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OFFICE WEST VIRGINIA
SECRETARY OF STATE

WEST VIRGINIA LEGISLATURE
FIRST REGULAR SESSION, 2011

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ENROLLED

COMMITTEE SUBSTITUTE
FOR
House Bill No. 2479

(By Delegates Morgan, Stephens, Hartman, Hatfield,
D. Poling, Martin, Staggers, Swartzmiller and Rowan)

—●—
Passed March 10, 2011

In Effect Ninety Days From Passage

HB 2479

FILED

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ENROLLED OFFICE OF THE CLERK
SECRETARY OF STATE

COMMITTEE SUBSTITUTE

FOR

H. B. 2479

(BY DELEGATES MORGAN, STEPHENS, HARTMAN, HATFIELD,
D. POLING, MARTIN, STAGGERS, SWARTZMILLER AND ROWAN)

[Passed March 10, 2011; in effect ninety days from passage.]

AN ACT to repeal §30-4A-6 of the Code of West Virginia, 1931, as amended; to amend and reenact §30-4A-4, §30-4A-5 and §30-4A-8 of said code; and to amend said code by adding thereto four new sections, designated §30-4A-6a, §30-4A-6b, §30-4A-6c and §30-4A-6d, all relating to the administration of anesthesia by dentists and in dental offices; permit requirements; classes of permits; qualifications and certifications required for the respective classes of permits; standards of care; patient monitoring requirements; education and certification requirements for monitors and assistants; and related office evaluations.

Be it enacted by the Legislature of West Virginia:

That §30-4A-6 of the Code of West Virginia, 1931, as amended, be repealed; that §30-4A-4, §30-4A-5 and §30-4A-8 of said code be amended and reenacted; and that said code be amended by adding thereto four new sections, designated §30-4A-6a, §30-4A-6b, §30-4A-6c and §30-4A-6d, all to read as follows:

ARTICLE 4A. ADMINISTRATION OF ANESTHESIA BY DENTISTS.

§30-4A-4. Requirement for anesthesia permit.

1 (1) No dentist may induce central nervous system
2 anesthesia without first having obtained an anesthesia permit
3 under these rules for the level of anesthesia being induced.

4 (2) The applicant for an anesthesia permit must pay the
5 appropriate permit fees and renewal fees, designated in
6 section six of this article, submit a completed board-approved
7 application and consent to an office evaluation. The fees are
8 to be set in accordance with section eighteen of this article.

9 (3) Permits shall be issued to coincide with the
10 applicant's licensing period.

11 (4) Permit holders shall report the names and
12 qualifications of each qualified monitor. A monitor qualified
13 by PALS or ACLS shall maintain that certification to act as
14 a qualified monitor.

15 (5) A dentist shall hold a class permit equivalent to or
16 exceeding the anesthesia level being provided, unless the
17 provider of anesthesia is a physician anesthesiologist or
18 licensed dentist who holds a current anesthesia permit issued
19 by the Board.

§30-4A-5. Classes of anesthesia permits.

1 (a) The Board shall issue the following permits:

2 (1) Class 2 Permit: A Class 2 Permit authorizes a dentist
3 to induce anxiolysis.

4 (2) Class 3 Permit: A Class 3 Permit authorizes a dentist
5 to induce conscious sedation as limited enteral (3a) and/or
6 comprehensive parenteral (3b), and anxiolysis.

7 (3) Class 4 Permit: A Class 4 Permit authorizes a dentist
8 to induce general anesthesia/deep conscious sedation,
9 conscious sedation, and anxiolysis.

10 (b) When anesthesia services are provided in dental
11 facilities by a physician anesthesiologist, the dental facility
12 shall be inspected and approved for a Class IV permit.

**§30-4A-6a. Qualifications, standards applicable, and continuing
education requirements for relative analgesia use.**

1 (a) The board shall allow administration of relative
2 analgesia if the practitioner:

3 (1) Is a licensed dentist in the State of West Virginia;

4 (2) Holds valid and current documentation showing
5 successful completion of a Health Care Provider BLS/CPR
6 course; and

7 (3) Has completed a training course of instruction in
8 dental school, continuing education or as a postgraduate in
9 the administration of relative analgesia.

