

COMMITTEE SUBSTITUTE

FOR

**H. B. 2479**

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

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(Originating in the Committee on the Judiciary)  
[February 21, 2011]

A BILL 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That §30-4A-6 of the Code of West Virginia, 1931, as amended, be repealed; that §30-4A-4, §30-4A-5 and §30-4A-8 of said code be amended and reenacted; and that said code be amended by adding thereto four new sections, designated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 ~~certificate or 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 ~~certificates and~~ permits.**

1 (a) The Board shall issue the following ~~certificates and/or~~  
2 permits:

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

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

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

11 (b) When anesthesia services are provided in dental  
12 facilities by a physician anesthesiologist, the dental facility  
13 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 responsiveness  
69 using preoperative values as normal guidelines and discharge the  
70 patient only when the following criteria are met:

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

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

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

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

80 (5) The patient does not have nausea, vomiting or  
81 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  
64       documented in the patient record. At all times the patient  
65       shall be observed by a Qualified Monitor until discharge  
66       criteria have been met. If the dentist is unable to obtain this  
67       information, the reasons shall be documented in the patient's  
68       record. The record must also include documentation of all  
69       medications administered with dosages, time intervals and  
70       route of 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  
76       be monitored as to response to verbal stimulation, oral  
77       mucosal 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 anxyolysis except to the care of a responsible  
96 adult 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, antihistamines,  
63 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*  
68 *Status Classifications*, that the patient is an appropriate  
69 candidate 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'  
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 status;

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

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

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

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

121 (h) A dentist who induces conscious sedation shall  
122 employ the services of a Qualified Monitor and a chair side  
123 dental assistant at all times who each shall hold a valid  
124 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  
5 an applicant who:

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

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

70 *Status Classifications*, that the patient is an appropriate

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

9        ~~(2)~~ (3) The evaluation shall be performed by a team  
10       appointed by the board and shall include:

11       ~~(a)~~ (A) A permit holder who has the same type of license  
12       as 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)~~ (B) A member of the board's Anesthesia Committee;

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

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

20       (b) A dentist utilizing a physician anesthesiologist or  
21       anesthetist who holds a certificate or authority to administer  
22       anesthesia by virtue of a board certification issued by a board  
23       other than the West Virginia Board of Dental Examiners

24 shall have his dental office inspected and shall maintain  
25 facilities and resources sufficient to meet the standards and  
26 requirements of a Level IV permit holder, and shall have the  
27 number of Qualified Monitors present as required by this  
28 article.