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 Stanislaw, 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 Cohlmia, 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). Dr. Nguyen joined by phone for portions of the meeting.

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’ Representatives: Rear Admiral Timothy L. Ricks, Chief Dental Officer, USPHS; Rear Admiral Gayle D. Shaffer, Chief, Navy Dental Corps, Bureau of Medicine and Surgery; Rear Admiral John R. G. Walker, Chief, Naval Medical Research Center, Bethesda, MD; 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.

**Agenda:** The Council adopted the agenda as presented.

**Consent Calendar:** The Council adopted the Consent Calendar as presented.

  *Resolved*, the consent calendar be approved as presented.

**Report of the Chair:** Dr. Craig Armstrong 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. In addition he invited Council members to submit nominations for positions of Chair/Vice Chair of CGA by at least 30 days prior to the scheduled August meeting. He noted that elections would be held at the next meeting on Thursday, August 1, 2019.

**Report of the Senior Vice President of Government Affairs:** Mr. Mike Graham, focused his remarks on key issues including repeal of McCarran-Ferguson; addressing student loan debt; advocating for appropriations for dental-related programs and implementation of the Action for Dental Health Act. Senators Steve Daines (R-MT) and Jeff Leahy (D-VT) have introduced S. 350, the Competitive Health Insurance Reform Act, the 2019 bill to repeal McCarran-Ferguson. Mr. Graham will also continue to oversee the Stanton Park property, which the Council will have an opportunity to visit during the August meeting.

**Guest Speaker:** Mr. Bob Hickmott, senior vice president, The Smith Free Group, provided the Council with an update on the 116th Congress. Mr. Hickmott has served as a consultant to the ADA on Congressional issues for over 10 years. He stated that the 116th Congress is more diverse and has new energy and perspectives on issues. Key agenda items for the new Congress include: Medicare for All, a “bumper sticker issue” that is getting a lot of attention and would be quite costly; changes to the Affordable Care Act; and other issues including appropriations.

**Action for Dental Health:** Ms. Jennifer Fisher, ADA lobbyist, provided the Council with an update on implementation of the law. The law has two parts: 1) Oral health education and prevention – dental schools and other organizations can apply to the Centers for Disease Control and Prevention (CDC) to receive funds to educate the public on oral health and; 2) Creation of Innovative programs to address dental workforce needs in underserved communities under the Health Resources and Services Administration (HRSA). States can apply for this funding and the programs could include funding for the CDHC program and ED referral. The CDC programs are currently funded at $18 million and the HRSA programs at $13 million. Ms. Fisher requested that Council members share any information or data on programs in the states.

The Council discussed the chief dental officer vacancy at the Center for Medicare & Medicaid Services (CMS). The ADA has communicated, both written and verbally, with CMS on the issue and is utilizing the appropriations process to highlight the vacancy.

**Review of the ADA Policies on Professional Conduct, Conflict of Interest and Copyright Assignment:** Mr. Mike Kendall, ADA legal counsel, presented the ADA Professional Conduct Policy and Prohibition against harassment, ADA’s Conflict of Interest Policy and Copyright Assignment. He addressed the fiduciary duties of Council members that include staying true to Mission, duty of care and duty of loyalty. Mr. Kendall clarified that sensitive information should remain within the Council and actions taken by the Council should not be shared until the Unofficial Actions are completed.
Report of the ADA Trustee-Liaison: Dr. Dan Klemmedson let the Council know his role as a liaison and he provided some highlights on the recent strategic planning meeting.

Report of the Alliance of the American Dental Association: Ms. Janette Sonnenberg provided the Council with an update on activities of the Alliance. The annual AAADA Leadership Conference will be held in Las Vegas, Nevada April 11-13, 2019. ADA enjoys increased attendance with dentists joining their spouses for continuing education classes, one on Community Water Fluoridation taught by Dr. Leon Stanislav.

Report of the Council on Advocacy for Access and Prevention (CAAP): Dr. Richard Herman, chair, shared CAAP’s 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. 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 & Vaping Issues. In 2019, there will be an effort to highlight stories focused on dentists making a difference through ADH initiatives in collaboration with communications.

Report of the New Dentist Committee: Dr. Robin Nguyen provided an update via phone. The 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. The NDC has 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 is scheduled for September 5-6 in San Francisco. Consultants from the Federal Dental Services have been discontinued. The Committee recommended to the Board that the ADA consider expanding its resources to address the specific challenge of being a pregnant dentist.

Report of the American Student Dentist Association: Ms. Lauren Yap provided an update to the Council. The 2019 membership year opened on Sept. 10, 2018 and as of Dec. 4, 2018, ASDA had 12,843 paid members, including 12,400 pre-doctoral, 440 pre-dental and 3 international students. ASDA has 66 chapters and 47 chapters utilize an 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 demonstrate to members the value and importance of getting involved in organized dentistry and becoming active and involved members of the ADA.

