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HOUSE BILL NO. 2095

Offered January 11, 2017

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A BILL to amend and reenact §§ 37.2-203, 37.2-304, 54.1-2400.1, 54.1-2400.6, 54.1-3500, 54.1-3505, and 54.1-3506.1 of the Code of Virginia, relating to registration of peer recovery specialists and qualified mental health professionals.

Patrons—Price, Boysko, Kory, Levine, Lindsey, Mullin, Plum, Rasoul and Simon

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 37.2-203, 37.2-304, 54.1-2400.1, 54.1-2400.6, 54.1-3500, 54.1-3505, and 54.1-3506.1 of the Code of Virginia are amended and reenacted as follows:

§ 37.2-203. Powers and duties of Board.

The Board shall have the following powers and duties:

1. To develop and establish programmatic and fiscal policies governing the operation of state hospitals, training centers, community services boards, and behavioral health authorities;

2. To ensure the development of long-range programs and plans for mental health, developmental, and substance abuse services provided by the Department, community services boards, and behavioral health authorities;

3. To review and comment on all budgets and requests for appropriations for the Department prior to their submission to the Governor and on all applications for federal funds;

4. To monitor the activities of the Department and its effectiveness in implementing the policies of the Board;

5. To advise the Governor, Commissioner, and General Assembly on matters relating to mental health, developmental, and substance abuse services;

6. To adopt regulations that may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by the Commissioner or the Department;

7. To ensure the development of programs to educate citizens about and elicit public support for the activities of the Department, community services boards, and behavioral health authorities;

8. To ensure that the Department assumes the responsibility for providing for education and training of school-age individuals receiving services in state facilities, pursuant to § 37.2-312; and

9. To change the names of state facilities; and
10. To adopt regulations that establish the qualifications, education, and experience for registration of peer recovery specialists by the Board of Counseling.

Prior to the adoption, amendment, or repeal of any regulation regarding substance abuse services, the Board shall, in addition to the procedures set forth in the Administrative Process Act (§ 2.2-4000 et seq.), present the proposed regulation to the Substance Abuse Services Council, established pursuant to § 2.2-2696, at least 30 days prior to the Board's action for the Council's review and comment.

§ 37.2-304. Duties of Commissioner.

The Commissioner shall be the chief executive officer of the Department and shall have the following duties and powers:

1. To supervise and manage the Department and its state facilities.

2. To employ the personnel required to carry out the purposes of this title.

3. To make and enter into all contracts and agreements necessary or incidental to the performance of the Department's duties and the execution of its powers under this title, including contracts with the United States, other states, and agencies and governmental subdivisions of the Commonwealth, consistent with policies and regulations of the Board and applicable federal and state statutes and regulations.

4. To accept, hold, and enjoy gifts, donations, and bequests on behalf of the Department from the United States government, agencies and instrumentalities thereof, and any other source, subject to the approval of the Governor. To these ends, the Commissioner shall have the power to comply with conditions and execute agreements that may be necessary, convenient, or desirable, consistent with policies and regulations of the Board.

5. To accept, execute, and administer any trust in which the Department may have an interest, under the terms of the instruments creating the trust, subject to the approval of the Governor.

6. To transfer between state hospitals and training centers school-age individuals who have been identified as appropriate to be placed in public school programs and to negotiate with other school

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59 divisions for placements in order to ameliorate the impact on those school divisions located in a
60 jurisdiction in which a state hospital or training center is located.

61 7. To provide to the Director of the Commonwealth's designated protection and advocacy system,
62 established pursuant to § 51.5-39.13, a written report setting forth the known facts of critical incidents or
63 deaths of individuals receiving services in facilities within 15 working days of the critical incident or
64 death.

65 8. To work with the appropriate state and federal entities to ensure that any individual who has
66 received services in a state facility for more than one year has possession of or receives prior to
67 discharge any of the following documents, when they are needed to obtain the services contained in his
68 discharge plan: a Department of Motor Vehicles approved identification card that will expire 90 days
69 from issuance, a copy of his birth certificate if the individual was born in the Commonwealth, or a
70 social security card from the Social Security Administration. State facility directors, as part of their
71 responsibilities pursuant to § 37.2-837, shall implement this provision when discharging individuals.

