

**MEETING MINUTES OF THE
AMERICAN DENTAL ASSOCIATION
COUNCIL ON GOVERNMENT AFFAIRS
ADA OFFICES, WASHINGTON, DC
FEBRUARY 7-9, 2019**

CALL TO ORDER

The first regular meeting of the Council on Government Affairs (CGA) was called to order by Dr. Craig Armstrong, CGA chair, at 4:17 PM EDT, Thursday, February 7th on the 11th floor Conference Room at the ADA Washington Office, 1111 14th St NW, Washington, DC 20005.

ROLL CALL

Members: (District 1) Dr. Mark Desrosiers, 2020; (District 2) Dr. Lauro Medrano-Saldana, 2019; (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, 2020; (District 9); Dr. Emily Willett, 2021; (District 11) Dr. John Hisel, 2022; (District 12) Dr. Matthew Cohlma, 2022; (District 13) Dr. Ariane Terlet, 2019; (District 14) Dr. David White, 2021; (District 15) Dr. Craig Armstrong, Chair, 2019; (District 16) Dr. Dan Cheek, 2019; (District 17) Dr. Zack Kalarickal, 2020.

Liaisons: Dr. Dan Klemmedson, Board of Trustees (District 14); Ms. Lauren Yap, American Student Dental Association; Dr. Tommy Harrison, Chair, American Dental Political Action Committee; Dr. Richard Herman, Chair, Council on Advocacy for Access and Prevention and Ms. Janette Sonnenberg, Alliance of the American Dental Association.

Not in attendance: Dr. Robin Nguyen, New Dentist Member and Dr. Lisa Knowles, 2020; (District 10).

Council Staff: Mr. Michael Graham, senior vice president, Government & Public Affairs; Ms. Janice E. Kupiec, director; Mr. Robert Burns, manager; Ms. Roxanne Yaghoubi, manager; Ms. Baker Howry, lead project assistant.

Other ADA Staff Present for all or part of the meeting: Dr. Kathleen O'Loughlin, executive director, ADA; Dr. Chad P Gehani, president-elect, ADA; Mr. Chris 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, ADPAC; Mr. Peter Aiello, manager, ADPAC Grassroots & Digital Advocacy; Ms. Jennifer Garvin, Washington Editor, Publications; Ms. Katherine Merullo, manager, Public Affairs & Advocacy Communications; Dr. Jane Grover, director, Council on Advocacy for Access & Prevention; Ms. Mary Ellen Murphy, coordinator, Council on Advocacy for Access & Prevention; 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; Dr. Marcelo Araujo, senior vice president, ADA Science Institute; Dr. Dave Preble, senior vice president, ADA Practice Institute.

Guests of the ADA: Dr. Chad Gehani, ADA president-elect, Dr. George Shepley, Trustee, Fourth District and Mr. Bob Hickmott, senior vice president, The Smith Free Group.

Federal Dental Services' Chiefs: Rear Admiral Timothy L. Ricks, Chief Dental Officer, USPHS; Rear Admiral Gayle D. Shaffer, Chief, Navy Dental Corps, Bureau of Medicine and Surgery;-; Captain Joe Molinaro, Deputy Dental Chief, Navy Dental Corps; Brigadier General Sharon Bannister, US Air Force; Captain John Wendell, US Air Force; Major Doug Gabowski, Assistant Dental Director, US Air Force; Brigadier General Shan K. Bagby is the 28th chief of the Army Dental Corps and the deputy chief of staff for support, G-1/4/6, at Army Medical Command; Dr. Gregory Smith, Director of Dental Operations for the Veterans Affairs Administration; Dr. Scott Trapp, Director, Dental Informatics and Analytics, Veterans

Affairs and Dr. Owais A. Farooqi, Associate Director of Dental Operations, Department of Veterans Affairs; Colonel Cecilia I. Garin, DoD Health Affairs, Interim Chief.

Thursday, February 7, 2019

The meeting was called to order by Dr. Craig Armstrong at 4:17 PM EDT.

ADA Disclosure Policy: Prior to conducting any business, Dr. Craig Armstrong referenced the ADA Disclosure Policy and no disclosures were made.

The **Agenda** and **Consent Calendar** were approved without comment.

Dr. Armstrong welcomed the Council and invited them to introduce themselves.

Report of the Chair: Dr. Craig Armstrong remarked that he wants to bring a sense of camaraderie among the group and for everyone to connect on an emotional level. He also noted that there are various items on the agenda that are complex and perhaps contentious. He encouraged all members to voice their concerns during the meeting. If someone is interested in running for Chair/Vice Chair, please let him know. He said that there is a significant time commitment involved in Council leadership. He noted that the Council will follow an election protocol and for those candidates, their CV will be posted on ADA Connect for all members to review. The election will be held at the next meeting on Thursday, August 1, 2019.

Report of the Senior Vice President of Government Affairs: Mr. Mike Graham, said that the key issues the team will be focusing on for the coming year include:

- McCarran Ferguson – S 350, the Competitive Health Insurance Reform Act, was introduced in the 116th Congress on February 6th by Senators Steve Daines, R-Mont., and Patrick Leahy, D-Vt., and was referred to the Committee on the Judiciary. We hope this will proceed, as we have bi-partisan support and the ADA team will continue to work closely with Senator Daines on this.
- Student Loan Debt
- Appropriations
- The Action for Dental Health Act, legislation aimed at improving oral health and access to oral health care was signed into law on December 11, 2018. The ADA will continue to roll out the ADH from a Government Affairs perspective. The next steps involve: allow dentistry to submit applications for federal grants for ADH initiative areas, which can be done by local or state dental associations. We will assist with grant writing, and if grants are awarded, the ADA wants to be able to track the outcomes and results on an annual basis.
- Stanton Park Property – permit will be issued soon for construction; Council will visit it during the August meeting.

The 116th Congress: Guest Speaker, Mr. Bob Hickmott, Senior Vice President, The Smith Free Group. He is a consultant with the ADA for the past ten years on a variety of Congressional issues. He noted that the 116th Congress is more diverse, with more energy and new perspectives. They want to do good and do it quickly. He said the following would be key agenda items for the new Congress:

- Medicare for All – The bill from Rep. Pramila Jayapal and other House Democrats is expected to closely mirror a Senate Medicare for All bill from Sen. Bernie Sanders (I., Vt.), which would expand government-run health insurance to all and do away with the current system of employer-provided coverage “Bumper sticker issue” - 56% of Americans may want it but don’t fully understand those implications about providers and access to care. Cost might be \$32 trillion over 10 years. Where dental care fits in to this has yet to be determined, and the current healthcare system would be radically changed and ACA would be repealed.
- H.Res.109 - Recognizing the duty of the Federal Government to create a Green New Deal, introduced by Rep. Alexandria Ocasio-Cortez on Feb 7, 2019 designed to reduce carbon emissions in the economy.

- Affordable Care Act – Some congressman are considering making changes and improvements to this healthcare plan; House Speaker Nancy Pelosi and Committee Chairs are advocates for this

What role should the Council play?

- Be at the table as we did for opioids
- Doing the “Fly in” – localize where you are from, what issues and how you can make an impact

Action for Dental Health: Ms. Jennifer Fisher, ADA lobbyist explained that the legislation has two parts: 1) Oral health education and prevention – dental schools and other organizations can apply to HHS to receive funds to educate the public on oral health and 2) Creation of Innovative programs – address dental workforce needs in underserved communities. States can apply for this funding, and would include access to dental care and such programs such as CDHC and ED Referral. She noted that the funding for the CDC Oral Health Program is \$18 million and for HRSA Oral Health Program is \$13 million. They need data; what programs are working in your state and what data is available to support this? Toolkits and web links will be posted on ADA.org to assist people in applying for grants.

The issue of the open vacancy of the Dental Director at Center for Medicare/Medicaid Services was raised by the Council. A conference call was held on January 7th with ADA staff and Andy Snyder of CMS and this was discussed. In December, 2017, the ADA and 13 other organizations sent a letter to Eric D. Hargan, acting secretary of the U.S. Department of Health and Human Services, as the oral health groups urged the agency to fill the vacant position and to ensure that oral health services are prioritized in a manner equal to medical services. The ADA is utilizing the appropriations process and there is concern about that vacancy. The ADA did identify a suggested replacement and gave that name to Rep. Gosar to submit to the agency.

Review of the ADA Policies on Professional Conduct, Conflict of Interest and Copyright

Assignment: ADA legal counsel Mr. Mike Kendall presented the ADA Professional Conduct Policy and Prohibition against harassment, ADA’s Conflict of Interest Policy and Copyright Assignment. He noted that if a member writes or creates something as part of their work on the Council, they assign the copyright to the ADA. He addressed the fiduciary duties of Council members that include staying true to Mission, duty of due care and duty of loyalty. Council members, as fiduciaries, are sitting in a position of trust, hence the annual completion of conflict of interest /disclosure forms are meant to help fulfill the duty of loyalty. Appropriate disclosures need to be shared and there is an ongoing duty to keep the Association informed if changes occur during a CGA member’s term. He also noted that Council actions should not be shared until the Unofficial Actions are released. Council members are given sensitive information from time to time, but it is not to be shared outside of the Council, including with other ADA colleagues, other organizations or within your districts. Council members should adhere to the Professional Conduct policy to ensure that all volunteers and staff are treated with respect.

Report of the ADA Trustee-Liaison: Dr. Dan Klemmedson said that his role is a conduit from the Board to the Council. He is a resource from the Board to the Council and is available to answer questions. He gave some highlights of the recent meeting to create the next Strategic Plan, which was labeled “common ground,” that will focus on ADA Members as well as the oral health of the public.

