

**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, Cohlmiya, 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.

**Council on Government Affairs
Unofficial Report of Major Actions
January 23-25, 2020**

The Council on Government Affairs (CGA) met in the Washington, D.C. office on January 23-25, 2020. The following is a summary of major actions taken by the Council:

1. The Council adopted a motion to approve its 2021 meeting dates, January 28-30 and August 19-21.
2. The Council received an update from Mr. Chad Olson, director, State Government Affairs, and Mr. Jeffrey Troupe, senior legislative liaison, State Government Affairs, on the State Public Affairs (SPA) Oversight workgroup, including Fight Insurance Interference Strategic Task Force (FIIST)-related grants.
3. The Council heard from Dr. Kathleen O'Loughlin, executive director, on the Common Ground 2025 Strategic Plan and its alignment to the 2020 Operating Plan.
4. The Council voted on the recommendations of the policy review workgroups. The Council adopted motions to retain 1 policy, reassign 1 policy, rescind 7 policies, and amend 26 policies. Fifteen of those policies will be sent to another council for secondary review. In addition, nineteen policies were voted on by the Council during its August 2019 meeting and were on the consent calendar for this meeting.
5. The Council received an update from Dr. David Preble, senior vice president, Practice Institute, on in-office dental plans. The Council asked staff to research state legislation and regulations on this issue, including whether patients can have dental insurance and also belong to an in-office dental plan.
6. The Council adopted a motion to support legislation proposed by Senator Joe Manchin (D-WV) on non-covered services.
7. The Council heard from Tufts dental students Mr. Brent Mullen and Mr. Keith Nguyen on their program for veterans, Service With A Smile. The Council discussed organizations like Dental Lifeline Network that provide free and discounted dental care to veterans, as well as Congressional legislation on a VA dental benefit and the recent ADA trip to the Orlando VA facility.
8. The Council received an update on vaping, including the interim board policy and the response to Resolution 84H-2019.
9. The Council received an update from the Teledentistry workgroup. The Council adopted a motion to approve the workgroup's response to the Council on Dental Practice (CDP) on the 2015 resolution on Teledentistry.
10. The Council received updates from the following representatives of the Federal Dental Services: Colonel Christensen Hsu, DoD Health Affairs; Colonel Stephen Tanner, USA; Rear Admiral Gayle Shaffer, USN; Colonel Ender Ozgul, USAF; Dr. Patricia Arola, VA; and Rear Admiral Timothy Ricks, USPHS.

11. The Council discussed a motion to change the position of vice chair to chair elect. The Council adopted a motion to table the discussion until February 1.
12. The Council discussed providing orientation materials and information to new Council members.
13. The Council members gave legislative and regulatory issues a priority ranking from 1-4 (1 high priority, 2 priority, 3 of interest, 4 no interest).

CGA Members:

Dr. Phillip Fijal, chair, IL
Dr. David White, vice chair, NV
Dr. Deborah Bishop, AL
Dr. John Blake, CA
Dr. Matthew Cohlma, OK
Dr. Mark Crabtree, VA
Dr. Mark Desrosiers, CT
Dr. John Hisel, ID
Dr. Zacharias Kalarickal, FL
Dr. Lisa Knowles, MI
Dr. Matthew Messina, OH
Dr. Raymond Miller, NY
Dr. John Reitz, PA
Dr. Matthew Roberts, TX
Dr. Adam Shisler, TX
Dr. Leon Stanislav, TN
Dr. Mark Vitale, NJ
Dr. Emily Willett, NE

Liaisons:

Ms. Kate McPherson, American Student Dental Association, NC
Dr. George Shepley, Trustee-Liaison, Fourth Trustee District, MD
Ms. Janette Sonnenberg, Alliance of the American Dental Association, UT
Dr. Richard Stevenson, chair, Council on Advocacy for Access and Prevention, FL
Dr. David Watson, chair, American Dental Political Action Committee, SC

The Council will meet August 13-15, 2020 in Washington, D.C.

**MEETING MINUTES OF THE
AMERICAN DENTAL ASSOCIATION
COUNCIL ON GOVERNMENT AFFAIRS
APRIL 28, 2020 COUNCIL CALL**

CALL TO ORDER

This meeting of the Council on Government Affairs (CGA) was conducted via conference call and was called to order by Dr. Phillip Fijal, CGA chair, at 8:32 PM EDT on Tuesday, April 28, 2020.

