

**DENTAL BENEFITS BILL 2008**  
**DENTAL BENEFITS (CONSEQUENTIAL AMENDMENTS) BILL**  
**2008**  
**Second Reading**

[Mr ROBERT](#) (Fadden) (12.50 p.m.)—The government has announced funding of \$780 million over five years for two new dental programs, \$490 million for the Medicare Teen Dental Plan over five years and, of course, \$290 million over three years for the Commonwealth Dental Health program. I note with interest that the minister, in her second reading speech on the [Dental Benefits Bill 2008](#), said:

These significant commitments will help ease Australia's dental crisis, end the blame game, and start addressing the parlous state of Australia's dental health—the dire state of which should be laid—

apparently—

at the feet of the Howard government: they closed the Labor government's previous Commonwealth Dental Health Program and refused point-blank to work with the states on addressing this growing problem for a decade.

I think the minister forgets that, notwithstanding the Constitution, section 51(xxiiiA), it is a widely recognised convention that provision of public hospitals and public dental health is a requirement of the states. To what point does the Commonwealth government continue to bail out failing Labor states?

In 1996, when the Howard government came to power, it inherited \$96 billion of debt: over \$8 billion in interest payments and a \$60 billion unfunded super liability. Contrary to what the then finance minister said—that the budget was in surplus—the budget position at the time when the Howard government took control of the Treasury benches was \$10.5 billion in the red and going south. I cannot imagine a more parlous economic and financial position for an incoming government to inherit, as opposed to the Rudd government and what they have inherited with an \$18 billion surplus and, indeed, \$22 billion in the forthcoming financial year.

A range of programs were scrapped to meet the deficit that was faced. In the last 12 years, the \$96 billion debt, interest payments and putting \$60 billion into the Future Fund equates to approximately \$200 billion that was needed to get the country back to ground zero. Is it any wonder that the Howard government knocked the Keating dental plan on the head—a plan that was providing dental services that were the direct responsibility of the states. Faced with a \$200 billion hole that took 11 years to rectify and pay off, the previous government turned Australia's economy into what is being heralded as the miracle of the OECD. The Keating dental plan was but one of the causes of the 'parlous state'—to use the words of the health minister—of the economy that this country inherited from the previous Labor government. The minister went further in her second reading speech to state:

Latest estimates still remain at about 650,000 Australians languishing on public dental waiting lists. Thirty per cent of Australians are reported to have avoided dental care due to the cost of services.

It is interesting that a Labor federal minister points out the 'parlous state' that Labor state governments have left Australian people in.

To widen the context, in my home state of Queensland as per the first-quarter results of Queensland Health, which end at the end of April this year, the waiting

list has 36,030 people waiting for elective surgery. There are 159,000 people in Queensland waiting to get on the waiting list for elective surgery. There appear now to be, in the minister's own words, '650,000 Australians'—and let us say one-sixth or around 100,000 of those are in Queensland—'languishing on public dental waiting lists'. They languish and they wait because Labor state governments, who are directly responsible for dental care and for elective surgery waiting lists, are not addressing the situation.

The issue of elective surgery is only one point of the spectrum. There are no published figures for people waiting to speak to specialist physicians—none at all. Indeed, my discussion with one of the 20 professional physicians in Toowoomba last week indicated that if someone has a category 1—the most serious—complaint, the earliest this physician would be able to see them would be in three months time. Anyone with a complaint less serious than that, at present, will never be seen. So, if you have less than a category 1 requirement for a physician in Queensland, you will never be seen—and the member for Hindmarsh comes in and lectures our side on the responsibility of taking care of the Australian people!

