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Waiting too long for public dental care? Here's why the system is struggling – and how to fix it

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Just over one-third of Australians are eligible for public dental services, which provide free or low cost dental treatment.

Yet demand for these services continues to exceed supply. As a result, many Australian adults face long waits for access, which can be up to three years in some states.

So what's going wrong with public dental care in Australia? And how can it be fixed?

Who funds public dental care?

Both the federal government and state and territory governments fund public dental services. These are primarily targeted at low-income Australians, including children, and hard-to-reach populations, known as priority groups.

Individuals and families bear a majority of the costs for dental services. They paid around 81% (A\$10.1 billion) of the cost for dental services in 2022–23, either directly through out-of-pocket expenses, or through private health insurance premiums.

The Commonwealth contributed 11% to the cost of dental care, while the states and territories paid the remaining 8% in 2022–23.

Who is eligible for public dental care?

Just under half of Australian children are eligible for the means-tested Child Dental Benefits Schedule. This gives them access to \$1,132 of dental benefits over two years.

While children from low-income families tend to benefit from this scheme, critics have raised concerns about the low uptake. Only one-third use the dental program in any given year.

Some children access free or low-cost dental care from state and territory based services, such as the Victorian Smile Squad school dental program or the NSW Health Primary School Mobile Dental Program.

Others use their private health insurance to pay for some of the costs of private dental care.

What if you're low-income but aren't eligible?

Some Australians aren't eligible for public dental services but can't afford private dental care. In 2022–23, around one in six people (18%) delayed or didn't see a dental professional when they needed to because of the cost.

Some Australians are accessing their superannuation funds under compassionate grounds for dental treatment. The amount people have accessed has grown eight-fold from 2018–19 to 2023–24, from \$66.4 million to \$526.4 million.

However, concerns have been raised about the exploitation of this provision. Some people have accessed their super for dental treatment costing more than \$20,000. This more than what would typically be required for urgent dental care, impacting their future financial security.

Why are the waits so long in the public dental care system?

The long waits are due to a combination of factors, alongside high levels need:

- systemic under-funding by Australian governments. This is exacerbated by federal government funding for public dental services remaining fixed rather than being indexed annually
- workforce shortages in rural and remote areas, with dental practitioners concentrated in wealthy, metro areas
- poor incentives for the oral health workforce in public dental services

- too few public clinics, in part because the initial outlay and ongoing equipment costs are so great.

What is the government planning in the long term?

The federal government is taking action to improve the affordability of dental services through long-term funding reforms only targeting priority populations to bring some dental services into Medicare.

An initial focus is for older Australians and First Nations people.

Cost estimates for a universal dental scheme vary significantly, depending on the population coverage and the number of dental benefits individuals are eligible for, and whether services are capped (as in the case of the Child Dental Benefits Schedule) or uncapped.

The Grattan Institute estimates a capped scheme would cost \$5.6 billion annually.

The Australian Parliamentary Budget Office estimates it would cost \$45 billion over three years.

When increasing government funding for public dental service, it's important policymakers ensure the services included are evidence-based and represent value for money.

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What needs to be done in the meantime

Meaningful long-term funding reform towards a universal dental scheme requires some foundational policy work.

First, there should be an agreed understanding of what dental services should be government subsidised and provide annual limits for reimbursement to prevent overtreatment. This would avoid some people getting a lot of dental treatment they don't need, while others could miss out.

Many dental services are routinely offered without any clinical benefit. This includes six-monthly oral health check-ups and cleans for low-risk patients.

Second, resource allocation is best done when we focus on prevention and governments fund cost-effective dental services. Priority-setting is best done using economic evaluation tools.

Third, the federal government should extend its existing decision-making frameworks to include dental services. This would bring dental care in line with medicine and service listings on the Pharmaceutical Benefits Scheme (PBS) and the Medicare Benefits Schedule (MBS), ensuring that safety, effectiveness and cost-effectiveness inform public funding decisions.

Fourth, the government needs to reform the workforce. This should include funding to support recruitment and training of students from regional, rural and remote areas. These students are more likely to return to their communities to work, balancing the unequal distribution of the workforce.

We also urgently need to attract and retain more people to work in public dental services.

Finally, we need a coordinated national approach to oral health policy and funding. The federal government has an opportunity to do this now as consultations continue through 2025 to develop and implement the National Oral Health Plan 2025–2034.