Policy Statement 2.5.1 – Delivery of the Oral Health Care: Funding: Government

Position Summary

Public funding of dental services must be focused on community based prevention such as water fluoridation and oral health education, with additional funding to be targeted towards providing those that are disadvantaged or have special needs, with dental services as per the ADA’s Australian Dental Health Plan.

1. Background

1.1. Dental services in Australia account for 5.7 percent of total health expenditure in 2013-14 and dental caries is Australia’s most prevalent health problem. Most dental care in Australia is provided by private practitioners and financed by individuals and families either directly or through subsidisation. Federal, State and Territory Government sources provide a small percentage of services, mainly to patients eligible for assistance both directly and by funding private practitioners to provide the services.

1.2. Although there are Federal, State and Territory Government Dental Schemes, they are not coordinated and are underfunded. There are unmet needs for treatment of individuals within disadvantaged groups in Australia.

1.3. Internationally, comprehensive dental care and satisfactory dental health outcomes have been difficult to achieve with universal dental schemes.

1.4. There has been a lack of continuity of public funding of oral health schemes which has prevented long term planning to improve the oral health of Australians.

Definitions

1.5. DISADVANTAGED is a term used to describe individuals or groups of people who have a physical or mental disability, residents of remote and very remote regions, Aboriginal and Torres Straight Islanders, those that are experiencing poverty.

1.6. SPECIAL NEEDS PATIENTS are patients whose intellectual disability, medical, physical or psychiatric conditions require special methods or techniques to prevent or treat oral health problems, or where such conditions necessitate special dental treatment plans.

1.7. UNIVERSAL DENTAL SCHEMES are those where provision of publicly funded dental care is available for all citizens regardless of their means.

2. Principles

2.1. Most oral disease can be prevented through personal behaviours including:
   - good oral hygiene and diet;
   - cessation of smoking; and
   - community-based preventive activities such as water fluoridation and professional dental care.

2.2. Treatment costs are considerably higher than the costs of prevention.

2.3. Governments must recognise that there are disadvantaged and special needs groups who will be unable to access reasonable levels of oral health care without assistance, and that Governments have a vital role in providing oral health services for individuals within these groups.

2.4. Governments have particular responsibilities in an overall national oral health policy (oral health promotion, research and provision of workforce), which will have an impact on disadvantaged, and special needs groups.

2.5. Improving oral health will assist in maintaining good general health.

2.6. Oral diseases, unlike medical diseases, are largely predictable and, as such, do not have the essential
3. Position

3.1. The first priority for government dental funding must be community-based preventive activities such as water fluoridation, encouraging the cessation of smoking and oral health promotion.

3.2. Government funding of oral care delivery programmes should be supported through a tax on the consumption of sugar.1

3.3. In funding oral health care delivery programmes for eligible groups and individuals, governments should apply the following:

- Eligibility for treatment, for both child and adult dental care, should be directed preferentially or restricted to disadvantaged and special needs groups as determined by Government.
- Eligibility of individuals should not be decided by dentists or other health providers.
- Eligibility to receive a recall visit within 12 months of completing treatment should apply.
- If any existing State and Territory schemes are to be replaced, there should be no loss of benefits to patients.
- The range of dental treatment items provided for recipients of Government assistance should be comprehensive to allow patients to achieve long term oral health.
- Dentist advisers should be employed to assess special cases and monitor programmes.
- The ADA Schedule of Dental Services and Glossary should be used without alteration, recognising the ADA copyright and the ADA being the arbiter of interpretation.
- The treatment complexities of medically compromised individuals and the range of care, which needs to be provided, require that the prime provider of oral health services must be a dentist.
- The provision of oral health care should utilise the well-developed network of private practice in conjunction with public health service facilities.
- Schemes involving private practitioners should be open to voluntary participation by all registered dentists who elect to be included.
- Fees for service should utilise the usual and customary fee of the provider.
- All schemes should use the same rebate schedule, which should be based on reasonable fees and updated annually.
- Monetary annual limits claimable may apply.
- Patient co-payment should apply for oral health services.
- Co-payments or gaps should be claimable on private health cover.
- Financing of Government incentives for the community to take out private health insurance [including ancillary cover] should not diminish the Government’s obligation to fund reasonable levels of oral health care preferentially for those disadvantaged and special needs groups who are unable to access care without that assistance.
- Dentists should not be subjected to inordinate administrative tasks in the provision of services.
- The ADA should be involved in the development and evaluation of any oral health programme.

2 ADA Australian Dental Health Plan
3.4. Given the special contribution of Australian veterans, the Veteran Affairs Scheme is accepted, although it does not comply with the requirements of 3.3 above.

3.5. Government should legislate to ensure continuity of funding for oral health care programmes.

3.6. Medicare benefits that apply to Cleft Lip & Cleft Palate Scheme and oral and maxillofacial surgery should be retained.

3.7. The Federal Government should implement ADA’s solution for providing oral health care to disadvantaged groups, named Australian Dental Health Plan.

3.8. Universal dental health programmes must not be introduced in Australia.

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