



## INTRODUCTION

AHIP, a trade association of insurance carriers, seeks leave to file an *amicus curiae* brief in this case. Leave should be denied as, far from being a friend of the Court, AHIP serves only as a friend of the Defendants, who are already represented adequately by counsel.

AHIP claims it should be granted *amicus* status because it is “not partial to a particular outcome” in this case, that it “does not repeat” the legal arguments in Defendants’ motion to dismiss, and that its proposed brief offers a “unique perspective.” None of this is true. First, though AHIP presents itself as neutral, it has been summoned to this case by Kaiser and Aetna. Both Defendants sit on AHIP’s various boards in different capacities, and AHIP has been called to persuade this Court to rule in favor of Defendants and the insurance industry at large. Second, AHIP’s Motion is not timely.<sup>1</sup> Finally, its so-called “unique perspective” is adequately and competently represented by Defendants and their respective counsel, two sophisticated law firms. This is reinforced by AHIP’s arguments and advocacy, which simply mirror Defendants’ arguments.

AHIP fails to meet the legal standard required of *amicus curiae*, and its motion for leave to submit an *amicus brief* in support of Kaiser’s and Aetna’s motions to dismiss should be denied.

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<sup>1</sup> Fed. R. App. P. 29(a)(6) requires *amicus* briefs in the appellate courts to be filed “no later than 7 days after the principal brief of the party being supported is filed.” AHIP seeks leave for *amicus* nearly five months after the seven-day period following Aetna’s motion to dismiss and nearly three months after the seven-day period following Kaiser’s motion to dismiss. In weighing timeliness, courts in this Circuit have found that “the concerns of necessity and timeliness, which undergird Rule 29, do not appear to be any less important in the district court than in the court of appeals.” *United States ex rel. Gudur v. Deloitte Consulting L.L.P.*, 512 F. Supp. 2d 920, 928 (S.D. Tex. 2007) (Lake, J.) (granting motion to strike United States Statement of Interest in part because it did not comply with the timeliness requirements of Rule 29).

### LEGAL STANDARD

“No statute, rule, or controlling case defines a federal district court's power to grant or deny leave to file an *amicus* brief.” *United States ex rel. Gudur v. Deloitte Consulting L.L.P.*, 512 F. Supp. 2d 920, 927 (S.D. Tex. 2007) (Lake, J.). That said, as a principle, “*amicus curiae* should be allowed only sparingly, unless the *amicus* has a special interest, or unless the Court feels that existing counsel need assistance.” *Evanston Ins. Co. v. Rodriguez Eng'g Lab'ys*, 2023 WL 379277, at \*2 (W.D. Tex. Jan. 20, 2023) (quoting *News and Sun-Sentinel Co. v. Cox*, 700 F. Supp. 30, 32 (S.D. Fla. 1988)). Ultimately, “[t]he extent, if any, to which an *amicus curiae* should be permitted to participate in a pending action is solely within the broad discretion of the district court.” *See Sierra Club v. Federal Emergency Mgmt. Agency*, 2007 WL 3472851, at \*1 (S.D. Tex. Nov. 14, 2007) (Rosenthal, J.) (quoting *Waste Mgmt. of Pa., Inc. v. City of York*, 162 F.R.D. 34, 36 (M.D. Pa. 1995)). In exercising such broad discretion, however, “a district court lacking joint consent of the parties should go slow in accepting, and even slower in inviting, an *amicus* brief unless, as a party, although short of a right to intervene, the *amicus* has a special interest that justifies his having a say, or unless the court feels that existing counsel may need supplementing assistance.” *Id.* (quoting *Strasser v. Dooley*, 432 F.2d 567, 569 (1st Cir. 1970)). With this in mind,

[a] court should also consider whether the individual or organization seeking to file the *amicus* brief ***is an advocate for one of the parties***. While federal appellate courts often permit the submission of highly partisan *amicus* briefs, there is significant variance in the extent to which district courts are willing to permit the participation of ***an amicus who acts primarily as an advocate for one party***.

