

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

REACH AIR MEDICAL
SERVICES LLC,

Plaintiff,

v.

Civil Action No.
3:22-cv-01153-TJC-JBT

KAISER FOUNDATION
HEALTH PLAN INC. and C2C
INNOVATIVE SOLUTIONS, INC.,

Defendants.

**PLAINTIFF REACH AIR MEDICAL SERVICES LLC
RESPONSE IN OPPOSITION TO AMERICA'S HEALTH INSURANCE
PLANS'S MOTION FOR LEAVE TO SUBMIT *AMICUS CURIAE* BRIEF**

Plaintiff Reach Air Medical Services LLC (“REACH”) opposes America’s Health Insurance Plans’s (“AHIP”) Motion for Leave to Submit *Amicus Curiae* Brief¹ in Support of Defendant Kaiser Foundation Health Plan, Inc. (“Kaiser”) and would respectfully show the court as follows:

INTRODUCTION

AHIP, a trade association consisting of the largest insurance carriers in the nation, seeks leave to file a motion as a “friend of the Court,” declaring that it is “not partial to any specific outcome” in this case, that it “does not repeat” the legal arguments in Defendants’ motion to dismiss, that it “has a special

¹ We note that at outset that AHIP’s proposed *amicus* brief far exceeds the page limits under Local Rule 3.01.

interest in this case,” and that it offers a “unique perspective.” None of this is true. AHIP has been mobilized by Kaiser, which sits on AHIP’s various boards in different capacities, to help persuade this Court to rule for Defendants—and thereby the insurance industry at large. Its so-called “unique perspective” is adequately and competently represented by Defendants in the three related cases concerning IDR award challenges—including two Blue Cross Blue Shield affiliates and Kaiser—and their counsel, three sophisticated law firms. This is reinforced by AHIP’s arguments and advocacy, which simply parrot arguments already briefed by Defendants. Finally, AHIP’s “special interest” is no more than a trade association’s generalized interest in promoting the common interest of its members.

In other words, AHIP has failed to explain why it should be granted status as a friend of the Court at this stage of the litigation, and its motion for leave to submit an *amicus brief* in support of Kaiser’s motion to dismiss should be denied.

LEGAL STANDARD

No procedural rule exists pertaining to the filing of amicus briefs in federal district courts. *In re Bayshore Ford Trucks Sales, Inc.*, 471 F.3d 1233, 1249 (11th Cir. 2006). 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.” *News & Sun-Sentinel Co.*

v. Cox, 700 F. Supp. 30, 32 (S.D. Fla. 1988) (emphasis in original) (citation omitted). “The decision whether to allow a non-party to participate as an *amicus curiae*” ultimately lies “within the broad discretion of the Court.” *Leal v. Secretary, U.S. Dept. of Health and Human Services*, 2009 WL 1148633, at *1 (M.D. Fla. Apr. 28, 2009) (citations omitted). An *amicus* brief may be considered appropriate where

a party ***is not represented competently*** or is not represented at all, when the *amicus has an interest in some other case* that may be affected by the decision in the present case . . . or when the *amicus has unique information or perspective* that can help the court ***beyond the help that lawyers for the parties are able to provide***.

Id. at *2 (emphasis added) (citing *Citizens Against Casino Gambling in Erie County v. Kempthorne*, 471 F. Supp.2d 295 (W.D.N.Y. 2007) (quoting in turn *Ryan v. Commodity Futures Trading Comm’n*, 125 F.3d 1062-1063 (7th Cir. 1997) (Posner, J.)). Without these factors, “leave to file an *amicus* brief should be denied.” *Leal*, 2009 WL 1148633, at *2 (citations omitted). AHIP does not meet any of these factors and its motion should be denied.

ARGUMENT AND AUTHORITIES

I. AHIP, which consists of insurance carriers including Kaiser, is partial to Defendants.

AHIP claims “it is not partial to a particular outcome in this case.” Doc. 48 at 5. To summarize its position, 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, AHIP would have this Court believe 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 interpreting the No Surprises Act, which has the potential for significant financial implications for the insurance industry. AHIP’s argument, after all, is that adopting Plaintiff’s position “will directly affect the administrative costs faced by AHIP’s membership.” *Id.* “Where ‘amici represent[] business interests that will be ultimately and directly affected by the court’s ruling on the substantive matter before it,’ amicus participation is not appropriate.” *Sciotto v. Marple Newtown Sch. Dist.*, 70 F. Supp. 2d 553, 555 (E.D. Pa. 1999) (quoting *Yip v. Pagano*, 606 F. Supp. 1566, 1568 (D.N.J. 1985), *aff’d*, 782 F.2d 1033 (3d Cir. 1986) and *aff’d sub nom. Appeal of Yip*, 782 F.2d 1033 (3d Cir. 1986)). To suggest that it is “impartial” 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.

