



WRITTEN SUBMISSION TO THE HOUSE OF COMMONS STANDING COMMITTEE ON FINANCE

2026 Pre-Budget Submission



Spring 2026

Submitted by:

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List of Recommendations:

The Canadian Ophthalmological Society recommends the government take the following immediate steps:

Recommendation 1: Establish a federal-provincial-territorial Steering Committee on Vision Health to guide implementation of Canada's National Eye Care Strategy.

Recommendation 2: Establish National Evidence-Based Clinical Care Pathways for Eye Health

Recommendation 3: Ensure Federal Leadership in Advancing Innovation and Artificial Intelligence (AI) in Vision Health Research and Care Delivery

Recommendation 4: Strengthen Health Canada's Medical Device Review and Oversight Processes for Vision Health Technologies

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Background:

The Canadian Ophthalmological Society (COS) is the national authority on eye and vision care in Canada, representing over 1,100 ophthalmologists and residents. As medical doctors and surgeons specializing in eye care, ophthalmologists are uniquely trained to diagnose and treat both routine and complex eye diseases, perform surgical interventions, and identify systemic conditions with ocular manifestations. Ophthalmologists are the foremost subject matter experts in eye care.

COS works collaboratively with governments, national and international medical organizations, academic institutions, and patient advocacy groups to advance vision health policy and improve patient outcomes across Canada. As an affiliate of the Canadian Medical Association and an accredited provider of Continuing Professional Development through the Royal College of Physicians and Surgeons of Canada, COS promotes excellence in ophthalmology and supports its members in delivering high-quality care.

Vision health is a critical and growing public health issue. Approximately 1.2 million Canadians are living with vision loss, while more than 8 million are affected by major eye diseases such as age-related macular degeneration, glaucoma, diabetic retinopathy, and cataracts.¹ The total annual cost of vision loss in Canada was estimated at \$32.9 billion in 2019, reflecting both direct health system costs and broader societal impacts, including lost productivity and reduced quality of life.²

Importantly, up to 75% of vision loss is preventable or treatable with early detection and timely intervention.³ However, access to care remains uneven across regions, and system fragmentation can delay diagnosis and treatment, leading to avoidable outcomes for patients and increased costs for the health system.

With the passage of Bill C-284, An Act to Establish a National Strategy for Eye Care, Canada now has a legislative foundation to address these challenges. Budget 2026 presents a critical opportunity to move from legislative intent to meaningful implementation.

Recommendation 1: Establish a federal-provincial-territorial Steering Committee on Vision Health to guide implementation of Canada's National Eye Care Strategy.


Following Royal Assent of Bill C-284 in November 2024, the federal government must now ensure effective and coordinated implementation of Canada's National Eye Care Strategy. COS recommends the establishment of a federal-provincial-territorial (FPT) Steering Committee on Vision Health, leveraging existing Health Canada and Public Health Agency of Canada resources.

This Steering Committee would provide strategic oversight, ensure alignment across jurisdictions, and support timely, accountable implementation of national priorities, guided by ophthalmologists as the clinical, surgical, and academic subject matter experts. It would serve as the central coordination mechanism to advance collaboration among governments, clinicians, researchers, and patient organizations. The Committee makeup should include people with lived experience, vision health professionals across the care continuum, researchers, vision health leaders, and relevant community-based organizations.

The Steering Committee would:

- Guide implementation of the National Eye Care Strategy across federal, provincial, and territorial governments.
- Support the development of evidence-based policies, standards, and guidelines.
- Establish a centralized national vision health data repository to improve surveillance, data sharing, and long-term system planning.
- Facilitate collaboration among health professionals, governments, patient organizations, and researchers.
- Lead national public awareness campaigns focused on prevention, early detection, and treatment.
- Support workforce planning initiatives, including collaboration with medical faculties and provinces to expand ophthalmology residency positions.

Canada currently lacks a unified national approach to vision health coordination and data. This gap limits the ability of governments to effectively plan for future demand, allocate resources, and measure outcomes. A formal FPT Steering Committee would provide the structure needed to address fragmentation, improve accountability, and ensure sustained progress.