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, 2020 chair; (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. Zack Kalarickal, 2020; (New Dentist Member) Dr. Adam Shisler, 2020.

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

Council staff: Ms. Roxanne Yaghoubi, director, Legislative and Regulatory Policy; Mr. Robert Burns, manager, Legislative and Regulatory Policy; Mr. Christian Miller, senior project assistant.

Other ADA staff present for the phone call: Mr. Chris Tampio, director, Congressional Affairs; Ms. Megan Mortimer, lobbyist, Congressional Affairs; Ms. Natalie Hales, lobbyist, Congressional Affairs; Ms. Jennifer Fisher, lobbyist, Congressional Affairs; Dr. Jane Grover, director, Council on Advocacy for Access and Prevention; Ms. Kelly Cantor, manager, Community-Based Programs; Ms. Elaine Barone, senior project assistant, Council on Advocacy for Access and Prevention; Mr. Paul O'Connor, senior legislative liaison, State Government Affairs.

DISCUSSION

The Council discussed the policy developed by the Veterans Workgroup led by Dr. Vitale. This Workgroup was empaneled by the Council to address the lack of veteran specific policy within ADA policy.

Dr. Vitale spoke about the need for developing a policy on veterans. Only around 8% of veterans are eligible for dental care through the VA. There are many programs that provide charitable dental care to veterans, but these programs are often not coordinated and do not provide a dental home to the veterans. It is the desire of the work group to submit a broad based policy to express ADA support for those persons and/or organizations providing needed dental care to veterans and ADA support for VA administrative services in assisting veterans obtain dental care.

The ADA had previously drafted a Memorandum of Understanding (MOU) with the VA on increasing access to oral health care services for veterans. The VA is also developing a pilot program to connect veterans to pro bono or discounted dental care.

Using this understanding as a base, the Workgroup set out to develop a broad policy.

The Council discussed the proposed policy.

MOTION

A motion was made to change the title of the first subheading to Resources for Veterans Ineligible for VA Dental Care.

- **Resolved**, the first subheading will be titled: Resources for Veterans Ineligible for VA Dental Care.

The Council discussed the motion.

Upon vote, the Council adopted the motion.

MOTION

A motion was made to remove the subheadings from the resolution to keep it more in line with existing ADA policy. The first subtitle, Resources for Veterans Ineligible for VA Dental Care, would be made the title of the policy as a whole.

- **Resolved**, the subheadings will be removed, and the title of the policy will be: Resources for Veterans Ineligible for VA Dental Care.

The Council discussed the motion.

Upon vote, the Council adopted the motion.

MOTION

A motion was made to discuss and vote on the amended policy.

The Council discussed the policy resolution.

- **Resolved**, the resolution is amended to read:
RESOURCES FOR VETERANS INELIGIBLE FOR VA DENTAL CARE

Resolved, that the ADA supports the federal authorization of administrative support resources within the VA Medical Centers to assist Veterans to identify and utilize dental services offered by federally qualified health centers, not for profit dental care facilities, and volunteer dental professionals.

Resolved, that the ADA supports the work of component and constituent dental associations, dental organizations, and societies to develop new programs with outreach strategies to assist veterans with unmet dental treatment needs.

Resolved, that the ADA encourages and supports the work of ADA member dentists to provide dental care to veterans and to serve as a resource in providing dental homes for veterans.

Upon vote, the Council adopted the motion.

Dr. Fijal thanked the Workgroup and staff for their efforts.

The meeting adjourned on Tuesday, April 28, 2020 at 9:13 PM EDT.

**MEETING MINUTES OF THE
AMERICAN DENTAL ASSOCIATION
COUNCIL ON GOVERNMENT AFFAIRS
VIRTUAL
AUGUST 14-15, 2020**

CALL TO ORDER

The second regular meeting of the Council on Government Affairs (CGA) was held virtually and was called to order by Dr. Phillip Fijal, CGA chair, at 9:32 AM CDT on August 14, 2020.

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. David Clemens, 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. Zack Kalarickal, 2020; (New Dentist Member) Dr. Adam Shisler, 2020.