Report of the Alliance of the American Dental Association: Ms. Janette Sonnenberg said that the Alliance members are encouraged to join ADPAC, participate in ADA Dentist Student Lobby Day and host home fundraisers. The annual AAADA Leadership Conference will be held in Las Vegas, Nevada on April 11-13, 2018. AADA enjoys increased attendance ‘dentists’ joining their spouses for continuing education classes, including one on Community Water Fluoridation taught by Dr. Leon Stanislav. AADA especially wishes to thank ADPAC for their continued sponsorship of their annual “Legislative breakfast”.

Report of the Council on Advocacy for Access and Prevention (CAAP): Dr. Richard Herman, CAAP Chair shared the five priority areas for 2019, including: Action for Dental Health, HPV Member Education for Patient Referral, Board Assistance with Medicare Benefit, Patient Safety in Dentistry and search engine optimization of the Fluoride Web Pages on ADA.org. He noted that the focus of Action for Dental

Health will be on the Community Dental Health Coordinator, Emergency Department Referral, Community Water Fluoridation and Medicaid. CAAP is forming a workgroup to do a comprehensive safety review with a report back to the 2019 HOD and steps towards an Action Plan to develop a “culture of safety” in all aspects of dentistry. Areas of collaboration with CGA include: Education, Promotion and Implementation of Action for Dental Health; Community Water Fluoridation in States; National Children’s Dental Health Month and Health Literacy / Tobacco & Vapng Issues,

A question came up from the Council about the Elder Care Strategy Workgroup, and it was noted that several Councils has expressed interest. Dr. O’Loughlin has suggested a Council Chair call to discuss this further.

Report of the New Dentist Committee: Dr. Robin Nguyen provided an update via phone. She said that their ADA Success Program has 50 volunteer dentists who serve as ADA Success speakers, plus 2 ADA attorneys who present the Understanding Employment Agreements module. To date, there are 113 programs scheduled for the 2018-2019 academic year. They have received 129 submissions for the “10 Under 10 Awards,” which will be held in the spring. Planning for 2019 New Dentist Conference is underway, which will be held on September 5-6 in San Francisco. Consultants from the Federal Dental Services have been discontinued and encourage CGA to continue to engage with them. The Committee recommended to the Board that the ADA consider expanding its 43 resources to address the specific challenge of being a pregnant dentist. As a result, the Board asked the Council on 44 Dental Practice to investigate it and the Council is pursuing this work in 2019.

Report of the American Student Dentist Association: Ms. Lauren Yap noted he 2019 membership year opened on Sept. 10, 2018 and as of Dec. 4, 2018, ASDA had 12,843 paid members, including 12,400 predoctorals, 440 predentals and 3 international students. ASDA has 66 chapters. Forty-seven chapters are auto-bill where they collect ASDA and ADA dues with their tuition. ASDA launched the Advocacy Certificate Program to recognize students for engaging in advocacy at the local, state and national levels. Students will earn points throughout the year for participating in advocacy Ms. Yap’s goal with her participation in CGA is to show members the value and importance of getting involved in organized dentistry and become active and involve members of the ADA. There was a recommendation to have involvement in dental schools earlier in the program, as students would have more time in their curriculum, as well as more participation in local dental chapters.

Report of the American Dental Political Action Committee Dr. Tommy Harrison reported that the ADPAC Board met recently in January 18-20, in New Orleans, Louisiana. He shared that ADPAC has four main functions: raise money, distribute contributions, conduct grassroots advocacy and political education. They exceeded their fundraising goal at the annual meeting in Hawaii. They discussed how they support and work with dental candidates. They will have PAC to PAC contributions, including ideological PACS, House/Senate PACs and main street partnerships. Dr. Harrison noted that the ADA is the third-largest health care PAC, with the orthopedic surgeons and anesthesiologists are just ahead of us. There is also a consortium of medical PACs.

ADPAC is pleased with the launch of the podcast Tooth Talk. Audience metrics show that Tooth Talk is reaching their target audience. As there is high turnover for the 116th Congress, we will be working to adjust our nation-wide Action Team Leader (ATL) program accordingly. ADPAC will seek input from CGA counterparts to make sure the best key contacts are assigned to Members of Congress. The ADAPC Board authorized using social media ads to improve the political education of ADA members and bolstering the ADA brand on Capitol Hill.

Report on the ADA Dentist Student Lobby Day 2019: Ms. Milligan and Mr. Aiello noted that this event has two important audiences: one is internal, which is the ADA’s dental students and dentists and the other is external which includes members of Congress on Capitol Hill. Registration for Lobby Day is now open, and they shared an agenda for the meeting. Mr. Aiello said that the ADA will create digital ads to members of congress to make them aware of issues. The Washington Hilton Hotel is the new venue for the annual event, with more rooms and cheaper room rates. CGA’s role as hosts: determine issues; be on site early; show the layout of the hotel; be able to answer questions, Lobby Day Workgroup consists of

members on ADPAC and CGA and if you have comments on the program, please funnel it through them. Next year's meeting will be held at the Washington Hilton on April 5-7, 2020.

Friday, February 8, 2019

Presentation of the Executive Director: Dr. Kathleen O'Loughlin: State of the ADA

Dr. Kathleen O'Loughlin, ADA executive director, updated the Council on the obligation the ADA has towards the members and the public. She covered the process for developing the new strategic plan 2020-2025. The Association continues to be deeply committed to the success of state dental associations with governance, planning and diversity / inclusion.

- Membership – Power of 3 – one database (Aptify) for all members Market research – behavior, categories, interests. Major concern – insurance. Goal in next strategic plan so dentists are more satisfied with dental benefit plans. We were spending 80% of time and effort on maintaining membership and 20% on recruitment and we will switch this scenario. Membership goal is 4,000 new net members over 5 year plan and we will probably reach 3,600. target 62% market share in positive growth category
- Next Strategic Plan –“Common Ground” – we will try to meet the needs of both the dentist members and the public. The ADA will be true to their legal purpose.

Goal 1 Increase member value and engagement - measured net growth of new members. What do members care about? Eight cohorts within dentistry with vastly different interests and priorities.

- Changing from one annual sum to monthly auto-payments.
- Talking to the eight cohorts yielded vastly different experiences.
- ADA.org - need to get content where dentists would look for it. Google is more informative than ADA.org We will continue efforts for SEO and allocate \$2 million per year
- Masterbrand positioning was accomplished. The ADA powers the profession of dentistry to advance the overall oral health of the public.
- The “sweet spot” will satisfy both the members and the oral health of the public. Expect the mission and vision of the ADA to evolve.
- Strategic approach: Reach dentists with a member value story and recruitment call to action. The stories and actions will be different depending upon the audience
- Using different channels to deliver the message. Non-members are equal to or more important than member dentists. The term is POTENTIAL member!
- 80-90% of our marketing budget was targeted towards retention. Minimal expenditure on recruitment. Switch that percentage to the alternative...focus on recruiting.
- 20% of dentists in focus groups were convinced they were members, when in reality, they were not.
- Digital member experience...folks don't have checks anymore!
- ADA Practice Transition – address concerns for new dentists (debt, finding a new job) and seasoned dentists (hiring new dentists, selling their practice). Goal is to add member value as well as increase profits.
- We will work with brokers and it will be on a state-by-state basis. The ADA will not become a DSO and would be a competitor with Henry Schein.

Goal 2: financial sustainability – we have various sources of revenue including testing, licensing of dental codes, Seal of Acceptance.

Credentialing, dental hygiene exam, expand high-stakes tests to other professions, monetizing HPI are other sources of non-dues revenue. Expenses are still higher than revenue. Dues are less than half the revenue. Non-dues revenue is about 64% of the whole budget and rising 4% a year.

- Decline in revenue from ADA Annual Meeting.
- We are too good at giving DISCOUNTS to everyone – it has been too widely used as a

membership retention tool. Old dentists and new dentists are the two large cohorts. The discount effect has hurt us – reduce 26 discounts to 4.

- We have to contain our expenses and be more efficient.
- Liquid reserves...\$6 to 9M deficit coming this year. Board wants a balanced budget. We are a big, fat, slow machine!
- What are your priorities within this Council? KO praised this Council for its cost savings. The governance of the ADA is expensive at 16% of the whole budget
- CVS and ADA collaboration: \$300,000 annually for use of the ADA seal. Another marketing division of CVS is promoting DIY ortho in seven areas.
- Walgreens is partnering with Aspen...consumers are driving this. KO appears to toss the ball to CAAP, but this seems like a Dental Practice issue.

