

Policy 1.06 Making Essential Oral Care Affordable in Australia

AOHPI position on reducing financial barriers to essential oral health care.

Position:

Oral health is essential to overall health, wellbeing and participation in society. Yet oral health care is one of the few areas of essential health care that is privately funded for most Australian adults. For many people, the cost of a routine dental visit is enough to delay care. Problems that could have been prevented or treated early may then become painful, complex and more expensive. People living with missing or damaged teeth can also experience stigma and discrimination, further discouraging them from seeking treatment.¹²

The Australian Oral Health Policy Institute (AOHPI) believes that access to essential oral health care a human right. A person's ability to receive preventive care, pain relief and treatment for oral disease should not depend primarily on their income or capacity to pay.

AOHPI supports a staged national pathway towards universal financial protection for essential oral health care, with greater support directed to people experiencing the greatest barriers.

Key facts:

- **In 2023–24, patients paid 61% of dental expenditure directly out of pocket.** A further 20% was funded through private health insurance, which is also paid for by individuals through premiums and often leaves a gap payment.³
- **Only 53% of Australian adults** reported visiting a dental professional in the previous 12 months.⁴
- Annual attendance was **65% among people living in the least disadvantaged areas**, compared with **42% among those in the most disadvantaged areas**.⁵
- Among working-age adults, people living with disability were around **three times more likely** to miss needed dental treatment because they could not afford it.⁶
- Becoming unemployed can increase the risk of being unable to afford dental care by around **three times within one year**.⁷

Why affordable oral health care matters

Untreated oral disease can cause pain, infection, difficulty eating and speaking, and reduced quality of life. Delaying care can make an oral health condition more complex, requiring treatment that is more invasive and more costly. The consequences extend beyond clinical oral health. Missing or damaged teeth can affect employment, education, relationships and participation in community life. Stigma and embarrassment may discourage people from seeking care, particularly when they expect they will not be able to afford the recommended treatment.

Prevention and early treatment are generally present less of a burden for patients and the health system than responding after disease has progressed. However, Australia's current funding arrangements make regular preventive care easier to obtain for people who can afford it and less accessible to people at greater risk of poor oral health. This creates a cycle in which those with the greatest need are often the least able to receive timely care.

Who is missing out

Affordability barriers are not evenly distributed.

Working-age adults on lower incomes, people living with disability, people who are unemployed or outside the labour force, and those with lower educational attainment are more likely to miss needed dental treatment because of cost.⁸

Geography also matters. In 2023–24, 55% of adults living in major cities reported visiting a dental professional during the previous year, compared with 48% in inner regional areas and 46% in outer regional, remote and very remote areas.⁹

Many working-age adults are not eligible for public dental services but still cannot comfortably afford private care. Others may qualify for public services but face limited capacity and long waiting periods. These pressures can worsen quickly following unemployment, illness, family breakdown or another loss of income. Unlike many other essential health services, dental care is not routinely protected when a household experiences a financial shock.¹⁰

Despite the close relationship between social disadvantage and poor oral health, social support systems, including income support and disability programs, do not consistently address access to essential oral health care.

Why the current system creates inequity

1. High out-of-pocket costs

Medicare does not generally cover dental care for Australian adults. Most services are delivered through private practices and paid for through patient fees, with private health insurance covering only part of the cost for some people. This means that access is strongly influenced by ability to pay. People with sufficient income can obtain regular preventive care and seek treatment before a condition worsens. Those with limited financial resources may delay care, decline recommended treatment or wait until pain and infection make treatment unavoidable. The result is a system in which clinical need does not always determine when or what care a person receives.

2. Limited public oral health capacity

State and territory public dental services provide essential care to eligible patients but must operate within limited funding, workforce and service capacity. High demand means services often need to prioritise urgent and problem-based treatment. While this is necessary, it can leave less capacity for regular prevention, early intervention and continuing care. Many people who sit just above public dental eligibility thresholds and do not qualify for public care are unable to afford private treatment. While increasing the access and capacity of public dental capacity may be important, public services alone cannot resolve the broader affordability problem. Australia also requires a nationally coordinated approach to financial protection for essential oral health care.

3. Market pressures affect what care is visible, accessible and sustainable

As there is no Medicare funding for dentistry, private dental practices must recover the costs of staff, equipment, materials, premises, education, insurance and regulation through the fees charged to patients. A private health service must also deliver a profit to remain sustainable and commercially viable for owners and shareholders.

Practices also operate in a market shaped largely by people who can afford private care. Social media and changing consumer expectations have increased the visibility of cosmetic and aesthetic dental treatment. Highly visible or higher-value procedures may be easier to promote and prove more profitable, than routine prevention and disease management.¹¹

Private health insurance arrangements, competition between providers, changing practice ownership models and financial sustainability may also be influencing which services are marketed and how care is delivered.