Liaisons: Dr. George Shepley, Board of Trustees (District 4); Dr. 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; Dr. Robert Mitton, manager, Legislative and Regulatory Policy; Ms. Ajeya Clouden, intern.

Other ADA Staff Present for All or Part of the Meeting: Dr. Chad Gehani, president, ADA; Dr. Kathleen O'Loughlin, executive director, 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; Ms. Kathy Clary, manager, Business Administrative Services; Dr. Jane Grover, director, Council on Advocacy for Access and Prevention; Ms. Tooka Zokaie, manager, Fluoridation and Preventive Health Activities; 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. Pamela Porembski, director, Center for Dental Practice/Practice Institute; Dr. Elizabeth Shapiro, director, Practice Management Resources and Strategy; Dr. Marko Vujicic, chief economist and vice president, Health Policy Institute; Dr. Chelsea Fosse, senior health policy analyst, Health Policy Institute; Mr. Bill Robinson, president and ceo, ADA Business Innovation Group; Ms. Deborah Doherty, ceo, ADA Business Enterprises, Inc.

Guest Speakers: Mr. Landon Lemoine, vp of Growth, Bento; Rear Admiral Timothy Ricks, deputy director, Indian Health Service Division of Oral Health.

Friday, August 14, 2020

Adoption of Agenda: Upon vote, the Council adopted the agenda.

- **Resolved**, the meeting agenda is adopted.

Approval of Consent Calendar: Upon vote, the Council approved the consent calendar.

- **Resolved**, the consent calendar is approved.

Conflict of Interest (Disclosure) Policy: The Council was reminded of the Conflict of Interest (Disclosure) Policy.

Welcome and Report of the chair: Dr. Fijal thanked the Council. He also spoke about his decision to retire from organized dentistry after concluding his term as CGA chair.

Report of the senior vice president, Government and Public Affairs: Mr. Graham spoke about the American Dental Association (ADA)'s response to COVID-19, especially its grassroots advocacy. Dentists and others connected to dentistry sent over 150,000 emails to Capitol Hill on the pandemic, and will need to keep up that level of involvement going forward.

Report of the Board of Trustees: Dr. Shepley thanked CGA for its work. He spoke about the challenges with the ADA's budget and the work the organization is doing to identify essential and non-essential activities, with advocacy being an essential activity. There are many unknowns with COVID-19, but it is an opportunity for positive transformation for the ADA.

Report of the Council on Advocacy for Access and Prevention: Dr. Stevenson presented on the work of the Council on Advocacy for Access and Prevention (CAAP), including Emergency Department (ED) referral, Community Water Fluoridation (CWF), Medicaid, oral cancer, vaping, safety, medical-dental collaboration, and Community Dental Health Coordinators (CDHCs). Dr. Stevenson also talked about the resolutions CAAP is bringing to the House of Delegates, and discussed areas of collaboration between CAAP and CGA.

Report of State Government Affairs: Mr. Olson spoke about State Government Affairs' response to COVID-19, including on issues such as access to personal protective equipment (PPE), compliance with Occupational Safety and Health Administration (OSHA) regulations, and testing. He also discussed the ADA's preparations for a COVID-19 resurgence. Mr. Olson also talked about State Government Affairs' work on third party payers, including putting together a document on ERISA, doing message testing on how to talk about third party payers, and conducting research on assignment of benefits. Lastly, he gave an update on the Dental Care Bill of Rights model legislation, which will be considered at the National Council of Insurance Legislators (NCOIL) meeting in September.

Mr. Troupe gave an update on workforce legislation, and said that so far in 2020, no states have passed dental therapy laws. However, states have been working on the rulemaking process for dental therapy. Additionally, the first Commission on Dental Accreditation (CODA)-accredited dental therapy education program was approved in Barrow, Alaska.

Report of the State Public Affairs Oversight Workgroup: Mr. Olson said that State Public Affairs (SPA) had a budget this year of \$1.7 million, of which \$1.1 million was allocated in the first half of the year, and nearly a million in the second half of the year. \$600,000 was pumped into the SPA budget from the Fighting Insurance Interference Strategic Taskforce (FIIST).

2020-2021 CGA chair and vice-chair Candidate Forum and Elections: Dr. White, who ran unopposed, was elected chair, and Dr. Vitale, who also ran unopposed, was elected vice-chair. The new officers gave brief remarks on their plans for the next year.

