

DENTAL HEALTH CARE, FUNDING

Grievance

MS M.M. QUIRK (Girrawheen) [10.07 am]: My grievance is directed to the Minister for Health and relates to funding of dental health care in our community, particularly the Commonwealth's failure to provide funding for dental health programs, which in my view is adversely affecting dental health care for those in this State who need it the most. I would like the minister to outline the Government's views on the need for the Commonwealth to be more involved in the funding of our dental health programs and to explain what the State Government is doing in the absence of this commonwealth support to provide dental care across the State.

Dental care is a concern for many of my constituents, as the minister is well aware. Access to government-provided dental health care allows people who cannot afford expensive dental treatment to maintain not only their oral health but also their quality of life. It is my view that an allocation of funding by the Commonwealth for public dental health would ensure that all Western Australians do not suffer the indignity that is related to dental disease. I was very pleased that the minister recently attended the opening of the refurbished Warwick Dental Clinic in my electorate. I was excited that the State had provided funds to increase the clinic's capacity by eight chairs so that people in not only my electorate but also the northern suburbs more generally could have greater access to additional dental health services.

However, I am concerned that despite the State Government's expansion of dental health services, this is still not enough to substantially reduce waiting times for treatment. The provision of public dental care is not a new issue. In 1946, the people of Australia voted in a referendum to give the Commonwealth constitutional power over the provision of dental services. Despite this express wish of the Australian people, the Commonwealth declines to provide assistance to the States for dental services. The federal Government argues that dental health is a matter for only the States. This is simply not true. Section 51(xxiiiA) of the Commonwealth Constitution explicitly empowers the Commonwealth to make laws about and be involved in the provision of dental services. This same placitum also empowers the Government to act in other health and welfare areas, and it is actively involved in those areas.

The social outcomes of the federal Government's failure to get involved are significant. In a survey released by the Australian Institute of Health and Welfare in March 2001, it was claimed that the growing gap in dental health standards was significant. The survey found that people on lower incomes suffered more pain, had more missing teeth and waited longer for treatment than the general population. It also found, for example, that 26 per cent of low-income earners suffered toothache compared with half that rate for the rest of the population. This rate had increased from 20 per cent in the four years between the scrapping of the commonwealth dental health program and this study in 2001. The survey also found that cost prevented low-income earners from seeking dental treatment in 39.3 per cent of cases, a figure up 28.2 per cent from the previous four years. Further, the rate of extractions increased by 20 per cent across all age groups in the four years following the scrapping of the Commonwealth's dental health program. It found that people over 65 years of age in the lowest income group had an average of 6.5 fewer teeth than those in the same age group in the wealthier households. Moreover, a survey of homeless people found more than 50 per cent had tooth decay, and 62 per cent had severe gum disease and irreversible damage. It also found that young Aboriginal people were four times more likely to have teeth extracted than the remainder of the population because extractions are much cheaper than fillings.

At a time when the federal Government subsidises dental care for those who are able to afford private health insurance to the extent of something like \$327 million, middle-aged people in the lower 20 per cent of household incomes are eight times more likely to have no natural teeth and 1.7 times more likely to wear a denture than people in the wealthiest households. In 2000 the Australian Institute of Health and Welfare estimated that there were more than 19 million decayed teeth in Australia, and that dental cavities were the second most commonly occurring condition after respiratory tract infections. What is the true social cost of this? It means an increased gap between those who can afford dental hygiene and those who cannot; between those who can wear a smile with pride and those who have difficulty with the simple act of chewing their food.

Without meaning to trivialise what is an important issue, clearly the bite should be put on the Commonwealth. Currently the Commonwealth is creating a false impression that it cares. I am saddened that the federal Government, which not only has the capacity to change these gruesome examples to make lives healthier and more comfortable, but also chooses to defy the wishes of the Australian people and withhold much needed funding from the State's oral health services. I am also deeply saddened that, instead of assisting those who truly need it, the federal Government chooses to indirectly subsidise the dental health care of middle to high-income earners with private health insurance through its private health insurance rebate scheme.

Although I am certain that the State Government remains committed to the dental care of Western Australians, I am concerned that the Commonwealth Government does not seem to be fulfilling its obligation to oral health care in this State. I applaud the State Government for its palpable commitment to access to dental care,

including the recently upgraded Warwick dental clinic. I am saddened that, despite very cogent reasons, the federal Government cannot demonstrate commitment at a similar level, or at all.

MR R.C. KUCERA (Yokine - Minister for Health) [10.13 am]: I thank the member for Girrawheen for raising such an important issue. It also saddens me that the member for Hillarys makes light of this issue, which affects everybody in the community at this time and particularly older people.

Mr R.F. Johnson: You are the Minister for Health; why don't you fix it?

