

IMPACT REPORT 2024-2025

**TRANSLATING
EVIDENCE INTO
POLICY CHANGE
ACROSS THE STATES
& WASHINGTON, D.C.**

CAHPR

**CENTER FOR ADVANCING
HEALTH POLICY
THROUGH RESEARCH**



**School of
Public Health**
BROWN UNIVERSITY





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School of Public Health
Brown University
2024-2025

LETTER FROM THE DIRECTOR



DR. ANDREW RYAN

DEAR COLLEAGUES, PARTNERS, AND FRIENDS,

The past two years have been transformative for the Center for Advancing Health Policy through Research (CAHPR). We set out to build a bridge between rigorous academic research and real-world policymaking—ensuring that evidence does not stop at publication, but actively shapes legislation, regulation, and healthcare delivery. Today, that vision is firmly in place.

Across the country, policymakers are drawing on CAHPR research to address rising health care costs, market consolidation, transparency gaps, Medicare and Medicare Advantage accountability, and the expanding role of private equity in health care.

Our work helps shape not only what reforms are pursued, but how they are designed, implemented, and sustained.

CAHPR has built a policy translation infrastructure designed to move evidence into action:

TURNING RESEARCH INTO POLICY

Translating evidence into practical solutions for healthcare costs, consolidation, ownership, and Medicare.

ANALYZING THE NUMBERS

Modeling spending, prices, competition, and budget impacts of proposed reforms.

MAKING RESEARCH ACCESSIBLE

Sharing clear insights through briefings, memos, events, and rapid response analysis.

ENGAGING DIRECTLY WITH POLICYMAKERS

Providing testimony and public comment to inform legislative and regulatory decisions.

SUPPORTING IMPLEMENTATION

Helping policymakers with legal guidance, statutory language, and workable pathways.

We are especially proud that CAHPR has become a trusted, nonpartisan source for policymakers seeking real-time analysis, legislative support, and expert testimony.

Looking ahead to 2026, our responsibility is clear: continue shaping smarter healthcare policy, train the next generation of policy leaders, and maintain a fast, responsive pipeline between research and action.

Thank you for being part of this work.
We are just getting started.



ANDREW M. RYAN, PHD

Director, CAHPR
Brown University School of Public Health



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ABOUT CAHPR

The Center for Advancing Health Policy through Research (CAHPR) works to develop and implement evidence-based policies that reduce costs, improve patient well-being, and transform how healthcare is financed and delivered in the United States. Our work focuses on the intersection of insurance design, payment incentives, and market structure, combining rigorous quantitative analysis with legal and regulatory expertise to identify actionable policy solutions.

We operate on the belief that research alone does not change policy. CAHPR bridges the gap between scholarship and real-world impact by translating findings into practical reforms and engaging policymakers at key moments when evidence can shape decisions. Through strategic collaboration with researchers, practitioners, and public officials, we ensure that policy insights are both technically sound and politically viable.

In a nation that spends nearly twice as much on healthcare as its peer countries, our mission is clear: to advance policies that make healthcare more affordable, transparent, competitive, and patient-centered—without compromising quality or access.

CAHPR works at the intersection of economics, law, and real-world policymaking to strengthen affordability, competition, and accountability across the U.S. healthcare system.

Our work is organized across three thematic focus areas:



**MARKETS &
COMPETITION**



MEDICARE



**HEALTH LAW &
POLICY**

2024-2025 HIGHLIGHTS

01 Partnering with state and federal policymakers to translate research into policy change

Presenting evidence-backed policy options, conducting economic analyses of health care markets, supporting the development of legislative and regulatory language, and providing expert testimony & briefings on health policy issues.

02 Advancing national dialogue on healthcare reform

Driving media engagement, producing expert commentary, and organizing stakeholder convenings to elevate evidence-based discussion on Medicare sustainability, health care market structure, and affordability.

03 Training the next generation of policy leaders

Engaging students and early-career researchers through mentorship, experiential learning, and applied policy research embedded in real legislative processes.

