

This document is background for the Medtech Canada Board of Directors and for Medtech Canada members on the association’s activities. It is produced quarterly and encompasses both Medtech Canada’s new initiatives and updates to ongoing initiatives and activities over the last quarter.

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# 1. New, Emerging, or Priority Updates

## A. Highlights – Québec Budget 2026–2027

- On March 18, 2026, the Government of Québec presented its 2026–2027 budget. This note outlines the key highlights of this budget exercise, as well as measures that may be of interest to Medtech Canada members.
- **Budgetary Situation**
  - Government expenditures for 2026–2027 are estimated at \$170.8 billion, while projected revenues stand at \$166.5 billion;
  - The projected deficit for 2026–2027 reaches \$8.6 billion after a payment to the Generations Fund. This represents a significant improvement compared to the \$13.6 billion deficit forecast in the previous budget. A return to a balanced budget is still planned for 2029–2030;
  - The real GDP per capita gap with Ontario has narrowed to 10.2%, the smallest gap observed since data collection began in 1981.
- **Economic Outlook**
  - Due to an international economic context marked by uncertainty and rising protectionism, Québec’s economic outlook remains weak.
  - Economic growth is projected at 1.1% in 2026 and 1.4% in 2027.
- **New Investments**
  - The budget includes relatively modest new investments totaling \$9.6 billion over five years, mainly to ensure funding for the province’s priorities, stimulate the economy, and protect vulnerable populations.
- **Continuing efforts to shorten surgical wait lists**
  - In order to continue reorganizing and optimizing surgical operations, the government allocated significant funds aimed at shortening surgical wait lists.
  - Since September 2022, these funds have reduced by 80% the number of people waiting for surgery for over a year.
  - **To continue efforts to shorten surgical wait lists, the government is allocating \$200 million over five years in Budget 2026-2027.**
- **Economic Development and Innovation**
  - The government plans to invest \$1.7 billion to accelerate Québec’s economic transformation. Of this amount, \$375 million is dedicated to supporting economic projects in high-potential sectors.
  - The budget also allocates \$283 million over five years to strengthen economic competitiveness through innovation.
  - Of this envelope, \$187.7 million will support the innovation chain, and \$73.3 million will support the growth of innovative industries and the adoption of advanced technologies.

- **Access to Primary Care**
  - In its budget, the government refers to the implementation work for the Government Policy on the Organization of Primary Care Services, which is expected to be announced shortly, and its intention to strengthen interdisciplinarity through a collaborative approach integrating expertise from multiple disciplines (medical, social, etc.), promoting coordination, complementary roles, and innovation in care delivery.
  - The budget provides a total of \$164.8 million to improve access to primary care and services and enhance care pathways to better meet the needs of Québec's population.
- **Québec Life Sciences Strategy**
  - The budget includes an investment of \$92.7 million to fulfill commitments made under the Québec Life Sciences Strategy 2025–2028, aimed at accelerating the listing of new medications. (For more info on the government's Life Sciences Strategy see our Dec. 2025 Info Alert here).
- **Health Technological Infrastructure**
  - The government is increasing infrastructure investments by more than \$5 billion over six years, bringing the Québec Infrastructure Plan (PQI) 2026–2036 to \$167 billion.
  - These new funds will be allocated to priority sectors, including health and social services, as well as the digital transformation of public bodies.
- **Digital Sovereignty**
  - The Québec budget provides \$42.4 million over four years to enhance the agility, security, and resilience of public services, reduce reliance on external providers, and support digital sovereignty.
  - This funding will support the development of a platform offering a unified, modern, and secure environment for developing digital solutions, thereby accelerating the digital transformation of public organizations.
- If you have any questions on the above, or any other Quebec-related matters, please contact Medtech Canada's Quebec Vice-President, Olivier Bourbeau at [obourbeau@medtechcanada.org](mailto:obourbeau@medtechcanada.org) .

## B. Health Canada Restructuring and Modernization

- Health Canada is restructuring and modernizing its operations as a part of the government's recent Budget. This includes Health Canada's Medical Devices Directorate, aligning with the department's [Red Tape Reduction initiative](#) which was announced in fall 2025.
- Medtech Canada will keep our members posted on any further updates through our Regulatory Affairs Committee.
- If you have any questions regarding this or any other regulatory matters, please contact Mia Spiegelman, Medtech Canada's Vice-President, Regulatory, Quality and Environmental Affairs at [mspiegelman@medtechcanada.org](mailto:mspiegelman@medtechcanada.org)
- Please find below a letter from senior leaders at Health Canada regarding this restructuring.

*On November 4, 2025, the Government tabled Budget 2025: Canada Strong. The budget focused on long-term investments to strengthen Canada's economy, while also setting a path toward a more sustainable public service.*

*As part of efforts to achieve savings related to the Comprehensive Expenditure Review and to ensure Canadians continue to benefit from essential health and safety oversight, Health Canada is modernizing and streamlining its programs and operations, focusing resources on its core mandate and high-impact activities.*

*This includes enabling a more modern, risk-based regulatory process, and recalibrating science and research activities to better align them with the department's regulatory and policy mandates.*

*As always, Health Canada's work will be guided by science and evidence, and it will continue to fulfill its obligations under the Food and Drugs Act and Medical Device Regulations.*

*We recognize that you may have concerns about the impact of these changes on your business, specifically the timelines for the review of medical device applications, medical device establishment licenses, inspections and the review of clinical trials. As the department implements changes internally, it will make every effort to minimize the impact on the administration of the medical devices programs. This includes the Special Access Program, regulation of investigational testing, pre-market submission review, post-market surveillance, medical devices establishment licensing, inspection and compliance verification.*

*As you may expect, the department is entering a period of significant transition as it takes steps to rebalance budgets and stabilize both the workforce and the workload. Over the coming months, senior officials will be supporting employees through this transition and our teams will require time and space to navigate these changes. We appreciate your understanding and support during this period.*

*We are committed to keeping you apprised of progress as we implement changes to the program.*

### C. Update on Ontario's Health Technology Accelerator Fund

- One of Medtech Canada's advocacy areas is the need for increased opportunities to have innovative medical technologies adopted into Canada's health care system.
- Last year, we were very pleased about the launch of Ontario's new [Health Innovation Pathway](#), which supports the review and adoption of promising health technologies in the province, bringing innovative solutions to the patients that need them and helping medtech companies gain adoption in Ontario's health care system.
- In addition to the Health Innovation Pathway's [open intake process](#) for new technologies, the program may launch time-limited innovation projects to advance the scale and spread of technologies in the health system.

