Written Submission to the Finance Committee for the 2025 Pre-Budget Consultations in Advance of the Upcoming Federal Budget

The Canadian Association of Optometrists

August 2024

Recommendation 1: That the Government of Canada prioritizes the vision health of all Canadians through the investment in a National Vision Strategy through the Public Health Agency of Canada or Health Canada, under the leadership of a Chief Vision Health Officer.

Recommendation 2: That the Government of Canada act on expanding the list of eligible occupations under the Canada Student Loan Forgiveness Program to include optometrists to effectively address the access to care challenges faced by people who live in rural, remote, or sparsely populated areas and Indigenous communities.

Recommendation 3: That the Government of Canada carve out a capital gains tax increase exemption for healthcare professionals.

Recommendation 4: That the Government of Canada honour its commitment to work in partnership with Indigenous communities to deliver the best results for people's health and ensure that our country's healthcare system respects the unique needs of Indigenous Peoples by including appropriate vision care services and collection of data on access to vision services through the Indigenous Health Equity Fund.

This CAO submission intends to highlight Canadian optometrists' willingness to collaboratively contribute to a thriving economy and a healthy population. Current efforts fall short, as vision health is not acknowledged as an integral part of overall health or a key element of population health. Notably, vision policy is absent at Health Canada and the Public Health Agency of Canada, prompting CAO to urge the federal government to recognize and implement the four recommendations outlined in this submission. Optometrists are keenly aware that, in Canada, 90% of eye diseases and conditions are treatable or preventable. By demonstrating real leadership in providing better vision for all Canadians, optometrists are adeptly positioned to address economic concerns such as productivity, employability, and mobility. Insufficient access to vision care services hinders many Canadians from reaching their full earning and educational potentials.

The Canadian Association of Optometrists (CAO) is the national voice of optometry. Optometrists are independent primary health care providers and represent the front line of vision care. Optometrists practice in a range of settings: most work in private practice, others work in general practice clinics, hospitals, community health centres, corporate optometry, research, teaching and administration.

Recommendation 1: That the Government of Canada prioritize the vision health of all Canadians through the investment of a National Vision Strategy through the Public Health Agency of Canada or Health Canada, under the leadership of a Chief Vision Health Officer.

As of August 2024, Bill C-284 "An act to establish a national strategy for eye care" which is currently with the Senate has the potential to bring significant positive changes to vision care in Canada, where the well-being of Canadians is paramount. The CAO hopes it will lead to the creation of a Vision Health Desk at the Public Health Agency of Canada or Health Canada, streamlining the approval process for new medicines and technology, increased investment in made-in-Canada research, targeted investments for eye health awareness, advocacy, and support groups, and enhanced access to care for our most vulnerable including seniors, children, Indigenous and other marginalized people

A January 2023 Abacus Data poll demonstrated that 67% of Canadians supported an increased role of the Federal Government in eye health and vision care Furthermore, 77% of Canadians supported the notion of a federal eye health strategy that would ensure Health Canada could rapidly consider new applications for treatments and devices used to treat eye conditions; promote research and improve data collection on eye disease prevention and treatment; enhance vision care access for people who are underserved including Indigenous peoples, lower income households; and promote information and knowledge sharing between the federal and provincial governments in relation to eye disease and prevention. While long overdue, the federal government can demonstrate real leadership in vision care. Through the wellness and prevention mandate at the Public Health Agency of Canada, a National Vision Strategy would establish measurable goals to close the gaps in health outcomes relating to vision care.

We believe that a national strategy will not only enhance the quality of life for Canadians but also contribute to a more efficient and accessible vison health system. By increasing funding for made in Canada research, promoting awareness, and improving access to essential eye care services, we can reduce the burden of eye-related health issues on individuals, and relieve some of the weight already harbored within our healthcare system.

Recommendation 2: That the Government of Canada act on expanding the list of eligible occupations under the Canada Student Loan Forgiveness Program to include optometrists to effectively address the access to care challenges faced by people who live in rural, remote, or sparsely populated areas and Indigenous communities.

While we acknowledge that the Government of Canada is expanding the program to invaluable healthcare allies in its 2024 budget, we cannot stress enough that it is past time to include optometry within the program to ensure Canadians can access the care they need in all parts of our vast country.

We urge the Federal government to acknowledge vision health as an integral part of overall health, and support access to optometrists in rural and remote communities.

As primary eye care providers at the front line of vision health, optometrists play an integral role in the provision of timely health services and the overall wellbeing of Canadians.

More than 1.2 million Canadians live with vision loss today, and more than eight million Canadians live with one of the four major eye diseases. Blinding diseases affect older adults (55+) at much higher rates, and as Canada's population ages, the number of individuals affected by vision impairment will rise. However, 90 per cent of visual impairment is avoidable and treatable if detected early. In 2019, the total cost of vision loss in Canada was estimated at \$32.9 billion¹, including \$9.5 billion in direct health system costs. Yet, studies have shown that timely access to diagnosis and treatment saves money in the long run.

