

**MEETING MINUTES OF THE
AMERICAN DENTAL ASSOCIATION
COUNCIL ON GOVERNMENT AFFAIRS
ADA OFFICES, WASHINGTON, DC
JANUARY 23-25, 2020**

CALL TO ORDER

The first regular meeting of the Council on Government Affairs (CGA) was called to order by Dr. Phillip Fijal, CGA chair, at 4:04 PM EDT on January 23, 2020 in the 11th Floor Conference Room at the ADA Washington Office, 1111 14th Street, NW, Washington, DC 20005.

ROLL CALL

Members: (District 1) Dr. Mark Desrosiers, 2020; (District 2) Dr. Raymond Miller, 2023; (District 3) Dr. John Reitz, 2021; (District 4) Dr. Mark Vitale, 2022; (District 5) Dr. Deborah Bishop, 2020; (District 6) Dr. Leon Stanislav, 2022; (District 7) Dr. Matthew Messina, 2021; (District 8) Dr. Phillip Fijal, chair, 2020; (District 9) Dr. Lisa Knowles, 2020; (District 10) Dr. Emily Willett, 2021; (District 11) Dr. John Hisel, 2022; (District 12) Dr. Matthew Cohlma, 2022; (District 13) Dr. John Blake, 2023; (District 14) Dr. David White, 2021; (District 15) Dr. Matthew Roberts, 2023; (District 16) Dr. Mark Crabtree, 2023; (District 17) Dr. Zacharias Kalarickal, 2020; (New Dentist Member) Dr. Adam Shisler, 2020.

Liaisons: Dr. George Shepley, Board of Trustees (District 4); Ms. Kate McPherson, American Student Dental Association; Dr. David Watson, chair, American Dental Political Action Committee; Dr. Richard Stevenson, chair, Council on Advocacy for Access and Prevention; Ms. Janette Sonnenberg, Alliance of the American Dental Association.

Council Staff: Mr. Michael Graham, senior vice president, Government and Public Affairs; Ms. Roxanne Yaghoubi, director, Legislative and Regulatory Policy; Mr. Robert Burns, manager, Legislative and Regulatory Policy; Mr. David Linn, manager, Legislative and Regulatory Policy.

Other ADA Representatives Present for All or Part of the Meeting In Person or By Phone: Dr. Kathleen O'Loughlin, executive director, ADA; Dr. Daniel Klemmedson, president-elect, ADA; Mr. Christopher Tampio, director, Congressional Affairs; Ms. Jennifer Fisher, lobbyist, Congressional Affairs; Ms. Megan Mortimer, lobbyist, Congressional Affairs; Ms. Natalie Hales, lobbyist, Congressional Affairs; Ms. Sarah Milligan, director, American Dental Political Action Committee; Mr. Peter Aiello, senior manager, American Dental Political Action Committee and Political Affairs; Ms. Jennifer Garvin, Washington editor, Publications; Ms. Katherine Merullo, manager, Public Affairs and Advocacy Communications; Dr. Jane Grover, director, Council on Advocacy for Access and Prevention; Ms. Kelly Cantor, manager, Community-Based Programs; Mr. C. Michael Kendall, senior associate general counsel, Legal Affairs; Mr. Chad Olson, director, State Government Affairs; Mr. Jeffrey Troupe, senior legislative liaison, State Government Affairs; Mr. Paul O'Connor, senior legislative liaison, State Government Affairs; Dr. David Preble, senior vice president, Practice Institute; Dr. Marcelo Araujo, chief science officer, ADA Science & Research Institute, LLC; Ms. Hillary DeLong, policy analyst, Council on Scientific Affairs; Dr. Marko Vujcic, chief economist and vice president, Health Policy Institute; Ms. Nicole Catral, senior manager, Social Responsibility and Philanthropy; Mr. Christian Miller, project assistant; Dr. Veronika Vazquez, fellow.