**Erin Fuse Brown, JD, MPH and
Dr. Ashish Jha, former Dean of the
School of Public Health, Brown University**



TRANSLATING RESEARCH INTO POLICY CHANGE

CAHPR delivers actionable, evidence-based policy proposals to address rising healthcare costs, market consolidation, and inefficiencies in payment and insurance design. By combining economic modeling, legal evaluation, and policy analysis, CAHPR supports state and federal leaders in developing reforms that improve affordability, transparency, competitiveness, and accountability.

OUR WORK INCLUDES:

EVIDENCE-BASED POLICY OPTIONS

Presenting options to address challenges such as rising health care costs and increasing market consolidation.

ECONOMIC ANALYSIS

Analyzing health care markets and quantifying the potential impact of current or proposed policies.

LEGAL DRAFTING

Supporting policymakers with the development of draft language for proposed health care legislation or regulations.

EXPERT TESTIMONY

Informing legislative decision-making on health care market issues.



BY THE NUMBERS

In the 2025 legislative session, CAHPR researchers logged hundreds of interactions with state and federal policymakers across the political spectrum and throughout the United States. Technical assistance includes bill drafting, legal analysis, briefings on policy options, and economic analyses of policy impacts.



257

Interactions with U.S. Congressional offices



168

Interactions with state policymakers



22

Expert testimonies submitted to state & federal policymakers



**Jared Perkins, Director of Health
Policy Strategy at CAHPR**

FEDERAL POLICY DEVELOPMENTS

POLICY AREA	CAHPR CONTRIBUTION & IMPACT
MEDICARE ADVANTAGE OVERPAYMENTS	Policy design and fiscal estimates supporting the GUARD Veterans' Health Care Act, which proposes recovery of duplicative federal payments for veterans enrolled in Medicare Advantage. CAHPR developed savings estimates projecting \$12.1B in year one and \$357B over ten years, along with policy design options to strengthen program integrity.
SITE-NEUTRAL PAYMENT REFORM	Evidence on price variation that informs federal proposals to curb high-cost hospital outpatient billing. CAHPR analysis aligned with MedPAC findings helped demonstrate how site-neutral payment reforms could reduce unnecessary spending while preserving access.
PRIVATE EQUITY & OWNERSHIP TRANSPARENCY	Research-backed policy recommendations to congressional offices aimed at improving transparency around healthcare ownership and financial relationships. CAHPR supported the development of policy frameworks to strengthen oversight of management services organizations and accountability in corporate healthcare contracting.
PRICE TRANSPARENCY & MARKET COMPETITION	Technical assistance and testimony supporting federal price transparency and payment reform proposals. CAHPR developed policy options connecting transparency to cost containment, employer purchasing power, and payment alignment, drawing on prior testimony and sustained engagement with congressional staff.

STATE POLICY DEVELOPMENTS

BILLS SIGNED INTO LAW IN 2025

COST CONTROL

STATE & POLICY

CAHPR CONTRIBUTION & IMPACT

VERMONT

Commercial Hospital
Price Caps

S.126

Vermont became one of the first states in the nation to enact commercial reference-based hospital price caps, directing the Green Mountain Care Board to cap hospital payments as a percentage of Medicare rates. CAHPR provided legal analysis and economic modeling support, and Chris Whaley testified on behalf of CAHPR's research in front of the Vermont House Committee on Health Care.

INDIANA

Commercial Hospital
Price Caps

HB 1004

Indiana established a price cap for the "big 5" nonprofit hospitals in the state, requiring them to keep their prices below statewide averages or risk losing their nonprofit status. The bill also requires these hospitals to offer direct-to-employer healthcare arrangements that are below 260% of Medicare rates. CAHPR provided legislative drafting support, contributed economic research and policy background context, and participated in working group discussions.

WASHINGTON

State Employee
Hospital Price Caps

SB 5083

Washington established caps on the amount that the state employee health plan would reimburse hospitals for health care services provided to state employees. CAHPR provided legal and economic analysis for this bill, and Roz Murray provided testimony on the bill to the House Appropriations Committee.

BILLS SIGNED INTO LAW IN 2025

OWNERSHIP TRANSPARENCY & CORPORATIZATION

STATE & POLICY

CAHPR CONTRIBUTION & IMPACT

INDIANA

Health Care Ownership
Transparency
HB 1666

Indiana required hospitals, insurers, PBMs, and other healthcare entities to regularly report to the state on ownership and financial information. CAHPR supported the policy design and legislative drafting of this bill.