Mr R.C. KUCERA: I will let the member for Hillarys know in a moment what this Government is doing. I will also let him know the kind of mess I had to sort out with the planning for dental health care when I came into this ministry.

I will address the concerns raised by the member for Girrawheen in her grievance. The Commonwealth Government's failure to provide funding for dental health services is an issue that concerns not only this State, but also other States right across Australia. I will outline this Government's views about the need for the Commonwealth's involvement in the funding of this important health service and the funding of dental health care in general. I will also explain what the State Government is doing, in the absence of the Commonwealth's support, for better dental health services in Western Australia.

We have just heard the member for Hillarys making light of this issue. The previous Government decided to close the Perth Dental Hospital and replace it with the Oral Health Centre of Western Australia. I have complimented the member for Darling Range on that facility. The previous Government employed a consultant, at considerable cost, to advise on what should happen during this transition period. In reality, nothing was done. There was no firm planning and, as good as the facility is at OHCWA, it is a facility with less capacity than the old dental hospital. When I asked the people there what would occur during the transition process, I was told straight-out that there would be no problem; they would just keep the old one open. One of the great problems in this country is the shortage of trained technicians and trained dentists, which is a result of the lack of places in our universities for those who wish to train in those occupations, the lack of support for people going through the training process, and the desperate shortage of those people not only in the city, but also across the community. They were going to keep the old one open! Where would the staff, the technicians and the funding have come from?

As the member for Girrawheen has said, this Government has upgraded a number of clinics. The Morley-Embleton clinic will be opened within the next two months. When the staff moved across, they received support from Sir Charles Gairdner Hospital, the Princess Margaret Hospital for Children, the clinics and the wonderful group of people working in my own electorate at the North Perth Coleman clinic. We introduced mobile clinics that were normally used at schools, we increased the number of hours, and we increased funding to take private clinics under our wing and put subsidies in place. As our clinics have come on line, those subsidies have dropped away and will now go towards making sure that the waiting lists in this State are among the lowest in the country.

I now refer to the issue of compensating for this smaller capacity clinic, which was not taken into account by the previous Government. The Armadale clinic has opened. An extra eight chairs have been provided at Warwick, we are opening the Morley-Embleton clinic next month, and we have already started the planning for the two new clinics in Joondalup and in the south metropolitan region. In addition, we have maintained the mobile clinics as part of the school dental subsidy program and we have taken on board the private clinic subsidy, which will be reduced as the new clinics come on line.

As has been outlined by the member for Girrawheen, the Commonwealth does have a responsibility. In the 1940s a referendum was passed to amend the Constitution to give the Commonwealth power to provide dental services, and it seems that the Opposition is unaware of this fact. I cannot find anywhere in *Hansard* where the previous Government has raised this issue with the Commonwealth Government, nor have I seen any stringent opposition to the kinds of things that the Commonwealth Government has done. When the Howard Government came to power in Canberra in 1996 it inherited the commonwealth dental health program - a \$278 million program put in place by the Keating Government. That program aimed to give dental care support to the States. Following the introduction of the commonwealth dental health program, in the first year the number of people who made a visit for dental treatment increased from 58 per cent to 67 per cent, and the number of people waiting 12 months or more for dental treatment decreased from 21 per cent to 11 per cent. The axing of that scheme by the Howard Government has meant that public waiting lists for dental health care across this country have soared, and the federal Government has not made any provision for or supported dental health care. What is the response when we raise that issue with the federal Government? The reply is: what about the goods and services tax? What about it? Where is the support for the GST? It is amazing. Our local senator, Senator Daryl Williams, the federal Attorney-General, says it is a matter of choice for the Commonwealth to exercise its power under the Constitution. Obviously it does not wish to support this State or the other States. I advise the member

for Hillarys that we have put \$54 million into dental health care this year, including the support we have provided to clean up the little mess that he and his Government left.

I will now refer to waiting times. Since this program was axed, the waiting time in Victoria has increased from 16 months to 24 months. Waiting time in South Australia has increased from 22 months to 46 months since this scheme has been axed. I am advised that, at this time, contrary to that which the Opposition tries to have us believe, Western Australia now has the shortest dental waiting lists in Australia. Naturally issues arise such as those raised by the member for Dawesville recently, which, as I indicated, was not a dental issue. It requires elective surgery in hospital. Although it is allied to dental treatment, the treatment involves dental surgery, which is classified as normal surgery. As I said, by and large new clinics will be opened, and we have transferred the responsibility to our Central Waitlist Bureau.

The member for Girrawheen has raised an issue that, under the Constitution, is the responsibility of the federal Government. I will constantly remind the federal Government of its responsibility to the people of this country who cannot afford this treatment on their own.

The ACTING SPEAKER (Mr A.P. O'Gorman): Grievances noted.