72 9. To work with the Department of Veterans Services and the Department for Aging and
73 Rehabilitative Services to establish a program for mental health and rehabilitative services for Virginia
74 veterans and members of the Virginia National Guard and Virginia residents in the Armed Forces
75 Reserves not in active federal service and their family members pursuant to § 2.2-2001.1.

76 10. To establish and maintain a pharmaceutical and therapeutics committee composed of
77 representatives of the Department of Medical Assistance Services, state facilities operated by the
78 Department, community services boards, at least one health insurance plan, and at least one individual
79 receiving services to develop a drug formulary for use at all community services boards, state facilities
80 operated by the Department, and providers licensed by the Department.

81 ~~11. To certify individuals as peer providers in accordance with regulations adopted by the Board.~~

82 ~~12.~~ To establish and maintain the Commonwealth Mental Health First Aid Program pursuant to
83 § 37.2-312.2.

84 ~~13.~~ 12. To submit a report for the preceding fiscal year by December 1 of each year to the Governor
85 and the Chairmen of the House Appropriations and Senate Finances Committees that provides
86 information on the operation of Virginia's publicly funded behavioral health and developmental services
87 system. The report shall include a brief narrative and data on the number of individuals receiving state
88 facility services or community services board services, including purchased inpatient psychiatric services;
89 the types and amounts of services received by these individuals; and state facility and community
90 services board service capacities, staffing, revenues, and expenditures. The annual report shall describe
91 major new initiatives implemented during the past year and shall provide information on the
92 accomplishment of systemic outcome and performance measures during the year.

93 Unless specifically authorized by the Governor to accept or undertake activities for compensation, the
94 Commissioner shall devote his entire time to his duties.

95 **§ 54.1-2400.1. Mental health service providers; duty to protect third parties; immunity.**

96 A. As used in this section:

97 "Certified substance abuse counselor" means a person certified to provide substance abuse counseling
98 in a state-approved public or private substance abuse program or facility.

99 "Client" or "patient" means any person who is voluntarily or involuntarily receiving mental health
100 services or substance abuse services from any mental health service provider.

101 "Clinical psychologist" means a person who practices clinical psychology as defined in § 54.1-3600.

102 "Clinical social worker" means a person who practices social work as defined in § 54.1-3700.

103 "Licensed practical nurse" means a person licensed to practice practical nursing as defined in
104 § 54.1-3000.

105 "Licensed substance abuse treatment practitioner" means any person licensed to engage in the
106 practice of substance abuse treatment as defined in § 54.1-3500.

107 "Marriage and family therapist" means a person licensed to engage in the practice of marriage and
108 family therapy as defined in § 54.1-3500.

109 "Mental health professional" means a person who by education and experience is professionally
110 qualified and licensed in Virginia to provide counseling interventions designed to facilitate an
111 individual's achievement of human development goals and remediate mental, emotional, or behavioral
112 disorders and associated distresses which interfere with mental health and development.

113 "Mental health service provider" or "provider" refers to any of the following: (i) a person who
114 provides professional services as a certified substance abuse counselor, clinical psychologist, clinical
115 social worker, licensed substance abuse treatment practitioner, licensed practical nurse, marriage and
116 family therapist, mental health professional, physician, professional counselor, psychologist, *qualified*
117 *mental health professional*, registered nurse, *registered peer recovery specialist*, school psychologist, or
118 social worker; (ii) a professional corporation, all of whose shareholders or members are so licensed; or
119 (iii) a partnership, all of whose partners are so licensed.

120 "Professional counselor" means a person who practices counseling as defined in § 54.1-3500.

"Psychologist" means a person who practices psychology as defined in § 54.1-3600.

"Qualified mental health professional" means a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of a mental health service provider licensed by the Department of Behavioral Health and Developmental Services.

"Registered nurse" means a person licensed to practice professional nursing as defined in § 54.1-3000.