WASHINGTON

Health Care Ownership
Transparency Planning
HB 1686

Washington directed the state's department of health to develop a plan for a statewide registry that would capture financial and ownership information about healthcare entities. CAHPR provided policy guidance and bill language recommendations.

OREGON

Restrictions on the
Corporate Practice of
Medicine
SB 951

Oregon restricted management services organizations from exerting contractual control over medical practices and banned physician noncompete clauses. CAHPR provided legal analysis and policy design support for the bill. In addition, Hayden Rooke-Ley and Erin Fuse Brown provided testimony on the bill to House Committee on Behavioral Health and Health

Andrew Ryan, PhD;
Dr. Ashish Jha;
Erica Socker (Arnold Ventures);
David Meyers, PhD;
Erin Fuse Brown, JD, MPH;
Jonathan Blum (CMS)



ECONOMIC MODELING

By integrating economic analysis with legal evaluation, we study how policy changes affect spending, market structure, and patient outcomes.

We analyze the effects of policies that have already been implemented, and use lessons learned to model how future policy changes could affect health care markets.



Jason Buxbaum, PhD

EXAMPLES OF CAHPR'S ECONOMIC MODELING TO SUPPORT POLICYMAKING:

MEDICARE ADVANTAGE PAYMENT REFORMS

Estimated savings from reducing duplicative federal spending for veterans enrolled in both MA and VHA—finding approximately \$12.1 billion in savings during year one and \$357 billion over ten years.

MEDICARE BENEFIT REFORMS

Modeled the fiscal and distributional impacts of caps on out-of-pocket spending in Traditional Medicare, with particular focus on beneficiaries with high utilization and chronic conditions.

PUBLIC OPTION PREMIUM IMPACTS

Analyzed the implementation of Colorado's public option, finding an average \$101 reduction in monthly benchmark silver premiums compared to similar states.

SITE-NEUTRAL PAYMENT REFORM

Estimated that New York's Fair Pricing Act could generate \$1.14 billion in annual statewide savings, plus up to \$213 million in reduced patient out-of-pocket costs.

LEGAL ANALYSIS

Economic evidence alone does not lead to policy change—reforms succeed only when they align with legal authority, regulatory structure, and governance constraints. Through the Health Law & Policy Lab, CAHPR evaluates the statutory, administrative, and judicial pathways that determine how and whether policy interventions can be implemented, enforced, and sustained.

Our legal work examines how laws, regulations, and court decisions shape access, pricing, care delivery models, workforce mobility, and corporate accountability. This analysis helps policymakers identify where authority resides, how far it extends, and what mechanisms—legislation, rulemaking, contracting, enforcement, or litigation—can drive change.

CAHPR IN ACTION: MODEL LEGISLATION

In addition to working directly with state policymakers, CAHPR attorneys Erin Fuse Brown and Hayden Rooke-Ley partner with the National Academy for State Health Policy (NASHP) to develop model legislation for states seeking to address pressing health policy challenges.

Building off the lessons learned by states that have already enacted similar policies, these model bills lay out the considerations associated with each health policy and provide legally-vetted language that can easily be adapted to each state's statutory landscape.



**Erin Fuse Brown, JD, MPH (left)
and Hayden Rooke-Ley, JD (right)**

**Jared Perkins, Director of Health
Policy Strategy, and Ateev Mehrotra,
chair of the Department of Health
Services, Policy and Practice**



