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Education	**Harvard University** Ph.D. Public Policy (Economics Track), 2018 to 2024 (expected) **University of Miami** B.A. in Economics and Mathematics, *magna cum laude,* 2016
Fields	Health Economics, Innovation, Industrial Organization
References	Professor Amitabh Chandra 79 John F. Kennedy St. Cambridge, MA 02138 amitabh_chandra@harvard.edu	Professor Mark Shepard 79 John F. Kennedy St. Cambridge, MA 02138 mark_shepard@hks.harvard.edu	Professor David M. Cutler 1805 Cambridge Street Cambridge, MA 02138 dcutler@harvard.edu
Fellowships & Awards	National Science Foundation Graduate Research Fellowship, awarded, 2019 National Science Foundation Graduate Research Fellowship, honorable mention, 2018
Teaching	Empirical Methods II, Harvard Kennedy School, Teaching fellow for Professors Theodore Svoronos and Timothy Layton, 2021–2023 Empirical Methods I, Harvard Kennedy School, Teaching fellow for Professor Theodore Svoronos, 2022
Research	Harvard Medical School, Graduate Research Assistant for Nicole Maestas, 2019 National Bureau of Economic Research, Research Assistant for Amitabh Chandra, 2016–2018 Research Intern, International Council of Shopping Centers, 2015
Job Market Paper	**Drug Discounts and the Hospitalization of Oncology: Evidence from the 340B Program**

Many government programs are designed to transfer resources to disadvantaged people and organizations that provide public services, but these programs often inadvertently create incentives for agents to exploit their provisions. Assessing how agents differentially game programs is essential to understand their incidence and to correct market distortions. In this paper, I study heterogeneous gaming of public programs by evaluating how the 340B Drug Pricing Program — a federal program intended to help hospitals that treat low-income patients by requiring drug makers to sell discounted drugs to participating hospitals — differentially impacted hospitals' billing of infused cancer drugs. Using a staggered adoption design, I find that 340B increased hospitals' Medicare spending on cancer drugs by an average of $200,000 per year. Remarkably, this increase was entirely driven by health system-affiliated hospitals. The 340B program modestly increased system hospitals' employment of medical oncologists but disproportionately increased hospital-based infusions attended by historically high-volume medical oncologists. Other aspects of cancer care remained the same, suggesting quality competition for physicians and patients was not an important channel for hospitals to increase care. I posit that health systems responded to 340B primarily by billing outpatient facilities as hospital departments to qualify those facilities for drug discounts. This analysis suggests that characteristics inherent to health systems facilitate gaming of public programs but resulting distortions may be substantially mitigated by regulation of billing practices.

Working Papers	**Regulatory approval and expanded market size**, *with Amitabh Chandra and Craig Garthwaite*

Regulatory review of new medicines is often viewed as a hindrance to innovation by increasing the hurdle to bring products to market. However, a more complete accounting of regulation must also account for its potential market expanding effects through quality certification. We combine data on FDA approvals for follow-on indications and patient-level data on utilization, and examine whether FDA approval of a follow-on indication increases the use of a drug for that indication. We find 5 facts for the market-expanding role of regulation: (1) follow-on approvals increase the share of patients taking a drug with that indication by 4.1 percentage points, or 40% increase over baseline use, at the time of approval; (2) there is little market learning prior to or following the approval of the follow-on indication, suggesting that such approvals fully certify the new use; (3) the effect of these approvals is larger for uses in a different disease area than previous indications, an increase equivalent to over 4 ½ years of market-learning; (4) it is FDA approval, not the initiation of clinical trials that generate the expansion in market size; (5) the market expansion is consistent with physicians prescribing the medicines more because of higher perceived benefits, not reduced administrative costs.

Papers in Progress   **Targeted tax credits for pharmaceutical R&D: the incidence and effects of the Orphan Drug Credit**

Book Chapters

Berger, Ben, Italo Lopez-Garcia, Nicole Maestas, and Kathleen Mullen. "The link between health and working longer: differences in work capacity." Can't Work, Can't Retire: America's Aging Workforce. Eds. Lisa Berkman and Beth C. Truesdale (2021).

Bagley, Nicholas, Ben Berger, Amitabh Chandra, Craig Garthwaite, and Ariel D. Stern. "The Orphan Drug Act at 35: observations and an outlook for the twenty-first century." Innovation Policy and the Economy 19, no. 1 (2019): 97-137.

Seminars & Conferences

Harvard Kennedy School Economics and Social Policy Seminar, 2023
Harvard Kennedy School Economics and Social Policy Workshop, 2020–2023
Harvard Kennedy School Economics and Social Policy Workshop, 2020–2023
Harvard Health Care Policy Ph.D Seminar, 2023
Global Conference on Regulatory Science, 2022 (poster presentation)
NBER Innovation Research Boot Camp, 2022; Re-invited as teaching fellow, 2023
Overtime: America's Aging Workforce and the Future of "Working Longer", 2019

Academic Service

Referee for Journal of Health Economics
Referee for International Journal of Health Economics and Management

Software skills   R, Stata, SQL, Github, Unix command line, LaTeX

Personal Information   U.S. Citizen