Goal 3: ADA, State and Local Capacity Building

- Client Services - The ADA provides many services to the state dental associations. 71% are having positive growth due to increased client services.
- Stakeholder engagement: KO praised Mike Graham for advocacy on opioids, oral cancer, Access to Dental Health bill passing and Medicare. DC staff are all-stars

Discussion from the Council:

- Pre-dental students in college programs – potential ways the ADA can help; reduce membership fee from \$75;
- Lifetime membership to the ADA
- Concern around Invisalign – send concerns to FDA portal and we are watching this closely
- International membership – we will investigate if there is interest; FDI meeting may address
- CERP is a commission and has its own decision-making authority; CAM does not support but CDEL does. 9 corporate members should no longer be CE providers
- We survey a panel of 2,000 members before we make changes to membership pricing structure
How Consumerism is Changing the Landscape:
- CVS partnership – relationship started 5 years ago and their CMO reached out to us around the time of removal of tobacco in their stores. Can they put a kiosk in their stores so they can refer patients to dentists? Find-A-Dentist was rebuilt; we have 70,000 dentists in it is there a possible to use CVS to promote ADA Seal of Acceptance products. ADA received \$300K for 3 years; there are 7,500 stores and the signage in 5,000 stores Seal of Acceptance applications have increased from 17 to 45 and revenue was over \$1 million
- Smile Direct – it is a pilot, in the beauty aisle; the kits are not selling and they are changing strategy and are doing an in-store scan shop and customer can see if they want to receive liners in their home. There are 6 stores offering this. It is \$1500 as opposed to \$6000; Art's complaint: they don't allow corporate dentistry; anyone who assists those in practice without a license; they can't take radiographs. Unfair competition as they allege that they are receiving the same amount of care. Need to find ways that the dentists can bring lawsuits. Patients may get refunds, new liners, other things that would discourage litigation, and do sign waivers
Considerations: Call center has not received any calls from dentists on this issue; volunteers and BoT are not happy; ADA Seal has received more attention and more applications as customers are being directed to this. Smile Direct kiosk in Macy's as well.
- Walgreens has inked a deal to co-locate with Aspen Dental in 2 locations in Florida and expanding to other states. Delta saying first visit is free; isn't illegal and hard to find a cause of action

Dental Benefits Discussion: State and Federal Legislative Options

Dr. Phil Fijal noted the Resolution approved at the August, 2018 CGA Meeting:

Resolved, that the Council requested that we direct ADA staff to conduct a research project on Assignment of Benefits and ERISA reform. The results will be reported to CGA at this meeting.

State Activity

Resolution 32H-2018 was adopted by the 2018 House of Delegates and creates a taskforce to develop a broad-reaching strategy for state-based dental benefits advocacy to minimize the interference of dental benefit carriers into the doctor-patient relationship. The strategy should include the development of policy actions that states can include in their respective advocacy agendas and what public affairs support is necessary to ensure successful outcomes. The newly-formed Fight Insurer Interference Strategic Taskforce (FIIST) is headed by Dr. Roy Thompson; Resolution 32H is asking for a report on outcomes with data. Dr. Terlet noted they have had one conference call to date, and she cautions everyone that this Taskforce will not solve all of the problems with insurance companies.

A discussion ensued on the federal proposal to establish a non-covered services law at the federal level.

Thirty-eight states have a law limiting the degree to which insurers and dental plans can dictate the fee a contracted dentist may charge for non-covered dental services. In those states, the application of that law is preempted for plans governed under federal ERISA laws; roughly half of plans in states are considered ERISA plans and therefore *exempt* from having to follow the state non-covered services law. The proposed federal bill would ensure nearly all plans regardless of ERISA status would be required to follow the non-covered services law.

The Council was asked to consider the most effective definition of “covered services” in the proposed federal bill. Fees for services defined as “covered” in the law are subject to limitation by plans and those not in the definition are not subject to such plan limitation. Therefore, the components of the definition are critical. Of main concern is whether services provided after patients exceed their annual benefit maximum would be defined as covered services.

The Council provided feedback on the impact of including over-the-annual-limit as a definition of covered services and the impact of excluding that from the definition. By excluding it, if passed, dental plans could not require dentists to charge the contracted fee for such services.

After robust discussion, the council indicated its desire to propose a definition of “covered services” that does *not* include over-the-annual-limit as a component of the definition of “covered services.” The result would be a bill that would allow dentists and patients to determine a fair fee without insurer/plan interference once the patient has met and exceeded their annual dental benefit maximum.

Future Council Meeting Dates

2019: August 1-3, 2019

2020: January 23-25, 2020 and August 13-15

Presentation: HPV and Oropharyngeal Cancers

Dr. Marcelo Araujo, senior vice president, ADA Science Institute, provided the Council with an overview on the Resolution 53H passed in 2018 by the House of Delegates and the relationship between the human papilloma virus (HPV) and oropharyngeal cancers. He noted that the three major diseases that should concern dentists are: caries, periodontal disease and oropharyngeal cancer. He said that research has shown an over 90% reduction in oral infection if vaccinated; but it does not prevent cancer directly. Currently, no valid test exists to determine what strain someone has but it is effective. There are 160 types of HPV, but only 2 (16 and 18) cause cancer. The vaccine is effective for all types. FDA now approves dosage to age 45; you can receive it beyond that, but it is off-label use. Gardasil 9 is the only vaccine and produced by Merck. It is expected that the patent will run out in about 5 years; each vaccination costs \$334 per dose; number of doses based on age and likelihood of exposure. Diagnosis is often a surprise – patient’s don’t smoke, don’t drink. Patients may not be interested in receiving tests because they don’t want to know the results.

The ADA HOD resolution asked for state dental practice acts and board regulations to legally define the scopes of practice for dentists, dental hygienists and dental assistants. Dentists can give influenza vaccinations by law only in Illinois and Minnesota. HPV vaccination is required in the District of Columbia,

Virginia and Rhode Island. Is it better to have the vaccine in the dental office or is it better to referral to the pharmacy? Pharmacists are our best partners, especially in rural areas. Dentists have concerns about administration – legally, professionally, morally if patient develops disease. Dentist administration – no dental code; we don't know costs of vaccine; requires special refrigeration so storage costs are high and concerns about disposal. The ADA is working with the HPV Roundtable to address these issues. We are partnering with communications on this, and next steps include: April is Oral Cancer Awareness Month, HPV Roundtable – Dr. Araujo represents the ADA on this, More CE courses – brochure released in March, Presentation at Lobbyist Conference in 2018 and Conference call with the states in 2019

Surgeon General's Oral Health Report: Update

Dr. Marcelo Araujo senior vice president, ADA Science Institute discussed the ADA's efforts to shape the forthcoming report of the Surgeon General on oral health in the U.S. He explained that he, along with Dr. Kathy O'Loughlin, Mr. Robert Burns and Former ADA President Joseph P. Crowley and then President-elect Jeffrey Cole met with U.S. Surgeon General Jerome Adams, M.D., in October 2018 to discuss the report and explore collaborative opportunities. The ADA also participated in a two-day stakeholder workgroup meeting and has had several experts appointed as advisors and editors for the report. Interest area was a broader look on what had been accomplished since the last report and where the gaps are. NIDCR, Bruce Dye and CDC will implement the process. The CDC hosted a "listening session" which included 200 stakeholders for a 1.5 day meeting in DC. The outline of report is thematic; 1) oral health across the lifespan – children, adolescents and older adults; 2) Effect of oral health on the community, overall wellbeing, the economy, and military readiness; 3) Addiction, substance abuse, cigarettes, opioids and antibiotics; 4) Oral health integration and workforce 5) Emerging technology and science to transform oral health.

Representatives from all major dental associations and all specialties are represented and are part of the process of providing feedback on the report. The ADA's Health Policy Institute has provided a great deal of data, and is relying on ADA's expertise. The Final Report is due out in 2020, and the Surgeon General will be coming to our annual meeting to brief ADA on the report.

Elimination of Disparities in Coverage for Dental Procedures under Medicare

Ms. Janice Kupiec director, CGA offered background on this issue, noting that a coalition of stakeholders is pursuing an administrative change with the Centers for Medicare and Medicaid Services (CMS) to institute a medically necessary dental benefit in Medicare. The Center for Medicare Advocacy has emphasized the authority vested with CMS for such a change in regulations. Members of the coalition met with the Congressional Budget Office (CBO) to discuss the impact a change would have on overall Medicare costs and shared cost savings information through studies focused on a limited periodontal benefit for beneficiaries diagnosed with diabetes in 2017.

The ADA has engaged began with this group since 2017. Specifically, on March 29, 2017, the Council on Government Affairs (CGA) approved signing onto a community statement on Medicare Coverage for medically necessary oral and dental health therapies. This community statement now has support from 83 organizations and is being used by these stakeholders to communicate professional support for this endeavor to CMS. In November 2018, a few representatives from the coalition met with CMS to discuss the issue and potential cost-savings in the program. In December, a proposal by the Center for Medicare Advocacy was designed to broaden the definition was sent to the coalition and discussed. The chairs of CGA, in conjunction with discussions with members of the Board of Trustees, agreed a narrower definition would be supported until such time the Council could meet to discuss the issue. Dr. Preble e noted that expanding it to include diabetes and heart disease was of the most concern, it would expand coverage to a larger population. The two existing ADA policies were shared:

Medically Necessary Care (*Trans.1990:537*)

Resolved, that the following definition of "medically necessary care" be adopted:

Medically necessary care means the reasonable and appropriate diagnosis, treatment, and follow-up care (including supplies, appliances and devices) as determined and prescribed by qualified,

appropriate health care providers in treating any condition, illness, disease, injury or birth developmental malformations. Care is medically necessary for the purpose of: controlling or eliminating infection, pain and disease; and restoring facial configuration or function necessary for speech, swallowing or chewing.

and be it further

Resolved, that the appropriate agencies of the Association distribute this definition of “medically necessary care” to third-party payers, plan purchasers, professional health organizations and state and federal regulatory agencies.

Elimination of Disparities in Coverage for Dental Procedures Provided Under Medicare (Trans. 1993:705)

Resolved: that the Association seek legislation to provide fair and equitable treatment to all Medicare recipients by eliminating disparities in coverage for dental procedures, and be it further

Resolved, that the Association seek legislation that would provide for payment of dental services under Part B of Medicare in cases where the dental procedure is necessary and directly associated with a medical procedure or diagnosis.

Dr.Zach Kalarickal introduced the following Resolutions:

Resolved, that CGA request that the ADA President transmit a letter to the coalition affirming ADA commitment to advocacy on behalf of Medicare recipients for coverage for dental treatment which is required to be completed in order for life saving medical procedures ~~such as organ transplants, immunosuppressive therapies, head and neck radiation therapies, and sepsis management~~ to be authorized and performed, and be it further,

Resolved, that the ADA President be urged to convey the willingness of the Association to remain engaged with and supportive of the coalition only if advocacy efforts are clearly focused and limited to coverage of ~~urgently~~ medically essential dental care.