10 (b) A practitioner who administers relative analgesia shall
11 have the following facilities, equipment and drugs available
12 during the procedure and during recovery:

13 (1) An operating room large enough to adequately
14 accommodate the patient on an operating table or in an
15 operating chair and to allow delivery of age appropriate care
16 in an emergency situation;

17 (2) An operating table or chair which permits the patient
18 to be positioned so that the patient's airway can be
19 maintained, quickly alter the patient's position in an
20 emergency, and provide a firm platform for the
21 administration of basic life support;

22 (3) A lighting system which permits evaluation of the
23 patient's skin and mucosal color and a backup lighting
24 system of sufficient intensity to permit completion of any
25 operation underway in the event of a general power failure;

26 (4) Suction equipment which permits aspiration of the
27 oral and pharyngeal cavities;

28 (5) An oxygen delivery system with adequate full face
29 masks and appropriate connectors that is capable of
30 delivering high flow oxygen to the patient under positive
31 pressure, together with an adequate backup system; and

32 (6) A nitrous oxide delivery system with a fail-safe
33 mechanism that will insure appropriate continuous oxygen
34 delivery and a scavenger system.

35 All equipment used must be appropriate for the height
36 and weight of the patient.

37 (c) Before inducing nitrous oxide sedation, a practitioner
38 shall:

39 (1) Evaluate the patient;

40 (2) Give instruction to the patient or, when appropriate
41 due to age or psychological status of the patient, the patient's
42 guardian; and

43 (3) Certify that the patient is an appropriate candidate for
44 relative analgesia.

45 (d) A practitioner who administers relative analgesia shall
46 see that the patient's condition is visually monitored. At all
47 times the patient shall be observed by a Qualified Monitor
48 until discharge criteria have been met. The Qualified
49 Monitor shall hold valid and current documentation showing
50 successful completion of a Health Care Provider BLS/CPR
51 certification. Documentation of credentials and training must
52 be maintained in the personnel records of the Qualified
53 Monitor. The patient shall be monitored as to response to
54 verbal stimulation and oral mucosal color.

55 (e) The record must include documentation of all
56 medications administered with dosages, time intervals and
57 route of administration.

58 (f) A discharge entry shall be made in the patient's record
59 indicating the patient's condition upon discharge.

60 (g) Hold valid and current documentation:

61 (1) Showing successful completion of a Health Care
62 Provider BLS/CPR course; and

63 (2) Have received training and be competent in the
64 recognition and treatment of medical emergencies,
65 monitoring vital signs, the operation of nitrous oxide delivery
66 systems and the use of the sphygmomanometer and
67 stethoscope.

68 (h) The practitioner shall assess the patient's
69 responsiveness using preoperative values as normal
70 guidelines and discharge the patient only when the following
71 criteria are met:

72 (1) The patient is alert and oriented to person, place and
73 time as appropriate to age and preoperative neurological
74 status;

75 (2) The patient can talk and respond coherently to verbal
76 questioning or to preoperative neurological status;

77 (3) The patient can sit up unaided or without assistance
78 or to preoperative neurological status;

79 (4) The patient can ambulate with minimal assistance or
80 to preoperative neurological status; and

81 (5) The patient does not have nausea, vomiting or
82 dizziness.

**§30-4A-6b. Qualifications, standards applicable, and continuing
education requirements for a Class II Permit.**

1 (a) The board shall issue a Class II Permit to an applicant
2 who:

3 (1) Is a licensed dentist in West Virginia;

4 (2) Holds valid and current documentation showing
5 successful completion of a Health Care Provider BLS/CPR;
6 and

7 (3) Has completed a board approved course of at least six
8 hours didactic and clinical of either predoctoral dental school
9 or postgraduate instruction.

10 (b) A dentist who induces anxiolysis shall have the
11 following facilities, properly maintained equipment and
12 appropriate drugs available during the procedures and during
13 recovery:

14 (1) An operating room large enough to adequately
15 accommodate the patient on an operating table or in an
16 operating chair and to allow an operating team of at least two
17 individuals to freely move about the patient;

18 (2) An operating table or chair which permits the patient
19 to be positioned so the operating team can maintain the
20 patient's airway, quickly alter the patient's position in an
21 emergency, and provide a firm platform for the
22 administration of basic life support;

23 (3) A lighting system which permits evaluation of the
24 patient's skin and mucosal color and a backup lighting
25 system of sufficient intensity to permit completion of any
26 operation underway in the event of a general power failure;

27 (4) Suction equipment which permits aspiration of the
28 oral and pharyngeal cavities;

29 (5) An oxygen delivery system with adequate full face
30 mask and appropriate connectors that is capable of delivering
31 high flow oxygen to the patient under positive pressure,
32 together with an adequate backup system;

33 (6) A nitrous oxide delivery system with a fail-safe
34 mechanism that will insure appropriate continuous oxygen
35 delivery and a scavenger system;

36 (7) A recovery area that has available oxygen, adequate
37 lighting, suction and electrical outlets. The recovery area can
38 be the operating room;

39 (8) Sphygmomanometer, stethoscope, and pulse
40 oximeter;

41 (9) Emergency drugs; and

42 (10) A defibrillator device is recommended.

