

## PRINCIPLES OF GOVERNMENT FUNDING OF ORAL HEALTH CARE

### 1 Introduction

- 1.1 Governments must recognise dentistry as an essential element of a nation's health service and, as such, oral health care should be available to every section of the community.
- 1.2 Governments must recognise that there are disadvantaged and special needs groups who will be unable to access reasonable levels of oral health care without assistance, and that they have a vital role in providing oral health services for individuals within these groups.

### 2 Principles of Involvement

- 2.1 The Australian Dental Association [ADA] recognises that a Government's general responsibilities in an overall national oral health policy [oral health promotion, research and provision of workforce] will have an impact on disadvantaged and special needs groups.
- 2.2 In funding oral health care delivery programmes for eligible groups and individuals, the ADA believes that the following underlying principles should apply to Government involvement.
  - 2.2.1 Government assistance should be directed preferentially to those in greatest financial and oral health need.
  - 2.2.2 Governments may choose to encourage the community to take out private health insurance [including ancillary cover] through taxation rebates or other financial incentives. The financing of these incentive programmes should not diminish the Government's obligation to fund reasonable levels of oral health care preferentially for those disadvantaged and special needs groups who are unable to access care without that assistance.
  - 2.2.3 The complexities of the medically compromised and the range of care which needs to be provided require that the prime provider of these services must be a fully qualified dentist.
  - 2.2.4 Eligibility for treatment in the school dental service should be restricted to disadvantaged children.
  - 2.2.5 ADA supports the principle of patient co-payment for oral health services.
  - 2.2.6 Government funding for the provision of oral health care should utilise the well-developed network of private practice in conjunction with public health service facilities.

- 2.2.7 Fees for service should utilise the usual and customary fee of the provider with patient co-payment supplementing the Government fee component.
- 2.2.8 The range of dental treatment items provided for recipients of Government assistance should be comprehensive and of a high standard.
- 2.2.9 The services provided should be directed towards allowing the recipient to achieve long term oral health.
- 2.2.10 Any Government scheme involving private practitioners should be open to participation by all registered dentists who elect to be included.
- 2.2.11 Private practitioners should not be subject to inordinate administrative tasks in the provision of these services and their time is best directed towards the required clinical care.
- 2.2.12 As the organisation representing the dentist workforce, the ADA should be involved in the development and evaluation of any dental health programme.

### **3 Universal Dental Health Programmes**

- 3.1 Where Governments might choose to provide the entire community with dental care, they must involve professional organisations in the planning and must clearly identify any limitations of such a programme. In general, the ADA opposes such programmes and notes that they have been unsuccessful in other countries due to their failure to provide comprehensive and quality dental care.

#### **Policy Statement 1.5**

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