Dr. Deborah Bishop requested an Executed Session at 2:11 PM EDT. The CGA meeting resumed at 2:33 PM EDT.

Final version of the Resolution:

Resolved, that CGA request that the ADA President transmit a letter to the coalition affirming ADA commitment to advocacy on behalf of Medicare recipients for coverage for dental treatment which is required to be completed in order for life saving medical procedures to be authorized and performed, and be it further,

Resolved, that the ADA President be urged to convey the willingness of the Association to remain engaged with and supportive of the coalition only if advocacy efforts are clearly focused and limited to coverage of medically essential dental care,

ACTION: Resolution as amended, was approved

Dr. Kalarickal moved the third resolving clause and then proposed the 2nd Resolution:

Resolved, that CGA ~~develop, and transmit to the 2019 HOD, institute a workgroup on health policy innovation to consider alternative solutions for oral health disparities including:~~ and recommended comprehensive revisions to modernize ADA policies on Medicare.

Dr. Kalarickal proposed this Substitute Amendment:

Resolved that CGA institute a workgroup on health policy innovation.

ACTION: Both Resolutions, (as amended and the substitution) were not approved.

S. 22: the Medicare Dental Benefit Act of 2019 introduced by Senator Ben Cardin (D-MD) Senator Ben Cardin (D-MD) introduced *S. 22: the Medicare Dental Benefit Act of 2019* on January 3, 2019. The bill creates a comprehensive benefit for oral health services in Medicare Part B. Mr. Mike Graham, senior vice president, Government Affairs, noted that there have been over 40 bills introduced over the last 10 years that propose a dental benefit in Medicare. ADA staff met with Senator Cardin's office and it was noted that this legislation was aspirational. This, along with the discussion that congress will be having on *Medicare for All* will be interesting. Energy & Commerce will held a hearing on *Medicare for All*. Mr. Graham foresees there will be a lot of discussion on this and the cost is estimated to be \$43 trillion over 10 years, and it will probably overshadow Cardin's bill. It is unclear if the other Medicare proposals will also offer a dental benefit.

The bill is currently supported by Oral Health America, Families USA, Justice in Aging and the Center for Medicare Advocacy. Senator Cardin has indicated that this is a priority issue for his office. Legislation was introduced in the 115th Congress (2017-2018) to create a comprehensive dental benefit in Medicare by Senator Bernie Sanders (I-VT), Representative Rosa DeLauro (D-CT), and former Representative Sandy Levin (D-MI).

It is anticipated there will be additional legislation introduced into the 116th Congress and ADA staff is meeting with new committee staff and members as the new session is underway.

Discussion & Action Items:

Dr. Terlet and Dr. Vitale noted that we need to be prepared for this

Can we do a study and what the cost factor would be on our membership? Dr. Preble said CDBP has already done this and transmitted it to the BoT workgroup

Dr. Reitz – suggested that we remove last bullet point from the Talking Points

CGA Representatives on ADA Workgroups, Committees and Subcommittees

Dr. Deborah Bishop provided an update on the activities on of the Dental Quality Alliance. She noted that a Medicaid Quality Improvement Learning Academy (MeQILA) was launched in the fall of 2018 starting with 3 states. It is designed as a peer to peer learning effort with DQA support to sustain quality improvement efforts utilizing DQA measures. A "Practice Based Measure Guidance" document was developed to inform the stakeholders on key implementation considerations recommended by the DQA for the use of practice-based measures for accountability applications, external reporting, and internal quality improvement. The DQA also created a Guidance on Caries Risk Assessment (CRA) which outlines recommendations to CRA tool developers, practitioners and policy makers for the proper use of CRA tools. The DQA formed a Sealant Measures Ad-Hoc Workgroup which will review and revise the Sealant metric for use as a population health measure. The DQA is sponsoring its 2019 DQA Conference at the ADA Headquarters in Chicago May17-18. The conference is designed to strengthen in-depth understanding of the quality measurement infrastructure within dentistry by canvassing on concrete opportunities for system-wide improvement.

Dr. Ariane Terlet provided an update to the council on FIIST, Fight Insurer Interference Strategic Task Force. They are developing a strategy for state-based dental benefits advocacy to minimize interference of dental benefit carriers into the doctor-patient relationship. They have had one conference call to date.

Action for Dental Health Update

Dr. Jane Grover, director of the Council on Advocacy for Access and Prevention provided the Council with an update on Action for Dental Health activities, Dr. Grover noted that the legislation creates new programs that are eligible for HRSA funding including emergency department referral, nursing home programs and outreach programs like the Community Dental Health Coordinator initiative. This is

important because access to care is the “hot” topic, it will build visibility within your community and it establishes the dentist as the leading advocate. Dr. Grover shared the four priority areas for ADH include: Community Water Fluoridation, ED Referral, CDHC and Medicaid. The goal is to have at least 50% of ADA members will know about ADH and that 100% of Council members and the Board will know what ADH is; all states will be engaged in ADH through member activities and/or Journal articles.

Ms. Merullo, manager of Public Affairs & Advocacy Communications noted that their 2019 priorities are to communicate with our members how the Action for Dental Health law impacts them in their state (pending HHS/CDC guidance) and to demonstrate how programs like CDHCs and ED Referral programs in hospitals are making a difference for patients and underserved people. There will be an increase in stories about dentists making a difference in celebration with the ADA’s 160th Anniversary. She explained that the communications team has been engaged in both search engine optimization (SEO) for the content on our fluoride web pages, so when people do a search the ADA web sites are among the top listings. We have also been pairing that with strategy of search engine marketing (SEM) by buying traffic through paid search listings. A search ad pilot to support cities in Florida, Missouri and Ohio with November Fluoridation ballot initiatives netted strong results, with Gmail inbox ads providing strongest returns.

State Public Affairs Oversight Workgroup Update

Mr. Olson and Mr. Troupe provided the Council with an update on the State Public Affairs Oversight Workgroup, called FIST, to address what the state dental society executive directors have said and asked what can be done to about resolving issues with third party payers:

- Network Leasing – will probably pass across all of the states and not impacted by ERISA. Deltas in general do not lease their networks and do not pull in leases. 2 SPA grantees – one is New Jersey – legislation should go through in the past couple of months. Current bill empowers the dentist to “opt out” of a network, notified if the plan is sold and a short opt-out period
- Assignment of Benefits – Wisconsin Dental Association is currently embracing this issue
- Prior Authorization – Success in LA; Oklahoma interested in that bill
- Dental Bill of Rights – Host of issues that will benefit the dentist and the public. Strategies to look at and bring them back to the task force. North Carolina
- ERISA – why the TPAs can claim it that they don’t have to comply with any state laws.
- Virtual Credit Card – credit card fees;
- Licensure: Portability and a coalition forming with ASDA and ADEA. Council of State Governments and Chad, Tony Ziebert and other ADA staff will attend
- Tests – all dental boards accept tests
- Web site – toothtruthforyou – form a separate non-profit that will provide info on dental benefit programs. Project is in its infancy and Dr. Vitale shared that info

Mr. Troupe noted that we have shifted some funding for projects to address third party payers, in an effort to be responsive to our members. We have partnered with the Progressive Policy Institute and they are a very liberal think tank and the left listens to them. We are partnering with them for our ADH issues so our state dental association is not the only group advocating for these issues.

In 2018, Arizona and Michigan, both had proposed legislation supporting dental therapy. In Arizona, it is fairly limited and in Michigan, it is more expansive. Dental association fought hard – spent money and effort in lobbying. They did want to listen to facts and data. Dental therapy bills were introduced in 12 states. In 2018, Pew and Kellogg have paid over \$1million and have assembled a number of groups to promote dental therapists. They are spending a lot of money to buy political influence. US VI – 2 bills were signed but then vetoed by the Governor in 2019. Not all dental therapy bills are created equal, and their legislation would have allowed them to write prescriptions.

In 2019 in 10 states and possibly Massachusetts SPA program and F-H develop resources, talking points and strategies for success. We are being outspent and outgunned. These issues are being positioned around “social justice” and “gender equality.” DT are practicing in Minnesota and Alaska. So even though

a bill passes, that does not mean a program would actually be in place.

Veterans' Affairs Legislation

Ms. Megan Mortimer, ADA Lobbyist said that she and Dr. Kyle met with Dr. Patricia Arola, who is the Assistant Under Secretary for Health for Dentistry and the Department of Veterans Affairs. Dr. Arola had provided them with verbiage for legislation so veterans could have access to dental care. Ms. Mortimer and Dr. Kyle then met with Chairman Rowe of the House Veteran's Affairs Committee, and he said that he reviewed the language in the existing statues, and he and said it was not an issue and this would not require a legislative remedy. Ms. Mortimer and Dr. Kyle then met with the Veteran's Affairs General Counsel's office with the person in charge of healthcare who suggested that there might be some misinterpretation of the existing regulations around referrals. So ADA staff decided the solution was to draft a formal MOU arrangement to partner with resources that ADA and VA already have. They went back to Dr. Arola and she liked the idea. This MOU is provided below, which the Council was invited to review and approve:

Part 1: MOU

Background: Approximately 8 million veterans are eligible for medical care in the Veterans Health Administration (VHA); however, significantly less than 10% of those veterans are eligible for treatment by VHA dental clinics. Of those not eligible, some may have dental coverage through employers or may have self-insured through programs the Veterans Administration Dental Insurance Plan (VADIP), but there are significant numbers who do not have dental coverage or feel they cannot afford dental insurance. As a result, they do not seek dental treatment or only seek care through emergency rooms either in the VHA or in the community.