Federal Dental Services Representatives: Colonel Christensen Hsu, Department of Defense Health Affairs; Colonel Stephen Tanner, US Army; Rear Admiral Gayle Shaffer, US Navy; Captain Rebecca Lee, US Navy; Colonel Ender Ozgul, US Air Force; Major Doug Grabowski, US Air Force; Dr. Patricia Arola, Department of Veterans Affairs; Dr. Scott Trapp, Department of Veterans Affairs; Mr. Joseph Turner, Department of Veterans Affairs; Rear Admiral Timothy Ricks, US Public Health Service; Captain Renée Joskow, US Public Health Service; Captain Stephanie Burrell, US Public Health Service.

Guests of the ADA: Mr. Brent Mullen, Tufts Dental School; Mr. Keith Nguyen, Tufts Dental School.

Thursday, January 23, 2020

The meeting was called to order by Dr. Phillip Fijal at 4:04 PM EDT.

Adoption of the Agenda and Consent Calendar: Upon vote, the Council adopted the agenda by general consent.

- **Resolved**, the Consent Calendar be approved as presented.

Conflict of Interest (Disclosure) Policy and Forms: Mr. Kendall spoke about conflicts of interest and the Council filled out conflict of interest and copyright forms.

CGA Discussion Forum on ADA Connect: Mr. Miller showed the Council how to post on the Discussion Forum. This forum is a new tool to use for collaboration.

Report of the chair: Dr. Fijal reflected on his time as chair and noted changes to the Council staff and membership. He also spoke about the increasingly partisan nature of Washington, DC since his class became part of the Council. He is committed to building relationships and a positive Council culture. He talked about the medically necessary Medicare coalition and said that the Council withdrew after the coalition defined medically necessary too broadly. The ADA could reengage if the coalition changes its position. Dr. Fijal told the Council that it would be doing a self-assessment this year. He announced that the Council would be holding an election during the August 2020 meeting, and invited interested candidates for chair and vice chair to submit their CV. Upon vote, the Council agreed on the 2021 meeting dates.

- **Resolved**, that the Council on Government Affairs will meet on January 28-30 and August 19-21, 2021.

Additionally, Dr. Fijal discussed damage to his office from a semi-truck that crashed into it, and urged Council members to review their insurance policies.

Report of the senior vice president, Government and Public Affairs: Mr. Graham echoed Dr. Fijal's comments about the current environment in Washington, DC and said that everything is on hold due to impeachment. But Mr. Graham feels good about where the ADA is positioned on issues. The ADA House had one of its biggest years in 2019 with over 100 events, and the Senate property should be finished by this year's Lobby Day. Mr. Graham encouraged Council members to seek out dentists who are interested in running for office.

Report of the Board of Trustees: Dr. Shepley expressed his excitement at joining the Council and welcomed the Council members to his District, District 4. He spoke about the work of the

Board, including lawsuits against Smile Direct Club and Delta Dental, changes to the ADA Foundation, and the interim policy on vaping. Additionally, he discussed his work with the State Public Affairs Oversight Workgroup (SPA OWG) and the Fight Insurance Interference Strategic Task Force (FIIST), as well as with the Budget and Finance Committee. He also noted changes in dentistry and the necessity of improving the ADA's messaging to millennials.

Report of the Council for Advocacy on Access and Prevention: Dr. Stevenson spoke about the Council for Advocacy on Access and Prevention's (CAAP) initiatives, including community water fluoridation, tobacco cessation/vaping, school-based programs on sealants, access for underserved populations, Action for Dental Health (ADH), Human Papillomavirus (HPV) vaccination, health literacy, Emergency Department (ED) referral, culture of safety, and National Children's Dental Health Month.

Report of State Government Affairs: Mr. Olson discussed the issues that State Government Affairs (SGA) is working on, including Medicaid, amalgam, dental licensure, third party payers, and Teledentistry. Council members spoke about the need to share Teledentistry information with legislators in their states.