- Two such time-limited projects have been launched through the province's Health Technology Accelerator Fund, a key component of Ontario's Health Innovation Pathway. The fund helps health service providers procure and use innovative technologies in real-world clinical settings.
- Ontario Health launched new [calls for proposals](#) for interested health service providers to participate in two projects:
  - [Abdominal Wall Surgical Supports](#): abdominal fascia closure devices that offer a non-invasive option to support an open abdomen after surgery, preventing damage, streamlining surgical flow and improving patient outcomes
  - [Computer-Assisted Navigation Systems for Total Hip and Knee Arthroplasty](#): solutions focused on improving surgical precision and patient outcomes through advanced navigation technologies.
- Work is ongoing to advance additional projects focused on wound care management and AI-enabled screening to prevent vision loss with Ontario Health and Ontario Health at Home.
- Please reach out to Amy Swanson, Medtech Canada's Vice-President Ontario, at [aswanson@medtechcanada.org](mailto:aswanson@medtechcanada.org) if you have any questions

#### D. Tariff Update – April 14, 2026

- Medical technology imports (finished products and components) from the U.S. to Canada continue to be relieved from all of Canada's retaliatory tariffs, until at least June 30, 2026, (see our December on this Info Alert [here](#)).
- Canadian companies exporting to the U.S. continue to do so tariff free if those products are CUSMA-compliant.
- Products that are not CUSMA compliant are subject to a 10% tariff rate, via Section 122.
- Medtech Canada continues to closely monitor the ongoing U.S. Section 232 investigation of medical technology. The report of this investigation is expected by the end of May 2026.
- Medtech Canada engages regularly with AdvaMed and federal and provincial governments on this and other trade matters.
- Formal/technical discussions regarding the renewal of CUSMA have yet to be initiated between Canada and the U.S. Medtech Canada will continue to monitor this closely as the July 1<sup>st</sup> deadline to sign onto the renewal of CUSMA is fast approaching.
- <https://medtechcanada.us12.list-manage.com/track/click?u=ee57ed699fe269d23646e430e&id=a05f271308&e=b986ffd8af>
- If you have any questions regarding the above, or any other trade-related matters, please contact **Sandra Leffler, Medtech Canada's Tariff and Trade Lead**, at [sandra@lefflerconsulting.org](mailto:sandra@lefflerconsulting.org)

#### E. Medtech Canada Board of Directors Chair Transition

- Effective March 1, James Brodie resigned his role of Board Chair, as he has [departed](#) Johnson & Johnson MedTech Canada (Medtech Canada's bylaws dictate that only member company representatives may sit on our association's board).

- Since last May, Ivy Parks, President of BD Canada, has been our association’s Chair-Elect. Ivy will step into the role of Board Chair effective immediately and will be formally appointed as Board Chair at the May 6 AGM, pending a membership vote.
- During his tenure as Board Chair, James provided steady leadership and invaluable guidance as Medtech Canada navigated immense trade and sector-wide challenges.
- Under his stewardship, the association advanced key priorities that strengthened Canada’s medtech ecosystem—championing the role of medical technologies in addressing health system capacity and human resource pressures, elevating national advocacy on value-based procurement, and ensuring our sector’s voice influenced provincial and federal policy decisions.
- His term saw meaningful progress across all areas of our strategic plan, including expanded support for Canadian-based companies, enhanced regulatory and supply-chain collaboration with governments, and a strengthened community of members united through education, partnerships, and impactful national events. James’ commitment to our mission has helped position Medtech Canada as a trusted, influential leader at a time of unprecedented change for our industry.
- We would like to sincerely thank James for his immense contributions to our association, and I wish him the very best in his future endeavours.
- We would also like to extend a warm welcome to Ivy as she assumes the role of Board Chair—we look forward to working with her to continue to grow our sector, championing opportunities for our members and improving patient care

## F. New Statistics Canada Study Highlights the Strength of Canada’s Medtech Sector

- We are pleased to share important news about Canada’s medical technology industry. Statistics Canada has recently released a study on the Canadian medical devices sector, offering a comprehensive look at our sector’s economic footprint, employment impact, R&D intensity, and international trade performance.
- This independent analysis reinforces what our community already knows: **Canada’s medtech sector is a high-value, innovation-driven industry that plays a vital role in the nation’s economy and health-care ecosystem.**
- The findings provide compelling evidence of the sector’s contribution to jobs, research investment, and export activity—evidence that is already strengthening Medtech Canada’s advocacy efforts with policymakers and stakeholders.
- The Statistics Canada report can be found [here](#).
- To support your understanding and use of this information, we are pleased to provide the following resources:
  - [Presentation Slides](#) summarizing the study’s core findings
  - [A Visual Infographic](#) highlighting key statistics at a glance
  - [A Key Findings Document](#) offering a concise summary
- These resources are designed to help you communicate the sector’s impact within your organizations, to partners, and across your networks.

