



Cigna
900 Cottage Grove Road
Bloomfield, CT 06002

April 25th, 2023

CEO David Cordani,

We represent one million people in America, including thousands in Connecticut, most of whom have experienced the epidemic of care denials within the private health insurance industry. Many of our members have insurance through Cigna.

We were horrified to learn via [ProPublica's reporting](#) that Cigna employs a policy of auto-denying members' claims without reviewing their medical file—allowing a single “Medical Director” to deny one claim per second or up to 60,000 per month. This policy is wrong, potentially illegal and must be stopped immediately. The result of auto-denying your members' care is untold suffering, illness and injuries unaddressed, as well as medical debt and bankruptcies.

For example, as we have previously brought to your attention, your company denied medically necessary treatment for Mark Hall of Springfield, Missouri, to address his Ulcerative Colitis. Mark is a member of the People's Action member organization [Missouri Jobs with Justice](#). Mark's doctors successfully mitigated his symptoms for a decade through the use of an infusion medicine, and Mark was in remission. For no medical reason, your company decided to stop paying for this infusion, and your actions forced Mark to switch to a biosimilar, which proved ineffective for him. Your care denial resulted in Mark becoming painfully symptomatic again and caused him to go through the process of immunogenicity, rendering the previously effective medicine—that you refused to pay for—ineffective, even if he could access it again.

Missouri Jobs with Justice held a protest at the Cigna offices in suburban Saint Louis and we issued another [petition](#), prompting the *Springfield News-Leader* to [cover](#) your denial of Mark's care.

Cigna blocks its members from accessing care through a variety of means:

- Prior-authorization denials, which prevent members from getting care they need, thus extending their illness or injuries
- Claims denials, in which your company refuses to pay for care a member already received, resulting in medical debt or bankruptcy

- Inadequate networks, in which your company limits the “in-network” providers so that members must seek care “out of network,” resulting in additional costs for them, which can lead to medical debt and bankruptcy. This is especially a problem in rural America.

Your care denials are bad enough in their own right, but your practice of automatic denials without medical professional review underscores your clear motivation: immediate profit at any cost.

Cigna has the funds, taken from your members in the form of premiums, to adequately pay for their care. Instead, you redirect money necessary for your members’ care into profits, wasteful bureaucracy and executive salaries. For example, [Cigna reported](#) profits of \$6.7 billion in 2022. You personally took \$365,959,592 as CEO over the last 10 years.

While our concern over your auto-denials is anchored in the suffering you cause people who are denied care, we believe this issue is key for your shareholders as well. You risk reputational damage toward Cigna’s brand and the legal vulnerability through potential class action lawsuits.

We demand you immediately:

- Cease and desist all auto-denying of individuals claims - approving all medical professional ordered care and adequately reviewing members medical history when claims are submitted
- Enact an independent audit of past denials to determine how many medically necessary treatments were denied and develop and implement a compensation regime to make those denied care whole again
- Develop and publicly commit to governance protocols so that auto denials never happen again
- Ban internal use of any form of “step-therapy”. Never refuse to pay for medical professional prescribed medicine if the initial medicine is successful for the patient in question, a switch may cause immunogenicity, or a patient may become symptomatic again as a result of the switch.

People’s Action and Connecticut Citizen Action Group take extremely seriously the harm your corporation is causing our members and people in our communities, and we await your timely response.

Sincerely,

Sulma Arias, Director, [People’s Action](#)

Tom Swan, Director, [Connecticut Citizen Action Group](#)

Aija Nemer-Aanerud, Health Care for All Campaign Director, [People’s Action](#)

Ronald Harrison, Co-Chair, www.careovercost.org, [Northwest Bronx Community & Clergy Coalition](#)

Audrey Gerard, Co-Chair, www.careovercost.org, [Michigan United](#)