Report of the State Public Affairs Oversight Workgroup: Mr. Olson and Mr. Troupe spoke about legislation in the states on dental therapy and third party payers. They also emphasized the importance of developing and testing messaging on these issues. Mr. Olson said he presented the Dental Care Bill of Rights model legislation to the National Council of Insurance Legislators (NCOIL) Committee on Health Insurance and Long Term Care Issues.

Report of the American Dental Political Action Committee: Dr. Watson said that the American Dental Political Action Committee (ADPAC)'s most important goals are raising and distributing money. ADPAC changed from a fiscal year to a calendar year for giving, and first quarter giving is more important than ever this year. Dr. Watson also spoke about the successful fundraiser for Senator Lindsey Graham (R-SC).

Ms. Milligan talked about the five dentist members of Congress and their 2020 election campaigns. She also said that Congressman Jeff Van Drew (R-NJ) wore a Tooth Party pin in his meeting with the President and his party switch does not affect his stance on dental issues. ADPAC is supporting a dentist in North Carolina, State Senator Jim Davis (R), who is running for Congressman Mark Meadows' (R) seat.

Update on Lobby Day: Ms. Milligan and Mr. Aiello spoke about Lobby Day, which will be held in 2020 on April 26-28. Congress will be in session. ADPAC is expecting 1,100 dentists and students to attend, with around 400 Hill meetings. The Lobby Day workgroup, which includes CGA members Dr. Desrosiers and Dr. Vitale, is working on new content and programming for Lobby Day, including a state PAC session. Council members discussed the importance of having students attend Lobby Day.

Friday, January 24, 2020

Presentation and Discussion by ADA executive director: Dr. O'Loughlin gave a presentation on the Common Ground 2025 Strategic Plan. This Strategic Plan focuses on successes, not just activity, and this is part of the ADA's move towards essentialism. Membership is the first goal in the 2025 plan, and the ADA finished the previous strategic plan by stabilizing the net losses of members. The organization is now focusing on elevator speeches that target different segments of dentists. Finance is the second goal, and the ADA has to increase revenue by more than 2%.

Organizational goal strategies include improving organizational effectiveness at the national and state levels, as well as at the ADA subsidiaries. The public goal is that the ADA will support the advancement of the health of the public and the success of the profession, and this includes the ADA being the preeminent driver of trusted oral health information for the public and the profession, as well as working to ensure that dental benefit programs are sufficiently funded and efficiently administered. CGA's advocacy issues will be part of this public goal. Following Dr. O'Loughlin's presentation, Council members asked her about the situation in their states and how the ADA can assist.

Presentation by the Health Policy Institute on Dental Benefits: Dr. Vujicic said that there have been four steady years of dental spending, which is due both to the growth of Medicaid and private spending. There has been no growth in out-of-pocket spending. There has been a significant decline in self-pay patients, and if take out senior patients who are self-pay, that number decreases even further. Only 16% of patients are self-pay, and 90-95% of dentists participate in at least one insurance plan. Reimbursement rates are declining, especially for solo dentists, and the ownership premium where owners earn more has been shrinking. These trends will continue and dentistry is in the midst of a transition that is irreversible and will accelerate. Council members asked whether plans are incentivizing patients to visit dentists, and whether these trends in dental earnings are causing people not to go into dentistry.

Policy Review Workgroup 1: Drs. Desrosiers, Reitz, Roberts, and Vitale discussed their recommendations to retain, rescind, or amend 18 policies they had reviewed in accordance with Resolution 170H-2012 (*Trans.*2010:603; 2012:370), Regular Comprehensive Policy Review. See addendum for more information on these resolutions. The Council discussed the policy titled ADA Assistance in Legislative Initiatives (*Trans.*1982:513) and approved the proposed amendment pending a secondary review by the Council on Communications. The Council also discussed whether a proposed amendment to the policy titled Elimination of Disparities in Coverage for Dental Procedures Provided Under Medicare (*Trans.*1993:705) should be delayed until after the Elder Care Workgroup considers this issue. Upon vote, the Council agreed to the workgroup's recommendations en bloc.

