



Primary Care in the *Affordable Care Act*

Background

Family physicians understand — and see in our practices — that people without insurance delay or avoid needed preventive care, develop avoidable illnesses, get medical attention at a later stage of serious illness and, as a result, tend to have higher overall expenses. Family physicians provide care free or at reduced rates to an average of nine patients per week (*AAFP Practice Profile, 2009*). Health care reform would enable those patients to pay for this free or reduced rate care they are now receiving from family physicians.

The *Affordable Care Act* (ACA) will begin to improve the health care system's support for primary medical care. To assure that governmental commitment to primary care is as strong as possible, we believe the following provisions that were included in the ACA should be fully implemented.

Selected Primary Care Provisions in the *Affordable Care Act*

- Recognizes the value of primary care by giving a limited 10-percent Medicare incentive payment to eligible primary care physicians.
- Requires that states' Medicaid programs pay primary care physicians at a rate at least equal to that of Medicare for primary care and some preventive health services.
- Expands primary care residency slots, implementing teaching health centers that are community based and also redistributes unused residency positions to primary care.
- Increases funding for the National Health Service Corps' scholarships and loan repayments.
- Reauthorizes Section 747 of Title VII training in family medicine program.
- Provides incentives to medical students by excluding from gross income the payments made under any state loan repayment or loan forgiveness program intended to provide for the increased availability of health care in underserved or health professional shortage areas.
- Expands and improves low-interest student loan programs, scholarships and loan repayments for students who choose primary care.
- Establishes a Center for Medicare and Medicaid Innovation, which will provide a fast-track to demonstration and pilot projects that test alternatives to fee-for-service, like the patient-centered medical home.
- Requires Medicaid payments for primary care and some preventive health services be at least equal to Medicare for two years.
- Establishes the National Center for Patient-Centered Outcomes Research to support evidence-based research to better treat patients.
- Establishes the National Healthcare Workforce Commission to identify barriers limiting workforce production and encourage innovations to address the needs, changes, and other factors of workforce production as determined by the commission.