*Sierra Club*, 2007 WL 3472851, at \*2 (internal citations omitted)(emphasis added). This Court should reject AHIP’s attempt to present itself as a friend of the Court when it is in fact a friend of Kaiser and Aetna.

## ARGUMENTS AND AUTHORITIES

### **I. AHIP, which consists of insurance carriers including Kaiser and Aetna, is partial to Defendants.**

AHIP claims it “is not partial to a particular outcome in the challenged IDR proceedings.” Dkt. 53 at 5. AHIP would have this Court believe that, because it does not claim to have a “pecuniary or other interest in the resolution of the specific payment dispute and IDR decision under review,” *id.* at 5, it is an impartial observer to this dispute. Nothing could be further from the truth.

AHIP is a “national trade association representing the health insurance community.” *Id.* It therefore has an interest in this case, as this dispute interpreting the No Surprises Act likely will have significant financial implications for the insurance industry. After all, AHIP’s argument is that adopting Plaintiff’s position, which it characterizes as a “limitless conception of judicial review,” would “ultimately harm consumers by driving up administrative and health care costs [*of insurers*] that Congress intended to constrain.” *Id.* at 3. AHIP’s alleged concern with consumer harm is merely a thinly veiled attempt to protect its real stakeholders—the health plans who comprise AHIP’s leadership. “Where a petitioner's attitude toward the litigation is patently partisan, he should not be allowed to appear as *amicus curiae*.” *Sierra Club*, 2007 WL 3472851, at \*2 (quoting *Yip v. Pagano*, 606 F.Supp. 1566, 1568 (D.N.J.) (quoting in turn *Casey v. Male*, 63 N.J.Super. 255, 164 A.2d 374, 377 (N.J. Super. Ct. 1960)). To suggest that it is “not improperly ‘partisan’” because it is not interested in the particular payment dispute underlying this IDR award challenge—which Plaintiff does not even seek damages for—is misleading at best. Dkt. 53 at 5.

More to the point, both Greg Adams, *Kaiser’s Chair and CEO*, and Karen Lynch, *President and CEO of CVS (Aetna’s parent) sit on AHIP’s Board of Directors*. Ex. 1. And Chris Stenzel, Kaiser’s National Vice President, Business Development & Innovation and Cathy

Moffit, Aetna’s Chief Medical Officer sit on AHIP’s Advisory Board. Ex. 2. The issue is not, as AHIP implies, that AHIP “must be totally disinterested.” Dkt. 53 at 5. It is that AHIP is completely aligned with Defendants’ interests. AHIP has made no showing that it has any interests that are not aligned with Defendants—specifically, Kaiser and Aetna. *See Sierra Club*, 2007 WL 3472851, at \* 3 (denying CCFCC’s motion to file an *amicus* brief, in part, because its “interests in this litigation squarely aligned with those of the [plaintiff]” and because “CCFCC has as much of a stake in the outcome as the [plaintiff].”); *see also Evanston Ins. Co.*, 2023 WL 379277, at \*2 (denying motion for leave to file *amicus* brief because granting it “would merely allow the Defendant to have an additional, and unfair, opportunity to re-argue the facts and law of its case”).

AHIP is plainly partial to an outcome in favor of Defendants here. Its member health plans are likely to confront similar challenges to IDR awards in the future, and AHIP clearly has a vested interest in keeping hidden from judicial review how its members calculate their QPAs. Accordingly, it should be “apparent to this Court that the petitioner is better characterized as ‘amicus reus,’ or friend of the defendant, than *amicus curiae*.” *Sciotto v. Marple Newtown Sch. Dist.*, 70 F. Supp. 2d 553, 555 (E.D. Pa. 1999)

**II. AHIP offers no unique information or perspective beyond what counsel to parties already provide.**

AHIP purports to offer a “unique perspective on the broader implications of the parties’ competing interpretations of the No Surprises Act, as well as useful background regarding the market dynamic for air ambulance and other medical services before and after the Act.,” and data “that is particularly relevant to the Court’s consideration of the likelihood that judicial review here would open the floodgates to litigation whenever parties are dissatisfied with IDR.” Dkt. 53 at 4. Leave should be denied because AHIP’s purported unique perspective is not beyond the help that lawyers for the parties are able to provide. Moreover, this information, including AHIP’s proffered

data, is irrelevant to the issues of law and statutory interpretation at issue in Defendants' motions to dismiss.