- **Resolved**, that the Council approves Workgroup 1's recommendations.

Presentation on In-Office Dental Plans: Dr. Preble spoke about in-office dental plans. The benefits of such plans compared to PPOs and discount plans include: 1) The lowest cost for patients; 2) Highest net revenue for dentists; 3) Guaranteed revenue, control of fee schedule, and control of plan design; and 4) No denial of claims or annual maximums. Little downside to these plans except that dentists have to market the plan themselves (or hire a firm to market the plan, which reduces profit). For a fee of \$300 or \$400 a year, patients in these plans get diagnostic services at no charge plus a discount on other services. Sixteen states have passed laws that say that these plans are not insurance. Dr. Preble discussed issues that dentists should consider when starting such a plan, for example, whether participating provider agreements have a most favored nation clause and whether general dentists with an in-office plan should have agreements with specialists. ADA Business Enterprises, Inc. (ADABEI) has not endorsed a specific plan but the ADA does provide resources on these plans. The Council discussed possible state legislation on this issue, including the coordination of in-office dental plans and dental benefit plans.

Update on Congress: Mr. Tampio and Ms. Hales discussed non-covered services legislation, the DOC Access Act. This bill was introduced in the House by Representative Dave Loebsack (D-IA). Ms. Hales has been working with Senator Joe Manchin's (D-WV) staff on Senate

introduction. Senator Manchin wants to introduce a bill based on the West Virginia non-covered services state legislation, which uses the NCOIL definition of covered services that defines covered services as “services for which a reimbursement is available under an enrollee’s plan contract, or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.” Of the 39 states that have non-covered services legislation, 32 follow the NCOIL model, but this does not align with ADA policy. Supporting Senator Manchin’s proposed bill would allow for first time introduction of non-covered services legislation in the Senate, and it would pierce the ERISA bubble for future issues. Upon vote, the Council agreed to support Senator Manchin’s legislation.

- **Resolved**, that the ADA lobby team support the Manchin bill to move non-covered services legislation in the Senate side.

Working Lunch and Discussion on Veterans Issues: Mr. Mullen and Mr. Nguyen from Tufts Dental School spoke about their work with Service with a Smile, which is a program they started to provide dental care to veterans. Mr. Graham discussed Dental Lifeline Network and their work to treat veterans. Ms. Yaghoubi, Dr. Grover, and Dr. O’Loughlin described the recent ADA visit to the Orlando Department of Veterans Affairs (VA) facility. Additionally, Ms. Mortimer discussed Congressional legislation on a veterans’ dental benefit and a VA Innovation Center pilot program to connect veterans to community-based free or discounted dental care.

Discussion on 2020 CGA Priorities and Process: Mr. Graham asked the Council to rank issues by priority level. The Council discussed these priorities, including issues such as Section 1557 reform, Healthy People 2030, veterans, reservists, and in-office dental plans.

Report of the ADA President-Elect: Dr. Klemmedson thanked the Council for its work, especially in updating policy so that when ADA is asked a question, the response satisfies both members and policies.

Policy Review Workgroup 2: Drs. Kalarickal, Cohlma, Stanislav, and Willett discussed their recommendations to retain, rescind, or amend 18 policies they had reviewed in accordance with Resolution 170H-2012 (*Trans.*2010:603; 2012:370), Regular Comprehensive Policy Review. See addendum for more information on these resolutions. Upon vote, the Council agreed to the workgroup’s recommendations en bloc.

- **Resolved**, that the Council approves Workgroup 2’s recommendations.

