PERSPECTIVES

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Universal coverage of private health care: Quebecers' opinions

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The public health insurance system in Quebec, as in other provinces, provides universal coverage for a wide range of care and services considered "medically necessary." Since the creation of Canada's Medical Care Act in the 1960s, certain services have always fallen outside that medically necessary category and are therefore excluded from public coverage. This has resulted in many people having to pay out of pocket or purchase supplementary private insurance to cover a variety of services.

A CIRANO study (Jacques et al., 2025) examines Quebecers' perceptions of coverage that would extend to health-care services not covered by the current system. Drawing on survey data from a representative sample of the Quebec population, the authors show Quebecers' support for health-care coverage expansion and reveal a certain amount of self-interest and personal ideology behind that support.

Comparative research on the welfare state suggests that individuals' self-interest has a significant impact on their public-policy preferences. Individuals prefer program enhancements that directly benefit them, even when it's at the expense of others (Naumann, 2018; Pierson, 2001). For example, people with greater health needs, particularly the elderly and those in poor health, are more likely to support improved public health-care coverage (Busemeyer, 2023; Ramji and Quiñonez, 2012). Furthermore, people with access to private insurance are likely to be more opposed to expanding public coverage. Indeed, some previous research has shown that people with private supplemental insurance prefer to receive their health services in the private sector rather than the public sector (Kullberg et al., 2025) and are more likely to have a negative opinion of the public health system (Costa-Font and Jofre-Bonet, 2008).

Some studies have found relatively low public support for the establishment of public insurance for mental-health care (Sharac et al., 2010), particularly due to the stigma associated with mental-health problems (Stone and McGinty, 2018).

Stigma has long been recognized as a significant barrier to the design and implementation of effective mental-health care services (Perera, 2025). It operates at both the interpersonal and structural levels, marginalizing people with mental-health problems and minimizing their health policy needs (Eaton and Hunt, 2024). The notion of deservingness can influence support for expanded mental-health coverage, depending on whether the person concerned is perceived as more or less "deserving" or as having more or less control over their condition (Jensen and Petersen, 2017).

Political orientation can also play a role in support for additional health spending. For example, individuals on the left tend to support tax increases as a means of financing more extensive services, while those on the right tend to favour more limited public funding (Burlacu and Roescu, 2021; Missinne et al., 2013). In general, people on the left are significantly more tolerant of the tax burden (Jacques, 2023; Stantcheva, 2021).

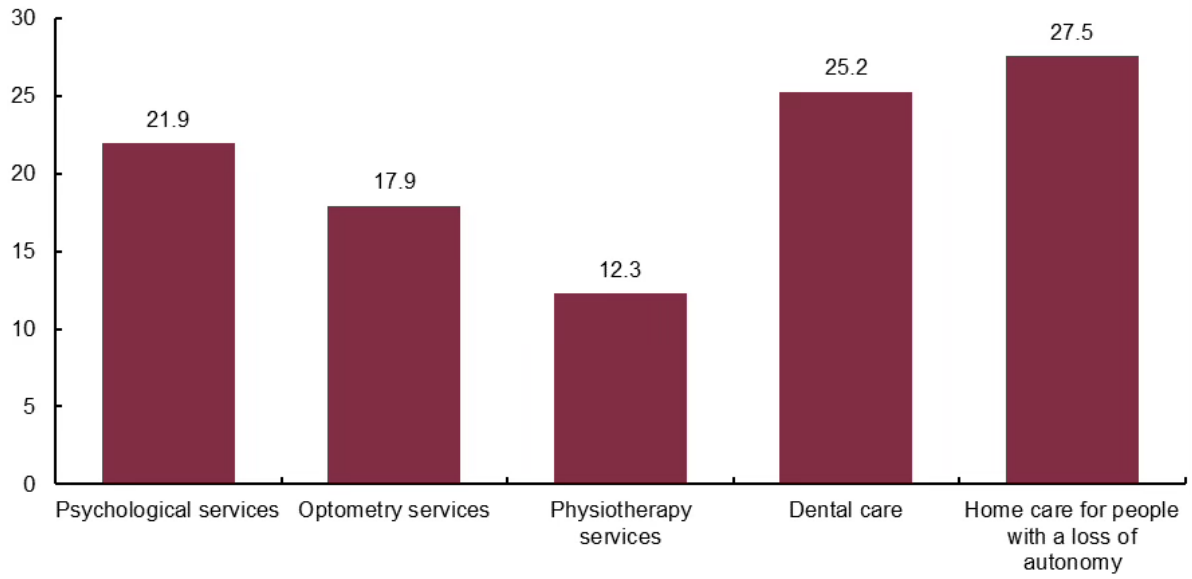
Home-care coverage for people with a loss of autonomy receives the most support