Report of the American Student Dental Association: Dr. McPherson spoke about the legislative priorities of the American Student Dental Association (ASDA) on COVID-19, including the licensure process, provider relief funding, Medicaid provider funding, liability protections, testing, and flexibility for Paycheck Protection Program (PPP) loans.

Report of the New Dentist Committee: Dr. Shisler discussed the issues facing the New Dentist Committee (NDC), including the New Dentist Conference, diversity and inclusion, and the challenges faced by start-ups. The Council spoke about ways the ADA could encourage women who are new dentists to join the association.

Report of the American Dental Political Action Committee: Dr. Watson gave an update on the activities of the American Dental Political Action Committee (ADPAC), including the challenges in raising funds due to COVID-19. He emphasized that – especially during an election year – ADPAC needs to continue to raise money, and encouraged CGA members to donate and assist with fundraising.

Additionally, Mr. Graham gave an update on the Senate property, and asked CGA members to buy planks at the property.

Update on 2020 Elections and Lobby Day: Ms. Milligan and Mr. Aiello discussed the 2020 elections. ADPAC has set up a website (vote.ada.org) that will serve as a one-stop shop for dentists to register to vote, sign up to vote by mail, and be educated on the candidates. Ms. Milligan and Mr. Aiello also spoke about the 2020 electoral map for the Presidential, Senate, and House elections and highlighted competitive races. For the dentist members of Congress, Representatives Simpson, Gosar, Babin, and Ferguson are in safe races, but Representative Van Drew's race is a toss-up.

Additionally, Ms. Milligan and Mr. Aiello gave an update on Lobby Day, which will be virtual this year.

Remarks by ADA President: Dr. Gehani thanked the Council for its advocacy work and said that COVID-19 had proven the ADA's, and especially CGA's, resiliency, innovativeness, and commitment.

Discussion on CGA Self-Assessment: The Council discussed the Council self-assessment, including the process of developing the survey and ways the Council can use the results to improve on items such as orientation and communication. The Council also talked about doing the self-assessments more often.

Update on In-Office Dental Plans: Mr. Linn spoke about the ADA's recent letter to the Internal Revenue Service (IRS) on in-office dental plans, and Mr. O'Connor talked about state legislation on these plans. The Council discussed the use of both a dental insurance plan and an in-office

dental plan. Additionally, CGA heard a presentation from Mr. Landon Lemoine from Bento. CGA agreed to form a workgroup on in-office dental plans and work with other Councils on this issue.

Discussion led by ADA executive director: Dr. O'Loughlin gave an update on the impact of COVID-19 on the ADA, including the organization's membership numbers and budget. She also spoke about the ADA's Common Ground 2025 strategic plan.

Presentation by Health Policy Institute on the Economic Impact of COVID-19 on Dental Practices: Dr. Vujicic said that the Health Policy Institute (HPI)'s polling data is showing that 98% of dental practices are open. These practices are seeing a new normal where patient volume is estimated at 73% of pre-COVID levels. Staffing is at 94% of pre-COVID levels. Dr. Fosse presented on questions HPI has been asking about wait times for dentists who use hospital or ambulatory surgical center operating rooms. Additionally, Dr. Fosse spoke about HPI's questions on dental practices' disenrollment from Medicaid. Lastly, Dr. Vujicic discussed polling on consumer sentiment toward visiting the dentist.

Update on Congress: Mr. Tampio, Ms. Fisher, Ms. Mortimer, and Ms. Hales spoke about Congress' response to COVID-19. Congressional negotiations on the next COVID-19 package are currently stalled, but the ADA lobbyists continue to fight for dentistry's priorities, including liability reform, PPP loans, Medicaid, the Indian Health Service, and McCarran Ferguson reform. Ms. Hales also discussed the House Energy and Commerce Committee's investigation into dental insurers.

