



April 2, 2026

The Honorable Melissa Murray  
Senate Committee on Health and Human Services  
Rhode Island State House  
Providence, RI 02903

*Via email: SLegislation@rilegislature.gov*

RE: Cigna's opposition to Senate Bill No. 3089

Dear Chairwoman Murray and committee members,

Thank you for the opportunity for Cigna Healthcare to offer testimony in opposition to Senate Bill No. 3089 which would prohibit a healthcare entity from unilaterally modifying, amending or reinterpreting any material term or condition of a contract with a healthcare provider during the term of such contract.

The Cigna Group is a global health company committed to improving health and vitality. Our Cigna Healthcare and Evernorth Health Services divisions offer medical, pharmacy, dental, behavioral health, and related products and services, with over 186 million customer and patient relationships more than 30 countries and jurisdictions. In the United States, Cigna Healthcare provides medical coverage to approximately 16 million Americans in the commercial group health plan market, predominantly in the self-insured segment. This includes more than 28,000 medical members in Rhode Island, along with more than a half million PBM members and over 1.6 million managed prescriptions in the state.<sup>1</sup> Our health services business, Evernorth Health Services, includes a broad range of coordinated and point solution health services and capabilities, in pharmacy benefits, home delivery pharmacy, specialty pharmacy, distribution, and care delivery and management solutions, which are provided to health plans, employers, government organizations, and health care providers. Across all segments we serve, The Cigna Group is focused on working to deliver health care that is affordable, predictable, and simple – so people can live healthier, more vibrant lives.

Cigna is concerned that S3089 could have unintended negative consequences for health plan customers in Rhode Island, and that it would interfere with long-standing contracts between Cigna and its providers and profoundly disrupt well-established mechanisms for communicating evolving coverage and reimbursement standards. Contracts between Cigna and network providers specifically state that the provider agrees to abide by Cigna's administrative guidelines (including coverage and reimbursement policies) as a condition of participating in our network.

Administrative guidelines are used, in part, to adopt emerging industry standards, and to administer our client benefits more accurately with the advent of new technology and processes. Cigna agrees to provide advance notice of material changes to Administrative Guidelines, and the provider has the right to terminate the agreement if they object to a change in the Administrative Guidelines. This allows the parties' relationship to evolve with changing coverage and reimbursement policies without having to continually amend contracts. If contract amendments were required every time a guideline changed, or if amendments to the administrative guidelines could not be implemented timely, Cigna's ability to administer client accounts in step with emerging industry practices would be severely compromised. This would hamper innovation and limit Cigna's ability to meaningfully keep pace with industry and clinical developments.

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<sup>1</sup> As of September 2025.

Administrative guidelines are often used to communicate new reimbursement policies, such as billing protocols for new services. They are also used to inform providers of new coverage policies that align with customer certificates and benefit plans. Administrative guidelines are not, and cannot, be used to make changes to customer insurance certificates or negotiated reimbursement rates with providers. It is important to recognize that in the event of an inconsistency between the provider contract and the administrative guidelines, the provider contract controls.

The practice of allowing changes through administrative guidelines is a well-established and transparent process. It provides for advance notification of any changes, a portal to pull information from and a point of contact if any questions arise from providers. Administrative guidelines and provider manuals are the key to communicating beneficial changes in a rapidly evolving health care field. We have an obligation to constantly pursue options that improve the quality of, and access to, care.

This legislation would impede an insurer's ability to innovate and adapt as better care develops and would impact our ability to implement policies that align with customer benefit plans. If enacted, this legislation would give Rhode Island providers the ability to impact the adoption of national coverage and reimbursement policies, would increase the total cost of care, and would require constant negotiation of provider contracts at enormous operational expense.

We hope you will consider the detrimental impact this unnecessary legislation could have on the health care system as whole, but most importantly on customers and patients in Rhode Island.

Once again, thank you for the opportunity to weigh in on this proposed bill. If you have any questions, please do not hesitate to contact me at [Christine.Cooney@cignahealthcare.com](mailto:Christine.Cooney@cignahealthcare.com).

Sincerely,

*Christine M. Cooney*

Christine Cooney  
Cigna Healthcare, State Government Affairs Manager