Update on Vaping: Mr. Burns said that the House of Delegates decided that the science was not sufficiently developed to make a reliable statement on vaping and oral health. The House adopted Resolution 84H-2019, which calls on the ADA to submit a report to the 2020 House of Delegates. Ms. DeLong reported that in response to 84H-2019, the ADA Science Institute is leading an interdivisional workgroup which is doing a literature review, a Journal of the American Dental Association (JADA) commentary, and a full report to the 2020 House of Delegates. The ADA is supporting five Congressional bills on tobacco and vaping, including S. 1541, the Tobacco-Free Youth Act, which became law in December 2019 and increases the legal age to purchase tobacco products to 21. The ADA’s current policy on tobacco includes vaping, but because the term vaping was not widely used when that policy is adopted, the policy instead refers to “non-traditional tobacco products.” Dr. Klemmedson spoke about the Board’s adoption of interim policy on vaping.

Update on Action for Dental Health: Dr. Grover spoke about ADH, which is a series of community based initiatives that show dentists making a difference, including programs on Medicaid, ED referral, Community Dental Health Coordinators (CDHCs), and community water fluoridation. ADH legislation became law in December 2018 and makes new programs eligible for funding through the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). Representatives from HRSA and CDC spoke at the state lobbyist conference, and they encouraged ADA members to serve as grant reviewers.

Ms. Cantor discussed CAAP's work on HPV vaccination, including webinars to educate ADA members and medical/dental collaboration. Ms. Cantor also described the ADA's oral health literacy initiatives, including increasing health literacy within the ADA, externally to ADA members and the dental community, and collaboratively with other organizations.

Teledentistry Workgroup: Dr. Messina spoke about the WG's recommendations on updating the ADA's 2015 policy on Teledentistry. The Council on Dental Practice (CDP) asked CGA for its recommendations on updating that policy. Upon vote, the Council agreed to the workgroup's recommendations to CDP.

- **Resolved**, that the Council accept and ratify the content of the Workgroup's letter to the Council on Dental Practice.

The Council also discussed state legislation on Teledentistry.

Report of the Alliance of the American Dental Association: Ms. Sonnenberg noted that the decisions made by the Council affect the whole dental family. Spouses often get questions on the issues discussed by the Council and they need to be informed. The Alliance held a convention in San Francisco in coordination with ADA's annual meeting, and the Alliance invites everyone to its Leadership Conference in Charleston, South Carolina in March. Ms. Sonnenberg encouraged CGA member spouses to join the Alliance. Topics they are discussing include avoiding scams and identity theft in the digital age, oral cancer, dental coding and benefits, and practice transitions. Charitable projects include an oral health fair for over 200 children and participation in Healthy Smiles and the Suitcase Clinic.

Report of the American Student Dental Association: Ms. McPherson said that the American Student Dental Association (ASDA) has four main goals, including 1) Developing a standardized leadership track; 2) Evaluating the current business model so ASDA becomes financially sustainable; 3) Evaluating current membership benefits; and 4) Developing a plan to promote the value of ASDA to dental school administrators. ASDA currently has 24,829 members and 66 chapters. In March, ASDA will hold its annual session in St. Louis, Missouri. ASDA has amended its tobacco policy to include vaping. ASDA uses an engage system to send action alerts on legislative issues, including on issues such as student loan reform, McCarran Ferguson reform, and the Ensuring Lasting Smiles Act. ASDA's advocacy month is in November, and the organization has an advocacy certificate program. The Alliance also hosts "advo-casts," a newly branded webinar format where dental students can learn more about advocacy.

Report of the New Dentist Committee: Dr. Shisler thanked the Council and said giving the new dentist representatives a vote has been a game changer as it allows the New Dentist Committee (NDC) to select the best people for the job and it increases the leadership pipeline. The 10 under 10 awards have received a lot of good feedback. The NDC is not sure what to do about the New Dentist Conference, but in 2020 it will still be linked with the ADA annual session

in Orlando. NDC initiatives include helping dentists with specialized needs, such as pregnant dentists. Additionally, the NDC is working on getting good speakers for the Success Program. Dr. Shisler encouraged Council members to nominate speakers.