43 (11) All equipment and medication dosages must be in
44 accordance with the height and weight of the patient being
45 treated.

46 (c) Before inducing anxiolysis, a dentist shall:

47 (1) Evaluate the patient;

48 (2) Certify that the patient is an appropriate candidate for
49 anxiolysis sedation; and

50 (3) Obtain written informed consent from the patient or
51 patient's guardian for the anesthesia. The obtaining of the
52 informed consent shall be documented in the patient's record.

53 (d) The dentist shall monitor and record the patient's
54 condition or shall use a Qualified Monitor to monitor and
55 record the patient's condition. The Qualified Monitor shall
56 have a current Health Care Provider BLS/CPR certification.
57 A Class II Permit holder shall have no more than one person
58 under anxiolysis at the same time.

59 (e) The patient shall be monitored as follows:

60 (1) Patients must have continuous monitoring using pulse
61 oximetry. The patient's blood pressure, heart rate and
62 respiration shall be recorded at least once before, during and
63 after the procedure, and these recordings shall be documented
64 in the patient record. At all times the patient shall be

65 observed by a Qualified Monitor until discharge criteria have
66 been met. If the dentist is unable to obtain this information,
67 the reasons shall be documented in the patient's record. The
68 record must also include documentation of all medications
69 administered with dosages, time intervals and route of
70 administration.

71 (2) A discharge entry shall be made by the dentist in the
72 patient's record indicating the patient's condition upon
73 discharge.

74 (f) A permit holder who uses anxiolysis shall see that the
75 patient's condition is visually monitored. The patient shall be
76 monitored as to response to verbal stimulation, oral mucosal
77 color and preoperative and postoperative vital signs.

78 (g) The dentist shall assess the patient's responsiveness
79 using preoperative values as normal guidelines and discharge
80 the patient only when the following criteria are met:

81 (1) Vital signs including blood pressure, pulse rate and
82 respiratory rate are stable;

83 (2) The patient is alert and oriented to person, place and
84 time as appropriate to age and preoperative neurological
85 status;

86 (3) The patient can talk and respond coherently to verbal
87 questioning, or to preoperative neurological status;

88 (4) The patient can sit up unaided, or to preoperative
89 neurological status;

90 (5) The patient can ambulate with minimal assistance, or
91 to preoperative neurological status; and

92 (6) The patient does not have uncontrollable nausea or
93 vomiting and has minimal dizziness.

94 (7) A dentist may not release a patient who has
95 undergone anxiolysis except to the care of a responsible adult
96 third party.

**§30-4A-6c. Qualifications, standards applicable, and continuing
education requirements for Class III Anesthesia
Permit.**

1 (a) The board shall issue or renew a Class 3 Permit to an
2 applicant who:

3 (1) Is a licensed dentist in West Virginia;

4 (2) Holds valid and current documentation showing
5 successful completion of a Health Care Provider BLS/CPR
6 course, ACLS and/or a PALS course if treating pediatric
7 patients; and

8 (3) Satisfies one of the following criteria:

9 (A) Certificate of completion of a comprehensive training
10 program in conscious sedation that satisfies the requirements
11 described in Part III of the ADA *Guidelines for Teaching the*
12 *Comprehensive Control of Pain and Anxiety in Dentistry* at
13 the time training was commenced.

14 (B) Certificate of completion of an ADA accredited
15 postdoctoral training program which affords comprehensive
16 and appropriate training necessary to administer and manage
17 conscious sedation, commensurate with these guidelines.

18 (C) In lieu of these requirements, the board may accept
19 documented evidence of equivalent training or experience in
20 conscious sedation anesthesia:

21 (i) Limited (Enteral) Permit (3(a)) must have a board
22 approved course of at least eighteen hours didactic and
23 twenty mentored clinical cases.

24 (ii) Comprehensive (Parenteral) Permit (3(b)) must have
25 a board approved course of at least sixty hours didactic and
26 twenty mentored clinical cases.