"Registered peer recovery specialist" means a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a mental health service provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

"School psychologist" means a person who practices school psychology as defined in § 54.1-3600.

"Social worker" means a person who practices social work as defined in § 54.1-3700.

B. A mental health service provider has a duty to take precautions to protect third parties from violent behavior or other serious harm only when the client has orally, in writing, or via sign language, communicated to the provider a specific and immediate threat to cause serious bodily injury or death to an identified or readily identifiable person or persons, if the provider reasonably believes, or should believe according to the standards of his profession, that the client has the intent and ability to carry out that threat immediately or imminently. If the third party is a child, in addition to taking precautions to protect the child from the behaviors in the above types of threats, the provider also has a duty to take precautions to protect the child if the client threatens to engage in behaviors that would constitute physical abuse or sexual abuse as defined in § 18.2-67.10. The duty to protect does not attach unless the threat has been communicated to the provider by the threatening client while the provider is engaged in his professional duties.

C. The duty set forth in subsection B is discharged by a mental health service provider who takes one or more of the following actions:

1. Seeks involuntary admission of the client under Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or Chapter 8 (§ 37.2-800 et seq.) of Title 37.2.

2. Makes reasonable attempts to warn the potential victims or the parent or guardian of the potential victim if the potential victim is under the age of 18.

3. Makes reasonable efforts to notify a law-enforcement official having jurisdiction in the client's or potential victim's place of residence or place of work, or place of work of the parent or guardian if the potential victim is under age 18, or both.

4. Takes steps reasonably available to the provider to prevent the client from using physical violence or other means of harm to others until the appropriate law-enforcement agency can be summoned and takes custody of the client.

5. Provides therapy or counseling to the client or patient in the session in which the threat has been communicated until the mental health service provider reasonably believes that the client no longer has the intent or the ability to carry out the threat.

6. *In the case of a registered peer recovery specialist, reports immediately to a licensed mental health service provider to take one or more of the actions set forth in this subsection.*

D. A mental health service provider shall not be held civilly liable to any person for:

1. Breaching confidentiality with the limited purpose of protecting third parties by communicating the threats described in subsection B made by his clients to potential third party victims or law-enforcement agencies or by taking any of the actions specified in subsection C.

2. Failing to predict, in the absence of a threat described in subsection B, that the client would cause the third party serious physical harm.

3. Failing to take precautions other than those enumerated in subsection C to protect a potential third party victim from the client's violent behavior.

§ 54.1-2400.6. Hospitals, other health care institutions, home health and hospice organizations, and assisted living facilities required to report disciplinary actions against and certain disorders of health professionals; immunity from liability; failure to report.

A. The chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, ~~and~~ the administrator of every licensed assisted living facility, *and the administrator of every provider licensed by the Department of*

182 *Behavioral Health and Developmental Services* in the Commonwealth shall report within 30 days, except
183 as provided in subsection B, to the Director of the Department of Health Professions, or in the case of a
184 director of a home health or hospice organization, to the Office of Licensure and Certification at the
185 Department of Health (the Office), the following information regarding any person (i) licensed, certified,
186 or registered by a health regulatory board or (ii) holding a multistate licensure privilege to practice
187 nursing or an applicant for licensure, certification or registration unless exempted under subsection E:

188 1. Any information of which he may become aware in his official capacity indicating that such a
189 health professional is in need of treatment or has been committed or admitted as a patient, either at his
190 institution or any other health care institution, for treatment of substance abuse or a psychiatric illness
191 that may render the health professional a danger to himself, the public or his patients.

192 2. Any information of which he may become aware in his official capacity indicating, after
193 reasonable investigation and consultation as needed with the appropriate internal boards or committees
194 authorized to impose disciplinary action on a health professional, that there is a reasonable probability
195 that such health professional may have engaged in unethical, fraudulent or unprofessional conduct as
196 defined by the pertinent licensing statutes and regulations. The report required under this subdivision
197 shall be submitted within 30 days of the date that the chief executive officer, chief of staff, director, or
198 administrator determines that a reasonable probability exists.