- **Why This Matters:** The insights from this Statistics Canada study bolster Medtech Canada’s ongoing work to advocate for policies that support innovation adoption, competitiveness, and patient access to advanced medical technologies.
- Having authoritative, third-party data strengthens our ability to represent the sector’s interests and advance meaningful dialogue with government.
- We encourage you to review the materials and integrate these insights into your internal and external communications as appropriate.
- If you have any questions or would like to discuss the findings further, please contact Medtech Canada’s VP Public and Member Relations, Gerry Frenette at [gfrenette@medtechcanada.org](mailto:gfrenette@medtechcanada.org)

## G. Mandatory Health Canada Regulatory Enrollment Process coming into effect April 1st

- Please see below an official notice from Health Canada regarding the Regulatory Enrolment Process (REP) becoming mandatory starting April 1st, 2026.
- This change will impact how medical device submissions are prepared and processed moving forward.
- The below notice outlines the types of transactions affected, the steps to update company information, and links to resources and training webinars to help you familiarize yourself with the REP process.
- If you have any questions or would like to discuss this further, please contact Mia Spiegelman, Medtech Canada’s Vice President Regulatory, Quality and Environmental Affairs at [mspigelman@medtechcanada.org](mailto:mspigelman@medtechcanada.org).
- **From Health Canada: Mandatory Use of the Regulatory Enrolment Process (REP) for Medical Devices**
  - As part of the Medical Devices Directorate’s (MDD) digital transformation, use of the Common Electronic Submission Gateway (CESG) and the Regulatory Enrolment Process (REP) will become mandatory on **April 1, 2026**.
  - The REP collects information from manufacturers on the company, dossiers, devices, regulatory activities, and transactions. It consists of a set of web-based templates that generate REP Extensible Markup Language (XML) files upon completion.
  - The following types of transactions will be affected and all regulatory submissions must be prepared using the [International Medical Device Regulators Forum \(IMDRF\) table of contents](#) format:
    - Class II, III, IV licence applications
    - Class II, III, IV licence amendments
    - Class II, III, IV minor change amendments [Faxbacks]
    - Class II, III, IV Private Label licence applications
    - Class II, III, IV Private Label licence amendments
    - Responses to terms and conditions (section 36 of the *Regulations*)
    - Responses to requests for additional information (section 39 of the *Regulations*)
    - Responses to licence suspension (section 40 and 41 of the *Regulations*)
  - The following activities are **not** part of the REP at this time:
    - Investigational Testing Applications (ITA)
    - Medical Device Establishment Licence (MDEL) applications

- for example, Class I medical devices
  - Special Access Program (SAP) applications
  - Medical Devices regulated under Part 1.1 of the Medical Devices Regulations (MDRs)
- We appreciate your collaboration as we work towards making this transition. In preparation for the move to the REP, we invite you to familiarize yourself with the process. To this end, we have made recordings from a series of REP training webinars and Q&A sessions available at the following links:
- Webinar <https://www.youtube.com/watch?v=LAIUifN-OEM>
- Q&A <https://www.youtube.com/watch?v=saRoK-3DnG8>
- The Guidance Document for REP is currently available on the following [webpage](#).
- In preparation for this transition, companies that have previously filed an application with MDD were provided a final copy of their Company (CO) Template xml. New applicants will be required to complete and submit a CO template to MDD prior to completing their first application for a new medical device licence.
- The final CO xml is based on MDD's internal records and should any changes be required, please submit an amended CO xml so that your company profile can be updated. If the information listed on your final CO xml is up to date, no further action is required at this time.
- To make revisions to your CO xml, use the web form found at the following [webpage](#). If you are amending a CO xml for a Company ID that does not currently hold an active medical device licence, please indicate this in the Rationale field to facilitate the processing of your request.
- Additional instructions on how to amend your final CO xml can be found at the bottom of this email.
- Please note that **all** future changes to the company or contact information must be made using this CO xml.
- If the regulatory correspondent for questions related to specific regulatory activities and/or medical device licences is a third party, they must enrol their own Company for a separate CO xml prior to completing an application.
- For any questions related to the CO xml, or if you would like to request a copy of your final CO xml, please email [devicelicensing-homologationinstruments@hc-sc.gc.ca](mailto:devicelicensing-homologationinstruments@hc-sc.gc.ca).
- For additional information about the REP, please visit our [website](#) on the topic. If you have any questions, please email [meddevices-instrumentsmed@hc-sc.gc.ca](mailto:meddevices-instrumentsmed@hc-sc.gc.ca)

## 2. Core Committee Updates

### A. Procurement & Supply Chain

#### **Best Practices in Value Based Healthcare Working Group**

- Primary research continues related to the global examples and best practices in Value-based healthcare. The database/ reference tool architecture includes: (not an exhaustive list):
- Date, product focus and participant sites
- Status of, use of early market engagement strategies
- format of RFx (e.g. rfp, rfs, rfi)
- value-based weighting or outcomes-based criteria
- performance-based or risk share contracting
- The working group will continue to draw references into the tool but is conscious that a lot of information is sensitive or confidential to participants of procurement and may not be available for inclusion. This will ultimately limit the scale and breadth of the reference.

#### **Terms and Conditions Working Group**

- A Terms and Conditions Working group has been established as outlined in the 2026 P&SC Operating Plan. It has strong and diverse member company participation, and the project kick off meeting was January 27, 2026 with a subsequent discussion on March 26<sup>th</sup>, 2026.
- In addition to meetings in a group-setting a number of Medtech members have reached out for the purpose of having commercially confidential meetings (CCM's) sharing company specific feedback.
- The intent of the working group is to revisit, review and update the positioning and messaging created by a working group in 2019 and provide a central tool for member companies to use as needed in interactions with procurement organizations and public entities nationally.

Work has been successful to date in establishing a shortlist of key terms and conditions for consideration. Next steps = meeting in April to prioritize, sort into themes and begin the process of positioning and messaging for a member tool.

#### **Patient Ombudsman Report (Ontario)**

- In September 2025 the Patient Ombudsman office in Ontario issued a report on the problems experienced by patients, providers and industry because of the provincial procurement, contracting and supply chain processes for products and fulfillment services to support Ontario Health at Home.
- The report requested a response and plan of action from Ontario Health. The P&SC committee is monitoring this area and, based on the nature of the response, will work with the Ontario Committee to address next steps for medtech to pursue.
- As of April the working group documents are on hold as a meeting with Ontario Health at Home to address this directly is being arranged.

#### **Procurement Escalation Process**

- The Procurement Escalation Process continues to be a tool that is available to Medtech Canada members to determine what actions Medtech Canada can take on behalf of members with

governments and/ or procurement organizations to address procurement issues at the association level.