27 (b) A dentist who induces conscious sedation shall have
28 the following facilities, properly maintained age appropriate
29 equipment and age appropriate medications available during
30 the procedures and during recovery:

31 (1) An operating room large enough to adequately
32 accommodate the patient on an operating table or in an
33 operating chair and to allow an operating team of at least two
34 individuals to freely move about the patient;

35 (2) An operating table or chair which permits the patient
36 to be positioned so the operating team can maintain the
37 patient's airway, quickly alter the patient's position in an
38 emergency, and provide a firm platform for the
39 administration of basic life support;

40 (3) A lighting system which permits evaluation of the
41 patient's skin and mucosal color and a backup lighting
42 system of sufficient intensity to permit completion of any
43 operation underway in the event of a general power failure;

44 (4) Suction equipment which permits aspiration of the
45 oral and pharyngeal cavities and a backup suction device
46 which will function in the event of a general power failure;

47 (5) An oxygen delivery system with adequate full face
48 mask and appropriate connectors that is capable of delivering
49 high flow oxygen to the patient under positive pressure,
50 together with an adequate backup system;

51 (6) A nitrous oxide delivery system with a fail-safe
52 mechanism that will insure appropriate continuous oxygen
53 delivery and a scavenger system;

54 (7) A recovery area that has available oxygen, adequate
55 lighting, suction and electrical outlets. The recovery area can
56 be the operating room;

57 (8) Sphygmomanometer, pulse oximeter, oral and
58 nasopharyngeal airways, intravenous fluid administration
59 equipment;

60 (9) Emergency drugs including, but not limited to:
61 Pharmacologic antagonists appropriate to the drugs used,
62 vasopressors, corticosteroids, bronchodilators,
63 antihistamines, antihypertensives and anticonvulsants; and

64 (10) A defibrillator device.

65 (c) Before inducing conscious sedation, a dentist shall:

66 (1) Evaluate the patient and document, using the
67 *American Society of Anesthesiologists Patient Physical Status*
68 *Classifications*, that the patient is an appropriate candidate
69 for conscious sedation;

70 (2) Give written preoperative and postoperative
71 instructions to the patient or, when appropriate due to age or
72 neurological status of the patient, the patient's guardian; and

73 (3) Obtain written informed consent from the patient or
74 patient's guardian for the anesthesia.

75 (d) The dentist shall ensure that the patient's condition is
76 monitored and recorded on a contemporaneous record. The
77 dentist shall use a Qualified Monitor to monitor and record

78 the patient's condition in addition to the chair side dental
79 assistant. A Qualified Monitor shall be present to monitor
80 the patient at all times.

81 (e) The patient shall be monitored as follows:

82 (1) Patients must have continuous monitoring using pulse
83 oximetry. At no time shall the patient be unobserved by a
84 Qualified Monitor until discharge criteria have been met.
85 The Qualified Monitor shall have a current Health Care
86 provider BLS/CPR certification and certification from the
87 American Association of Oral and Maxillofacial Surgeon's
88 certification program for Anesthesia Assistants or an
89 equivalent. The patient's blood pressure, heart rate, and
90 respiration shall be recorded every five minutes, and these
91 recordings shall be documented in the patient record. The
92 record must also include documentation of preoperative and
93 postoperative vital signs, all medications administered with
94 dosages, time intervals and route of administration. If the
95 dentist is unable to obtain this information, the reasons shall
96 be documented in the patient's record.

97 (2) During the recovery phase, the patient must be
98 monitored by a Qualified Monitor.

99 (3) A discharge entry shall be made by the dentist in the
100 patient's record indicating the patient's condition upon
101 discharge and the name of the responsible party to whom the
102 patient was discharged.

103 (f) A dentist may not release a patient who has undergone
104 conscious sedation except to the care of a responsible adult
105 third party.

106 (g) The dentist shall assess the patient's responsiveness
107 using preoperative values as normal guidelines and discharge
108 the patient only when the following criteria are met:

109 (1) Vital signs including blood pressure, pulse rate and
110 respiratory rate are stable;

111 (2) The patient is alert and oriented to person, place and
112 time as appropriate to age and preoperative neurological
113 status;

114 (3) The patient can talk and respond coherently to verbal
115 questioning, or to preoperative neurological status;

116 (4) The patient can sit up unaided, or to preoperative
117 neurological status;

118 (5) The patient can ambulate with minimal assistance, or
119 to preoperative neurological status; and

120 (6) The patient does not have uncontrollable nausea or
121 vomiting and has minimal dizziness.