Objective: to establish a cooperative working relationship between the VA and the ADA in order to provide those veterans who are not currently authorized direct VA dental care or who do not have access to treatment through their employers or dental insurance such as VADIP with better access to oral health care services. The ADA will assume the majority of the administrative burden of the work established by this MOU and additional cost to the VA will not be necessary.

ACTION: MOU was approved by the Council

Part 2: The Veterans Early Treatment for Chronic Ailment Resurgence through Examinations Act of 2019

Dr. Kalarickal discussed the legislation that may be introduced by Rep. Gus Billrakis; they are awaiting more co-sponsors. Rep. Billrakis was characterized as a friend of dentistry, who has supported veterans getting care in community health centers. The Choice Program exists but is not well-utilized because of the way the program is administered. They created a pilot program that was based on systemic tides research by Dr. Margaret Jefcow that showed for certain conditions, like diabetes cardio and pregnancy, having periodontal dental care reduced the costs for overall care.

Dr. Armstrong recommended that when the bill is dropped, the Council will hold a conference call to compare the previous version of the legislation and with this new one and discuss the current legislation.

Saturday, February 9, 2019

Federal Dental Services' Chiefs:

Rear Admiral Timothy L. Ricks, Chief Dental Officer, USPHS

Rear Admiral Ricks explained that he was named Chief Dental Officer of the U.S. Public Health Service in September, 2018 and he has four goals, including: completion of the Surgeon General's Report on Oral Health; leading recruitment efforts for dentists for the USPHS Commissioned Corps and for Civil Service dentists employed in HHS agencies; Build esprit de Corps within the USPHS Dental Category and acting as a champion of the priorities and initiatives of the U.S. Surgeon General. He noted that oral health is among the Surgeon General's top priorities. The USPS has various service agencies and has dentists within all of them. As part of his work in recruiting for the dental category, he has visited a number of schools. As part of his ADA-USPHS CDO interactions, he has met with the Navajo Nation and their

CDHCs. His responsibilities for the IHS include teaching continuing education and he has facilitated over 250 courses. He has offices in Maryland and Tennessee, and spends one week per month in Washington D.C.

Rear Admiral Gayle D. Shaffer, Chief, Navy Dental Corps, Bureau of Medicine and Surgery and Captain Joe Molinaro, Deputy Dental Chief, Navy Dental Corps

Real Admiral Shaffer explained that in addition to serving the Navy, she is also the Director of Health Services for the Marine Corps. She said that her main job function is to be an advisor to the Navy Surgeon General and assist with constructing policy. Captain Joe Molinaro, Deputy Dental Chief, Navy Dental Corps, who was also present, runs the day-to-day operations. She noted that the profession of dentistry has allowed them to have more opportunities and that she has been a Delegate to the ADA Annual Meeting for the past two years. She shared data on the staffing and promotion of the Navy Dental Corps. They have over 1,144 dentists to serve navy personnel and 246 are ADA members, or 22%, and they are working to increase this number. ADA Membership is a part of their performance evaluation each year and is noted. ADA has advocated for Federal Dentists on issues such as pay, rank and other benefits, and she thanked the ADA for our efforts. Their strength is recruiting; training the right kind of specialists to meet the needs of the Navy and Marine Corps and she works with the chiefs to achieve this. She noted that their retention rates over the past ten years have averaged 42%; that has increased to 60% in recent years because they are starting the training process earlier and retaining officers to meet their mission.

Brig. Gen. (Dr.) Sharon Bannister is the Deputy Assistant Director, Education and Training, Defense Health Agency, US Air Force; Captain John Wendell, US Air Force; Major Doug Gabowski, Assistant Dental Director, US Air Force

Brigadier General Bannister explained that her primary role is to direct the joint development and sustainment of the Department of Defense medical training initiatives and academic policy, leading 509 staff across two regions. She is a periodontist and is also an ADA member. She said that they are getting a great deal of congressional assistance and there is a concentration on ready medical force and a force that is medically ready. Their metrics showed that they have scores of over 90% for patient safety reporting, patient satisfaction and readiness. There are 930 Dental Officers on Active Duty, with the majority at the captain level; 136 Dental Officers are currently in training. The vast majority that are recruited are general dentists from dental programs right out of school and they are being trained in the military graduate residency programs. She noted that this presents an opportunity to bring into specialties earlier in their career. She concluded the presentation with a discussion of the National Defense Authorization Act (NDAA) of 2017 which mandates that the management of health benefits will transfer to the Defense Health Agency and they will work together to drive standardization to provide consistency of care no matter the location to ensure a medically ready force.

Brigadier General Shan K. Bagby is the 28th chief of the Army Dental Corps and the deputy chief of staff for support, G-1/4/6, at Army Medical Command.

Brigadier General Bagby explained that his primary job is as chief of staff for support, overseeing the operations infrastructure for 85,000 civilians, in areas such as human resources and internal technology. He noted that their priorities include: providing readiness and health, ensuring quality and safety, leadership and professional development and engage in community and stakeholder engagement. He said that there is the concept of the dual profession – they are leaders and represent the dental community. His goal is to develop employees and be leaders; ADA helps them tell their story internally and externally about the work they do. He is an oral surgeon and received his ROTC commission in 1989 and transferred to the Active Component in 1997. Their demographics include: 1,054 Dental Officers, 1,513 Enlisted Soldiers, 2,300 civilians and 64 Residents in 18 Dental Specialty Programs. Their main area of focus is having a ready dental force and dentally ready force – manning, training and equipping.

Dr. Gregory Smith, Director of Dental Operations for the Veterans Affairs Administration. Dr. Scott Trapp, Director, Dental Informatics and Analytics, Veterans Affairs and Dr. Owais A. Farooqi, Associate Director of Dental Operations, Department of Veterans Affairs

Dr. Smith began the presentation by showing the mission of the VA, which is to: Honor America's Veterans by contributing to whole health through the provision of exceptional oral

health care. Drs. Trapp and Dr. Farroqi explained that traditionally providers have focused on the patient problem or disease and focus is shifting to what matters to the veteran; what is important to them. They shared their agency's metrics: they have 232 dental clinics and see 7800 patients per day and provide care to 539,000 veterans and perform 4.9 procedures during less than 2 million patient visits. They have 3,500 dental staff, including 1,000 FTE staff dentists.

They noted that the VA has many workgroups and work on developing clinical guidelines and recommendations as well as teledentistry in collaboration with Office of Rural Health. They are committed to promoting innovation, and they held a conference in 2018 in which 13 different types of projects were adopted at 40 different sites. They are leveraging analytics to improve quality, and are using 40 quality different measures that are boiled down to 4 different issues, including fluoride, the periodic exam, preventative care and the primary dentist assignment. They explained for something like topical fluoride, their data reveals who should receive it based on risk; they build in informatics and roll it into geography and determine which sites need to apply this and additional resources and education (e.g. SDF) which patients are at risk and need additional care.

A community care network contract has been awarded for the first 3 regions; VA is changing the way it does business; dentistry was a part of it to include quality measures and makes it easier to determine where veterans want to have their care provider. This is a consolidation of how they provide care in the community. It is sometimes confusing in the facility, how it is funded, how do they meet the requirements; they must be eligible for dental care; patients can't just see the private dentist and then bill the VA. Move system to predictive analytics model; how to apply resources to the problem at hands; patient needs and the access time to right size workforce and clinic to provide better care.

Colonel Cecilia I. Garin, DoD Health Affairs, Interim Chief

Colonel Garin is the lead Dental Service Point of Contact (DSPOC) for the Active Duty Dental Program (ADDP) /Assistant Program Manager. In this role, she and six other DSPOCs ensures the deployability of 89,000 CONUS Remote Active Duty Services members and provides dental care oversight of 65,000 network dentists by approving remote care treatment plans. Other duties include: engaging with United Concordia and Dental Military Services representatives to implement and administer ADDP, TRICARE Dental Plan and TRICARE policies and programs. Colonel Garin discussed the fact that the TRDP ended on December 31, 2018, and starting on January 1, 2019, the TRICARE Dental Retiree Program (TRDP) was replaced by the Federal Employees Dental and Vision Insurance Program (FEDVIP). FEDVIP offers a choice of 10 dental carriers, including Delta Dental.

High Education Policy Update

Mr. Bob Burns, manager, Legislative and Regulatory Policy joined the meeting by phone and explained that every five years, a review of existing ADA policies assigned to CGA, is conducted and we can consolidate, recommend revision or suggest they should be rescinded. For the Higher Education Policies, it was proposed to consolidate 6 policies into 4 to make the language more concise. It was noted that specialty organizations have raised the issue around financial counseling and managing debt. A concern about the tax implications of loan forgiveness if you pursue specialties was also raised. The next step is that the Council on Dental Education and Licensure would review and approve, if they make changes then it would come back to CGA and then go back to CDEL.

Federal Student Loan Programs

text to be included

Federal Student Loan Repayment Programs

Resolved, that the ADA supports using state and federal funds to provide payments toward a dental professional's outstanding federal student loans in exchange for practicing in underserved areas, entering and remaining in public service and academic teaching and research positions, and filling other gaps in areas of national need, and be it further

Resolved, that the ADA supports removing barriers that prohibit those with private graduate student loans from taking advantage state and federal student loan repayment programs, and it be it further

Resolved, that the policies entitled “Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs (Trans. 2014:502)” and “Federal and State Funds to Provide Loan Repayments to Dentists (Trans. 1992:599; 2016:319)” be rescinded.