- The staff and consultant lead have completed update and overview sessions for all Medtech Committees and are now (with the support of communications staff at Medtech) completing a refresh of the look and feel of the procurement escalation process intake document – in sum, it will transition to a web-based intake and will be included within the procurement escalation toolkit that resides on the members only side of the website.
- Final design and functionality testing is being completed and 2026 Ops plan will include a liaison with all committees to review usage and process. Challenges have been identified with functionality, safety and confidentiality of the web-based process and a solution is being developed.

## B. Regulatory Affairs

### Health Canada + ECCC

- Conference will take place in Rogers centre in Ottawa with 7 different Health Canada Directorates being represented and speaking.

### Closed Consultations / Workshops / Working Groups and Important Notifications:

- Over the past few months we have shared with our members important updates on:
  - New Medical Devices Classification tool published by Health Canada
  - Monthly updates to the Market Authorization timelines
  - Meeting minutes from the Health Canada / Medtech BiLat meeting that took place in November 2025
  - Notice of the Cost Recovery – Annual stakeholder meeting
  - Health Canada Notice to industry: Licence applications for diagnostic ultrasound systems and transducers
  - Annual Licence Renewal notice and reminder
  - Reports on Health Canada product shortages – Fiscal year 2024 and 2025 in review
  - IMDRF Strategic plan 2026-2030
  - Notice to industry regarding new Guidance document REP ToC Nomenclature
  - IMDRF Adverse Event Terminology Guide
  - Webinar - EPR Requirements - Medical Devices in Canada
  - Webinar - UK Market Update - a collaborative partnership with ABHI
  - MDD Performance reports Q2 and Q3 2025/2026
  - Webinar - Food and Drugs Act Liaison Office (FDALO)
- Our members have participated and submitted feedback /consultation on the following areas of interest:
  - Health Canada Stakeholder Feedback requested Feb 27th - Considerations for Medical Device Premarket Reliance – members provided feedback to Health Canada on their proposed structure for new reliance mechanism for medical devices

- IMDRF 29<sup>th</sup> session March 9-13<sup>th</sup> – members participated in providing feedback into the working sessions at this Forum

#### **Open Consultations / Working Groups:**

- WG - Consultation on draft guidance on co-packaged drug products: Although this group was formally closed as feedback was presented, Health Canada recently reached out to our members seeking additional examples and feedback on some of the critical items indicated in our response. At this time, we are working on providing additional example. We expect some but not all of the original WG members to join as well as potentially new (to the WG) members as the request from HC was additional examples which may require a broader engagement (but shorter)
- PRCI: Public release of Clinical Information is an issue identified by Medtech Canada Members. This is an ongoing working group that also brought up this topic during the recent Bilat – specially with the creation of a new “Business Facilitation and Modernization Directorate” (which PRCI reports into). PRCI was also mentioned in the most recent Red Tape reduction, which was positive, however the improvement is seen as insufficient, and we are seeking additional engagement and improvements in the process. Ongoing meetings are being scheduled with the PRCI HC team.
- Plastics Labelling and Registry (Joint with Environmental): At this time the WG has slowed down its activities as the focus has been in creating the Vendor letter for Phase 2. In addition, Health Canada has been delayed in publishing the phase 2 guidance. Our members continue to meet and engage collaboratively on the way to manage future data collection and communication specially around waste management, as it relates to the reporting requirements for 2026 onward.
- WG – Shortages: this is an ongoing engagement with the members. We will be reviewing whether this should transition to a Subcommittee to support the ongoing work being done on this topic. This Working Groups has not been active recently however remains open as we expect the results of the past consultation to be published in the near future, requiring us to regroup and provide additional engagement with Health Canada and support for our members
- WG UDI – The working group is actively meeting and currently focused on drafting a UDI position paper. It is also engaging with GS1 Canada to establish the most suitable industry stance in collaboration with Health Canada. Recently, we had a constructive meeting with GS1 Canada at their Toronto office, where we agreed on future joint initiatives that will benefit our members.
- WG – PFAS: The Working Group was re-established following consultation by ECCC. Engagement is underway with Canadian trade associations to identify shared concerns and prepare joint statements as needed. The group remains open but is currently paused, pending future consultations and collaboration with ECCC and external associations on related topics.
- WG – MDSAP Small and Medium Enterprise: This working group addresses challenges SMEs face in accessing Canada through the MDSAP program. Feedback is being collected via surveys from internal and external members, with insights directed to our WG members for future discussions on areas of improvement. The ongoing feedback is proving valuable for future SME discussions related to MDSAP.
- WG – Canada MDSAP Survey: This working group addresses Canada-specific MDSAP issues and coordinates feedback with the international WG for the global survey. The Canadian Survey has been updated and relaunched this month; all members are encouraged to respond. We have enlisted BSI

and seek more support from AOs to distribute the survey and highlight its importance for program improvement. Survey link: <https://www.surveymonkey.com/r/353C3M9>

- **WG – Servicing and Installation:** This working group concentrates on the top three challenges identified by our members and offers a platform for aligning discussions on best practices and seeking guidance from Health Canada where appropriate. Following further evaluation, the initial focus will be on medical device licences and the associated regulatory responsibilities, such as licencing and recalls, particularly during periods when licences are cancelled. The group will address industry best practices and consult relevant Health Canada guidance.
- **WG – SCC-NIST collaboration:** Members will present in front of regulators in USA and Canada as well as other industries the benefits and challenges faced when using Standards. The hope is to use this as a starting point to engage MDD with ongoing dialogue around further improvements in the recognition of standards.

#### **Committee and Subcommittee Work**

- All Committees and Subcommittees have been meeting on an ongoing schedule, and we have seen ongoing engagement for members.

#### **Membership Collaboration and Participation**

- We continue to improve on our membership engagement and collaboration.