We sought to gauge support for extending health coverage to include five health-care services that are not fully covered by the public health insurance and compare each of them. To do so, we first asked the following question:

"If the Quebec government were to increase funding for certain health services, which services do you think should receive more financial support? Please assign a maximum of 100 points to the following options: psychological services, optometry services (including the purchase of eyeglasses), physiotherapy services, dental care, and home care for people with a loss of autonomy."

Respondents were asked to assign points to each service, giving more points to the ones they considered most important and fewer to those they considered least important. By limiting the total number of points to 100, respondents had to make trade-offs. This question therefore reflects the relative importance that respondents attach to different options in a context of fixed budget constraints.

Home-care coverage for people with a loss of autonomy received the highest support (27.5 points) compared to the other four services. This is followed by dental (25.2 points), psychological (21.9 points), optometry (17.9 points) and physiotherapy services (12.3 points).



Number of points allocated, on average, to each type of services if the government were to extend public health-care coverage

CIRANO 2025 Survey on Health Perceptions

Our analyses are based on data from a survey of the adult population (aged 18 and over) residing in Quebec. Data collection was carried out from March 12-19, 2025 by the firm Léger via the LEO online panel. This panel consists of 24,762 individuals who received an invitation to participate in the study, either through the LEO application or by email. Of this number, 1,736 individuals accessed the questionnaire. From that group, 45 individuals formally indicated that they did not wish to participate in the study and 691 did not complete the questionnaire. A weighting coefficient was calculated by Léger to ensure that the sample was representative of the Quebec population in terms of gender, age, education level, region of residence, mother tongue and whether or not there were children under the age of 18 living at home. The goal of recruiting 1,000 respondents was achieved in five days of data collection.

