 the first year from the general fund for the fiscal impact of House Bill 1357, 2026 Session of the General Assembly, which establishes the Nursing Facility Quality and Operations Commission for the purpose of conducting a comprehensive study of the quality of care, resident safety, and operational practices of nursing facilities in the Commonwealth. Language is added requiring the Department for Aging and Rehabilitative Services (DARS) to include the Virginia Department of Health and the Department of Medical Assistance Services as members of the Commission and for those agencies to provide assistance, information and data as requested by DARS. Language also allows for the carryforward of any unspent funding to fiscal year 2028.)

Item 328 #1h

Health and Human Resources	FY26-27	FY27-28	
Department of Social Services	\$0	\$211,029,027	GF

Language:

Page 409, line 38, strike "\$72,568,002" and insert "\$283,597,029".

Page 411, after line 9, insert:

"K. Out of this appropriation, \$211,029,027 the second year from the general fund is provided to fund the new state share of Supplemental Nutrition Assistance Program benefit allotments."

Explanation:

(This amendment provides \$211.0 million the second year from the general fund to fund the

Committee Approved Amendments to House Bill 30, as Introduced

expected state share of SNAP benefit allotments due to H.R. 1. If Virginia's SNAP error rate is 6% or higher, the state will have to begin funding a portion of SNAP benefit allotments starting October 1, 2027. The state's error rate is currently 11.5 percent.)

Item 328 #2h

Health and Human Resources	FY26-27	FY27-28	
Department of Social Services	\$600,000	\$600,000	GF
	1.00	1.00	FTE

Language:

Page 409, line 38, strike "\$69,848,812" and insert "\$70,448,812".

Page 409, line 38, strike "\$72,568,002" and insert "\$73,168,002".

Page 411, after line 9, insert:

"K. Out of this appropriation, \$600,000 the first year and \$600,000 the second year from the general fund is provided for the Department of Social Services to create a new statewide program to support the well-being and improve the retention of local department of social services workers."

Explanation:

(This amendment provides \$600,000 each year from the general fund and one position to implement evidence-based recommendations for a statewide program to provide better support the well-being of local department of social services workers and improve the retention of the state's child welfare workforce. Key components of this program are a confidential peer support hotline, implementation of the Community Resilience Model, and on-site response to support DSS workers after critical incidents.)

Item 328 #3h

Health and Human Resources	FY26-27	FY27-28	
Department of Social Services	\$375,000	\$363,450	GF
	\$125,000	\$121,150	NGF

Language:

Page 409, line 38, strike "\$69,848,812" and insert "\$70,348,812".

Page 409, line 38, strike "\$72,568,002" and insert "\$73,052,602".

Page 411, after line 9, insert:

"K. Out of this appropriation, \$375,000 the first year and \$363,450 the second year from the general fund and \$125,000 the first year and \$121,150 the second year from nongeneral funds is provided to establish a multidisciplinary law office in Roanoke City for the purpose of representing parents in a child dependency court proceeding or in a child protective services

Committee Approved Amendments to House Bill 30, as Introduced

assessment or investigation prior to such proceeding. The local Roanoke entity establishing such multidisciplinary law office will be the Qualified Legal Services Provider previously approved by the Virginia State Bar, and will enter into an agreement with a local department of social services or the Virginia Department of Social Services to receive the Title IV-E funding for eligible administrative costs of providing legal representation for a parent or guardian of a child who is a candidate for, or in, Title IV-E foster care to prepare for and participate in all stages of foster care legal proceedings."

Explanation:

(This amendment provides \$375,000 the first year and \$363,450 the second year from the general fund and \$125,000 the first year and \$121,150 the second year from nongeneral funds to establish a multidisciplinary law office in Roanoke to represent parents in child dependency matters pursuant to the second enactment clause of House Bill 893 of the 2024 General Assembly Session.)

Item 330 #1h

Health and Human Resources

FY26-27

FY27-28

Department of Social Services

\$22,431,669

\$29,908,893 GF

Language:

Page 413, line 2, strike "\$686,348,033" and insert "\$708,779,702".

Page 413, line 2, strike "\$686,348,033" and insert "\$716,256,926".

Page 414, after line 2, insert:

"J. Out of this appropriation, \$22,431,669 the first year and \$29,908,893 the second year from the general fund is provided to fund the increase in the state and local share of Supplemental Nutrition Assistance Benefit administrative costs."