In addition, demand for ophthalmic care is increasing due to population aging and rising rates of chronic disease. Without proactive workforce planning, Canada risks longer wait times for specialized care, particularly in rural, remote, and underserved communities.

Embedding formal ophthalmology leadership within national policy development will ensure that implementation is grounded in clinical expertise, improving patient safety and system effectiveness.

Recommendation 2: Establish National Evidence-Based Clinical Care Pathways for Eye Health


Canada's eye care system is characterized by variation in referral practices, scope of practice, and care delivery models across jurisdictions. This can result in delays in diagnosis, duplication of services, and inconsistent patient outcomes.

COS recommends the development of national, evidence-based clinical care pathways to support coordinated, patient-centered care. As scope of practice expansion is actively being considered across Canada, these pathways must ensure that patient safety remains the central and non-negotiable principle guiding any changes to care delivery. The federal-provincial-territorial Steering Committee on Vision Health should play a central role in guiding the development, coordination, and pan-Canadian alignment of these pathways, including final review by ophthalmologists as the subject matter experts to ensure interprofessional patient care pathways optimize efficiency and access while maintaining patient safety.

These pathways should:

- Define clear referral protocols and escalation criteria based on clinical risk, professional scope, and complexity.
- Ensure that patients receive care aligned with provider training and scope of practice.
- Promote collaboration across ophthalmologists, optometrists, opticians, primary care providers, and allied health professionals.
- Cover the full continuum of care, including prevention, screening, diagnosis, treatment, surgery, and rehabilitation.

Evidence-based care pathways have been shown to improve patient outcomes, reduce wait times, and enhance system efficiency by ensuring that resources are used appropriately.⁴ In the context of eye care, delayed or incorrect diagnosis can



result in irreversible vision loss, underscoring the need for clearly defined escalation protocols and specialist involvement where appropriate.

Ophthalmologists, as the medical and surgical experts in eye care, must be integrated into pathway design and implementation, particularly in cases involving diagnostic uncertainty, disease progression, or the need for surgical intervention.

Clear and consistent guidance on interprofessional collaboration will ensure that different providers contribute effectively to patient care while maintaining appropriate clinical oversight and accountability.


COS further recommends that any changes to scopes of practice be subject to transparent, medical expert-led review to ensure alignment between training, responsibility, and patient safety. Roles within the eye care system are complementary but not interchangeable, and care delivery must always reflect this distinction.

A national framework would support consistency across provinces and territories while respecting jurisdictional authority over health service delivery. It would also improve transparency, strengthen patient confidence, and reduce fragmentation in care.

Recommendation 3: Ensure Federal Leadership in Advancing Innovation and Artificial Intelligence (AI) in Vision Health Research and Care Delivery

The Canadian Ophthalmological Society (COS) urges the federal government to support innovation, digital health tools, and artificial intelligence (AI) in vision health by ensuring that eye care remains a core priority within any federal initiatives on health care innovation and AI policy development.

Ophthalmology is uniquely positioned to benefit from AI integration due to its focus on imaging and data-driven diagnostics. In a recent Canadian validation study, the CARA AI platform—developed in partnership with the Centre hospitalier de l'Université de Montréal (CHUM)—achieved 87.5% sensitivity (95% CI 71.9-95.0) and 66.2% specificity (95% CI 54.3-76.3) in detecting referable diabetic retinopathy⁵. Further research and innovative models, including those being developed by Euclid Telehealth and Orbis Canada's AI-enabled vision screening initiatives, are also demonstrating meaningful success.




Such tools can help deliver faster, earlier diagnoses to patients especially in rural, remote, and underserved communities, including Indigenous populations, while enabling more efficient use of clinical resources. Importantly, AI applications in vision health can complement the work of ophthalmologists by expanding access and improving referral pathways.

With an aging population and rising prevalence of vision-threatening diseases such as diabetic retinopathy, glaucoma, and macular degeneration, federal coordination is urgently needed to ensure that Canadians can benefit from these advances. Smart investment in AI tools for vision health supports the government's broader agenda to increase productivity, unlock the potential of new technologies, and deliver results-focused public services.