Update on the Dental Quality Alliance and the Student Loan Action Plan: Dr. Bishop discussed the Dental Quality Alliance's (DQA) work, including the approval of new sealant measures. DQA agreed to appoint a Food and Drug Administration (FDA) liaison to the DQA and established a Medicaid Quality Improvement Learning Academy. Dr. Bishop is concerned that the Chair of DQA will be a payer representative. She also said that until this year, CAAP, CGA, CDP, and the Council on Dental Benefit Programs (CDBP) appointed people to the DQA but now that is changing. Dr. Bishop would like there to be a guide for the President on how to make appointments, and those appointments should include private practice clinicians.

Additionally, Dr. Bishop said that the Student Loan Action Plan is starting to get off the ground.

Update on Public Affairs: Ms. Merullo spoke about integrated marketing communications, including the PESO (paid, earned, shared, and owned) model. Last year, the ADA decided that in order to have a seat at the table in Washington, DC it was going to implement more "white hat" storytelling on issues such as HPV and access to care. The name of this campaign is Oral Health is Health. It launched in September 2019 and targeted policymakers through ads on Facebook, Twitter, and LinkedIn. The ADA monitored the social media conversation around these ads, including tracking topics, hashtag, volume, and sentiment. By the end of the year, the ADA was the third ranked influencer in the oral health conversation within Washington, DC and the campaign gathered over 4 million impressions, with engagement growing month over month. The only negative mentions in response to the ads were regarding cost and fluoride. In 2020, the ADA will shift the messaging for these ads to more specific policy issues in addition to the white hat messaging on access to care and other issues.

Saturday, January 25, 2020

Updates by Federal Dental Services: The Council was briefed by representatives of the Federal Dental Services on oral health programs and activities.

Colonel Christensen Hsu, Department of Defense Health Affairs: Colonel Hsu spoke about the Defense Health Agency (DHA). She oversees two major programs: the Tricare Retiree Dental Program and the Tricare Active Duty Dental Program. The active duty program is not insurance, but rather a program to enhance readiness of force. She discussed the challenges, risks, and opportunities she faces, including how to incentivize dentists to work in very remote areas of the United States. They also have a network of providers overseas that is managed by International SOS. DHA is developing enterprise wide policies on issues that affect dental care, such as sedation.

Colonel Stephen Tanner, US Army: Colonel Tanner presented on behalf of Brigadier General Shan Bagby. There was a recent Government Accountability Office (GAO) report on recruiting and retention. The Corps has over 120 dental clinics throughout the world, with 18,000 procedures performed every day. There is a dual mission of preparing soldiers to fight by providing quality and safe dental care but also ensuring that dentists are prepared to fight and integrate into army units. Congress has mandated that a lot of the direct care within fixed facilities or installations will soon be under the authority of the DHA. The army has 144 residents in 13 dental specialty programs. One of the challenges the Army has is that it cannot recruit

enough specialists, but the residency program helps with that. The Health Professions Scholarship Program also helps with recruitment. However, retention is an issue.

Rear Admiral Gayle Shaffer, US Navy: Rear Admiral Shaffer discussed the challenges faced by the military health system. DoD health care costs are around \$53 billion a year, including \$9 billion on direct care system on bases and on posts and \$44 billion on Tricare. The Secretary of Defense is under enormous pressure to deliver savings, and medical is a target for those savings. Military personnel are being cut, including a reduction of 66 Navy dental billets in Fiscal Year 2020. These cuts to billets are affecting how many scholarships the Navy can offer. In Fiscal Year 2020 the Navy had to reduce the number of training slots. The cuts in billets also affect retention, as Navy dentists ask whether they should stay or go.