First, AHIP's perspective is hardly unique, and not beyond the help of Defendants' counsel. Among the Defendants are two health plans represented by separate, sophisticated law firms. For example, both Kaiser's and Aetna's counsel can—and do—portray the “market dynamic” and the “broader implications” of interpreting the NSA. *Id.*; see also Dkt. 43; Dkt. 25 at 1-3 (4:22-cv-3979). There would be no reason to believe counsel could not do so, especially given that more than one Kaiser and Aetna employee sits on AHIP's boards.

Second, AHIP's proffered information is irrelevant to this Court's disposition of the legal issues raised by the motions to dismiss. In *Conservancy of Sw. Florida v. U.S. Fish & Wildlife Serv.*, wildlife societies sought *amicus curiae* status in supporting motions to dismiss a suit brought against a federal agency and individuals under the Administrative Procedure Act, 2010 WL 3603276, at \*2 (M.D. Fla. Sept. 9, 2010). The plaintiffs objected because the brief “ha[d] no bearing on the issue presented by the Motions to Dismiss.” *Id.* at \*1. The court agreed, noting that the motions to dismiss raised “threshold issues that this Court must determine before examining the merits of the case,” while the amicus brief went to the merits, and therefore “would not be useful to the Court.” *Id.* at \*2; see also *Texas v. United States*, 2021 WL 2172837, at \*2 (S.D. Tex. Mar. 5, 2021) (denying motion for leave to file *amicus* brief where “the substance of the Motion does not directly address any of the relevant issues before the Court in this case”).

AHIP's brief similarly fails to address the threshold questions of statutory interpretation that this Court must answer. While AHIP offers information on “market dynamics” and the “broader implications” of the Court's decision, the issues before this Court at this stage of litigation are purely legal in nature. This Court is presented with a number of potentially dispositive

questions, including (1) whether Plaintiff properly brought this challenge as a complaint, instead of as a motion under the FAA; (2) whether Plaintiff has met its pleading burden under the four grounds for vacatur stated by the NSA; (3) whether awards secured through misrepresentations to IDR entities qualify as “undue means” under the NSA; and (4) whether an IDR entity’s application of an illegal presumption in favor of the prevailing party is sufficient to vacate an award. None of these issues require the type of information or argument offered by AHIP, nor does AHIP address these issues. This Court has been made abundantly aware of the gravity of these decisions through the parties’ briefing.

AHIP’s amicus brief is little more than Defendants’ attempt to circumvent the page limits imposed by this District. And although AHIP claims that “its proposed amicus brief does not repeat” “Defendants’ legal arguments,” its own motion for leave proves otherwise. Dkt. 53 at 3. AHIP claims that it “writes separately to explain how accepting a limitless conception of judicial review under the Act would undercut the efficiency and finality that the Act’s procedures are designed to achieve.” *Id.* But both Kaiser and Aetna brief these same issues. For example, Kaiser argues that “[t]he IDR process is designed for efficiency and finality,” that “Congress specifically designed the IDR process to provide for an “efficient and streamlined means of dispute resolution at a minimal cost” and that “[p]ost-implementation of the NSA, efficiency has become more critical than ever.” Dkt. 25 at 12-13 (4:22-cv-03979) (emphasis in original). “To advance this goal,” Kaiser argues that “payment amounts are determined on the papers on a condensed timeline, rather than through a lengthy and expensive trial subject to the federal rules.” *Id.* at 12. Aetna advances similar arguments<sup>2</sup> and states the NSA’s purpose is “to provide a streamlined and

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<sup>2</sup> This Court granted consolidation, in part, because it is appropriate where actions “involve a common question of law or fact,” FED. R. CIV. P. 42(a), and “to avoid the risk of inconsistent rulings by judges of the same court adjudicating a newly enacted law.” Dkt. 47 at 2.

efficient dispute resolution process for surprise out-of network medical bills,” Dkt. 43 at 2, and “[a]llowing a provider to challenge an [IDR] award in this fashion . . . would completely undermine a central purpose of the NSA—i.e., to preserve costs.” Dkt. 12 at 2 (emphasis omitted).

