

Policy 1.04 AOHPI supports improvements to the Child Dental

Benefits Schedule

Supporting the recommendations of the Fifth Review of the Dental Benefits Act 2008

The Fifth Review of the Dental Benefits Act 2008 (the Fifth Review)ⁱ found that the delivery of Child Dental Benefits Schedule (CDBS) dental services to children at higher risk of experiencing oral disease, and/or who need specialised models of care required significant improvement. It was recommended that inclusion of dental services delivered in-hospital under general anaesthetic was highlighted as an area requiring urgent CDBS reform. The review highlighted those children with high care needs, including those living in rural and remote areas, First Nations children, and children with disability face disproportionate barriers in accessing dental services under the CDBS and should be provided with additional support.

Background

The CDBS was introduced in 2014 and is the only program to operate under the Dental Benefits Act 2008 (the Act). The program provides eligible children aged between 0 and 17 years, access to \$1,132* in benefits for basic dental services, capped over two consecutive calendar years. The program aims to promote early and preventive dental care for children, reducing the risk of severe dental issues later in life. This not only benefits children's oral health but potentially reduces demand on the public healthcare and hospital system. However, since its inception, the participation rate of eligible children has never reached 40%.

The most recent independent review of the Act was completed in March 2023 chaired by Professor Michael Kidd AM. Four previous reviews were completed in 2009, 2011, 2015 and 2019. The committee conducting the Fifth Review found that whilst the Act was achieving its aim of providing a legislative framework for the payment of dental benefits and supporting the administration of the CDBS, it noted that there were significant areas of improvement.

Recommendations from the Fifth Review of the Dental Benefits Act 2008 (CDBS)

The review focussed on the inequities faced by children from priority groups including children living in rural and remote areas, First Nations children and children with disability. In response to this inequity, the key recommendations of the Fifth Review were centred on modifying the CDBS to improve services and address the substantial barriers to access that exist for many families. In view of the continued low utilisation rate of eligible children, it was recommended that barriers to participation be investigated and implementation strategies be developed targeting the identified priority groups through culturally appropriate campaigns and provision of resources for culturally and linguistically diverse groups.

To provide improved service delivery for high care needs children, key recommendations included that:

- the benefit cap for these children be doubled, to ensure they receive adequate oral health care, noting the importance to safeguard against inappropriate treatment
- restrictions and limitations on the frequency of selected services for these children be lifted
- restrictions for clinically appropriate in-hospital services be lifted
- the Australian Government work with states and territories to improve access to public sector general anaesthesia services for children

AOHPI strongly supports the following improvements to the CDBS

A summary of recommendations appears in Appendix 1.

Increasing the participation of eligible children:

AOHPI recognises the potential of the CDBS to make a measurable difference in children's oral health, particularly those from high care needs groups. Currently, the CDBS program is underutilised, with many families being unaware of the CDBS in general, their eligibility or the benefits provided by preventive oral healthcare for children. Furthermore, the complexities around the provision of consent for children currently creates further barriers to participation. AOHPI believes that the low awareness and low utilisation should be addressed by the Australian Government via an awareness campaign for CDBS, developed in partnership with communities, targeting high care needs families, through culturally appropriate campaigns and ensuring that translated information resources are promoted to culturally and linguistically diverse communities. It is crucial to ensure that participation in the CDBS increases incrementally over time and that the available funds are increasingly utilised. A campaign budget of \$50 to \$100 million, representing just 3-7% of the annual CDBS allocation at full participation, could significantly enhance the reach of the program and result in more eligible children from high care needs groups receiving the oral health care they need.

Improving the service delivery for children with high care needs

Currently, barriers to access of appropriate oral healthcare services under the CDBS exist for many high care needs children. One of these is the exclusion of CDBS benefits for in-hospital services. While no one in Australia expects a four-year-old child to undergo myringotomy (placement of grommets for the treatment otitis media) without general anaesthesia, there is an expectation that young children can undergo dental extractions and restorations in the dental chair. This expectation is unreasonable, and while Medicare Benefits funded 34,755 hospitalisations for myringotomy under general anaesthesia in 2017-18ⁱⁱ, it did not fund a single item of oral healthcare under general anaesthesia through the CDBS during the same period. This situation is not equitable and must be urgently addressed.

