

9 October 2012

Mr Ian Holland  
Secretary  
Senate Standing Committee on Community Affairs  
Parliament House  
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Dear Mr Holland

### **Inquiry into the Dental Benefits Amendment Bill 2012**

The Australian Healthcare & Hospitals Association is the independent peak membership body and advocate for the Australian healthcare system and a national voice for universally accessible, high quality healthcare.

Over the past decade the AHHA has been actively advocating for additional funding to improve oral health in Australia. Whilst seeking a universal Oral Health Scheme for all Australians, AHHA acknowledges this is difficult to achieve in the current economic climate. Therefore AHHA is fully supportive of the recent Commonwealth Government announcements regarding dental reform will improve access to dental care for many Australians.

Key aspects of this health reform, which accord with AHHA policy, include:

- the entitlement scheme for eligible children as it ensures that children and adolescents receive good quality care, giving them the best start in life and preventing the development of more serious problems
- enhanced access to public dental services for people on low incomes as it means they will now be able to access timely dental care, which can be more preventively focussed, instead of languishing on long waiting lists. It is also important to target adults who are unable to access dental care in the private system
- ensuring people on low incomes can access treatment earlier, thus reducing the development of more serious dental and broader health problems which cost the health system millions of dollars every year. In fact economic modelling by the Brotherhood of St Laurence, found that the cost to the economy of poor access to dental care was up to \$2.0 billion per year. The includes the costs associated with preventable hospital admissions and forgone productivity with over one million work days lost nationally due to poor dental health every year
- the creation of an expert group to oversee the implementation of the scheme and the additional funding of \$225m for infrastructure grants



The AHHA emphasises that the success of the scheme depends on the States and Territories continuing their current level of contribution for dental care and appropriate workforce support, including an increased role for oral health therapists, dental therapists and dental hygienists.

With respect to the *Inquiry into the Dental Benefits Amendment Bill 2012* AHHA provides the following comments:

- the AHHA is supportive of the extension of the age range to children aged at least 2 years, but under 18 years
- the AHHA is supportive of the extension of dental care that is covered under the Child Dental Benefits Schedule (CDBS) to incorporate basic dental prevention and treatment services with a cap of \$1,000 for a consecutive 2 calendar year period
- the means testing of eligibility for the Child Dental Benefits will enable the majority of Australian children access to affordable and timely oral health care
- individual States and Territories should be encouraged to provide public dental care for those children who have accessed care in either the private system or the public system under the CDBS where the basic care required exceeds the \$1,000 cap.

AHHA suggests that the following issues require further consideration as the CDBS is developed once the Bill is passed.

1. A schedule of preventive and treatment items is required.

The AHHA endorses the schedule of dental services as listed in Appendix K of the *Report of the National Advisory Council on Dental Health Feb 2012*. This list is inclusive of both child and adult oral health care, and therefore requires further consideration and refining for application in the child and adolescent oral health care arena. For example it may be appropriate to include item number(s) relating to the provision of dental care under general anaesthesia and/or sedation that are currently excluded from this list.

2. In order to optimise the value for money for the Commonwealth Government under this initiative it is imperative that dental therapists, dental hygienists and oral health therapists are able to provide services to eligible children. The provision of preventive and restorative treatment to children is a hallmark of this professional group.

The AHHA draws the current Australian Competition and Consumer Commission's investigation into Private Health Insurance practices to the attention of the Senate Standing Committee on Community Affairs.

Whilst the current *Dental Benefits Rules 2009* allow dental therapists, dental hygienists and oral health therapists to provide services, they can only do so on behalf of a dentist or dental specialist. These three professional groups are currently not able to be awarded Medicare provider numbers and are therefore unable to claim Medicare rebates in their own right. The AHHA understands they are the only health care providers that are not able to be awarded Medicare provider numbers even though they are required to be registered in order to undertake clinical practice.

The AHHA is of the opinion that the business arrangements within which dental

therapists, dental hygienists and oral health therapists operate should be separated from their clinical scope of practice. The preclusion of these groups being awarded provider numbers reduces competition in the dental sector as these providers are prevented from directly billing for services they are legally able to provide.

AHHA recommends further exploration of the provision for dental therapists, dental hygienists and oral health therapists being awarded Medicare Provider Numbers to enable these practitioners to provide and claim items under the Child Dental Benefits Schedule in their own right.

Thank you for the opportunity to contribute to the Inquiry into the Dental Benefits Amendment Bill 2012.

I am available to provide further information. I can be contacted by phone on 02 6162 0780 or by email at [ppower@ahha.asn.au](mailto:ppower@ahha.asn.au).

Yours sincerely

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