

1 COMMITTEE SUBSTITUTE

2 FOR

3 **H. B. 2479**

4  
5 (By Delegates Morgan, Stephens, Hartman, Hatfield,  
6 D. Poling, Martin, Staggers, Swartzmiller and Rowan)

7 (Originating in the Committee on the Judiciary)

8 [February 21, 2011]

9  
10 A BILL to repeal §30-4A-6 of the Code of West Virginia, 1931, as  
11 amended; to amend and reenact §30-4A-4, §30-4A-5 and §30-4A-8  
12 of said code; and to amend said code by adding thereto four  
13 new sections, designated §30-4A-6a, §30-4A-6b, §30-4A-6c and  
14 §30-4A-6d, all relating to the administration of anesthesia by  
15 dentists and in dental offices; permit requirements; classes  
16 of permits; qualifications and certifications required for the  
17 respective classes of permits; standards of care; patient  
18 monitoring requirements; education and certification  
19 requirements for monitors and assistants; and related office  
20 evaluations.

21 *Be it enacted by the Legislature of West Virginia:*

22 That §30-4A-6 of the Code of West Virginia, 1931, as amended,  
23 be repealed; that §30-4A-4, §30-4A-5 and §30-4A-8 of said code be  
24 amended and reenacted; and that said code be amended by adding  
25 thereto four new sections, designated §30-4A-6a, §30-4A-6b,  
26 §30-4A-6c and §30-4A-6d, all to read as follows:

1 **ARTICLE 4A. ADMINISTRATION OF ANESTHESIA BY DENTISTS.**

2 **§30-4A-4. Requirement for anesthesia ~~certificate or permit.~~**

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

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

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

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

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

20 **§30-4A-5. Classes of anesthesia ~~certificates and permits.~~**

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

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

25 (2) Class 3 Permit: A Class 3 Permit authorizes a dentist to

1 induce conscious sedation as limited enteral (3a) and/or  
2 comprehensive parenteral (3b), and anxiolysis.

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

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

9 **§30-4A-6a. Qualifications, standards applicable, and continuing**  
10 **education requirements for relative analgesia use.**

11 (a) The board shall allow administration of relative analgesia  
12 if the practitioner:

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

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

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

19 (b) A practitioner who administers relative analgesia shall  
20 have the following facilities, equipment and drugs available during  
21 the procedure and during recovery:

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

25 (2) An operating table or chair which permits the patient to  
26 be positioned so that the patient's airway can be maintained,

1 quickly alter the patient's position in an emergency, and provide  
2 a firm platform for the administration of basic life support;

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

7 (4) Suction equipment which permits aspiration of the oral and  
8 pharyngeal cavities;

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

13 (6) A nitrous oxide delivery system with a fail-safe mechanism  
14 that will insure appropriate continuous oxygen delivery and a  
15 scavenger system.

16 All equipment used must be appropriate for the height and  
17 weight of the patient.

18 (c) Before inducing nitrous oxide sedation, a practitioner  
19 shall:

20 (1) Evaluate the patient;

21 (2) Give instruction to the patient or, when appropriate due  
22 to age or psychological status of the patient, the patient's  
23 guardian; and

24 (3) Certify that the patient is an appropriate candidate for  
25 relative analgesia.

26 (d) A practitioner who administers relative analgesia shall

1 see that the patient's condition is visually monitored. At all  
2 times the patient shall be observed by a Qualified Monitor until  
3 discharge criteria have been met. The Qualified Monitor shall hold  
4 valid and current documentation showing successful completion of a  
5 Health Care Provider BLS/CPR certification. Documentation of  
6 credentials and training must be maintained in the personnel  
7 records of the Qualified Monitor. The patient shall be monitored as  
8 to response to verbal stimulation and oral mucosal color.

9 (e) The record must include documentation of all medications  
10 administered with dosages, time intervals and route of  
11 administration.

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

14 (g) Hold valid and current documentation:

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

17 (2) Have received training and be competent in the recognition  
18 and treatment of medical emergencies, monitoring vital signs, the  
19 operation of nitrous oxide delivery systems and the use of the  
20 sphygmomanometer and stethoscope.