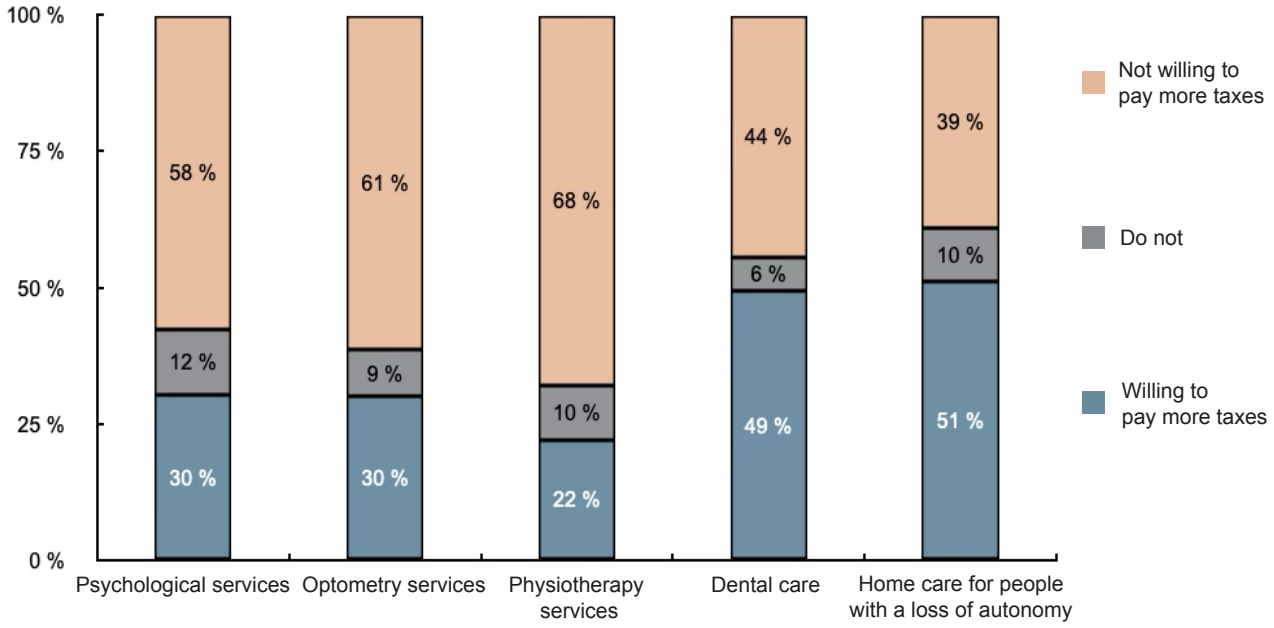
The online questionnaire was available in both French and English, with the respondent choosing one or the other. The questionnaire covered three themes: 1) universal health-care coverage; 2) organizational affiliation with front-line services; and 3) unmet health-care needs. The average time to complete the questionnaire was 10 minutes. This study focuses solely on the first theme.

The questionnaire began with a series of questions on the socio-demographic profile of respondents, including gender, age, mother tongue, level of education, income and household size, region of residence, as well as questions on their health status, including a self-assessment of their physical and mental health and any chronic diseases they might have. The questionnaire is available in the full report (Jacques et al., 2025).

Home care and dental care are the only areas for which a majority of respondents say they are willing to pay more in taxes to have these services covered

Respondents were also asked about how willing they were to have their taxes increased for an expanded health plan coverage that includes the five types of care examined in our study. Here, unlike in the previous question, respondents were free to allocate more resources to the health system.

Our results echo the previous results on how points were allocated and the five health services were prioritized. Half of the respondents would agree to pay more taxes to have home care for people with a loss of autonomy, as well as for publicly funded dental care. On the other hand, nearly 60% of participants are not in favour of paying more taxes to extend coverage to psychological services, with physiotherapy services once again earning the least support.



Proportion of respondents who are willing to pay more taxes for each of the five types of health care and services to be publicly funded

Various factors can influence perceptions of health-care coverage expansion

In order to identify the factors associated with our variables of interest, we performed regression analyses. We include the following explanatory variables: age, gender, education, income based on household size, region of residence, self-rated mental health, self-rated physical health, private or group insurance coverage, political orientation, and stigma towards mental health.

To measure political orientation, we asked respondents to place themselves on a scale from 0 to 10, with 0 corresponding to the most left-wing position and 10 to the most right-wing position. The question was worded as follows:

"In politics, we sometimes talk about the "left" and the "right." Where would you generally place yourself on this scale?"

