## N E W S

## First bite for universal dental care

Decay rates at bottom third of OECD countries.



**STOP THE ROT:** Support for better public dental services

ealth industry groups want billions of dollars already committed to the reform of adult public dental services to be treated as a stepping stone to universal dental care.

The federal government plans to provide \$1.3 billion to the states and territories from July 2014 to expand adult public dental services, as part of an overall \$4.1 billion dental care reform package.

Executive director of the Australian Healthcare and Hospitals Association Prue Power told a parliamentary inquiry into dental health the funding should be used to pave the way for all Australians to have universal access to preventative and restorative oral health care, regardless of their ability to pay.

"The commitment of additional funds from 1 July 2014 provides the opportunity to make progress towards universal access for adults," Ms Power said.

"The long-term trends suggest that the degree of inequality in dental care access has increased over the last 30 years and these inequalities appear to have been influenced by government policies.

"The community's lack of access to affordable dental health services means that Australia ranks among the bottom third of OECD countries for rates of dental decay among adults."

Similar comments were made by the Association for the Promotion of Oral Health (APOH), which stated that Australian adult dental service needs cannot be met without the inclusion of dentistry in Medicare.

APOH said the high demand for public dental services is overwhelming current resources, with only 10 per cent of the nation's available dental workforce publicly employed despite almost half the population needing public care.

"Inclusion of dental services under Medicare would provide service to people otherwise unable to afford dental treatment, and unable to receive appropriate care in the overwhelmed public dental system," APOH said.

However the significant financial burden to the government of delivering a universal dental scheme was also acknowledged by health experts.

Chief executive officer of Services for Australian Rural and Remote Allied Health, Rod Wellington, said Australia is in an interesting situation where access to a health care card, and therefore public dental care, is decided by federal government, while the brunt of dental care funding is borne by the states and territories.

"Political pressure is on the government to increase the number of eligible people, whilst funding limitations suggest state and territory governments would like to reduce the number of people eligible for public dental care," Mr Wellington said.

"Some argue that a universal dental scheme would be beyond the financial capabilities of the Australian government. If so, this suggests, at least in the shorter term, that governments need to decide who is eligible for public dental care and who is not.

"The longer term goal should be for a universal dental scheme, but in the interim governments should plan for a coordinated dental scheme that utilises both the private and public dental sectors."

The House of Representatives Health Committee inquiry will cover the funding plans, as well as waiting list times, the mix and coverage of dental services supported by both state and federal governments, and the coordination of dental services between the two tiers of government and with privately funded dental services.

The availability and affordability of dental services for people with special needs, and those living in metropolitan, regional, rural and remote locations will also be examined. •

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## LINKS

www.aph.gov.au/haa haa.reps@aph.gov.au (02) 6277 4145