21 (h) The practitioner shall assess the patient's responsiveness  
22 using preoperative values as normal guidelines and discharge the  
23 patient only when the following criteria are met:

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

26 (2) The patient can talk and respond coherently to verbal

1 questioning or to preoperative neurological status;

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

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

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

7 **§30-4A-6b. Qualifications, standards applicable, and continuing**  
8 **education requirements for a Class II Permit.**

9 (a) The board shall issue a Class II Permit to an applicant  
10 who:

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

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

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

17 (b) A dentist who induces anxiolysis shall have the following  
18 facilities, properly maintained equipment and appropriate drugs  
19 available during the procedures and during recovery:

20 (1) An operating room large enough to adequately accommodate  
21 the patient on an operating table or in an operating chair and to  
22 allow an operating team of at least two individuals to freely move  
23 about the patient;

24 (2) An operating table or chair which permits the patient to  
25 be positioned so the operating team can maintain the patient's  
26 airway, quickly alter the patient's position in an emergency, and

1 provide a firm platform for the administration of basic life  
2 support;

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

7 (4) Suction equipment which permits aspiration of the oral and  
8 pharyngeal cavities;

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

13 (6) A nitrous oxide delivery system with a fail-safe mechanism  
14 that will insure appropriate continuous oxygen delivery and a  
15 scavenger system;

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

19 (8) Sphygmomanometer, stethoscope, and pulse oximeter;

20 (9) Emergency drugs; and

21 (10) A defibrillator device is recommended.

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

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

25 (1) Evaluate the patient;

26 (2) Certify that the patient is an appropriate candidate for

1 anxiolysis sedation; and

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

5 (d) The dentist shall monitor and record the patient's  
6 condition or shall use a Qualified Monitor to monitor and record  
7 the patient's condition. The Qualified Monitor shall have a  
8 current Health Care Provider BLS/CPR certification. A Class II  
9 Permit holder shall have no more than one person under  
10 anxiolysis at the same time.

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

12 (1) Patients must have continuous monitoring using pulse  
13 oximetry. The patient's blood pressure, heart rate and respiration  
14 shall be recorded at least once before, during and after the  
15 procedure, and these recordings shall be documented in the patient  
16 record. At all times the patient shall be observed by a Qualified  
17 Monitor until discharge criteria have been met. If the dentist is  
18 unable to obtain this information, the reasons shall be documented  
19 in the patient's record. The record must also include  
20 documentation of all medications administered with dosages, time  
21 intervals and route of administration.

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

24 (f) A permit holder who uses  
25 anxiolysis shall see that the  
26 patient's condition is visually monitored. The patient shall be  
monitored as to response to verbal stimulation, oral mucosal color

1 and preoperative and postoperative vital signs.

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

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

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

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

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

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

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

17 (7) A dentist may not release a patient who has undergone  
18 anxolysis except to the care of a responsible adult third party.

19 **§30-4A-6c. Qualifications, standards applicable, and continuing**  
20 **education requirements for Class III Anesthesia**  
21 **Permit.**

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

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

25 (2) Holds valid and current documentation showing successful

1 completion of a Health Care Provider BLS/CPR course, ACLS and/or a  
2 PALS course if treating pediatric patients; and

3 (3) Satisfies one of the following criteria:

4 (A) Certificate of completion of a comprehensive training  
5 program in conscious sedation that satisfies the requirements  
6 described in Part III of the ADA Guidelines for Teaching the  
7 Comprehensive Control of Pain and Anxiety in Dentistry at the time  
8 training was commenced.

9 (B) Certificate of completion of an ADA accredited  
10 postdoctoral training program which affords comprehensive and  
11 appropriate training necessary to administer and manage conscious  
12 sedation, commensurate with these guidelines.