Explanation:

(This amendment provides an additional \$22.4 million the first year from the general fund and \$29.9 million the second year from the general fund to fully fund the cost of the increased state and local share of SNAP administrative costs as a result of H.R. 1, bringing the total to \$65.5 million the first year and \$87.3 million the second year. This additional funding will support local departments of social services who receive funding through direct federal pass throughs.)

Item 332 #1h

Health and Human Resources

Department of Social Services

Language

Language:

Committee Approved Amendments to House Bill 30, as Introduced

Page 416, after line 4, insert:

"F. The Director, Department of Planning and Budget, shall, on or before August 1, 2026, unallot \$2,000,000 from the general fund in this item, which reflects unused balances in the auxiliary grants program."

Explanation:

(This amendment captures \$2.0 million in balances the first year in the Auxiliary Grant program within the Department of Social Services.)

Item 333 #1h

Health and Human Resources	FY26-27	FY27-28	
Department of Social Services	(\$7,096,414)	\$0	GF
	-66.00	0.00	FTE

Language:

Page 416, line 5, strike "\$295,640,555" and insert "\$288,544,141".

Page 419, line 1, strike "\$14,596,414" and insert "\$7,500,000".

Explanation:

(This amendment removes \$7.1 million the first year from the general fund and 66 positions to reflect the phased in implementation of a centralized child protective services system pursuant to the provisions of House Bill 1490 of the 2026 General Assembly.)

Item 335 #1h

Health and Human Resources	FY26-27	FY27-28	
Department of Social Services	\$2,000,000	\$0	GF

Language:

Page 419, line 42, strike "\$73,413,045" and insert "\$75,413,045".

Page 420, line 55, strike "\$2,717,756" and insert "\$4,717,756".

Explanation:

(This amendment provides an additional \$2.0 million the first year from the general fund to increase funding for child advocacy centers, bringing the total for fiscal year 2027 to \$4.7 million.)

Item 335 #2h

Committee Approved Amendments to House Bill 30, as Introduced

Health and Human Resources	FY26-27	FY27-28
Department of Social Services	\$500,000	\$0 GF

Language:

Page 419, line 42, strike "\$73,413,045" and insert "\$73,913,045".

Page 423, after line 53, insert:

"CC. Out of this appropriation, \$500,000 the first year from the general fund is provided to the City of Virginia Beach to support the YMCA of South Hampton Roads and the YMCA of the Virginia Peninsula to jointly administer a safety around water program in their service areas."

Explanation:

(This amendment provides \$500,000 the first year from the general fund to support a swim safety program in Hampton Roads administered by YMCAs.)

Item 335 #3h

Health and Human Resources	FY26-27	FY27-28
Department of Social Services	\$250,000	\$0 GF

Language:

Page 419, line 42, strike "\$73,413,045" and insert "\$73,663,045".

Page 423, line 51, strike the first "\$200,000" and insert "\$450,000".

Explanation:

(This amendment provides an additional \$250,000 the first year from the general fund to support Lorton Community Action Center, bringing the total to \$450,000. Lorton Community Action Center delivers housing stabilization, food assistance, and wraparound services to low-income individuals and families in Fairfax County.)

Item 335 #4h

Health and Human Resources	FY26-27	FY27-28
Department of Social Services	\$100,000	\$0 GF

Language:

Page 419, line 42, strike "\$73,413,045" and insert "\$73,513,045".

Page 423, after line 53, insert:

"CC. Out of this appropriation, \$100,000 the first year from the general fund is provided to the City of Richmond to support Sacred Heart Center to provide services and legal support to the immigrant and refugee population in South Richmond and North Chesterfield."

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Explanation:

(This amendment is self-explanatory.)

	Item 335 #5h	
Health and Human Resources	FY26-27	FY27-28
Department of Social Services	\$1,125,000	\$1,125,000 NGF

Language:

Page 419, line 42, strike "\$73,413,045" and insert "\$74,538,045".

Page 419, line 42, strike "\$73,413,045" and insert "\$74,538,045".

Page 420, after line 22, insert:

"4. Out of this appropriation, \$1,125,000 the first year and \$1,125,000 the second year from the Temporary Assistance for Needy Families (TANF) block grant shall be provided for competitive grants to Community Action Agencies for a Two Generation/Whole Family Project and for the evaluation of the program. Applicants selected for the project shall provide a match of no less than 20 percent of the grant, including in-kind services. The Department of Social Services shall report to the General Assembly annually on the progress of the program and shall complete a final report no later than six years after the commencement of the program."

