Submission to the Community Affairs Committee

Dental Benefits Amendment Bill, 2012

Regarding: the Dental Benefits Amendments Bill 2012

Although APOH strongly supports the principle of dental services being included in Medicare, and is broadly supportive of this Bill's intention to include child dentistry in Medicare, there are a number of points which Senate may wish to consider.

1) The proposed scheme breaks three fundamental principals of Medicare, in that the new scheme is:

a) Means tested

As a universal health insurance scheme, Medicare provides equivalent support to all citizens regardless of income.

In this way, wealthy individuals provide heavy subsidy for the health services of less well off citizens, because wealthy people pay larger sums into Medicare through their Medicare levies and taxation. Since the oral health of wealthy people is generally good, no only do the wealthy 'bank-roll' the system, but they would also make little claim on dental Medicare services.

b) Limited with regard to age

Universality of Medicare by definition means that service is available to all individuals, regardless of age. Limiting this Medicare program to children only, clearly breaks this fundamental quality of the wider Medicare system.

Of particular concern in dentistry, is that young adults, becoming independent of their parents and commencing adult independent life, have essentially equivalent dental needs to older teenagers. One aspect of the teen-age population, is an increase in the rate at which decay develops, so that sudden withdrawal of dental services from young people once they reach the age of 18, will result in a corresponding deterioration in dental health in young adults.

There seems no clear reason why the dental care of any individual should be determined on the basis of age, and even less reason why access to dental services should be withdrawn from young people emerging into adulthood.

There is the further practical impact of sending a signal to young people, that once you get over the 'teenage years', that oral health is assured, whereas infact life-long care is needed, especially as people age and accumulate chronic disease, and medication use that causes dry mouth, immune compromise and worse dental infection.

c) Limited to basic service only

The high quality of health care in Australia, is in part because Medicare provides comprehensive medical care, as opposed to only basic medical care. There seems no clear reason why when including management of oral disease under Medicare, service should be restricted to basic service only.

Points a,b and c above, seem to establish a dangerous precedent, from which future governments may derive inspiration to undermine the value and effectiveness of Medicare as a core component of the Australian Health system.

2. Opening of a Limited Child Medicare Program in Replacement for Closure of the Medicare Chronic Disease Dental Scheme

Government appears to argue, that the proposed Medicare program for children is in substitute for closure of the Medicare Chronic Disease Dental Scheme.

This does not seem logical, because:

a) The two schemes service two separate populations of people

The great majority of people who have been eligible for the Medicare Chronic Disease Dental Scheme are aged and with chronic disease, while the children's program is by definition for younger people, most of whom are otherwise healthy.

b) Children with chronic disease will have reduced support

Children who do suffer with chronic disease, and have enjoyed the benefit of the Medicare Chronic Disease Dental Scheme, will have reduced levels of care under the proposed new scheme which is limited to basic dentistry only and only $1,000 maximum rebate over two years, compared with comprehensive care and maximum possible expenditure of $4,250 per two year period under the Medicare Chronic Disease Dental Scheme.

Internal Inconsistency with Human Rights Implications

Page 2 of the bill makes note that the bill engages the right to health and right to social security, Article 12(1) of the International Covenant on Economic, Social and Cultural Rights, and Article 9 of the ICESCR on the right to social security including social insurance.

Exclusion of people on the basis of age and income, as well as closure of the Medicare Chronic Disease Dental Scheme, seem in opposition to the spirit of the above cited Articles.

With thanks for your time in considering this submission, and very best regards,

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