Anwita Mahajan

Email: anmahajan@ucsd.edu | Website: anwitamahajan.com

Updated September 2026
*Legend: *Forthcoming, †Co-author Presentation*

Employment

Postdoctoral Scholar July 2024 – Present
Department of Economics, University of California, San Diego

Consultant, Access Health International 2017 – 2019
Full-Time Research Assistant to Dr. Jonathan Gruber,
Department of Economics, Massachusetts Institute of Technology

Academic Affiliations

Research Affiliate 2025 – Present
Center for Economic Policy Analysis, University of California, San Diego
Health System Performance, Anti-Poverty Policy and The Performance of State and Local Governments

Education

Ph.D., Economics 2019 – 2024
Georgetown University
Dissertation: The Role of Government Policy and Firm Behavior in Health Care

A.B., Economics 2013 – 2017
Dartmouth College
cum laude, with Highest Honors

Visiting Student 2017
University of Oxford

Fields

Health Economics, Industrial Organization, Public Economics (Research Statement)

My research studies how provider behavior in healthcare is shaped by government regulation, and how federal-state health policy design shapes insurance coverage and state fiscal outcomes. I also study how AI can strengthen transparency and reproducibility in observational research.

References

Jeffrey Clemens
Professor, Department of Economics,
University of California, San Diego
jeffclemens@ucsd.edu

John Rust
Emeritus Professor, Department of Economics,
Georgetown University
jr1393@georgetown.edu

Douglas Staiger
Professor, Department of Economics,
Dartmouth College
doug.staiger@dartmouth.edu

Krista Ruffini
Assistant Professor, McCourt School of Public Policy, Georgetown University
kr333@georgetown.edu

Job Market Paper

Consolidation Under Regulated Prices: Capacity, Quality, and Patient Health in the Dialysis Industry (Link)

with Francisco Garrido and Adrian Rubli

Presentations:

- **2026:** San Diego State University CHEPS/Economics Seminar, NBER Economic Analysis of Regulation Meeting, Toulouse School of Economics 4th Health Economics Conference, Becker Friedman Institute Health Economics Initiative Conference, Electronic Health Economics Colloquium, Annual International Industrial Organization Conference, UT/ITAM Tex-Mex Conference†
- **2025:** UC San Diego Labor/Public Seminar, AEA ASSA Meeting
- **2024:** BYU Future of Antitrust Conference

How mergers impact consumers is well understood when firms compete on price, but much less is known when prices are regulated and firms instead compete on quality and capacity. We study consolidation in the U.S. outpatient dialysis industry, where Medicare sets prices, competition is local, and treatment is life sustaining. Using 30 years of data covering more than 800 mergers and a stacked event-study design, we document strikingly different short- and long-run effects. Mergers induce target closures that displace patients, disrupt treatment, and increase mortality by roughly 650 deaths per 100,000 patients in the merger year. Over the subsequent five years, however, health improves; hospitalizations, ICU days, and blood transfusions decline. These effects are unrelated to changes in market concentration and persist across Medicare payment regimes with different reimbursement systems and quality incentives. To explain this pattern, we develop a model of mergers under price regulation in which low-quality facilities survive before a merger by serving captive patients with high switching costs. A merger induces the acquirer to close the target, reducing fixed costs while preserving scale economies in variable costs from serving a larger patient share. Although closure initially imposes substantial switching costs on patients, it also makes patients more contestable, inducing surviving facilities and entrants to compete by offering higher quality. A cost-benefit analysis suggests that the $848 million in short-run mortality costs exceed the $688 million in long-run benefits from reduced hospitalizations in the status quo. Yet, policies that mitigate treatment disruption can reduce the costs of consolidation while preserving its longer-run benefits.

Publications and Accepted Papers

Association Between the Growth of Accountable Care Organizations and Physician Work Hours and Self-Employment (Link)

with Douglas Staiger, Lucy Skinner, David Auerbach, and Peter Buerhaus
JAMA Network Open, 2018

Media: Medscape (Link), Healthcare Dive (Link), AJMC (Link), Haymarket (Link)

Accountable Care Organizations were established under the Affordable Care Act as a mechanism for groups of physicians, hospitals, and other healthcare professionals to collaborate in taking responsibility for patient care and cost savings. The share of the population covered by accountable care organizations is growing, but the association between this increase and physician employment is unknown. In a cross-sectional study of 49,582 physicians, a 10-percentage-point increase in accountable care organization enrollment in a hospital referral region was associated with a statistically significant reduction of 0.82 work hours per week among male physicians and a 2-percentage-point decrease in the probability of all physicians being self-employed. These results suggest that accountable care organizations may affect physician employment patterns.