Tax Treatment of Student Loans, Scholarships and Stipends

Resolved, that the ADA supports the tax deductibility of interest on health profession student loans, and be it further

Resolved, that the ADA supports a tax exemption for scholarship assistance and stipends awarded to health professions students under federal programs.

and it be it further

Resolved, that the policies entitled “Tax Deductibility of Interest on Health Profession Student Loans (Trans. 1995:648)” and “Tax Exemptions for Scholarships and Stipends (Trans. 1976:892)” be rescinded.

General, Pediatric and Public Health Dental Residency Programs

Resolved, that the ADA supports using state and federal funds to support general, pediatric, and public health dental residency programs, including those authorized under Title VII of the Public Health Service Act, for dentists to obtain extended clinical training and experience in facilities that provide a disproportionate level of care to the underserved.

and it be it further

Resolved, that the policy entitled “Advocacy for Dental Education Infrastructure (Trans. 2014:502)” be rescinded.

ACTION: Resolutions about the Policy Revisions were approved by the Council and will be sent to CDEL for their review and approval.

Old Business: Dr. Kalarickal asked the Council if they had any questions or feedback about the proposed legislation: “Vet Care Bill of 2019,” that was discussed during the meeting yesterday. He offered background on this proposed legislation and answered questions posed by the Council. He noted that the only difference from the prior legislation is that the Sec. 1712 amendment was inserted. He did not think that the language will change before it is dropped; Sen. Bilrakis is currently looking for co-sponsors of the legislation.

ACTION: Council voted to support the “Vet Care Bill of 2019” conceptually as written

New Business: there was no business

The Council on Government Affairs meeting was adjourned at 11:02 AM EDT on Saturday, February 9, 2019

Council on Government Affairs (CGA)
Unofficial Report of Major Actions
February 7-9, 2019

The Council on Government Affairs met February 7-9, 2019 in the Washington D.C. office. The following is a summary of major actions taken by the Council.

1. The Council received an update on the 116th Congress and potential legislative focus.
2. The Council received updates on Action for Dental Health implementation and additional appropriations for the Centers for Disease Control and Prevention and the Health Resources and Services Administration.
3. The Council received an update from ADA Executive Director Dr. Kathleen O'Loughlin on the strategic plan, the Practice Transitions pilot projects and the budget.
4. The Council received an overview on the Fight Insurer Interference Strategic Task Force (FIIST), created from the adoption of Res. 32H-2018, and discussed federal legislative efforts to address concerns over third-party payer issues.
5. The Council received an update on Res. 53H-2018 from Dr. Marcelo Araujo on the importance of the HPV vaccine and the role of the profession in educating patients on oropharyngeal cancer.
6. The Council received an update and overview of the efforts of the Surgeon General to release an updated report on oral health in 2020, including the ADA's participation in the November listening session.
7. The Council adopted a resolution requesting that the ADA President transmit a letter to the coalition affirming ADA commitment to advocacy on behalf of Medicare recipients for coverage for dental treatment which is required to be completed in order for life saving medical procedures to be authorized and performed. The Council also urged the ADA President to convey the willingness of the Association to be supportive of the coalition only if advocacy efforts are clearly focused and limited to coverage of medically essential dental care.
8. The Council discussed the broader issue of Medicare and legislative activity in the 116th Congress specifically regarding S. 22, the Medicare Dental Benefit Act of 2019, sponsored by Senator Ben Cardin (D-MD).
9. The Council received an update on the activities of the State Public Affairs Workgroup and current legislative efforts in the states impacting dentistry.
10. The Council discussed a draft memorandum of understanding with the Veterans' Administration that would allow for collaboration to improve access to oral health care services for veterans.
11. The Council received presentations from the following representatives from the Federal Dental Services: Rear Admiral Tim Ricks, United States Public Health Services; Rear Admiral Gayle Shaffer, United States Navy; Brigadier General Sharon Bannister, United States Air Force; Brigadier General Shan Bagby, United States Army; Drs. Greg Smith, Scott Trapp, Owais Farooqi, Veterans Administration; and Colonel Cecilia Garin, Department of Defense Health Affairs.

12. The Council discussed the VET CARE Act of 2019 and adopted a resolution to support the VET CARE Act of 2019 in concept until additional information is received.

CGA Council Members:

Dr. Craig Armstrong, Chair, TX
Dr. Phil Fijal, Vice-Chair, IL
Dr. Deborah Bishop, AL
Dr. Daniel Cheek, NC
Dr. Matt Cohlma, OK
Dr. Mark Desrosiers, CT
Dr. John Hisel, ID
Dr. Lisa Knowles, MI
Dr. Zacharias Kalarickal, FL
Dr. Lauro Medrano-Saldano, NY
Dr. Matthew Messina, OH
Dr. Dr. Robin Nguyen, FL, New Dentist Committee
Dr. David Reitz, PA
Dr. Leon Stanislav, TN
Dr. Ariane Terlet, CA
Dr. Mark Vitale, NJ
Dr. David White, NV
Dr. Emily Willett, NE

Liaisons:

Dr. Dan Klemmedson, Trustee-Liaison, Fourteenth Trustee District, AZ
Dr. Tommy Harrison, chair, American Dental Political Action Committee, TX
Dr. Richard Herman, chair, Council on Advocacy for Access and Prevention, NY
Ms. Janette Sonnenberg, Alliance of the American Dental Association, UT
Ms. Lauren Yap, American Student Dental Association, PA

The Council will meet August 1-3, 2019 in Washington, DC.

**MEETING MINUTES OF THE
AMERICAN DENTAL ASSOCIATION
COUNCIL ON GOVERNMENT AFFAIRS
ADA OFFICES, WASHINGTON, DC
AUGUST 1-3, 2019**

CALL TO ORDER

The second regular meeting of the Council on Government Affairs (CGA) was called to order by Dr. Craig Armstrong, CGA chair, at 4:00 PM EDT on August 1, 2019 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. Lauro Medrano-Saldana, 2019; (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, 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. Ariane Terlet, 2019; (District 14) Dr. David White, 2021; (District 15) Dr. Craig Armstrong, chair, 2019; (District 16) Dr. Dan Cheek, 2019; (District 17) Dr. Zack Kalarickal, 2020; (New Dentist Member) Dr. Robin Nguyen, 2019.

Liaisons: Dr. Lauren Yap, American Student Dental Association; Dr. Tommy Harrison, chair, American Dental Political Action Committee; Dr. Richard Herman, chair, Council on Advocacy for Access & Prevention; Ms. Janette Sonnenberg, Alliance of the American Dental Association.

Not in Attendance: Dr. Dan Klemmedson, Board of Trustees (District 14).

Council Staff: Mr. Michael Graham, senior vice president, Government & Public Affairs; Ms. Roxanne Yaghoubi, interim director, Legislative & Regulatory Policy; Mr. Robert Burns, manager, Legislative & Regulatory Policy; Ms. Emily Wright, senior project assistant.

Other ADA Representatives Present for All or Part of the Meeting In Person or By Phone: Dr. Kathleen O'Loughlin, executive director, ADA; Dr. Jeffrey Cole, president, ADA; Dr. Chad Gehani, president-elect, ADA; Mr. Chris 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, ADPAC; Mr. Peter Aiello, manager, ADPAC Grassroots & Digital Advocacy; Ms. Jennifer Garvin, Washington editor, Publications; Dr. Jane Grover, director, Council on Advocacy for Access & Prevention; Mr. C. Michael Kendall, senior associate general counsel, Legal Affairs; Mr. Chad Olson, director, State Government Affairs; Mr. Paul O'Connor, senior legislative liaison, State Government Affairs; Dr. Dave Preble, senior vice president, Practice Institute; Ms. April Kates-Ellison, director, Client Services; Mr. Matt Warren, manager, Forecasting and Analytics; Dr. Marko Vujcic, chief economist & vice president, Health Policy Institute; Ms. Abby McDonough, intern.

Guests of the ADA: Congressman Mike Simpson (R-ID), Congressman Paul Gosar (R-AZ), and Congressman Brian Babin (R-TX) joined the meeting by phone on Thursday afternoon.

Thursday, August 1, 2019

Adoption of the Agenda and Consent Calendar: The Council adopted the agenda by general consent and gave the chair permission to reorder the items as needed.

- **Resolved**, the consent calendar was approved as presented.

Report of the chair: Dr. Armstrong welcomed a new Council member, Dr. Knowles from the ninth district. Dr. Armstrong also noted that the minutes from CGA's July 2 call did not reflect that the Council on Scientific Affairs (CSA) would not be able to review the VET CARE Act until after this Council meeting.

Report of the senior vice president, Government & Public Affairs: Mr. Graham spoke about the partisan and divisive nature of Washington, but said the ADA stands apart because it is a unified voice for its members and dentistry is a highly respected profession in Washington.

Report of the Council for Advocacy on Access and Prevention (CAAP): Dr. Herman spoke about CAAP's work, including Emergency Department (ED) referral, Community Dental Health Coordinators (CDHCs), water fluoridation, Action for Dental Health (ADH), the human papillomavirus (HPV) vaccine, a resolution on safety, National Children's Dental Health Month, tobacco, and health literacy.

Remarks by Dentist Members of Congress: Congressman Simpson spoke about his work on the House Appropriations Committee and his efforts to get funding for oral health programs. Congressman Gosar talked about McCarran-Ferguson reform. Congressman Babin discussed student loan reform and the Resident Education Deferred Interest (REDI) Act.

