Remember that after the Affordable Care Act passed, numerous commentators predicted that increased insurance coverage, achieved through purchase of individual plans through the ACA marketplace or expanded Medicaid coverage, would precipitate a primary care shortage?

Experts feared that those with new coverage would not actually have access to care and those previously insured might experience decreased access to primary care. Some suggested thousands of new primary care providers would be necessary to keep up with the new demand.

Studies have shown that primary care availability hasn’t suffered as expected. A study in ten states compared waiting times for new patient appointments with primary care providers before and after the ACA access expansions in 2014. In all the states, appointment access increased for callers enrolled in Medicaid and wait times decreased. For callers with private insurance, there was no change in access to new patient appointments and short wait times (a week or less) decreased, although long wait times (more than 30 days) increased.

A separate study in Michigan fund that appointment availability for Medicaid enrollees increased after Medicaid expansion, although the study also found a smaller decrease in appointment availability for privately insured patients. Wait times for both groups were 1-2 weeks.


A policy decision put into play in the ACA to raise Medicaid primary care reimbursements to the Medicare level may have had some effect, although not all states continued to reimburse Medicaid primary care providers at Medicare rates required by the ACA in 2012 and 2013. Even states that did not maintain the payment bump after 2013 showed an improvement in access for Medicaid enrollees and an increase in the proportion of primary care physicians accepting Medicaid patients. Increased ACA funding of federally qualified health centers, or FQHCs, may also have increased access to care for Medicaid enrollees. Frakt also speculated that improved management of practices may have improved access.
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