122 (h) A dentist who induces conscious sedation shall
123 employ the services of a Qualified Monitor and a chair side
124 dental assistant at all times who each shall hold a valid
125 BLS/CPR certification and maintains such certification.

**§30-4A-6d. Qualifications, standards applicable, and continuing
education requirements for Class IV Anesthesia
Permit.**

1 (a) A Class IV Permit permits the use of general
2 anesthesia/deep conscious sedation, conscious sedation, and
3 anxiolysis.

4 (b) The board shall issue or renew a Class IV Permit to an
5 applicant who:

6 (1) Is a licensed dentist in West Virginia;

7 (2) Has a current Advanced Cardiac Life Support (ACLS)
8 Certificate;

9 (3) Satisfies one of the following criteria:

10 (A) Completion of an advanced training program in
11 anesthesia and related subjects beyond the undergraduate
12 dental curriculum that satisfies the requirements described in
13 Part II of the *ADA Guidelines for Teaching the*
14 *Comprehensive Control of Pain and Anxiety in Dentistry* at
15 the time training was commenced;

16 (B) Completion of an ADA or AMA accredited
17 postdoctoral training program which affords comprehensive
18 and appropriate training necessary to administer and manage
19 general anesthesia, commensurate with these guidelines;

20 (C) In lieu of these requirements, the board may accept
21 documented evidence of equivalent training or experience in
22 general anesthesia.

23 (c) A dentist who induces general anesthesia/deep
24 conscious sedation shall have the following facilities,
25 properly maintained age appropriate equipment and age
26 appropriate drugs available during the procedure and during
27 recovery:

28 (1) An operating room large enough to adequately
29 accommodate the patient on an operating table or in an
30 operating chair and to allow an operating team of at least
31 three individuals to freely move about the patient;

32 (2) An operating table or chair which permits the patient
33 to be positioned so the operating team can maintain the
34 patient's airway, quickly alter the patient's position in an
35 emergency, and provide a firm platform for the
36 administration of basic life support;

37 (3) A lighting system which permits evaluation of the
38 patient's skin and mucosal color and a backup lighting
39 system of sufficient intensity to permit completion of any
40 operation underway in the event of a general power failure;

41 (4) Suction equipment which permits aspiration of the
42 oral and pharyngeal cavities and a backup suction device
43 which will function in the event of a general power failure;

44 (5) An oxygen delivery system with adequate full face
45 mask and appropriate connectors that is capable of delivering
46 high flow oxygen to the patient under positive pressure,
47 together with an adequate backup system;

48 (6) A nitrous oxide delivery system with a fail-safe
49 mechanism that will insure appropriate continuous oxygen
50 delivery and a scavenger system;

51 (7) A recovery area that has available oxygen, adequate
52 lighting, suction and electrical outlets. The recovery area can
53 be the operating room;

54 (8) Sphygmomanometer, pulse oximeter,
55 electrocardiograph monitor, defibrillator or automated
56 external defibrillator, laryngoscope with endotracheal tubes,
57 oral and nasopharyngeal airways, intravenous fluid
58 administration equipment;

59 (9) Emergency drugs including, but not limited to:
60 Pharmacologic antagonists appropriate to the drugs used,
61 vasopressors, corticosteroids, bronchodilators, intravenous
62 medications for treatment of cardiac arrest, narcotic
63 antagonist, antihistaminic, antiarrhythmics, antihypertensives
64 and anticonvulsants; and

65 (10) A defibrillator device.

66 (d) Before inducing general anesthesia/deep conscious
67 sedation the dentist shall:

68 (1) Evaluate the patient and document, using the
69 *American Society of Anesthesiologists Patient Physical Status*
70 *Classifications*, that the patient is an appropriate candidate
71 for general anesthesia or deep conscious sedation;

72 (2) Shall give written preoperative and postoperative
73 instructions to the patient or, when appropriate due to age or
74 neurological status of the patient, the patient's guardian; and

75 (3) Shall obtain written informed consent from the patient
76 or patient's guardian for the anesthesia.

77 (e) A dentist who induces general anesthesia/deep
78 conscious sedation shall ensure that the patient's condition is
79 monitored and recorded on a contemporaneous record. The
80 dentist shall use a Qualified Monitor to monitor and record
81 the patient's condition on a contemporaneous record and a
82 chair side dental assistant. The Qualified Monitor shall hold
83 current Health Care provider BLS/CPR certification and hold
84 certification as an Anesthesia Assistant from the American
85 Association of Oral and Maxillofacial Surgeon Office
86 Anesthesia Assistant certification program for Anesthesia
87 Assistants or an equivalent. No permit holder shall have
88 more than one patient under general anesthesia at the same
89 time.

