Daily Journal: The shift from Obamacare to Trumpcare

Co-Founder and Managing Partner Harry Nelson was recently published in the Daily Journal. The article discusses the impact of the shift from Obamacare to Trumpcare has had on the United States healthcare system. Harry explores the recent developments in the Repeal of the Individual Mandate, Medicaid Expansion, Value-based Care, and insurance coverage rules.

From the article:

> Nearly three years ago, my partner Rob Fuller and I offered predictions in our book, "From ObamaCare to TrumpCare: Why You Should Care." Our goal was to move the discussion around our health care future away from rhetoric and towards reality. We offered a longer-term perspective of the ACA as an attempt to address the problem that Americans pay more for health care than any other advanced industrialized country, and get an inferior product in return, with poor outcomes and gaps in access. We explored the political compromise in the ACA, one that seem to be largely rejected by both sides amidst calls on one side for repeal and replacement and, on the other, for single-payor or universal coverage ("Medicare for all"). We tried to take an honest look at where ACA had addressed systemic failures, where it fell short, and where the jury was still out — and likewise tried to "call balls and strikes" with regard to competing Republican policy initiatives. We took it as a small victory when congressional Democrats and Republicans both shared stories of receiving copies of the book from colleagues across the aisle.
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> Our effort notwithstanding, the ACA remains a source of confusion today. In assessing recent developments and the issues ahead, it is valuable to differentiate the distinct strands of the law:
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> (1) the individual mandate, repealed in 2017, that required uninsured Americans buy coverage (with income-based sliding scale subsidies) via insurance exchanges;
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> (2) the expansion of the Medicaid program to increase access to care for the poorest Americans;
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> (3) the value-based care initiatives seeking to shift from paying for the quantity of services ("fee for service") to paying for the quality of health care delivered; and
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> (4) a series of changes in health care insurance coverage rules, most famously, prohibiting different types of discrimination, such as the denial of insurance coverage based on preexisting conditions.
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> *Harry Nelson, The Shift from Obamacare to Trumpcare, June 6, 2019*

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