Colonel Ender Ozgul, US Air Force: Colonel Ozgul spoke on behalf of General Sharon Bannister. The motto of the Air Force Dental Service is to prevent, treat, and prepare. It's a whole oral health team, and they work with medical colleagues as well. Total authorization is 950 active dentists, including 148 students. The Air Force is undergoing reductions in force and the challenge is determining what the footprint should look like in the future, including whether they will have more civilian dentists. Retention rates were highest from 2009-2013, but as a result of force shaping efforts starting in 2014 too many dentists left. The Air Force needs to focus on readiness and how the Air Force can support the Airmen in austere areas. They are also concerned about the GAO report on recruitment and retention. The Air Force would like the ADA's help in sharing data and has a section in its newsletter on organized dentistry. Colonel Ozgul also described challenges with the electronic dental records system.

Dr. Patricia Arola and Dr. Scott Trapp, Department of Veterans Affairs: Dr. Arola said that more veterans are eligible for dental care, and more veterans are using the services. The largest increases have been in community care, with nearly a 50% increase in spending in the community. Dr. Arola wondered how long these types of numbers will be sustainable without limitations such as annual maximums. Over 27% of dental care costs are provided through community care programs to just over 20% of veterans eligible for dental care. VA Dental Services provide care at a cost 18.2% lower than Community Care dental costs. Additionally, Dr. Arola expressed concerns about the VA Innovations Center pilot program and said that unlike dental society programs that give free and discounted care to veterans, the VA Innovations Center pilot is too big to be practical and she does not know how data will be exchanged or how the systems will be integrated. Dr. Arola alerted the ADA that she has submitted a legislative proposal regarding the VA Office of General Counsel's ruling that the VA can only treat veterans for the specific trauma rated tooth or teeth. Dr. Trapp discussed electronic dental records modernization. Succession planning is a concern for the VA as the headquarters dental office is unable to recruit because the pay disparity between working in headquarters versus the field is over 15%. Dr. Arola and Dr. Trapp expressed concerns that dental positions are buried within the VA organizational chart when they should be at the highest levels. The VA does 4 million procedures at a value of \$1.2 billion with a \$1 billion budget.

Rear Admiral Timothy Ricks, US Public Health Service: Rear Admiral Ricks discussed the mission of the US Public Health Service (USPHS), which is to serve the most vulnerable and underserved populations. Dr. Ricks writes a monthly newsletter with information about the USPHS. Dr. Ricks discussed the initiatives he is working on, including the Surgeon General report, Healthy People 2030, fluoridation, dental amalgam, HPV, and opioids. He has participated in many ADA events and meetings. He expressed concern that the USPHS is top heavy, with many more officers retiring than joining the service. The identity of the USPHS is not

always known. It used to include civilians and contractors, but now it only refers to the uniformed officers, of which there are about 180 dental officers. There are historically high vacancies, but recruitment of civilians for the federal jobs has improved due to increased pay. Dr. Ricks has been doing a lot of recruitment and retention events.

Indian Health Service/Public Health Workgroup: Dr. Bishop reported that the workgroup has had several calls and will be meeting with Dr. Ricks after the Council meeting to discuss how the ADA can help the Indian Health Service (IHS). The Council gave its permission for the workgroup to continue its work.

Unfinished Business and/or Open Forum: The Council discussed whether the CGA vice chair election is to elect the chair elect and what the ADA bylaws say on this issue. Upon vote, the Council agreed to table the motion to make the CGA vice chair chair elect until February 1.

- **Resolved,** that the Council table until February 1, 2020 the motion to make the CGA vice chair chair elect.

Dr. Fijal revealed the results of the priorities survey, and said the priorities ranked highest by the Council include higher ed/student loan reform, McCarran Ferguson reform, Medicaid, Medicare, veterans, alternative providers, and ERISA. Dr. Fijal said that the Council will likely form workgroups on some of these topics.

The Council also talked about the need to evaluate its current onboarding and new Council member training and update and improve that process.

The Council on Government Affairs meeting adjourned at 11:33 AM EDT on January 25, 2020.