Report of the State Public Affairs (SPA) Oversight Work Group: Mr. Olson and Mr. O'Connor spoke about the SPA Oversight Work Group, including its work with states on dental therapists. The SPA Oversight Work Group is working with states on three areas regarding dental therapists: 1) Supervision, 2) Graduation from a CODA-accredited program, and 3) Limitation on practice settings. Mr. Olson and Mr. O'Connor also spoke about the Fight Insurer Interference Strategic Task Force (FIIST), which is a pilot program to work with states on five issues: 1) Virtual credit cards, 2) Leasing, 3) Prior authorization, 4) Retroactive denial, and 5) Assignment of benefits. The board of trustees allocated \$600,000 to FIIST in the ADA's 2020 budget.

2018-2019 CGA chair and vice chair Candidate Forum and Elections: Dr. Phillip Fijal, who ran unopposed, was nominated to serve as chair. Dr. David White was elected to serve as vice chair.

Friday, August 2, 2019

Presentation and Discussion by ADA executive director: Dr. O'Loughlin updated the Council on the ADA's Members First 2020 Strategic Plan as well as the Common Ground 2025 Strategic Plan. The Council discussed and asked Dr. O'Loughlin questions about the ADA's membership numbers, budget, and relationships with stakeholders including state dental associations, dental schools, and specialty societies.

Presentation and Discussion on Economic and Demographic Shifts Are About to Reshape Dentistry. Is the ADA Ready?: Dr. Vujicic gave a presentation on the growth of

consumer-directed health care and how the dental industry is evolving to address consumers' demands for this type of care. He also spoke about dental service organizations (DSOs). The Council discussed principles to guide the ADA's response to these changes and the legislative and regulatory issues that could arise. The Council also explored options to help dentists navigate these challenges.

Update on Action for Dental Health (ADH): Dr. Grover spoke about ADH, including access to care and prevention initiatives such as CDHCs, ED Referral, Medicaid, and water fluoridation. Additionally, another key ADH priority is connecting dentists with pediatricians for the age 1 dental visit. Ms. Fisher spoke about the Action for Dental Health legislation, which was signed into law in 2018. The ADA was successful in requesting that the House Appropriations bill include report language on ADH and the ADA's policy staff is working with the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) on the implementation of this law.

Update on Community Volunteer Dentistry Efforts: Dr. Grover said that she had spoken to Dr. Renee Joskow from HRSA. HRSA is looking for dentists to volunteer in Community Health Centers (CHCs) and CAAP approved language encouraging dentists to volunteer.

Update on the Proposal to Streamline the Current Dues Structure: Ms. Kates-Ellison spoke about the dues streamlining study. The current dues rate is \$554 but the average dues paid across all members is \$284. The number of members gained through the discounting of dues is not enough to ensure sustainable growth and the number of dentists entering the profession is not keeping pace with the number of dentists leaving the profession. As a result, the biggest driver of declining dues revenue is the declining number of full dues paying members. The Council on Membership studied this problem for two years. The proposal the Council on Membership is bringing to the 2019 House of Delegates would:

- Eliminate the \$30 dues for graduate students,
- Give new dentists a 100% discount in their first year out of school, a 50% discount in their second year out of school, and no discount in their third year out of school and beyond,
- Eliminate the 25% discount for active life members and charge them full dues, and
- Base year-over-year increases on the Consumer Price Index (CPI).

Mr. Warren said that forecasts predict that the dues change will not have a big impact on market share (the impact will only be a reduction of about 1% of market share per year) but there will be a steady increase in revenue.

These dues changes would begin in the 2021 membership year to give the states and ADA time to implement them.

Policy Review: In accordance with Resolution 170H-2012 (*Trans.*2010:603; 2012:370), Regular Comprehensive Policy Review, the Council voted to review 30 policies for continued need, relevance, and consistency with other Association policies.

- **Resolved,** the Council will move forward with considering the policy resolutions.

On consent, the Council voted to retain, amend, or rescind the following policies, respectively, and submit those recommendations to the 2020 House of Delegates.

- **Resolved**, the Council agreed to send the following policies to the 2020 House of Delegates with a recommendation to retain as written:

Policy Title:	Supporting Council(s):
Legislative Clarification for Medically Necessary Care (<i>Trans.</i> 1988:474; 1996:686)	CDBP
ADA Support for Constituent Societies Dealing With Dental Mid-Level Provider Proposals (<i>Trans.</i> 2008:502)	CDEL, CDBP
Health Care Reform (<i>Trans.</i> 2009:485)	CDBP
Advocate for Adequate Funding Under Medicaid Block Grants (<i>Trans.</i> 2011:498; 2014:499)	–
Rank Equivalency for Chief Dental Officers of the Federal Dental Services (<i>Trans.</i> 2012:496)	–

- **Resolved**, the Council agreed to send the following policies to the 2020 House of Delegates with a recommendation to amend:

Policy Title:	Supporting Council(s):
Legislation to Guarantee Patient’s Freedom of Choice of Dentist (<i>Trans.</i> 1995:631)	CDBP, CEBJA
Legislative Separation of Medicine and Dentistry (<i>Trans.</i> 1996:715)	CAAP
ERISA Reform (<i>Trans.</i> 1998:738)	CDBP
Fee-For-Service Medicaid Programs (<i>Trans.</i> 1999:957)	CDBP
Limited English Proficiency (<i>Trans.</i> 2001:442; 2005:338)	CAAP, CDP
Increase Federal Medicaid Funding (<i>Trans.</i> 2002:409)	CDBP
Federal Tax Credit/Voucher for Medicaid Dentist Providers (<i>Trans.</i> 2003:383; 2014:499)	CDBP
Support for Adult Medicaid Dental Services (<i>Trans.</i> 2004:327)	CAAP
Medicaid and Indigent Care Funding (<i>Trans.</i> 2006:338; 2014:499)	–
Freedom of Choice in Publicly Funded Aid Programs (<i>Trans.</i> 2006:344)	CDBP

Reauthorization of the State Health Insurance Program (<i>Trans.</i> 2007:451)	CAAP, CDBP
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- **Resolved**, the Council agreed to send the following policies to the 2020 House of Delegates with a recommendation to rescind:

Policy Title:	Supporting Council(s):
Dental Research by Military Departments (<i>Trans.</i> 1970:451; 2016:316)	CSA
Availability of Dentists for Underserved Populations (<i>Trans.</i> 1986:532; 2016:318)	CAAP
Restoration of the Rank of Brigadier General to the Army Reserve Position of Deputy Assistant Surgeon General for Dental Services (<i>Trans.</i> 1992:622)	–
Dentists' Choice of Practice Settings (<i>Trans.</i> 1994:637)	CDBP
Costs for the Submission of Electronic Dental Claims (<i>Trans.</i> 1995:623)	CDBP
Advocating for ERISA Reform (<i>Trans.</i> 2009:474; 2014:500)	CDBP

Additionally, the Council voted to further examine the following policies and consider recommendations to retain, amend, or rescind at its next meeting.

- **Resolved**, the Council agrees to further study the following policies:

Amendment of Employee Retirement Income Security Act (<i>Trans.</i> 1982:550; 1989:561)	CDBP
Legislation Reflecting ADA Policy on Primary Dental Health Care Provider (<i>Trans.</i> 1990:559)	CAAP
Employee Retirement Income Security Act (ERISA) Enforcement Activities (<i>Trans.</i> 1992:622)	CDBP
Amendment of Employee Retirement Income Security Act (<i>Trans.</i> 1994:644)	CDBP
Amendments to ERISA to Achieve Greater Protections for Patients and Providers (<i>Trans.</i> 1995:649)	CDBP
Adding the ADA Definition of Dentistry to Existing Dental Regulatory Provisions (<i>Trans.</i> 2001:440)	CEBJA
Maldistribution of the Dental Workforce (<i>Trans.</i> 2001:442; 2014:500)	CAAP

General Policy Discussion: The Council discussed Congressional legislation on surprise billing. The ADA Washington office staff has spoken with the House Energy and Commerce Committee and Senate Health, Education, Labor, and Pensions Committee to explain the differences between medical insurance and dental benefit plans and to ask that dentists not be included in the surprise billing legislation.

Report of the American Dental Political Action Committee (ADPAC): Dr. Harrison spoke about ADPAC's four major responsibilities, which are: 1) Raising money, 2) Distributing contributions, 3) Grassroots advocacy, and 4) Political education. ADPAC is the third largest health care PAC in the United States. As of the end of June, ADPAC has distributed \$600,000 this year, primarily to dentist members of Congress. ADPAC has also been doing grassroots alerts on issues including the Ensuring Lasting Smiles Act (ELSA) and the REDI Act. And at annual session in San Francisco, ADPAC will celebrate its 50th anniversary and have a booth. Also during that meeting, Congressman Mike Simpson (R-ID) will receive the Distinguished Service Award and ADPAC will hold a fundraiser for Congressman Jeff Van Drew (D-NJ), who faces a challenging re-election campaign.

Report on ADA Dentist and Student Lobby Day: Ms. Milligan and Mr. Aiello updated the Council on Lobby Day 2019. Over 1,000 people from 50 states, Puerto Rico, and DC attended Lobby Day, including ADA member dentists; American Student Dental Association (ASDA) dental students; ADA, ASDA, and constituent staff members; guests; and Alliance members. Attendees' review of Lobby Day were overwhelmingly positive with 97 percent of attendees indicating they would return next year. The reviews did indicate some pain points with the hotel, and 87 percent said they prefer the Sunday-Tuesday schedule. ADPAC is looking into options for hotels and dates for Lobby Day 2020.

Update on Congress: Mr. Tampio, Ms. Fisher, Ms. Mortimer, and Ms. Hales gave an update on the ADA's work on Capitol Hill. The ADA is working on a bipartisan basis to lobby for the ADA's priorities, including issues such as McCarran-Ferguson reform, appropriations, ELSA, the Dental and Optometric Care (DOC) Access Act, and student loans. The Council also discussed the ADA's work to reform Section 1557 of the Affordable Care Act (ACA), which currently requires health plans and providers to post notices in 15 different languages.

