

Hongming Wang

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EDUCATION

PhD Economics

UNIVERSITY OF SOUTHERN CALIFORNIA

2019

MA Economics

UNIVERSITY OF SOUTHERN CALIFORNIA

2015

BA Finance, BS Math (minor)

SHANGHAI JIAOTONG UNIVERSITY

2012

PROFESSIONAL EXPERIENCE

2020-2022 **Principal Investigator, Grants-in-Aid for Scientific Research, #20K13509**

2019-2021 **Post-Doctoral Researcher, Hitotsubashi Institute for Advanced Study, Hitotsubashi University**

RESEARCH

WORKING PAPERS

(Job Market Paper) **Nudging Parents to Invest: Evidence from Children's Insurance**

Expanding Health Insurance with Mandate and Subsidy: Theory and Evidence from Massachusetts

Performance Pay in Insurance Markets: Evidence from Medicare (with Michele Fioretti)

RESEARCH IN PROGRESS

The Long-Run Health and Economic Benefits of Universal Health Insurance in Japan
(Grants-in-Aid for Scientific Research, #20K13509, Japan Society for the Promotion of Science)

Vaccine Distribution Strategies for the COVID-19 Pandemic in Japan and in Low- and Middle-Income Countries
(with Yoko Ibuka and Ryota Nakamura)

CONFERENCES

2021 AEA/ASSA (virtual)

2020 Econometric Society European Winter Meetings (Virtual)
INFER (virtual, co-author)
Econometric Society World Congress (virtual)
Society of Labor Economics (virtual)

2019 Econometric Society European Winter Meetings (Rotterdam)
Asia Pacific Industrial Organization Conference (Tokyo)
International Industrial Organization Conference (Boston, co-author)
AEA/ASSA (Atlanta)

GRANTS & FELLOWSHIPS

2020-2022 Grants-in-Aid for Scientific Research, Japan Society for the Promotion of Science

2012-2018 Provost Fellowship, USC

2015-2017 Schaeffer Fellowship, Schaeffer Center for Health Policy and Economics

Teaching

2020 Guest Lecturer, Topics in Health Economics, Hitotsubashi University

2018-2019 Teaching Assistant, Intermediate Micro, USC

2013-2014 Teaching Assistant, Intermediate Micro and Intermediate Macro, USC

PROGRAMMING

STATA, PYTHON, R, MATLAB, GAUSS, LATEX

NUDGING PARENTS TO INVEST: EVIDENCE FROM CHILDREN'S INSURANCE

Abstract. I study how parental investments respond to children's insurance exploiting the roll-out of Children's Health Insurance Program, which expanded public insurance for children in the US. In anticipation of the insurance, pregnant mothers exposed to the roll-out reduced present bias and increased private investments in utero. The investments increased the child's birth weight, and increased mother utility similar to expansions of her own insurance. In the long run, investments further increased college enrollment, predicting higher tax payments that offset 8.4% of the program cost in childhood. The results suggest that information outreach can encourage investments by adjusting parents' behavioral biases, resulting in greater parental utility and lower social costs of insurance.

EXPANDING HEALTH INSURANCE WITH MANDATE AND SUBSIDY: THEORY AND EVIDENCE FROM MASSACHUSETTS

Abstract. What is the proper scope of social insurance, and what motivates government mandate and subsidization of health insurance? This paper explores two rationales: adverse selection in insurance premium, and the social cost of uncompensated care. I assess both rationales as potential justification of the 2006-2007 insurance expansion in Massachusetts. I derive and calculate the motivating benefits relative to the cost of expanding insurance with policy incentives. I find that adverse selection alone can justify the mandate penalty in this context, and the social cost of uncompensated care justifies the subsidy generosity with small-to-zero premium benefit. Incremental expansion is desirable from a pure efficiency standpoint, and becomes more desirable with equity.

PERFORMANCE PAY IN INSURANCE MARKETS: EVIDENCE FROM MEDICARE (WITH MICHELE FIORETTI)

Abstract. Public procurement bodies increasingly resort to pay-for-performance contracts to promote efficient spending. We show that firm responses to pay-for-performance can widen the inequality in accessing social services. Focusing on the U.S. Medicare Advantage market, we find that insurers with higher quality ratings responded to bonus payments by selecting healthier enrollees with premium differences across counties. Selection is profitable because the quality rating fails to adjust for differences in the health of enrollees. Selection inflated the bonus payments and shifted the supply of high-rated insurance to the healthiest counties, hurting the healthcare access of sicker patients in the riskiest counties.

THE LONG-RUN HEALTH AND ECONOMIC BENEFITS OF UNIVERSAL HEALTH INSURANCE IN JAPAN (GRANTS-IN-AID FOR SCIENTIFIC RESEARCH, #20K13509, JAPAN SOCIETY FOR THE PROMOTION OF SCIENCE)

Summary. In 1956, the Japanese government announced a 5-year plan to implement universal insurance by 1961. All prefectures by then must provide national health insurance to those without private insurance. The reform increased the insurance rate in age 0-5 for cohorts born in 1956-1965. This paper examines whether insurance coverage in early childhood impacts later-life outcomes – in particular, whether universal insurance early in life closes gaps in education, earnings, and health outcomes between gender. I am currently applying for administrative hospitalization records, blood tests, and death certificates to understand the long-run impacts on health. Preliminary analysis suggests that insurance increased the education attainment and earnings of women, who were more likely to marry highly-educated men and participate in the labor market full-time.

VACCINE DISTRIBUTION STRATEGIES FOR THE COVID-19 PANDEMIC IN JAPAN AND IN LOW- AND MIDDLE-INCOME COUNTRIES (ONGOING, WITH YOKO IBUKA AND RYOTA NAKAMURA)