199 3. Any disciplinary proceeding begun by the institution, organization, ~~or~~ facility, *or provider* as a
200 result of conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to
201 a patient or patients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v)
202 substance abuse. The report required under this subdivision shall be submitted within 30 days of the
203 date of written communication to the health professional notifying him of the initiation of a disciplinary
204 proceeding.

205 4. Any disciplinary action taken during or at the conclusion of disciplinary proceedings or while
206 under investigation, including but not limited to denial or termination of employment, denial or
207 termination of privileges or restriction of privileges that results from conduct involving (i) intentional or
208 negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics,
209 (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under
210 this subdivision shall be submitted within 30 days of the date of written communication to the health
211 professional notifying him of any disciplinary action.

212 5. The voluntary resignation from the staff of the health care institution, home health or hospice
213 organization, ~~or~~ assisted living facility, *or provider*, or voluntary restriction or expiration of privileges at
214 the institution, organization, ~~or~~ facility, *or provider*, of any health professional while such health
215 professional is under investigation or is the subject of disciplinary proceedings taken or begun by the
216 institution, organization, ~~or~~ facility, *or provider* or a committee thereof for any reason related to possible
217 intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, medical
218 incompetence, unprofessional conduct, moral turpitude, mental or physical impairment, or substance
219 abuse.

220 Any report required by this section shall be in writing directed to the Director of the Department of
221 Health Professions or to the Director of the Office of Licensure and Certification at the Department of
222 Health, shall give the name and address of the person who is the subject of the report and shall fully
223 describe the circumstances surrounding the facts required to be reported. The report shall include the
224 names and contact information of individuals with knowledge about the facts required to be reported and
225 the names and contact information of individuals from whom the hospital or health care institution,
226 organization, ~~or~~ facility, *or provider* sought information to substantiate the facts required to be reported.
227 All relevant medical records shall be attached to the report if patient care or the health professional's
228 health status is at issue. The reporting hospital, health care institution, home health or hospice
229 organization, ~~or~~ assisted living facility, *or provider* shall also provide notice to the Department or the
230 Office that it has submitted a report to the National Practitioner Data Bank under the Health Care
231 Quality Improvement Act (42 U.S.C. § 11101 et seq.). The reporting hospital, health care institution,
232 home health or hospice organization, ~~or~~ assisted living facility, *or provider* shall give the health
233 professional who is the subject of the report an opportunity to review the report. The health professional
234 may submit a separate report if he disagrees with the substance of the report.

235 This section shall not be construed to require the hospital, health care institution, home health or
236 hospice organization, ~~or~~ assisted living facility, *or provider* to submit any proceedings, minutes, records,
237 or reports that are privileged under § 8.01-581.17, except that the provisions of § 8.01-581.17 shall not
238 bar (i) any report required by this section or (ii) any requested medical records that are necessary to
239 investigate unprofessional conduct reported pursuant to this subtitle or unprofessional conduct that
240 should have been reported pursuant to this subtitle. Under no circumstances shall compliance with this
241 section be construed to waive or limit the privilege provided in § 8.01-581.17. No person or entity shall
242 be obligated to report any matter to the Department or the Office if the person or entity has actual
243 notice that the same matter has already been reported to the Department or the Office.

B. Any report required by this section concerning the commitment or admission of such health professional as a patient shall be made within five days of when the chief executive officer, chief of staff, director, or administrator learns of such commitment or admission.

C. The State Health Commissioner ~~or the~~ Commissioner of the Department of Social Services, and *Commissioner of Behavioral Health and Developmental Services* shall report to the Department any information of which their agencies may become aware in the course of their duties that a health professional may be guilty of fraudulent, unethical, or unprofessional conduct as defined by the pertinent licensing statutes and regulations. However, the State Health Commissioner shall not be required to report information reported to the Director of the Office of Licensure and Certification pursuant to this section to the Department of Health Professions.

D. Any person making a report by this section, providing information pursuant to an investigation or testifying in a judicial or administrative proceeding as a result of such report shall be immune from any civil liability alleged to have resulted therefrom unless such person acted in bad faith or with malicious intent.