In the 2007-08 budget of the previous government, \$384.6 million was committed over four years so that patients could have access to dental treatment in the private sector. This was meant to complement and take the pressure off existing state dental services, not to supplant them. It is, after all, a state responsibility. There are clear lines of responsibility and delineation. Previously, to be eligible for the Medicare dental benefit, a person needed to be managed by a general practitioner under specific chronic disease management and multidisciplinary care plans. Patients would need to be referred by their general practitioner to a dentist. Thus it dealt with dental issues that were impacting on general health. If dental issues were compounding general health issues, that quite naturally and seamlessly came under Medicare and, therefore, came under the purview of the federal government. It was a federal responsibility. Labor's plan—\$290 million over three years—is simply the Keating subsidy plan re-enacted. The spectre of Keating haunts us still, perhaps not from the treasury bench—and we can all be thankful for that—but nonetheless it haunts us.

Over three years it is \$95 million per year—but let us look at what the states actually spent in 2005-06. Considering 650,000 people 'languish'—in the minister's own words—on waiting lists, the state spent \$515 million. That was it. Considering the 'parlous state' of Australians' dental requirements, there was only \$515 million. Individuals spent \$3.5 billion in that one year—seven times what the state spent. Likewise, in the five years of the Medicare Teen Dental Plan the government will provide \$150 per eligible teenager in families receiving family tax benefit A, Abstudy or youth allowance. Since family tax benefit A continues to be means tested, dental care is not universal for all. Clearly, many people will miss out. Dental benefits are payable in respect of dental services rendered as part of an episode of hospital treatment and vouchers will be issued. But a question remains. Labor's own policy wording in previous years indicated that more than \$150 is needed for a dental check-up. Furthermore, if all of these eligible teenagers take their vouchers, present them and receive their annual preventative dental check-up, what then? What if the results are, 'You need urgent work,' 'You need a filling,' or 'You need a crown,' or they need any of those other dental things? What then? People turn up to get their check-ups and there is nothing left for them. People with complex medical and dental requirements now simply know what they have always felt: there is a problem. But there is nothing left to assist them.

The previous government's plan dealt with dental issues within the strategy of Medicare, taking care of those with complex medical requirements and enabling them to receive the dental care they needed. That plan was scrapped on 30 March; up until then, the government would honour those payments through to 30 June. But that means that from 31 March until whenever Labor's new policy is implemented people will be left in the lurch.

Let me inform the House about the impact of what this government has done, using the example of a constituent, Benjamin Boulton-Wright. Benjamin was born with a very complex congenital heart condition called tetralogy of fallot and is under the care of Cameron Ward, a cardiologist at the Mater Children's Hospital in Brisbane, and Dr Sue Maloney, Director of the Gold Coast Hospital. Ben has endured more than eight cardiac surgical procedures since his condition was first diagnosed, at birth. His condition was life threatening. His is a complex case, hence the complex care plan that the local doctor has instigated. Ben needs to be monitored for life due to his heart abnormality. His parents also need to be vigilant about his teeth and ensure optimum dentistry as he can develop a condition called infective bacterial endocarditis, where his heart can become enlarged due to bacteria lodging in his heart valve. It can be fatal. He must have a full course of antibiotics before and after any operations on his teeth, bowels or any other part to prevent such a condition from developing.

Hence, when Benjamin had a sore gum and it was found he had an issue with a particular tooth, it was suggested that a complex care plan be initiated for this allied health requirement—dentistry—as a new federal government plan was available that had just come into effect, in November 2007. It meant that Ben's family, as a 'heart' family, could access dentistry for up to the amount of \$4,000 through the government scheme for families who have children with chronic health conditions such as Ben's. Ben had also accessed five free speech pathology lessons under the scheme as he had a range of speech pathology issues. It is interesting that the family also paid for more speech pathology as there is a state government public waiting list of over 12 months. Mr Deputy Speaker: is there anything in the medical and dental areas, in the parlous situation under Labor state governments, that does not have a waiting list attached to it?