#### **Webinars / Training**

- Topics and schedule for 2026 continue to be developed with the Education Subcommittee

## 3. Regional Committee Updates

### A. Federal

#### Diabetes Device Fund

- To date, the federal government has finalized bilateral Pharmacare (including a Diabetes Device Fund) agreements with four provinces/territories: Manitoba, British Columbia, PEI and the Yukon.
  - The federal government has confirmed that it would “protect” the four agreements with B.C., Manitoba, P.E.I. and Yukon. PM Carney committed to securing deals at the request of the remaining provinces, however, there were no additional funds allocated in Budget 2025 and the provinces have not demonstrated public interest in pursuing an agreement.
- The Diabetes Working Group has developed an updated position paper on the Diabetes Device Fund in preparation for an upcoming Diabetes Canada–led roundtable in Q1 2026.
  - Medtech Canada Regional VPs met with the Diabetes WG leadership to discuss a potential strategy to engage the provinces. The Regional VPs have offered to draft a letter in support of a Diabetes Device Fund, on behalf of Medtech Canada.
  - Medtech Canada participated in the Diabetes Canada Roundtable discussion on March 24, 2026, to discuss next steps to encourage the federal government to commit to a long-term Diabetes Device Fund that is accessible to every province and territory. Most stakeholders agree that support from the provinces is critical to the success of this objective. Diabetes Canada proposed a Coalition of willing, like-minded organizations (e.g. Breakthrough T1D [formerly JDRF], Medtech Canada, and others) aligned on strategy and messaging to be formed over the next few months with the objective of lobbying federal and provincial governments.
  - The Diabetes Working Group is considering developing a revised Communications & Advocacy Plan that is more focused on provincial governments that remains aligned with other stakeholders including Diabetes Canada and Breakthrough T1D.

#### Pre-Budget Submission

A working group was established to respond to the Standing Committee on Finance (FINA) calls for stakeholder submissions in advance of Budget 2026 (expected to be delivered in November 2026). The WG has met on three occasions and are in the final stages of completing the pre-budget submission in advance of the April 30<sup>th</sup> deadline. The key topics include accelerating the adoption of innovative health technologies streamlining regulatory processes, strengthening security of critical medical supply chains and creating and funding a digital health ecosystem.

#### By-elections & Majority Government

- PM Mark Carney’s Liberals have secured a majority government after winning all 3 federal by-elections on April 13, 2026. In addition to the by-election wins, the Liberal minority government has benefitted by opposition MPs, both Conservative and NDP, crossing the floor to join the Liberals.

## B. Ontario

- Buy Ontario Act Legislation Passed December 2025: The Buy Ontario Act, mandating the prioritization of Ontario goods and services first by all public sector organizations, municipalities and contractors and subcontractors working on the government's \$220 billion capital plan, received Royal Assent on December 11<sup>th</sup>, 2025
- The Government released draft regulations in February seeking input regarding light fleet vehicles and construction and Medtech Canada drafted a submission, in conjunction with the Buy Ontario Act Work Group, to ensure the sector's perspective was officially recorded.
- We secured an exemption for medical equipment in the official regulations regarding new procurements of capital infrastructure after extensive advocacy to staff in the office of the Minister of Business and Public Service Delivery and Procurement.

### Health Innovation Pathway Update:

- Jovan Matic, Director, Health Innovation Policy Branch, provided an update at the Ontario Committee in March.
- Highlights of the update included:
  - In the first month, the pathway received 167 new technology proposals.
  - Six months later that number is up 355.
  - The innovation concierge team has supported 137 companies and continues to answer questions daily.
  - The top categories of applications are medical devices, digital health technologies and medical/surgical procedures.
  - 51 technologies proposals have now passed through their initial assessment, which means the ministry and Ontario Health have interest to further explore the technology area. At this stage the ministry and Ontario Health commit more resources to assess evidence if needed and plan for what future implementation could look like in Ontario.

### Ontario Budget 2026

- The Ontario Government announced the 2026 Budget, A Plan to Protect Ontario, on March 26<sup>th</sup>.
- Highlights include:
  - Renewal of the Life Sciences Scale-Up Fund (\$24M)
  - Research infrastructure and translational innovation funding
  - Critical Technology Initiatives renewal supporting AI and advanced technologies
  - Hospital capital expansion (\$50B long-term plan + \$1.1B new funding)
  - Expansion of home and community care (\$1.1B over three years)
  - Access and Deliver Care Closer to Home
  - Manufacturing incentives and tax supports relevant to device production
  - The full budget can be found [here](#).
  - If you have any questions, please contact Medtech Canada's Vice President, Ontario, Amy Swanson at [aswanson@medtechcanada.org](mailto:aswanson@medtechcanada.org).

## C. Québec

### **Political Context**

On April 12, Christine Fréchette – formerly Minister of Economy – was nominated Leader of the Coalition Avenir Québec, and therefore Premier of the Province. She will stay Premier until the next election that is to take place on October 5, 2026 (fixed election date by law). Ms. Fréchette is the Minister that spent time with our Board of Directors last September, in Quebec City. Taking this and her former Economy portfolio into consideration, her nomination is good news for our industry. That said, the political landscape will dramatically change in October, as the Parti Québécois is still leading in the polls, followed by the Liberals. The CAQ would not elect one MNA if the election was to take place today. The upcoming results should be a PQ or LIB minority.

### **Treasury Board**

Context reminder:

- In December, Treasury Board published the Innovation Space Report in which they presented the work they are doing in collaboration with Medtech Canada on value-based procurement and life-cycle procurement.
- They used the best practices that we shared with them and came up with two excellent procurement processes aligned with what we have been advocating for.

Update:

- TB is working with the government's legal department to confirm both procurement processes are compliant.
- TB is planning to implement value-based and life-cycle pilot projects with key government organizations (potentially with the CAG and/or University Hospital Centres – CHUM, CHU de QC, or other establishments).

### **Quebec Collaboration Exchange**

The first event in Quebec organized by Medtech Canada will take place on November 23, in St-Hyacinthe (close to Montreal). This non-traditional event will invite participants to walk through healthcare pathways, where health solutions will be presented to them.