E. Medical records or information learned or maintained in connection with an alcohol or drug prevention function that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall be exempt from the reporting requirements of this section to the extent that such reporting is in violation of 42 U.S.C. § 290dd-2 or regulations adopted thereunder.

F. Any person who fails to make a report to the Department as required by this section shall be subject to a civil penalty not to exceed \$25,000 assessed by the Director. The Director shall report the assessment of such civil penalty to the Commissioner of Health ~~or the~~ Commissioner of Social Services, *or Commissioner of Behavioral Health and Developmental Services*, as appropriate. Any person assessed a civil penalty pursuant to this section shall not receive a license or certification or renewal of such unless such penalty has been paid pursuant to § 32.1-125.01. The Medical College of Virginia Hospitals and the University of Virginia Hospitals shall not receive certification pursuant to § 32.1-137 or Article 1.1 (§ 32.1-102.1 et seq.) of Chapter 4 of Title 32.1 unless such penalty has been paid.

§ 54.1-3500. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Appraisal activities" means the exercise of professional judgment based on observations and objective assessments of a client's behavior to evaluate current functioning, diagnose, and select appropriate treatment required to remediate identified problems or to make appropriate referrals.

"Board" means the Board of Counseling.

"Certified substance abuse counseling assistant" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.2.

"Certified substance abuse counselor" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.1.

"Counseling" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.

"Licensed substance abuse treatment practitioner" means a person who: (i) is trained in and engages in the practice of substance abuse treatment with individuals or groups of individuals suffering from the effects of substance abuse or dependence, and in the prevention of substance abuse or dependence; and (ii) is licensed to provide advanced substance abuse treatment and independent, direct, and unsupervised treatment to such individuals or groups of individuals, and to plan, evaluate, supervise, and direct substance abuse treatment provided by others.

"Marriage and family therapist" means a person trained in the assessment and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques.

"Marriage and family therapy" means the assessment and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques and delivery of services to individuals, couples, and families, singularly or in groups, for the purpose of treating such disorders.

"Practice of counseling" means rendering or offering to render to individuals, groups, organizations, or the general public any service involving the application of principles, standards, and methods of the counseling profession, which shall include appraisal, counseling, and referral activities.

"Practice of marriage and family therapy" means the assessment and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques, which shall include assessment, treatment, and referral activities.

305 "Practice of substance abuse treatment" means rendering or offering to render substance abuse
306 treatment to individuals, groups, organizations, or the general public.

307 "Professional counselor" means a person trained in the application of principles, standards, and
308 methods of the counseling profession, including counseling interventions designed to facilitate an
309 individual's achievement of human development goals and remediating mental, emotional, or behavioral
310 disorders and associated distresses that interfere with mental health and development.

311 *"Qualified mental health professional" means a person who by education and experience is*
312 *professionally qualified and registered by the Board to provide collaborative mental health services for*
313 *adults or children. A qualified mental health professional shall provide such services as an employee or*
314 *independent contractor of a mental health service provider, as defined in § 54.1-2400.1, licensed by the*
315 *Department of Behavioral Health and Developmental Services.*

316 "Referral activities" means the evaluation of data to identify problems and to determine advisability
317 of referral to other specialists.

318 *"Registered peer recovery specialist" means a person who by education and experience is*
319 *professionally qualified and registered by the Board to provide collaborative services to assist*
320 *individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. A*
321 *registered peer recovery specialist shall provide such services as an employee or independent contractor*
322 *of the Department of Behavioral Health and Developmental Services, a mental health service provider,*
323 *as defined in § 54.1-2400.1, licensed by the Department of Behavioral Health and Developmental*
324 *Services, a practitioner licensed by or holding a permit issued from the Department of Health*
325 *Professions, or a facility licensed by the Department of Health.*

326 "Residency" means a post-internship supervised clinical experience registered with the Board.

327 "Resident" means an individual who has submitted a supervisory contract to the Board and has
328 received Board approval to provide clinical services in professional counseling under supervision.

329 "Substance abuse" and "substance dependence" mean a maladaptive pattern of substance use leading
330 to clinically significant impairment or distress.