Discussion on COVID-19 and Future Pandemics: Dr. Fijal and Ms. Yaghoubi spoke about the ADA's legislative and regulatory accomplishments during COVID-19, many of which would not have been possible without grassroots advocacy by dentists. The Council discussed resolutions being proposed by the Pennsylvania Dental Association on testing and vaccinations. Upon vote, the Council agreed to the following resolutions:

- **Resolved**, that it is the position of the American Dental Association that dentists have the requisite knowledge and skills to administer diagnostic medical tests to screen patients for chronic diseases and other medical conditions that could complicate dental care or put the patient and staff at risk, with appropriate referrals when indicated.
- **Resolved**, that it is the position of the American Dental Association that dentists have the requisite knowledge and skills to administer critical vaccines to prevent life or health-threatening conditions associated with the orofacial complex (e.g., oral cancer) and protect the life and health of patients and staff at the point of care.

Update on Action for Dental Health: Dr. Grover spoke about Action for Dental Health (ADH)'s key initiatives, including Medicaid, CWF, ED referral, medical-dental collaboration, and CDHCs. CDHCs play an important role in identifying and addressing patients' social needs. CAAP's goals in 2020 include promoting ADH in all states, including contracting with a consultant to apply for grants from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC).

Ms. Zokaie discussed the 75th anniversary celebration of CWF. She also said that the National Academies of Science, Engineering, and Medicine (NASEM) is conducting a peer review of the

National Toxicology Program (NTP)'s study on fluoride and the judge has not yet ruled on the fluoridation lawsuit. CAAP has established an Advisory Committee on dental sealants.

Indian Health Service/Public Health Service Workgroup: Dr. Ricks gave an update on the Indian Health Service (IHS) and oral health, including oral health disparities and recent progress. He also spoke about the IHS' collaboration with the ADA on Give Kids A Smile.

Ms. Yaghoubi spoke about Dr. Winifred Booker's programs for children, including "Lessons in a Lunch Box."

The workgroup discussed its ideas, including allowing IHS dentists to vaccinate, getting PPE to IHS dentists, and supporting initiatives similar to the "Pathways into Health" program that encouraged Native Americans to become dentists. The workgroup would also like to tour IHS facilities.

Update on Public Affairs: Ms. Merullo spoke about the ADA's digital marketing campaign, Oral Health is Health, including social media ads on COVID-19. The ADA is now the number one social influencer on oral health in DC. She also gave an update on the ADA's earned media coverage, including on the World Health Organization statement. The Council discussed best practices for speaking to the media and engaging on social.

Policy Review Resolutions: Dr. Desrosiers and Dr. Kalarickal said that the resolutions previously approved by the Council are going to the House of Delegates. The Council agreed to assign members of the Council who are delegates to each of these resolutions so they are ready, if needed, to address the resolutions at the reference committees and House. Dr. Desrosiers and Dr. Kalarickal also mentioned the idea of, in the future, reviewing the resolutions by subject matter instead of every five years.

Saturday, August 15, 2020

Orientation Workgroup: Dr. Willett spoke about the work of the Orientation workgroup, including developing and disseminating a survey to the Council members. Based on the survey results, the workgroup members recommend that the Council should:

- Create CGA-specific orientation modules.
- Develop a CGA mentorship program for incoming Council members.
- Develop best practices to facilitate communications between outgoing and incoming Council members.
- Provide biographies and personal statements for each Council member.
- Provide a calendar of expectations and duties for Council members.

Council members spoke about their other ideas for orientation, including having calls between the CGA leadership and the new Council members, using technology like Zoom and YouTube to introduce Council members, clarifying staff member responsibilities for the Council members, and planning a social event for the Council during annual session. The Council also discussed the importance of clarifying that in fulfilling their fiduciary duty the Council members can take into account their district but their ultimate duty is to act in the best interest of the ADA as a whole.

Veterans Workgroup: The workgroup discussed the VA Innovation Center (VIC) pilot program on dental care, including concerns about the VA's focus on dental schools, whether the veterans in the program would find a dental home, the VA's poorly defined criteria for veteran selection, the VA's lack of a definition for "discounted fees," the need for treatment planning, and the transfer of patient record data to the VA. The VA and the ADA have discussed signing a memorandum of understanding (MOU) on the pilot program. Additionally, the ADA's Department of Corporate Social Responsibility and Philanthropy is planning a "Give Veterans a Smile" Summit to share best practices.

The workgroup also spoke about a possible expansion of its charge, including on issues such as reservist dentists, renumeration for VA dental services, funding for VA research in dentistry, and the wellbeing of VA dentists and patients.

