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Fields of Concentration:
Health Economics, Industrial Organization

Qualifying Examinations Completed:
2023 (Oral): Industrial Organization, Econometrics

Dissertation Title: *Essays on Health Care Markets*

Committee:
Professor Jason Abaluck (Chair)
Professor Steven Berry
Professor Victoria Marone

Education:
Ph.D., Economics, Yale University, 2027 (expected)
M.Phil., Economics, Yale University, 2024
M.A., Economics, Yale University, 2023
B.A., Economics (with honors), University of Chicago, 2019
B.S., Mathematics, University of Chicago, 2019

Fellowships, Honors and Awards:
University and Teaching Fellowships, Yale University, 2021–2027
Department of Economics/Cowles Foundation/EGC Fellowship, Yale University, 2021–2026
Certificate of College Teaching Preparation (CIRTL Associate), Yale University, 2025
David A. Gimbel Fellowship, Yale University, 2025
Nathan Hale Associates Fellowship, Yale University, 2024
David S. Hu Award in Economics, University of Chicago, 2019
BFI Award for Academic Achievement in Macroeconomics, University of Chicago, 2019
Phi Beta Kappa, University of Chicago, 2019
President's Scholarship, University of Chicago, 2015–2019
Dean's List, University of Chicago, 2016, 2017, 2018

Teaching Experience:

Fall 2025, Teaching Assistant to Prof. Benjamin Polak, Game Theory, Yale University
Spring 2025, Teaching Assistant to Prof. Daniel Hauser, Intermediate Microeconomics, Yale University
Spring 2024 and Fall 2024, Teaching Assistant to Prof. Cormac O’Dea, Introductory Microeconomics, Yale University
Fall 2023, Teaching Assistant to Prof. Evangelia Chalioti, Intermediate Microeconomics, Yale University

Research Experience:

Research Assistant to Prof. Zack Cooper, Yale University, 2022–2023
Research Assistant to Profs. Tarek Hassan and Leonardo Bursztn, University of Chicago, 2017–2019

Work Experience:

Economist, Lyft, 2019–2021
Economist Intern, Lyft, 2018

Publications:

“High-Frequency Location Data Shows That Race Affects Citations and Fines for Speeding” (2025) with Pradhi Aggarwal, Alec Brandon, Ariel Goldszmidt, Justin Holz, John List, Ian Muir, and Gregory Sun. *Science*, 387(6741), 1397–1401.

Working Papers:

“Optimal Provision of Hospital Obstetric Units,” *Job Market Paper*

Work In Progress:

“Incidence of Drug Price Regulations” with Genna Liu
“Redesigning Graduate Medical Education Payments: The Role of Residency Caps”

Seminar and Conference Presentations:

Southeastern Health Economics Study Group, 2026 (scheduled)
American Society of Health Economists Annual Conference, 2026
Geography and Health: Exploring Rural-Urban Disparities (NBER Conference), 2026
Econometric Society North American Summer Meeting, 2026
Allied Social Science Associations Annual Meeting, 2026

Referee Service:

American Economic Review

Languages:

English (native), Chinese (fluent)

References:

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Dissertation Abstract

Optimal Provision of Hospital Obstetric Units [Job Market Paper]

Obstetric (OB) care, or medical care related to pregnancy and childbirth, is largely provided in hospital OB units. I study *OB provision*: hospitals' decisions to operate OB units. OB provision rates are lower among rural hospitals than urban hospitals, and they are declining overall. These trends raise concerns about access to care and geographic disparities. In this paper, I answer the following questions: how does OB provision affect mothers and hospitals, how are these effects geographically distributed, and which policies related to OB provision are optimal?

In a stylized model, I identify possible welfare effects of OB provision: a positive choice set expansion effect, a negative fixed cost effect, an ambiguously-signed variable cost effect, and an ambiguously-signed maternal and infant health effect. In theory, an unregulated market may have too little or too much OB provision relative to the social welfare maximizing outcome. I study these tradeoffs empirically in the setting of Arkansas in 2022. Using data on births and medical claims from the Arkansas All-Payer Claims Database, I estimate a static entry model of the hospital OB care market and simulate counterfactual OB provision and policies.

I find that the fixed cost of OB provision is relatively small. Among borderline hospitals, OB provision has substantial benefits, including reductions in variable costs and increases in mothers' demand-based welfare through lower travel distances. Maternal and infant health effects vary: some hospitals improve health by operating OB units while others worsen it. These effects are larger among rural mothers than urban mothers; thus, OB provision shrinks the rural-urban gap in welfare, and it can either shrink or widen the rural-urban gap in health.

Finally, I compare policies, including Medicaid subsidies that encourage OB provision and level-of-care regulations that discourage OB provision. Among the policies that I consider, Medicaid subsidies maximize social welfare. The benefits are driven by increasing mothers' demand-based welfare despite negligible or even negative effects on health. My results suggest that policymakers should use subsidies to encourage OB provision (or equivalently, prevent OB unit closures) while recognizing that this may come with a health cost.

Incidence of Drug Price Regulations, with Genna Liu

Prescription drug prices are determined through a chain of interactions involving manufacturers, insurers, and consumers. A regulator seeking to lower drug prices must choose which point in the chain to regulate and which drugs to target. For example, insulin copay caps regulate consumer-insurer payments while the Medicare Drug Price Negotiation Program regulates insurer-manufacturer bargaining. How are the effects of such regulations distributed among market participants, and how does that influence a regulator's preferred choices? Using Medicare Part D claims data, we estimate a model of the prescription drug market, including drug utilization, insurance enrollment, premium setting, and rebate bargaining. We find that lowering copays can benefit consumers without hurting other participants, and lowering list prices may benefit consumers and insurers at the expense of manufacturers. A welfare-maximizing regulator should target drugs with high consumer price exposure and utilization elasticities, and a spending-minimizing regulator should target drugs with high spending and low rebates.

Redesigning Graduate Medical Education Payments: The Role of Residency Caps

Physicians must undergo graduate medical education (GME) by training as residents in teaching hospitals. Teaching hospitals receive GME payments, with each hospital having a per-resident amount and a cap on the number of subsidized residents. Most hospitals exceed their caps, so they receive no marginal payments. Given this fact, I study whether GME payments can be redesigned to increase residency positions without more government spending. Using hospital cost reports data, I estimate the responsiveness of a hospital's resident count to variation in per-resident amount. I construct an instrument for over-cap status, and I find that over-cap hospitals do not respond to payments while under-cap hospitals do. My estimates suggest that a moderate adjustment to per-resident amounts or caps that redirects payments from over-cap to under-cap hospitals could increase residency positions enough to train all residency applicants. Furthermore, the increase would be concentrated in geographic areas facing health professional shortages.