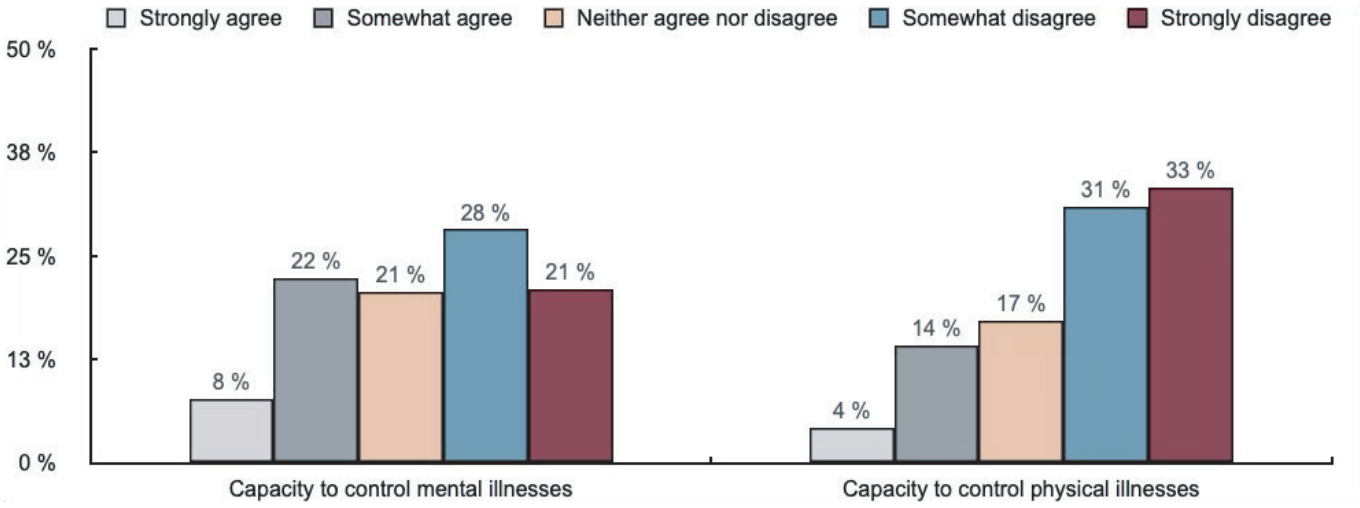
Nearly 17% of the respondents answered that they did not know where they fell on a left-right scale. Respondents who do not have strong political opinions tend to position themselves in the centre. In order to maximize the sample size, we coded respondents who answered "I don't know" as being in the centre (5) of the left-right scale. In doing so, we found that half (52%) the respondents positioned themselves in the centre and more than a quarter (27%) positioned themselves on the left of the political spectrum.

We also looked at perceptions of the control one has over both mental and physical illness. We asked a two-part question:

"To what extent do you agree or disagree with the following statements?
• Mental illnesses such as depression can be prevented because they are mainly related to people's behaviour and lifestyle.
• Physical illnesses such as cancer can be prevented because they are mainly related to people's behaviour and lifestyle."

Respondents tend to believe that people have more control over mental illnesses than physical illnesses: 30.2% somewhat or strongly agree with the statement that mental illnesses can be prevented, while only 18.6% somewhat or strongly agree with the statement that physical illnesses can be prevented.

We created a "relative control" variable that corresponds to the difference in perceived control between mental health and physical health. This variable represents an inverse measure of the stigma attached to mental illness: a positive value implies less stigma attached to mental illness than to physical illness. For 35% of respondents, the variable is negative, indicating that they believe people have more control over mental illness than physical illness. Only 15% of respondents believe that people have more control over physical illness than mental illness.



Distribution of respondents according to capacity to control mental illnesses and physical illnesses

Support for extending health-care coverage is mainly linked to ideological considerations and personal interest

We performed linear regressions in which the dependent variable corresponds to the number of points awarded (out of a total of 100) to each of the five types of care: psychological, optometry, physiotherapy, dental services and home care for those who have experienced a loss of autonomy. We used the number of points allocated to each of the five options as a different dependent variable for each of the five regressions. The results are presented in the first table. The coefficients are absolute values, which means that most of the variables have different units and scales.

We then performed five logistic regressions in which the dependent variable corresponds to the willingness to pay more taxes for each of the five types of health care and services to be publicly funded (Yes or No binary response). The results are presented in the second table. For each explanatory variable, the coefficient indicates how the probability of declaring a willingness to pay for a service changes when the explanatory variable of interest increases by one standard deviation, all other things being equal.