Update on Elder Care Work Group: Dr. Preble and Dr. Messina spoke about the ADA's Elder Care Work Group, which is looking at the overall issue of how to meet the dental needs of the elderly while balancing the needs of the profession.

Update on Medicare Medically Necessary: Ms. Yaghoubi spoke to the Council about Medicare medically necessary oral health coverage, including the Medicare medically necessary coalition led by Eric Berger and the Center for Medicare Advocacy (CMA). That coalition recently had a meeting with the Department of Health and Human Services (HHS) during which it presented models for expanding the definition of medically necessary oral health care beyond what the ADA has told the coalition it supports. Upon vote, the Council agreed to remove the ADA from the coalition.

- **Resolved**, to remove the ADA from the CMA coalition.

Remarks by ADA President: Dr. Cole updated the Council on dental therapists, including his discussions with the Assistant Surgeon General, Dr. Ricks, and his trip to the oral health summit in the US Virgin Islands. He also discussed the successful effort to remove the *Root Cause* documentary from Netflix. He talked about his work with ADPAC and ASDA and gave an update on the ADA Foundation. Additionally, he said he has been working on the citizen petition on Smile Direct Club.

Saturday, August 3, 2019

New Business and/or Unfinished Business and Open Forum: The Council members spoke about several issues in an open forum, including a lawsuit in New Jersey on Smile Direct Club.

The Council also discussed the recent CAAP meeting that was attended by Dr. Ricks. ADA staff agreed to sign up the Council to receive Dr. Ricks' newsletter.

The Council spoke about having a breakout session during lobby day for the state PACs. Upon vote, the Council agreed to have the existing lobby day work group, which two CGA members participate in, consider the proposal for a breakout session on state PACs.

- **Resolved**, that the lobby day work group consider a proposal to have a breakout session to deal with state PAC issues.

The Council talked about in-office dental plans and will collaborate with other ADA Councils on the issue.

The Council discussed forming Council work groups. Upon vote, the Council agreed to form a work group on the Indian Health Service (IHS) and the Public Health Service (PHS).

- **Resolved**, that CGA establish a work group to study the IHS/PHS in collaboration with the appropriate ADA agencies and come back to CGA next year with recommendations. The work group may use outside consultants as needed and would like funding for one face to face meeting if necessary.

Upon vote, the Council also agreed to establish a work group on teledentistry.

- **Resolved**, that CGA establish a work group on teldentistry to report back to CGA at its next meeting on state and national efforts to define and implement teledentistry in consultation with other appropriate agencies as necessary.

The Council also discussed looking into the medically necessary and Medicare and Medicaid policies. No vote was taken.

Update on Surgeon General Report and Dental Amalgam: Mr. Burns updated the Council about the Surgeon General report on oral health. It is currently under development and being reviewed. There have been delays in receiving the section drafts. Although the report was going to be released in 2020 it, may not be finalized until 2021.

Mr. Burns also spoke about the Minamata Convention on mercury. Currently, that convention calls for a phase-down of discharges of dental amalgam. However, several African countries are now proposing to modify the agreement to phase out amalgam discharges entirely. The

Environmental Protection Agency (EPA), the FDA, and the State Department have indicated to the ADA that they are not interested in renegotiating the agreement.

Report of the Alliance of the American Dental Association: Ms. Sonnenberg spoke about the Alliance's work developing and distributing dental health education kits, attending school fairs, and hosting events for dental students and their families. Last year the Alliance's leadership conference was in Las Vegas, Nevada and next year's conference will be in Charleston, South Carolina. At annual session in San Francisco, the Alliance will be collecting donations for the Head 2 Toe Project. Alliance members also attend Lobby Day and participate in the ADA's grassroots alerts and contact their members of Congress.

Report of the New Dentist Committee (NDC): Dr. Nguyen highlighted the NDC's initiatives, including the 10 under 10 award and building the leadership pipeline. The NDC has provided input on the ADA Practice Transitions program and also had a discussion with the Board about DSOs. Additionally, the NDC recommended that the ADA consider expanding its resources to address the challenges of being a pregnant dentist. The Council on Dental Practice is working on that issue.

Report of the American Student Dental Association (ASDA): Dr. Yap talked about ASDA's advocacy work, including its action alert system, its ADPAC events, and its participation in Lobby Day. Dr. Yap also spoke about the importance of having ADA members mentor ASDA members.

CGA Representatives on ADA Workgroups, Committees, and Subcommittees: Dr. Bishop gave an update on the Dental Quality Alliance (DQA) and the two DQA meetings she attended this year. DQA released three adult dental quality measures, and Dr. Bishop asked DQA to delay the measure on oral evaluations for adults with diabetes until CGA considers the issue of a dental benefit in Medicare, but DQA did not do so. Additionally, Dr. Bishop expressed concern about the proposal from a DQA member to streamline its membership and not have representation from as many councils.

Dr. Terlet spoke about FIIST. State Government Affairs performed an exhaustive review of the dental benefit landscape, and 35 different issues were considered. FIIST members and consultants were then asked to rank the concepts, and 5 top issues were identified as a result of this survey. FIIST funded pilot projects in six states on these issues, and this funding increased the chances of legislative success in the states. Based on this success, State Government Affairs will develop toolkits for other states. CGA discussed whether FIIST will continue in the future and in what form.

Update on ADA/FDI World Dental Conference 2019: Dr. Armstrong encouraged CGA members who are delegates to attend the Reference Committee D meeting in case there are questions on the Council's policy resolutions. He also told CGA members that they would be receiving an invitation to a Council reception during annual session.

Dentists Supply Company: Dr. Bishop spoke about the Dentists Supply Company and the savings that she has received on supplies as a result of joining. She said this could be a good recruitment tool for the ADA.

The Council on Government Affairs meeting adjourned at 10:40 AM EDT on Saturday, August 3, 2019.

Council on Government Affairs Unofficial Report of Major Actions August 1-3, 2019

The Council on Government Affairs met August 1-3, 2019 in the Washington, D.C. office. The following is a summary of major actions taken by the Council.

1. The Council heard from dentist members of Congress, including Rep. Mike Simpson (R-ID), Rep. Paul Gosar (R-AZ), and Rep. Brian Babin (R-TX).
2. The Council received an update on the State Public Affairs (SPA) Oversight work group, including state action on workforce and dental therapists, as well as the results of the Fight Insurer Interference Strategic Taskforce (FIIST) pilot programs.
3. The Council elected the 2019-2020 Chair and Vice Chair. Dr. Phillip Fijal was elected Chair and Dr. David White was elected Vice-Chair.
4. The Council had a discussion with ADA Executive Director Dr. Kathleen O'Loughlin, on the Members First 2020 Strategic Plan and the Common Ground 2025 Strategic Plan, including updates on membership and budget.
5. The Council heard a presentation from Dr. Marko Vujcic from the ADA Health Policy Institute on economic and demographic changes, including dental service organizations (DSOs) and consumer-directed care, that are affecting dentistry.
6. The Council received an update from Ms. April Kates-Ellison on changes to membership dues.
7. The Council voted on policy resolutions. The Council voted to retain five policies, amend fifteen, rescind six, and further review four policies.
8. The Council discussed Congressional legislation on surprise billing.
9. The Council heard from Ms. Sarah Milligan and Mr. Peter Aiello from ADPAC about lobby day 2019 and possible dates for lobby day 2020.
10. The Council received an update from Ms. Roxanne Yaghoubi on the advocacy efforts on Medicare medically necessary oral health care. The Council voted to remove the ADA from the coalition on Medicare medically necessary oral health care led by Mr. Eric Berger.
11. The Council voted to have the lobby day work group consider a proposal to have a breakout session on state PACs.
12. The Council discussed in-office dental benefit plans and agreed to collaborate with the Council on Dental Practice and other ADA Councils on this issue.
13. The Council voted to establish a work group to study the Indian Health Service/Public Health Service in collaboration with the appropriate ADA Councils and come back to

CGA with recommendations. The work group will be able to use outside consultants as needed and will have funding for a face to face meeting.

14. The Council voted to form a work group on teledentistry to report back during the next Council meeting on state and national efforts to define and implement teledentistry.
15. Members of the Council discussed an interest in having the Council look into the medically necessary and Medicare policies. No vote was taken.

CGA Council Members:

Dr. Craig Armstrong, Chair, TX
Dr. Phillip Fijal, Vice-Chair, IL
Dr. Deborah Bishop, AL
Dr. Daniel Cheek, NC
Dr. Matthew Cohlma, OK
Dr. Mark Desrosiers, CT
Dr. John Hisel, ID
Dr. Zacharias Kalarickal, FL
Dr. Lisa Knowles, MI
Dr. Lauro Medrano-Saldano, NY
Dr. Matthew Messina, OH
Dr. Robin Nguyen, FL, New Dentist Committee
Dr. John Reitz, PA
Dr. Leon Stanislav, TN
Dr. Ariane Terlet, CA
Dr. Mark Vitale, NJ
Dr. David White, NV
Dr. Emily Willett, NE

Liaisons:

Dr. Daniel Klemmedson, Trustee Liaison, Fourteenth Trustee District, AZ
Dr. Thomas Harrison, chair, American Dental Political Action Committee, TX
Dr. Richard Herman, chair, Council on Advocacy for Access and Prevention, NY
Ms. Janette Sonnenberg, Alliance of the American Dental Association Liaison, UT
Dr. Lauren Yap, American Student Dental Association Liaison, HI

The Council will meet January 23-25, 2020 in Washington, DC.