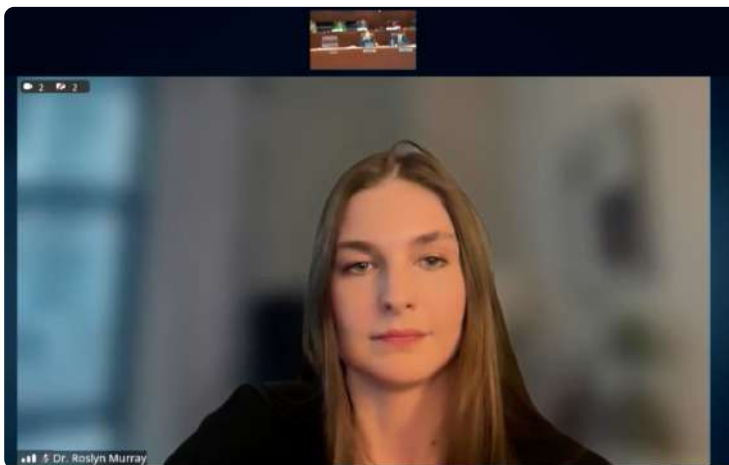
TESTIMONY & PUBLIC COMMENTS

CAHPR ensures research impacts policy by actively engaging the decision-making process—including through legislative testimony and regulatory comments. Our policy translation model focuses not only on generating evidence, but on delivering it at the right moment, to the right venue, in formats that support policymaker needs.

This work spans congressional hearings, state legislative hearings, federal and state rulemaking, and direct engagement with committees and agencies.



Dr. Chris Whaley testifies before the House Ways & Means Subcommittee on Oversight.



Dr. Roz Murray testifies virtually before the Nevada Assembly Committee on Health and Human Services.



Erin Fuse Brown and Hayden Rooke-Ley testify before the Oregon House Committee on Behavioral Health and Health Care.

KEY CONGRESSIONAL TESTIMONIES

ENSURING VALUE AND EFFICIENCY IN VETERANS' HEALTH CARE

David J. Meyers – House Veterans' Affairs Committee on Health Care Payment Systems for Veterans 65 and Older (December 2025)

Dr. Meyers testified that misaligned payments between Medicare Advantage (MA) and the Veterans Health Administration result in substantial duplicative federal spending for dually enrolled veterans, exceeding \$20 billion annually. MA plans receive full capitated payments even when most care is delivered by the VA, and these inefficiencies are expected to grow as MA enrollment among veterans increases. He noted that Congress could address this through legislation such as the GUARD VA Act, which would better align payments and allow the VA to recover costs from MA plans.

STRENGTHENING U.S. HEALTH SYSTEM COMPETITION & RESILIENCY

Erin Fuse Brown – Senate Judiciary Subcommittee on Competition Policy (June 2024)

Fuse Brown testified that consolidation across hospitals, insurers, private equity firms, and cross-market corporate entities is reducing affordability, weakening labor markets, and creating “too-big-to-fail” systems. She urged Congress to strengthen antitrust enforcement, close loopholes that allow serial acquisitions, reform site-of-service payment incentives driving vertical integration, and enhance oversight of private equity roll-ups.

REASSESSING NONPROFIT HOSPITAL TAX EXEMPTIONS

Christopher Whaley – House Ways & Means Subcommittee on Oversight (September 2025)

Dr. Whaley presented evidence that hospital consolidation has driven commercial prices up over 220% since 2000. Whaley noted that nonprofit hospitals receive more than \$37 billion annually in tax benefits but provide disproportionately low community benefit spending. He detailed potential reforms that could align tax-exempt status with measurable community impact, improve oversight of vertically integrated hospital systems, and strengthen price transparency.

HEALTH CARE PRICE TRANSPARENCY & EMPLOYER COSTS

Christopher Whaley – Senate Special Committee on Aging (July 2024)

Dr. Whaley testified that limited access to claims data and high provider concentration constrain employers' ability to purchase affordable benefits for the 160 million Americans covered by employer-based insurance. He emphasized transparency as a tool to improve fiduciary oversight, reduce spending, and enable direct contracting, while noting consolidation reduces market competition and price discipline.

KEY STATE TESTIMONIES

State	Committee / Body	Topic	Testifier	Date
Washington	House Appropriations Committee	Hospital Price Caps	Roz Murray	Jan 2025
Colorado	Colorado General Assembly	Hospital Price Caps	Roz Murray	Feb 2025
Nevada	Nevada Assembly Committee on Health & Human Services	Hospital Price Caps	Roz Murray	Mar 2025
Montana	Senate Public Health, Welfare, and Safety Committee	Hospital Price Caps	Chris Whaley	Mar 2025
Oregon	House Committee On Behavioral Health and Health Care	Corporate Practice of Medicine	Erin Fuse Brown & Hayden Rooke-Ley	April 2025
Maine	Joint Committee on Health Coverage, Insurance & Financial Services	Transaction Oversight & Ownership Transparency	Erin Fuse Brown	May 2025
Massachusetts	Joint Committee on Health Care Financing	Cost Growth Benchmark Improvements	Roz Murray	Jun 2025

