

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2016 - 2017, 1 March 2017

Ref No: SQ17-000036

OUTCOME: 4 - Individual Health Benefits

Topic: Dental Services

Type of Question: Hansard Page 60, 1 March 2017

Senator: Singh, Lisa

Question:

Senator SINGH: Okay. Let me help. Your website says that \$155 million in 20 15-16 funded services for 178,000 patients. Using that same ratio, a cut of \$294 million a year means 337,000 patients a year will miss out. Does that sound right to you?

Mr Cormack: No, it does not because it assumes that the agreement has the same terms and conditions as the previous agreement. It also assumes that the amount, if you like, per weighted activity unit is the same. We have to work those things through with the state and territory governments. We are not sure what else they are bringing to the table. These are matters that we are working through with the states and territories at the moment. Until we do that, as the secretary said, we cannot give you an answer of how many activity units will be actually funded.

Senator SINGH: Sorry, I thought I was using your maths. Can you take on notice, when you do your work with the states and territories, to provide this committee with the number of people that will be suffering?

Mr Bowles: We can take it on notice, but we will not be able to answer the majority of your question because the states actually run the schemes.

Mr Cormack: They do most of the work. They do the work and provide most of the funds for state services. We make a contribution.

Senator SINGH: Are you able to take it on notice?

Mr Bowles: I have said we will take it on notice. I am just qualifying that I may not be able to give you exactly what you ask because the states actually run the dental services.

Answer:

The terms of the agreement, including the pricing of the dental weighted activity unit and the number of additional services, are under negotiation. Until negotiation is completed the number of additional services funded under the agreement cannot be provided.

States and territories are responsible for public dental services and are the majority funders. Commonwealth funding augments state and territory activity but is not the primary source of funding. Total activity in any year is dependent on the amount of funding from both the states and Commonwealth.