The Council discussed its proposed policy on "Resources for Veterans Ineligible for VA Dental Care." Upon vote, the Council agreed to the following substitute resolution:

- **Resolved**, that the ADA supports the federal authorization of administrative support resources within the VA Medical Centers to assist veterans to identify and utilize dental services offered by federally qualified health centers, not for profit dental care facilities, and volunteer dental professionals, and be it further
- **Resolved**, that the ADA supports the work of component and constituent dental associations, dental organizations, societies, and dentists to develop new programs with outreach strategies to assist veterans with unmet dental treatment needs, and to serve as a resource in finding dental homes for Veterans.

Discussion on Council Priorities: Dr. Fijal clarified that the purpose of the priorities list is to determine what the Council should work on and not what the ADA should lobby for on Capitol Hill and with the administration. To guide its lobbying, the staff relies on the Common Ground strategic plan, ADA policy, the CGA workgroups, and the opinion of the leadership of CGA and other Councils. The Council agreed to shorten the priorities list through the use of an online survey that will ask CGA members and state and caucus leaders to pick the top 10 federal priority issues for CGA.

Update on Student Loan Action Plan: Dr. Bishop and Mr. Burns gave an update on the ADA Task Force to Study Alternate Student Loan Repayment Strategies. The Task Force's goal is to come up with impactful (and attainable) ideas to reduce student debt. Due to COVID-19, the work of this Task Force has been delayed and their recommendations will go to the 2021 House of Delegates.

Update on Vaping: Ms. Hales said that there was a big win on vaping in 2019, when Leader Mitch McConnell's bill on raising the age to buy tobacco to 21 became law. Since then there has not been much action by Congress on vaping. Mr. Burns spoke about resolutions going to the House of Delegates on vaping.

Report of the Alliance of the American Dental Association: Ms. Sonnenberg spoke about the activities of the Alliance, including its Leadership Conference, its new and more inclusive tag line, its purchase of a brick at the ADA House, and its newsletters and seminars. Ms. Sonnenberg also discussed the need to support dentists and their family members' mental health. The Alliance also wants to assist with the "Lessons in a Lunchbox" program.

Q+A with ADABIG and ADABEI: Mr. Robinson spoke about the ADA Business Innovation Group (ADABIG), which is a startup whose ultimate strategic goal is to provide non-dues revenue to the ADA. There are currently seven transactions under contract, but ADABIG has recently decided to expand more quickly and open up the platform nationwide. ADABIG's approach is different than other practice brokers because matches are done based on the dentists' philosophy of care.

Ms. Doherty discussed ADA Business Enterprises, Inc. (ADABEI), which like ADABIG is a wholly owned subsidiary of the ADA with its own independent board. ADABEI has two equally valued missions: creating revenue for the ADA and creating value for ADA members. ADABEI does in depth research prior to endorsing a product. It generates around \$6 million in revenue per year, of which \$4 million goes to the ADA. The state dental societies can co-endorse with ADABEI.

The Council discussed the budget challenges the ADA is currently facing.

Teledentistry Workgroup: Dr. Messina said that the revised teledentistry policy that the workgroup provided comments on is going to the House of Delegates this year from the Council on Dental Practice (CDP). He also spoke about telehealth legislation on Capitol Hill. The Council members talked about teledentistry legislation in their states. Additionally, the Council discussed insurance reimbursement for teledentistry.

Medicaid Workgroup: The workgroup spoke about its review of Medicaid issues, including block grants, work requirements, non-emergency medical transportation, postpartum coverage, payment rates, administrative burdens, funding, the Children's Health Insurance Program (CHIP), adult dental services, peer-to-peer audits, and tax incentives. The workgroup also surveyed the Council on who is a Medicaid provider. The workgroup supported the ADA's lobbying on Congressional bills to support Medicaid and ensure Medicaid services, including oral health, are not cut during the pandemic.

New and/or Unfinished Business and Open Forum: Dr. Bishop spoke about the Dental Quality Alliance (DQA) and the concern that there will no longer be a CGA representative to DQA.

Dr. Messina discussed the Elder Care Workgroup. The Workgroup report to the House of Delegates is currently embargoed but it contains 13 resolutions. The Council agreed to have a call to discuss the Elder Care Workgroup's recommendations before the House of Delegates.