Jared Perkins, Director of Health Policy Strategy, and Arlene Correa, Research Director



ADVANCING NATIONAL DIALOGUE ON HEALTH CARE REFORM

CAHPR advances evidence-based dialogue in national media, academic outlets, and policy forums to inform public understanding of healthcare spending, consolidation, corporate ownership, and Medicare sustainability. Through expert commentary, press engagement, and strategic partnerships, CAHPR researchers contribute to public discourse and help shape how policymakers, journalists, and stakeholders understand the drivers of healthcare costs and the consequences of market power.

This work ensures that debates on affordability, competition, and payment reform are grounded in rigorous analysis rather than ideology or industry narratives.

MEDIA ENGAGEMENT & PUBLIC COMMENTARY

CAHPR faculty appeared in major news outlets to contextualize emerging research, explain policy developments, and interpret healthcare market trends.

2024–2025 included features and commentary on transparency, price caps, Medicare Advantage payment reforms, and consolidation in a broad range of news outlets. These engagements elevated evidence-based perspectives in national reporting on cost drivers, employer health spending, risk adjustment reform, and the growth of private equity in healthcare.

STAT

Modern
Healthcare



THE WALL STREET JOURNAL
WSJ

MEDPAGE
TODAY

KFF
Health
News

AXIOS

The
Guardian



Dr. Andy Ryan speaks with WPRI
News



Dr. Yashaswini Singh speaks with
WHYY-FM



Dr. Roz Murray speaks with Health
Affairs podcast *A Health Podessy*

PUBLIC THOUGHT LEADERSHIP & OPINION WRITING

More than 30 CAHPR-authored commentaries and op-eds tackled some of the hardest affordability and market-failure questions in U.S. health care—from private equity and consolidation to Medicare payment reform and price transparency. These pieces examined topics such as: why large nonprofit systems are posting record losses; why value-based payment and ACOs continue to fall short on cost containment; and how high commercial prices quietly impose economic burdens on workers, patients, and states.

Across active federal and state policy debates, CAHPR's analyses surfaced concrete policy solutions—including site-neutral payment policies, ownership transparency requirements, hospital price caps, bans on physician noncompetes, and restrictions on the corporate practice of medicine—while critically assessing where recent legislation and rulemaking miss the mark. Collectively, this work translated complex evidence into clear warnings and actionable options, helping policymakers, advocates, and the public better understand what drives health care costs—and what it would take to rein them in.

Algorithmic decision-making in health care: Evidence from post-acute care in Medicare Advantage ☆

Jeffrey Marr

Algorithms can quickly review large amounts of data and offer recommendations for approving or denying services, helping insurers target areas where health care use can be reduced. However, algorithms may overlook important details that aren't visible to the model, which can lead to denials of necessary care.

Using a difference-in-differences approach, this article examines the impact of a partnership between a major Medicare Advantage insurer and a firm that uses predictive algorithms to inform post-acute care coverage decisions. The partnership resulted in an immediate and persistent 13 percent reduction in the duration of skilled nursing facility stays, driven in part by substantial declines in extended stays exceeding 30 days. Despite the decrease in health care utilization, the author finds no evidence of changes in health outcomes following the implementation of the predictive algorithm.

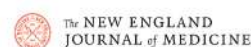


THE CORPORATIZATION OF U.S. HEALTH CARE

The Antitrust Antidote to Hospital and Nursing Home Corporatization — Promises and Pitfalls

Yashaswini Singh, Ph.D., M.P.A.¹

A New England Journal of Medicine Perspective argues that antitrust alone is insufficient to address the harms of health care corporatization. Dr. Yashaswini Singh notes that nearly 1,000 hospital mergers since 2008 have left over 90% of U.S. metropolitan hospital markets highly concentrated, contributing to higher prices, wage pressure, and access concerns, and that private equity owns about 5% of U.S. nursing homes. The piece calls for complementary policies—such as ownership and financial transparency, staffing standards, and limits on real estate sale-leaseback arrangements—to address harms that do not show up in prices.