More to the point, Greg Adams, ***Kaiser’s Chair and CEO, sits on AHIP’s Board of Directors.*** Exhibit 1. And Chris Stenzel, Kaiser’s National Vice President, Business Development & Innovation, sits on AHIP’s Advisory Board. Exhibit 2. Moreover, senior executives from multiple Blue Cross and

Blue Shield affiliates (the health plans and insurers at issue in the related cases) sit on AHIP's board. Exhibit 1. The issue is not, as AHIP implies, that AHIP "must be totally disinterested." Doc. 48 at 5. It is that AHIP is **completely aligned** with Defendants' interests. It has made no showing that it has any interests that are not aligned with Defendants—specifically, Kaiser. When a petitioner shows that it is significantly partial to a particular outcome, that fact favors denying leave to file an *amicus* brief. *Prof'l Drug Co. Inc. v. Wyeth Inc.*, No. CIV.A. 11-5479 JAP, 2012 WL 4794587, at *2 (D.N.J. Oct. 3, 2012) (denying motion for leave where "FTC, itself a litigant in past and present proceedings in which similar issues have arisen **or may arise**, is significantly partial to a particular outcome in this case.") (emphasis added).

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 it 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*, 70 F. Supp. 2d at 556.

II. AHIP’s interests are competently represented by counsel for Defendants.

Defendants, three of the largest insurers in Florida, have engaged three different national law firms to represent them in these related cases, two of which are in the AmLaw 100. As AHIP concedes, it cannot be said that the parties are “inadequately represented by counsel.” Doc. 48 at 6. Yet AHIP 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.” Doc. 48 at 6. As explained further below, 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 Havana Docks Corp. v. Royal Caribbean Cruises, Ltd.*, No. 19-CV-23590, 2021 WL 4819580, at *2 (S.D. Fla. Oct. 15, 2021) (denying motion for leave to file *amicus* brief, in part because “Defendants are represented by extremely capable and skilled counsel”); *Consumer Fin. Prot. Bureau v. Ocwen Fin. Corp.*, No. 9:17-CV-80495, 2018 WL 3368746, at *2 (S.D. Fla. July 6, 2018) (“the parties in this litigation are adequately represented by counsel and *amicus* participation is not necessary in order to get an adequate representation of Plaintiff’s position”).

III. AHIP has only a generalized interest in NSA cases.

AHIP argues that it has a “special interest in this case because its membership, and its members’ enrollees . . . will be affected by the way the No Surprises Act is interpreted.” Doc. 48 at 4. First, this allegation proves that AHIP is not disinterested as its membership and governing board include representatives of Defendants. Second, AHIP has no more than a generalized interest in the subject matter of this case and courts routinely deny trade associations permission to participate in such proceedings.

For instance, in *Havana Docks Corp. v. MSC Cruises SA Co.*, a cruise lines association sought leave to file an *amicus* in a lawsuit brought by a dock corporation against several major cruise lines under the Cuban Liberty and Democratic Solidarity Act. The cruise lines association existed as “a not-for-profit trade association . . . whose membership include[d] more than fifty cruise lines, reflecting approximately ninety-seven percent of the cruise capacity in North America.” No. 19-CV-23588, 2021 WL 4819578, at *1 (S.D. Fla. Oct. 15, 2021). The association claimed it had a “particular interest” in the litigation “because it raise[d] important issues of concern to the cruise industry.” *Id.* The Court denied the association leave to file its brief, noting that the defendants were “represented by extremely capable and skilled counsel,” and that the association had “failed to explain how its brief by offering a new or unique perspective *beyond that already presented by the parties.*” *Id.* at *1-2.

Similarly, in *Sciotto*, the Pennsylvania School Boards Association Insurance Trust sought to submit an *amicus* brief, arguing that it held a special interest as an entity “that provides numerous insurance related services for and on behalf of public school entities in the Commonwealth of Pennsylvania, including school districts.” 70 F. Supp. 2d at 556. The court rejected this argument, finding that the petitioner was “merely a trade association with a generalized interest in all cases related to school district liability and insurance,” and that “[t]his is not the kind of special interest that warrants *amicus* status.” *Id.* at 555. *See also Dobson Mills Apartments, L.P. v. City of Philadelphia*, No. 21-CV-273, 2022 WL 558348, at *1 (E.D. Pa. Feb. 23, 2022) (denying leave to file *amicus* where petitioner was “merely a trade association with a generalized interest”).

AHIP seeks to analogize itself to the women’s rights and human rights groups granted leave in *City of S. Miami v. Desantis*, No. 19-cv-22927, 2020 U.S. Dist. LEXIS 175462, *3 (S.D. Fla. Sept. 24, 2020). *See* Doc. 48 at 4. But in that case, which involved a challenge to the constitutionality of provisions of an immigration bill passed by the Florida legislature, the groups were granted leave to file *amici* on behalf of clients and community members that were not represented in the litigation, and whose perspectives were not heard. Far from an underrepresented human rights advocacy group, AHIP is a trade association in which representatives of Defendants hold governing positions.

It is far more like the trade associations at issue in *Havana Docks* and *Sciotto*. It has nothing more than a generalized interest on behalf of its health plan and insurer membership which cannot serve as the basis for leave to file an *amicus* brief.