In other words, AHIP repeats Defendants’ legal arguments, and its attempt to submit additional briefing should be recognized for what it is: an improper effort by Kaiser and Aetna to expand on prior briefing under the guise of “educating” this Court. Far from presenting “ideas, arguments, theories, insights, facts, or data that are not to be found in the parties’ briefs,” Dkt. 53 at 5, AHIP is simply attempting to shore up Defendants’ briefing before this Court can issue an opinion.

But this Court imposes page limits on its briefing for good reason, and arguments should be presented within the confines of these limits. To the extent this Court believes that additional briefing on the issues raised by the parties would be helpful, it is well within its discretion to request for additional submissions from the parties, as it has already done previously. AHIP should not be granted the opportunity to engage in advocacy slanted in favor of Defendants through an *amicus* brief when it brings nothing new to the table. For this reason, AHIP’s motion for leave should be denied.

**III. AHIP’s interests are competently represented by counsel for Kaiser and Aetna.**

Defendants, two of the largest insurers in the country, have engaged two different national law firms to represent them in these related cases, both of which are in the AmLaw 100. AHIP does not contend that the parties are inadequately represented by counsel, yet still attempts to insert itself, arguing that it presents ““ideas, arguments, theories, insights, facts, or data that are not to be found in the parties’ briefs.” Dkt 53 at 5. Again, AHIP is simply attempting to expand on points already raised in Defendants’ briefing. If this Court would find additional briefing helpful, it can order the parties to submit additional briefing on specific issues. AHIP’s motion for leave should



be denied on this basis alone. *See Sierra Club*, 2007 WL 3472851, at \* 3 (denying motion for leave to file *amicus* brief, in part because “[t]he parties are sophisticated and ably represented by counsel.”); *Evanston Ins. Co.*, 2023 WL 379277, at \*2 (denying motion for *amicus* briefing where “the parties are represented by paid counsel, and adequately represented by such”). Because of this, AHIP’s Motion should be denied.

### **CONCLUSION**

For these reasons, Plaintiffs ask this Court to deny American Health Insurance Plans’ Motion for Leave to File *Amicus Curiae* Brief in Support of Defendants Aetna Health, Inc. and Kaiser Foundation Health Plan Inc. Should this Court grant AHIP’s Motion for Leave to submit a brief, Plaintiffs request leave to respond to the brief in a manner consistent with the Local Rules in this District.

Dated: June 13, 2023

Respectfully submitted,

NORTON ROSE FULBRIGHT US LLP

*/s/ Adam T. Schramek*

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*Attorneys for Plaintiffs*

**CERTIFICATE OF SERVICE**

I certify that on June 13, 2023, a true and correct copy of the foregoing was served via the Court's ECF system on all counsel of record.

*/s/ Adam T. Schramek*

Adam T. Schramek

# Exhibit 1



## Board of Directors

America's Health Insurance Plans (AHIP) is the national trade association representing the health insurance community. Our Board of Directors includes executives from companies that provide health and supplemental benefits through employer-sponsored coverage, the individual insurance market, and public programs such as Medicare and Medicaid.

### Our Board

#### Greg A. Adams

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Kaiser Permanente

#### Matt Eyles

President & CEO  
AHIP

#### John Baackes

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#### Cain A. Hayes

President & CEO  
Point32Health

#### J.D. Hickey

President & CEO  
BlueCross BlueShield of Tennessee

#### Diane P. Holder

President & CEO, UPMC Health Plan;  
Executive Vice President  
UPMC

#### David L. Holmberg (Chair)

President & CEO  
Highmark Health

#### Eric C. Hunter

President & Chief Executive Officer  
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CEO  
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#### Daniel Loepf

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Blue Cross Blue Shield of Michigan

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Blue Shield of California

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Sentara Healthcare

President  
Aflac US

### Erhardt Preitauer

President & CEO  
CareSource

### Robert Reed

President & CEO  
Physicians Mutual Insurance  
Company

### Jared Short

President & Chief Executive Officer  
Cambia Health Solutions

### Maurice Smith

President, CEO and Vice Chair  
Health Care Service Corporation  
(HCSC)

### Gary St. Hilaire

President & CEO  
Horizon Blue Cross Blue Shield of NJ

### Paul A. Tufano

Chairman & CEO  
The AmeriHealth Caritas Family of  
Companies

### Andrea M. Walsh, JD

President & CEO  
HealthPartners, Inc.

