

9 October 2012

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Committee Secretary

Dental Benefits Amendment Bill 2012

The Consumers Health Forum of Australia (CHF) welcomes the opportunity to provide a submission to the Senate Community Affairs Legislation Committee Inquiry into the *Dental Benefits Amendments Bill 2012* (the Bill).

CHF is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF and its members have a strong interest in reforms to public dental care. We have welcomed recent announcements to expand the Commonwealth investment in dental health, including through the Child Dental Benefits Schedule, which is the subject of the Bill under consideration.

CHF supports the introduction of the Child Dental Benefits Scheme. According to statistics cited in the National Advisory Council on Dental Health's final report, the prevalence of child tooth decay and cavities and the average number of teeth affected by dental disease in children has increased since the late 1990s. Poor oral health in childhood is a strong predictor of poor oral health in adulthood. CHF therefore welcomes the emphasis on children's dental health, which has the potential to establish good oral health and reduce the likelihood of future problems.

CHF also supports the decision to limit eligibility for the Scheme to children in low and middle income families. The National Advisory Council on Dental Health reported that certain groups of children, including children from lower income households, dependants of parent concession card holders, and child concession card holders are at a higher risk of poor visiting patterns for dental care, which is an indicator of the risk of poor oral health. Children in the least advantaged areas experience approximately 1.5 times the rates of tooth decay and cavities compared with children in the most advantaged areas. While in the longer term CHF would like to see consideration of more widespread availability of subsidised dental care, we consider that it is important to first target those who are not currently accessing appropriate care, before considering expanding subsidies across the population.

CHF notes that the Child Dental Benefits Scheme is one part of a broader package of reforms, which also involves the closure of the Chronic Disease Dental Scheme. We support the redirection of funds from the Chronic Disease Dental Scheme, which we consider to have been poorly targeted and which did not necessarily improve access to dental services for those experiencing the greatest barriers to access. We are aware, however, of anecdotal reports of consumers who are currently accessing services through the Scheme whose treatment will not be completed before the Scheme ends. Careful management will be needed to ensure that these consumers are not disadvantaged, and are able to complete their treatment without being subject to high and unexpected out-of-pocket costs.

CHF appreciates the opportunity to provide a submission to the Inquiry. If you would like to discuss CHF's submission, please contact CHF Deputy Chief Executive Officer, Anna Greenwood.

Yours sincerely

Carol Bennett
CHIEF EXECUTIVE OFFICER