

12 April 2012

The Finance and Public Administration Legislation Committee.

Re Health Insurance (Dental Services) Bill 2012 [No. 2]

Dear Sirs/Mmmes,

I have previously participated in the CDHP and also State Government Dental schemes as well as, since 1972, the DVA scheme with the purpose of providing assistance to specially needy people.

With the CDDS scheme it was understood that the Government was instructing us to perform certain procedural tasks including informing the referring GMP of the treatment plan. It was not at all apparent until about 18 months later that it was going to be enforced under such rigorous and inflexible protocols.

I and also I would believe many other people both lay and professional, am at a complete loss to comprehend why the Doctor actually needs to know actually what treatment is proposed by the competent Dentist to whom he has chosen to refer his patient. I believe he/she has confidence in the Dentist's professional skills and application to his responsibilities.

I find it more than a little concerning that some in administration feel it is necessary to have in place a system which appears to oversee the Dentist's choices.

The same feelings apply to the costs of the treatment. I feel that these issues justify some serious objections to what appears to be a lack of respect for the Dental Profession's standing and professional skills.

I do acknowledge of course that some accounting of the accumulating costs and shrinking balance of the allowed \$4,250 cap should be made available to the patient who of course has no comprehension of the limited scope of treatment which can be provided within this cap.

Nevertheless, within the stringent limits of the scheme, it has certainly allowed very beneficial services to be provided to many people who are considered by their GMP to be medically needful of such extended treatment modalities.

I have not been subject of an audit but I have witnessed the considerable time-loss and stress and anxiety suffered by some and am well aware of the injustice and high financial threats experienced others outside my immediate circle.

I feel strongly that this administrative regime may justifiably be felt to be verging on an insult to hard working and concerned dentists who did not after all ask for this system. The ADA has consistently

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proposed more beneficial approaches to provision of assistance to people needing Dental treatment and I certainly it could be done more rationally than this CDDS scheme.

The DVA scheme has over many years had the full support of myself, many other dentists and the ADA, enhanced by useful and fruitful mutual cooperation. I do not feel however that it would be financially feasible to apply its conditions universally.

Thank you for your attention,

Dental Surgeon.