We hypothesized that support for universal coverage of services not covered by the public system would be higher among people on the left of the political spectrum. Our results support this hypothesis. In terms of willingness to pay, political orientation emerges as a significant factor for all types of care: the more someone identifies with the right, the more reluctant they will be to pay higher taxes to have privately provided services covered by the public system. The strongest results are for dental care and psychological services. Political orientation emerges as a significant factor for the points assigned to psychological care, and only for this type of care: the more someone identifies with the right side of the political spectrum, the less they prioritize psychological services.

Support for psychological-care coverage is linked to a person's perception of their health status and whether or not they are covered by private or group insurance. The more negatively someone perceives their mental health, the more they prioritize psychological care over optometry and physiotherapy, and the more likely they are to agree to pay higher taxes to have psychological care covered by the public system. There does not appear to be a link between self-assessment of physical health and willingness to pay to expand coverage.

There was an expectation that having private or group insurance coverage for various private care and services would play a role in how expanding public health-care coverage would be perceived. More than half of respondents reported having group or private insurance coverage. Private or group insurance coverage emerged as a significant factor, but only for points attributed to psychological care and home care for people with a loss of autonomy. People with no private or group insurance for privately provided care are more supportive of increasing taxes for an expanded health plan coverage that includes these services.

	Points allocated to psychological services	Points allocated to optometry services	Points allocated to physiotherapy services	Points allocated to dental care	Points allocated to home care
Age	-2.174***	-0.0941	-0.205	-0.372	2.845***
	(0.331)	(0.262)	(0.213)	(0.347)	(0.362)
Gender	-2.912***	1.131	0.879	-0.413	1.316
	(1.104)	(0.877)	(0.699)	(1.202)	(1.211)
Education	-0.282	-0.161	0.526*	-0.412	0.328
	(0.455)	(0.354)	(0.298)	(0.484)	(0.517)
Household income	2.98e-05*	-2.60e-05*	-3.13e-06	-4.10e-05**	4.03e-05**
	(1.61e-05)	(1.44e-05)	(9.73e-06)	(1.72e-05)	(1.76e-05)
Region of residence	0.0376	-0.0751	0.00238	0.0337	0.00141
	(0.107)	(0.0858)	(0.0688)	(0.114)	(0.117)
Political orientation	-0.694**	0.263	-0.00650	-0.0656	0.503
	(0.303)	(0.267)	(0.216)	(0.336)	(0.336)
Mental health self-assessment	-2.284***	1.170**	0.841*	-0.102	0.375
	(0.761)	(0.566)	(0.449)	(0.787)	(0.728)
Physical health self-assessment	0.407	-0.802	-0.985*	0.372	1.009
	(0.810)	(0.570)	(0.514)	(0.806)	(0.807)
Private insurance coverage	3.216***	0.713	-0.532	-0.305	-3.092**
	(1.206)	(0.960)	(0.758)	(1.387)	(1.405)
Stigma towards mental illness	1.412***	-0.595	-0.0231	-0.667	-0.127
	(0.482)	(0.421)	(0.314)	(0.504)	(0.540)
Constant	33.97***	15.67***	11.27***	28.23***	10.87***
	(2.710)	(2.039)	(1.924)	(2.533)	(2.893)
Observations	943	943	943	943	943
R^2					

Factors associated to each type of services if the government were to extend public health-care coverage