Do not wait to reserve your partnership plan as it is getting traction as we speak:

Event: <https://medtechcanada.org/our-work/events/index.html/event-info/details/id/100>

Partnership plans:

<https://medtechcanada.org/files/CollabExchange/Partnership%20plan%20Exchange%202026%20-%20Medtech.pdf>

## D. Western Canada

### Alberta

- The Government of Alberta continues to advance the work of transitioning health system delivery from the now former Alberta Health Services (AHS) to what is now being referred to as a “unified provincial sector-based model”. Approximately 13 0000 employees have transferred to Alberta Health Services to Alberta Health to support the above noted functions. Put simply, the shared services organization will be a service provider to the four “pillar organizations” in the areas of finance, human resources, contracting etc.
- As previously reported the procurement optimization secretariat was still in existence but is not running contracting processes – the Government of Alberta has indicated this group will shift into a governance body related (likely in view of the ethics challenged recently faced by health sector procurements in Alberta).
- Alberta’s previous single provincial authority model has now been fully replaced with a sector-based, multi-agency structure.
- Governance Is Now Distributed Across Four Ministries. Oversight that was previously concentrated under one ministry is now divided:
  - Hospital & Surgical Health Services (HSHS)
  - Primary & Preventative Health Services (PPHS)
  - Mental Health & Addiction (MMHA)
  - Assisted Living & Social Services (ALSS)
- Each ministry governs a defined corridor of care.
- Alberta is unique in Canada:
  - Most provinces use regional health authorities.
  - Alberta organizes by clinical sector, not geography
- Alberta separates oversight, delivery, and shared services into distinct corporate structures.
- Alberta’s health system is no longer a single integrated authority. It is a sector-based, multi-agency structure with distributed governance, separate oversight and delivery, centralized shared services and corridor-based planning. Understanding where functions now live is essential to effective engagement.
- Shared Infrastructure is Centralized: A new entity, Health Shared Services (HSS) centralizes digital systems, data & procurement, HR and finance.

### British Columbia

In December of 2025 the Ministry of Health has released the first report of its findings related to the provincial health authority performance and system review – with the key recommendation being the establishment in the spring of 2026 a stand-alone entity that will provide consolidated corporate administrative and health system planning services for all regional health authorities and PHSA.

The amalgamation of healthcare corporate service functions including supply chain, finance, human resources and legal into a new province-wide shared services organization, has begun in earnest at the time of writing (April 2026), this new entity is known as BC Shared Health Services.

The current Associate Deputy Minister of Health, Tiffany Ma, will take on the role of Interim Chief Executive officer of BC Shared Health Services. Ma is oversee the early establishment of the organization, guide the transition of functions into the new structure and ensure operational stability during this period of change.

Although it was initially expected BC Shared Health Services would be operational by spring 2026, it is now slated to begin operations on a “phased” basis, beginning with the procurement functions held previously by provincial health services authority.

### **Manitoba**

- For the information of Members Sara Chaput remains executive director of Supply Chain Shared Services (Shared Health Manitoba) however Maria Cendou (former executive director, now retired), has returned 3 days a week to support Supply Chain Shared Services three days per week.
- Manitoba’s 2026 provincial budget provided a 10.6% year over year increase in health sector spending – the largest of any government department – and pushing Manitoba’s total spend to over \$10 billion dollars for the first time
- Most net-new spending in the province is focused on repatriating services to the public sector that moved to private delivery mechanisms from 2016-2023 under the previous administration

### **Saskatchewan**

- Medtech Canada continues to enjoy good working relationships at the Minister and health system level.
- 3S Health in Saskatchewan has expressed to Medtech Canada that unlike other jurisdictions that are moving in some cases to in-house procurements – 3S Health will be using HealthPRO in many cases, especially for consumables – reflective of Saskatchewan’s status representing 4% of the device market in Canada.
- Saskatchewan is doing work to evaluate award structures and what the best value proposition is for taxpayers.
- In terms of contracting strategies, Saskatchewan’s key priority is rollout of the province wide AIMS (Administrative Information Management System).

## 4. Functional Committee Updates

### A. Compliance Committee

- The Committee has engaged with AdvaMed's Compliance group to ensure alignment on Code requirements. Joining our committee meeting on Nov. 12th was Ida Nassar, VP, Assistant General Counsel and Head of AdvaMed's Global Ethics & Compliance Policy. We will continue to engage with AdvaMed as well as with Medtech Europe re. Code requirements. We are planning to have the Medtech Europe Compliance lead join us for one of our committee meetings in 2026.
- Ongoing regular engagements with AdvaMed and MedTech Europe are in progress, the first joint association meeting took place on January 12, 2026. Our next call is scheduled for May 26, 2026.
- To ensure that Canadian healthcare organizations are aware of our Code of Conduct, we will be meeting with several of them in 2026 (e.g. CMA, CNA, OMA, ONA, Healthcare CAN, etc...).
- There are currently only 29 Medtech member companies that are Code Certified. The Compliance Committee will be executing an awareness initiative in 2026 to increase the number of Medtech companies that are Code Certified.
- In late 2026, a working group will begin a review of Medtech Canada's Code of Conduct with an eye to refreshing/updating the Code in 2027.

### B. Human Resources Committee

- The HR Committee Knowledge Sharing Working Group met to discuss member engagement strategies and identify key topics areas of interest to committee members
- The HR Committee Advocacy Working Group met to discuss HR-related government advocacy priorities, including immigration and education
- The HR Committee completed a one-pager on how the role of the Medtech Industry in strengthening HHR
- The HR Committee has re-established its relationship with Biotalent Canada who attended the committee meeting to highlight key resources for Medtech companies. The HR committee is inviting an AI expert to speak to the integration of AI in the labour force for the next meeting.

## 5. Sector Task Force Updates

### A. Digital Health

- We continued regular engagement with Canada Health Infoway, Digital Health Canada, and Women’s College Hospital.
- The Digital Health Task Force continues working with Santis Health on the advocacy strategy for our digital health priorities.
- The task force continues to invite guest speakers, as part of the “Voice of the Customer Series” such as hospital CIO’s and other payers/decision makers at quarterly meetings to inform members about their perspectives in the ecosystem. Most recent guests include Andrew Davies, Executive Director, Digital Health, ABHI, Nimira Dhalwani, CTO, Sick Kids Hospital, Dr. Amol Verma, Co-Founder, GEMINI& Mary-Agnes Wilson, CEO, MacKenzie Health
- The Digital Health Task Force has created an AI Working Group. The first meeting was held on January 15, 2026, to brainstorm the development of a position paper on the Impact of AI on the medical technology sector. The position paper is meant to inform the Government of Canada’s forthcoming AI strategy. The paper is being developed with input from members.

