

# PUNEET KAUR CHEHAL

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## CONTACT INFORMATION

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## PERSONAL INFORMATION

Citizenship: Canadian  
US Immigration Status: Permanent Resident

## RESEARCH & TEACHING FIELDS

Primary fields: Applied Microeconomics, Health Economics, Health Care Policy  
Secondary fields: Public Finance

## EDUCATION

Duke University, Sanford School of Public Policy  
PhD Student in Public Policy, Economics Track  
<http://sanford.duke.edu/academics/phd/curriculum/economics>  
Expected Completion Date: May, 2017

Duke University, Department of Economics, 2015  
M.A., Economics  
Concentration: Applied Economics

University of California, Davis 2008  
Honors Thesis: Medicaid Expansions and ER Utilization  
B.A., Economics (Higher Highest Honors), Political Science (Minor)

## REFERENCES

Professor Frank Sloan  
Duke University Department of Economics  
919-613-9358, [fsloan@duke.edu](mailto:fsloan@duke.edu)

Professor Peter Ubel  
Duke University Fuqua School of Business  
919-660-8003, [peter.ubel@duke.edu](mailto:peter.ubel@duke.edu)

Galina Hale, Research Advisor  
Federal Reserve Bank of San Francisco  
415-974-1311, [Galina.B.Hale@sf.frb.org](mailto:Galina.B.Hale@sf.frb.org)

## HONORS, SCHOLARSHIPS AND FELLOWSHIPS

2016	Dissertation Travel Award, \$2000, Duke University Graduate School
2016	Summer Research Fellowship, \$5500, Duke University Graduate School
2015	Humane Research Council Fellowship, \$5000
2014	PhD Small Grant, \$365, Sanford School of Public Policy
2014	Summer Research Fellowship, \$5500, Duke University Graduate School
2013	PhD Small Grant, \$300, Sanford School of Public Policy
2013 - 2016	Dean's Graduate Fellowship, Duke University Graduate School
2008	Department Citation in Economics, University of California, Davis
2008	Phi Beta Kappa
2007	James and Leta Fulmor scholarship, University of California, Davis

## PUBLICATIONS

Chehal, Puneet Kaur, Prakash Loungani, & Bharat Trehan. *Stock-Market-Measures of Sectoral Shocks and the Unemployment Rate*. FRBSF Economic Letter Series, 2010

Chehal, Puneet Kaur, & Bharat Trehan. *Talking about Tomorrow's Monetary Policy Today*. FRBSF Economic Letter Series, 2009

## WORKING PAPERS

### *Market-based Medicaid Managed Care Programs, Hospital Choice and Quality Hospitals*

This study explores how the structure of health insurance markets affects the quality of care accessible to consumers. This issue is especially important in the wake of the Affordable Care Act, which provides policymakers with considerable discretion in designing individual health insurance markets. My work offers new evidence from Kentucky's Medicaid program which introduced market-based managed-care by exclusively contracting with a small set of competing managed-care organizations (MCOs). These MCOs are required to serve all eligible populations statewide. Although this market design ensures some choice of plans for rural areas that would be less likely to attract multiple MCOs, it may also depress the number of plans that would otherwise operate in non-rural areas. On one hand, limiting competition could have adverse effects because the risk of losing enrollees to competitors and attracting additional competitors incentivizes MCOs to provide quality service to enrollees. On the other hand however, limiting competition eases the pressure from adverse selection and improves MCOs relative bargaining position with hospitals. My study of Kentucky's statewide MCO market using of a restricted set of MCOs provides some insight regarding how this sort of market design affects access to quality care. My analysis focuses on estimating the effect of Kentucky's reforms on the quality of hospitals used by expectant Medicaid-insured mothers for their deliveries. To avoid bias from case-mix selection, I use risk-adjusted, composite hospital quality measures constructed by the Agency for Healthcare

Research and Quality. Although the effect varies geographically, my key findings show that the largest shift of patients between hospitals was to higher quality facilities. This shift may reflect the bargaining power health plans benefit from when negotiating with hospitals in a market with fewer plans. Despite the limited competition, I also find evidence that suggests MCOs could be avoiding expectant women with riskier pregnancies. Women with avoidable maternal health complications and Black women insured by Medicaid both experienced decreases in the quality of hospitals utilized.

## **WORK IN PROGRESS**

### *Medicare Diabetics, Health Shocks and Food Choice*

In this study I study food choice preferences and health care needs of Medicare beneficiaries with diabetes. I access a large, consumer food and prescription purchase database at the Duke-UNC USDA Center for Behavioral Economics and Healthy Food Choice Research. I investigate how beneficiaries substitute healthier food choice and medical care to stabilize their health when experiencing disruptions in access to diabetes medical supplies. I exploit introduction of the Center for Medicare and Medicaid Services' Competitive Bidding Program which unintentionally disrupted access to Medicare beneficiaries usual sources of diabetes testing supplies. Matching individuals in ZIP Codes affected by the policy change with individuals from adjacent ZIP Codes allows me to identify treatment effects. In the future, I plan to test for differences among populations with disparities in access to medical providers or healthy food.

### *Estimating Price Effects on Vegetarian and Vegan Diet Participation* with Galina Hale

This study is motivated by the growing health and environmental concerns regarding the overconsumption of some animal products. Since taxes are a potential policy solution to addressing externalities arising from overconsumption of animal products, it is necessary to understand the sensitivity of consumers to changes in food prices. Using a novel survey of current and past American vegetarian and vegans, we explore the implications of food price volatility on beginning, maintaining or ending a vegetarian or vegan diet. Preliminary results suggest diet participation is associated with increases in food prices net of demographic, self-reported ethical motivations or challenges to maintaining a diet.

## **TEACHING EXPERIENCE**

2016	TA Public Policy 810, Graduate Microeconomics with Professor Pfaff
2015	TA Public Policy 811, Advanced Graduate Microeconomics with Professor Clotfelter
2015	Instructor Microeconomics, Public Policy and Management Program, State Administration of Foreign Experts Affairs
2015	Head TA Public Policy 304, Public Economics with Professor Harding
2014	TA Public Policy 304, Public Economics with Professor Sexton

## **RESEARCH EXPERIENCE AND OTHER EMPLOYMENT**

2016	Humane Research Council, Food Choice Graduate Research Fellow
2012 - 2014	Sanford School of Public Policy, Research Assistant to Elizabeth O. Ananat, Christina Gibson Davis, and Anna Gassman Pines
2008 - 2011	Federal Reserve Bank of San Francisco, Economic Research Department, Research Associate - Macro Group
2008	Juvenile Diabetes Research Foundation, Government Relations Committee Intern

## **PROFESSIONAL AND SERVICE ACTIVITIES**

### **Conferences**

2016	American Society of Health Economists (poster)
2015	Italian Health Economics Association (poster)
2011-2016	Sanford School of Public Policy Graduate Student Research Workshop
2011	Federal Reserve Bank of San Francisco
2008	University of California Washington Program Research Conference

### **Service**

2015 - 2016	Graduate & Professional Student Council Representative Duke University Graduate School
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