Explanation:

(This amendment provides \$1.1 million each year from the TANF block grant to restore funding for the Two Generation/Whole Family Project, which supports Community Action Agencies' nationally recognized efforts to help families move into self sufficiency. House Bill 30 as introduced eliminated the program.)

	Item 335 #6h	
Health and Human Resources	FY26-27	FY27-28
Department of Social Services	\$2,275,000	\$2,275,000 NGF

Language:

Page 419, line 42, strike "\$73,413,045" and insert "\$75,688,045".

Page 419, line 42, strike "\$73,413,045" and insert "\$75,688,045".

Page 420, line 17, strike "\$11,250,000" and "\$11,250,000" and insert:

"\$13,525,000" and "\$13,525,000".

Explanation:

(This amendment adds \$2.3 million each year from the TANF block grant to increase support for Community Action Agencies, which provide an array of services to meet the needs of low-

Committee Approved Amendments to House Bill 30, as Introduced

income individuals and families. This amendment would bring the annual total to \$13.5 million each year from TANF.)

Item 335 #7h

Health and Human Resources

Department of Social Services

Language

Language:

Page 423, line 43, strike "Chesapeake" and insert "Portsmouth".

Explanation:

(This amendment revises language to provide appropriated funding for Buffalow Family and Friends to the City of Portsmouth instead of the City of Chesapeake.)

Item 338 #1h

Health and Human Resources

FY26-27

FY27-28

Department of Social Services

\$72,734

\$72,734

GF

\$72,734

\$72,734

NGF

1.00

1.00

FTE

Language:

Page 425, line 8, strike "\$160,180,965" and insert "\$160,326,433".

Page 425, line 8, strike "\$160,180,965" and insert "\$160,326,433".

Page 426, after line 47, insert:

"J. Out of this appropriation, \$72,734 the first year and \$72,734 the second year from the general fund and \$72,734 the first year and \$72,734 the second year from the nongeneral fund is provided to effectuate the provisions of House Bill 61 of the 2026 General Assembly."

Explanation:

(This amendment provides \$72,734 in fiscal year 2027 and \$72,734 in fiscal year 2028 from the general fund, and like amounts from the nongeneral fund to the Department of Social Services to hire an additional employee in the agency's Procurement Unit to effectuate the provisions of House Bill 61 of the 2026 General Assembly.)

Item 338 #3h

Health and Human Resources

FY26-27

FY27-28

Committee Approved Amendments to House Bill 30, as Introduced

Department of Social Services	\$318,145	\$0	GF
	\$181,855	\$0	NGF

Language:

Page 425, line 8, strike "\$160,180,965" and insert "\$160,680,965".

Page 426, after line 47, insert:

"J. Out of this appropriation, \$318,145 the first year from the general fund and \$181,855 the first year from nongeneral funds is provided for the Department of Social Services to contract with a third-party vendor to study and create a plan to modernize the systems used to administer federal medical assistance and other benefits assistance programs."

Explanation:

(This amendment provides \$318,145 the first year from the general fund and \$181,855 the first year from nongeneral funds for DSS to contract with a vendor and create a plan to modernize their eligibility determination technological systems pursuant to the provisions of House Bill 66 of the 2026 General Assembly.)

Item 338 #4h

Health and Human Resources	FY26-27	FY27-28
Department of Social Services	\$500,000	\$0 GF

Language:

Page 425, line 8, strike "\$160,180,965" and insert "\$160,680,965".

Page 426, after line 47, insert:

"J. Out of this appropriation, \$500,000 the first year from the general fund is provided for the Department of Social Services to implement a food desert mapping tool or dashboard that identifies food deserts across the Commonwealth, highlighting drivers of food insecurity. The Department shall also work towards establishing a plan to coordinate state-level food security responses during potential federal nutrition benefit interruptions, natural disasters, or other emergencies affecting household food access."

Explanation:

(This amendment provides \$500,000 the first year from the general fund for DSS to create a food desert mapping tool to identify the food deserts in the state to illustrate any drivers of food insecurity. Language also directs DSS to work towards establishing a plan to coordinate state-level food security responses during emergencies impacting household food access.)

Item 478 #1h

Independent Agencies	FY26-27	FY27-28
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Committee Approved Amendments to House Bill 30, as Introduced

State Corporation Commission	\$150,000	\$0 NGF
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Language:

Page 550, line 2, strike "\$558,582,934" and insert "\$558,732,934".