An Unfunded Mandate? Medicaid Continuous Coverage Requirements and State Fiscal Burdens During COVID-19 (Link)

with Jeffrey Clemens
Public Budgeting & Finance, 2026

At the onset of the COVID-19 pandemic, the federal government increased states' Medicaid Federal Medical Assistance Percentages (FMAPs) by 6.2 percentage points, contingent on a continuous coverage requirement that prevented disenrollment. While these policies were expected to generate offsetting fiscal effects, their realized impacts have not been quantified. We estimate that states' share of continuous coverage costs totaled $139.2 billion nationwide, about $11.0 billion less than the additional revenues through higher FMAPs, implying the policy was fully federally funded nationally. However, fiscal effects varied substantially across states, with twenty states receiving insufficient federal aid to offset their excess coverage costs.

The Recent and Impending Evolution of US Federal Support for State and Local Governments (Link)

with Jeffrey Clemens
In Preparation, National Tax Journal Spring 2027 Forum

Federal grants to state and local governments expanded dramatically during the COVID-19 pandemic before beginning to wind down. We examine how state and local budgets adapted to this rise and pullback, drawing on national trends and cross-state variation in federal aid to transit, education, and Medicaid. While transit and education spending have largely returned to pre-pandemic trends, Medicaid spending remains persistently elevated in states that received more pandemic-era federal aid, financed by both federal and state sources. This evidence is consistent with a "ratchet effect" in which windfall support proves difficult to unwind. We discuss implications for state budgets as recent federal legislation further restrains Medicaid support going forward.

Understanding Cross-State Variations in Medicaid Enrollment During and After the COVID-19 Pandemic (Link)

with Jeffrey Clemens and Helena Detering
Accepted (2026), Contemporary Economic Policy

The implementation and unwinding of the FFCRA's continuous coverage requirement generated historically large changes in Medicaid enrollment during the COVID-19 pandemic. Using a combination of descriptive and causal analyses, we examine the substantial cross-state differences in these changes, which remain little understood. We find that policies designed to ease unwinding frictions, as well as federal fiscal assistance to states, have little predictive power, suggesting limited roles for administrative design or liquidity constraints. Political preferences have modest predictive power during the unwinding period. Pandemic-era Medicaid expansions and more generous baseline eligibility thresholds are strongly associated with larger net enrollment gains.

Revise and Resubmit

Health Impacts of Federal Pandemic Aid to State and Local Governments (Link)

with Jeffrey Clemens
Revise and Resubmit (2026), Journal of Public Economics

Media: VoxEU (Link), NBER Digest (Link)

Presentations:

- **2025:** NBER Summer Institute Public Economics, Annual Health Economics Conference, Vanderbilt University†, University of Alabama†, UC Riverside†, Brookings Institution†

The COVID-19 pandemic led to unprecedented levels of federal transfers to state and local governments. Did this funding impact population health? To answer this question, we leverage the fact that U.S. states that enjoy excess representation in Congress received substantially more fiscal assistance than did relatively underrepresented states. We find that the aid driven by excess representation had substantial impacts on population health. For each $1,000 increase in federal fiscal aid per state resident, we estimate that states experienced 38 fewer deaths from all causes per 100,000 residents from 2020 through 2022, of which 2/3 came from reductions in COVID-19 mortality. We estimate that the last $331 billion in federal

pandemic aid, which corresponds with our in-sample variation, generated $591 billion in value through life years saved. Additional aid also reduced rates of COVID-19 related hospitalizations and emergency room visits, though not in the total number of positive cases detected. Plausible mechanisms for these improved outcomes include higher rates of COVID-19 vaccination, which plausibly account for nearly half of the mortality reductions we observe, and higher rates of COVID-19 testing. Medicaid enrollment, healthcare staffing or hospital capacity do not appear to play substantial mediating roles. Our robustness analyses suggest that the estimated mortality effects are unlikely to be driven by variation in rurality, age composition, underlying health risk, political orientation and pandemic response preferences, pre-existing mortality trends, healthcare capacity, or differential impacts on state-level economic activity.