331 "Substance abuse treatment" means (i) the application of specific knowledge, skills, substance abuse
332 treatment theory, and substance abuse treatment techniques to define goals and develop a treatment plan
333 of action regarding substance abuse or dependence prevention, education, or treatment in the substance
334 abuse or dependence recovery process and (ii) referrals to medical, social services, psychological,
335 psychiatric, or legal resources when such referrals are indicated.

336 "Supervision" means the ongoing process, performed by a supervisor, of monitoring the performance
337 of the person supervised and providing regular, documented individual or group consultation, guidance,
338 and instruction with respect to the clinical skills and competencies of the person supervised.

339 **§ 54.1-3505. Specific powers and duties of the Board.**

340 In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers
341 and duties:

342 1. To cooperate with and maintain a close liaison with other professional boards and the community
343 to ensure that regulatory systems stay abreast of community and professional needs.

344 2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and
345 in conformance with the relevant regulations.

346 3. To designate specialties within the profession.

347 4. To administer the certification of rehabilitation providers pursuant to Article 2 (§ 54.1-3510 et
348 seq.) of this chapter, including prescribing fees for application processing, examinations, certification and
349 certification renewal.

350 5. [Expired.]

351 6. To promulgate regulations for the qualifications, education, and experience for licensure of
352 marriage and family therapists. The requirements for clinical membership in the American Association
353 for Marriage and Family Therapy (AAMFT), and the professional examination service's national
354 marriage and family therapy examination may be considered by the Board in the promulgation of these
355 regulations. The educational credit hour, clinical experience hour, and clinical supervision hour
356 requirements for marriage and family therapists shall not be less than the educational credit hour,
357 clinical experience hour, and clinical supervision hour requirements for professional counselors.

358 7. To promulgate, subject to the requirements of Article 1.1 (§ 54.1-3507 et seq.) of this chapter,
359 regulations for the qualifications, education, and experience for licensure of licensed substance abuse
360 treatment practitioners and certification of certified substance abuse counselors and certified substance
361 abuse counseling assistants. The requirements for membership in NAADAC: the Association for
362 Addiction Professionals and its national examination may be considered by the Board in the
363 promulgation of these regulations. The Board also may provide for the consideration and use of the
364 accreditation and examination services offered by the Substance Abuse Certification Alliance of Virginia.
365 The educational credit hour, clinical experience hour, and clinical supervision hour requirements for
366 licensed substance abuse treatment practitioners shall not be less than the educational credit hour,

clinical experience hour, and clinical supervision hour requirements for licensed professional counselors. Such regulations also shall establish standards and protocols for the clinical supervision of certified substance abuse counselors and the supervision or direction of certified substance abuse counseling assistants, and reasonable access to the persons providing that supervision or direction in settings other than a licensed facility.

8. To maintain a registry of persons who meet the requirements for supervision of residents. The Board shall make the registry of approved supervisors available to persons seeking residence status.

9. *To promulgate regulations for the registration of qualified mental health professionals, including qualifications, education, and experience necessary for such registration.*

10. *To promulgate regulations for the registration of peer recovery specialists who meet the qualifications, education, and experience requirements established by regulations of the Board of Behavioral Health and Developmental Services pursuant to § 37.2-203.*

§ 54.1-3506.1. Client notification.

Any person licensed, *certified, or registered* by the Board and operating in a nonhospital setting shall post a copy of his license, *certification, or registration* in a conspicuous place. The posting shall also provide clients with (i) the number of the toll-free complaint line at the Department of Health Professions, (ii) the website address of the Department for the purposes of accessing the licensee's, *certificate holder's, or registrant's* record, and (iii) notice of the client's right to report to the Department if he believes the licensee, *certificate holder, or registrant* may have engaged in unethical, fraudulent, or unprofessional conduct. *If the licensee, certificate holder, or registrant does not operate in a central location at which clients visit, he shall provide such information on a disclosure form signed by the client and maintained in the client's record.*

2. That the Board of Behavioral Health and Developmental Services and the Board of Counseling shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.