Note: Robust standard-errors in parentheses. *** p<0.01. ** p<0.05. * p<0.1

	Willingness to pay for psychological services	Willingness to pay for optometry services	Willingness to pay for physiotherapy services	Willingness to pay for dental care	Willingness to pay for home care
Age	-0.209***	-0.106**	-0.0672	-0.122***	0.215***
	(0.0457)	(0.0457)	(0.0495)	(0.0426)	(0.0436)
Gender	-0.0465	0.0878	0.148	-0.0486	-0.0802
	(0.150)	(0.147)	(0.159)	(0.141)	(0.144)
Education	0.168***	0.0900	0.206***	0.107*	0.0527
	(0.0638)	(0.0634)	(0.0663)	(0.0594)	(0.0621)
Household income	-1.07e-06	-8.20e-06***	-2.09e-06	-7.51e-06***	-7.67e-07
	(2.31e-06)	(2.39e-06)	(2.43e-06)	(2.13e-06)	(1.94e-06)
Region of residence	-0.00949	0.0108	-0.00525	0.0139	-0.0100
	(0.0143)	(0.0141)	(0.0152)	(0.0136)	(0.0138)
Political orientation	-0.194***	-0.127***	-0.0794*	-0.208***	-0.171***
	(0.0426)	(0.0413)	(0.0425)	(0.0417)	(0.0419)
Mental health self-assessment	-0.264***	0.0566	-0.117	0.0660	-0.0895
	(0.0990)	(0.0939)	(0.101)	(0.0892)	(0.0890)
Physical health self-assessment	0.110	-0.138	-0.0335	0.0250	0.120
	(0.104)	(0.0966)	(0.109)	(0.0941)	(0.0935)
Partial insurance coverage for psychological services	-0.155				
	(0.182)				
Full insurance coverage for psychological services	-0.396**				
	(0.198)				
Partial insurance coverage for optometry services		-0.260			
		(0.180)			
Full insurance coverage for optometry services		0.0242			
		(0.221)			
Partial insurance coverage for physiotherapy			-0.382*		
			(0.199)		
Full insurance coverage for physiotherapy			-0.381*		
			(0.213)		
Partial insurance coverage for dental care				-0.0670	
				(0.175)	
Full insurance coverage for dental care				-0.399**	
				(0.190)	
Stigma towards mental illness	0.0317	0.0276	0.00894	-0.0300	0.00621
	(0.0649)	(0.0627)	(0.0663)	(0.0632)	(0.0630)
Constant	1.475***	0.718**	-0.167	1.641***	0.586*
	(0.363)	(0.343)	(0.373)	(0.355)	(0.332)
Observations	854	881	870	899	866

Factors associated with willingness to pay more taxes to extend public health-care coverage

Note : Robust standard-errors in parentheses. *** p<0.01. ** p<0.05. * p<0.1

Certain socio-demographic characteristics are associated with respondents' support for extending the coverage of services under the public system. Age emerges as an important factor. As expected, the older a person is, the more likely they are to want to contribute more financially to a universal system that covers home care for people with a loss of autonomy. On the other hand, the older a person is the more reluctant they are to pay more to support a public system that would cover psychological, optometry and dental services. The strongest result is for psychological services. Women prioritize psychological health care, but are no more likely than men to be willing to pay more in taxes for it to be publicly covered.

Finally, stigma towards mental health emerges as a significant factor in the scores given to psychological care, and only for this type of care. Respondents who believe that people have less control over their mental illnesses than over their physical illnesses, in other words, who tend not to stigmatize a person for their mental illness, give higher scores to psychological services. On the other hand, stigma surrounding mental health does not play a significant role in respondents' willingness to contribute more financially to expanded coverage for psychological services or any other service.

Universal coverage of privately provided care may not be a priority for Quebecers

Older people are much more supportive of home care, but less willing to pay higher taxes for universal coverage of other privately provided care, particularly psychological health care. The reluctance of people on the right to pay more taxes for privately provided services to be covered by the public system may explain why centre-right governments are unlikely to support an expansion of public coverage. Nevertheless, we find strong support in our study for public coverage of home care and dental care, which augurs well for provincial and federal governments further investing in these areas.

On the other hand, the move toward private funding of health care could create a vicious circle. It may turn popular opinion away from public funding of health care and services by reducing citizens' willingness to pay for a more robust public system through their taxes.

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