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Research Statement

I am a public policy scholar and economist trained at UNC-Chapel Hill. My research field is applied microeconomics with a specialization in health and labor policy, focusing on policies that affect the demand for health insurance and the economic implications of substance abuse disorders (SUD). My published work uses a variety of quasi-experimental and mixed methods to examine the effectiveness of health insurance premium tax credits and cost-sharing reductions, the relationship between health and work, SUD treatment financing and policy and the costs and benefits of integrated care.

Subsidies for private health insurance. Two published studies from my dissertation focus on the effectiveness of premium tax credits and cost-sharing reductions introduced as part of recent health care reform efforts. I use a rigorous regression discontinuity design that isolates the effects of these subsidies from the broad reach of health reform policies. I find large increases in coverage due to these subsidies. The results suggest that the tax credit and cost-sharing subsidy levels would need to be raised at higher incomes to increase participation.

Work and health. I have conducted several studies assessing the interrelatedness of work and health. One study uses the discrete factor approximation method to identify the impact of alcohol use in adolescence through young adulthood on wages. This study contradicts widely held beliefs that alcohol use negatively affects wages and shows that non-binging consumption is positively associated with wages. The study results imply that targeted policies against harmful drinking behavior are more effective than broader measures. Another set of workplace-based studies provide evidence that improving work environment and increasing flexibility leads to reduced stress and reduced emergency department or urgent care visits.

SUD treatment financing and policy. In this area, I have studied state and local policies that address financing and workforce barriers for increasing access to medication-assisted treatment for opioid use disorder using qualitative methods. Beyond Medicaid expansion, which is the predominant lever used by states, states are relying on Medicaid Section 1115 SUD demonstrations, federal discretionary grants, state contracting mechanisms, and other state regulations to reduce administrative barriers. This research shows that increasing funding alone does not address access and that there is little empirical evidence on what increases access.

Screening, brief intervention, and referral to treatment (SBIRT). SBIRT is an integrated, public health approach to reduce risky substance use implemented in medical settings and is being emphasized as a key tool for addressing the opioid epidemic. My published work on SBIRT has focused on the financing of SBIRT services and the impacts of SBIRT on downstream health care costs. I led a meta-analysis that corroborates that SBIRT likely reduces emergency department visits and have applied quasi-experimental methods to link a provider-based SBIRT mandate to reduced trauma center readmissions. I have also helped develop a dynamic simulation model that describes the conditions under which SBIRT can be sustained in medical settings by Medicaid and private insurance reimbursement. My research also examined how state-level factors affect Medicaid financing of SBIRT, showing that federal block grant funds provide a disincentive to

financing SBIRT through Medicaid and that discretionary SBIRT grants are not associated with Medicaid billing.

Current Research

One area of my current research is focused on the ACA Marketplaces. Building on my dissertation, I am assessing the long-term effects of the ACA subsidies on Marketplace coverage and whether low-income people are using their insurance to obtain different types of medical care, whether they change the volume of services, and whether they face reduced cost burden. This research is being funded by Agency for Health Research & Quality (R03HS026531-01, PI: Hinde) and will guide policymakers on which of the subsidies had the most impact and how the subsidies could be changed to increase access and affordability.

My current SUD-focused projects are focused on access to and quality of SUD treatment: 1) examining the availability of comprehensive SUD treatment for pregnant and post-partum women with SUD; 2) investigating whether individuals being treated with buprenorphine are receiving care that is concordant with American Society of Addiction Medicine guidelines; and 3) assessing regional disparities in substance use-related ED visits and inpatient stays. These projects highlight that, even with the intense policy focus on the opioid epidemic, substantial treatment gaps and low-quality treatment is still pervasive. Addressing these deficiencies require substantial public investment through discretionary grants, block grants, and Medicaid as well as reducing administrative barriers at the state- and local-level.

Additionally, a third area I am passionate about is the impact of rising employer-sponsored health insurance (ESI) on earnings. The non-taxability of ESI is one of the largest subsidies in the U.S. but does not get the same attention as Medicaid expansion or other social policies. Economic theory suggests employers can shift the costs of increasing ESI premiums to their employees, but there is mixed empirical evidence for this shift. This project is focusing on explaining why there is mixed evidence in the literature and the mechanisms by which cost shifting may occur. The results suggest that cost-shifting may arise mechanically from differences in tax rates and not from compensating wage differentials.

Research Experience at RTI International

I have over a decade of experience at RTI International conducting health economics and health policy research for federal and state agencies. My current research at RTI involes: 1) leading a meta-evaluation of CMS' Section 1115 substance use disorder demonstrations; 2) evaluating CMS' State Innovation Model grants for patient-centered medical homes and integrated behavioral health; 3) examining the benefits and challenges resulting from California's system-wide implementation of ASAM criteria; 4) leading the economic evaluation of an Effectiveness-Implementation Hybrid Trial brief intervention for substance use within community-based HIV/AIDS service organizations, and; 5) managing a portfolio a behavioral health policy analyses for ASPE. At RTI, I have led small and large teams of researchers, serving as Project Director and Associate Project Director on SAMHSA multisite evaluations and running NIH-funded grants. I have had extensive grant and proposal writing experience and successfully collaborated with academic and nonacademic institutions across a variety of disciplines.