

MINORITY REPORT FROM THE COALITION

The Coalition members of the Committee are pleased to have the issue of dental health brought to the attention of this Committee even if the Australian Democrats, who initiated the reference, only briefly attended the two days of hearings. It is important that the facts regarding the provision of dental health services in this country are explained clearly. Unfortunately we feel that the majority report of the Opposition Parties glosses over a number of important issues.

The Coalition members of the Committee were interested to hear the evidence given to the Committee by a large number of individuals and organisations. We feel that in a possible election year, the Labor and Democrat majority report of the Committee chooses to not fully explain some relevant facts.

For ninety four of the ninety eight years since Federation, the States have had responsibility for dental health of low income earners. The Commonwealth was given the constitutional ability to provide benefits for services in 1947 - an option that has only been exercised for adult Australians during the operation of the Commonwealth Dental Health Program.

The Commonwealth Dental Health Program was announced as a limited program by the former health minister, Senator Richardson. His successor, Dr Lawrence, stated that the program was designed to treat 1.5 million patients over four years. Senator Richardson stated in 1993 "Long waiting lists for dental care will be reduced under a new, \$278 million Commonwealth Dental Health program in fulfilment of a key election commitment" (Press release GR 23/93, 17 August 1993). There was no mention of an ongoing commitment.

In 1995 Dr Lawrence, the Health Minister at that time issued a press release stating "the Minister for Human Services and Health, Dr Carmen Lawrence, said [the client charter] was an important part of the Commonwealth's \$278 million, 4-year dental health program" and went on to say "The Commonwealth is helping around 1.5 million low income earners access essential dental services, on top of those already treated through State funded dental programs." (CL 310/1995, no date listed).

Again, there is no mention of ongoing funding, and the target of 1.5 million people treated would strongly suggest a limit on the program. If this wasn't clear enough, Dr Lawrence went on to say "Public dental services are the responsibility of the States. It is their responsibility to provide a full range of dental services to public clients" (CL 310/1995).

The Coalition Government brought the Commonwealth Dental Health Program to a close only after the 1.5 million patient target was reached earlier than expected. The aims of the program set down by the former ALP Government were met.

While the Government concedes that public dental services are in a number of cases lacking, the fact remains and acknowledged by both major political parties, that it has always been the province of the States.

The Committee was saddened to hear a number of reports of failings in the State dental health services. A number of commentators have blamed the cessation of the Commonwealth Dental Health Program for these failings. It is worth noting, however, that the Commonwealth program did not cover (and never intended to cover) dentures or complex crown and bridge work, a source of many of these complaints.

The large increase in waiting lists is disturbing to the Committee. It would suggest that either demand patterns or service provision by the States has changed since 1993. While it may be argued that the Commonwealth Dental Health Program has increased the demand pressures on the States, the service provision aspects were not fully explained to the Committee. It is possible that the pattern of provision of services by some States may have altered. The Coalition members of the Committee are particularly concerned about the provision of services to rural and remote areas, and to indigenous peoples.

In the context of the history of the Commonwealth Dental Health Program, the Coalition members of the Committee do not agree with a number of the recommendations in the majority report. While the Australian Democrats have been most consistent in their belief that effective dental services should be funded by the Commonwealth at significant cost, the current position of the Australian Labor Party seems removed from the position taken just three years ago by former Minister Dr Lawrence.

The recommendations in the report would appear to the Coalition members to be an expensive and ineffectual method of tackling a problem which has traditionally been the responsibility of the States.

The Coalition members of the Committee are happy to support recommendations three and four. Recommendations six, seven and eight are partially supported, although the Coalition members of the Committee are reluctant for the Commonwealth to issue directives to the States, who should be free to deliver services in the manner that they see fit.

The Coalition members of the Committee see value in the States and the Commonwealth combining resources for a national oral health survey to be conducted by the Australian Institute of Health and Welfare, and will recommend this action to the Government.

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