

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 Mourrot 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)

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)

Understanding spillovers from public insurance to private patients is critical for designing effective health policy. This paper examines whether Medicaid reimbursement for postpartum depression (PPD) screening reshaped pediatric practice environments in ways that benefited commercially insured mothers. In January 2014, Colorado began reimbursing pediatric providers for PPD screening during infant well-child visits, targeting only Medicaid mothers. Using linked birth records and the Colorado All-Payer Claims Database (2012–2019), I implement difference-in-differences, triple-differences, and physician movers designs. Results show that moving from zero to full pre-policy Medicaid exposure increased a practice’s any-screening rate by 10.2 percentage points and the share of well-child visits screened by 8.1 percentage points among commercial patients. Triple-difference estimates confirm uniform adoption across payer groups. Movers analyses reveal that physicians adopt 59% of the screening style of higher-Medicaid-share practices, underscoring the role of practice norms. These findings show that targeted Medicaid reimbursement can diffuse across payer types and improve maternal mental health screening broadly.

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.