### B. Intermittent Catheters

- Through a self/member funded project, the Intermittent Catheters Task Force has completed the development of government-facing materials, including the funding request and proposed funding model. The IC Task Force has also identified the implementation plan to oversee the program rollout. Materials have been designed to be adaptable, allowing them to be customized for different audiences (ie. Ministry of Health, Ministry of Seniors and Accessibility, Premier’s Office etc.)
- The team has met with key stakeholders – primarily patient organizations – to present the strategy and build a broader coalition to advocate to government. Patient group include Easter Seals Ontario, Spinal Cord Injury Ontario and The Canadian Continence Foundation. Collectively, this represents the voices of 21,000 Ontario patients.
- The team i met with government officials to advocate for dedicated funding for intermittent catheters, however, this request was not included in the Ontario 2026 budget. The IC WG has a meeting scheduled on April 9, 2026 to discuss next steps.

### C. Laboratory Medicine (IVD)

#### General

- We are currently folding selected LabCANDx activities into the Lab Medicine – IVD Task Force plans. Developed a revised operational plan for 2026.
- Plans to include:
  - To continue to champion many of the objectives and challenges identified by the LabCANDx coalition.

- Opportunity to have Lab Medicine KOLs participate in selected quarterly meetings
- Revising mandate of standing joint commercial and regulatory sub-committee subcommittee to look at reclassification issues. Each issue/situation will be considered separately and include a call for members with a specific interest in the topic.
  - Topic 1 to work on aligning selected Point of Care Tests administered by Healthcare Professionals (HCPs) to align with other jurisdictions (e.g., change classification of some tests from Class III to Class II. For therapeutic monitoring. On hold pending new sub-committee chair(s). Call for help to issue at the next Quarterly meeting. Refocusing committee to work both on regulatory and commercial issues
  - LabCANDx wind up completed. Several members of the provider community shared their support for the initiative and thank sponsors and MTC for all the good work that was done.
  - Last step is to issue a credit to current sponsors for any unused funds.

#### **POCT working group**

- Met with Point of care leads from Ontario Laboratory Medicine Program (OLMP).
- Lindsay McCann and Julie Shaw held a one-hour consultation with TF about how increasing adoption of POCT testing. Event was well attended.
- A follow up consultation submission was developed and submitted.
- Organizing a workshop with international jurisdictions to share experiences with adoption of POCT.
- Seeking Task Force volunteers to help organizing

#### **Genomics Working Group**

- Currently developing a list of volunteers

#### **D. Medical Imaging (Market Data Only)**

- The task force continues to engage on its market data collection.

#### **E. Orthopaedic**

- Orthopedic Group has revised the Operational plan the remainder of the 2025 and 2026.
- The group is working on gathering examples from the orthopaedic sector that can help address wait times/HHR challenges.
- The Task Force is exploring possible examples of challenges in procurement & supply chain specifically related to orthopaedics. Provided there's alignment on an example or examples, they will be provided to the Procurement & Supply Chain Committee and/or appropriate regional committees to incorporate into their advocacy efforts are ongoing.
- The group is continuing to explore potentially changing market data collection providers. Met with Krim Amrouche from CIP. A smaller working to planning to meet to address how to move forward with the market data.

## F. Vision Care

- Task force exploring approaches to create greater public disclosure about provincial waitlists. Currently, all provinces except Quebec have two sets of procedure waitlists (i.e., doctor [not published] and hospital [published]).
- Revising needs and priorities surveys are underway. Findings may change operating plan for 2026
- A focus for 2026 is to help drive the adoption of HTA recommendations by provinces for vision care technologies. Plans are being developed. (In progress)
- A primary supplier for Vision care market data has been selected (CIP) member companies working developing contracts with CIP.
  - CIP is sending monthly progress reports focused on development of recording criteria, reports and contracts.

## 6. Working Groups

### List of Current Active Working Groups

- Medtech Canada members are welcome to participate in any of these initiatives by contacting the Medtech Canada Leads listed below.

Working Group Name	Medtech Canada Lead(s)	Description of Activities
<b>JOINT WORKING GROUPS</b>		
Shortages Working Group	Mia Spiegelman/ Rob Pankhurst	Product shortages have now been an issue for many months. As a result, Health Canada has convened a Shortages Multi-Stakeholder Committee composed of P/Ts and group purchasing organizations; Medtech Canada has also been invited to have a seat at the table. In collaboration with Health Canada on Medical Device Shortages issues, this working group maps out shortage escalation processes and responds to consultations on shortages.
Best Practices in VBHC	Rob Pankhurst/ Pamela Robertson	The group is focused on creating a reference database and foundation for a potential position paper using Global and local examples of successes and lessons learned in VBHC to date.
Terms and Conditions	Rob Pankhurst/ Pamela Robertson	Working group being formed to review and update Terms and Conditions issues and develop an updated messaging and positioning document. Liaise with Code of Conduct group.
<b>FEDERAL WORKING GROUPS</b>		
Federal Affairs Pre-Budget	Raj Malik/ Ruhi Kiflen/ Sandra Leffler	The objective is to develop a pre-budget submission for the Standing Committee on Finance (FINA) by April 30, 2026.
Right to Repair	Raj Malik/ Sandra Leffler/ Mia Spiegelman	This Working Group, in collaboration with the Regulatory Affairs Committee, continues to advocate for Health Canada to develop a licence for the servicing of medical devices.
Diabetes Working Group	Raj Malik / Ruhi Kiflen / Sandra Leffler	This working group is aligning their efforts with Diabetes Canada to advance the Diabetes Device Fund.
<b>ONTARIO WORKING GROUPS</b>		
There are currently no working groups at this time		
<b>WESTERN CANADA WORKING GROUPS</b>		
There are currently no working groups at this time		