To fully realize these benefits, and to ensure Canada is at the forefront of advancements in vision health, COS recommends that the federal government:

- ***Integrate vision health into national AI and digital health strategies***, ensuring that ophthalmology is recognized as a high-impact area for health system innovation and modernization.
- ***Support the evidence-based assessment and deployment of AI Health Canada-approved AI-powered diagnostic and clinical decision-support tools*** in eye care, with targeted investment in models that improve access for rural, remote, and Indigenous communities.
- ***Promote intersectoral collaboration*** among government, academia, health providers, and the Canadian technology sector to drive scalable innovation in vision care.
- ***Prioritize investment in health data infrastructure and virtual screening capacity*** to support early diagnosis, population health management, and precision medicine approaches in ophthalmology.
- ***Establish dedicated federal support for vision health research***, including targeted funding within the Canadian Institutes of Health Research (CIHR) to support pure and applied vision health research.

By embedding vision health into Canada's broader innovation and productivity agenda, the federal government can help unlock a more equitable, accessible, and resilient health care system. The COS and its partners are committed to working collaboratively with government to ensure that AI delivers tangible health benefits, particularly for those who have historically faced barriers to care. In doing so,



Canada can lead by example in aligning digital transformation with inclusive growth and national well-being.

Recommendation 4: Strengthen Health Canada's Medical Device Review and Oversight Processes for Vision Health Technologies

As innovation in vision health accelerates, ensuring the safety, efficacy, and appropriate clinical use of emerging technologies is critical. The Canadian Ophthalmological Society recommends that the federal government strengthen Health Canada's medical device review and post-market oversight processes as they relate to ophthalmic technologies.

Recent approvals of novel vision health devices, including technologies intended for use in the management of complex and highly prevalent conditions such as age-related macular degeneration, have raised important questions within the clinical community regarding evidentiary standards, clinical validation, and appropriate use across provider groups.

In the absence of clear, consistently applied standards, there is a risk that devices may be adopted in clinical contexts, potentially leading to delayed diagnosis, inappropriate treatment, or avoidable patient harm, both physically and financially.

To support patient safety and maintain confidence in Canada's regulatory system, COS recommends that Health Canada:

- Enhance transparency in medical device approval processes, including clearer communication of clinical evidence requirements and decision-making criteria.
- Ensure that devices intended for diagnosis or treatment of complex eye diseases are supported by robust, peer-reviewed clinical evidence, aligned with international best practices.
- Strengthen post-market surveillance and real-world evidence collection to monitor safety, effectiveness, and outcomes.
- Establish formal mechanisms for clinical expert engagement, including consultation with ophthalmologists, in the review and evaluation of ophthalmic devices.

- Provide clearer guidance on appropriate use, scope of practice considerations, and patient safety implications for emerging technologies.

Given the complexity and potential risks associated with vision-threatening conditions, regulatory oversight must reflect the level of clinical expertise required to safely diagnose and manage these diseases.

Strengthening Health Canada's approach to medical device review in vision health will help ensure that innovation is introduced responsibly, supports high-quality care, and protects patients from unintended harm.

REFERENCES

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² **Canadian Council of the Blind.** (2021). *The cost of vision loss and blindness in Canada: Summary report.* Deloitte Access Economics. Retrieved from <https://www.fightingblindness.ca/wp-content/uploads/2021/12/Deloitte-Cost-of-vision-loss-and-blindness-in-Canada-report-May-2021.pdf>

³ **World Health Organization.** (2019). *World Report on Vision.* Retrieved from <https://www.who.int/publications/i/item/world-report-on-vision>

⁴ **Health Quality Ontario.** (2015). *Advancing Integrated Care: Cross-sector perspectives from Ontario's health system.* Retrieved from <https://www.hqontario.ca/Portals/0/documents/qi/advancingintegratedcare-qip-eng.pdf>

⁵ **Antaki F, Hammana I, Tessier MC, et al.** (2024). Implementation of Artificial Intelligence-Based Diabetic Retinopathy Screening in a Tertiary Care Hospital in Quebec: Prospective Validation Study. *JMIR Diabetes.* 2024;9:e59867. Published 2024 Sep 3. doi:10.2196/59867 <https://diabetes.imir.org/2024/1/e59867>