### Pat Wang

President & CEO  
Healthfirst

### Joseph Zubretsky

President and Chief Executive Officer  
Molina Healthcare, Inc.

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# Exhibit 2



< CONFERENCES

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Advisory Board



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The AHIP 2023 Advisory Board's renowned health care leaders share their expertise on cutting-edge issues shaping health care's future. With a shared goal of improving affordability, access, equity, and value for everyone, these advisors

are instrumental in identifying emerging themes, strategies, innovations, and best practices to deliver a compelling content agenda. To date, advisory board members include:

## Board Members

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### Nebeyou Abebe

Senior Vice President, Social Determinants of Health  
Highmark Health

Nebeyou Abebe is the senior vice president of social determinants of health for Highmark Health. He brings nearly 20 years of experience leading social determinants of health, population health, and employee health and well-being initiatives for public and private sector organizations. In his role at Highmark Health, he leads a team that spans across the enterprise and forges close ties with...

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### Karen S. Amstutz, MD, MBA

Senior Vice President & Chief Medical Officer  
AmeriHealth Caritas

Dr. Karen Amstutz is Chief Medical Officer for AmeriHealth Caritas, a national leader in Medicaid managed care and other health care solutions for those most in need. A pediatrician with more than two decades of experience as a health plan physician executive, she oversees care management and utilization management, as well as medical, dental, pharmacy, and behavioral health clinical...

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### Jan Berger, MD

CEO  
Health Intelligence Partners

Jan founded Health Intelligence Partners as a health care consultancy that blends more than thirty years of business and clinical experience. Health Intelligence Partners has a global focus (engagements in 13 countries with both health organizations and National Ministries of Health), working with clients on both short-term and long-term healthcare business strategies and solutions. Jan and...

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### **Jonathan Burow**

Vice President, Customer Experience & Digital Transformation  
Independent Health

Jon Burow is a technologist, futurist, and courageous explorer of experience design. Jon's career has been wide ranging through healthcare, retail e-commerce, messaging and multichannel communications, and Internet of Things (IOT) – to name a few – serving over 10M monthly active users. Some of his past customers include Liberty Global, AT&T, Wide Open West, CenturyLink, Paula Deen Foods,...

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### **Lisa Bari, MBA, MPH**

CEO  
Civitas Networks for Health

Lisa Bari is Civitas Networks for Health's Chief Executive Officer. Lisa previously served as the CEO of the Strategic Health Information Exchange Collaborative and as the Health IT and Interoperability lead at the Centers for Medicare & Medicaid Services' (CMS) Innovation Center, where she led health IT policy for the Comprehensive Primary Care Plus model and helped author the CMS...

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### **Caroline Carney, MD, MSc, FAPA, FAMP, CPHQ**

President, Magellan Behavioral Health & Chief Medical Officer  
Magellan Health

Dr. Caroline Carney is a board-certified internist and a board-certified psychiatrist. She joined Magellan Health in 2016 and serves as Magellan Health's Chief Medical Officer, overseeing Magellan Healthcare and Magellan RX Management. Her previous experience includes the role of SVP Chief Medical Officer of Magellan Behavioral Health and Magellan Specialty Health. She served as the chief...

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### **Marshall Chin, MD, MPH, FACP**

Professor of Healthcare Ethics  
University of Chicago Hospital Health System

Dr. Marshall Chin is the Richard Parrillo Family Professor of Healthcare Ethics in the Department of Medicine at the University of Chicago, Co-Chair of the Centers for Medicare and Medicaid Services Health Care Payment Learning and Action Network Health Equity Advisory Team, and Co-Director of the Robert Wood Johnson Foundation Advancing Health Equity: Leading Care, Payment,...