Report of the American Dental Political Action Committee: Dr. Tommy Harrison reported that the ADPAC Board met January 18-20 in New Orleans, Louisiana. ADPAC has four main functions: raise money, distribute contributions, and conduct grassroots advocacy and political education. ADPAC exceeded their fundraising goal at the annual meeting in Hawaii. The ADPAC Board discussed how to support and work with dental candidates and PAC to PAC contributions. ADPAC is the third largest health care PAC.

After launching the Tooth Talk podcast, audience metrics show that Tooth Talk is reaching their target audience. As the 116th Congress gets underway, ADPAC will be working to make necessary adjustments to the action team leader program (ATL) and work with CGA counterparts to ensure the best 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 Lobby Day has both an internal audience including dental students and dentists, and an external audience, Congress. Registration for Lobby Day is open and the agenda was shared. The ADA will create digital ads to members of Congress to make them aware of issues.
**Friday, February 8, 2019**

**Presentation of the Executive Director:** Dr. Kathleen O’Loughlin: ADA executive director, updated the Council on the obligation the ADA has towards the members and the public. She discussed the development of the new strategic plan for 2020-2025. The Association continues to be deeply committed to the success of state dental associations with governance, planning and diversity/inclusion.

The Council discussed a number of issues with respect to membership and partnerships, including ways the ADA can assist pre-dental students; investigating international membership; the CVS partnership for oral health products and Smile Direct.

**Dental Benefits Discussion: State and Federal Legislative Options:** Dr. Fijal provided the Council with an update on the August 2018 dental benefits discussion and resolution adopted by the Council. The ADA continues to pursue the repeal of McCarran-Ferguson and addressing third-party payer activities remain a priority.

Mr. Chad Olson discussed Resolution 32H-2018, which 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 includes the development of policy actions that states can include in their respective advocacy agendas and determine the extent of public affairs support that may be necessary to ensure successful outcomes. The newly-formed Fight Insurer Interference Strategic Taskforce (FIIST) is chaired by Dr. Roy Thompson. Dr. Ariane Terlet noted they have had one conference call to date, and conveyed that FIIST will not solve all problems with third party payers.

Mr. Olson led a discussion on federal legislation to establish a non-covered services law. 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 exemp 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.” After 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:** Upon vote, the Council adopted meeting dates for 2020.


**Presentation: HPV and Oropharyngeal Cancers:** Dr. Marcelo Araujo, senior vice president, ADA Science Institute, provided the Council with an overview on Resolution 53H-2018 and the relationship between the human papilloma virus (HPV) and oropharyngeal cancers. The three major diseases that should concern dentists are: caries, periodontal disease and oropharyngeal cancer. Research has shown an over 90% reduction in oral infection if vaccinated; but it does not prevent cancer directly.

53H requests 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. Dentists have concerns about administration, there is not a dental code for administration and the vaccine requires refrigerated storage. The ADA is working with the HPV Roundtable to address these issues

**Surgeon General’s Oral Health Report:** Dr. O’Loughlin discussed the ADA’s efforts to shape the forthcoming report of the Surgeon General on oral health in the U.S. Dr. Araujo, along with Dr. O’Loughlin, Mr. Robert Burns and former ADA President Dr. Joseph P. Crowley and then President-elect Dr. 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 meeting in November 2018. 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. The report is due out in 2020, and the Surgeon General will be presenting at the annual meeting in San Francisco.

Medically Necessary Care in Medicare: The Council was provided an update on the ADA’s engagement with a multi-stakeholder group pursuing an administrative change with CMS to institute a medically necessary dental benefit in Medicare. An update to the legal analysis from the Center for Medicare Advocacy, a stakeholder, proposed expansion of the definition initially agreed upon by the group. The Council discussed the issue and was requested to provide direction on moving forward with the group. Upon vote, the Council adopted the following resolution.

Resolved, that the ADA President be requested to 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.

Medicare Legislation: The Medicare Dental Benefit Act of 2019
The Council was provided with background on S. 22, the Medicare Dental Benefit Act of 2019, introduced by Senator Ben Cardin (D-MD). 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 learned the bill is aspirational in nature. Additional legislation is expected during this session though Mr. Graham noted the costs associated with including a dental benefit or expansion under a Medicare-for-all proposal may be prohibitive. Dr. Dave Preble noted that the Council on Dental Benefit Programs has evaluated costs associated with a comprehensive dental benefit in Medicare and that the information has been transmitted to the Board workgroup on elder care. Dr. John Reitz requested the existing talking points on S. 22 be updated to reflect the changes adopted regarding the medically necessary stakeholder group.

CGA Representatives on ADA Workgroups, Committees and Subcommittees: Dr. Deborah Bishop provided an update on the Dental Quality Alliance (DQA). A Medicaid Quality Improvement Learning Academy (MeQILA) was launched in the fall of 2018 beginning with three states 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 2019 DQA Conference is scheduled for May 17-18 at the ADA in Chicago. 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.

State Public Affairs Oversight Workgroup Update:
Mr. Troupe noted that the SPA workgroup has shifted some funding for projects to address third party payer issues in an effort to be responsive to member requests. The ADA has partnered with the Progressive Policy Institute to provide insight on ADH issues to further assist ADA and constituent efforts.
Legislation that addressed dental therapy was introduced in 12 states in 2018. The US Virgin Islands passed two bills which were vetoed by the Governor in early 2019. The SPA program and its consultants have developed resources for states to utilize and continue to work closely with states that have requested assistance.

