February 16, 2026
Cigna Healthcare

Chairs Senator Bailey and Representative Mathieson
Committee on Health Coverage, Insurance and Financial Services

RE: Amendments to LD 2162, An Act to Regulate and Prevent Children's Access to Artificial Intelligence Chatbots with Human-like Features and Social Artificial Intelligence Companions

Members of the Committee on Health Coverage, Insurance and Financial Services:

The Cigna Group is a global health company, focused on the health and vitality of those we serve. Through our two divisions, Cigna Healthcare and Evernorth Health Services, we are committed to enhancing the lives of our clients, customers, and patients. Cigna is subject to the oversight and regulation of the Bureau of Insurance. Cigna participates in the large group commercial insurance market and works with in-state hospitals, physicians, and behavioral health providers to ensure covered members have access to required services, including mental health, to achieve positive health outcomes for our members.

As an organization seeking the best methods to serve our members, we have both operational and fundamental policy concerns with LD 2162.

Cigna respectfully submits this rationale for the proposed redline amendments to LD 2162. These amendments maintain the bill's core objective—protecting minors from AI tools that simulate emotional attachment or human-like relationships—while ensuring that low-risk, non-clinical wellness tools remain accessible, functional, and compliant under Maine law.

LD 2162 has broad applicability, covering any deployer operating or distributing AI chatbots or social AI companions to Maine residents. Our amendments support the bill's intent while aligning requirements with practical deployment realities, public-health benefits, and technical feasibility.

Cigna enables access to Headspace, which includes *Ebb*, an empathetic AI-enabled wellness companion supporting mindfulness and stress management. This tool provides non-clinical guidance and is not positioned as a licensed mental-health service. Separately, Cigna maintains a generative-AI assistant within myCigna to answer benefits-related questions. It is not a mental-health tool, but it fits the broad definition of "chatbot" under LD 2162. Neither tool is intended to generate emotional dependency or simulate human emotions—areas the bill clearly identifies as risks.

Below is an explanation of each amendment's purpose and how it supports both the State's consumer-protection goals and Cigna's operational readiness.

[Textbox text]

1. Clarifying the definition of "social artificial intelligence companion" is necessary as the current definition could inadvertently include wellness and mindfulness tools—such as Headspace's Ebb—that provide supportive prompts but are not designed to create emotional dependency.
2. Refining "human-like features" to exclude benign supportive language. The current definition could classify simple encouraging statements—e.g., "you're doing great" or "let's try a breathing exercise"—as "human-like features."
3. Allowing minors access to wellness chatbots with guardrails. Without this carve-out, LD 2162 would require Cigna (and any deployer) to block minors from safe, non-clinical wellness tools unless the systems undergo burdensome clinical trial standards under the therapy-chatbot exemption.
4. Making the therapy-chatbot exemption realistic.   The exemption currently requires "robust, independent, peer-reviewed clinical trial data."
While appropriate for clinical devices, it is not feasible for most digital mental-health adjunct tools.
5. Allowing compliance through feature suppression, not full disabling. In many systems, certain AI behaviors can be disabled without disabling the entire product experience. This is especially important where only certain features fall within "human-like".
6. Clarifying emergency-situation detection requirements. LD 2162 currently requires deployers to detect crises in all chatbots, even those not designed to accept free-text inputs. This creates a requirement that is not technically possible for structured-menu systems.
7. Clarifying data-minimization rules. LD 2162 prohibits collecting information beyond what is "adequate to fulfill a legitimate purpose". But standard analytics such as safety monitoring, fraud prevention, and performance measurement are also legitimate and essential.
8. Safe harbor for good-faith compliance. AI systems evolve continuously, and unintentional errors may occur even under robust controls.
9. Clarity on deployer responsibility when tools are hosted by third-party vendors. LD 2162 defines "deployer" broadly and could unintentionally place liability on entities (such as health plans) that do not "operate or distribute" the chatbot's underlying code.

Cigna fully supports the State of Maine's goal of protecting minors from AI tools that simulate emotional attachment, misrepresent human-like traits, or act outside clinical supervision. LD 2162 is an important step toward responsible AI governance.

Best Regards,

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