The Council discussed other plans for annual session, including assigning CGA members to resolutions in case they need to discuss them at the reference committees or House of Delegates and holding a social event with new and current Council members.

The Council on Government Affairs meeting adjourned at 3:30 PM CDT on August 15, 2020.

**Council on Government Affairs
Unofficial Report of Major Actions
August 14-15, 2020**

The Council on Government Affairs (CGA) met virtually on August 14-15, 2020. The following is a summary of major actions taken by the Council:

1. The Council elected its 2020-2021 chair and vice-chair. Dr. David White will be chair and Dr. Mark Vitale will be vice-chair.
2. The Council discussed in-office dental plans and heard a presentation by Mr. Landon Lemoine, vp of Growth at Bento. CGA agreed to form a Workgroup on in-office dental plans and work with other Councils on this issue.
3. The Council voted in support of a resolution on Diagnostic Testing by Dentists.
4. The Council voted in support of a resolution on Vaccine Administration by Dentists.
5. The Council received an update from the Indian Health Service/Public Health Service Workgroup. The Council also heard a presentation by Rear Admiral Timothy Ricks, deputy director of the Indian Health Service Division of Oral Health.
6. The Council discussed the policy resolutions the Council is sending to the House of Delegates and agreed to assign members of the Council who are delegates to each of these resolutions.
7. The Council discussed the recommendations of the Orientation Workgroup, including:
 - Creating CGA-specific orientation modules,
 - Establishing a mentorship program,
 - Developing best practices to facilitate communications between incoming and outgoing Council members,
 - Providing biographies of Council members,
 - Creating a calendar of expectations and duties for Council members,
 - Clarifying that in fulfilling their fiduciary duty the Council members can take into account their district but their ultimate duty is to act in the best interest of the ADA as a whole in the member's considered opinion, and
 - Holding a virtual event for the Council before the House of Delegates.
8. The Council received an update from the Veterans Workgroup on the VA Innovation Center pilot program on dental care, as well as the ADA's planned Give Veterans a Smile Summit. The Workgroup also discussed issues it could work on in the future, including reservist dentists, remuneration of VA dental services, funding for VA research in dentistry, and the well being of VA dentists and patients. The Council voted in support of an amended resolution on Resources for Veterans Ineligible for VA Dental Care.
9. The Council received an update from the Teledentistry Workgroup. Council members spoke about Teledentistry legislation and regulations in their states.

10. The Council agreed to develop an online survey where the Council members (and state dental association and caucus leaders, as the Council members feel appropriate) will select ten top priority issues.
11. The Council received an update from the Medicaid Workgroup on its review of the Medicaid policies.
12. The Council discussed the Elder Care Workgroup and agreed to hold a Council call to discuss the Workgroup's recommendations.

CGA Members:

Dr. Phillip Fijal, chair, IL
Dr. David White, vice chair, NV
Dr. Deborah Bishop, AL
Dr. John Blake, CA
Dr. David Clemens, WI
Dr. Matthew Cohlma, OK
Dr. Mark Crabtree, VA
Dr. Mark Desrosiers, CT
Dr. John Hisel, ID
Dr. Zacharias Kalarickal, FL
Dr. Matthew Messina, OH
Dr. Raymond Miller, NY
Dr. John Reitz, PA
Dr. Matthew Roberts, TX
Dr. Adam Shisler, TX
Dr. Leon Stanislav, TN
Dr. Mark Vitale, NJ
Dr. Emily Willett, NE

Liaisons:

Dr. Kate McPherson, American Student Dental Association, NC
Dr. George Shepley, Trustee-Liaison, Fourth Trustee District, MD
Ms. Janette Sonnenberg, Alliance of the American Dental Association, UT
Dr. Richard Stevenson, chair, Council on Advocacy for Access and Prevention, FL
Dr. David Watson, chair, American Dental Political Action Committee, SC

The Council will meet January 28-30, 2021.

**MEETING MINUTES OF THE
AMERICAN DENTAL ASSOCIATION
COUNCIL ON GOVERNMENT AFFAIRS
VIRTUAL CALL ON ELDERCARE RESOLUTIONS
SEPTEMBER 22, 2020**

Call to Order:

Dr. Fijal called the Council to order at 8:37 PM EST.