Ben was referred to a paediatric dentist who examined him, said that he had a few issues that needed to be addressed and advised that, given his complex heart condition, surgery needed to be done in a hospital. The surgeon in question operates out of a private hospital, Alamanda, on the Gold Coast. Ben was admitted, albeit for a day procedure, because there was no way he could be given intravenous antibiotics in a dentist chair. It turns out that the previous Howard government legislation did not permit the rebate of up to \$4,000 to be provided if something occurred in hospital as opposed to day surgery. This was an unintended consequence, I am sure. It perhaps was not envisaged by the previous government that there could be a case of a small boy with a congenital heart defect where it could be fatal if dental procedures were done in a chair and therefore he had to be taken to a hospital for surgery. I suggest that not only was it an unintended consequence but that if I had written to the previous health minister and explained this to him I would have received a sympathetic hearing. So you can imagine my incredible surprise when this issue was brought to the attention of the current health minister, who got an acting assistant secretary to write back, saying:

Thank you for your letter of 24 March ... to the Minister for Health and Ageing ... concerning your son's—

Ben's—

dental treatment. The Minister has asked me to apply on her behalf.

I am sorry to hear of your son's medical conditions and the difficulties you have experienced in receiving clear information about the operation of the Medicare dental scheme.

The Medicare dental scheme for people with chronic conditions and complex care needs was introduced by the previous government ... This scheme was based on an earlier dental program that was difficult to access for patients and not supported by most dentists.

Well, it is good to see government departments taking up Labor's rhetoric. The letter went on:

The previous government's scheme did not cover dental treatment provided to an admitted patient, either in a hospital or a day-hospital. Unfortunately, this means that the dental treatment provided to your son in January ... was not covered ...

The rest of the two-page letter goes on with Labor's rhetoric about how terrible the last government was and how good the new one is—I am sure a worthwhile use of an acting assistant secretary's time in the department.

So here we have a small boy with a congenital, perhaps fatal, heart condition who needed dental treatment. Under the previous Howard government plan he could receive it—up to \$4,000—if it occurred in a dentist chair. If it did not, I remain confident that I would have been able to speak to a coalition minister and get some sense on the issue. Under Labor's policy, the eight-year-old boy is eligible for nothing, even though he has a complex and potentially fatal heart condition. It is not until he turns 12 that he may get a \$150 voucher to have his teeth looked at and be told, 'You have a problem,' but nothing to assist after that. With 650,000 people on the waiting list, he would perhaps not be seen for many years given the parlous dental conditions under Labor state governments across the country, particularly in Queensland. The minister in her second reading speech pointed to how parlous and dreadful things were and how the new government was doing something but, when presented with the case of a little boy with a dreadful heart condition who needed to receive dental care in hospital because of the possible impact on his life, got an acting assistant secretary to write back to say, 'Sorry, we're not prepared to help you with your \$1,200 costs, but let me give you the rhetoric on how the last scheme was terrible and the new one is going to be good.'

If that is what Labor brings to the table then I am appalled. We are now faced with Labor state governments with waiting lists that are astronomical, with waiting lists to see physicians that people will never get to, with waiting lists for dental treatment nationwide, as the minister said, at 650,000 and a Teen Dental Plan that says, 'Here is a voucher to have a look at your teeth, but nothing more.' You can have your teeth looked at and, yes, there is a problem and then you are back on the state government waiting list. Whereas the previous Howard government's position was: if you had a condition that impacted medically upon you, then it came under the Medicare scheme and there was up to \$4,000 to assist you to work through that.

Dental care remains a state responsibility. I believe that this concept of ending the blame game came about from a report commissioned by the coalition and I believe that its author may well have been the member for Fairfax, the current Opposition Whip. I believe that the term used, 'stopping the blame game', referred to the states and they were to stop blaming the federal government for all of the things that were wrong and were the responsibility of the states. Clearly, that phrase has been hijacked by the Prime Minister and his team of merry men and women. But the bottom line is: dental care is a state

responsibility. The Labor state governments must stand up and accept their responsibility and treat the people of Australia with the requirements and with the care that those people expect. The previous Howard government's dental plan provided for an eight-year-old little boy with complex care; it provided for people who required dental care for complex conditions that were affecting their health. This plan simply picks up the old Keating model and provides vouchers for teenagers to say that there is something wrong, with nothing more.