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

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

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

22 (b) A dentist who induces conscious sedation shall have the  
23 following facilities, properly maintained age appropriate equipment  
24 and age appropriate medications available during the procedures and  
25 during recovery:

26 (1) An operating room large enough to adequately accommodate

1 the patient on an operating table or in an operating chair and to  
2 allow an operating team of at least two individuals to freely move  
3 about the patient;

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

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

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

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

20 (6) A nitrous oxide delivery system with a fail-safe mechanism  
21 that will insure appropriate continuous oxygen delivery and a  
22 scavenger system;

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

26 (8) Sphygmomanometer, pulse oximeter, oral and nasopharyngeal

1 airways, intravenous fluid administration equipment;

2 (9) Emergency drugs including, but not limited to:  
3 Pharmacologic antagonists appropriate to the drugs used,  
4 vasopressors, corticosteroids, bronchodilators, antihistamines,  
5 antihypertensives and anticonvulsants; and

6 (10) A defibrillator device.

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

8 (1) Evaluate the patient and document, using the *American*  
9 *Society of Anesthesiologists Patient Physical Status*  
10 *Classifications*, that the patient is an appropriate candidate for  
11 conscious sedation;

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

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

17 (d) The dentist shall ensure that the patient's condition is  
18 monitored and recorded on a contemporaneous record. The dentist  
19 an shall use a Qualified Monitor to monitor and record the  
20 patient's condition in addition to the chair side dental assistant.  
21 A Qualified Monitor shall be present to monitor the patient at all  
22 times.

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

24 (1) Patients must have continuous monitoring using pulse  
25 oximetry. At no time shall the patient be unobserved by a  
26 Qualified Monitor until discharge criteria have been met. The

1 Qualified Monitor shall have a current Health Care provider BLS/CPR  
2 certification and certification from the American Association of  
3 Oral and Maxillofacial Surgeon' certification program for  
4 Anesthesia Assistants or an equivalent. The patient's blood  
5 pressure, heart rate, and respiration shall be recorded every five  
6 minutes, and these recordings shall be documented in the patient  
7 record. The record must also include documentation of preoperative  
8 and postoperative vital signs, all medications administered with  
9 dosages, time intervals and route of administration. If the  
10 dentist is unable to obtain this information, the reasons shall be  
11 documented in the patient's record.

12 (2) During the recovery phase, the patient must be monitored  
13 by a qualified monitor.

14 (3) A discharge entry shall be made by the dentist in the  
15 patient's record indicating the patient's condition upon discharge  
16 and the name of the responsible party to whom the patient was  
17 discharged.

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

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

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

26 (2) The patient is alert and oriented to person, place and

1 time as appropriate to age and preoperative neurological status;

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

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

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

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

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

14 **§30-4A-6d. Qualifications, standards applicable, and continuing**  
15 **education requirements for Class IV Anesthesia**  
16 **Permit.**

17 (a) A Class IV Permit permits the use of general  
18 anesthesia/deep conscious sedation, conscious sedation, and  
19 anxiolysis.

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

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

23 (2) Has a current Advanced Cardiac Life Support (ACLS)  
24 Certificate;

25 (3) Satisfies one of the following criteria:

1 (A) Completion of an advanced training program in anesthesia  
2 and related subjects beyond the undergraduate dental curriculum  
3 that satisfies the requirements described in Part II of the ADA  
4 Guidelines for Teaching the Comprehensive Control of Pain and  
5 Anxiety in Dentistry at the time training was commenced;

6 (B) Completion of an ADA or AMA accredited postdoctoral  
7 training program which affords comprehensive and appropriate  
8 training necessary to administer and manage general anesthesia,  
9 commensurate with these guidelines;

10 (C) In lieu of these requirements, the board may accept  
11 documented evidence of equivalent training or experience in general  
12 anesthesia.