Working Papers Under Review

Minimum Wage Increases Move Workers from Employer Coverage to Medicaid (Link)

Sole-authored

Presentations:

- **2025:** AEA ASSA Meeting
- **2024:** ASHEcon, Washington Area Labor Economics Symposium
- **2023:** MIT Sloan Rising Scholars Conference, CATO Institute Health Policy Workshop, International Atlantic Economic Conference, National Institute of Public Finance and Policy (India)

Because minimum wage increases may have opposing effects on earnings and benefit eligibility, their welfare consequences are theoretically ambiguous. I examine how state minimum wage increases affect Medicaid coverage and welfare among low-income adults using a stacked event-study design and American Community Survey data from 2011-2024. I find that minimum wage increases raise Medicaid enrollment by 1.4-1.9 percentage points. Half of the gains are explained by workers transitioning out of employer coverage into Medicaid. Employment is unaffected; earnings modestly increase. Novel estimates of insurance value, combined with coverage and income effects, show that minimum wage increases raise the total monetary value of household resources.

The Long-Run Effects of the Affordable Care Act: A Pre-Committed Research Design Over the COVID-19 Recession and Recovery (Link)

with Jeffrey Clemens and Joseph Sabia

Adjustment frictions can cause the long-run effects of social insurance reforms to differ from their short-run effects. Using pre-committed extensions of event study specifications applied previously for short-run analyses, we test the hypothesis that the Affordable Care Act's (ACA) impacts on insurance coverage and employment would increase following the substantial churn generated by the COVID-19 pandemic. Contrary to the hypothesis, the ACA's impacts remained stable through the pandemic. Long-run effects on employment and employer coverage were modest and much smaller than initially projected. Our study illustrates how partially pre-committed designs can yield informative long-run estimates while limiting specification search.

The Utility of AI Tools in Auditing Adherence to Pre-Analysis Plans (Link)

with Jeffrey Clemens

Pre-analysis plans (PAPs) can improve research reproducibility by reducing researchers' degrees of freedom, but their value depends on adherence. We argue that large language models (LLMs) can provide an efficient, scalable, and systematic way for authors and reviewers to assess adherence to PAPs. In an application to our own research, an LLM systematically identifies precommitted design choices, evaluates deviations, and diagnoses gaps in pre-specification, substantially reducing the human labor required for these tasks. However, variability in audit output across LLMs underscores the continued importance of human judgment. We discuss implications for best practices in AI-assisted PAP auditing.

Referee Service

(ORCiD: 0009-0000-1111-4634)

American Economic Review
Journal of Health Economics
Journal of Public Economics
Journal of Policy Analysis and Management

Honors and Awards

Spring 2026 Travel and Research Grant, UCSD	2026
Postdoc Pitch, UCSD, *Finalist* (Link)	2025
Three Minute Thesis (3MT®), Georgetown University, *Winner*	2024
Dr. Karen Gale Exceptional Ph.D. Student Award, Georgetown University, *Nominee*	2024
Sixth Year Funding Competition, Georgetown University, *Winner (Declined)*	2024
Graduate School Ph.D. Fellowship, Georgetown University	2019 – 2024
GSAS Conference Travel Grant, Georgetown University	2023
Graduate Student Teaching Assistant Award, Georgetown University, *Nominee*	2022, 2023
Summer Dissertation Fellowship, Georgetown University	2022
Dartmouth Economics Research Scholar, Dartmouth College	2016 – 2017
James O. Friedman Presidential Scholar, Dartmouth College	2016
Davis United World Scholarship, Dartmouth College	2013 – 2017
Dartmouth General Scholarship, Dartmouth College	2013 – 2017
Great Issues Scholar, Dickey Center, Dartmouth College	2013 – 2014

Research Experience

Research Assistant to Professors Krista Ruffini and Bradley Hardy, Georgetown University	2023 – 2024
Research Assistant to Professors Paul Novosad, Simone Schaner, and Taryn Dinkelman, Dartmouth College	2015 – 2016

Teaching

Instructor, Georgetown University	2022
Undergraduate: *Economic Statistics*	
Teaching Assistant, Georgetown University	2019-2024
Graduate: *Data Analysis*	
Undergraduate: *Senior Capstone, Public Economics, Economic Statistics, Intermediate Micro, Behavioral Economics*	
Teaching Assistant, Dartmouth College	2017
Undergraduate: *Topics in Money and Finance*	

Other

Poetry: Published collection *Path of Prometheus* (Link)
Languages: English, Hindi, Marathi