

The Coalition has proposed [changes to dental policy](#) that it says will provide over 10 million Australians with access to public dental health care and double the Commonwealth contribution to states and territories for public dental services.

Health Minister Sussan Ley has said the government plans to replace the current “underperforming” Child Dental Benefits Scheme and adult dental National Partnership Agreement with a new stand alone [Child and Adult Public Dental Scheme](#) .

Labor and the Australian Dental Association have [said](#) the policy represents an [effective funding cut](#) and will increase pressure on public dental waiting lists.

In this PolicyCheck, we unpack the detail and provenance of this policy.

What’s new for children?

The new plan extends eligibility to all children aged under 18. Previously, only children aged 2-17 who met specific eligibility criteria could access dental care under the Child Dental Benefits Schedule.

The old system provided funding for children for care provided in both the private and public sectors. Under the new plan, states may continue to offer vouchers for treatment in the private sector – but people who want to access the funding first need to get a referral from a public dental service. [Labor](#) has said this will place pressure on already struggling public dental care providers.

Previously, not all possible dental care was covered. Most contentious, orthodontic treatment was excluded. The new plan will expand eligible services to include “clinically-necessary services for under 18s”, but it is not yet clear which services will meet this criterion.

What’s new for adults?

The new plan extends Commonwealth funding for adult public dental services for five years. That represents more certainty than the system it is replacing, the National Partnership Agreement on Adult Public Dental Services. The National Partnership Agreement was replaced with a commitment in the [2015-16 budget of \\$155m for one year](#) .

A spokeswoman for the Department of Health told The Conversation that the new system will provide care for an additional 600,000 public dental patients on top of those already being treated in public dental system prior to the National Partnership Agreement.

There are no changes in this announcement to Commonwealth funding of other dental-related programs, such as those provided by the Department of Veterans' Affairs, the rebate on private health insurance and funding for dental care provided in hospitals.

So is it a funding boost or a funding cut?

Well, that all depends on which numbers you start with.

In the last funding year, the Commonwealth budgeted [\\$155 million](#) for the year 2015-16 for adult public dental care (but nothing past a year).

The federal government had budgeted approximately [\\$615 million](#) per year for the Child Dental Benefits Schedule.

As the [health minister has said](#) , uptake of the Child Dental Benefits Schedule was around a third of eligible children. Media reports suggest that actual expenditure is closer to [\\$312 million per year](#) .

The health minister's recent [press release](#) says their plan include a total of \$2.1 billion for a five year agreement with the states and territories to fund the proposed Child and Adult Public Dental Scheme.

If the base is current expenditure that is included in the forward estimates (i.e. \$615 million annually or about \$3.1 billion over five years for Child Dental Benefits Schedule and nothing for National Partnership Agreement), then \$2.1b represents a decrease of close to \$1 billion over five years compared to the Child Dental Benefits Schedule.

If actual expenditure on the Child Dental Benefits Schedule was \$312 million per year, then \$2.1 billion over five years is more than the Child Dental Benefits Schedule would be expected to cost (around \$1.56 billion) if it continued as is.

Some critics might also point out that in the past year there was \$155 million for the National Partnership Agreement and that the new program covers both adults and children, so that amount should be factored in. From that perspective, the net amount over five years is a smaller cut of around \$235 million.

What's the history behind this plan?

There have been number of short-lived Commonwealth funding programs for dental care in the past. These have included:

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The Australian School Dental Scheme. From 1973, the Commonwealth provided the majority of funding (\$7.9 million in 1973) while the states and territories were responsible for the implementation. Funding was initially through specific purpose grants to the states, and gradually subsumed into general purpose grants in the early 1980s.

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The Commonwealth Dental Health Program. This program ran from 1994 to 1996 and provided about \$100 million in its final year to increase the number of patients being treated by public dental service providers.

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The National Partnership for Adult Public Dental Care. This was introduced in 2013-14 and replaced with a single year of funding of [\\$155 million](#)

in 2015–16.

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The Teen Dental Plan. Between 2008 and 2013, this plan provided a means-tested, voucher for fee-for-service care. Teens could access a check-up and preventive care, but not treatment for any problems identified. This scheme was indexed annually and capped at \$150 in 2010.

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The Child Dental Benefit Scheme. Introduced in 2014, this scheme included children aged 2-17 and had expanded means-tested expanding eligibility. Most treatment services were covered, but it did not cover some high cost services, including orthodontic care and was capped at \$1000 every two years per child. The minister's

[press release](#)

indicates that only one third of eligible children used the scheme.

What are the potential pitfalls?

[Prior](#) to Child Dental Benefits Schedule, around 80% of children would make a dental visit each year – but almost 20% of children either had delayed or avoided dental care or not had recommended dental treatment because of cost.

This rose to [between 30% and 40%](#) for children with no dental insurance or from lower income families. While the uptake of the Child Dental Benefits Schedule was less than anticipated, it is not yet possible to assess any impact on visiting patterns overall or in treatment received by children.

[Around 27% of children visit a public clinic each year](#) . It is not clear that the states and territories will be in a position to expand capacity to absorb additional children who seek care from public dental services under the proposed policy. The lack of public dental service clinics in some states, especially those geared to treat children, may cause an infrastructure bottleneck.

Even if public dental services only assess and refer children to private providers there is a risk

of inefficiencies associated with this “double-handling”. This may be offset somewhat by the Commonwealth setting the “national efficient price” below the fee that is currently available for dental care provided under the Child Dental Benefits Schedule. However, it is also unclear that this price will be sufficient to cover fees charged by providers in the private sector.

Any continuation of funding for dental care for low income adults should aim to address the fact that people in this group are less likely to make a dental visit and less likely to visit for a check-up.

Much of the effect on both adults public dental patients’ and children’s access to care will depend on the finer detail of the agreements between the Commonwealth and the States and Territories to administer the scheme.

Jane Harford receives funding from the National Health & Medical Research Council. The Australian Research Centre for Population Oral Health receives funding from the Commonwealth Department of Health. Jane is a member of the Public Health Association of Australia.

Read more <http://theconversation.com/policycheck-the-coalitions-dental-health-care-policy-58410>