13 (c) A dentist who induces general anesthesia/deep conscious  
14 sedation shall have the following facilities, properly maintained  
15 age appropriate equipment and age appropriate drugs available  
16 during the procedure and during recovery:

17 (1) An operating room large enough to adequately accommodate  
18 the patient on an operating table or in an operating chair and to  
19 allow an operating team of at least three individuals to freely  
20 move about the patient;

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

26 (3) A lighting system which permits evaluation of the

1 patient's skin and mucosal color and a backup lighting system of  
2 sufficient intensity to permit completion of any operation underway  
3 in the event of a general power failure;

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

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

11 (6) A nitrous oxide delivery system with a fail-safe mechanism  
12 that will insure appropriate continuous oxygen delivery and a  
13 scavenger system;

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

17 (8) Sphygmomanometer, pulse oximeter, electrocardiograph  
18 monitor, defibrillator or automated external defibrillator,  
19 laryngoscope with endotracheal tubes, oral and nasopharyngeal  
20 airways, intravenous fluid administration equipment;

21 (9) Emergency drugs including, but not limited to:  
22 Pharmacologic antagonists appropriate to the drugs used,  
23 vasopressors, corticosteroids, bronchodilators, intravenous  
24 medications for treatment of cardiac arrest, narcotic antagonist,  
25 antihistaminic, antiarrhythmics, antihypertensives and  
26 anticonvulsants; and

1       (10) A defibrillator device.

2       (d) Before inducing general anesthesia/deep conscious sedation  
3 the dentist shall:

4       (1) Evaluate the patient and document, using the American  
5 Society of Anesthesiologists Patient Physical Status  
6 Classifications, that the patient is an appropriate candidate for  
7 general anesthesia or deep conscious sedation;

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

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

13       (e) A dentist who induces general anesthesia/deep conscious  
14 sedation shall ensure that the patient's condition is monitored and  
15 recorded on a contemporaneous record. The dentist shall use a  
16 Qualified Monitor to monitor and record the patient's condition on  
17 a contemporaneous record and a chair side dental assistant. The  
18 Qualified Monitor shall hold current Health Care provider BLS/CPR  
19 certification and hold certification as an Anesthesia Assistant  
20 from the American Association of Oral and Maxillofacial Surgeon  
21 Office Anesthesia Assistant certification program for Anesthesia  
22 Assistants or an equivalent. No permit holder shall have more than  
23 one patient under general anesthesia at the same time.

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

25       (1) Patients must have continuous monitoring of their heart  
26 rate, oxygen saturation levels and respiration. At no time shall

1 the patient be unobserved by a Qualified Monitor until discharge  
2 criteria have been met. The patient's blood pressure, heart rate  
3 and oxygen saturation shall be assessed every five minutes, and  
4 shall be contemporaneously documented in the patient record. The  
5 record must also include documentation of preoperative and  
6 postoperative vital signs, all medications administered with  
7 dosages, time intervals and route of administration. The person  
8 administering the anesthesia may not leave the patient while the  
9 patient is under general anesthesia;

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

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

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

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

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

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

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

26 (5) The patient can ambulate with minimal assistance, or to

1 preoperative neurological status; and

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

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

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

12 **§30-4A-8. Office evaluations.**

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

14 ~~(a)~~ (1) Observation of one or more cases of anesthesia to  
15 determine the appropriateness of technique and adequacy of patient  
16 evaluation and care;

17 ~~(b)~~ (2) Inspection of facilities, which shall include but not  
18 be limited to, the inspection of equipment, , drugs and records and  
19 Qualified Monitor's certifications and documentation; and

20 ~~(2)~~ (3) The evaluation shall be performed by a team appointed  
21 by the board and shall include:

22 ~~(a)~~ (A) A permit holder who has the same type of license as  
23 the licensee to be evaluated and who holds a current anesthesia  
24 permit in the same class or in a higher class than that held by the  
25 licensee being evaluated;

26 ~~(b)~~ (B) A member of the board's Anesthesia Committee;

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

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

5       (b) A dentist utilizing a physician anesthesiologist or  
6 anesthetist who holds a certificate or authority to administer  
7 anesthesia by virtue of a board certification issued by a board  
8 other than the West Virginia Board of Dental Examiners shall have  
9 his dental office inspected and shall maintain facilities and  
10 resources sufficient to meet the standards and requirements of a  
11 Level IV permit holder, and shall have the number of Qualified  
12 Monitors present as required by this article.