### **Rob Coppedge**

CEO  
Echo Health Ventures

Rob Coppedge leads Echo Health Ventures' efforts to identify, invest in and grow innovative companies that enable and deliver a transformed experience to health care consumers nationwide. He has more than 20 years of experience in health care venture capital and business building.

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### **Jackie Ejuwa, PharmD, MHL**

Vice President, Health Transformation Acceleration  
Blue Shield of California

Dr. Jackie Ejuwa is a healthcare futurist who vividly imagines how healthcare could be transformed.

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### **Garth Graham, MD, MPH**

Director & Global Head of Healthcare & Public Health  
Google/YouTube

Garth Graham is cardiologist, researcher and public health expert Garth Graham joins Google as Director and Global Head of Healthcare and Public Health Partnerships at YouTube and Google Health. He previously served in two US administrations as US Deputy Assistant Secretary for Health, and was Assistant Dean for Health Policy and Chief of Health Services Research in the department of medicine...

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### Robert Gluckman, MD

Chief Medical Officer  
Providence Health Plan

Robert Gluckman joined Providence in 1992 and has served as Chief Medical Officer for Providence Health Plan since 2010. Dr. Gluckman brings a strong background in evidence-based practice, quality improvement and health care policy. He leads the Plan's quality, care management and utilization management programs and oversees pharmacy benefit administration, provider contracting/relations and...

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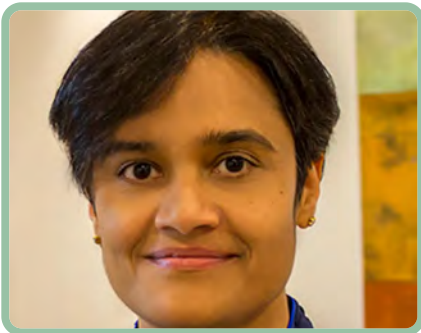


### Cora Han, JD

Chief Health Data Officer  
UC Health

Cora Han is the Chief Health Data Officer for University of California Health (UCH) and Executive Director of the Center for Data-driven Insights and Innovation (CDI2) at UCH. In her role, she develops and implements strategies for leveraging health data in a responsible and innovative way, and directs UC system-wide health data governance initiatives. Cora joined UCH from the Federal Trade...

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### Aparna Higgins

Senior Policy Fellow  
Duke-Margolis Center for Health Policy

Aparna Higgins is Founder and CEO of Ananya Health Innovations Inc., a Policy Fellow at the Duke-Margolis Center for Health Policy, and previously served on the LAN Guiding Committee. She is a nationally-recognized leader and expert in payment and delivery system reform, quality measurement, and healthcare analytics with experience in both public and private sector healthcare programs.

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### Lindy Hinman

Medicare Strategy Officer & President, Supplemental Benefits  
Cigna



**Sharon K. Jhavar, PharmD, MBA, BCGP**

Chief Pharmacy Officer  
SCAN Health Plan

As Chief Pharmacy Officer, Sharon Jhavar optimizes prescription benefits and clinical programs for SCAN Health Plan. She provides direction on the development of innovative, pharmacy care programs that ensure safe and appropriate member medication use, and manages contracting, oversight and compliance of pharmacy benefit manager (PBM) operations.



**Sue Knudson**

Senior Vice President & Chief Health Engagement & Informatics Officer  
HealthPartners



**Ingrid Lindberg**

Founder & CXO  
Chief Customer

When it comes to the customer experience, no one knows it better than Ingrid. Recognized around the world for her leading-edge customer experience theories, practices and culture transformations, Ingrid is called upon by major global brands to help them change the way they treat their customers.

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### Susan Mani, MD, FACC

Assistant Vice President, Population Health  
Humana

Dr. Susan Mani is the AVP of Population Health at Humana. She is responsible for the design and end to end implementation of care delivery models and clinical programs to advance Humana's vision of becoming a clinical company Using human centered design principles and agile methodologies, Susan leads multiple enterprise teams in creating connected, member-centric experiences focused on driving...