PERSPECTIVE

f X in

Medicare Advantage and Consolidation's New Frontier — The Danger of UnitedHealthcare for All

Authors: Hayden Rooke-Ley, J.D., Soleil Shah, M.D., and Erin C. Furse Brown, J.D., M.P.H. Author Info & Affiliations

Abstract

A policy shift toward capitation-based financing is spawning a wave of vertical consolidation, thereby putting a handful of insurance companies increasingly in control of the care-delivery system.



TRAINING THE NEXT GENERATION OF POLICY LEADERS

CAHPR is also committed to providing rigorous training to help prepare the next generation of leaders to contribute to research and policy translation. Training activities CAHPR has engaged in include:

- 13 undergraduates and 7 PhD/MD students have joined project teams as empirical research assistants, helping to generate crucial evidence across our policy areas
- 10 undergraduate and 3 graduate students have helped contributed to work in policy analysis and translation

In 2025, CAHPR launched two additional training opportunities:

- A new PhD Health Policy Fellowship that actively involves PhD students in our policy translation activities to help prepare them for policy translation in their careers
- A one-year predoctoral research assistant program for students planning to enter medical, law, or health policy PhD programs



CAHPR EVENTS

EXPERT PANELS



THE FUTURE OF MEDICARE: THE RISE OF MEDICARE ADVANTAGE AND WHAT COMES NEXT

In March 2024, CAHPR officially inaugurated its presence in the nation's capital with The Future of Medicare: The Rise of Medicare Advantage and What Comes Next. This launch forum featured a panel of national health policy experts, federal officials, and researchers focused on the rapid growth of Medicare Advantage and its implications for the Medicare program, cost, and regulation. The event elevated CAHPR's role in bridging rigorous research with real-time policy conversations and set the tone for the center's engagement in federal health policy discourse.

IMPROVING MEDICARE ADVANTAGE: EVIDENCE BASED REFORMS FOR A MORE TRANSPARENT AND SUSTAINABLE PROGRAM



In December 2025, CAHPR convened a policy discussion in Washington, D.C., bringing together federal policymakers, CMS officials, and health policy experts to explore evidence-based reforms to Medicare Advantage. The session focused on enhancing transparency, strengthening risk adjustment, and improving program oversight to ensure sustainability and better outcomes as Medicare Advantage enrollment continues to grow.

POLICY DISCUSSIONS



VALUE-BASED PAYMENT: TIME TO REPLACE OR REFORM?

Dr. Andrew Ryan, Director of CAHPR, served as a panelist at a November 2025 virtual discussion hosted by the Leonard Davis Institute of Health Economics at the University of Pennsylvania, examining whether value-based care payment reforms have delivered on their promise. The conversation highlighted emerging evidence on spending, quality, and equity, and explored how payment design must evolve to achieve meaningful and sustainable impact.

ROUNDTABLE: PROFIT OVER QUALITY: EXAMINING THE EFFECTS OF PRIVATE EQUITY ON VETERAN HEALTHCARE



Drs. Yashaswini Singh, David Meyers, and Erin Fuse Brown participated in a Democratic roundtable convened by the House Committee on Veterans' Affairs to examine how profit-driven practices — including private equity acquisitions in health care — affect veterans receiving services through the Community Care Network (CCN). The discussion provided research-based insights on how financial incentives shape access, costs, and quality as Congress considers potential expansion of the program.



