



## Media Release

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### New Senate crossbenchers must save children's dental schedule

The National Oral Health Alliance (NOHA) today called on the Senate crossbenchers to reject the Government's planned changes to oral health funding.

"The proposed changes will force the states and territories into the unenviable position of trying to juggle the needs of children against those of Australian adults with the worst oral health status" said Tony McBride, the Spokesperson for NOHA.

"The funding provided by the Commonwealth works out at \$42 for every supposedly eligible child or adult with a Health Care Card per year. Or alternatively, enough to provide care every 17 years.<sup>i</sup> Even adding in the state's own current funding, they will not be able to look after the oral health needs adequately of the 30% of adults on low incomes currently eligible in addition to all children under 18," he added.

In the last Budget, the Federal Government attempted to scrap the Child Dental Benefit Schedule<sup>ii</sup> and replace it with the Child and Adult Public Dental Scheme (CAPDS), basically granting to the States the management of all oral health care. However the election stopped the necessary legislation and NOHA believes the Turnbull Government will reintroduce the legislation in the first weeks of the new Parliament.

The Child Dental Benefits Schedule and National Partnership Agreements should be retained and developed further. Alternatively, the proposed CAPDS needs major revision. NOHA believes the changes as previously proposed will be detrimental, especially to children.

The proposed legislation will guarantee \$2.1 billion in funding over 5 years to the states and territories, providing some welcome certainty for forward planning. Notwithstanding this advantage, NOHA foresees major gaps in children's services, including poorer access, and even longer waiting times for adults, given the very limited nature of the funding and existing available infrastructure.

Passing the proposed CAPDS legislation would mean:

- Abandoning the Child Dental Benefits Schedule and ignoring advice from two recent reviews that reported the program was running well and should be promoted more heavily.
- Australians most likely to miss out would be those in rural and remote areas.
- Parents could no longer directly access private dental services as they can under the Child Dental Benefits Schedule. Instead they would be dependent on arrangements made by their state or territory dental services, which may or may not include contracting to private practices.
- Total annual funding of \$415 million which would be 33% less than the approximately \$615 million allocated in the 2015/16 Budget for current programs.

Additionally, the proposed CAPDS legislation does not focus adequately on outcomes and health indicators, which is more important than focusing on throughput.

**Contact:** Tony McBride, Spokesperson for NOHA, 0407 531 468

***The National Oral Health Alliance (NOHA) is an alliance of ten national consumer and professional bodies with a common interest in fair access for all Australians to timely dental care. NOHA believes access to oral health care in Australia should receive a higher priority and that the Federal Government needs to show leadership for ensuring more equitable access for all Australians. For more on NOHA visit [www.oralhealth.asn.au](http://www.oralhealth.asn.au).***

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<sup>i</sup> Making 10.5 million people, including all children under 18, eligible under the CAPDS, with annual total funding to the states and territories of \$400 million. The Commonwealth has argued that the funding would provide for an additional 600,000 people to be treated annually. But, going by the data, those 10.5 million people could only be seen an extra once in every 17 years, or alternatively, everyone could receive an inconsequential annual \$42 worth of care.

<sup>ii</sup> The current Child Dental Benefits Schedule supports the right of every eligible child (approximately 68% of all children) to access regular preventive dental care. It encourages family participation and enables local access to dental services, be they private or public. The challenge for the Commonwealth is to encourage and promote higher levels of participation in the program, not to do away with it.