AOHPI strongly supports Recommendation 6 of the Fifth Review, to allow the claiming of CDBS benefits for in-hospital services, where clinically appropriate. Further, that the Australian Government should work with states and territories to improve access to general anaesthetic services in the public sector to facilitate clinically appropriate care for children with high care needs (Recommendation 7).

Finally, AOHPI strongly supports the removal of restrictions that currently impede the delivery of appropriate oral healthcare services under the CDBS for children with high care needs. This includes doubling the cap amount for high care needs children and removing restrictions on the frequency of services that can be provided within a specified timeframe (i.e. examinations and preventive services limits per year) and limitations on the number of services that can be provided in a single appointment or day. Furthermore, the facilitation of preventive services in rural and remote and First Nations communities by allowing other health practitioners such as Aboriginal healthcare workers and/or dental assistants to apply fluoride varnish will improve oral health outcomes for these groups. Increasing the cap limit for children with high care needs will also facilitate appropriate care in these groups. Allowing a higher cap amount in a two-year period for these children may also facilitate lower claimed benefits in subsequent periods as necessary treatment has been completed, meaning that the ongoing preventive care can be then provided at a lower cost, to maintain oral health.

Conclusion

AOHPI strongly supports the recommendations of the Fifth Review of the Dental Benefits Act 2008 that focus on increasing participation of eligible children in the CDBS and facilitating better access to oral health care for children with high care needs. AOHPI urges the Australian Government to maximise the impact that this existing and fully funded program can have on the oral health outcomes of eligible children. By investing in oral healthcare for eligible children, significant benefits extending throughout the lifespan can be achieved. These measures ultimately lead to the goal of improving the health and wellbeing across the Australian population by improving oral health status and reducing the burden of poor oral health.

* The cap amount of \$1,132 was valid at the time of the policy development in 2025. The cap amount is indexed annually to CPI.



Appendix 1: Summary of AOHPI recommendations for Improvements to the CDBS

Recommendation	Aligns with Fifth Review ⁱⁱⁱ Recommendation number	Strategy	Initiatives
Increasing the participation of all eligible children	Recommendation: 2 3 4	Improve awareness of CDBS among eligible families	The Australian Government funds a media and social media campaign to raise awareness among eligible families
			Streamline the CDBS consent arrangements
Increasing the participation of CDBS among high care needs children	Recommendations: 1 2 3 4	Facilitate participation among the priority groups including <ul style="list-style-type: none"> • First Nations children • Children from rural and remote communities • Children with disability 	Develop culturally appropriate awareness campaigns
			Develop translated information resources appropriate for culturally and linguistically diverse communities
Improving the service delivery for children with high care needs	Recommendations: 1 3 5 6 7 10 11 16 17 18	Remove barriers and restrictions to appropriate care under the CDBS	Double the cap amount for children with high care needs
			Remove the exclusion of in-hospital dental services
			The Australian Governments work to improve access to general anaesthetic services for dental procedures
			Remove restrictions on the frequency of services provided
			Remove limitations on number of services in a single appointment
			Facilitate other health practitioners to assist with the provision of preventive services



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References

- i Report on the Fifth review of the Dental Health Benefits Act 2008. Australian Government Department of Health and Aged Care. 2023.
<https://www.health.gov.au/resources/publications/report-on-the-fifth-review-of-the-dental-benefits-act-2008?language=en>
- ii Australian Commission on Safety and Quality in Health Care. The fourth Australian Atlas of Healthcare Variation. Myringotomy hospitalisations, 17 years and under. Page 197. [The Fourth Australian Atlas of Healthcare Variation](#)
- iii Report on the Fifth review of the Dental Health Benefits Act 2008. Australian Government Department of Health and Aged Care. 2023.
<https://www.health.gov.au/resources/publications/report-on-the-fifth-review-of-the-dental-benefits-act-2008?language=en>