MEDICARE ADVANTAGE PAYMENT AND OPPORTUNITIES FOR COST CONTAINMENT

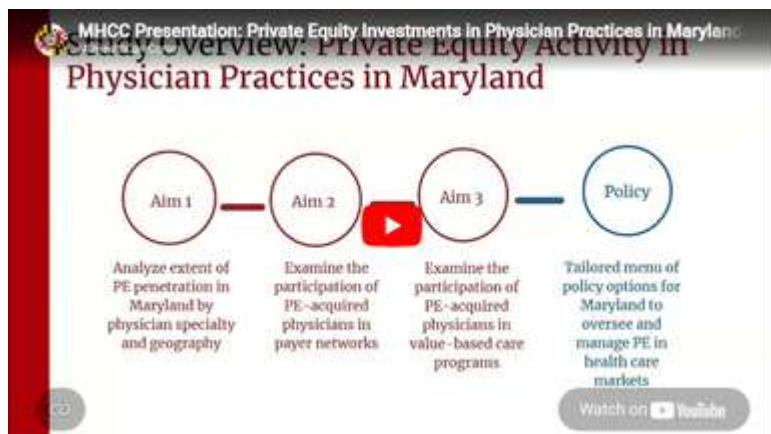
CAHPR and Georgetown University's Center on Health Insurance Reforms hosted a joint virtual briefing featuring Dr. Andrew Ryan and Dr. David Meyers to examine Medicare Advantage payment design, risk adjustment challenges, and policy options to reduce overpayments while protecting access and equity for beneficiaries.

UNDERSTANDING SITE- NEUTRAL PAYMENT POLICIES: A POTENTIAL PATH TO REDUCE HEALTHCARE COSTS



CAHPR hosted a virtual briefing examining the fundamentals of site-neutral payment policies and their implications for patients, providers, and healthcare spending. Moderated by Dr. Andrew Ryan and featuring Erin Fuse Brown, Dr. Chris Whaley, Dr. Daria Pelech, and Matt Gallivan, the discussion explored how payment differentials across care settings drive costs and consolidation, and how site-neutral reforms could promote equity and financial sustainability.

POLICY DISCUSSIONS



MARYLAND HEALTH CARE COMMISSION: PRIVATE EQUITY INVESTMENTS IN PHYSICIAN PRACTICES IN MARYLAND

Pursuant to Maryland's 2024 HB 1388, Dr. Yashaswini Singh presented findings on private equity investment in Maryland physician practices, highlighting trends, geographic penetration, affected communities, and participation in value-based care models. Erin Fuse Brown provided policy recommendations to strengthen transaction oversight, protect healthcare workers, and enhance ownership transparency in the state's healthcare markets.

UNDERSTANDING SITE-NEUTRAL PAYMENT POLICIES: A POTENTIAL PATH TO REDUCE HEALTHCARE COSTS



CAHPR, in partnership with Brown Emergency Medicine, hosted a public discussion with Rhode Island Attorney General Peter Neronha on health system mergers, private equity hospital ownership, the risk of hospital closures, and the role of regulation in shaping the state's healthcare future. The conversation examined how enforcement and policy tools can protect access, affordability, and competition in Rhode Island's healthcare market.

THE CAHPR TEAM

LEADERSHIP



Andrew Ryan
Director & Professor



David Meyers
Medicare Lab
Lead, & Associate
Professor



Christopher Whaley
Markets and
Competition Lab Lead
& Associate Professor



**Erin Fuse
Brown**
Health Law Lab
Lead &

FACULTY



Jason Buxabum
Assistant Professor



Peter Hull
Professor



Cyrus Kosar
Assistant Professor



Jeffrey Marr
Assistant Professor



Roslyn Murray
Assistant Professor



Lindsey Murtagh
Distinguished
Senior Fellow



Hayden Rooke-Ley
Senior Fellow



Yashaswini Singh
Assistant Professor



Alyssa Bilinski
Assistant Professor



Daniel Arnold
Senior Research
Scientist

STAFF



Arlene Correa
Research Director



Nathan Hostert
Assistant Director
for State Policy



Yan Lin
Biostatistician



Corrie Mook
Project Coordinator



Jared Perkins
Director of Health
Policy Strategy



Hasan Quadri
Research Assistant



Ayesha Rahim
Research Assistant



Megha Reddy
Project Manager



Jay Shroff
Senior Data Scientist



Nandita Radhakrishnan
Senior Data Analyst



Haroon Janjua
Lead Data Scientist



Qi Lei
Data Analyst

TRAINEES



**Geronimo
BejaranoCardenas**
Doctoral Student



Matthew Maughan
Doctoral Student



Hace Oh
Postdoctoral
Research Associate



Zehui Zhou
Doctoral Student



Emmy Shearer
Postdoctoral
Research Associate



Meehir Dixit
Research Assistant



Alexander Philips
Research Associate



Neil Mehta
Research Assistant

CAHPR

CENTER FOR ADVANCING
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