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### Cara McNulty, DPA

President, Behavioral Health & Mental Well-being  
CVS Health

Cara McNulty, DPA is President of Behavioral Health and Mental Wellbeing at CVS Health, a leading provider of mental health and employee assistance program (EAP) solutions to members and communities around the globe. She oversees a national team that spearheads the development of CVS Health and Aetna's programs, products and capabilities designed to offer individuals easy access to quality,...

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### Cathy Moffitt, MD, FAAP, CHIE

Senior Vice President & Aetna Chief Medical Officer  
CVS Health



### Marjorie Morrison

CEO & Co-Founder  
Psych Hub

**Marjorie Morrison** is the CEO and co-founder of Psych Hub, the world's largest mental health education platform. A visionary and passionate pioneer in the mental health space, she co-founded Psych Hub with Patrick J. Kennedy to connect people with best-in-class online education for mental health practitioners, allies, and consumers to learn more about some of our Nation's most...



### Steven D. Pearson, MD, MSc

Founder & President  
Institute for Clinical and Economic Review (ICER)

**Steven D. Pearson, MD, MSc** is the Founder and President of the Institute for Clinical and Economic Review ([ICER](#)), an independent non-profit organization that evaluates the evidence on the value of medical tests, treatments, and delivery system innovations to encourage collaborative efforts to improve patient care and control costs. Dr...

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### Angela L. Perri, MBA

Chief Medicare Officer, UPMC Health Plan & Professor, University of Pittsburgh  
UPMC & University of Pittsburgh

Angela L. Perri leads the Health Plan's Medicare Products division, which includes the Medicare Advantage and Special Needs Plans (SNP) serving Pennsylvania known as UPMC *for Life*. She provides strategic direction for the Medicare-SNP products focused on serving all seniors, persons with disabilities, and those who are dually eligible for Medicare and Medicaid. Reporting to Diane...

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### James A. Polo, MD, MBA

Vice President & Chief Medical Officer  
Carelon Behavioral Health

Dr. James A. Polo, MD is the Executive Medical Director for Carelon. He is board-certified in both General Psychiatry and Child & Adolescent Psychiatry with over 30 years of experience as an actively practicing physician in multiple treatment settings. He also has advanced degrees in both business and strategy. Dr. Polo has served in numerous executive leadership positions for hospitals...

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### **Pleasant Radford, Jr., MBA**

Health Equity Officer  
UCare

Pleasant A Radford, Jr. is a multidisciplinary healthcare professional who applies his experience in healthcare management, global health, and community engagement to embed health and racial equity within the walls and foundation of the U.S. health care system. Currently, he is the Health Equity Officer at UCare, where he works with organizational and community leaders to strengthen the...

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### **Kyu Rhee, MD, MPP**

Former CMO of Aetna, IBM, & Health Resources and Services Administration (HRSA)



### **Michael Sherman, MD, MBA, MS**

Partner  
RA Ventures

Dr. Michael Sherman joined RA Capital Management as Venture Partner in April 2023. A highly respected multi-stage investment manager, RA manages over \$9B in capital and is dedicated to evidence-based investing in public and private healthcare and life science companies developing drugs, medical devices, diagnostics, services, and research tools.

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### **Myra Simon**

Director, Federal Policy  
Cambia Health Solutions

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### Chris Stenzel

National Vice President, Business Development & Innovation, Kaiser Permanente; Co-Founder, Kaiser Permanente Ventures

Chris Stenzel is National Vice President for Business Development and Innovation for national health plan functions at Kaiser Permanente. His role is to improve Kaiser Permanente's competitive position, growth and performance through innovative new business initiatives and relationships. He currently oversees a portfolio of initiatives ranging from telehealth enabled retail care to clinical...

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### Lisa Suennen

President, Digital & Data Solutions, Canary Medical; CEO  
Venture Valkyrie

Lisa Suennen, who currently leads Venture Valkyrie Consulting, has spent more than 30 years in healthcare as entrepreneur, operating executive, venture capitalist and strategy consultant. She has worked broadly across healthcare, including digital health, medical devices, health services, and especially at the convergence between these sectors. Lisa has held executive-level operating roles at...

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### Geralyn Trujillo

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