IV. 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.” Doc. 48 at 6. 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 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 three separate health plans represented by three separate, sophisticate law firms. For example, Defendant Kaiser’s counsel can portray the “market dynamic” and the “broader implications” of interpreting the NSA. There would be no reason to believe counsel could not do so, especially given that more than one Kaiser 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.*, a case cited by AHIP, 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. No. 2:10-CV-106-FTM-SPC, 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.

So too here. 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 legal in nature. This Court must decide a number of threshold issues, 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. 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. Courts in this Circuit recognize that "[t]he vast majority of amicus curiae briefs are filed by allies of litigants and duplicate the arguments made in the litigants' briefs, in effect merely extending the length of the litigant's brief," and accordingly "are an abuse" and "should not be allowed." *Florida by & through McCollum v. United States Dep't of Health & Human Services*, No. 3:10-CV-91-RV/EMT, 2010 WL 11570635, at *1 (N.D. Fla. June 14, 2010) (quoting *Ryan v. Commodity Futures Trading Comm'n*, 125 F.3d 1062, 1063 (7th Cir. 1997)).

That is precisely what AHIP tries to do here. And although AHIP claims that "its proposed *amicus* brief does not repeat" "Defendants' legal arguments," its own motion for leave proves otherwise. Doc. 48 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." Doc. 48 at 3. But Kaiser briefs these same issues in its motion to dismiss. 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.” Case 4:22-cv-03979, Doc. 25 at 12-13 (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.

In other words, AHIP *does* repeat Defendants’ legal arguments, and its attempt to submit additional briefing should be recognized for what it is: an improper effort by Kaiser and its fellow health insurers 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,” AHIP is simply attempting to shore up Defendants’—and in particular Kaiser’s—briefing ahead of the motion to dismiss hearing.

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. 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.

CONCLUSION

For these reasons, Plaintiff requests that America's Health Insurance Plans, Inc's Motion for Leave to Submit *Amicus Curiae* Brief in Support of Defendant Kaiser Foundation Health Plan, Inc.'s Motion to Dismiss be **DENIED**. Should this Court grant AHIP leave to submit a brief, Plaintiff requests leave to respond to the brief in a manner consistent with the Local Rules in this District.

Dated: May 5, 2023

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Respectfully submitted,

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CERTIFICATE OF SERVICE

I certify that on May 5, 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

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Exhibit 2



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Advisory Board

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

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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...



Karen S. Amstutz, MD, MBA

Senior Vice President & Chief Medical Officer
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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...



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...



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,...



Lisa Bari, MBA, MPH

CEO
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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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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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Professor of Healthcare Ethics
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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.



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.



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...



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...



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...



Aparna Higgins

Senior Policy Fellow
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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.



Lindy Hinman

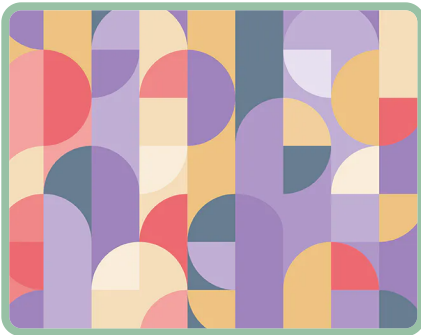
Medicare Strategy Officer & President, Supplemental Benefits
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Sharon K. Jhavar, PharmD, MBA, BCGP

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
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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.



Susan Mani, MD, FACC

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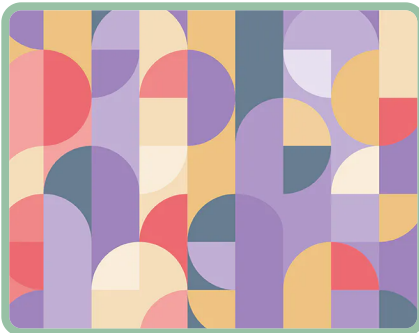
Dr. Susan Mani is the AVP of Population Health at Humana. She is responsible for the design and end to end implementation of care delivery models and clinical programs to advance Humana's vision of becoming a clinical company Using human centered design principles and agile methodologies, Susan leads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



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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...



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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Vice President & Chief Medical Officer
Carelton 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...



Pleasant Radford, Jr., MBA

Health Equity Officer
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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...



Kyu Rhee, MD, MPP

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



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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.



Myra Simon

Director, Federal Policy
Cambia Health Solutions



Chris Stenzel

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

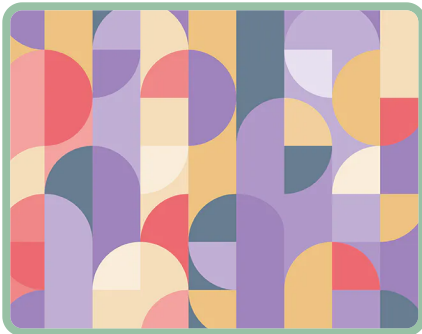
Chris Stenzel is National Vice President for Business Development and Innovation for national health plan functions at Kaiser Permanente. His role is to improve Kaiser Permanente's competitive position, growth and performance through innovative new business initiatives and relationships. He currently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



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...



Geralyn Trujillo

Director, Public Policy & Regulatory Affairs
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