QUEBEC WORKING GROUPS		
RFP Templates (Gabarits)	Olivier Bourbeau	This group works with the government departments and stakeholders on improving and streamlining the RFP process (notably the SCAG), and to introduce new measures (ex.: inflation clauses, “trusted suppliers’ fast track”) supporting strategic procurement improvement, as well as innovation integration in the Quebec Health System.
Value-based procurement KPIs/Treasury Board Ministry	Olivier Bourbeau	This group works with the Treasury Board Ministry’s General Management (Sous-secrétariat aux marchés publics, Direction générale de l’encadrement) on value-based procurement KPIs to be potentially implemented in Quebec Province, more specifically through the CAG.
New diagnostic tests registrations	Olivier Bourbeau	This group works on finding solutions to provide to the government to facilitate and ease the diagnostic tests registration (inscription de nouveaux tests diagnostiques) in Quebec Province.
Suppliers’ Day Forum de collaboration en Santé	Olivier Bourbeau	This group is building a supplier’s event in collaboration with the MSSS.
REGULATORY WORKING GROUPS		
Public Release of Clinical Information	Mia Spiegelman	Members have identified concerns in the release of clinical information that is now public on the Health Canada website.
PFAS	Mia Spiegelman	Members working on PFAS consultations that are currently open to the public for response
UDI	Mia Spiegelman	Working on updating the Medtech White paper for UDI as well as support and guide Health Canada in the implementation of UDI in Canada.
International MDSAP	Mia Spiegelman	Group that represents about 18 international associations responding to MDSAP signals and providing feedback to AOs and regulators on areas of improvement. Also working on the concerns for ISO Harmonization.
Service and Installation	Mia Spiegelman	Working with members from the Service and Installation Subcommittee that wish to further focus on the top 3 challenges identified within the Subcommittee.

WG Digital Health	Mia Spiegelman	Currently led by Ugbaad Elmi from GE and is focused on reviewing prior MLMD consultation results and potentially reengaging Health Canada on the critical missed areas.
Fed Plastics Reg Recycled Cont and Labels	Mia Spiegelman	New consultation that will be coming up which will impact devices and drugs in that it will forbid the use of international labels with international symbols around plastics. The group is also currently consulting on plastics registry.
MDSAP Small and Medium Enterprises	Mia Spiegelman	Medtech Members recognize the need to gather feedback and develop strategies to address challenges faced by SMEs, including those encountered by multinationals acquiring SMEs. Emphasis is placed on both identifying issues and promoting solutions.
Canada MDSAP Survey		This working group will address both Canadian and international priorities until the global Industry-led MDSAP Survey launches. Members identified the need to keep gathering industry feedback for regulators and AOs to support ongoing engagement and improvements in the MDSAP program.

**HUMAN RESOURCES WORKING GROUPS**

There are currently no working groups at this time

**PROCUREMENT AND SUPPLY CHAIN WORKING GROUPS**

Terms and Conditions Working Group	Rob Pankhurst/ Pam Robertson	We are launching a Terms and Conditions Working Group to advance an approach on behalf of industry that is conducive to good business practices for health sector procurements. Some areas of inquiry will include use of affiliation agreements and burden of risk disproportionate to the supplier community.
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## 7. Events

### Speaker Series Webinars

- Have a suggestion for a Speaker Series Webinar? Click [HERE](#) to submit your idea for Medtech Canada review.

### Medtech Canada's 2026 Conferences

#### [Canada's Regulatory & Quality Medtech Conference](#)

**April 23–24, 2026 | Ottawa, ON | Hybrid**

Planning for Canada's Regulatory & Quality Medtech Conference is in the final stages, with strong engagement anticipated from industry, regulators, and federal stakeholders. The program is designed to support direct dialogue with Health Canada and key government partners, reinforcing the conference's position as the leading regulatory forum for the Canadian medtech sector.

The agenda features high-value sessions aligned with current regulatory priorities, including:

- Updates and insights from multiple Health Canada directorates
- ECCC Plastics Registry (Phases 2 & 3) and environmental compliance considerations
- AI/ML-enabled devices, cybersecurity, and SaMD (panel discussion with industry and regulators)
- Barriers to market access for medical devices in Canada
- Food and Drugs Act Liaison Office engagement

A networking reception will take place on the evening of April 23 at *Metropolitain Brasserie*, providing an important opportunity for informal engagement between industry and government stakeholders.

Early access to the virtual platform and pre-recorded sessions will be made available the week of April 13, enhancing accessibility and overall attendee value.

#### [Canada's Medtech Conference](#)

**June 3, 2026 | Oakville, ON**

Planning is underway for Medtech Canada's flagship national conference, centered on the theme: *Health Innovation: Healthier Canadians, Stronger Economy.*

The program will bring together industry leaders, policymakers, and health system stakeholders to explore:

- Adoption of health innovations
- Procurement and policy perspectives
- Patient-centered innovation
- Artificial intelligence in healthcare
- Health system resilience

This year's event will take place at the Oakville Conference Centre , offering only an in-person format to maximize engagement, with a networking reception taking place the conference.

### **Healthcare Collaboration Exchange 2026**

**November 23, 2026 | Saint-Hyacinthe, QC**

Planning is underway for the inaugural *Healthcare Collaboration Exchange*, delivered in collaboration with Santé Québec. This new initiative is designed to convene key healthcare stakeholders to explore innovations that are transforming healthcare delivery across the province.

The event will bring together over 100 qualified participants, including healthcare professionals, researchers, institutional leaders, and public and private sector decision-makers. A curated group of medtech companies will present their technologies and solutions, creating a targeted environment for meaningful dialogue and partnership development.

Hosted at the Saint-Hyacinthe Convention Center, this first edition will serve as a strategic platform to:

- Showcase innovative medical technologies and real-world applications
- Facilitate collaboration between industry and healthcare system stakeholders
- Support knowledge exchange and shared problem-solving
- Advance collective approaches to current and emerging healthcare challenges

This event aligns closely with Medtech Canada's broader mandate to foster collaboration, accelerate innovation adoption, and strengthen connections between industry and the healthcare system.