This is not a criticism of individual dental practitioners as health professionals but a commercial reality of operating a private health service.

The underlying policy problem is that Australia relies heavily on a private market to provide essential health care services. When basic oral health services sit outside of the funded healthcare framework, the market responds most strongly to the preferences of people who can afford the care and the profitable services they demand rather than the needs of the whole population.

This can direct public attention towards elective treatment while prevention and essential disease management remain financially out of reach for many Australians.

What AOHPI recommends

AOHPI supports a practical, evidence-based pathway towards universal access to essential oral care. Universal access does not require every dental service to be provided without cost. It means ensuring that all people can obtain a nationally agreed package of essential services without facing financial hardship and with greater support provided according to clinical and social need.

Priority 1: Establish financial protection for essential oral health care

The Australian Government, in partnership with states and territories, should:

- develop a national roadmap towards universal coverage of essential oral health care
- define an initial package of essential services, including prevention, diagnosis, pain relief and treatment of oral disease
- introduce coverage in stages, beginning with people experiencing the greatest financial and clinical barriers
- align implementation with the next National Oral Health Plan and broader primary health care reform
- establish clear national objectives, responsibilities and timeframes.

The staged approach should be designed to expand access without destabilising existing public or private service capacity.

Priority 2: Protect access during financial hardship

Governments should introduce targeted, time-limited assistance for people experiencing major income shocks, including unemployment.

Support should allow people to continue essential preventive care and complete clinically necessary treatment rather than waiting until their condition becomes urgent.

Governments should also review gaps affecting:

- Aboriginal and Torres Strait Islanders
- people whose incomes are slightly above public dental eligibility thresholds
- people living with disability
- people receiving income support
- working-age adults who are not covered by existing concession-based programs.

Priority 3: Strengthen prevention and public oral healthcare capacity

Governments should increase investment in state and territory public dental services, including workforce, infrastructure and service capacity and harness the private sector services to meet unmet needs (e.g. using voucher programs and CDBS-like schemes).

Funding should support a stronger balance between:

- urgent treatment
- regular preventive care
- early intervention
- continuing disease management.

Oral health prevention should be treated as a core part of health care, rather than an optional service available mainly to people who can afford regular private appointments.

Priority 4: Improve accountability and value

Australia requires clearer information about who is missing care, why they are missing it and how public and private funding affects access.

Governments and relevant agencies should regularly report on:

- unmet need caused by cost barriers
- out-of-pocket expenditure
- public dental waiting times and service capacity
- differences in access by income, disability, employment status and location
- the value delivered by private health insurance and other third-party funders

Regulatory requirements and associated costs should also be reviewed where there is evidence that they increase the cost of delivering essential care without providing a proportionate benefit to patient safety or quality.

Public reporting should be transparent, accessible and suitable for use by governments, researchers, journalists and communities.

Conclusion

Oral healthcare should not depend primarily on a person's capacity to pay.

Australia's current arrangements expose individuals to high out-of-pocket costs, leave public services under sustained pressure and contribute to substantial differences in access between population groups.

AOHPI calls for a staged national pathway towards universal financial protection for essential oral healthcare. This should be supported by targeted assistance during financial hardship, stronger public oral health and preventive capacity, and transparent reporting on affordability and unmet need.

Making essential oral healthcare affordable will reduce preventable disease, improve overall health and wellbeing and lessen the need for more complex and costly treatment.

Appendix 1

Responsibilities for implementation	
State and Territory Governments	Governments should jointly develop the roadmap towards universal financial protection, invest in public dental capacity and ensure oral health is integrated into broader health, disability and social policy.
Private health insurers and other funders	Insurers and third-party funders should demonstrate how government subsidies, premiums and benefit arrangements improve affordability, access and oral health outcomes.
Dental professionals and professional organisations	Dental professions should continue to support ethical, evidence-based and patient-centred care, with prevention and disease management clearly communicated as essential health services.
Education providers	Universities and other oral health education providers should strengthen understanding of population health, prevention, health equity and the place of oral health within the broader health system.
Public information providers	Governments, health organisations and professional bodies should provide accessible, evidence-based information that helps people understand treatment options and seek care early. Communication should avoid stigma and recognise that delayed dental attendance is often the result of complex financial and structural barriers, not a lack of personal responsibility.

Further reading

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- ¹⁰ Kaur G, Tsakos G, Yap T, Karahalios A, Chen Z, Singh A. Effect of becoming unemployed on affordability of oral health care among Australian adults. JDR Clinical & Translational Research. 2025. <https://doi:10.1177/23800844241311843>
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