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Personal Information: Female, U.S. Citizen

Undergraduate Studies:

B.A. Economics, University of Notre Dame, *summa cum laude*, 2008

Graduate Studies:

Harvard University, 2011 to present
Ph.D. Candidate in Economics
Thesis Title: Essays in Health Economics
Expected Completion Date: May 2017

References:

Professor David Cutler
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Professor Amitabh Chandra
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Professor Nathaniel Hendren
Harvard University
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Teaching and Research Fields: Health Economics, Public Finance

Teaching Experience:

Spring 2016	U.S. Health Care Policy, Harvard, teaching fellow for Professor Amitabh Chandra
Spring 2015	Intermediate Microeconomics, Harvard, teaching fellow for Professor Marc Melitz
Fall 2014	Intermediate Microeconomics, Harvard, teaching fellow for Professor Jeff Miron

Research Experience and Other Employment:

2013-2014	Research Assistant to Prof. Katherine Ho (Columbia) and Ariel Pakes (Harvard)
2010-2011	Urban Institute Health Policy Center, Research Associate II
2008-2010	Urban Institute Health Policy Center, Research Assistant

Professional Activities:

Referee for *Journal of Health Economics*, *Health Services Research*, *Journal of Public Economics*, *American Economic Journal: Economic Policy*

Honors, Scholarships, and Fellowships:

2015-2017	NBER Pre-Doctoral Fellowship in Aging and Health Economics
2011-2014	National Science Foundation Graduate Research Fellowship

Publications:

1. Long, Sharon K., Karen Stockley, and Kate W. Nordahl. "Coverage, Access, and Affordability under Health Reform: Learning from the Massachusetts Model" **Inquiry** 2013; 49(4): 303-316.
2. Gray, Bradford H., Karen Stockley, and Stephen Zuckerman. "American Primary Care Physicians' Decisions to Leave Their Practice: Evidence from the 2009 Commonwealth Fund Survey of Primary Care Doctors" **Journal of Primary Care & Community Health** 2012; 3(3): 187-194.
3. Long, Sharon K., Karen Stockley, and Heather Dahlen. "Massachusetts Health Reforms: Uninsurance Remains Low, Self-Reported Health Status Improves as State Prepares to Tackle Costs" **Health Affairs** 2012; 31(2): 444-451.
4. Long, Sharon K., Karen Stockley, and Shanna Shulman. "Have Gender Gaps in Insurance Coverage and Access to Care Narrowed Under Health Reform? Findings from Massachusetts" **American Economic Review: Papers and Proceedings** 2011; 101(3): 640-644.
5. Long, Sharon K. and Karen Stockley. "The Impacts of State Health Reform Initiatives on Adults in New York and Massachusetts." **Health Services Research** 2011; 46(1): 365-387.
6. Long, Sharon K. and Karen Stockley. "Sustaining Health Reform in a Recession: An Update on Massachusetts as of Fall 2009." **Health Affairs** 2010; 29(6): 1234-1241.
7. Long, Sharon K., Alshadye Yemane, and Karen Stockley. "Disentangling the Effects of Health Reform in Massachusetts: How Important Are the Special Provisions for Young Adults?" **American Economic Review: Papers and Proceedings** 2010; 100(2): 297-302.
8. Long, Sharon K. and Karen Stockley. "Massachusetts Health Reform: Employer Coverage from Employees' Perspective." **Health Affairs** 2009; 28(6): w1079-1087.
9. Long, Sharon K., Karen Stockley, and Alshadye Yemane. "Another Look at the Impacts of Health Reform in Massachusetts" **American Economic Review: Papers and Proceedings** 2009; 99(2): 508-511.
10. Zuckerman, Stephen, Aimee F. Williams, and Karen Stockley. "Trends in Medicaid Physician Fees, 2003-2008." **Health Affairs** 2009; 28(3): w510-519.

Research Papers:

"Evaluating Rationality in Responses to Health Insurance Cost-Sharing: Comparing Deductibles and Copayments" ([Job Market Paper](#))

Many studies find that consumers reduce spending in response to higher health insurance cost-sharing, but there is mixed evidence as to whether these spending reductions reflect a rational trade-off between health benefits and costs. This paper provides new evidence on the rationality of consumer responses to cost-sharing using novel variation in two common types of cost-sharing incentives: deductibles and copayments. Economic theory predicts that a fully informed, rational consumer would respond equivalently to a marginal dollar in out-of-pocket (OOP) costs from all types of cost-sharing incentives. In contrast, I find that consumers are substantially more responsive to copayment than to deductible OOP costs. Further, both types of cost-sharing have negative cross-price effects onto non-targeted services. These results are consistent with barriers to consumers' understanding how different types of cost-sharing translate into OOP costs. Finally, I show that both deductibles and copayments reduce adherence to highly valuable chronic medications. Together, my findings indicate that copayment-based plans may be more effective in protecting consumers from high OOP costs while achieving significant spending reductions, and that more complex plans may not result in the outcomes intended.

“Premium Transparency in the Medicare Advantage Market: Implications for Premiums, Benefits, and Efficiency” (with Thomas McGuire, Christopher Afendulis, Michael E. Chernew)

We estimate how government subsidies affect the equilibrium premiums and benefit generosity of health insurance plans in the Medicare Advantage market and find that, on average, subsidies are passed-through via greater benefits rather than lower premiums. We argue that the way premium information is communicated to consumers influences the way in which plans pass through subsidy dollars and can account for the empirical results. More specifically, the choice environment makes it difficult for consumers to observe a large component of the plan premium, leading to a lack of demand response to premium reductions below the premium charged by traditional Medicare (the fee-for-service Part B premium). When demand does not respond to lower premiums, plans have an incentive to pass-through cost subsidies to consumers via more generous benefits that consumers may not value at cost, creating an inefficiently high level of benefit generosity. Our results provide evidence that a lack of premium transparency in the Medicare Advantage market may distort the combination of premium levels and benefit generosity offered in equilibrium, resulting in some degree of inefficiently high benefits and premiums.

Research in Progress:

How Do Physicians Affect “Demand” Responses to Health Insurance Cost-Sharing?