

*Obtained by
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NEW DEMOCRATIC PARTY'S DENTAL CARE PROPOSAL

Description of the Proposal

- The New Democrat Party (NDP) has identified issues of inequality and wasted spending related to the lack of access to dental care, citing routine care avoidance due to cost and resulting high preventable oral health emergency room spending. The NDP has committed to address this issue through public funding of coverage for dental care services for lower-income households set to begin in January 2020.
- The proposed "Denticare" is a national and income-based dental care plan which promises to deliver affordability and better health to Canadians. Covered services would include examinations, cleanings and fluoride rinses, x-rays, teeth fillings, crowns, root canals, treatments for gum disease, dentures, and braces for non-cosmetic purposes.
- The coverage would be similar to the federal government's Non-Insured Health Benefits (NIHB) program for First Nations and Inuit. By default, the dental program would be administered by the federal government, or by provinces and territories (PTs) upon agreement. Existing PT dental programs are assumed to continue.
- Dental care would be free for households making under \$70,000 annually, with a sliding copayment scale for those who earn between \$70,000 and \$90,000. There is no mention of households earning above \$90,000 annually (it is assumed those earning over \$90,000 will not be eligible for Denticare). The plan does not identify specific coverage for children, seniors, or other demographics (it is assumed all within the income threshold will be equally eligible for Denticare).
- Dentists and community health centres would be reimbursed for the services they provide. The program would be funded through operating and capital expenses and other transfer payments.
- The NDP would work with provincial partners, and health professionals such as dentists to add a provision for dental care in the *Canada Health Act*. The NDP considers its proposal "a down payment" on party founder Tommy Douglas's goal of having dental care included in Canada's publicly funded health care system.
- The Parliamentary Budget Officer (PBO) costed the plan and said Denticare would cost nearly \$1.9 billion for 2020-2021, then drops to \$824 million in 2021-2022 where it remains relatively stable at \$856 million by 2028-2029. The PBO estimate is assessed as having moderate uncertainty due to sensitivities over population demographics, disease prevalence, and utilization rates.

Cost of proposed measure

\$ millions	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029
Total cost	560	1,884	824	831	833	834	844	848	847	856

Background to Dental Care Access

- According to the Canadian Institute for Health Information, \$15,209 million was spent on dental services in Canada in 2016: 53% was covered through private insurance (\$8,059.1 million); 41% was paid out-of-pocket (\$6,240.1 million); and 6% was publicly funded (\$909.5 million).
- The majority of Canadians receive dental coverage through employment-based private health insurance plans, which cover about two-thirds of Canadians.
- FPT governments provide some dental care coverage. Through the NIHB, the federal government provides recognized First Nations and Inuit persons and their children with comprehensive dental coverage services not available under other federal, provincial, or territorial programs. The federal government also provides comprehensive dental services to Canadian Armed Forces personnel. PT coverage is often limited to certain dental services for groups such as Social Assistance recipients, children in low-income households, and people with certain disabilities.

Need Analysis

- The proposal addresses a significant issue relating to access to dental services. Access to these services varies with income; those with higher incomes tend to use more dental services. This is likely related to access to dental insurance. Coverage for dental services usually forms part of employment-based private health insurance plans. Enrolment in employment-based private health insurance is more common among individuals with steady, full-time, and well-paying jobs. As a result, those without these well-paying jobs and people not in employment are less likely to be insured for dental services and use dental services.
- Income-related inequalities in oral health are greater than income-related inequalities in other health indicators. According to the Canadian Academy of Health Sciences, 17.3% of the population (approximately 6 million people) reported avoiding a visit to a dentist due to cost in 2014. In 2017, the Canadian Dental Association found those with the highest levels of oral health problems were also those with the greatest difficulty accessing oral health care: 47% of lower-income Canadians had a dental care need and 34% reported cost as a problem accessing dental care (versus 26% with a dental care need and 9% with an access issue in the higher-income group).
- Indigenous populations suffer from some of the worst oral disease rates in Canada. Due to rural isolation, care is often not available due to issues unrelated to cost. In some cases, poor oral health is so common among Inuit and First Nations children that caregivers may consider the high prevalence of dental decay among youth to be 'normal'.
- According to research conducted by the University of British Columbia in 2017, emergency room visits from dental emergencies in Canada cost taxpayers approximately \$155 million annually, but these visits often do not address underlying dental issues, leading to return visits and ongoing pressures on the health care system.
- The cost of dental services could also be a barrier to accessing these services. Costs of Canadian dental services could be high, compared to the costs of some other industrialized countries. The C.D. Howe Institute reported that dental services in Canada amounted to 7.4% of total health care costs, compared to 4.0% in the United States and 4.1% in the United Kingdom in 2010. (However, differences in coverage and unmet need might also be behind these spending differences.)

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