The Government of Canada has a significant opportunity to act now by including optometrists in the Canada Student Loan Forgiveness Program to effectively address the access to care challenges faced by people who live in rural, remote, or sparsely populated areas. As stated in the 2023 federal budget, one way is to encourage younger generations to relocate to rural and remote communities is to provide student debt relief. The cost of studying optometry in Canada is close to \$100K² and close to twice this for the many new Canadian optometrists who chose to study in the USA. Considering this substantial financial commitment and the essential role optometrists play in vision care, it is equitable that they receive a commensurate level of student loan forgiveness, mirroring the support provided to other Health and Social Services Workers.

Canadian optometrists are eager to contribute to health equity and well-being for all. Student loan forgiveness is vital to facilitate the recruitment and retention of optometry professionals in these regions. It is imperative to broaden this Program's scope to include optometrists and address the pressing need for improved access to vision care for people living in rural and remote communities.

Recommendation 3: That the Government of Canada carve out a capital gains tax increase exemption for healthcare professionals.

At a time when primary care access is under significant strain, governments must use every possible tool to support the recruitment and retention of health professionals. The timing of the proposed changes will not only add an additional financial burden on healthcare providers but may also disincentivize individuals from establishing new practices, especially in rural and remote communities that are chronically underserved.

The increase in the capital gains inclusion rate from one-half to two-thirds risks stifling innovation and entrepreneurship within these professions. Higher taxes on capital gains will reduce the resources available for healthcare professionals to invest in new equipment, rapidly evolving technology, and training, limiting their ability to adapt to evolving patient needs and deliver optimal healthcare outcomes.

This tax measure, while intended to ensure fairness, may inadvertently place a heavier

² The Canadian Association of Optometry, "Becoming a Doctor of Optometry"



¹ The Canadian Council of the Blind "The Cost of Vision Loss and Blindness in Canada"

financial burden on those who have invested significantly in serving their communities in small, often rural, or underserved areas. It may also deter new and aspiring practitioners from entering the healthcare professions, which would be contrary to the intended effect of the recent changes in the federal budget.

Although beneficial, the proposed increase to the Lifetime Capital Gains Exemption (LCGE) to \$1.25M, may not fully offset the increased tax liabilities incurred by the higher inclusion rate of 67%. While we understand that this proposed measure attempts to provide a solution to Canada's deficit, it fails to consider the long-term implications and complications. Many healthcare professionals plan their retirement based on the equity built into their businesses, and the new tax regime could significantly diminish the value they expect to derive from years of service. It is essential that the federal government carve out a capital gains exception for healthcare professionals.

Recommendation 4: That the Government of Canada honour its commitment to work in partnership with Indigenous communities to deliver the best results for people's health and ensure that our country's health care system respects the unique needs of Indigenous Peoples by including appropriate vision care health services and collection of data on access to vision services through the Indigenous Health Equity Fund.

In Canada, there exists a stark contrast in health outcomes between the general population and Indigenous peoples. While Canada boasts a universal healthcare system, Indigenous communities face significant barriers to accessing quality vision care services. The CAO draws much pride from our dedicated member optometrists enrolled in the NIHB Health Benefits program. Providing care to Indigenous patients addresses only a small percentage of identified barriers to access to care issues. This is not enough. Enrolled optometrists know, first-hand, the gaps in vision care services throughout Indigenous communities. The CAO has identified an opportunity to improve fair and equitable access to quality and culturally safe vision health services through the federal Indigenous Health Equity Fund. This Federal investment of \$2 billion over 10 years, encourages greater Indigenous control of health services, and addresses the unique challenges Indigenous Peoples across Canada face to deliver better health outcomes. Optometrists are prepared to work collaboratively with Indigenous partners and their communities to address these gaps by providing quality vision care services which support Indigenous health priorities, and work towards eliminating health inequalities.

The CAO recommends that vision care services, infrastructure and necessary medical equipment for mobile optometry clinics be included as an important element in the offering and implementation of the Indigenous Health Equity Fund. As a result, indigenous communities could better address and amplify the resources needed for comprehensive disease prevention, management, and health promotion by addressing the individual needs of each specific population demographic with regards to eye health and vision care.

In addition, there is an urgent need to invest in Indigenous-lead data collection on access to vision services in Indigenous communities.

There currently exists no comprehensive information on how, where, and when Indigenous people across Canada are accessing or unable to access vision care services. Collection of this data including sharing best practices would allow communities to target their investments or learn from other communities on how they are establishing vision care services in the community.

The CAO thanks the finance committee for their consideration of our budget 2025 recommendations.