90 (f) The patient shall be monitored as follows:

91 (1) Patients must have continuous monitoring of their
92 heart rate, oxygen saturation levels and respiration. At no
93 time shall the patient be unobserved by a Qualified Monitor
94 until discharge criteria have been met. The patient's blood
95 pressure, heart rate and oxygen saturation shall be assessed

96 every five minutes, and shall be contemporaneously
97 documented in the patient record. The record must also
98 include documentation of preoperative and postoperative
99 vital signs, all medications administered with dosages, time
100 intervals and route of administration. The person
101 administering the anesthesia may not leave the patient while
102 the patient is under general anesthesia;

103 (2) During the recovery phase, the patient must be
104 monitored, including the use of pulse oximetry, by a
105 Qualified Monitor; and

106 (3) A dentist may not release a patient who has
107 undergone general anesthesia/deep conscious sedation except
108 to the care of a responsible adult third party.

109 (g) The dentist shall assess the patient's responsiveness
110 using preoperative values as normal guidelines and discharge
111 the patient only when the following criteria are met:

112 (1) Vital signs including blood pressure, pulse rate and
113 respiratory rate are stable;

114 (2) The patient is alert and oriented to person, place and
115 time as appropriate to age and preoperative neurological
116 status;

117 (3) The patient can talk and respond coherently to verbal
118 questioning, or to preoperative neurological status;

119 (4) The patient can sit up unaided, or to preoperative
120 neurological status;

121 (5) The patient can ambulate with minimal assistance, or
122 to preoperative neurological status; and

123 (6) The patient does not have nausea or vomiting and has
124 minimal dizziness.

125 (7) A discharge entry shall be made in the patient's
126 record by the dentist indicating the patient's condition upon
127 discharge and the name of the responsible party to whom the
128 patient was discharged.

129 (h) A dentist who induces general anesthesia shall
130 employ the services of a Qualified Monitor and a chair side
131 dental assistant at all times, who each shall hold a valid
132 BLS/CPR certification and maintains such certification.

§30-4A-8. Office evaluations.

1 (a) The in-office evaluation shall include:

2 (1) Observation of one or more cases of anesthesia to
3 determine the appropriateness of technique and adequacy of
4 patient evaluation and care;

5 (2) Inspection of facilities, which shall include but not be
6 limited to, the inspection of equipment, drugs and records
7 and Qualified Monitor's certifications and documentation;
8 and

9 (3) The evaluation shall be performed by a team
10 appointed by the board and shall include:

11 (A) A permit holder who has the same type of license as
12 the licensee to be evaluated and who holds a current
13 anesthesia permit in the same class or in a higher class than
14 that held by the licensee being evaluated;

15 (B) A member of the board's Anesthesia Committee;

16 (C) Class II permit holders may be audited periodically
17 as determined by the committee; and

18 (D) Class III and IV permit holders shall be evaluated
19 once every five years.

20 (b) A dentist utilizing a licensed dentist who holds a
21 current anesthesia permit issued by the Board shall have his
22 or her office inspected to the level of the permit held by the
23 anesthesia permit holder. The office is only approved at that
24 level when the anesthesia permit holder is present and shall
25 have the number of qualified monitors present as required by
26 this article.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.




Chairman, House Committee



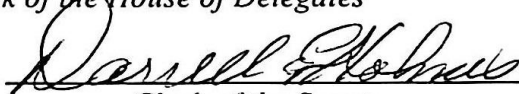
Chairman, Senate Committee

Originating in the House.

To take effect ninety days from passage.



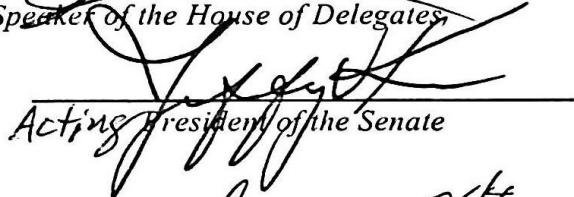
Clerk of the House of Delegates



Clerk of the Senate



Speaker of the House of Delegates



Acting President of the Senate

The within is approved this the 24th
day of March, 2011.



Governor

PRESENTED TO THE GOVERNOR

MAR 18 2011

Time 1110 AM