Veterans’ Affairs Update:
Memorandum of Understanding
Ms. Megan Mortimer, Congressional lobbyist, provided an update to the Council on efforts to establish a working relationship between the Veterans Administration and the ADA focused on assisting veterans through a memorandum of understanding (MOU). The MOU seeks to provide veterans who are not eligible to receive dental care from the VA or who do not have access through other dental coverage with resources on where to obtain dental care services. The intent is for the ADA to assume the administrative burden and it is not expected that such efforts will incur additional costs. The Council adopted the following resolution.

Resolved, that the Council approve the draft MOU for further dissemination internally.

Legislation
The Council was briefed on legislation that is expected to be introduced into the 116th Congress by Representative Gus Bilirakis (R-FL). The Veterans Early Treatment for Chronic Ailment Resurgence through Examinations Act of 2019 (VETCARE) would create a pilot program to provide certain eligible veterans with periodontal treatment. Dr. Kalarickal discussed the VETCARE Act and asked the Council if they had any questions or feedback about the proposed legislation. He offered background on this proposed legislation and answered questions posed by the Council. He noted that the difference from the prior legislation, introduced in the 115th Congress, is the Sec. 1712 language. Rep. Bilirakis is seeking cosponsors.

Resolved, that the Council support the VETCARE Act of 2019 conceptually as written.

Action: The Council approved support for the legislation conceptually as written.

The Council requested the bill language to be distributed once introduced for consideration and any additional information of relevance.

Saturday, February 9, 2019

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

Rear Admiral Timothy L. Ricks, chief dental officer, US Public Health Service: RA Ricks was named chief dental officer in September 2018 and shared four goals with the Council: completion of the Surgeon General’s report on oral health in 2020; leading recruitment efforts for dentists in the USPHS Commissioned Corps and civil service dentists; build esprit de corps within the USPHS dental category; and act as a champion for the priorities and initiatives of the US Surgeon General. Oral health is one of the Surgeon General’s priorities.

Rear Admiral Gayle D. Shaffer, chief, Navy Dental Corps, Bureau of Medicine and Surgery: RA Shaffer indicated that there are over 1,144 dentists to serve Navy personnel. Recruitment and training are priorities to ensure the needs of the Navy and Marine Corps. Retention rates over the last ten years have averaged 42 percent with a recent increase to 60 percent as a result of beginning the training process earlier and a focus on retention.

Brigadier General Sharon Bannister, deputy assistant director, education and training, Defense Health Agency, US Air Force: Brig. General Bannister’s 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. The focus is on ready medical force and a force that is medically ready. Metrics demonstrate an over 90 percent patient safety reporting, patient satisfaction and readiness. There are 930 dental officers on active duty and 136 dental officers in training. She concluded with a discussion of the National Defense Authorization Act of 2017, which mandates that the management of health benefits will transfer to the Defense Health Agency.

**Brigadier General Shan K. Bagby, chief, US Army Dental Corps and deputy chief of staff, G-1/4/6, Army Medical Command:** Brig. 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. The current demographics include: 1,054 dental officers, 1,513 enlisted soldiers, 2,300 civilians and 64 Residents in 18 Dental Specialty Programs.

**Drs. Gregory Smith, director, Dental Operations, Scott Trapp, director, Dental Informatics and Analytics, and Owais Farooqi, associate director Dental Operations, Veterans Administration:**
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. Farooqi explained that traditionally providers have focused on the patient problem or disease and focus is shifting to what matters to the veteran and what is important to them. The VA has 232 dental clinics that see 7,800 patients per day, provide care to 539,000 veterans and perform 4.9 procedures during less than 2 million patient visits. The VA has 3,500 dental staff, including 1,000 FTE staff dentists.

The VA has a number of workgroups and is engaged in the development of clinical guidelines and recommendations, including teledentistry in collaboration with the Office of Rural Health. The VA is committed to the promotion of innovation and is leveraging analytics to improve quality. A community care network contract has been awarded for the first three regions. The VA is changing the way it does business and seeks to make it easier to determine where veterans want to have their care provider.

**Colonel Cecilia Garin, interim chief, Department of Defense Health Affairs:** 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 ensure the deployability of 89,000 CONUS Remote Active Duty Services members and provide 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 the replacement of the TRICARE Dental Retiree Program (TRDP) by the Federal Employees Dental and Vision Insurance Program (FEDVIP). FEDVIP offers a choice of 10 dental carriers. The change was effective on January 1, 2019.

**Higher Education Policy Update:** Mr. Robert Burns, manager, Legislative and Regulatory Policy, joined the meeting by phone to discuss an update and revision to existing higher education policies assigned to the Council. The policies address federal student loan repayment programs, tax treatment of loans, scholarships and stipends, and residency programs. Upon discussion the Council approved the draft policy revisions to be sent to the Council on Dental Education for further review.

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