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. David Clemens, 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. Zack Kalarickal, 2020; (New Dentist Member) Dr. Adam Shisler, 2020.

Liaisons: Dr. George Shepley, Board of Trustees (District 4); 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. C. Michael Kendall, Senior Associate General Counsel, Division of Legal Affairs; Mr. Robert Burns, manager, Legislative and Regulatory Policy; Mr. David Linn, manager, Legislative and Regulatory Policy; Dr. Robert Mitton, manager, Legislative and Regulatory Policy; Mr. Chris Tampio, Director, Congressional Affairs; Ms. Megan Mortimer, Lobbyist, Congressional Affairs; Ms. Natalie Hales, Lobbyist, Congressional Affairs; Mr. Christian Miller, Senior Project Assistant, Legislative and Regulatory Policy.

Eldercare task force report to the House of Delegates - Dr. Matt Messina presented the eldercare workgroup's efforts.

- Two years ago, the ADA reached an impasse on dental care for the elderly population.
- The Councils were split, with two councils being in favor and two in opposition.
- The Eldercare workgroup was created to address the issues and reach some sort of compromise.
- The report of the workgroup is the culmination of these efforts.
- The workgroup was not designed with any specific composition in mind, and Dr. Messina was the only active CGA member on the Eldercare workgroup.
- In the interest of solving the issues that came up two years ago, the primary goal of the workgroup was to reach a compromise. None of the parties were satisfied, but none were completely disappointed.
- The workgroup wants to promote discussion at the House of Delegates and encourage further compromise.
- Originally the resolutions were drafted to be action-oriented, but they were reworked because of budget concerns.
- The resolutions are about considering the options and remaining flexible as eldercare issues come up, and not about setting out a set of clear goals.
- The nature of these resolutions allows the ADA to build the most buy-in.
- Resolutions have interlocking elements, so as they are edited and modified by the House they need to be kept coherent.
- The most important resolution is 70, which lays out the general ADA policy. The next most important is 82, which modifies existing ADA policy on Medicare. This policy was developed in 1979 before Medicare Parts B or D were created.

- Most of the discussion has to do with resolution 71, which addresses funding and Medicare plans.
- Most resolutions deal with differing strategy elements and might be considered by the 2021 House of Delegates, instead of this year's House.

Progression of Resolutions

- 70 – General policy statement, motherhood and apple pie, but buy-in is needed on this.
- 71 – Tiers and levels of care will be debated. Less about what relates to health and more about what is costable. Can this be sold financially? Even though Medicaid is a state by state plan, a minimum level of benefits is costable to the states.
- 72 – Regarding the statutory exclusion for benefits for medically necessary dental care. Science has a hand in implementation and will conduct a review of the evidence of the oral-systemic connection.
- 73 – ADA National Elder Care Advisory Council around for a while, but is a good group. It is too obscure, and the ADA should reconsider this group. The Eldercare workgroup will go away after the House. If we want an ongoing group, we need the National Elder Care Advisory Council.
- 74 – Supporting continuing education for dentists and dental students on eldercare issues.
- 75 – Focusing on research in eldercare related dental.
- 76 – Preparing educational institutions to train dentists and specialists in elder care.
- 77 – Advocacy on how to carry the message to the public.
- 78 – Inter-professional advocacy aimed at getting physicians, nurse practitioners, and others educated on oral health care for seniors.
- 79 – Connecting dentists with long term care facilities to enable dental practitioners to provide onsite care or promote dental directors at long term care facilities.
- 81 – Practice management strategies for eldercare.
- 82 – Revising existing policy on Medicare.

Discussion – The Council discussed the resolutions and Dr. Messina's input on the workgroup.

- The Council discussed at length the 71-S resolution amendment proposed by the Council on Dental practice.
- Of particular concern to the Council whether or not the unmodified resolution or the 71-S resolution would be easier to promote to Congress. Mr. Graham noted that, regardless of the outcome of the election, the ADA will likely be asked to position on Medicare dental.
- There were also questions about the makeup of the task force and its structure, and Dr. Messina said that while the workgroup was made up of multiple 'factions,' none of them were dominant or could muscle out the other.

The meeting was adjourned at 10:11 PM EST.