Page 550, line 33, strike "for Plan Year 2025".

Page 550, after line 33, insert:

"F. Out of this appropriation, \$150,000 the first year from the Commonwealth Health Reinsurance Program Special Fund is provided for development and submission of a state innovation waiver extension request pursuant to § 1332 of the Patient Protection and Affordable Care Act, to extend the Commonwealth Health Reinsurance Program for five years, and to implement the provisions for the program."

Explanation:

(This amendment provides \$150,000 from nongeneral funds from the Commonwealth Health Reinsurance Program Special Fund for the State Corporation Commission to apply for federal authorization of a five-year extension of the current waiver under section 1332 of the Patient Protection and Affordable Care Act (PPACA) authorizing and providing federal funding for the Commonwealth Health Reinsurance Program, pursuant to the passage of House Bill 327, 2026 Session of the General Assembly. The amendment includes a technical change maintaining the current premium reduction target for the program at 15 percent. Language in the introduced budget referred only to Plan Year 2025.)

Item 478 #2h

Independent Agencies

FY26-27

FY27-28

State Corporation Commission

\$79,100,000

\$0 GF

Language:

Page 550, line 2, strike "\$558,582,934" and insert "\$637,682,934".

Page 550, after line 33, insert:

"F. There is hereby appropriated to the State Corporation Commission the sum of \$79,100,000 the first year from the general fund to create a non-reverting special fund known as the Virginia Health Insurance Affordability Fund. The Health Benefit Exchange (Exchange) shall develop and operate a program for plan year 2027 to reduce the monthly health insurance premiums for Virginia consumers of Qualified Health Plans sold through the Virginia state-based marketplace operated by the Exchange. Amounts in the Fund shall only be used for premium reduction payments under this program. The Exchange shall develop eligibility rules for the program that reduces the average monthly net premium by as much as 70 percent for individuals and families with household incomes greater than or equal to 138 percent of the federal poverty level and less than 200 percent of the federal poverty level. The Exchange is authorized to adjust the monthly premium reduction payment amount up or down as enrollment and fund balances change to maximize the use of the Fund consistent with the objective of this program. The

Committee Approved Amendments to House Bill 30, as Introduced

Exchange shall develop other rules and parameters reasonably necessary to implement and operate this program. Any unexpended balances for the purposes specified in this paragraph which are unexpended on June 30, 2027, shall not revert to the general fund but shall be carried forward and reappropriated in fiscal year 2028."

Explanation:

(This amendment adds \$79.1 million from the general fund the first year for a state-based premium assistance program for plan year 2027, targeted to individuals who purchase health insurance from Qualified Health Plans sold through the Virginia state-based marketplace with incomes between 138 percent and 200 percent of the federal poverty income level. Funding will be used to lower the average monthly net premium by as much as 70 percent. Language provides flexibility for the Health Benefit Exchange to adjust the monthly premium reduction payment up or down as enrollment and fund balances change to maximize the use of the funding. Language allows the agency to carry funds over into fiscal year 2028 since the premium assistance will be provided in calendar year 2027. It is estimated that the program will serve approximately 117,000 Virginians.)

Item 492 #1h

Independent Agencies

Opioid Abatement Authority

Language

Language:

Page 558, line 28, strike "\$8,204,198" and "\$8,271,200" insert:

"\$13,159,313" and "\$9,071,200".

Page 558, line 39, strike "\$1,340,503" and "\$1,407,055" and insert:

"\$3,940,053" and "\$2,207,055".

Page 558, strike line 43 and insert:

"Department of Behavioral Health and Developmental Services (720)	Service Dogs of Virginia	\$250,000	\$0
Department of Health (601)	Strategic Plan for Opioid Response Efforts	\$105,115	\$0
Department of Criminal Justice Services (140)	Jail-Based Substance Use Disorder Treatment and Transition Fund	\$2,000,000	\$0
Total		\$13,159,313	\$9,071,200".

Explanation:

(This amendment updates a table of all appropriations in the budget related to the

Commonwealth Opioid Abatement and Remediation Fund.)

Item 4-5.04 #1h

Special Conditions and Restrictions on Expenditures

Goods and Services

Language

Language:

Page 628, line 26, after "federal law", insert "or state statute".

Explanation:

(This amendment restores language contained in Chapter 725, 2025 Acts of Assembly, which prohibits any funding in the budget from being used for abortion services unless otherwise required by federal or state law. The introduced budget eliminated the reference to state law.)
