

## **SOBIN LEE**

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### **EDUCATION**

Ph.D., Economics, Boston University, Boston MA, May 2026 (expected)  
Dissertation Title: *Effects of Medicaid Policy and Physician Behavior*  
Dissertation Committee: Randall Ellis, Marc Rysman, Pauline Mourot and Sarah Gordon

B.A., Mathematical Economics, University of Pennsylvania, Philadelphia, PA, 2017

### **FIELDS OF INTEREST**

Health Economics, Labor Economics, Public Economics

### **PUBLICATIONS**

“Medicaid Reimbursement for Maternal Depression Screening and Care for Postpartum Depression,” (with Sarah Gordon, Nigel Deen, Megan Cole, Emily Feinberg and Alison Galbraith) *JAMA Pediatrics*, (2025) 179; (9): 1009-1016

“Extended Postpartum Medicaid In Colorado Associated With Increased Treatment For Perinatal Mood And Anxiety Disorders,” (with Sarah Gordon, Maria Steenland, Nigel Deen, and Emily Feinberg) *Health Affairs*, (2024)

### **OTHER PUBLICATIONS**

“Medicare Advanced Imaging Payment: Dysfunctional Policy Making” (with Bruce Steinwald, Paul B. Ginsburg and Caitlin Brandt), USC–Brookings Schaeffer Initiative for Health Policy, 2020.

“Making ACA Enrollment More Automatic for the Newly Unemployed” (with Christen Linke Young), USC–Brookings Schaeffer Initiative for Health Policy, 2020.

“How Well Could Tax-Based Auto-Enrollment Work?” (with Christen Linke Young), USC–Brookings Schaeffer Initiative for Health Policy, 2020.

“What is Surprise Billing for Medical Care?” (with Christen Linke Young, Matthew Fiedler, Loren Adler), USC–Brookings Schaeffer Initiative for Health Policy, 2019.

“We Need More Primary Care Physicians: Here’s Why and How” (with Bruce Steinwald, Paul Ginsburg, Caitlin Brandt, and Kavita Patel), USC–Brookings Schaeffer Initiative for Health Policy, 2019.

“Insurance Status Churn and Auto-Enrollment” (with Christen Linke Young), USC–Brookings Schaeffer Initiative for Health Policy, 2019.

“Medicare Graduate Medical Education Funding is Not Addressing the Primary Care Shortage: We Need a Radically Different Approach” (with Bruce Steinwald, Paul

Ginsburg, Caitlin Brandt and Kavita Patel), USC–Brookings Schaeffer Initiative for Health Policy, 2018.

#### **WORKING PAPERS**

“Medicaid Spillovers on Commercially Insured Patients: Evidence from Postpartum Depression Screening,” September 2025. Job Market paper.

#### **WORK IN PROGRESS**

“Effect of Maternal Postpartum Insurance Coverage on Infant Health Utilization”  
“Enforceability of Non-Compete Agreements and Physician Mobility”

#### **PRESENTATIONS**

American Society of Health Economists (ASHEcon), 2024  
Association for Public Policy Analysis and Management (APPAM), 2025

#### **FELLOWSHIPS AND AWARDS**

Institute for Economic Development Grant, Boston University, 2022  
Kwanjeong Scholarship, Kwanjeong Foundation, 2013-2017  
Dean’s List, University of Pennsylvania, 2013-2016

#### **WORK EXPERIENCE**

Research Assistant to Professor Sarah Gordon, Boston University, May 2023 – Dec 2024  
Research Assistant at The Center for Health Policy, The Brookings Institution, Aug 2017-May 2020  
Research Assistant to Professor Katherine Milkman, The Wharton School, May 2016-Aug 2016  
Research Assistant to Professor Adam Cobb, The Wharton School, Aug 2015-May 2016

#### **TEACHING EXPERIENCE**

Teaching Fellow, Special Topics in Economics (Auction Theory), Boston University, Spring 2025  
Teaching Fellow, Intermediate Microeconomic Analysis, Boston University, Spring 2025  
Teaching Fellow, Introductory Microeconomic Analysis, Boston University, Fall 2021, Fall 2022, Spring 2023, Fall 2024  
Teaching Fellow, Introductory Macroeconomic Analysis, Boston University, Spring 2022  
Teaching Assistant, Macroeconomic Theory, University of Pennsylvania, Spring 2016, Fall 2016

**LANGUAGES :** English (Native), Korean (Native)

**COMPUTER SKILLS:** STATA, R, MATLAB, LaTeX

**CITIZENSHIP/VISA STATUS:** South Korea/F1

#### **REFERENCES**

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### **Medicaid Spillovers on Commercially Insured Patients: Evidence from Postpartum Depression Screening (Job Market Paper)**

This paper examines how targeted Medicaid reimbursement affects screening practices across payer types. In January 2014, Colorado Medicaid began reimbursing pediatric providers for postpartum depression (PPD) screening during infant well-child visits. Using linked birth records and All-Payer Claims data from 2012–2019, I find that practices with greater pre-policy Medicaid exposure increased screening more after the policy, primarily among commercially insured patients. Screening for Medicaid patients rose broadly across all practices, consistent with practice-wide adoption rather than payer-specific targeting. Leveraging physician moves across practices, I show that physicians adjust their screening behavior toward the norms of their new practice, indicating that organizational systems play a central role in shaping provider behavior. These findings show that payer-specific incentives can influence care delivery beyond the targeted payer through practice-level mechanisms.

### **Extended Postpartum Medicaid In Colorado Associated With Increased Treatment For Perinatal Mood And Anxiety Disorders**

*(with Sarah Gordon, Maria Steenland, Nigel Deen, and Emily Feinberg)*

Perinatal mood and anxiety disorders (PMAD), a leading cause of perinatal morbidity and mortality, affect approximately one in seven births in the US. To understand whether extending pregnancy-related Medicaid eligibility from sixty days to twelve months may increase the use of mental health care among low-income postpartum people, we measured the effect of retaining Medicaid as a low-income adult on mental health treatment in the postpartum year, using a “fuzzy” regression discontinuity design and linked all-payer claims data, birth records, and income data from Colorado from the period 2014–19. Relative to enrolling in commercial insurance, retaining postpartum Medicaid enrollment was associated with a 20.5-percentage-point increase in any use of prescription medication or outpatient mental health treatment, a 16.0-percentage-point increase in any use of prescription medication only, and a 7.3-percentage-point increase in any use of outpatient mental health treatment only. Retaining postpartum Medicaid enrollment was also associated with \$40.84 lower out-of-pocket spending per outpatient mental health care visit and \$3.24 lower spending per prescription medication for anxiety or depression compared with switching to commercial insurance. Findings suggest that extending postpartum Medicaid eligibility may be associated with higher levels of PMAD treatment among the low-income postpartum population.